

# DREF operation



International Federation  
of Red Cross and Red Crescent Societies

## UGANDA: Hepatitis E Epidemic, Karamoja

DREF operation n° MDRUG022

24 June 2011

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 175,029 has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the Uganda Red Cross Society (URCS) in delivering immediate assistance to some 280,000 direct beneficiaries and 1,080,000 beneficiaries through awareness information campaigns. Unearmarked funds to repay DREF are encouraged.**

**Summary:** The Ministry of Health has declared an epidemic of Hepatitis E Virus (HEV) in Karamoja sub-region of North Eastern Uganda, having recorded 120 cases of Hepatitis E over the last 4 weeks. This case load is increasing with 33 new cases reported last 1 week. The case fatality rate has been 1.9%.



URCS volunteers responding to the HEV outbreak. /Photo: IFRC

The history of Hepatitis E in Uganda remains one of the longest recorded outbreaks in the history of the country. Approximately 12,173 cases and 213 deaths have been reported since 2008, with the epicentre occurring in Kitgum District in Northern Uganda. The epicentre has now shifted to Karamoja, mainly affecting Kaabong District located approximately 155 km by road northwest of Moroto, the largest town in the sub-region. HEV has caused more morbidity and mortality in the sub-region than any other epidemic.

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, in which the National Society 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 and avert the current hepatitis E upsurge, hence this DREF application by URCS.

This emergency response plan targets Kaabong District with preventive and control interventions. Meanwhile, preparedness and preventive interventions will also be implemented in the neighbouring

districts of Kotido, Abim, Moroto, Napak and Nakapiripirit. Of special note is the concern for the vulnerability of pregnant women who are most at risk from an HEV outbreak. The URCS will highlight this issue during training and deployment of the community ECV teams to insure that they specifically engage with this vulnerable group.

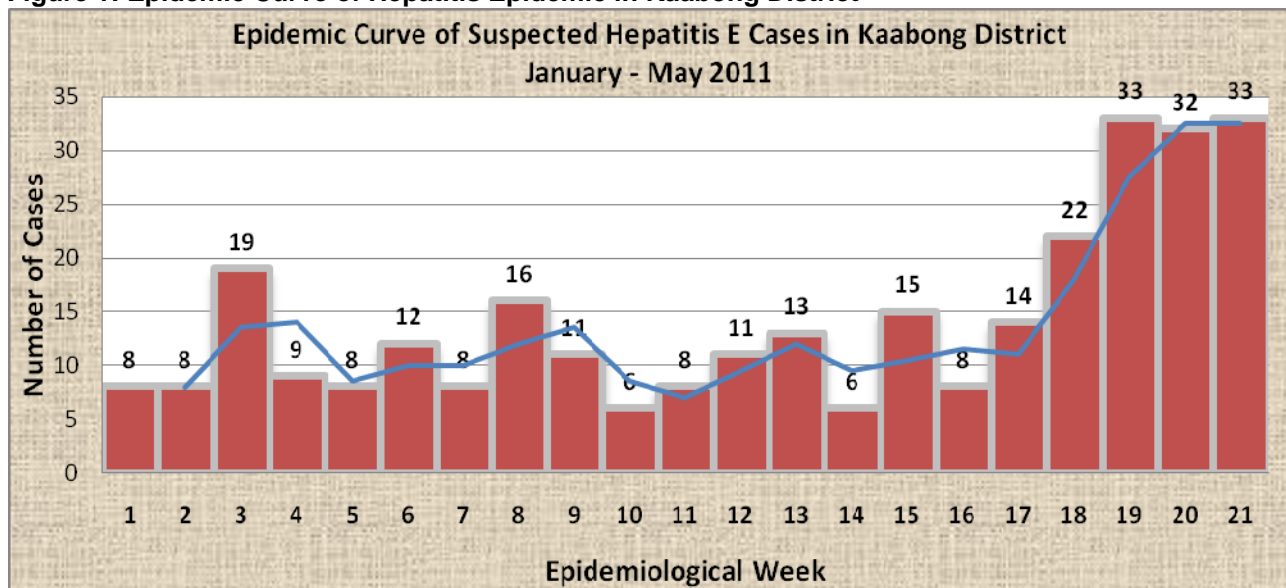
This operation is expected to be implemented over 3 months, and will therefore be completed by 23 September 2011; a Final Report will be made available by 31 December 2011 (three months after the end of the Operation).

[<click here for the DREF budget, here for contact details >](#)

## The situation

Currently, there is an upsurge of Hepatitis E cases, especially in Kaabong District. (See figure 1 below for the trend of Hepatitis E epidemic in 2011). Over the last couple of weeks, the number of cases of Hepatitis E reported on a weekly basis increased from an average of 5 cases to an average of 30 cases. For instance, during the 21st week of the epidemic, a total of 33 suspect cases of Hepatitis E (with no deaths) were reported, akin to the 33 and 32 suspect cases reported in weeks 19 and 20 respectively. This rapid increase in the trend of Hepatitis E cases demonstrates an exacerbation in the evolution of the epidemic.

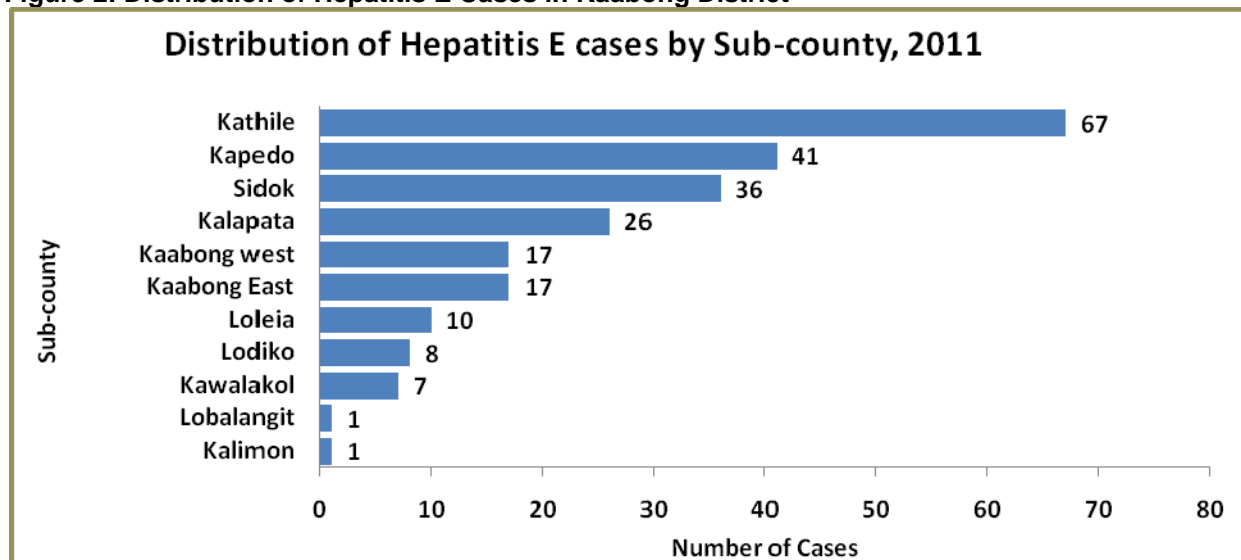
**Figure 1: Epidemic Curve of Hepatitis Epidemic in Kaabong District**



Source: Ministry of health – Uganda (National surveillance and Epidemiology)

The cumulative number of Hepatitis E cases reported in Kaabong District from January-May 2011 is 267 with 5 deaths (CFR 1.9%), while the total number of cases reported since the beginning of the outbreak in 2009 stands at 908 cases with 21 deaths (CFR 2.3%). Recent laboratory specimen obtained from Kaabong continued to be positive for Hepatitis E. All sub-counties in Kaabong districts have been affected and the distribution of the cases is shown in figure 2 below. The most affected sub-counties are Kathile, Kapedo and Sidok.

**Figure 2: Distribution of Hepatitis E Cases in Kaabong District**



Source: Ministry of Health – Uganda (National surveillance and Epidemiology)

In Kotido District, two new suspect cases of Hepatitis E were reported in Panyangara Sub-county in the seventh week of the epidemic after more than 5 months of zero reporting. Meanwhile, Moroto District reported three new cases in the 10th week, after over 9 months of zero reporting. Kitgum, Lamwo, Pader and Agago have been reporting sporadic cases.

### **Risk Analysis**

Many factors are envisaged to be the main drivers to the escalating HEV transmission in Kaabong District. There is poor access to safe water and sanitation facilities by the population. The coverage of piped water, boreholes, rain water or protected wells stands at 10.8% for Kotido, 9.6% for Moroto and 4.7% for Abim. This is below the national average of 68%<sup>1</sup>. The latrine coverage for Kotido is 6.8%, 6.3% for Moroto, 4.6% for Nakapiripirit and coverage in Kaabong stands at 7.9%. This is very low as compared to the national average of 69.4%. Hand washing practices for adults and children before eating is high (91% and 80% respectively). However, hand washing for adults and children when they (hands) are dirty is low at 45% and 32% respectively and hand washing after defecating or when handling food for adults and children is 53% and 11% respectively<sup>2</sup>.

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.

## **Red Cross and Red Crescent action**

URCS engagements in Hepatitis E response in Karamoja sub region are still limited. The National Society responded using additional resources from Danish Red Cross (DKK 375,000) that was initially mobilized for yellow fever response in Kaabong District (Karenga sub-county). This is because suspected cases who met the set case definition were still being reported. These cases were later linked to the endemic Hepatitis E outbreak in the Karamoja District now declared an epidemic by MoH and WHO. With the Danish RC support, URCS mobilized and facilitated health promotion campaigns in the sub-county (Karenga sub-county now split into Lobalangit and Karenga) through the use of the new Epidemic Control for Volunteers (ECV) manual and toolkit. Karenga sub-county has reported only one HEV case. The

<sup>1</sup> Mini Demographic and Health Survey for Acholi and Karamoja sub-region, MoH/UBoS/WHO 2009

<sup>2</sup> Sanitation levels and factors associated with current practices, Child Health and Development centre Makerere university medical school 2005

epidemic had been confirmed to be increasing in the other sub counties where URCS has not been implementing the ECV approach. Karenga Sub County has been implementing the ECV, a testament of the effectiveness ECV toolkit.

## Coordination and partnerships

The National Society has been part of National and District Task force in coordination meetings with other partners chaired by the Ministry of Health (MoH) and World Health Organization (WHO) at the Kampala level and the branch at district levels with District Health Officers. The national task force has come up with hepatitis E 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 asked partners for immediate support. As a member of the national task force, URCS will coordinate this planned action as soon as it starts and will ensure that no duplication is made.

## The needs

### Beneficiary selection:

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 developed community case definitions. Preparedness and preventive interventions will be implemented in Kaabong and the neighbouring districts of Kotido, Abim, Moroto, Napak and Nakapiripirit. The proposed action will specifically target 280,000 people in 56,000 households and is expected to reach approximately 1,080,000 people with general awareness information. A total of 200 volunteers/village health teams (VHTs) in Kaabong and 100 volunteers/VHTs from the other neighbouring districts will be trained in ECV so as to engage in social mobilization activities for HEV prevention and control in the affected districts.

## The proposed operation

**Goal:** The ultimate goal of the response plan is to reduce morbidity and mortality due to Hepatitis E through prompt identification and effective management of cases; 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.

### Emergency health and care

<b>Outcome: Strengthen early detection, reporting and referral of suspected cases of Hepatitis E in Karamoja Sub-region through active surveillance.</b>	
<b>Expected results</b>	<b>Activities planned</b>
Health services are supported to meet the health needs of the population as it pertains to the outbreak.	<ul style="list-style-type: none"> <li>Active case findings by community volunteers and referral to health facilities for verification and/or diagnosis.</li> <li>Procurement and distribution of disinfectants and protective gear for volunteers.</li> </ul>
The resilience of the community is improved through better health awareness, knowledge and behaviour.	<ul style="list-style-type: none"> <li>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).</li> <li>Print and distribute information, education and communication (IEC) materials for communities' information consumption on Hepatitis E.</li> </ul>
<b>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.</b>	
The knowledge on hepatitis E and the control measures is increased among the public in Karamoja	<ul style="list-style-type: none"> <li>Adaption, translation, production and dissemination of IEC materials and radio messages.</li> <li>Community mobilization using local leaders, mobile vans and volunteers.</li> <li>Local community sensitization through inter-personal communication/community dialogue</li> </ul>

	<ul style="list-style-type: none"> <li>• Rapid assessment of community behaviour/practices and attitudes that propagate spread of hepatitis E.</li> </ul>
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### Water, sanitation and hygiene promotion

**Outcome: 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"> <li>• Water purification (using chlorine tablets and chlorine solution) at water points and households.</li> <li>• Provide clean water containers and hand washing facilities to affected households, hospitals, schools and institutions to maintain safe water chain.</li> <li>• Institute cleaning/disinfection of dirty jerry cans at water points</li> <li>• Inspection of sanitation facilities/home hygiene.</li> </ul>
Appropriate sanitation, including excreta disposal, solid waste disposal and drainage is promoted.	<ul style="list-style-type: none"> <li>• Promotion of the construction of community latrines and installation of hand washing facilities.</li> </ul>
Disease transmission is reduced through increased awareness of communities and improved hygiene behaviour.	<ul style="list-style-type: none"> <li>• Mobilization and training of community-based volunteers on hygiene promotion.</li> <li>• 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).</li> <li>• Printing of IEC materials.</li> <li>• Media campaigns (radio spots and talk shows) to promote public awareness.</li> <li>• Provide logistical support to the backup and/or volunteer team.</li> <li>• Advocate for enforcement of Public Health Acts, Regulations and by-laws.</li> <li>• Procurement and/or distribution of soap for promoting hand washing after latrine use.</li> </ul>

### Monitoring and Evaluation

**Outcome: Monitor and Evaluate the implementation of the Hepatitis E response.**

The intervention is well coordinated and monitored by both the National Society and all planned activities.	<ul style="list-style-type: none"> <li>• Monitor the situation at national and field level, with daily updates being shared together with the Ministry of Health and WHO.</li> <li>• Deploy independent programme evaluator to conduct an assessment of the operation to insure 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.</li> </ul>
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## 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 \(NGOs\) 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 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 International Federation'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.

## Contact information

For further information specifically related to this operation please contact:

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*For Performance and Accountability (planning, monitoring, evaluation and reporting inquiries):*

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# International Federation of Red Cross and Red Crescent Societies

## UGANDA: Hepatitis E Epidemic, Karamoja (MDRUG022)

### BUDGET SUMMARY

Budget Group	DREF Grant Budget	TOTAL BUDGET CHF
Shelter - Relief		0
Shelter - Transitional		0
Construction - Housing		0
Construction - Facilities / Infrastructure		0
Construction - Materials	0	0
Clothing & Textiles	8,693	8,693
Food	0	0
Seeds & Plants	0	0
Water & Sanitation	18,230	18,230
Medical & First Aid	3,394	3,394
Teaching Materials	0	0
Utensils & Tools	0	0
Other Supplies & Services & Cash Disbursements	11,176	11,176
<b>Total Supplies</b>	<b>41,494</b>	<b>41,494</b>
Land & Buildings		0
Vehicles		0
Computer & Telecom		0
Office/Household Furniture & Equipment		0
Medical Equipment		0
Other Machinery & Equipment		0
<b>Total Land, vehicles &amp; equipment</b>	<b>0</b>	<b>0</b>
Storage	0	0
Distribution & Monitoring	0	0
Transport & Vehicle Costs	20,540	20,540
<b>Total Transport &amp; Storage</b>	<b>20,540</b>	<b>20,540</b>
International Staff	0	0
Regionally Deployed Staff	3,000	3,000
National Staff	0	0
National Society Staff	50,046	50,046
Other Staff benefits	0	0
Consultants	5,795	5,795
<b>Total Personnel</b>	<b>58,841</b>	<b>58,841</b>
Workshops & Training	12,592	12,592
<b>Total Workshops &amp; Training</b>	<b>12,592</b>	<b>12,592</b>
Travel	0	0
Information & Public Relation	30,218	30,218
Office Costs	497	497
Communications	166	166
Professional Fees	0	0
Financial Charges	0	0
Other General Expenses	0	0
<b>Total General Expenditure</b>	<b>30,880</b>	<b>30,880</b>
Cash Transfers to National Societies		0
Cash Transfers to 3rd parties		0
<b>Total Contributions &amp; Transfers</b>	<b>0</b>	<b>0</b>
Program Support	10,682	10,682
<b>Total Programme Support</b>	<b>10,682</b>	<b>10,682</b>
Services & Recoveries		0
Shared Services		0
<b>Total Services</b>	<b>0</b>	<b>0</b>
<b>TOTAL BUDGET</b>	<b>175,029</b>	<b>175,029</b>