

# DREF operation update



## Uganda: Hepatitis E Virus (HEV)

DREF operation n° MDRUG009  
Update n° 01  
13 May 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.

**Period covered by this update:** 1 March to 15 April 2008

### Summary:

A total of CHF 173,059 (USD 154,793 or EUR 104,884) was allocated from the Federation's Disaster Relief Emergency Fund (DREF) for the recovery assessment and immediate response.

Uganda Red Cross Society through the support of the IFRC is currently undertaking activities that promote provision and proper use of sanitary facilities, health education in hygiene and in the Agoro sub-county Hepatitis E Virus intervention site; to reach an estimated population of 28,045 (6,039 households). The **table 1** below shows Hepatitis E Virus cases in Agoro sub-county.



HEV case referral by URCS community volunteers

**Table 1: HEV cases in Agoro sub-county**

Health unit	Week 13 23 – 30 March	Week 14 31Mar-5 April	Week 15. 6 – 12 April	Week 16 13 -19 April	Cumulati ve total	Death	Cumulati ve death
Agoro Health Centre III	60	32	50	26	168	02	03
Potika HCII	21	06	04	28	59	00	01
<b>Total</b>	<b>81</b>	<b>38</b>	<b>54</b>	<b>54</b>	<b>227</b>	<b>02</b>	<b>04 (CFR 1.8%)</b>

Source; Agoro and Potika Health Centres – HMIS records

## The situation

During the month of November 2007 Uganda reported Hepatitis E virus outbreak in Madi Opei sub-county in Kitgum district. The outbreak has spread to neighboring sub-counties of Agoro, Padibe, Mucwini and Paluga since January 2008. The magnitude of the outbreak has been slowed by the various interventions such as promotion of health education, hygiene promotion and provision of sanitary facilities that the Red Cross Society has been engaged in since the launch of the operation.

In order to avoid duplication of activities and concentration in particular areas with the risk of excluding others, the District Hepatitis E Virus Task Force spearheaded the allocation of intervention sites to different partners. The Uganda Red Cross Society's intervention site is the Agoro sub-county which has an estimated population of 28,045, with 6,039 households<sup>1</sup>. Most of the population lives in two camps namely Potika (A and B), and Agoro and Oboko satellite camps whose latrine coverage is low as 3.7 per cent<sup>2</sup>. The sub county has poor sanitation with large numbers of roaming (free-range) pig population. Out of the 41 bore holes found in the sub-county, only 23 are functional.

## Coordination and partnerships

To harmonize intervention activities in the affected areas, a series of meetings and joint field visits were undertaken between Uganda Red Cross Society and International Rescue Committee. This yielded mutual integration and entry point for our activities in the community. Stakeholders meetings were held during this period and they included weekly District Hepatitis E Virus Task Force meetings chaired by the Resident District Commissioner (RDC), monthly WASH cluster meetings, weekly WASH Hepatitis E Virus Sub-Committee meetings held at OXFAM offices and community meetings with the Sub County leadership.

These stakeholders meetings have enabled information and resources sharing contributing to well coordinated interventions in the communities. There is close monitoring of the situation at both the national and field levels with daily updates being shared together with the Ministry of Health (MOH) and World Health Organization (WHO).

As earlier mentioned the National Society is the lead agency for Hepatitis E Virus intervention in Agoro sub-county and has been coordinating stakeholders meetings in the county. The meetings include partnership consultative meetings and WASH cluster meetings chaired by URCS and United Nations Children's Fund (UNICEF) respectively. Partner agencies participating in the meetings include African Medical Research Foundation (AMREF), OXFAM, International Rescue Committee (IRC), World Health Organization (WHO), Medecins Sans Frontiers (MSF) and World Vision.

Case management is being undertaken by the MOH in Agoro health centre and Potika health centre II while intervention activities are coordinated by the URCS branch field coordinator with technical support from the National Society headquarter.

During the district sanitation week, MSF together with the URCS community volunteers participated in a one-week camp clean-up campaign. 9 household block latrines within the camp were cleaned up.

## Red Cross and Red Crescent action

### Progress towards objectives

#### Relief distributions (food and basic non-food items)

**Objective: To strengthen URCS visibility and image in the community**

#### **Achievements:**

URCS volunteers in Agoro and Potika internally displaced persons (IDP) camps were provided with 110 pairs of gumboots and 304 T-shirts for protection and identification purposes during the operation. Furthermore, 6 megaphones were procured and availed to Kitgum Red Cross branch to boost volunteers' social mobilization activities at the public places such as the markets and schools.

<sup>1</sup> Environmental Health Report FY 2006/2007

<sup>2</sup> LC III Chairman, Agoro - March 2008.

## Challenges

Poor water storage using open pots has led to high levels of water contamination at household levels and as a result there is need for replacing the household water pots with plastic water vessels (20-litres Jerry cans) with narrow necks. A formal request is being forwarded to International Committee of the Red Cross in Kampala for support to procure and distribute 12,330 Jerry cans.

There are inadequate chlorine tablets to cover the number of households in the Agoro sub-county. The original procurement was meant to supplement the identified gaps in Madi-Opei sub-county which has a smaller population compared to the Agoro sub-county. To ensure that water in the sub county is treated consistently for a period of one month, there is therefore need for an additional supply of 359,900 pieces of chlorine tablets and out of which Medicine Sans Frontier – Holland has pledged to support URCS with 7,000 tablets leaving a deficit of 352,900 tablets.

The newly constructed latrines in Agoro sub-county will include hand-washing facilities and in order to promote hand washing after toilet use, it will be necessary ensure a supply of laundry soap to 6,165 households for 3 months. There is therefore a need for procurement of 18,395 bars (2 bars per household per month) which was not initially planned for.

The staffs at Agoro Health Centre are overwhelmed by the number of patients turn out at the health centre due to their limited numbers.

Heavy rains in the area have in a number of times interrupted activities and hinder volunteers movement since they lack in the basic gear such as raincoats and umbrellas.

## 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.**

### Achievements

The NS trained volunteers have undertaken social mobilization activities by conducting door-to-door sensitization visits on sanitation and hygiene promotion activities by use of the participatory hygiene and sanitation transformation (PHAST) toolkits reaching 1,223 households. Four health education sessions were conducted in the churches and the army camp reaching an estimated audience of 2,000 people.

Assorted Information, Education and Communication (IEC) materials have been developed with technical support from WHO and the MOH and distributed to increase community awareness surrounding HEV prevention and control as well as promote community health through the community case definitions of the disease. These were 500 T-shirts, 30,000 posters, 50,000 brochures and 9 sets of PHAST tool kits. URCS being the only partner that has produced the IEC materials, the materials were shared with all other partners and have been distributed in all the affected sub-counties including those that URCS was not actively intervening. The MOH has provided a film van that is boosting the URCS volunteers' efforts in information dissemination in the IDP camps.

URCS volunteers are undertaking water quality surveillance in Agoro IDP camp with technical support from the International Rescue Committee. Water chlorination at both water points and household levels has been carried out. 10,000 pieces of water purification tablets (aqua-tabs) were procured and 8,000 have already been used to treat and provide 20,000 liters of safe water to over 4,000 households. With the intensified social mobilization through routine home visits by volunteers and community awareness about general hygiene, there has been a notable reduction in the use of water from Okura River that has been the largest contributor of infection due to the open defecation and stray pigs that all contaminate the source. This is supported by the local leaders' enforcement of the community by-laws against the use of water from this source for domestic purposes.

Construction of 137 household latrines (2-stance) in Agoro IDP camp has started. Through community participation, 113 pits have been sunk and work on the superstructures has begun. The facilities are expected to improve latrine coverage in Agoro sub-county and effective usage shall be monitored by the community volunteers who will continue to undertake follow up home visits.

Through involvement of community leaders in the county a by-law on stray pigs has been passed and is being affected ensuring that the pig population is kept in enclosures.

### **Challenges**

Inadequate technical capacity to undertake water quality surveillance (lack of test kits), and so URCS has to rely on partners like the International Rescue Committee who have their own principles of operation.

Inadequate supply of water purifying tablets that is holding the consistent bucket chlorination of water for the IDP communities hence breaking the water quality chain that may lead to a new episode of re-infection with the HEV.

Inadequate IEC materials due to the fact that the URCS was the only partner that produced posters and brochures and shared with others, including MoH.

Very slow construction work by the latrine contractors amidst extreme pressure from partners and the community leaders expressing urgent need for the latrines that should help in reducing the open defecation thereby cutting the disease transmission chain.

**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.**

### **Achievements**

104 community-based volunteers; 68 in Agoro camp and 36 in Potika A and B in collaboration with the MOH have been trained in PHAST methodologies and social mobilization skills, equipped with necessary materials (T-shirts, gumboots, Red Cross jackets) and deployed in Agoro, Potika A and Potika B IDP camps.

The trainings were conducted with technical support from the District Health Educator (DHE), the District Health Inspector (DHI) and the local leaders to ensure uniformity of information to be passed on to the community. 55 Local Council drawn from Potika A and B and Agoro main camp were involved in the briefings to strengthen the social mobilization activities while 2 sensitization meetings were held with local leaders to ensure effective community mobilization strategies were adopted.

A full-time WatSan officer has been deployed in Kitgum Red Cross Branch to provide technical support to the branch staff and coordinate with partner organizations on water and sanitation technical issues.

Weekly review meetings are undertaken with the volunteers to receive feedback on the progress of the intervention and address any challenges experienced in the field.

### **Challenges**

Disparity in rates of pay for motivation of community volunteers in that the District Health Office has set a standard rate for remuneration of Village Health Teams (VHTs) that is rather low (Ug.shs. 5,000 per week) and not adequate enough to motivate the volunteers to put extra efforts in the work. On the other hand, as URCS was prepared to adopt to this requirement another partner, MSF mobilized VHTs for camp cleanup campaign and paid them a different rate (Ug.Shs. 5,000 per day) contrary to the agreed 5,000 per week. This caused resistance from the URCS volunteers who rejected the first offer and asked to be treated at comparatively same rate with other organisations' volunteers.

The planned one month intervention period may not be feasible anymore since the disease outbreak is continuously spreading to new IDP camps and the number of cases is rising in the target areas. This will call for consistent intervention for a minimum period of 8 weeks commensurate with the disease incubation period so that we may be able to see a positive change.

Community leaders are not facilitated to participate in social mobilization activities and are requesting the URCS to pay allowances for the Local Council chairpersons who work alongside the volunteers in the day today social mobilization and health promotion activities in Agoro sub-county. A similar team in Madi Opei sub-county is being facilitated by OXFAM GB.

## 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

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