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## DREF operation update

### Uganda: Hepatitis E Epidemic, Karamoja

 International Federation  
of Red Cross and Red Crescent Societies

#### DREF operation n° MDRUG022

#### Update n° 01

4 August 2011

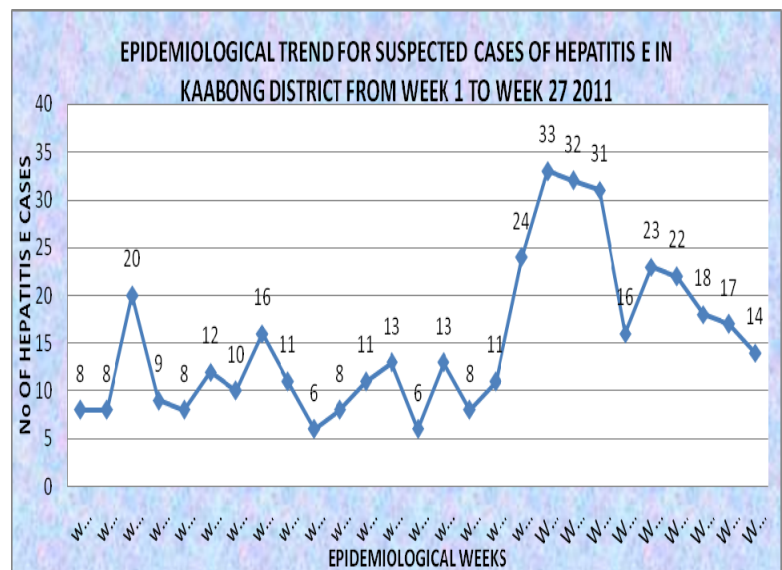
The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

**Period covered by this update:** 24 June to 22 July, 2011.

**Summary:** CHF 175,029 was allocated from the IFRC'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, 1,080,000 indirect beneficiaries affected by hepatitis E virus in Karamoja sub-region.

This update highlights the current epidemic situation, completed activities compared with planned targets as well as achievements/impact of the intervention towards meeting the objectives. As seen in the Epi curve at right, there is a decreasing

trend of cases in recent weeks, which can be attributed to reduced rains as well as to intensified social mobilization campaigns being carried out by URCS and partners, including district health officials.



Hepatitis E EPI Curve for week 27; source: MSF France-Kaabong

This operation is expected to be implemented in 3 months, and completed by 23 September, 2011. A Final Report (narrative and financial) will be due three months after the end of the operation (by 31 December, 2011).

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## The situation

Hepatitis E was first reported in Uganda in November 2007 when 6 cases were notified in Madi Opei Health centre IV in Kitgum District (now Lamwo District). The epicentre of the epidemic later moved from Acholi Sub-region to Karamoja Sub-region, with the onset in 2009 especially affecting the districts of Kaabong and Kotido. Through concerted efforts, this was controlled in 2010 but at the beginning of 2011, there was a marked upsurge of cases with an average of 18 cases per week reaching a peak of 33 cases in week 19. By end of Epi week 23, a cumulative total of 339 cases (CFR=1.8%) were recorded in Kaabong District alone.

The key risk factors that are propagating the spread of Hepatitis E virus in Karamoja sub-region are low latrine coverage leading to widely practiced open defecation, inadequate safe water due to broken down facilities, and poor personal hygiene practices (very low hand washing practices at critical moments) amongst the general population as well as poor food hygiene practices.

The prolonged incubation period of Hepatitis E virus (between 3–8 weeks with a mean of 40 days), exacerbated with the confusing case presentation which closely links with Yellow Fever viral infection that occurred in the neighbouring Acholi Sub-region, led to a laxity in reporting and detecting cases in the community that facilitated a silent spread of the epidemic. Since the onset of this second episode of the epidemic in the region at the beginning of the year, there has been limited interventions specifically targeting Hepatitis E as more efforts were directed towards the recent outbreak of Yellow Fever in the neighbouring Acholi Sub-region and the more virulent Ebola outbreak in the central part of Uganda in the month of May 2011, until June when the number of cases became threateningly higher and higher than the National Epidemic Task Force recognized it as an emergency and thus drew a preparedness and response plan that guided partners to support interventions related to strengthening of community mobilization and sensitization, strengthening disease surveillance, improving access to safe water and sanitation, strengthening case management and coordination of response.

With financial support from IFRC's Disaster Response Fund (DREF), the URCS was able to mobilize community based volunteers and trained them in the new Epidemic Control for Volunteers (ECV) toolkit and engaged them to conduct intensive health promotion and social mobilization campaigns in Kaabong District in addition to other water, sanitation and hygiene improvement interventions collaboratively with other partners. This has contributed to a slight drop in the number of cases.

## Coordination and partnerships

Since the last outbreak that occurred in 2009, there has been laxity in coordination mechanism in Kaabong District as the meeting quorum dwindled day by day until when Hepatitis E issues were integrated as part of the Karamoja group Health/Nutrition and Water, Sanitation and Hygiene (WASH) monthly meetings. With the arrival of the URCS in Kaabong and Moroto districts, bi-weekly District Hepatitis E taskforce, coordination meetings have now resumed where updates, progress as well as plans from different partners and Government departments are shared and utilized to achieve the set objective of eradicating the disease of the sub-region. Since then, the coordination mechanisms have resumed with members such as District Health Office, District Water Office, Medicine San frontiers (MSF-France), Mercy Corps, CESVI, World Vision, Oxfam, Action against Hunger (ACF), Doctors with Africa (CUAM) and the URCS which either provide health or water, sanitation and hygiene related activities in the region.

The United Nations Children's Fund (UNICEF) has so far donated 120 cartons of laundry soap, and 568 pieces of 20-litre water containers through the District Water office to facilitate maintenance of personal hygiene as well as safe water chain amongst the affected households. World vision is integrating Hepatitis E awareness messaging as part of the food distribution activities while Mercy Corps supports activities to increase latrine coverage through distribution of latrine digging kits, sand plats and construction of institutional latrines, MSF is supporting surveillance systems strengthening as well as case management and limited WASH activities in selected parishes with highest cases.

The URCS was therefore allocated Kathile sub-county as implementation area to intensify the planned emergency response activities that will help to disrupt the high infection rate since majority of cases have been reported from there. At national level, there is a bi-weekly coordination mechanism at the Ministry of Health (MoH) headquarters with active participation from members such as the World Health Organization (WHO), UNICEF, MSF, CDC, RESPOND Uganda and the URCS, where response strategies are made and reviewed. These coordination mechanisms have helped in sharing of information as well as equitable allocation and utilization of resources. Through the ongoing water and sanitation projects in Karamoja Sub-region, the International Committee of the Red Cross (ICRC) has requested the URCS to monitor the trend of the epidemic and identify any other existing gaps that may not be met by the available DREF funds for possible support.

# Red Cross and Red Crescent action

## Progress towards objectives

### Emergency Health

<b>Specific Objective 1: 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>

#### Progress:

During the first month of implementation, there was an increase in the number of cases as reported from Kathile sub-county in Kaabong District. The District Hepatitis E task force allocated the URCS to work in this sub-county to intensify social mobilization and health promotion. To date, 104 Village Health Team (VHT) members have been mobilized from 52 villages in Kathile sub-county in Kaabong District and trained in Epidemic Control and are familiar with the toolkit methodologies. The training was jointly run by 3 URCS ECV trainer of trainers, 1 Participatory Hygiene and Sanitation Transformation (PHAST) trainer, the DHE and Sub-county Health Assistant. The trained VHT have already started mobilization activities. Arrangements have been finalized with the district health officer to train 96 volunteers in Sidok sub-county in the last week of July. A further 50 volunteers each from Kotido and Moroto will be trained in the course of August 2011.

300 pairs of gumboots and 300 raincoats were procured for use by trained volunteers to protect them against adverse weather and environmental conditions as they do their work in the communities. This also acts as incentives for the VHTs to remain motivated in their work.

#### Challenges:

Majority of the Village Health Team members are illiterate thus it was difficult for them to comprehend the key topics in the ECV toolkits. This challenge was solved through utilizing trainers from within Karamoja who understand the language and simplified the facts by use of relevant local examples and case studies.

<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> <li>Rapid assessment of community behaviour/practices and attitudes that propagate spread of hepatitis E.</li> </ul>

#### Progress:

The trained 104 VHTs in Kathile sub-county; Kaabong District carried out awareness activities through intensive door to door health promotion campaign sensitizing people about the disease, mode of transmission, signs and symptoms and key preventive actions. By end of week 30, a total of 3,120 households were already reached and sensitized by the VHTs specifically encouraging households to dig and use latrines, wash hands after using the toilet and other critical moments as well as boiling of drinking water as key preventive practices against the disease and others.

Procurement of assorted IEC/BCC materials such as 20,000 posters, 1,000 T-shirts, 30,000 brochures and 10 sets of PHAST toolkits have been procured and are being delivered for distribution in Kaabong during week 31. The materials produced have messages on the risk factors of lack of latrine use, hand washing at critical moments, food hygiene and one set of poster was specifically addressing the high risk of the infection amongst pregnant women as the most vulnerable group.

**Challenges:**

There were inadequate copies of the ECV toolkits to provide to all the 104 trained VHTs that would facilitate them to conduct effective household health promotion activities. This problem was solved by photocopying relevant toolkits related to the diarrheal diseases that are currently being used by the volunteers.

There is no local radio station in Kaabong District, and all the two radio stations in the whole of Karamoja Sub-region are located far away in Moroto District. This has an implication on the cost of running a live talk show since technical officials from the district need to be transported and facilitated all the way from Kaabong to Kotido to run the programme.

The URCS interventions are limited to only rural based households and yet there is also a large urban population and some hard to reach communities who are nomads who are not able to access the health and hygiene information being disseminated. The option of using a film van to conduct mass campaign and social mobilization to reach a critical mass of population is being explored.

### Water, sanitation, and hygiene promotion

<b>Specific Objective 3: Support provision of safe water and sanitation facilities to the communities in Karamoja and Acholi Sub-region</b>	
<b>Expected results</b>	<b>Activities planned</b>
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>

**Progress:**

Procurement of all supplies including soap, jerry cans, Aquatabs, latrine digging kits and hand washing facilities was completed and items transported to the targeted areas. The branch has started utilizing these items and details will be provided in the next update.

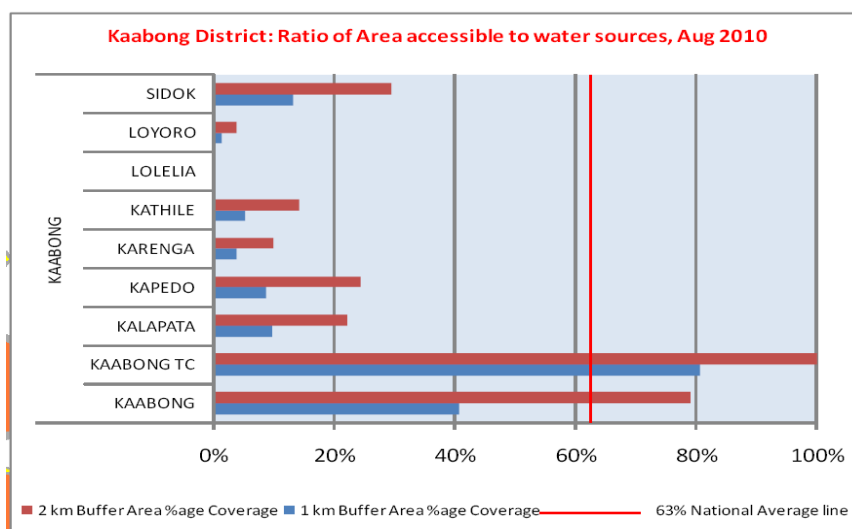
36 sets of latrine digging kits comprising of hand hoes, ropes, pick axes, pangas, wheelbarrows and spades have been procured and being used in Kaabong District, Kathile sub-county. This is expected to facilitate construction of over 140 household latrines within one month that will greatly increase latrine coverage in the sub-county thus contributing to improved district coverage.

6,000 bars of laundry soap, 3,000 jerry cans of 20-litre capacity, 36 institutional hand washing tanks and 45,000 tablets of Aquatab water purifiers have been procured and transported for distribution in Kathile sub-county in Kaabong District. These items are expected to help promote good personal hygiene, provide safe water for drinking as well as maintenance of safe water chain at household level that will all lead to reduced infection from Hepatitis E and other diarrheal diseases.

### Challenges:

Kaabong District has very low safe water coverage with the few available boreholes remaining non-functional due to poor yield or breakdown. 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 this problem to be solved completely, additional resources are needed to repair and rehabilitate the available water sources as well as construct new ones for communities without one.

The limited access to safe water in Kaabong District is evidenced in the report on the right compiled by 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.

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.

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"> <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 an independent programme evaluator to conduct an assessment of 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.</li> </ul>

### Progress:

The Programme Manager in charge of Community Based Health Care/First Aid conducted a joint monitoring and technical support visit in Kotido and Kaabong together with the Mbale Regional Programme Manager during week 28 and 29 that helped in re-establishing the Hepatitis E coordination mechanism in the districts and also guiding branch staff and volunteers on the implementation strategies

### Challenges:

Kaabong sub-branch which is the epicentre of the operation is remotely located from the main branch that is in Kotido. This implies that the Branch Manager does not have full time presence in Kaabong and thus presenting a risk of the URCS' presence for close monitoring of community volunteers' activities as well as missing opportunities arising out of the existing coordination mechanisms with the District Authorities and other partners. This has been temporarily solved by engaging the sub-county Health Assistant to be responsible for routine supervision of VHTs' work in the communities.

### Contact information

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## **DREF history:**

- This [DREF](#) was initially allocated on 24 June 2011 for CHF 175,029 for 3 months to assist 280,000 direct beneficiaries and 1,080,000 beneficiaries through awareness information campaigns.



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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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2. Enable healthy and safe living.
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