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## Emergency Plan of Action update Uganda: Hepatitis E Virus outbreak

 International Federation  
of Red Cross and Red Crescent Societies

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| <b>DREF Operation n°1:</b> MDRUG036  | <b>GLIDE n°:</b> EP-2014-000011-UGA   |
| <b>Date of Issue:</b> 17 June 2014   | <b>Operations Update n° 1</b><br><b>Timeframe covered by this update:</b> 4 February to 4 June 2014 |
| <b>Operation start date:</b> 6 February 2014   | <b>Operation end date :</b> 31 July 2014  |
| <b>Operation budget:</b> CHF 227,020   |   |
| <b>N° of people being assisted:</b> 1,200,000  |   |
| <b>Host National Society presence (n° of volunteers, staff, branches):</b> Ugandan RC, 350 volunteers and 7 URCS staff   |   |
| <b>Red Cross Red Crescent Movement partners currently involved in the operation:</b> URCS, IFRC and Belgium Red Cross.   |   |
| <b>Other partner organizations currently involved in the operation:</b> Ministry of Health of Uganda, Ministry of Education, Ministry of Water, UNFPA, District Security Office. |   |

### Summary of major revisions made to emergency plan of action:

This EPoA update extends the timeframe of the operation to the end July 2014 to allow the completion of planned activities still remaining in order to meet the objectives of this emergency operation, with no changes to the original approved budget. The operation will therefore be completed by 31 July, 2014 and a Final report made available by 31 October 2014.

The operation was not completed within the planned timeframe (by 5 June 2014) due to a number of key challenges outlined below, including carrying out a review of the response operation.

The activities still outstanding include the finalization of the planned door-to-door social mobilization and survey, the lessons learned workshop and remaining water and sanitation activities related to the disinfection and rehabilitation of boreholes in the region. Together, these elements constitute the remaining portion of this operation still pending. Towards the end of the operation a review will be conducted to capture lessons, and propose improvements for future Hepatitis E response.

## A. Situation analysis

### Description of the disaster

The Ministry of Health (MoH) declared an epidemic of Hepatitis E Virus (HEV) outbreak in Karamoja sub-region of North Eastern Uganda in Napak after ¾ samples that were sent to UVRI<sup>1</sup> tested positive for HEV by Polymerase Chain Reaction (PCR) on 1 December, 2014. This outbreak still rages on from the initial cluster of acute jaundice syndrome cases that were reported in Napak by October 2013 to the latest 1,238 cases including 28 deaths reported as of 11 May, 2014. The trend indicates a positive sign of decline in the HEV cases reported. Only 125 suspected cases were reported in the past six weeks compared to the earlier weeks where on average about 50 suspected cases were being recorded on a weekly basis. As of 11 May they are no new admissions in Matany hospitals, however majority of the deaths (15 out of 28 equivalent to 53.6 percent) reported from this outbreak have occurred amongst pregnant mothers. On a good note, no new isolated cases have been reported from the neighboring districts of Moroto, Nakapiripirit, Katakwi, Kotido, Abim and Amuria that were initially considered under threat from the outbreak, portraying a positive sign that the disease is now localized within Napak district only.

<sup>1</sup> The Uganda Virus Research Institute

In Napak district, the epidemic can still be characterized as propagating with continuous exposure as a result of poor access to safe water which requires heavy investments in availing safe water in this semi-arid area hence negatively affecting the behavioral change practices for improved sanitation and hygiene as there can be no proper hygiene promotion without access to safe water.

With the continued response efforts by partners that are aimed at increasing access to safe drinking water, behavioral change communication for improved sanitation and hygiene practices, enhanced HEV case surveillance at health facility and community levels, and supportive care to admitted pregnant mothers, it is envisaged that the positive trend will continue. When no new cases were registered in four consecutive weeks in April and May, the positive trend will ultimately be achieved and reach levels where no new cases will be reported in the communities for a prolonged period leading to an eventual declaration of hepatitis E outbreak control.

The predisposing factors causing the Hepatitis E epidemic in Karamoja sub-region still remains the low latrine coverage, poor access to safe water and poor hygiene practices. Latrine coverage in the district is 18.6 percent and safe water coverage is 62 percent though 44 percent of the safe water sources are non-functional. The districts and partners will thus need to continue to implement the response activities (surveillance, case management, community mobilization/sensitization, and water and sanitation activities) aimed at eliminating the outbreak and preventing the spread of hepatitis E.

It should be noted that up to this point the direct district HEV outbreak response activities have continued to stall due to the absence of resources to support the planned activities from government which has not been forthcoming and the district continues to rely on the partner support where Uganda Red Cross Society is heavily recognized for the efforts at combating the spread of the HEV outbreak.

## Summary of response

### Overview of Host National Society

URCS has vast experience in complicated epidemic response; including community based epidemic control and has been engaged in the prevention response to Ebola outbreaks, measles, polio, cholera, hepatitis and others. In this respect, URCS engagements in HEV response in Karamoja sub region started on a slow pace with the emergency health directorate and the local branch participating in the joint assessments conducted alongside the District Health Officers, World Health Organization (WHO) and Ministry of Health (MOH). Findings of the assessment highlighted the magnitude of the emergency and have guided the disease control actions that were planned and are being implemented.

The URCS branches of Napak, Moroto, Katakwi and Kotido collectively mobilized 350 volunteers whom were oriented by the district health team with support from IFRC DREF funds and consequently deployed in the communities for the disease control activities. The operation started with the Belgium Red Cross support that was made available through the WatSan emergency stock items that were pre-positioned. Through this, URCS supported the most affected community's members by providing them with:

- 500 (25 litres) jerry cans
- 568 (5 litres) jerry cans for tippy tap (simple hand washing facilities)
- 20,000 aqua-tabs and 20,000 PUR sachets water maker
- 1,000 bottles of JIK chlorine bottles.



URCS volunteers registering the most vulnerable individuals (mostly expectant mothers). Photo/URCS

URCS volunteers have been heavily engaged in the following activities;

- Contributing to the overall intervention by finding and referring to hospital and health units, HEV cases in the community.
- Conducting intense behavioral change campaigns (sensitizations and inspection of public places and domestic areas to enforce sanitation and hygiene standards), which is implemented together with the stewardship of the district taskforce.
- The URCS has distributed 20,000 Posters and 30,000 brochures on HEV prevention.
- URCS deployed all the 350 volunteers in the community where they have been conducting vigorous hygiene promotion and hepatitis E surveillance in the most affected villages in Napak through house-to-house

education and information dissemination while at the same time mapping out and registering the most vulnerable groups like the pregnant mothers.

URCS remains an active member of the National and District HEV task forces and will continue to attend the coordination meetings in addition to contributing as required and whenever possible to all the task force efforts for intervention.

### **Overview of Red Cross Red Crescent Movement in country**

IFRC set up a support unit in Uganda composed of an Operations Delegate, a logistic delegate and project accountant with the intention to support the URCS in the two operations (South Sudan refugees' population movement and the implementation of this DREF for HEV). The support unit also oversees the finances of the two operations.

### **Overview of non-RCRC actors in country**

URCS is part of the National and District Task force chaired by the MoH and WHO at the Kampala level and also at the district levels with District Health Officers. At the moment, the approved plan of the district put out for funding from the government has not come through and the MoH continues to request partners for support. United Nations Populations Fund (UNFPA), WHO and other International and local NGOs, continue to support the district with the hepatitis E outbreak with limited response.

| <b>Operational technical working groups (TWGs)</b>                   | <b>Sector Lead Agency</b>  |
|--|--|
| Coordination and resource mobilization                               | District Health Officer (DHO)  |
| Case management  | DHO, UNFPA   |
| Logistics management   | DHO  |
| WASH promotion   | District Water Officer (DWO)/DHO/ District Education Officer (DEO), URCS |
| Social mobilization, Information, Education and Communications (IEC) | District Health Educator (DHE) /URCS                                     |
| Security and Safety  | District Security Officer (DISO)   |

Matanyi hospital with direct support from WHO, MoH and UNFPA continues to provide free treatment for all hepatitis E cases referred.

### **Risk Update:**

The security situation in Karamoja is at times very challenging and unpredictable. However no major security challenges or violent clashes between the communities, including between pastoralists and farmers in the region has been reported over this response period even though the population is well known for cattle raiding which often ends with casualties from the communities involved, also triggering retaliations and tensions. The team strictly adheres to the security regulations to minimize the risks involved in carrying out this operation.

## **B. Progress on the HEV Outbreak response**

### **Overall objective**

The overall objective of the response is to reduce morbidity and mortality due to Hepatitis E through prompt identification, referral and management of the suspected cases; through 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.

### **Strategy Adopted:**

This DREF operation is supporting social mobilization in order to stop the spread of Hepatitis E virus disease outbreak in the affected districts, by mobilizing the population through specific actions against the spread of the disease. The operation has engaged 350 community-based volunteers who have undertaken intensified health education and promotion campaigns at household level. The main purpose for this is to improve community knowledge about the symptoms and signs of the disease. The health education and campaigns are also accompanied with the appropriate referral messages intended to ensure that all suspected Hepatitis E virus disease cases, in particularly the pregnant

mothers who are the most vulnerable, are appropriately responded to during this period so as to reduce the cases fatality load.

Using the IFRC Community Based Health and First Aid (CBHFA) tool, a total of 350 (200 volunteers/village health teams (VHTs) in Napak and 150 volunteers/VHTs from the neighboring districts) were trained /oriented jointly with the district health officers. It's this capacity that URCS is utilizing for the engagement of the community in social mobilization activities for HEV prevention and control in the affected districts. So far, these volunteers have demonstrated that they can effectively communicate to the community members about the dangers of Hepatitis E virus disease and the control interventions as they are supported to conduct this through a house to house health promotion campaigns and active case search and register/refer all expectant mothers.

In order to spread the message wider in order to reduce the risk of transmission of the Hepatitis E virus disease outbreak, the mass media has also been engaged through radio talk shows.

Similarly, Context-specific pictorial IEC's campaign materials have also been produced to promote a wide knowledge and awareness about Hepatitis E.

In summary, the following strategies are being used to achieve the planned results:

- 1) House-to-house visits by volunteers to all households to sensitize the community on prevention and the dangers of hepatitis E.
- 2) Registration of all expectant (pregnant) mothers who are at more risk from the disease and referral of the affected for proper management.
- 3) Engagement of community, religious leaders, Manyatta leaders and other opinion leaders to mobilize for Hepatitis E virus disease prevention in hepatitis E outbreak dialogue meetings.
- 4) Mass campaign through electronic and print media.
- 5) Identification and referral of symptomatic cases in the community for treatment in Matanyi hospital.
- 6) Household water treatment products (aqua tabs) distribution for high risks households during the duration of the operation, water storage containers (jerry cans 20 L and 5 L are distributed to high risk households), and 12,000 bars of soap are distributed to 3,000 households (approximately 15,000 people), with a focus on households with expectant mothers (target group).
- 7) Repairs and rehabilitation of 20 broken water sources are undertaken in Napak District to increase the availability of safe water for high-risk communities.

### C. Detailed Progress on the HEV Operation

#### Health and care

The hepatitis E operation specifically targets 209,100 people in Napak district directly but overall; the project is expected to reach approximately 1,200,000 people with general awareness information. URCS staff and volunteers are contributing to this intervention in Napak and the neighboring districts of Kotido, Abim, Moroto, Amudat, Katakwi and Nakapiripirit.

| <b>Outcome 1: Strengthen early detection, reporting and referral of suspected cases of Hepatitis E in Karamoja Sub-region through active surveillance.</b> |  |
|--|--|
| <b>Output</b>  | <b>Activities planned</b>  |
| <ul style="list-style-type: none"> <li>• Provide Support to health services in identifying and providing care to affected individuals</li> </ul>           | <ul style="list-style-type: none"> <li>• House-to-house visits by volunteers to all households to sensitize the community on prevention and the dangers of hepatitis E.</li> <li>• Active case findings by community volunteers and referral to health facilities for verification and/or diagnosis.</li> <li>• Registration of all expectant (pregnant) mothers who are at more risk from the disease and referral of the affected for proper management.</li> <li>• Procurement and distribution of disinfectants and protective gear for volunteers.</li> <li>• Engage community, religious leaders, Manyatta leaders and other opinion leaders to mobilize for Hepatitis E virus disease prevention in hepatitis E outbreak dialogue meetings</li> </ul> |

| <b>Output</b>  | <b>Activities planned</b>  |
|--|--|
| <ul style="list-style-type: none"> <li>• Provide Support to health services in identifying and providing care to affected individuals</li> </ul> | <ul style="list-style-type: none"> <li>• House-to-house visits by volunteers to all households to sensitize the community on prevention and the dangers of hepatitis E.</li> <li>• Active case findings by community volunteers and referral to health facilities for verification and/or diagnosis.</li> <li>• Registration of all expectant (pregnant) mothers who are at more risk from the disease and referral of the affected for proper management.</li> <li>• Procurement and distribution of disinfectants and protective gear for volunteers.</li> <li>• Engage community, religious leaders, Manyatta leaders and other opinion leaders to mobilize for Hepatitis E virus disease prevention in hepatitis E outbreak dialogue meetings</li> </ul> |

**Progress:** To effectively implement the hepatitis E outbreak response activities in Karamoja Sub region, URCS commenced volunteer orientation in early February and jointly with the district health officers oriented 350 volunteers using the Community Based Health and First Aid (CBHFA) tools. So that the volunteers could effectively communicate to the community members about the dangers of Hepatitis E virus disease, control interventions through a house to house health promotion campaigns, active case searching and registration /referring of all expectant mothers.



**Nakapiripirit District health officer explaining to the participants the dangers of Hepatitis E: Photo/URCS**

Since the training in February and early March, the VHTs/Volunteers for hepatitis E outbreak response embarked on intensive door-to-door health promotion campaigns by sensitizing people about HEV mode of transmission, signs and symptoms and key preventive actions. By 11 May 2014, a total of 52,508 households (302,732 people) in Napak, Moroto, Katakwi, Amudat, Nakapiripirit and Kotido districts have been reached. The households have been sensitized to dig and use latrines, wash hands after using the toilet and other critical moments as well as boiling drinking water as key preventive practices against this disease and others.

**Table 1: Summary data on hepatitis E house to house volunteer social mobilization response –**

| <b>Affected Districts</b> | <b>Number of Manyattas reached</b> | <b>Number of households reached</b> | <b>Number of persons reached</b> | <b>Number of cases identified</b> | <b>Number of pregnant mothers identified</b> | <b>Number of cases referred</b> |
|---------------------------|------------------------------------|-------------------------------------|----------------------------------|-----------------------------------|--|---------------------------------|
| Napak                     | 1,558                              | 38,902                              | 198,402                          | 732                               | 1,492  | 732                             |
| Moroto                    | 89                                 | 3,769                               | 20,245                           |                                   | 232  |                                 |
| Amudat                    | 145                                | 986                                 | 5,038                            | 1                                 | 117  | 1                               |
| Nakapiripirit             | 116                                | 2,521                               | 13,428                           |                                   | 132  |                                 |
| Katakwi                   | 0                                  | 3,648                               | 18,704                           |                                   | 280  |                                 |
| Kotido                    | 121                                | 2,682                               | 17,369                           |                                   | 190  |                                 |
| <b>Total</b>              | <b>2,029</b>                       | <b>52,508</b>                       | <b>273,186</b>                   | <b>733</b>                        | <b>2,443</b>                                 | <b>733</b>                      |

A total of 733 suspected hepatitis E cases from Napak, Katakwi, Amudat, Nakapiripirit and Kotido districts were identified and referred by Volunteers/VHT's. This did not only enable the referred people access to treatment but also demonstrated the vigilance of the trained volunteers who had been trained in preparedness and general health promotion using the CBHFA tools more especially in Napak which was the epicenter of the outbreak.

- 1) The volunteers have so far registered 1,492 expectant (pregnant) mothers who are at more risk from the disease and referred 22 of the affected for proper management to Matanyi hospital. All these registered expectant mothers were supported with the appropriate hepatitis E response items like jerry cans, aqua safe tablets and referrals support. This activity not only supported the health care givers with information and individuals affected to have access to treatment but also provided planning information and data to the district health officials.
- 2) The program has also been conducting Community Dialogue meetings aimed at reaching all communities in Napak District at their respective sub counties and in particular sub counties where the cases of Hepatitis E are most common. A total of 24 dialogue meetings have so far been successfully conducted. During the discussions participants are taken through the basic facts about Hepatitis E, its causative agent, signs and symptoms, incubation period, and preventive methods of the disease. In addition the communities are also

encouraged to refer cases of this disease to the nearest health facilities especially cases with yellowing of the eyes (jaundice) and urine.

- 3) In the dialogue meetings, the communities are encouraged to take extra precaution whenever they make visits to their trading centers because these are areas where road side food vending is common and heavy consumption of local brew KWETE and other risky behaviors like open defecation are common.

The general impact of these activities is that the attitude and behavior of the community members seem to be gradually improving. This is because there are noticeable improvements in the community attitudes and behavior reinforced through the many community members' practices where they have adapted the positive hygiene practices such as latrines sinking and the practice of boiling water for drinking in some households. Together with other mitigating activities, it is believed that this has contributed to the efforts to minimize the spread of hepatitis E.

**Challenges:**

- Capacity of the majority of the Village Health Teams selected (in the spirit of partnership with the district health office) have picked for the response had to go through the training and orientation using the CBHFA toolkits, which is in English were school drop outs at the level of primary and hence could not comprehend the key topics in during the orientation. Utilizing facilitators from within Karamoja who understood the local language solved this challenge. These local facilitators simplified the facts through the use of relevant local examples and case studies.
- The cost of distribution of key hepatitis E item materials was under estimated in the approved DREF budget. This requires adjustment within the approved budget without tampering with other lines to minimize the effect on other activity areas. This remains relevant to the intervention and a pre-requisite for the response to succeed in averting the spread.

**Water, sanitation and hygiene promotion**

**Needs analysis:** The predisposing factors causing the Hepatitis E epidemic in Karamoja sub-region still remains, the low latrine coverage, poor access to safe water and poor hygiene practices. Currently, due to shortage of funds and human resources, the district continues to implement on a piecemeal basis, routine interventions that include; surveillance, case management, community mobilization/sensitization, and water and sanitation activities. The ongoing and current needs of the affected communities still remain: Repairs of broken down existing water facilities, the need for purifying drinking water, the overwhelming need for adequate sanitation facilities like latrines, hand washing facilities and the need for containers for maintaining safe water chain.



Dialogue meeting in Lopei at Lopei health centre III. Photo/URCS

Awareness raising to address the risk for the spread of HEV is being implemented in Napak and the neighboring districts of Kotido, Abim, Moroto, Amudat, Katakwi and Nakapiripirit. The total populations of these affected districts in Karamoja region (approximately 1,200,000 people) are being targeted with the pictorial IEC and mass media messages. The messages are tailored to address the limited awareness and suspicions (traditional beliefs and attitudes) within the communities about hygiene and human waste disposal as was also highlighted in the RAMP KAP survey that the program launched at the beginning of this campaign. Household water treatment products, water storage containers, and soap continue to be distributed to at least 3,000 households (approximately 15,000 people), with a focus on households with expectant mothers (target group).

| <b>Outcome 1: Reduced risk of Hepatitis E transmission through improved hygiene knowledge and practices, and access to safe water in the target communities in Karamoja sub-region over a period of three months.</b> |   |
|---|---|
| <b>Output</b>   | <b>Activities planned</b>   |
| <ul style="list-style-type: none"> <li>• Access to safe drinking water is improved for 3,000 households through treatment at household level over a period of four months.</li> </ul>                                 | <ul style="list-style-type: none"> <li>• Distribute water purification products for household water treatment (chlorine tablets) to 3,000 households over a three months period.</li> <li>• Train population of target communities on safe and proper use of water treatment products, and on safe</li> </ul> |

|   |   |
|---|---|
|   | <p>water storage.</p> <ul style="list-style-type: none"> <li>• Provide 20 L jerry cans for water storage containers to 3,000 households (2 per households), with focus on target population of expectant mothers and hand washing facilities to affected households, schools and institutions to maintain safe water chain.</li> <li>• Promote cleaning/disinfection of dirty jerry cans at water points.</li> <li>• Inspection of sanitation facilities/home hygiene.</li> <li>• Rehabilitation (including repair of broken parts and disinfection) of 20 broken water points (boreholes) in Napak district.</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Increased awareness on how to prevent HEV through improved hygiene practices with a focus on the target population of pregnant women, in the Karamoja sub-region.</li> </ul> | <ul style="list-style-type: none"> <li>• Rapid KAP survey assessment of community behavior/practices and attitudes that propagate spread of hepatitis E, at the beginning and end of the operation to measure impact and to guide activities, communication channels and hygiene messages.</li> <li>• Develop a hygiene promotion/BCC plan (based on inputs from rapid KAP, transmission pathways (CDC study found to be mainly person to person hand hygiene), target population of expectant mothers, appropriate communication channels etc.)</li> <li>• Mobilization and training of 350 community-based URCS volunteers from the affected areas to implement the hygiene promotion/BCC plan (expected to be a mix of both direct and participatory approaches).</li> <li>• Develop / print appropriate materials needed for implementing activities in the HP/BCC plan.</li> <li>• Provide logistical support to the volunteer team supporting community work, and regularly monitor progress/impact</li> <li>• Distribution of 12,000 pieces of soap for targeted population.</li> <li>• Provide two 5 L jerry cans for hand washing facility construction (tippy tap) to 3,000 targeted households and high risk communities.</li> </ul> |

**Progress:** From the identified gaps related to inadequate access of safe water in the targeted communities, the URCS requested for emergency funding from IFRC to meet these gaps. URCS secured funds to support rehabilitation and decontamination of twenty (20) broken boreholes in Napak district. The program conducted a joint technical assessment with the Napak district water office for 32 nonfunctional water sources out of the reported 211 and 11 functional but suspected to be contaminated as per the sanitary survey report. As a result of this assessment, 20 non-functional boreholes in Napak district were recommended for rehabilitation and disinfection by URCS. Due to the high cost quoted by the bidder, the program has adjusted and will now work on only 13 broken down boreholes in line with the approved budget line for this activity. The award process for the selected contractor to execute the works that includes water quality assurance is in final stages. The IFRC support unit based in Kampala is supporting this process through the logistics delegate. This work is expected to be completed by end of May 2014. The URCS requested the District Water Office (DWO) to take up the responsibility of rehabilitating the other additional broken down boreholes in the other sub counties. At the time of reporting, there was no confirmation from this office if this will happen.

The program procured assorted pictorial IEC/BCC materials developed jointly by the social mobilization committee and approved by National Coordination Committee. These include 20,000 posters, 500 T-shirts, 30,000 and brochures which are being distributed in Napak, Moroto, Kotido, Katakwi, Nakapiripirit and Amudat. 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.

Up to 9,000 bars of laundry soap, 4,500 jerry-cans of 20-litre capacity, 3,000 jerry-cans of 5-litre capacity, 36 institutional hand washing tanks, 36 latrine digging kits, as in the distribution matrix below were procured and distributed to the affected persons in Napak. The items distributed include the 500 (25liters) jerry cans, 568 (5 liters) jerry cans for tippy tap (simple hand washing facilities), 20,000 aqua-tabs, 20,000 PUR sachets water maker, and 1,000 bottles of JIK chlorine bottles the program distributed in February in Napak district to 500 most vulnerable households. These items distributed, have helped promote good personal hygiene, provide safe water for drinking as well as maintenance of a safe water chain at household level. The balances of items will be distributed to the most vulnerable that missed out on the 1st phase of the distribution by the end of June 2014.



Beneficiaries receiving hepatitis E control materials for which they were registered. Photo/URCS

In addition 36 sets of latrine digging kits comprising of hand hoes, ropes, pick axes, pangas, wheelbarrows and spades have also been distributed in Napak to promote construction of new latrines by the community. 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.

URCS Implemented the Rapid KAP survey assessment of community behavior/practices and attitudes that propagate spread of hepatitis E. This was implemented in March so as to guide the operation to use the appropriate communication channels and hygiene messages with maximum impact of activities that will also be measured at the end of this operation. The survey was carried out in two districts of Karamoja regions namely Moroto and Napak districts. It covered 12 selected areas in 9 sub counties and Moroto municipality (3 selected areas). With the confidence level of 95percent, 384 people in a stratified random sample from Napak and Moroto district were selected to participate in the survey. The survey result showed that people have good existing knowledge of good practices, but still don't always practice them mostly due to poor attitude and access to safe water. The quick analysis of the information sources showed radio, church, friends/neighbours, Volunteers/VHT's, health workers and community meetings in that order as good communication channels to use for hepatitis E behaviour change communication. These findings were immediately integrated into the response strategies and radio talk shows, churches and friends/neighbours are being used as channels for propagating the hepatitis E prevention communication.

Public radio talk shows started running on Moroto-based radio stations Ninah FM for the entire Karamoja sub region on 20th March 2014. The live talk shows involving the local council district health officer of Moroto. Other shows were aired in April 2014 with the district health team from Napak but have since stalled as a result of delays in transfer of funds to the branch to support these activities. The broadcasting aimed at increasing the number of people reached with messages on Hepatitis E more especially the mobile pastoralists in Karamoja. It is estimated that over 820,000 people from Karamoja sub region have been reached directly with Hepatitis E messages during these radio shows.

#### **Challenges:**

- Napak District generally has very low safe water coverage, even with the few available boreholes that were non-functional due to poor yield, or breakdown. This leaves the majority of the residents searching for water from surface sources such as ponds, dams etc. that are highly contaminated due to the open defecation practices. For this problem to be solved completely, this requires a detailed developmental program or project for the sub region.
- Due to the administrative challenges funds utilization have been slow and transfer to the field often delayed which has impacted on the activity implementation timelines.

## **Operational support services**

### **Human resources**

The URCS deployed its internal human capacities located at the branch and regional offices as well as technical staff from the headquarters who trained volunteers and provided technical support for the planned Hepatitis E virus disease interventions in addition to 350 volunteers who were mobilized and trained for the operation.

IFRC set up its in-country structures in Uganda assisting URCS to respond to disasters. The office provides support to this DREF operation in addition to the population movement from South Sudan. The structure includes an Operations delegate, a Procurement Delegate and a Finance officer. The response also receives technical support from the regional technical advisors.

### **Logistics and supply chain**

The IFRC logistics delegate has been working in collaboration with the Uganda Red Cross team to secure all the logistical items needed for the response.

**Progress:** The entire logistical items needed for the response were procured and delivered for distribution in the field. By end of June 2014 all the distributions will have been effectively accomplished to the most vulnerable beneficiaries registered in Napak.

### **Communications**

The URCS communication office continues to share information for visibility of the work of the staff and volunteers during the operation. This involves posting articles and publications on the URCS website and provision of regular information to media.

### **Security**

The security situation in Karamoja is at times very challenging. There are occasional violent clashes between the communities, including between pastoralists and farmers. Cattle raiding is a common practice which often ends with casualties from the communities involved, also triggering retaliations and tensions. Security regulations will be adhered to, to minimize the risks involved in carrying out the operation.

### **Planning, monitoring, evaluation and reporting (PMER)**

The Red Cross Society headquarters in Kampala, the URCS regional board representatives and the local board members continue to monitor the implementation of the Hepatitis E virus disease operation. Regular reports and updates are being provided to the programme staff from the field offices. The program in turn shall continue to provide update to IFRC to that effect and monitor the situation at national and field level together with the Ministry of Health and WHO.

An end line survey will be carried out as a follow up on the baseline survey for this operation using simple tools designed for volunteers to measure the levels of improvement of public awareness, attitudes, beliefs and practices towards hepatitis E virus disease control, safe water, hygiene and sanitation to estimate the level of impact of the campaign within these affected communities. In addition an end of operation workshop with volunteers and partners to document lesson learnt and whether 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. IFRC will undertake the end review to look into achievements and effectiveness of response, as well as for learning purposes. URCS hopes to benefit from the findings from the review by using it to inform and update the URCS Health Epidemics Contingency Plan developed in April 2013.

### **Administration and Finance**

In light of institutional challenges faced by the URCS, and the resulting strained capacity, the IFRC established an Operational Support Unit (OSU) to ensure the coordination of timely, efficient and effective IFRC support to URCS in responding to the impact of the on-going influx of refugees from South Sudan, as well as other sudden and slow onset disasters and crises events, with the aim of contributing to the improvement of the quality of DREF operations, appeals and other response operations. A vital role of the OSU is to conduct due diligence and oversight in operations management, including in particular in minimizing risks in relation to financial management.

Due to the nature of this task, being conducted during the implementation of two simultaneous emergency operations, delays have occurred in ensuring cash flow to the Hepatitis operation and thus also the ability of the operations team to conclude implementation within the expected timeframe. The delays arise from having to define, set up and implement a IFRC system of support and oversight, that on the one hand provides due diligence to financial transactions, and on the other support progression of the implementation. Setting up such a structure in a strained institutional context presents a number of challenges and has implications on the speed of project and financial management processes, including slowing down the flow of accountabilities and cash.

From the outset of the operation funds were channeled to URCS accounts whith the IFRC structure mandated to safeguard the contributions from donors and promote transparency/accountability of URCS, including in procurement. Accountability for funds utilized during the first month of the response, were received and thoroughly reviewed by the OSU and forwarded to the IFRC regional office with request for additional funds for the subsequent months.

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## 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 enquiries)

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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.