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Emergency Plan of Action Operation Update

UGANDA: EBOLA PREPAREDNESS

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRUG041	GLIDE n°
EPoA update n° 01; date of issue: 05 November 2018	Timeframe covered by this update: 11 September to 12 October, 2018
Operation start date: 11 September 2018	Operation timeframe: 3 months; end date 12 December 2018
Overall operation budget: CHF 169,725	DREF amount initially allocated: CHF 152,685
N° of people being assisted: 149,300 persons (approximately 29,860 households)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: the ICRC, Netherlands Red Cross, Canadian Red Cross, Belgium Red Cross–Flanders, German Red Cross	
Other partner organizations actively involved in the operation: Ministry of Health, UNICEF, World Health Organization, World Food Program, US Centres for Disease Control (CDC), UNHCR, Infectious Disease Institute, Save the Children, Baylor College of Medicine, Medical Team International.	

Summary of major revisions made to emergency plan of action:

Following the confirmation of Ebola cases in Kashenyi at the shores of lake albert in DRC, 40km from thee landing site in Uganda about 3 weeks ago; and the continued conflict in Beni which has hampered the Ebola control efforts, the WHO risk level of the outbreak spreading to Uganda has been increased from high to very high nationally and regionally, but still seen low globally. This calls for strengthening and scaling up of current interventions.

At the national level in Uganda, it has been noted that it is a matter of when and not if the outbreak will occur, with WHO initiating preparations for safe and dignified burial (SDB) by training teams. However, it is not yet clear who will take a lead in managing SDB services in the country. Harnessing on the expertise and experiences of the Red Cross Movement in previous Ebola outbreaks in west Africa, URCS is positioning herself to lead SDB services in Uganda. There is therefore a need for additional surge capacity to support the development of a clear SDB strategy and plan that will guide interventions. An additional allocation of CHF 17,040 is being requested through this Operations Update to enable the deployment of an SDB expert and to support the ongoing mission of the CEA expert.

In addition, a strategy and Planning expert will be deployed for 1 month, funded by the Norwegian Red Cross, to support the SDB strategy and plan.

A. SITUATION ANALYSIS

Description of the disaster

Following the declaration of the 9th Ebola Virus Disease (EVD) outbreak on 8th May 2018 by the Democratic Republic of Congo (DRC) Ministry of Health, the WHO raised the alert for neighbouring countries, which share extensive borders, hosting DRC refugees and are used as corridors for DRC population movement. On 1 August 2018, just one week after the declaration of the end of the Ebola outbreak in Equator province, the 10th Ebola epidemic of the DRC was declared in the provinces of North Kivu and Ituri, which are among the most populated provinces in the DRC that also share borders with Uganda and Rwanda.

The provinces of North Kivu and Ituri have been experiencing intense insecurity and a worsening humanitarian crisis with over one million internally displaced people (IDPs) and a continuous efflux of refugees to neighbouring countries, including Uganda, Burundi and Tanzania. Population mobility, including cross-border movements, were identified as a

significant risk for disease transmission in this outbreak due to the high number of traders and miners, displaced populations and insecurity caused by rebels and militias in the area (Source IOM, 15 August 2018). Additionally, the security situation in North Kivu has hindered the implementation of response activities to control the EVD outbreak. Based on this context, the public health risk is considered very high at the national and regional levels.

Since the EVD outbreak in DRC continues to spread, WHO has been sending Preparation Support Team (PST) missions to neighbouring countries of DRC to review EVD readiness and support preparedness strategies with government and other stakeholders including RC/RC National Societies. According to their risk profiles, the WHO has categorized four countries- Rwanda, Uganda, South Sudan, and Burundi as Priority-1 for which EVD preparedness DREFs have all been approved for, and remaining five countries -- Angola, Congo, Central African Republic, Tanzania, and Zambia as Priority-2. The prioritization was done based on their capacity to manage EVD and viral haemorrhagic fever (VHF) outbreaks, and their connections and proximity to the areas currently reporting EVD cases.

In the last week of September, WHO increased the risk level for DRC EVD spread into Uganda from HIGH to VERY HIGH, due to the increased insecurity situation, which is hampering response activities. Cross-border activities have continued unabated with people from both sides of the borders participating in communal activities. There are some known Ugandans from Ntoroko district who were identified to have participated in the burial of a confirmed EVD case who died in Kasenyi in the DRC, one of whom was discovered at a construction site in Entebbe while two others remained untraced. This therefore requires extra vigilance in all activities, especially through heightened Points of Entry (PoE) screening and intensified community engagement.

The Uganda Red Cross has been supporting government preparedness efforts, coordinated through the national and district level Task Forces, in partnership with the Ministry of Health (MoH), UNICEF, IFRC and other partners, with the objective to prevent the importation of EVD into Uganda, building community resilience and building capacity to respond to a possible outbreak. URCS has been implementing preparedness activities with funding from UNICEF, WFP, IFRC (DREF and the epidemic preparedness program funded by USAID). The interventions are being implemented in the following 7 districts, which are identified as High-risk districts for a possible Ebola outbreak in the country: Kisoro, Kanungu, Kasese, Bundibugyo, Kabarole, Ntoroko and Bunyangabu.

Key URCS intervention activities include:

- Risk communication, community engagements and sensitization about potential risk of an EVD outbreak in Uganda.
- Support to EVD screening at 18 ground Points of Entry (PoEs).
- Psychosocial support implementation through training for volunteers.
- Infection, prevention and control (IPC) activities implementation, including Safe and Dignified Burials (SDB) if deaths from Ebola are reported.
- Transportation of suspected cases identified at community level and at PoE to the designated health facilities, and provision of discharge kits.

URCS, with support of partners have been supporting government efforts in updating EVD contingency plans and strategies in the early detection/surveillance of cross border population movement; training of volunteers to undertake EVD response activities such as IPC through training volunteers and health workers on preparing water, chlorine and jik solutions, disinfection and decontamination; risk communication; social mobilization and community engagement (CEA); Safe and Dignified Burials (SDB); Psychosocial support (PSS); and National Society capacity building and preparing for future outbreaks.

Potential risk factors for further EVD spread continue to exist not only at national level, but also at regional level including Uganda. The following factors are increasing the risk

- transport links between the affected areas, the rest of the country, and neighbouring countries
- internal displacement of populations
- low level of knowledge around Ebola modes of transmission, especially among women (according to a KAP survey done in North-Kivu)
- displacement of Congolese refugees to neighbouring countries, including Uganda.

The Uganda Red Cross Society (URCS) has been participating in MoH led coordination meetings and engaging in preparedness activities such as reviewing EVD contingency plan, surveillance on cross border population movement and mobilization of people for potential response. The National Society has been coordinating with in country Movement partners including IFRC, ICRC, Netherlands Red Cross, German Red Cross, Belgium Red Cross-Flanders, Austrian Red Cross and Canadian Red Cross for support in potential health, WATSAN, training of volunteers and CEA activities.

WHO, for its part, has been supporting URCS through the training of RC volunteers who have been deployed by the National Society to work in the most at risk districts. WHO and UNICEF are also supporting the National Society in developing risk communication tools and protocols for surveillance to be adopted both at community and PoE level and risks assessments for PoE.

The elevation of the EVD outbreak risk from high to very high calls for strengthening and scaling up of the current interventions. WHO initiated preparations for safe and dignified burial (SDB) by training of teams. Harnessing on the expertise and experiences of the Red Cross movement in previous Ebola outbreaks in West Africa and DRC, URCS is positioning itself to lead SDB services in Uganda. Two additional surge staff will be deployed to support URCS in the development of a clear strategy and plan, and to strengthen URCS SDB capacity. A revision of the DREF is expected after finalization of this SDB strategy and plan.

Summary of current response

Overview of Host National Society

Immediately following the declaration of the outbreak in DRC, the Uganda Red Cross Society, through its Bundibugyo, Kasese Kabarole, Kisoro and Rukungiri/Kanungu Branches that border DRC, rapidly mobilized volunteers and deployed them to support with border screening and risk communication interventions. The Uganda Red Cross Society (URCS) has been part of the country's outbreak coordination mechanisms with permanent representation in the National and district-led task forces.

To date, five (5) staff and 180 volunteers have been mobilized, including human resources involved in the ongoing Epidemic and Pandemic Preparedness Programme (CP3) funded by USAID in three (3) out of the 10 districts identified as most at risk of an EVD outbreak. The team is conducting social mobilization activities, health screening at border points, and supports the referral mechanism through three (3) Red Cross ambulances dispatched to Kasese, Bundibugyo and the MoH headquarters transporting suspected cases identified at community level and at PoE to the designated health facilities.

URCS has been involved in Ebola and Marburg responses during previous outbreaks, and gained ample experience in social mobilization, contact tracing and follow up, as well as community-based surveillance and referrals. However, there is limited capacity to deliver professional SDB functions, border screening and psychosocial support, which requires additional support.

Overview of Red Cross Red Crescent Movement in country

At the country level, URCS works with the IFRC, ICRC, and Partner National Societies (PNSs) including, Netherlands Red Cross, German Red Cross, Belgium Red Cross-Flanders, Austrian Red Cross and Canadian Red Cross, of which all have delegates in country. Their sectors of intervention include WASH, Community based health and care, protection, livelihoods, preparedness and response capacity building as well as a more general National Society capacity building both at central and branch level. The variety of interventions and their extensive geographical coverage guarantee an added value in terms of provision of logistical and operational support for Ebola preparedness activities as well as for resources mobilizations coordination.

IFRC has been supporting URCS in developing this Ebola preparedness plan of action and in coordinating and enhancing resource mobilization efforts in order to ensure a concerted, rational and rapid humanitarian response to the identified needs. Moreover, IFRC is monitoring the development of the situation in DRC through its country delegation and East Africa cluster. Through coordination with the team deployed in the Democratic Republic of Congo (DRC) the IFRC is monitoring the situation and facilitating information sharing with at-risk neighboring countries.

URCS organizes monthly coordination meetings with the in-country partners to discuss all ongoing operations, including EVD preparedness.

Overview of non-RCRC actors in country

Based on Update No. 13 of the "Highlights of the EVD Preparedness in Uganda" published on 17 August by the MoH, the following activities and actors are involved in preparedness activities:

Actor	Activity
MoH	Coordination, surveillance, case management, social mobilisation, burials
WHO	Technical support on coordination, Surveillance, case management
UNCHR	Refugees screening
WFP	Logistic
UNICEF	Risk communication and community engagement, WASH
CDC ¹	Technical support on surveillance and laboratory diagnosis
Baylor Uganda	Case management capacity building
MSF ²	Case management

¹ CDC: Centers for Disease Control and Prevention

² MSF: Médecins Sans Frontières

IDI ³	Surveillance
MTI ⁴	Surveillance among refugees

The Ugandan Ministry of Health has activated the Public Health Emergency Operations Centre (PHEOC), reviewed and activated the National Ebola Preparedness plan, and instituted Ebola Prevention and Preparedness initiatives in target at-risk districts of Kasese, Bundibugyo, Ntoroko, Kabarole and Bunyangabo. With Support of the World Health Organization (WHO), a multi-sectoral, multi-skilled National Rapid Response Team (NRRT) has been dispatched to the five at-risk districts to conduct rapid risk assessment and initiate priority preventive actions. WHO is also supporting Surveillance coordination and has so far deployed VHF logistic kits to Fort Portal and Kasese.

WHO has been supporting URCS through orientation meetings for volunteers who have been deployed by the National Society to work in the most at risk districts. WHO and UNICEF are also supporting the development of the communication tools, protocols for surveillance and assessment of the risks. UNICEF confirmed its support to URCS activities related to the Ebola Preparedness, as well as WFP. This DREF operations therefore complements what is funded by UNICEF, WFP and CP3 as further explained under “**Coordination**” below.

Coordination:

The implementation of the Ebola Preparedness activities by Uganda Red Cross will be ensured through four (4) sources of funding complementing the identified priorities (DREF, CP3, UNICEF and WFP). As mentioned under “**Overview of Host National Society**”, Uganda RC is currently implementing the CP3 program, supported by IFRC with USAID funds. The activities under this project on epidemic preparedness are aligned with the priority activities for the Ebola preparedness. As such, the CP3 project will contribute to the overall Ebola Preparedness through the realization of national level and district level trainings for staff and volunteers, including:

- Central Training of Trainers (ToT) on Community based surveillance;
- District level training on Community based surveillance in 3 districts out of 7 under DREF intervention;
- Central level training on Safe and Dignified Burial (SDB).

The third source of funding is from UNICEF which has supported;

- Behavioural Risk Assessment Trainings
- PSS training
- Orientation sessions with community leaders on Ebola
- Production of materials for risk communication
- Procurement of infra-red thermometers
- Supplied tents and equipment for the establishment of surveillance posts at Points of Entry

UNICEF will continue to support:

- **community based activities** in 6 districts out of 7 identified for DREF intervention, supporting 30 volunteers per district for 1 month;
- **screening activities** in 7 Points of Entry (PoE) out of 18 identified for DREF intervention, supporting 3 volunteers per PoE for 3 months.

Concerning this last point, the number of volunteers in all PoE has been increased from three (3) to six (6) due to the needs on the ground, with DREF support.

Therefore, URCS through the DREF intervention aims at continuing and complementing UNICEF intervention as follows:

- community based activities in 7 districts for 1 month with the support of 30 volunteers per district for a total of 2 months (1 month supported 100% by UNICEF and 1 month supported 100% by DREF). These activities include Community based surveillance, risk communication/social mobilisation and hygiene promotion;
- screening activities in 11 PoE with the support of 6 volunteers per PoE for 1 month;
- completion of UNICEF screening activities with the support of 3 volunteers in 7 PoE for 1 month;

The fourth source of funding is from the World Food Programme (WFP). WFP gives the following logistic support to the operation;

- Provision of tents with furniture at Ebola treatment Units and key screening points in Kasese, Bundibugyo and Ntoroko districts
- Covering the costs related to the deployment of the 3 URCS ambulances for the transportation of suspected cases identified at community level and at PoE to the designated health facilities

Needs analysis and scenario planning

³ Infectious Diseases Institute

⁴ MTI: Medical Team International

Needs analysis

Uganda has experienced frequent infectious disease outbreaks in the past decade, including Ebola haemorrhagic fever, Marburg haemorrhagic fever, Yellow fever, cholera and Hepatitis E. The first Ebola haemorrhagic fever in Uganda was reported in 2000ⁱ in Gulu district. Since then, three outbreaks of Ebola have been reported in Bundibugyo in 2007ⁱⁱ, Luwero district in 2011, and most recently Kibaale in 2012.

The recent EVD outbreak in the DRC has created fears among Uganda communities due to its proximity. Cross border population movements for trade, family, religious, health and education related services increases the risk of transmission across the border. Since January 2018, Uganda is experiencing a high influx of Congolese refugees due to the security situation in North Kivu and Ituri provinces, both affected by the current EVD outbreak. Between January and June 2018 UNHCR and the Office of Prime Minister (OPM) for Refugees registered 99,447 people coming from these EVD affected provinces and entering Uganda through official borders seeking protection. The total number of newly arrived refugee in August alone was 7,791.

There is a considerable number of people crossing the border from Uganda to DRC and vice versa through:

- Entebbe International Airport with daily flights between Entebbe, Kinshasa and Goma;
- Unofficial land border crossings which are estimated as double in comparison with the approved ones. An estimated 57 approved entry points are used daily, with the number of unauthorized crossing points estimated to be higher than the approved 57.
- Numerous bus terminals transporting people between Kampala and Major towns in the Eastern DRC on a daily basis.

Considering the population movements between Uganda and DRC, and the elevated risk level from high to very high, it is important to enhance preparedness measures and take all necessary actions to prevent:

- An EVD outbreak in Uganda;
- Conflicts between Ugandan and Congolese communities based on origin, due to the lack of knowledge on EVD and Ebola transmission.

The additional two surge deployments will support URCS with a comprehensive review of URCS' Ebola prevention and preparedness interventions, ensuring contingency plans can be operationalised and adapting the response to the changing context. A DREF revision is foreseen after this review.

Operation Risk Assessment

Due to the high infective rate of Ebola virus, there is a duty of care towards volunteers who will be involved in high risk activities of border screening. In addition to suffering caused at individual and family level, there could be a risk that the National Society will suffer huge consequences, with large compensation costs if one of the staff members and volunteers is incidentally infected with the virus. This risk is being mitigated through proper training on screening, SDB & IPC by MoH and WHO experts deployed to support the operation. PPEs are being procured for volunteers and the IFRC volunteer insurance scheme is provided to mitigate the risks of high compensation on the part of the National Society and duty of care.

Due to the growth and spread of the outbreak in DRC, the DREF and overall URCS operational strategy needs to be reviewed to ensure the NS is properly resourced and supported to contribute to operational prevention and control activities. The additional two surge profiles will be supporting this review.

The high refugee influx might be further increased as people flee DRC into Uganda for safety, not only from the tribal conflict but also from fear of contracting Ebola and seeking better health services. This will potentially increase population movement, worsening the potential importation of the disease. This risk is being mitigated by the engagement of UNHCR who are also strictly screening all newly arriving refugees and temporarily settling them in separate shelter from other communities until they are confirmed safe.

In the event of an outbreak, there is a potential risk that tensions/violence from host communities towards refugees increase and/or escalate. Another risk is related to the level and type of rumours linked to Ebola, especially in relation to the Red Cross which could affect URCS' access and security.

B. OPERATIONAL STRATEGY

Proposed strategy

The proposed operation is aligned with regional EVD strategic plan and focuses on six key pillars

1. Risk communication and community engagement
2. Infection, prevention and control (IPC)
3. Psychosocial support (PSS)
4. Surveillance including community-based surveillance at community level and screening at PoE
5. Safe and dignified burial
6. National Society capacity strengthening

The IFRC regional strategic plan will complement URCS EVD preparedness measures in terms of standard IEC materials, prepositioning of Personal Protective Equipment (PPE) and their proper use. In addition, the regional strategy will promote standard training curriculum and materials that will be adapted to the country context. Through this DREF operation the IFRC will procure and preposition kits in a strategic location for potential deployment in the event of an outbreak.

Overall Operational objective

To strengthen the existing URCS EVD response structures and mechanisms to implement timely and effective risk mitigation, detection and response measures in the event of suspected EVD cases in the seven (7) targeted high-risk districts of Ntoroko, Bundibugyo, Kasese, Kisoro, Kanungu, Kabarole and Bunangabo. The operation will also strengthen community preparedness and prevention.

In line with the Government of Uganda's Preparedness Plan and based on indications of National Task Force Partners, URCS developed an Ebola Preparedness Plan of Action for conducting activities in areas where it demonstrated its added value in responding to previous emergencies (Ebola in 2000 and Marburg in 2017) such as:

- Risk communication, social mobilization and community engagement;
- Surveillance and screening;
Infection, prevention and control, including Safe and Dignified Burials (SDB);
- Psychosocial support (PSS).

These priority activities are fully aligned with IFRC regional EVD strategic plan. Therefore, URCS preparedness plan will be supported and guided through the regional strategic plan in terms of prepositioning of materials, training of URCS volunteers and staff in SDB, IPC, risk communication, community engagement, the standardization of training tools and curriculum, mobilization of surge capacity, assessing typical burial practices to inform SDB activities and collaboration with WHO and other relevant actors.

With the escalating insecurity situation in DRC and the confirmation of Ebola in Kashenyi, approximately 40km from the landing site in Ntoroko/Uganda, the risk profile for an outbreak in Uganda increased from high to very high. As a result, the NTF assessed and classified more districts to be at very high and high risk, as indicated below, and recommends strengthening of current interventions and scaling up to other districts in order of priority according to the risk profile.


Very high risk: Kasese, Kabarole, Bundibugyo, Ntoroko, Bunyangabo, Kampala, Wakiso

High risk: Kanungu, Kisoro, Rubirizi, Rukungiri, Kagadi, Kikuube, Kyegegwa, Kamwenge

Moderate risk: Kabale, Hoima, Buliisa, Arua, Koboko, Maracha, Moyo, Zombo, Yumbe, Adjumani.

URCS will be reviewing the operational strategy with support of the two surge deployments and update the DREF EPoA accordingly.

C. DETAILED OPERATIONAL PLAN

	<p>Health People reached: 351,830 Male: 161,188 Female: 186,686</p>	
Outcome 1: The immediate risks of EVD transmission to target population living near to the DRC border are reduced		
Indicators:	Target	Actual
# of people reached by URCS with services to reduce relevant health risk factors	35,000	351,830
Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators:	Target	Actual
# of people reached with community-based epidemic prevention and control activities	35,000	351, 830
# of risk assessments conducted to inform activities	07	01
# of volunteers conducting community engagement sessions at household and community levels (30 per district)	180	180
# of volunteer PPEs made available	108	108

# of volunteers carrying out screening activities at PoEs	87	87
Progress towards outcomes		
<p>Since mid-August UNICEF and DREF funds enabled 439,073 individuals to be reached with key messages disseminated at community level and 235,207 individuals through community/group dialogue initiatives. DREF funds alone enabled, between September 12th and October 12th, a total of 56, 199 households (HHs) corresponding to 351, 830 individuals (161,188 males, 186,686 females & 104,503 children) to be reached with key messages on Ebola prevention and hygiene promotion in the communities of the 7 target districts (Kisoro, Kanungu, Kasese, Bunyangabu, Kabarole, Ntoroko and Bundibugyo). In addition, 203,101 individuals (92,413 males, 128,232 females & 103,370 children) were reached through 6,045 community/group dialogue meetings at schools, places of worship, markets, police and military stations, funerals and other gathering places in the same communities.</p> <p>A total of 1,049,740 people have been screened at 7 PoEs; of which 17 were suspects on the basis of having high fever but fortunately were negative on laboratory testing at the Uganda Virus Research Institute (UVFRI) in Entebbe.</p> <p>a) 5 volunteers per district participate in community-based surveillance. A CBS Master Facilitators' workshop was organized in Nairobi with CP3/USAID support. The CBS training for volunteers are being planned now that the facilitators have been qualified. After further assessment, it is noted that training 5 volunteers is insufficient as the trained volunteers will not be able to cover the wide geographical areas currently targeted. It has been decided to focus this training now only on one district (Ntoroko) which is the most vulnerable district, due to inadequate community health system. Additional districts could be included in a future DREF revision.</p> <p>b) 30 volunteers per district carry out interpersonal communication and hygiene promotion at household and community level in target districts. 180 community-based volunteers (30 volunteer per district) have been trained on risk communication/social mobilization and EVD psychological first aid (with UNICEF support). The volunteers are currently carrying out community engagement activities in the 7 target districts.</p> <p>c) Establishing community feedback mechanisms, including rumor-tracking systems. 120 volunteers and 4 supervisors have been orientated on rumor tracking and feedback tracking in 4 districts (Kabarole, Bundibugyo, Ntoroko, and Kasese). The remaining districts will be covered by 20th October 2018. Volunteers are working with feedback collection tools and started receiving and compiling feedback and information on existing rumors in the communities. URCS is now working on tool to monitor how feedback is being managed and followed up.</p> <p>d) Procurement of 108 volunteer protective equipment. A set of 108 volunteers' protective gears, composed of gumboots, raincoats, umbrellas, plastic mackintosh/aprons, eye goggles, heavy-duty gloves, and facemasks have been procured and delivered to volunteers involved in the operation.</p> <p>e) Monitoring of activities. Two field monitoring and support supervisory visits were conducted by the URCS SG and IFRC in country delegation. These visits helped to identify critical challenges in the field and guided discussions that will need to be integrated into the next revision of the DREF.</p> <p>f) Procurement of 5 PPE kits. This procurement been initiated through IFRC Regional Logistic Unit in Nairobi.</p> <p>g) Procurement of SDB kits. This procurement has been initiated through IFRC Regional Logistic Unit in Nairobi. Currently, the available residual stock of four (4) SDB kits that remained from the 2017 Marburg response have been prepositioned at three strategic and priority locations (Bundibugyo, Kasese and Kabarole districts) for immediate dispatch in case of an Ebola outbreak.</p> <p>h) Procurement of body bags. The procurement has started, yet to be delivered.</p> <p>i) 87 volunteers carrying out activity at PoEs. Currently, 21 volunteers are involved in screening of new entrants at 7 PoEs in 5 out of the 7 target districts. However, 12 more PoEs will be supported with support from the full amount of 87 volunteers. The DREF will support volunteer costs until December 2018.</p>		
Health Output 1.4: Epidemic prevention and control measures carried out.		
Indicators:	Target	Actual
# of discharge kits made available	49	0
Progress towards outcomes		
a) Procurement of 49 discharge kits. <i>The procurement has started, yet to be delivered.</i>		



Water, sanitation and hygiene

People reached: 351,830

Male: 161,188

Female: 186,686

Outcome 1: Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services

Indicators:	Target	Actual
# of community-based water and sanitation management plans developed	07	0

Output 1.1: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to the target population

Indicators:	Target	Actual
# of households reached with key messages to promote personal and community hygiene	22,860	351, 830

Progress towards outcomes

- a) **Develop community-based WatSan management plans.** There is no WASH management plan developed yet as no WASH needs assessment has been conducted. All assessments are managed through the national task force and need to be approved through the national plan. At this point of time there is no strong WASH component in the national plan. There is however urgent need for sustainable water supply to support the border screening and IPC activities at Bunagana and Cyanika border points in Kisoro district as those places lack reliable water supply sources. In addition, most of the screening points lack sanitation infrastructures for both suspect cases and health staff and volunteers involved at the border points. URCS will look further into the WASH component through the review of the operational strategy.
- b) **Develop community-based WatSan management plans.** There is no WatSan management plan developed yet as no WASH needs assessment has been conducted. All assessments are managed through the national task force and need to be approved through the national plan. At this point of time there is no strong wash component in the national plan. There is however urgent need for sustainable water supply to support the border screening and IPC activities at Bunagana and Cyanika border points in Kisoro district as those places lack reliable water supply sources. In addition, most of the screening points lack sanitation infrastructures for both suspect cases and health staff and volunteers involved at the border points. URCS will look further into the WASH component through the review of the operational strategy.
- c) **Procurement of bleach, spray pumps and chlorine and installation of hand washing points to ensure IPC at 18 Points of Entry.** Local procurement of the supplies has been initiated and they are yet to be delivered.
Procurement of bleach, spray pumps and chlorine and installation of hand washing points to ensure IPC at 18 Points of Entry. Local procurement of the supplies has been initiated and they are yet to be delivered.

Strengthen National Society

Outcome S1.1: URCS capacity building and organizational development objectives are facilitated to ensure necessary legal, ethical and financial foundations, systems and structures, competencies and capacities to plan and perform

Indicators:	Target	Actual
# of URCS contingency and preparedness plans updated	01	00

Output S1.1.7: URCS capacity to support community-based disaster risk reduction, response and preparedness is strengthened

Indicators:	Target	Actual
# of sessions conducted to review contingency plans	02	00

Output S2.1: effective and coordinated international response is ensured

Indicators:	Target	Actual
% of URCS involvement in national EVD plans and preparedness plans	100	60

Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is sustained

Indicators:	Target	Actual
# of RDRT and NDRT deployed in EVD response	01 RDRT, 7 NDRTs	1 RDRT, 7 NDRTs

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming		
Indicators:	Target	Actual
# of monitoring missions conducted	03	01
# of evaluation and lessons learned reviews	01	00
Progress towards outcomes		
a) URCS periodically reviews and updates contingency and preparedness plans in line with CP3 priority. The review is still in process, with an urgent need to develop contingency plan and operational strategy that would guide the National Society to rapidly switch from preparedness to response mode, if a case is detected in Uganda. A strategic surge profile will be deployed to support the process.		
b) Deployment of 1 RDRT (Health with CEA experience) for 2 months and 7 NDRTs for 3 months to support risk communication, community engagement and social mobilization activities. One health Surge team member, with CEA background and experience in the West African EVD preparedness was deployed from Ghana Red Cross to Uganda Red Cross, starting 25 th September, for an initial 2 months. Through this update the mission will be extended with an additional month of deployment. The surge member has started orienting volunteers on CEA approaches to utilise as well as developed a feedback and rumour-tracking tool that will support effective community engagement interventions. He has also been involved in coordination mechanisms with respective District Task Forces and other partners. Due to wide operational scope, coupled with many other disasters affecting the National Society, there is urgent need for deployment of two extra surge team members to provide extra support the operation.		
c) Ensure continuous monitoring of activities. The URCS Secretary General conducted one field mission to assess the level of activities implementation, as well as provide motivation for the staff and volunteers involved. This visit also provided strategic commitments about the Red Cross movement support and collaboration in the EVD preparedness and prevention efforts before the Local Government authorities and partners involved.		
d) Organize a lesson-learned workshop. A lessons learned workshop is planned for at the end of the operation.		

D. BUDGET

DREF OPERATION MDRUG041-UGANDA: EBOLA PREPAREDNESS

02/11/2018

Budget Group	DREF Grant Budget
530 Water, Sanitation & Hygiene	8,861
540 Medical & First Aid	22,942
550 Teaching Materials	6,608
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	38,412
	-
593 Transport & Vehicle Costs	15,200
Total LOGISTICS, TRANSPORT AND STORAGE	15,200
	-
661 National Staff	-
662 National Society Staff	9,148
667 Volunteers	50,407
Total PERSONNEL	83,555
680 Workshops & Training	14,408
Total WORKSHOP & TRAINING	14,408

700	Travel	3,000
710	Information & Public Relations	-
730	Office Costs	2,250
740	Communications	1,400
760	Financial Charges	1,140
Total GENERAL EXPENDITURES		7,790
599	Programme and Services Support Recovery	10,359
Total INDIRECT COSTS		10,359
TOTAL BUDGET		169,725

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

**For further information, specifically related to this operation please contact:
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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 (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian 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.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.

ⁱ Okware *et al.*, 2002. An outbreak of Ebola in Uganda. *Tropical Medicine. Tropical and International Health*. Volume 7 No. 12 PP 1068-1075 December 2002.

ⁱⁱ Wamala J.F., Lukwago L, Malimbo M, Nguku P., Yoti Z., Musenero M., *et al.*: Ebola Haemorrhagic Fever Associated with Novel Virus Strain, Uganda, 2007–2008. *Emerg Infect Dis* 2010 16 (7): 1087-1092.