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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: 18 October 2018 EPoA update n° 02; date of issue: 28 November 2018 EPoA update n° 03; date of issue: 11 February 2019	Timeframe covered by this update: 11 September to 18 January 2019
Operation start date: 11 September 2018	Initial operation timeframe: 3 months, up to 12 December 2018 Revised operation timeframe: 6 months, up to 12 March 2019
Overall operation budget: CHF 396,385	DREF amount initially allocated: CHF 152,685
N° of people being assisted: 971,310 including 18,000 people from Kyangwali refugee settlement, Kukuube district and 15,000 people from Kyaka II refugee settlement, Kyegegwa district.	
Red Cross Red Crescent Movement partners currently actively involved in the operation: ICRC, IFRC the Netherlands Red Cross, German Red Cross, Belgium Red Cross-Flanders, Austrian Red Cross and the Canadian 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, and Medical Team International.	

Summary of major revisions made to emergency plan of action:

To ensure countries rated as priority 1 by WHO in terms of risk of an EVD outbreak are adequately prepared requires longer-term investment. Due to the limitations of DREF, including a six-month timeframe, support to preparedness activities in the priority 1 countries through other tools are being looked at. Examining the options and implementing the most relevant will take time and as such it is being recommended the Uganda EVD preparedness DREF is extended until the 12th March 2019 to allow operational continuity. For the operation to continue without gaps and avoid reversing gains made during the four months of the operation, an additional allocation of 89,597 CHF is being requested to support the following activities:

1. Volunteer support for screening activities at the 28 Point of Entry (PoE) for the months of February and March 2019.
2. Continuity of Community based activities, including risk communication, PSS and EVD awareness activities.

A. SITUATION ANALYSIS

Description of the disaster

On May 8, 2018 the 9th Ebola Virus Disease (EVD) outbreak in the Democratic Republic of Congo (DRC) was declared by the Ministry of Health. On 1st of 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. Both provinces are among the most populated areas in the DRC and bordering 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 in the area is high, including cross-border movements,

due to the high number of traders and miners, displaced populations and insecurity caused by rebels and militias in the area. This has been identified as a significant risk for disease transmission in the EVD outbreak, including cross border transmission. Additionally, the security situation in North Kivu has hindered the implementation of response activities to control the EVD outbreak. In this context, the public health risk is considered very high at both national and regional level.

Since the onset of the 10th EVD outbreak in DRC, WHO has deployed Preparation Support Teams (PST) to countries neighbouring DRC to assess EVD readiness and support the development of preparedness strategies with governments and other stakeholders, including RC/RC National Societies. Based on the countries risk profiles, WHO categorized four countries- Rwanda, Uganda, South Sudan, and Burundi as Priority-1 countries. All four countries have active EVD preparedness DREF operations being implemented. Angola, Congo, Central African Republic, Tanzania, and Zambia have been identified as Priority-2 countries. The prioritization includes both the countries capacity to manage EVD and viral haemorrhagic fever (VHF) outbreaks, as well as their connections and proximity to the areas currently reporting EVD cases.

The Uganda Red Cross has been supporting government preparedness efforts, coordinated through the national and district level Task Forces. URCS works in partnership with the Ministry of Health (MoH), UNICEF, WFP, IFRC and other partners, building community resilience and institutional capacity to respond to a possible outbreak, to prevent the importation of EVD into Uganda, and to prepare for a possible outbreak.

In Uganda, the MoH announced 20 districts to be category 1 districts, which means they are at a high risk of cross border importation of EVD. The 20 districts are: Ntoroko, Kasese, Kabarole, Bundibugyo, Bunyangabu, Kanungu, Kisoro, Rukungiri, Rubirizi, Kikuube, Kamwenge, Kyegegwa, Kyenjojo, Isingiro, Buliisa, Hoima, Kagadi, Pakwach, Kampala, and Wakiso.

URCS EVD Preparedness operation targets 7 out of the 20 districts. The 7 districts are selected based on their proximity to the DRC border, and the URCS branch capacity in the districts.

Summary of current response

Overview of Host National Society

Immediately following the declaration of the outbreak in DRC, the Uganda Red Cross Society rapidly mobilized volunteers through the branches in Bundibugyo, Kasese, Kabarole, Kisoro and Rukungiri/Kanungu to support border screening and risk communication interventions. URCS rapid response was possible thanks to the involvement of the National Society in the country's outbreak coordination mechanisms and its permanent representation in the National and district-led task forces.

URCS Ebola preparedness operation focuses on the following areas:

- a) risk communication, community engagements and sensitization in 7 districts;
- b) community based surveillance at community level in 7 districts;
- c) screening at 28 point of entry (PoE)
- d) provision of psychosocial support (PSS) through the community volunteers in 7 districts;
- e) implementation of infection, prevention and control (IPC) measures, including Safe and Dignified Burials (SDB); URCS will train three full equipped SDB teams to support the MoH SDB teams in case of an alert.
- f) strengthen the National Society in Epidemic Preparedness through the revision of Standard Operating Procedures (SoP) and contingency plans. With the support from a DREF FACT deployment to Uganda, URCS developed an EVD Contingency plan and EVD SOPs.

More detail on the activities will be provided under section B, Operational Strategy.

As of time of writing, two URCS Head Quarter Health Department staff, Health Director and Emergency Preparedness and Response (EPR) Manager, are part-time engaged in EVD Preparedness activities, overseeing the operation and providing technical guidance. At field level, 1 URCS Operations manager, 7 EVD focal persons / National Disaster Response Team (NDRT) members, 184 volunteers at PoE, and 360 community volunteers have been mobilized to support the EVD preparedness operation. The number of volunteers at community level has increased from 180 to 360 with support from UNICEF in the month of December. The DREF will continue to support the 360 community volunteers from January-March 2019. Volunteers at PoE have been supported by UNICEF up to January, this activity will be supported through the DREF operation for the months of February and March.

Overview of Red Cross Red Crescent Movement in country

At the country level, URCS works together with the IFRC, ICRC, and Partner National Societies (PNSs) including, the Netherlands Red Cross, German Red Cross, Belgium Red Cross-Flanders, Austrian Red Cross and the Canadian Red Cross, of which all have delegates in country.

Movement partners work together with URCS in the area of WASH, community-based health and care, protection, livelihoods, preparedness and National Society capacity building. The variety of interventions and their extensive geographical coverage guarantee an added value in terms of technical and logistical support to the Ebola preparedness operation as well as resources mobilization coordination.

IFRC has been supporting URCS with the development of the DREF Ebola preparedness plan of action and in country coordination. IFRC has an in-country team supporting the EVD preparedness operation, consisting of 1 Programme Coordinator and 1 Finance delegate. Through the DREF operation four surge have been deployed to support the in-country team:

- 1 Health/CEA expert, supporting community activities (mission: 24.9 up to 24.11,)
- 1 SDB expert, supporting the development of SDB protocol and training curriculum (mission: 29.10-10.12)
- 1 FACT, supporting strategic development, including the development of the SDB component, and in country coordination (mission: 31.10 up to 9.12)
- 1 FACT, supporting overall operations management (mission: 15.12 up to 9.01)

Through its country team and East Africa cluster, IFRC is monitoring the situation in Uganda closely.

In November, an operational meeting was organized between URCS and DRC Red Cross. The objective of the meeting was to strengthen cross border collaboration through sharing information and lessons learned.

Overview of non-RCRC actors in country

The following actors are involved in EVD preparedness activities in Uganda:

Actor	Activity
MoH	Coordination, surveillance, case management, laboratory and burials
WHO	Technical support on coordination, surveillance and case management
UNCHR	Refugees screening
WFP	Logistics, provision of equipment for PoE and deployment of three ambulances
UNICEF	Technical support, risk communication and community engagement, PoE screening and development of IEC materials
CDC	Technical support on surveillance and laboratory diagnosis, vaccination
Baylor Uganda	Case management capacity building, supporting PoE equipment (tents and furniture)
MSF	Case management
IDI	Surveillance, training of health care workers and PoE risk assessment
MTI	Screening at Nyakabande transit centre, provision of screening equipment (infrared thermometers), train village health team members on EVD.
CHC	Risk communication
J-medic	Case management
Yoreda	Risk communication
Save the Children	Risk Communication and Social Mobilisation: Support training of village health teams in Kasese
URCS	PoE screening, risk communication and social mobilisation, CBS, PSS and SDB

The MoH coordinates the Ebola preparedness actions in country, through central and district level Joint Task Forces. The Uganda Red Cross Society (URCS) has been participating in the MoH led National Taskforce meetings and engaged in national preparedness activities such as reviewing EVD contingency plan, surveillance on cross border population movement and mobilization of people for a potential response.

The Ugandan Ministry of Health has activated the Public Health Emergency Operations Centre (PHEOC), reviewed and activated the National Ebola Preparedness plan, and started Ebola Prevention and Preparedness initiatives in target at-risk districts of Kasese, Bundibugyo, Ntoroko, Kabarole and Bunyangabo. With Support from 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 assessments and initiate priority preventive actions. WHO is supporting surveillance coordination and supported URCS with general EVD orientation for RC volunteers deployed to the most at-risk districts.

The URCS EVD preparedness operation is currently funded by IFRC (CP3 and DREF), UNICEF and WFP. A detailed breakdown of support per donor is given in the operational strategy section.

Needs analysis and scenario planning

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 Ugandan 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. Since January, UNHCR and the Office of Prime Minister (OPM) for Refugees registered 69,447 people coming from the EVD affected provinces in DRC and entering Uganda through official borders seeking protection (source: UNHCR update October 2018).

In addition to the refugee influx 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 EVD 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;
- Be ready to respond in case of 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.

Operation Risk Assessment

URCS has a duty of care towards volunteers who will be involved in high risk activities and/or areas of operation, including Point of Entry (POE) screening and SDB. The risk for EVD infection of staff and volunteers is being mitigated through MoH and WHO orientation on screening and Infection Prevention and Control (IPC). However, all volunteers do have gaps in knowledge and procedures in IPC/PPE, which brings a substantial risk of infection and thus the need of conducting proper additional trainings. This would allow volunteers to acquire adequate knowledge for conducting activities as well as protecting themselves. PPEs have been procured for volunteers through the first DREF allocation and volunteers are provided with a volunteer insurance and UNICEF supported additional training for volunteers on screening and IPC.

The refugee influx from DRC might further increase, due to:

- Ongoing instability in the neighbouring districts in DRC;
- Fear of Ebola in DRC.

Increased population movement exposes Uganda to higher risk for EVD importation. The risk of EVD importation through refugees is being mitigated through the engagement of UNHCR. UNHCR screens all newly arriving refugees and hosts them temporarily in a separate shelter area, until they are confirmed negative for Ebola.

In the event of an outbreak, there is a potential risk that tensions/violence from host communities towards refugees increase and/or escalate.

Finally, rumours on Ebola might affect URCS' access and security. Through the ongoing community sensitization activities supported through the DREF, rumours are tracked and followed up and communities are informed on Ebola symptoms, prevention and treatment.

B. OPERATIONAL STRATEGY

Proposed strategy

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

- a) risk communication, community engagements and sensitization;
- b) community-based surveillance at community level;
- c) screening at point of entry (PoE);
- d) provision of psychosocial support (PSS);
- e) implementation of infection, prevention and control (IPC) measures, including Safe and Dignified Burials (SDB);
- f) strengthen the National Society in Epidemic Preparedness through the revision of Standard Operating Procedures (SoP) and contingency plans.

URCS preparedness activities are funded by UNICEF, WFP and IFRC (DREF and the Epidemic and Pandemic Preparedness Program – CP3 funded by USAID). The interventions have been implemented in 7 out of 20 districts classified as high risk.

The selection of districts is based on proximity to DRC border; and URCS capacity in the districts.

The DREF operation is targeting the following seven districts: Kisoro, Kanungu, Kasese, Bundibugyo, Kabarole, Ntoroko and Bunyangabu.

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 Bunyangabu. The operation will also strengthen community preparedness and prevention.

Operational Update

- Risk communication, community engagements and sensitization

Through the DREF operation, URCS volunteers are engaging with communities to provide information on EVD, including prevention and risks, through key messages and actions, including house to house visits, mobile cinema, community theater and radio shows.

The total number of community volunteers increased from 180 to 360 in December. Both UNICEF and the DREF contribute to the volunteer costs. See table 1 for a full overview of donor volunteer support per month.

Table 1 gives a full overview of volunteer support per donor per month for community activities.

Table 1: Volunteers / district / source of funding

Source funds	of	Period	Kasese	Kabarole	Bunjangabo	Ntoroko	Kisoro	Kanungu	Bundibugyo	Total
UNICEF		Month 1 20.08-20.09.2018	30	15	15	30	30	30		180
CP3									30	
DREF		Month 2 20.09-20.10.2018	30	15	15	30	30	30		180
CP3									30	
UNICEF		Month 3 20.10-20.11.2018	30	15	15	30	30	30		180
CP3									30	
UNICEF		Month 4 20.11-20.12.2018	30	30	30	30	30	30	30	210
DREF		Month 5 20.12.18- 20.1.2019	30	30	30	30	30	30	30	210
DREF		Month 6 20.01- 20.2.2019	60	30	30	60	60	60	60	360
DREF		Month 7 20.02-12.03.2019	60	30	30	60	60	60	60	360

Through the second operations update, volunteers working in most at risk areas were planned to receive a 5-day in-depth orientation on Epidemic Control for Volunteers (ECV), risk communication, PSS and CEA. However, UNICEF supported a training for all volunteers on ECV. Additional training on CEA will be organized after the implementation timeframe of this DREF operation.

- Community based surveillance at community level

In the initial DREF EPoA it was planned to conduct a Community Based Surveillance (CBS) training involving 5 volunteers per district, as a follow up to the CBS Training of Trainers (ToT) organized in the first week of November by the CP3 program. The training would have supported the implementation of CBS in all the districts and capitalised on experiences from CP3 in the projects' targeted districts of Kabale, Kabarole and Bundibugy.

However, in the DREF supported districts, there is no structure in place to follow up on CBS alerts, and there is no possibility to build this capacity in a short period of time. It has therefore been decided to exclude the CBS activity from the DREF operation and substitute it with ECV surveillance. Therefore, volunteers will support passive health surveillance, referring people to health structures after referral paths have been established.

- Screening at point of entry (PoE)

URCS volunteers are currently conducting screening at 7 PoEs. In the initial DREF Emergency Plan of Action, URCS planned to increase the screening activities from 7 to 18 PoEs, of which 7 were partially supported by UNICEF, and partly with DREF funds. However, only 1 month of volunteer support was budgeted for in the DREF, and there was not yet a commitment from other donors to continue support to the 18 PoEs after that month. Therefore, it was decided not to upscale to 18 PoEs, as there was a risk URCS could not maintain activities at the 18 PoEs after the first month. URCS continued PoE screening at only 7 PoEs.

However, there continued to be a high need to revise the number of volunteers per PoE and to increase the total amount of PoE covered with screening activities. UNICEF supported an upscale of the screening activity to a total of 28 PoEs in December. The DREF operation will support screening activities at the 28 PoE in the month of February and March.

UNICEF has been supporting PoE screening with the following activities:

- Volunteer payment for the month of September to January
- Procurement of infra-red thermometers - UNICEF
- Supply of tents and equipment for the establishment of surveillance posts at Points of Entry - UNICEF
- Provision of IPC equipment and protective gears

WFP supports PoE screening with the following activities:

- **Supply** of tents with furniture at key screening points in Kasese, Bundibugyo and Ntoroko districts.

The DREF operation will be supporting PoE screening with the following activities: volunteer payment for the month of February and March and provision of water for IPC activities at PoE.

- Provision of psychosocial support (PSS)

The volunteers engaged in community activities provide facts on Ebola to allay fears and anxiety, identify individuals with psychosocial needs, provide psychological first aid, and make appropriate referrals if required. The suspected cases that were identified in Uganda have caused great fear and anxiety in the communities. PSS support to communities as well as communication and information on EVD are key to ease fears and anxieties within communities.

- Implementation of Safe and Dignified Burials (SDB) and decontamination activities for IPC

WHO and MoH initiated SDB preparedness through training of eleven MoH SDB teams. In case of an EVD outbreak in Uganda, the MoH will take lead in the management of SDB services in the country, with support from WHO. However, harnessing on the expertise and experiences of the Red Cross Movement in previous Ebola outbreaks in West Africa, and upon request from WHO, URCS will complement MoH SDB capacity. SDB preparedness was not part of the initial DREF EPoA. However, in the National Task Force at the end of November it was decided URCS will be a partner in SDB. To ensure that URCS can fulfil this new role, an SDB component was included in the DREF operation during the second revision.

Two surge staffs have been deployed to Uganda, to support URCS with the development of SDB, including:

- Developing the URCS SDB plan and presenting it to the NTF/ Case management sub-committee.
- Develop URCS EVD/SDB protocols
- Develop the SDB training curriculum, following WHO and IFRC standards.

Through the second Operations Update, the DREF operation included an SDB component to:

- Train three SDB teams. In case of an outbreak or suspected case, the SDB teams will support with both SDB and IPC activities, specifically, decontamination of households and public spaces.
- Ensure the operational readiness of the three trained SDB teams, including logistical arrangements and the strategic prepositioning of the SDB kits procured with the DREF.
- Develop URCS SDB SOPs, in line with, and complementing the MoH and IFRC SDB protocols.
- Conduct SDB drills and simulations. Each SDB training will include a simulation exercise of two days. The trainings will be conducted in February/March. An additional drill per SDB team is planned for in January/ to ensure that the teams remain ready to respond.

Progress has been made on the development of the SOPs, however, SDB teams could not yet be trained, this activity will be taking place in February/March.

The SDB teams will be based in Kabarole, Bundibujjo and Kasese branches to cover the following districts:

- Kabarole: Kabarole, Bunjangabo and Kyegegwa;
- Bundibujjo: Bundibujjo and Ntoroko;
- Kasese: Kasese.

The choice of the three branches is linked to their risk level and proximity to DRC and Ebola Treatment Units (ETU) in Uganda. Each of the three branches will be fully equipped with PPEs, SDB kits and body bags that have already been procured during the first three months of the operation. Pick-ups with room for a coffin and vehicles with the capacity to carry the team members will be made available for the three teams through URCS existing fleet and pre-agreed rental agreements with car rental companies.

Through the DREF operation the IFRC procured 5 PPE kits, 2 SDB starter kits, 3 SDB kits and 60 body bags. The kits will be replenished after the SDB trainings.

With the support from the CP3 program, an SDB ToT has been conducted in the first week of December, training 27 participants. The training included a simulation in which both community members and local leaders participated. This training will be cascaded down to the three branches through three SDB trainings, one for each SDB team. The training in the three branches will include 14 people per SDB team, a total of 42 participants. Each SDB team will be composed of 1 Team leader; 4 body handlers; 2 hygiene/ sprayer; 1 communicator; 2 drivers; and a decontamination team of 4 people.

The training for the SDB teams is a 5-day training workshop, including 2 days of simulation at community level and will include participation of community members and local leaders. Its content will be aligned with MoH/WHO training materials already in use in the country.

Both UNICEF and WFP support and complement the SDB component of the DREF operation with the following:

- Provision of IPC equipment and protective gears (UNICEF)
- Support to the referral mechanism with three (3) Red Cross ambulances dispatched to Kasese, Bundibujjo and at the MoH headquarters, ready to transport suspected cases identified at community level and at PoE to the designated health facilities (WFP)

Strengthen the National Society in Epidemic Preparedness through the revision of Standard Operating Procedures (SoP) and contingency plans.

The surge team deployed to Uganda supported URCS with the development of an EVD protocol/SOPs. The EVD and SDB URCS plan and SOPs are aligned with the MoH protocol.

C. DETAILED OPERATIONAL PLAN



Health

People reached: 971,310

Male: 443,070

Female: 528,240

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	971,310	865,868
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 at HH level	971,310	865,868
# of risk assessments conducted to inform activities	01	01
# of volunteers conducting community engagement sessions at household and community levels (30 per district)	360	360
# of volunteer PPEs made available	390	108
# of volunteers carrying out screening activities at PoEs	184	0
No of PoE covered	21	0

Progress towards outcomes

With support from IFRC DREF and UNICEF, URCS volunteers have since mid-August to November 9 been able to reach **865,868** people with key messages on Ebola (causes and prevention, where to seek for help), health and hygiene in the communities through door-to-door visitations. Additional **568,885** people were reached at community level through community/group dialogue initiatives and mobile cinema sessions.

The target of the indicator has been increased as the actual has already exceeded the target and is expected to further increase as the number of volunteers conducting community activities has increased from 180 to 360, and the timeframe of the operation increased.

A total of 180 volunteers from 7 seven districts of intervention have received an orientation on risk communication, CEA, PSS from the CEA/Health surge and they currently actively carrying out community engagement activities in their respective communities.

The DREF will support PoE screening for the months of February and March, therefore, new targets have been introduced for this activity.

In addition to the above, the following activities were implemented between mid-September, date of the DREF approval, and January 18

a) **Organization of CBS training at district level.**

A CBS Master Facilitators' workshop was organized in Nairobi with CP3/USAID support in October and replicated in November in Kampala. Participant of the CBS ToT were CP3 staff and DREF staff/focal persons in charge of cascading the CBS training at district level, both in CP3 (30 volunteers/district) and DREF (5 volunteers/district) districts. The rolling out of the training will not include the DREF districts, with exception from Bundibugyo, where CBS will be supported through the CP3 project. In the DREF districts, the CBS training will be replaced with an integrated training on ECV, risk communication, PSS and CEA

- b) **360 volunteers carry out risk communication and public awareness activities at household and community level in target districts.** With support from UNICEF, the total amount of volunteers increased from 180 to 360. 180 community-based volunteers have been oriented by the CEA/Health surge on risk communication, CEA and PSS and additional volunteers have been trained with support from UNICEF. Risk communication activities are conducted through home visits, community and group meetings as well as mobile cinema and drama. The use of drama and mobile cinema has been increased during the month of December, to disseminate information on EVD. In Kabarole and Bundibugyo, Red Cross branches conducted a total of 63 mobile cinema shows. In Kabarole, the use of drama was introduced to enhance community engagement and communication. In Kabarole, 11 drama sessions were organized.
- c) **Establishing community feedback mechanisms, including rumor-tracking systems.** 180 volunteers and 7 supervisors have been orientated on CEA with emphasis on rumor tracking and feedback tracking in 7 districts of intervention (Kabarole, Bundibugyo, Ntoroko, Kanungu, Kisoro, Bunyangabu and Kasese). The orientation was facilitated by the CEA (Health surge). A feedback and rumor tracking system has been developed by the CEA/Health surge and has been implemented by URCS.
- 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 were procured and delivered to all volunteers involved in the operation. Due to the increase of volunteers at community and PoE, the target for PPEs has been increased to 390 with this revision. PPEs for community volunteers include basic visibility/protective equipment: gumboots, raincoats and t-shirts. Volunteers conducting screening at PoEs receive eye goggles, gloves and facemasks.
- e) **Monitoring of activities.** Two field monitoring and support supervisory visits were conducted by the URCS Secretary General and IFRC in country delegation. Critical challenges in activities implementation were discussed and formed the bases for this Operations Update. In addition to that, the IFRC Surge team guaranteed its presence in the field as technical support to URCS staff, including branch managers and EVD focal persons, and volunteers, through field visits. In the last week of January, a monitoring visit is being conducted from IFRC EA CCST and IFRC Africa Region.
- f) **Procurement of SDB kits.**
5 PPEs kits, 3 SDB kits, 2 starter kits and 60 body bags were procured by IFRC Regional Logistic Unit in Nairobi and delivered to Uganda. The kits are in addition to the available residual stock of four (4) SDB kits remained from the 2017 Marburg response. These materials will be dispatched to the field at the beginning of February and prepositioned in Kabarole, Kasese and Bundibugyo, where SDB teams will be formed. The kits used for trainings will be replenished to ensure all kits are fully functional in case of an outbreak.
- g) **Kap survey**
One Knowledge, Attitude, Practices and Behavior survey was done, relating to EVD preparedness in November 2018. No further assessments or surveys are planned for until the end of timeframe of the DREF, therefore the target has been reduced from 7 to 1.

Health Output 1.4: Epidemic prevention and control measures carried out.

Indicators:	Target	Actual
# of discharge kits made available	49	49


Progress towards outcomes

a) **Procurement of 49 discharge kits.**

The discharge kits have been delivered to URCS central warehouse in Kampala end of January and are ready to be dispatched to the field. The kits contain mattresses, blankets, clothes and kitchen sets. Content of discharge kit is as per MoH standard.

Health Output 1.5: Risk of transmission of disease in the communities at household level and in health facilities reduced through disinfection and safe and dignified burials (SDB).

Indicators:	Target	Actual
# of SDB and IPC-disinfection teams trained and ready to respond	3	0
Progress towards outcomes		
<p>a) Realization of SDB activities through the creation of 3 SDB team in Kabarole, Kasese and Bundibujjo, including equipment and logistic arrangements.</p> <p>URCS will complement MoH SDB capacity through the training and operational readiness of three URCS SDB teams. An MoU with MoH has been drafted and is currently under discussion.</p> <p>Three trainings will be organized to train each SDB team, logistical arrangements will be made for each team to be ready to respond and SDB kits procured through the DREF will be prepositioned strategically. The kits procured were fully cleared in January from customs and are now ready to be dispatched to the field.</p> <p>With support from the SDB and Health surge URCS SDB SOPs have been drafted, in line with, and complementing the MoH SDB protocol.</p>		

 <p>Water, sanitation and hygiene People reached: 971,310 Male: 443,070 Female: 528,240</p>		
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	971,310	865,868
Progress towards outcomes		
<p>a) Develop community-based WASH management plans.</p> <p>To date no WASH management plan was developed as the priority was given by the National Task Force to health related activities. However, URCS remains available for collaborating with the competent authorities, as per NTF guidelines, for conducting IPC assessments.</p> <p>Procurement of bleach, spray pumps and chlorine and installation of hand washing points to ensure IPC at 18 Points of Entry.</p> <p>Procurement of IPC materials were conducted, and materials were delivered at PoE. The target of the indicator has been increased as the actual has already exceeded the target and is expected to further increase as the number of volunteers conducting community activities has increased from 180 to 360, and the timeframe of the operation increased.</p>		
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	01

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	01	01
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 Surge Team deployed in EVD response	4	4
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	02
# of evaluation and lessons learned reviews	01	00
Progress towards outcomes		
<p>a) URCS contingency and preparedness plans updated. IFRC Surge Team engaged National Society senior management in the initial revision of the EVD contingency plan draft. A second session for final adjustments has been organized at the beginning of December. A final document is currently under revision with URCS management.</p> <p>b) URCS staffing takes part in task force meeting at National and District Level. URCS ensures its participations in the majority of EVD National and District level task forces and sub-committees.</p> <p>c) Deployment of Surge capacities: The following Surge capacity were deployed:</p> <ul style="list-style-type: none"> • 1 RDRT with Health background and CEA experience from Ghana Red Cross in charge of technical supervision and support to the implementation of community activities (mission: 24 september-24 November) support of URCS EVD Plan of action; • 1 RDRT with SDB knowledge from Sierra Leone Red Cross in charge of assessing URCS capacity on SDB at field level and facilitating an SDB ToT (mission: 29 October-10 December); • 1 FACT with Public Health background from Norwegian Red Cross in charge of supporting the National Society in developing an EVD contingency plan and plan of action, in addition to providing feedbacks on URCS EVD prevention and preparedness intervention (mission: 31 October-9 December) • 7 NDRT, 1 per each district of intervention were deployed to support the general implementation of activities. • 1 FACT with Public Health background to support overall operations management (mission: 15.12 up to 9.01) <p>d) Organize a lesson-learned workshop. Due to the fact that the operation will be extended through an Appeal, the Lessons Learnt workshop will be adjusted to a review workshop.</p>		

DREF OPERATION MDRUG041-UGANDA: EBOLA PREPAREDNESS

30/01/2019

Budget Group		DREF Grant Budget
500	Shelter - Relief	-
501	Shelter - Transitional	-
502	Construction - Housing	-
503	Construction - Facilities	-
505	Construction - Materials	-
510	Clothing & Textiles	-
520	Food	-
523	Seeds & Plants	-
530	Water, Sanitation & Hygiene	11,642
540	Medical & First Aid	41,807
550	Teaching Materials	9,335
560	Utensils & Tools	-
570	Other Supplies & Services	-
571	Emergency Response Units	-
578	Cash Disbursements	-
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES		62,784
580	Land & Buildings	-
581	Vehicles	-
582	Computer & Telecom Equipment	-
584	Office/Household Furniture & Equipment	-
587	Medical Equipment	-
589	Other Machinery & Equipment	-
Total LAND, VEHICLES AND EQUIPMENT		-
590	Storage, Warehousing	-
592	Distribution & Monitoring	-
593	Transport & Vehicle Costs	34,388
594	Logistics Services	-
Total LOGISTICS, TRANSPORT AND STORAGE		34,388
600	International Staff	-

661	National Staff	13,086
662	National Society Staff	22,873
667	Volunteers	186,460
669	Other Staff Benefits	-
Total PERSONNEL		222,419
670	Consultants	-
750	Professional Fees	-
Total CONSULTANTS & PROFESSIONAL FEES		-
680	Workshops & Training	37,522
Total WORKSHOP & TRAINING		37,522
700	Travel	3,000
710	Information & Public Relations	-
730	Office Costs	6,400
740	Communications	4,000
760	Financial Charges	1,680
790	Other General Expenses	-
799	Shared Office and Services Costs	-
Total GENERAL EXPENDITURES		15,080
830	Partner National Societies	-
831	Other Partners (NGOs, UN, other)	-
Total TRANSFER TO PARTNERS		-
599	Programme and Services Support Recovery	24,193
Total INDIRECT COSTS		24,193
TOTAL BUDGET		396,385

Reference documents



Click here for:

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

**For further information, specifically related to this operation please contact:
In the Uganda Red Cross Society:**

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For In-Kind donations and Mobilization table support:

- IFRC Africa Regional Office for Logistics Unit: RISHI Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org ; phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries):

- IFRC Africa Regional Office: Fiona Gatere, PMER Coordinator; email: fiona.gatere@ifrc.org; phone: +254 780 771 139

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