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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 nº 02; date of issue:** 24 December 2018	**Timeframe covered by this update:** 11 September to 25 November 2019
Operation start date: 11 September 2018	**Initial operation timeframe:** 3 months, up to 12 December 2018 **Revised operation timeframe:** 4.5 months, up to 31 January 2019
Overall operation budget: CHF 279,788	**DREF amount initially allocated:** CHF 152,685
N° of people being assisted: 700,000 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, Medical Team International,	

Summary of major revisions made to emergency plan of action:

On the base of World Health Organization (WHO) assessment conducted on September 28th which categorized the risk for Uganda at level 1 (High risk of cross border importation of Ebola Virus Disease -EVD) and following the recommendation of the National Task Force (NTF) to continue EVD preparedness activities beyond 2018, Uganda Red Cross Society (URCS) intends **to extend the implementation timeframe** of the current DREF for a period of 1.5 months, up to January 2019.

The additional allocation of CHF 110,063 will complement the support provided by UNICEF, WFP and IFRC-Epidemic, Pandemic and Preparedness programme (CP3).

The following revisions are made to the emergency plan of action:

- Recruitment of 1 Operation Manager (URCS staff) for a period of 1.5 months;
- Time extension of 1.5 months, up to January 31st, 2018, to continue community activities
- Conduct an integrated in-depth orientation on ECV, risk communication, PSS and CEA, to strengthen community volunteer's basic knowledge to adequately perform their tasks;
- Include an SDB component in the EPoA (trainings and SDB plan)
- Point of Entry (PoE) screening will no longer be supported through the DREF EPoA;

A. SITUATION ANALYSIS

Description of the disaster

On May 8t 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 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 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: districts with 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, 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) (with support from UNICEF)
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 thought the revision of Standard Operating Procedures (SoP) and contingency plans. With the support from a FACT deployed 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, 7 EVD focal persons / National Disaster Response Team (NDRT) members

and 201 volunteers (180 at community level and 21 at PoEs) have been mobilized to support the EVD preparedness operation. The number of volunteers will at community level will continue to be 210 (30 per district). Volunteers at PoE level will continue to be supported by UNICEF.

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 three 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)

An additional surge alert has been raised for technical health profile, to support the DREF overall operations management.

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: (Update No. 13 of the "Highlights of the EVD Preparedness in Uganda") published on 17 August:

Actor	Activity
MoH	Coordination, surveillance, case management, social mobilisation, burials
WHO	Technical support on coordination, surveillance, case management, risk com
UNCHR	Refugees screening
WFP	Logistics
UNICEF	Risk communication and community engagement, WASH
CDC	Technical support on surveillance and laboratory diagnosis, vaccination
Baylor Uganda	Case management capacity building
MSF	Case management
IDI	Surveillance, burials
MTI	Surveillance among refugees
CHC	Risk communication
J-medic	Case management
Yoreda	Risk communication
Save the Children	Surveillance
URCS	PoE screening, risk communication and social mobilisation, 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 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 assessment 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 will be given in the section on the operational strategy.

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 2000[i] in Gulu district. Since then, three outbreaks of Ebola have been reported in Bundibugyo in 2007[ii], 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. 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 faults in the IPC/PPE procedures and knowledge, 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. Through this operations update, one first training will be

organized for community volunteers Moreover, PPEs have been procured for volunteers through the first DREF allocation and volunteers are provided with a volunteer insurance.

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

- Ongoing instability in the neighbouring districts in DRC;
- Upcoming elections in DRC;
- Fear for 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 thought 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
- 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 nine (9) targeted high-risk districts of Ntoroko, Bundibugyo, Kasese, Kisoro, Kanungu, Kabarole and Bunangabo. 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;
In each of the 7 districts, 30 volunteers are implementing community activities, with a total of 210 volunteers. 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.

Table 1: Volunteers / district / source of funding

Source of funds	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										
IFRC										
Netherlands RC										
DREF	Month 5	20.12.17-20.1.2018	30	30	30	30	30	30	30	210
IFRC										
Netherlands RC										

Through this second operations update, volunteers working in most at risk areas, will receive a 5-day in-depth orientation on Epidemic Control for Volunteers (ECV), risk communication, PSS and CEA. 1 training will be organized, involving community volunteers. In the original DREF EPoA, one (1) Community Based Surveillance (CBS) training was planned for, in which 5 volunteers per district would participate. It has been decided to cancel the CBS training and replace it with an integrated orientation on ECV, risk communication, PSS and CEA for an increased number of volunteers, for the following reasons:

- There is no internal system or structure in place to follow up on the alerts received through CBS. To set up this system, longer term programming is needed, it will not be ready on time for the current EVD preparedness operation in all 9 districts.
- Considering the size of the districts, a training for 5 volunteers per district would not have the impact needed, while there is a high need to strengthen volunteer capacity on ECV, risk communication, PSS and CEA. It has therefore been decided to conduct an in-depth orientation combining these areas, with the intention to scale up the number of sessions in the future. A curriculum for this orientation is in development with support from IFRC and the technical in country CP3 team.

A total number of 40 volunteers will be trained in 1 training session.

UNICEF has supported the URCS EVD community preparedness activities and will extend its support to volunteer costs as per table 1.
In addition to the volunteer support UNICEF supported URCS community activities with:

- Behavioural Risk Assessment orientations
- Orientation sessions with community leaders on Ebola
- Production of materials for risk communication

To support URCS in the implementation of community activities, a new global surge alert has been raised to ensure field support to the community interventions.

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.
There is a high need to revise the number of volunteers per PoE and to increase the total amount of PoE covered with screening activities. UNICEF recently confirmed its support to upscale the screening activity to a total of 28 PoEs in December.
PoE screening will no longer be supported through the DREF. URCS is advocating with donors for continued support to this activity after December.

UNICEF supports PoE screening with the following activities:

- Volunteer payment
- 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
- Support to volunteer costs

WFP supports PoE screening, complementing the DREF support, with the following activities:

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

Provision of psychosocial support (PSS)

The volunteer in-depth orientation provided through the DREF will include PSS in addition to ECV, risk communication and CEA. Currently, 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 training on PSS will equip volunteers with additional skills for the provision of PSS to community members. The suspected cases that were identified in Uganda have cause 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 infection, prevention and control (IPC) measures, including Safe and Dignified Burials (SDB)

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 will be included in the DREF operation.

Two surge have been deployed to Uganda, to support URCS with:

- 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 will include an SDB component to:

- Train three SDB teams. IPC is part of SDB training and activities. In case of an outbreak or suspected case, the SDB teams will support with both SDB and IPC activities, including 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 SDB protocol.
- Conduct SDB drills and simulations. Each SDB training will include a simulation exercise of two days. The trainings will be conducted in December. An additional drill per SDB team is planned for in January/ to ensure that the teams remain ready to respond.

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

- Kabarole: Kabarole, Bunjangabo and Kyegegwa;
- Bunbidujo: Bundibujo 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. Cars 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. Through the second operations update, the procurement of additional equipment will be included in the DREF budget to replenish the items that will be used during training, simulations and drills. Other items, such as stretchers and scrubs, are not part of SDB starter/kits and have to be procured in addition to make the teams fully operational.

With the support from the CP3 program, an SDB ToT has been conducted in the first week of December, training 27 participants. 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.
- A decontamination team of 4 people

The training for the SDB teams is a 5-day training, including 2 days of simulation at community level. 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, Bundibugyo 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	500,000	**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 at HH level	700,000	568,637
# of risk assessments conducted to inform activities	07	01
# of volunteers conducting community engagement sessions at household and community levels (30 per district)	210	210
# of volunteer PPEs made available	108	108
# of volunteers carrying out screening activities at PoEs	0	0
No of PoE covered	0	0

Progress towards outcomes

With support from IFRC DREF and UNICEF, URCS volunteers have since mid-August to November 9th been able to reach 568,637 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 **408,935** people were reached at community level through community/group dialogue initiatives.

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 target of the first two indicators have been increased as the actual has already far exceeded the target and is expected to further increase as the community activities have been extended with an additional 1,5 months.

Due to the Fact that PoE screening will not be covered through the DREF EPoA, targets have been reduced to 0.

In addition to the above, the following activities were implemented between mid-September, date of the DREF approval, and November 9th:

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) ***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 oriented by the CEA/Health surge on risk communication, CEA and PSS and are currently carrying out community engagement activities in 7 target districts such as community drama. In Kanungu and Kabarole a total of 31 volunteers were oriented on conducting these specific activities. As result, as of November 9th, a total of 9 drama sessions were carried out (7 in Kabarole branch and 2 in Kanungu).

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. The same orientation was organized for 21 volunteers conducting screening activities at 7 PoEs. A feedback and rumor tracking system has been developed by the CEA/Health surge and is yet to be implemented.

d) ***Procurement of 108 volunteer protective equipment***. A set of 108 volunteers' protective gears, composed of gumboots, raincoats, umbrellas, plastic mackintosh/aprons, eye googles, heavy-duty gloves, and facemasks were procured and delivered to all volunteers involved in the operation.

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.

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 in the field at the beginning of December and prepositioned in Kabarole, Kasese and Bundibujo, were SDB teams will be formed. The kits used for trainings will be replenished to ensure available kits, complete with all materials, in case of an outbreak.

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**.

Discussions are ongoing between URCS and MoH on the content of the discharge kit, to ensure the kit is in line with MoH standards. MoH is yet to get back to URCS on the exact content of the kit. The procurement process can only start after this information has been shared.

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 teams trained and ready to respond	3	0
# burials managed by National Societies in a safe and dignified manner	10	0

Progress towards outcomes

a) **Realization of SDB activities though the creation of 3 SDB team in Kabarole, Kasese and Bundibujo, including equipment and logistic arrangements.**

URCS will complement MoH SDB capacity through the training and operational readiness of three URCS SDB teams. The exact role of URCS in SDB support will be further discussed at district levels.

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 SDB surge supports URCS with the development of URCS SDB SOPs, in line with, and complementing the MoH SDB protocol.

The target of 10 managed burials is based on the alerts received during the first three months of operation, responding to suspected cases.

Water, sanitation and hygiene
People reached: 971,310
Male: 443,070
Female: 528,240

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	700,000	568,637

Progress towards outcomes

a) **Develop community-based WatSan management plans.**

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.

b) **Procurement of bleach, spray pumps and chlorine and installation of hand washing points to ensure IPC at 18 Points of Entry.**

Procurement of IPC materials was done and materials were delivered at PoE.

The target of the indicator has been increased as the actual has already far exceeded the target and is expected to further increase as the community activities have been extended with an additional 2 months.

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	3

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 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 will be held at the beginning of December. A final document will be submitted to URCS board for approval.

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.

c) **Deployment of Surge capacities:**

The following Surge capacity were deployed:

- 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 a 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 a 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.

On the base of field needs, the current Operation Updates seeks to renew the deployment of 1 Health surge to oversee community activities and support overall operations management.

d) **Organize a lesson-learned workshop.**

Aa lessons learned workshop is planned for at the end of the operation.

D. BUDGET

DREF OPERATION
MDRUG041-UGANDA: EBOLA PREPAREDNESS

24/12/2018

Budget Group	DREF Grant Budget
Water, Sanitation & Hygiene	11,142
Medical & First Aid	49,143
Teaching Materials	6,735
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	**67,020**
	-
Transport & Vehicle Costs	27,098
Total LOGISTICS, TRANSPORT AND STORAGE	**27,098**
National Staff	24,000
National Society Staff	18,496
Volunteers	77,093
Total PERSONNEL	**119,589**
Workshops & Training	36,485
Total WORKSHOP & TRAINING	**36,485**
Travel	3,000
Information & Public Relations	-
Office Costs	4,800
Communications	3,200
Financial Charges	1,520
Total GENERAL EXPENDITURES	**12,520**
Programme and Services Support Recovery	17,076
Total INDIRECT COSTS	**17,076**
TOTAL BUDGET	**279,788**

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:

Uganda Red Cross Society:

- **Robert Kwesiga, Secretary General; email: rkwesiga@redcrossug.org**

IFRC EAIO CCST Office:

- **Andreas Sandin, Emergency Operations Coordinator, email; andreas.sandin@ifrc.org , phone; +254 732 508 060**

IFRC office for Africa Region:

- **Adesh Tripathee, Head of Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya; phone +254 (0)731 067489; email: adesh.tripathee@ifrc.org**
- **Khaled Masud Ahmed, Regional Disaster Management Delegate, Tel +254 (0)731 067 286, email: khaled.masud@ifrc.org**

In IFRC Geneva :

- **Eszter Matyeka, Senior Officer DREF email: eszter.matyeka@ifrc.org; phone: +41 (0)22 730 4236**

For IFRC Resource Mobilization and Pledges support:

- **IFRC Africa Regional Office for resource Mobilization and Pledge: Kentaro Nagazumi, Head of Partnership and Resource Development, Nairobi, email: kentaro.nagazumi@ifrc.org; phone: +254 202 835 155**

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.