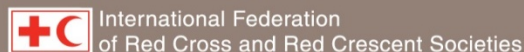


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Final Report

Uganda: Ebola Virus Preparedness



DREF operation: MDRUG041	Glide number: N/A
Date of Issue: 19 December 2019	Date of disaster: 11 September 2018
Operation start date: 11 September 2018	Operation end date: 12 March 2019
Host National Society: Uganda Red Cross	Operation budget: 396,385
Number of people affected: 149,300 people (or approximately 29,860 households)	Number of people assisted: 700,000 including 18,000 people from Kyangwali refugee settlement, Kukuube district and 15,000 people from Kyaka II refugee settlement, Kyegegwa district.
N° of National Societies involved in the operation: IFRC and ICRC	
N° of other partner organizations involved in the operation: Ministry of Health (MoH), World Health Organization (WHO), UN agencies (UNICEF and WFP), USAID, US Centres for Disease Control (CDC), Infectious Disease Institute, Save the Children, Baylor College of Medicine, Medical Team International and International Rescue Committee).	

<Please click [here](#) for the financial report and [here](#) for the contacts>

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. The Netherlands Red Cross (NLRC), ECHO and Canadian Government contributed in replenishing the DREF for this operation. On behalf of Uganda Red Cross (URCS), the IFRC would like to extend gratitude to all for their generous contributions.

A. SITUATION ANALYSIS

Description of the disaster

On 8 May 2018, the ninth Ebola Virus Disease (EVD) outbreak in the Democratic Republic of Congo (DRC) was declared by the Ministry of Health. 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. Both provinces are among the most populated areas in the DRC and bordering with Uganda and Rwanda.

In light of the intense insecurity and worsening humanitarian crisis affecting the provinces of North Kivu and Ituri, over one million internally displaced people (IDPs) and a continuous influx of refugees to neighbouring countries, including Uganda, Burundi and Tanzania has been reported. 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.

In response, IFRC launched a DREF operation with an overall grant of CHF 369,385. This [DREF Operation](#) was initially launched on 12 September 2018 for CHF 152,685 to assist Uganda Red cross to reach approximately 149,300 people (or approximately 29,860 households) at risk in Ebola preparedness activities. In the meantime, WHO risk level of the outbreak spreading to Uganda increased from high to very high following the confirmation of Ebola cases in Kashenyi,

at the shores of Lake Albert in DRC (40km from the landing site in Uganda), and the continued conflict in Beni which hampered the Ebola control effort. As such, WHO initiated preparations for safe and dignified burial (SDB) by training teams. On the basis of the Red Cross Movement expertise in SDB in the Ebola outbreaks in West Africa, URCS started exploring possibilities for leading SDB services in Uganda and on 05 November 2018, was allocated additional CHF 17,040 for the deployment of Surge capacities to support the National Society (NS) with the development of a clear SDB strategy and plan, as well as training of SDB teams. This resulted in the deployment of one SDB expert and one Strategy and Planning expert, the latest funded by the Norwegian Red Cross. These changes in the preparedness actions were published through [Operations Update 1](#).

On 24 December 2018, the DREF timeframe was extended for a period of 1.5 months, up to January 2019, following the WHO Assessment conducted on 28 September, which categorized the risk for Uganda at level 1 (High risk of cross border importation of EVD) and the recommendation of the National Task Force (NTF) to continue EVD preparedness activities beyond 2018. Again, IFRC allocated additional CHF 110,063 through the DREF to complement the support provided by UNICEF, WFP and IFRC-Epidemic, Pandemic and Preparedness Programme (CP3) in particular with the recruitment of an Operation Manager (URCS staff) for a period of 1.5 months. In addition, the supplementary funds allowed the realization of an integrated in-depth orientation on ECV, risk communication, PSS and CEA, to strengthen community volunteer's basic knowledge to adequately perform their tasks and the inclusion of an SDB component in the EPoA (trainings and SDB plan). These changes can be seen in [Operations Update 2](#).

On 11 February 2019, [Operations Update 3](#) was published, extending the DREF timeframe up to 12 March 2019 to allow IFRC to look at more long term tools to continue supporting Preparedness activities, guaranteeing operational continuity. This update also allowed for supplementary CHF 89,597 to be allocated, to support volunteer' screening activities at the 28 Point of Entry (PoE) and continue community-based interventions, including risk communication, PSS and EVD awareness for the months of February and March 2019.

Since the EVD outbreak in DRC continued to spread, WHO deployed 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 categorized four countries i.e. Rwanda, Uganda, South Sudan, and Burundi as Priority-1 and remaining five countries -- Angola, Congo, Central African Republic, Tanzania, and Zambia are 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.

The Red Cross Red Crescent National Societies of countries surrounding the affected area in DRC 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 typical EVD response activities related to infection, prevention and control (IPC), risk communication, social mobilization and community engagement, Safe and Dignified Burials (SDB), Psychosocial support and National Society capacity building and preparing for future outbreaks.

In the same vein, the Uganda Red Cross Society (URCS) 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 response to an outbreak.

At the beginning of the Ebola threat in August 2018, the MoH identified 20 districts at Risk¹, meaning at high risk of cross border importation of EVD². Seven (07) out of these 20 districts (Kasese, Kabarole, Bundibugyo, Ntoroko, Bunyangabo, Kisoro and Kanungu) were targeted by URCS on the base of their proximity with the DRC border and the URCS branch capacities.

The overall regional risk posed by the outbreak in the Democratic Republic of the Congo remains very high considering the chances of cross border spread. The EVD Appeal countries continue to implement precautionary and preparedness measures to mitigate against the spread of the disease. Figures as of 18 December 2019, according to World Health Organisations, indicated a total 3,351 cases of which 3,233 confirmed cases and 118 probable cases. In addition, some 2,211 deaths have been reported and confirmed to be Ebola related.

¹ Districts identified at Risk Category 1: Ntoroko, Kasese, Kabarole, Bundibugyo, Bunyangabo, Kanungu, Kisoro, Rukungiri, Rubirizi, Kikuube, Kamwenge, Kyegegwa, Kyenjojo, Isingiro, Buliisa, Hoima, Kigadi, Pakwach, Kampala and Wakiso.

As at now, this DREF operation ended. However, Red Cross preparedness actions for Uganda are being carried on under the [EVD One International Appeal for DRC](#) through which a response was launched following MoH confirmation on 11 June 2019 of an EVD case in Kasese district. This Appeal outlines the response and containment strategy and focuses on response activities in the DRC as well as preparedness plans in the four priority countries (Uganda, Burundi, Rwanda, and South Sudan). To note, the World Health organization (WHO) declared the EVD outbreak in DRC a [public health emergency of international concern \(PHIEC\)](#) on 17 July 2019.

Summary of response

Overview of Host National Society

Immediately following the declaration of the 10th EVD outbreak in DRC, the Uganda Red Cross Society, through its Bundibugyo, Kasese, Kabarole, Kisoro and Rukungiri/Kanungu branches located at the border with DRC rapidly mobilized volunteers to implement preparedness activities. A total of 360 volunteers were deployed to conduct awareness raising at community level and 184 volunteers to carry out screening at border points of entry. In addition, 3 Red Cross ambulances were deployed to support the established referral mechanisms in Kasese, Bundibugyo and at the MoH in Kampala. This was made possible because the Uganda Red Cross Society (URCS) is part of the country's outbreak coordination mechanisms with permanent representation in the National and district-led task forces. Indeed, the URCS has been involved in Ebola and Marburg responses in all previous outbreaks, and thus garnered experience especially in the field of social mobilization, contact tracing and follow up as well as community-based surveillance and referrals.

With regards to URCS Ebola preparedness operation, the National Society's EVD Plan of Action, focused on the following areas:

- a) risk communication, community engagements and sensitization in seven (7) targeted districts;
- b) community based surveillance at community level in seven (7) targeted districts;
- c) screening at 28 point of entry (PoE) in five (5) targeted districts;
- d) provision of psychosocial support (PSS) through the community volunteers in targeted seven (7) districts;
- e) implementation of infection, prevention and control (IPC) measures, including Safe and Dignified Burials (SDB) and particularly training and equipment of three (3) 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.

The following staff were engaged in the implementation of this DREF operation activities:

- At head quarter level: The Health Director and the Emergency Preparedness and Response (EPR) Manager were part-time engaged in EVD Preparedness activities, overseeing the operation and providing technical guidance;
- At field level: One URCS Operations manager, seven (7) EVD focal persons / National Disaster Response Team (NDRT) members, 184 volunteers at PoE and 360 community volunteers were mobilized to support the EVD preparedness operation.

As per volunteers at community level, their number increased from 180 to 360 with support from UNICEF in the month of December 2018. The DREF continued supporting the 360 community volunteers from January to March 2019 to allow operation continuity. As regards volunteers at PoE, WFP provided support up to January 2019, while the DREF operation covered costs for the months of February and March 2019.

Overview of Red Cross Red Crescent Movement in country

At 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, 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 guaranteed an added value in terms of technical and logistical support to the Ebola preparedness operation as well as resource mobilization coordination.

In relation with the EVD operation in particular, the ICRC and IFRC contributed to the URCS EVD Plan of action respectively with:

- ICRC: coverage of defined logistic costs (e.g. Mileage, fuel and driver's per diem);
- IFRC: support of the NS in the development of its EVD Plan of Action and in country coordination; technical support with the involvement in the EVD operation of the IFRC in-country team (1 Programme Coordinator and 1 Finance delegate); launch of the DREF operation, including the deployment of surge capacity. Moreover, the East Africa Cluster Support Team (EA CCST), in addition to closely monitoring the situation, facilitated the coordination with other regional initiatives, as well as fundraising opportunities. Joint Task Forces were held on a weekly base involving all countries implementing EVD response and preparedness activities.

Considering the type of disaster and the repercussion that this could have had in neighbouring countries, including Uganda, the DREF operation allowed the deployment of the following Surge capacities:

- 1 Health/CEA expert, deployed for a period of 2 months, supporting community activities;
- 1 SDB expert, deployed for a period of 1.5 months, supporting the development of SDB protocol and training curriculum;
- 1 Surge/FACT, deployed for a period of 1.5 months, supporting strategic development, including the development of the SDB component, and in country coordination;
- 1 Surge/FACT, deployed for 3 weeks, supporting overall operations management.

In November 2018, an operational meeting was organized between URCS and the DRC Red Cross (Ituri Provincial Branch). The objective of the meeting was to strengthen cross border collaboration through sharing information and lessons learned. The following action points were agreed by participants:

- 1) To continue exchanging communications between DRC Red Cross and URCS and to extend it to South Sudan Red Cross;
- 2) To facilitate the exchange of volunteers and staff between the National Societies as learning experiences;
- 3) To establish a permanent coordination and communication platform between National Societies.

Overview of non-RCRC actors in country

The following actors were and to some extent, are still involved in EVD preparedness activities in Uganda:

Actor	Activity
MoH	Coordination, surveillance, case management, social mobilisation, and 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
Save the Children	Surveillance
URCS	PoE screening, risk communication and social mobilisation, CBS, PSS and SDB

The Ministry of Health (MoH) coordinates the Ebola preparedness actions in country, through central and district level Task Forces. The Uganda Red Cross Society (URCS) participated 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.

Upon declaration of the 10th EVD outbreak in DRC in August 2018, the Ugandan Ministry of Health 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 from the World Health Organization (WHO), a multi-sectoral, multi-skilled National Rapid Response Team (NRRT) was dispatched to the five at-risk districts to conduct rapid risk assessment and initiate priority preventive actions.

WHO provided technical support to URCS in the orientation of Red Cross volunteers deployed at screening points.

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 Uganda communities due to its proximity with affected area. 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. As of 31st March 2019, as per UNHCR and the Office of Prime Minister (OPM) monthly update, the total number of refugees and asylum-seeks in Uganda is equal to 1,239,912. Out of the total number of refugees and asylum-seekers, some 332,506 people arrived from DRC, out of whom 11,940 between January and March 2019 only (source: UNHCR and OPM update, March 2019).

In addition to the refugee influx there were 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 daily.

Considering the population movements between Uganda and DRC, the DREF operation aimed at enhancing preparedness measures taking all necessary actions to:

- Prevent an EVD outbreak in Uganda;
- Be ready to respond in case of an EVD outbreak in Uganda;
- Avoid 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 are involved in high risk activities and/or areas of operation, including PoE screening and SDB. As such, the following measures were put in place to mitigate the risk for EVD infection of staff and volunteers:

- Realization of orientation sessions for volunteers organized by the MoH and WHO on screening and Infection Prevention and Control (IPC);
- Procurement, through the DREF operation, of personal protective equipment for all the volunteers involved in EVD preparedness activities;
- Ensuring, through the DREF operation, of the insurance for all volunteers involved in EVD preparedness activities, on the base of IFRC insurance scheme.

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

In the event of an escalating outbreak, there is a potential risk that tensions/violence from host communities towards refugees may increase and/or escalate. This is combined with rumours on Ebola which may affect as well URCS' access and security. To mitigate the risk, through the DREF operation, community engagement activities were implemented, including rumours tracking and their consequent follow-up by staff and volunteers.

B. OPERATIONAL STRATEGY

URCS plan of action

Following the declaration of the 10th EVD outbreak in DRC, URCS developed a Plan of Action, aligned with the Red Cross regional EVD strategic plan, as well as with the Uganda National Task Force Plan. The EVD Plan focused on six 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.

During the reporting period, URCS preparedness activities were funded by UNICEF, WFP and IFRC (DREF and the Epidemic and Pandemic Preparedness Program – CP3 funded by USAID). The intervention was implemented in seven (7) out of 20 districts classified as high risk: Kisoro, Kanungu, Kasese, Bundibugyo, Kabarole, Ntoroko and Bunyangabu. The selection of districts was based on proximity to DRC border, as well as URCS capacity in the districts.

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 also strengthens community preparedness and prevention.

Operational Update

1. Risk communication, community engagement and sensitization

Through the DREF operation, URCS volunteers engaged with communities to provide information on EVD, including prevention and risks, through key messages and actions, including house visits, mobile cinema, community theatre and radio shows. The total number of community volunteers increased from 180 to 360 in December 2019, with support from UNICEF. The DREF operation ensured the deployment of the same number of volunteers between January and March 2019. Information Education and Communication materials, provided by UNICEF, were used by volunteers while conducting activities in the field.



Volunteers engaging households with Ebola prevention messages in Butogota, Kanungu district ©URCS

During the reported period, some **285,224 households (HH)** in 48 sub-counties in the 7 targeted districts were visited by URCS volunteers. A total of **1,200,495 individuals** were reached with Ebola prevention and basic hygiene promotion messages.

In addition to household visits, Red Cross volunteers conducted community meetings in various locations including places of worship, schools, marketplaces, as well as during public events, including funerals. A total of **12,791 community meetings** were held, reaching **884,341 individuals** with Ebola prevention messages.



(Left) Volunteer conducting community awareness with market vendors in Kanungu district; (Right) Volunteers sharing Ebola prevention messages at a funeral in Kasese district ©URCS.



Volunteers sensitizing pupils in a primary school in Kasese district ©URCS

Community drama was also used to disseminate Ebola preventive messages. 40 volunteers in Kanungu and Kabarole districts supported drama groups with the realization of drama shows in 9 communities, reaching over 200 people. Feedback session after the shows were realized to allow participants to make comments and ask questions.



Fig 4: Harugongo drama group presents EVD messages to their community through drama in Kabarole district

2. 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 2018 by the CP3 program. The training intended to support the implementation of CBS in all the districts and capitalised on experiences from CP3 in the projects' targeted districts of Kabale, Kabarole and Bundibugyo. However, in the DREF supported districts, the absence of structures to follow up on CBS alerts, coupled with the difficulty to build this capacity in a short period of time, led to exclusion of the CBS activity from the DREF operation but was substituted with ECV surveillance. Therefore, volunteers supported passive health surveillance, referring people to health structures after the establishment of referral paths.

3. Screening at point of entry (PoE)

During the reporting period the number of PoE where URCS volunteers conducted screening activities increased from 7 to 28. A total of **5,659,018 people** was screened in the PoE managed by URCS. Some 42 suspected cases were identified and referred to the health facilities, none of them confirmed.

Several donors contributed to the realization of the activity:

- UNICEF covered volunteers' incentives between September 2018 and January 2019, supplied with tents and equipment for setting up PoE, procured infra-red thermometers, as well as IPC equipment and protective gears for volunteers;
- WFP supplied tents with furniture at key screening points in Kasese, Bundibugyo and Ntoroko districts;
- IFRC through its DREF covered volunteers' incentives between February and March 2019, procured chemicals for the realization of IPC activities and replenished equipment both for PoE and volunteers, including protective gears and visibility equipment.

4. Provision of psychosocial support (PSS)

During the reporting period, with support from UNICEF, URCS trained 180 volunteers out of the 360 volunteers engaged in RCCE activities on PSS. The additional knowledge given to volunteers allowed them, while conducting awareness at community level to allay fears and anxiety, identify individuals with psychosocial needs, provide psychological first aid, and make appropriate referrals if required. In addition to provision of emotional support, URCS procured through the DREF operation 49 discharge/bereavement kits, containing each kit a mattress, blanket, mosquito net, jerrican, saucepan, cups and plates. The items were intended to replace a patient's personal items which would have been destroyed as a way of infection control.

5. Safe and Dignified Burials (SDB)

During the reporting period WHO and MoH initiated SDB preparedness activities training eleven MoH SDB teams. As per MoH guidance, in case of an EVD outbreak in country, the MoH would have taken the lead in the management of SDB services, with support from WHO. However, harnessing on the expertise and experiences of the Red Cross Movement in previous Ebola outbreaks in West Africa, during the reporting period, URCS started discussions with the MoH and in particular with the Case Management Sub-Committee, to position the NS among the actors involved in SDB procedures. This led to a decision at the end of November 2018 by the National Task Force to include the National Society as an SDB partner. To ensure that URCS could fulfil this new role, an SDB component was included in the DREF operation during the second revision. This included the deployment of two surge staffs to support the NS in:

- Development of the URCS SDB plan to be presented to the NTF/ Case management sub-committee;
- Development of the URCS EVD/SDB protocols;
- Development of the SDB training curriculum, following WHO and IFRC standards;
- Realization of 3 training aimed at forming 3 SDB teams ensuring their operational readiness, including logistical arrangements, as well as the equipment through the procurement and prepositioning of SDB kits, following the realization of one Training of Trainers (ToT) under CP3;
- Realization SDB drills and simulations.

Although the EVD SOPs were not officially approved by the URCS Governing board by the end of the DREF operation, the Surge mission allowed their successful completion, together with the realization of an SDB plan for the NS.

Due to delays in the financial management of the DREF operation the three (3) SDB trainings were not implemented within the DREF operation timeframe. However, the realization of a SDB ToT with support of CP3 allowed to train 27

URCS staff and volunteers representative of the districts at risk of EVD importation, and allowed for continuation and transition of activities, with the launch of the [EVD One International Appeal](#) for DRC.


Through the DREF operation, the IFRC procured 5 PPE kits, 2 SDB starter kits, 3 SDB kits and 60 body bags. Part of these material were used for the realization of the SDB ToT, while the remaining ones were stoked in the URCS warehouse in Kampala, while waiting for their prepositioning on the base of the distribution of the SDB teams:

- 1 team in Kabarole covering Kabarole, Bunjangabo and Kyegegwa districts;
- 1 team in Bunbidujo covering Bundibujo and Ntoroko districts;
- 1 team in Kasese covering Kasese districts.

In addition of activities mentioned above, UNICEF and WFP supported and complemented the SDB component of the DREF operation with the provision of IPC equipment and protective gears (UNICEF), as well as the coverage of running costs for 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).

Two URCS staff participated in a training organized by IFRC Regional office (Nairobi) on coordination of SDB activities. The training aimed at enabling participants from different countries involved in EVD response and preparedness interventions to effectively manage SDB in the context of a widespread outbreak.

C. DETAILED OPERATIONAL PLAN

 <p>Health People reached: 2,084,836 Male: 1,021,570 Female: 1,063,266</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	971,310	2,084,836
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	1,200,495
# of risk assessments conducted to inform activities	01	01
# of volunteers conducting community engagement sessions at household and community levels (30 per district)	210	360
# of volunteer PPEs made available	390	108
# of volunteers carrying out screening activities at PoEs	184	184
# of PoE covered	21	28
Narrative description of achievements		
<p>With support from IFRC DREF and UNICEF, URCS volunteers reached 1,200,495 people with key messages on Ebola (causes and prevention, where to seek for help), health and hygiene in the communities through door-to-door visits. Additional 884,341 people were reached at community level through community/group dialogue initiatives and 200 people through drama sessions.</p> <p>The target of the indicator had been modified from the original EPoA. This is because the actual target reported in the second Operations Update had already exceeded the initial target. Moreover, a further increase was expected due to the increase of the number of volunteers conducting community activities from 180 to 360, as well as the timeframe extension of the operation.</p> <p>The following activities were implemented between September 2018 and March 2019:</p>		

- 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. However, due to funding and timeframe constraints, the CBS training was only rolled out in the CP3 districts of Kabale, Bundibugyo and Kamwenge.
- 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 volunteers per district) and 7 supervisors were oriented by the CEA/Health surge on risk communication, CEA and PSS by the Surge CEA/Health deployed through the DREF operation. Through a peer approach, the volunteers trained shared knowledge with their peers to successfully carry out community engagement activities in 7 target districts. Out of the 360 volunteers mobilized for conducting RCCE, 31 of them were oriented by the Surge CEA/Health on how to support drama groups for conducting drama sessions in Kanungu and Kabarole, where drama groups were identified.
- c) **Establishing community feedback mechanisms, including rumor-tracking systems.** The 180 volunteers and 7 supervisors who took part in the risk communication, CEA and PSS orientation, were involved in the set up and roll out of rumor tracking and feedback tracking mechanisms. Although, during the reporting timeframe, the formal reporting of feedback' analysis, though narrative reports were not fully implemented, branch managers and supervisors ensued feedback analysis and follow-up at field level through weekly meetings with volunteers. This allowed to modify the intervention directly addressing people's concerns.
- 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 volunteers involved in the operation. The additional equipment's were procured through UNICEF and WFP support to ensure standardization of equipment for volunteers both at community level and at PoE. Regarding protective gears for volunteers involved in screening activities at PoE, the Surge/FACT deployed for supporting the NS in the EVD strategic component, helped in the standardization of equipment throughout all PoE managed by URCS. However, during the implementation timeframe no precise guidance was given by WHO on protective gears and equipment at PoE, with the consequence lack of standardization among partners.
- e) **Monitoring of activities.** Five field monitoring and support supervisory visits were conducted by the URCS Secretary General, Director health and IFRC in country delegation. Critical challenges in activities implementation were discussed and presented in DREF Ops updates. In addition to that, the IFRC Surge team provided technical support to URCS field teams, including branch managers and EVD focal persons, and volunteers, through their presence in the field as well as field visits. A visit from the IFRC Regional health advisor was conducted in the month of February. The mission helped the NS to define its degree of SDB preparedness according to criteria common for all countries involved in EVD preparedness interventions.
- 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. Due to the lack of implementation of the three SDB cascade trainings, the kits were stocked in the URCS warehouse in Kampala, while awaiting their repositioning on the base of the distribution of the SDB teams:
- 1 team in Kabarole covering Kabarole, Bunjangabo and Kyegegwa districts;
 - 1 team in Bunbidujo covering Bundibujjo and Ntoroko districts;
 - 1 team in Kasese covering Kasese districts.

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

Indicators:	Target	Actual
# of discharge kits made available	49	49
Narrative description of achievements		

Procurement of 49 discharge kits. A total of 49 kits were procured and prepositioned in the URCS warehouse. A kit contains a mattress, blanket, mosquito net, jerricans, saucepan, cups and plates. The content of the discharge kits followed 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 teams trained and ready to respond	3	0
# burials managed by National Societies in a safe and dignified manner	10	0

Narrative description of achievements

Due to delays in the financial management of the DREF operation the 3 SDB cascade trainings were not implemented within the DREF operation timeframe. As per consequence the 3 SDB teams were not formed. However, the realization of an SDB ToT with support of CP3 allowed to train 27 URCS staff and volunteers representative of the districts at risk of EVD importation.

Challenges

Risk communication

1. Limited number of volunteers deployed to comprehensively cover all communities in the targeted districts. The intervention therefore focused in sub-counties bordering directly DRC only.
2. Inadequate number and typology of IECs materials (posters and leaflets) available for community sensitization. Situation partially addressed by UNICEF through the support of a national review and translation of IEC materials into different languages.
3. Difficulty in data collection and reporting due to the wide coverage of the area of intervention, coupled with poor facilitation for communication among volunteers.

Screening at points of entry

1. Inadequacy of motor vehicles at branch level for supervising activities. Eg. Motorcycle unsuitable to cover long distances, coupled with bad roads conditions and adverse weather.
2. Inadequacy of shelters for screeners in minor PoEs. Eg. Some shelters destroyed after strong winds.
3. Limited number of infra-red thermometers.
4. Limited number of ambulances vs number districts of intervention which led to delays in transportation of suspected cases. Ex only 3 ambulances available out of the 7 districts of intervention
5. Inadequate and in some cases lack of WASH supplies to support with IPC activities border screenings, above all in minor PoEs.

Monitoring and Supervision

1. Lack of field based-Health officers in all districts of interventions which prevented the implementation of recommendations made by technical personnel on field monitoring.
2. Inadequate motor vehicles at branch level (motorcycle) to undertake monitoring and supervision missions from branches.

Coordination

1. Lack of dedicated personnel to the EVD operation at HQ level versus number of task forces and sub-committee meetings held on a weekly base. URCS health director directly participated in NTF, while various health personnel were assigned to take part in sub-committee meetings. This hindered sharing of information and URCS strategic positioning in certain sub-committees.
2. Considerable efforts in managing multiple donors' contributions due their different reporting mechanisms and extremely short duration of contracts.
3. Lack of resource mobilization strategy to ensure long term support to the EVD operation.

Lessons Learned

1. Engaging community-based volunteers to conduct house to house sensitization and community meetings is a cost-effective intervention, ensuring the most vulnerable communities receive the needed information.

2. Differentiating communications channels to ensure effective communication and community engagement, tailoring messages to audiences. Efficacy of mobile cinemas and community dramas which allowed to engage communities after each session.
3. Scaling up use of technologies for an operations requiring constant coordination between teams.
4. Ensuring from the beginning of the operation of adequate human resources. E.g. Health coordinator HQ based and Health officers' field-based, taking into consideration the geographical extension of the operation.
5. Ensuring regular engagement of MoH both at national and district levels in all plans in order to get buy-in.



Water, sanitation and hygiene

People reached: 1,039,041

Male: 509,130

Female: 529,911

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	1,039,041

Narrative description of achievements

a) Develop community-based WASH management plans.

No WASH management plan was developed as the priority was given by the National Task Force to health related activities. As such URCS conducted hygiene and sanitation activities at community level together with RCCE.

b) Procurement of bleach, spray pumps and chlorine and installation of hand washing points to ensure IPC at 28 Points of Entry.

IPC materials were procured and delivered to the PoE to allow the realization of screening activities. Equipment and materials for PoE complemented those procured by UNICEF and WFP.

The target of the indicator had been modified from the original EPoA. This is because the actual target reported in the 2nd Ops Update had already exceeded the initial target. Moreover, a further increase was expected timeframe extension of the operation.

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.

Challenges

1. Inadequate number/lack of water storages at PoEs to ensure IPC activities. Volunteers obliged as per consequence to continue fetch water from water points, in some cases available only after long distances.
2. Unavailability of water sources nearby PoE which obliges volunteers to purchase water to ensure IPC activities.
3. Lack of sanitation infrastructures (latrines) in most of PoE.
4. Request of payment for space used for installing PoE by landlords. Referral made to district task force for further management.

Lessons Learned

1. To include sanitation and waste management as part of the EVD operation and advocate for it towards partners.

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	1	1

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	1	1

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

Indicators:	Target	Actual
% of URCS involvement in national EVD plans and preparedness plans	100	90

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	3	5
# of evaluation and lessons learned reviews	1	0

Narrative description of achievements

a) URCS contingency and preparedness plans updated

The IFRC Surge/FACT drafted in collaboration with URCS senior management the NS EVD contingency plan, including EVD SOPs and presented the document in a session organized in the month of December. During the DREF operation implementation timeframe, no meeting was set for the URCS Governing Board, with the consequence of the lack of endorsement of the Contingency plan.

b) URCS staffing takes part in task force meeting at National and District Level

URCS participated in the majority of EVD National and District level task forces and sub-committees. The recruitment of a dedicated Operations Manager towards the end of the DREF operation allowed a better representation of URCS in meetings organized at National level.

c) Deployment of Surge capacities

The following Surge capacity were deployed:

- 1 Surge/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 Surge/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 Surge/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);
- 1 Surge/FACT with Public health background from German Red Cross in charge of the general support of the operation (mission 15th December 2018 – 8th January 2019)
- 7 NDRT, 1 per each district of intervention were deployed to support the general implementation of activities

The DREF operations cover deployment costs for the 2 Surge/RDRT, as well as the 7 NDRT.

d) Organization of a lesson learnt workshop

Since preparedness activities would have been extended after the implementation timeframe of the DREF operation, the lesson learnt workshop was not conducted. However, a separate meeting between IFRC and URCS was organized for identifying activities to be included in a Regional Appeal, under discussion now of the DREF implementation.

Challenges

Short stay and high turn-over of Surge support which led to additional efforts for orientation and definition of plans.

Lessons Learnt

To pair surge support with NSs staff and/or a volunteer for skills transfer.

D. THE BUDGET

The overall budget for this operation was CHF 396,385. However, the actual grant was of CHF 369,385, of which CHF 151,029 (40.88 %) were spent. The balance of CHF 218,356 will be returned to the DREF pot.

Explanation of variances

The main reason for a lot of variances is because only a small fraction of the whole budget was transferred to the National Society.

- International staff budget line was overspent by CHF 4,512 due to coding error
- Office Costs was underspent by CHF6,094 due to overbudgeting
- Communications was underspent by CHF 3,737 due to overbudgeting
- Wash line was underspent by 9,068 due to overbudgeting
- Medical and first aid was underspent by 29,287 due to overbudgeting
- Transport and vehicle line were underspent by 724,787 due to overbudgeting
- National Society staff was underspent by 22,515 due to overbudgeting.
- Distribution and Monitoring was overspent by 2,429 due to coding error
- Volunteers was underspent by CHF141,112 due to overbudgeting

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/09-2020/04	Operation	MDRUG041
Budget Timeframe	2018/09-2019/03	Budget	APPROVED

Prepared on 15/May/2020

All figures are in Swiss Francs (CHF)

MDRUG041 - Uganda - Ebola Virus Preparedness

Operating Timeframe: 11 Sep 2018 to 12 Mar 2019

I. Summary

Opening Balance	0
Funds & Other Income	369,385
DREF Allocations	369,385
Expenditure	-151,029
Closing Balance	218,356

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	296,863	134,277	162,586
AOF5 - Water, sanitation and hygiene	36,008		36,008
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	332,871	134,277	198,594
SFI1 - Strengthen National Societies	7,434	195	7,239
SFI2 - Effective international disaster management	17,131	16,556	575
SFI3 - Influence others as leading strategic partners	11,949		11,949
SFI4 - Ensure a strong IFRC			0
Strategy for implementation Total	36,514	16,751	19,763
Grand Total	369,385	151,029	218,356

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/09-2020/04	Operation	MDRUG041
Budget Timeframe	2018/09-2019/03	Budget	APPROVED

Prepared on 15/May/2020

All figures are in Swiss Francs (CHF)

MDRUG041 - Uganda - Ebola Virus Preparedness

Operating Timeframe: 11 Sep 2018 to 12 Mar 2019

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	62,783	24,234	38,550
Water, Sanitation & Hygiene	11,642	2,574	9,068
Medical & First Aid	41,806	12,519	29,287
Teaching Materials	9,335	9,140	195
Logistics, Transport & Storage	34,388	15,080	19,308
Distribution & Monitoring		2,429	-2,429
Transport & Vehicles Costs	34,388	9,651	24,737
Logistics Services		3,000	-3,000
Personnel	197,067	54,089	142,978
International Staff		4,512	-4,512
National Staff	10,000	786	9,214
National Society Staff	25,959	3,444	22,515
Volunteers	161,108	45,348	115,760
Workshops & Training	37,522	37,237	285
Workshops & Training	37,522	37,237	285
General Expenditure	15,080	11,170	3,910
Travel	3,000	9,343	-6,343
Office Costs	6,400	306	6,094
Communications	4,000	263	3,737
Financial Charges	1,680	1,258	422
Indirect Costs	22,545	9,218	13,327
Programme & Services Support Recover	22,545	9,218	13,327
Grand Total	369,385	151,029	218,356

Contact information

Reference documents



Click here for:

[Operations Update 3](#)
[Operations Update 2](#)
[Operations Update 1](#)
[DREF Operation](#)

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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.

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Saving lives, changing minds.



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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace

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.