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# Emergency Plan of Action (EPoA)
# Uganda: Ebola Virus Disease Outbreak

International Federation of Red Cross and Red Crescent Societies

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| **DREF operation n°** | **MDRUG047** | **Glide No.:** | EP-2022-000315-UGA |
| **Issue Date:** | **23 September 2022** | **Expected timeframe:** | **4 months** |
| **Operation start date:** | **23 September 2022** | **Expected end date:** | **31 January 2023** |
| **Category allocated to the disaster or crisis:** | | | |
| **DREF allocated: CHF 499,259** | | | |
| **Total number of people affected and at risk:** | **Affected:** 7 confirmed cases, 11 suspected cases under investigation, and 8 deaths. **At risk:** 2,700,000 people | **Total number of people targeted:** | 2,700,000 people in Mubende district and 5 at-risk districts |
| **Affected Districts:** | District of Mubende and neighbouring high-risk districts | **Provinces/Regions targeted:** | Districts of Mubende (epicentre) and Mityana, Kyengegwa, Gomba, Kiboga, Kakumiro, Sembabule and Kampala metropolitan at risk |
| **Host National Society(ies) presence (n° of volunteers, staff, branches):** Uganda RC, 450,000 volunteers, 210 staff, and 51 Branches. Targeted areas have an active workforce of 240 volunteers | | | |
| **Red Cross Red Crescent Movement partners actively involved in the operation:** International Federation of Red Cross and Red Crescent Societies (IFRC) | | | |
| **Other partner organizations actively involved in the operation:** Ministry of Health, WHO, UNICEF, MSF, USAID, USAID-Social Behavioural Change project, District local government, CDC, Infectious Disease Institute | | | |

## A. Situation analysis

### Description of the Disaster

In a statement issued on 20 September 2022, the Ministry of Health notified a positive case of Ebola virus disease which indicates an outbreak of the Sudan strain of Ebola virus disease (EVD) in the district of Mubende. The Ebola virus, part of the class of filoviridae, has multiple strains, of which the Zaire and Sudan strains are the most common.

On 15 September 2022, one suspected case patient of Viral Haemorrhagic Fever (VHF) was identified and isolated in Mubende Regional Referral Hospital (RRH). The suspected case patient was a 24-year-old male who lived in Ngabano village of Madudu Sub County in Mubende District. Before isolation at Mubende RRH, he is reported to have sought care from St. Johns Medical clinic in Katwe cell, Kyatetekera ward in Mubende Municipality from 14th to 15th September 2022 where he was managed for pneumonia before being referred to Mubende RRH for further management.

He presented with high-grade fever, convulsions, blood-stained vomitus and diarrhoea, loss of appetite, and pain on swallowing. He also presented with chest pain, dry cough, and bleeding in the eyes. While in the isolation unit at Mubende RRH, he developed yellowing of eyes, tea

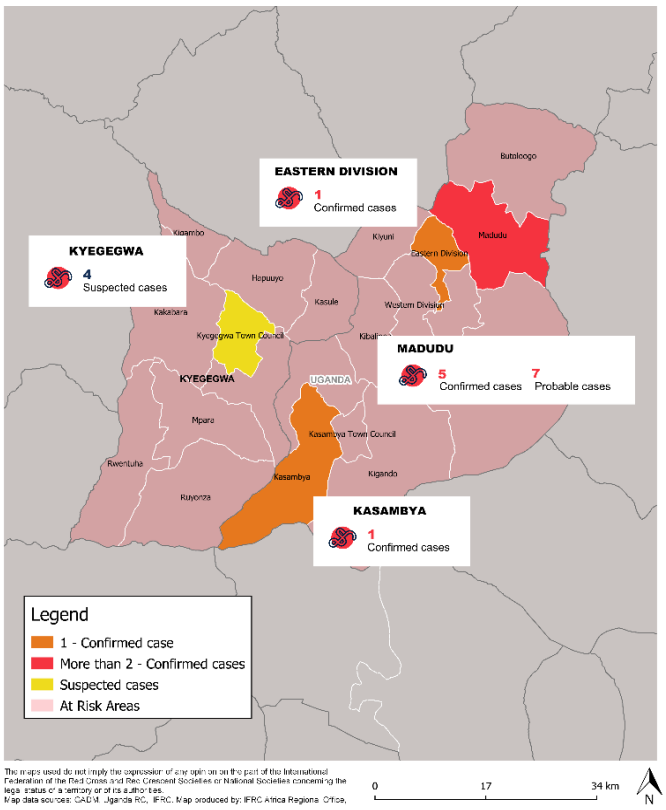


*Figure 1: Map of Mubende district and affected sub counties; courtesy of IFRC*

coloured urine and complained of abdominal pain on the 17 September 2022. The clinical team took a sample from the patient having suspected a VHF. The sample was received at the VHF laboratory at Uganda Virus Research Institute (UVRI) on 18 September 2022, and results released on 19 September 2022 confirmed Ebola (Sudan strain) infection.

Early in the morning of 19 September 2022, the confirmed index case died, and a safe and dignified burial was conducted led by the MOH. Through contact tracing, more suspect cases have been identified and tested, and as of September 22, 2022, 6 more cases had been confirmed through laboratory testing. More information is still being gathered concerning the possible source of infection.

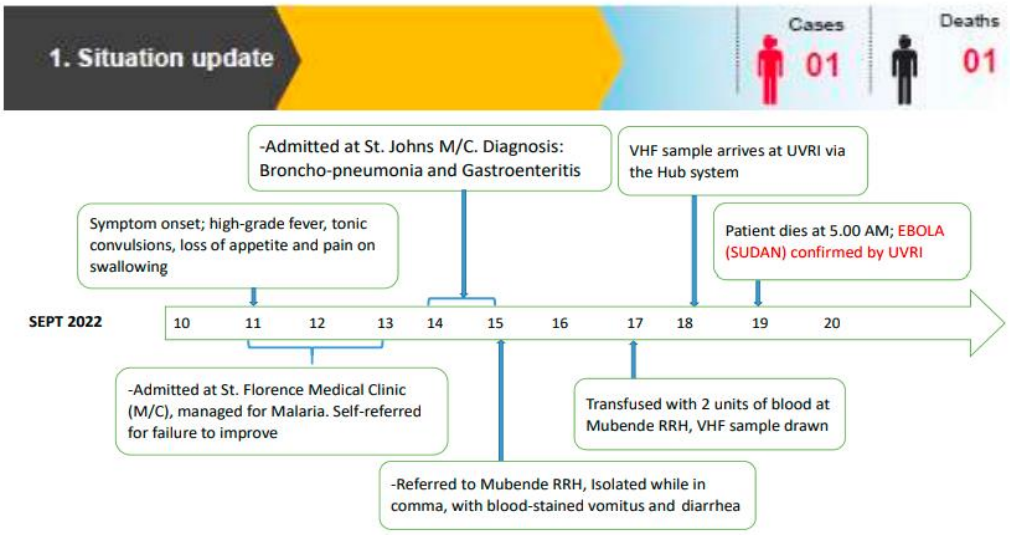


*Figure 2: showing chronology of events as of 20 September 2022; courtesy of Mubende district sitrep*

This is the fifth outbreak of the Ebola-Sudan strain in Uganda, and the sixth of Ebola of all strains. Previous outbreaks of EVD in Uganda have occurred in 2000, 2007, 2011, and 2012. Previous outbreaks of EVD in Uganda have consistently resulted in the spread along strong road networks to the primary cities of Kampala and/or Entebbe.

The incubation for Ebola Sudan period is 2 to 21 days. Like all other Ebola strains, this is a serious disease with significant morbidity and mortality. It must be highlighted that, while for the Zaire strain a vaccine and specific treatment exist, for the Sudan strain there is no vaccine and treatment is symptomatic and aimed at maintaining the patient's homeostasis.

Following the confirmation of the index case, the dispatched National MOH Rapid Response Team established that, before this identified case, there were 6 unexplained deaths of people with a strange disease in the same area. The deaths were probed and linked to possible contact with the index case and the profile of the patients is as outlined below:

*Table 1 List of unexplained deaths in Kiruma and Madudu; courtesy of Mubende district sitrep*

| Initials | Sex, Age | Village, Sub-county[*1] | Date of Death | Comments |
|---|---|---|---|---|
| KJ | Female, 43 years | Bulega village, Kiruma Sub-county | 01-Sept-2022 | Died from Mubende RRH |
| NP | Female, 10 months | Kilwani village, Kiruma Sub-County | 11-Sept-2022 | Died from St. Florence Medical Clinic |
| NJ | Female, 10 months | Bulega village, Kiruma Sub-county | 12-Sept-2022 | Died from Kiboga, buried in Bulega village |
| NI | Female, 56 years | Bulega village, Kiruma Sub-County | 13-Sept-2022 | Died from Mubende RRH, also sought medical attention from Mityana district |
| NB | Female, 02 years | Bulega village, Kiruma Sub-County | 15-Sept-2022 | Died on arrival to an unidentified clinic |
| SK | Male, 32 years | Madudu sub-county | 15-Sept-2022 | Enrolled Nurse with St. Florence Medical Clinic |

[*1] Kiruma and Madudu are neighboring sub-counties.

The Ministry of Health instituted preliminary containment measures to control the outbreak in the affected district as well as in the surrounding districts. The Ministry called upon the population across the country, and Mubende sub-region to remain calm but remain vigilant to report any suspected case to the nearest health facility for assessment. According to the health department of Mubende district, there had been several incidences of suspicious illnesses and deaths in the community.

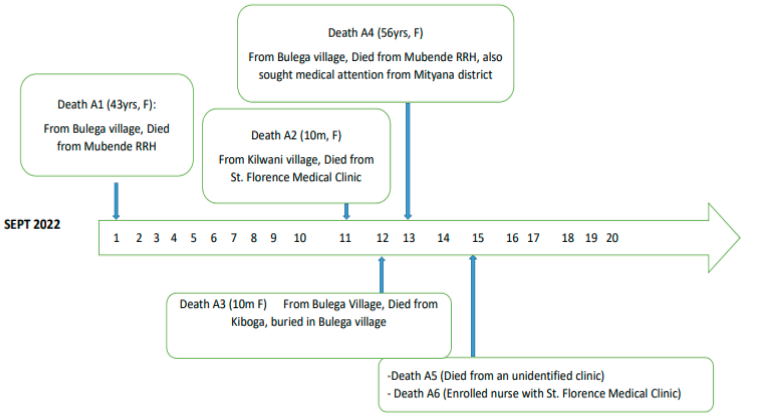


*Figure 3: Showing chronologically the deaths in Kiruma and Madudu sub-counties; courtesy of Mubende district sitrep of 20 Sept. 2022*

## Summary of current intervention

### Overview of Operating National Society Response Action

Upon hearing about the outbreak, the URCS deployed a National Disaster Response Team (NDRT) to support coordination with MoH and set up Red Cross Response Teams within Mubende District. In addition, the Community Epidemic and Pandemic Preparedness (CP3) officer for URCS, who is a trained SDB Trainer of Trainers (ToT) have been deployed to support setting up Red Cross response teams. The necessity for the above two personnel to deploy is due to the distance between past preparedness areas at the URCS/Uganda border (Bundibugyo, Kasese, Kabarole, Kisoro, and Rukungiri/Kanungu branches) and the current outbreak epicenter, which is in Mubende District, approximately 250km away. However, URCS, through the NDRT and CP3 officer, will be able to rely on already trained staff/volunteers from Bundibugyo, Kasese, Kabarole, Kisoro, and Rukungiri/Kanungu branches to support the response in Mubende. Indeed, in 2018 and 2019, URCS implemented an Ebola preparedness (MDRUG041) operation with a focus on the following areas:

- risk communication, community engagements, and sensitization in seven (7) targeted districts.
- community-based surveillance at the community level in seven (7) targeted districts.
- screening at 28 points of entry (PoE) in five (5) targeted districts.
- provision of psychosocial support (PSS) through community volunteers in targeted seven (7) districts.
- 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.
- strengthen the National Society in Epidemic Preparedness through the revision of Standard Operating Procedures (SoP) and contingency plans.

Below staff/volunteers have been trained during the above-mentioned operation and other programmes:

- 26 people – funded by CP3 - have been trained on SDB
- 5 SDB kits were procured for training and prepositioning in priority areas.
- 180 volunteers were trained in risk communication and social mobilization activities
- 184 volunteers conducted screening at Points of Entry.
- 180 volunteers trained on PSS.
- 420 volunteers trained on CBS.

To note, Mubende district has a URCS sub-branch that is operational but falls under the Mityana main URCS branch and is surrounded by 5 other main URCS branches including, Kibale, Masaka Mityana, Mpigi which that share a border with Mubende district and are equally at risk as seen below table and map.

| Main branch | Sub-branch |
|---|---|
| Mityana | Mubende |
| Mpigi branch | Kasanda |
| | Gomba |
| Kibale | Kakumiro |
| Kabarole | Kyengegwa |
| Masaka | Ssembabule |
| Hoima | Kiboga |
| | Kyankwanzi |

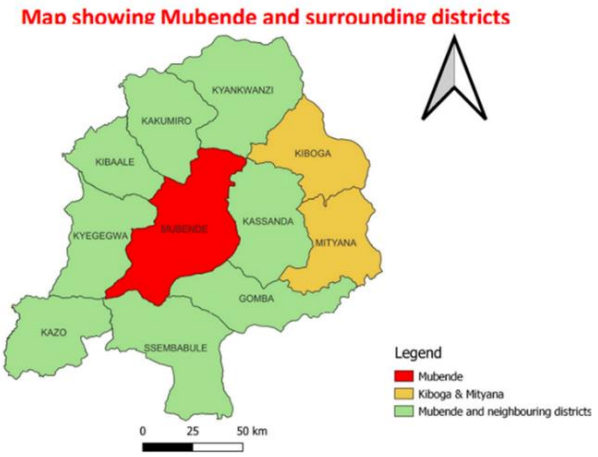


*Figure 4: Map showing URCS main branches surrounding Mubende district*

Additionally, branches across the country are participating in preparedness and response plans, including at the capital Kampala, Entebbe branch which hosts the international airport, and the branches currently at border points experiencing refugee influx and hosting some at transit centres such as Kisoro.

To note, the Uganda Red Cross has participated in National Task Force meetings on Ebola, as well as in pillar-specific coordination meetings, notably for risk communication and community engagement. At the branch level, the URCS branch managers have participated and continue participating in district task force meetings (planning), and meeting at the regional referral hospitals (Mubende Regional referral hospital). Internally, URCS has had planning meetings with IFRC and agreed on pillars to concentrate on, including coordination, RCCE, SDB, and surveillance with contact tracing/referrals pillars. Each pillar will be assigned dedicated staff to ensure effective participation.

**Lessons learned from the previous epidemic responses:**

- Having the presence of administrative and technical staff at district level response to handle volunteers' technical response work respectively.
- Ensuring partner clear communication and collaborations pathways at both National and district (especially with movement partners
- Having a dedicated financial officer to speed up allowance and incentives payments to volunteers (improving the management of welfare issues)
- Anticipating being in this response for a long time, hence, planning and resource mobilising adequately
- Training the staff to report timely by offering technology (some smartphones, KoBo), supporting with airtime to report, and having dedicated staff (NDRTs, focal persons, M and E staff). In recruitment encouraging volunteers to appreciate the use of technology
- Setting up an online dashboard to show on time what activities are happening, and what rumours are happening (this will be supported this time and collaborating with 510 Netherlands Red Cross to support technically)
- Working with the local political leadership and stakeholders when recruiting volunteers where we have gaps in the villages and thoroughly training them in red cross principles and PSEA before deployment

In addition, URCS will ensure to follow best practices and lessons learned from other EVD responses across Africa, especially those from neighbouring DRC.

Uganda has had Ebola outbreaks before and shares a border with the Democratic Republic of Congo which has had at least 15 outbreaks of Ebola, therefore the government of Uganda and its partners such as URCS have experience in working in Ebola situations: the incident management method of handling outbreaks from the national level and at the district level. Specifically, URCS has trainers for SDB, RCCE, EPiC, CBS, and CBHFA, and a network of volunteers who have been supporting COVID-19 operations and previous Ebola response operations in the hotspot district and the neighbouring ones who will transition through capacity building to take part in the EVD response. Currently, URCS does not have prepositioned stocks of SDB kits and will work with the IFRC to acquire these alongside other important supplies.

URCS has a fleet of 21 ambulances and staff, with one ambulance already stationed in Mubende for road traffic accidents. URCS has a running community-based surveillance system which will be used to support the response. There is a URCS branch office in the Mityana district, Mubende district has a subbranch office that falls under the Mityana branch. Therefore, URCS has a presence in the Mubende district, with more than 2,000 volunteers, an ambulance, and staff. The volunteers have also supported COVID-19 RCCE and vaccination support. The neighbouring districts to Mubende such as Kibale district have branch offices with volunteers who have been supporting COVID-19 RCCE and vaccination campaigns, Kiboga district falls under Hoima district and has volunteers who support in blood donor recruitment, Kyengegwa district which has Kyaka refugee settlement has volunteers that have been supporting various projects and some had a component of Community based surveillance under ECHO which closed in 2019. Kyengegwa district has URCS presence within the camp through the sub-office though it falls under the Kabarole branch which has had a lot of NDRTs trained in health response, it has a regional warehouse among other capacities such as a community epidemic and pandemics program vehicle and motorcycle (though supporting another district called Kamwenge), in Kamwenge is also a staff trained in EPiC and CBS, who has also experience as the team lead in Kasese district during the previous EVD outbreak in 2018–2019.

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

In response to the current outbreak, partners are coming in to support in various capacities though at a slow pace, but for particular areas like community-based surveillance and contact tracing, Risk communication and community engagement, safe and dignified burials, and coordination.

**Overview of other actors' actions in-country**

As of 22 September, the Government has engaged in below interventions at the national level:

- Two National Rapid Response Teams (NRRT) were dispatched to back up the DRRT in Mubende, Kiboga, and neighbouring high-risk districts.
- National Task Force called to deliberate on the next steps
- Press release to officially inform the public about the outbreak which happened on 20 September 2022
- Safe and dignified burial done for the index case led by the Ministry of Health
- Line listing has started in Mubende, Mityana, and Kiboga districts and has 18 patients and 43 contacts
- International Health Regulation (IHR) notification is being drafted to officially notify WHO of this outbreak
- The National Task Force is to release a national response plan by 23rd September 2022

In response to the current outbreak, partners are coming in to support in various capacities based on their technical expertise and with guidance from the NTF. Currently, the World Health Organization (WHO) and Médecins Sans Frontiers (MSF) are supporting refurbishing the isolation and have donated tents to expand the treatment area. The WHO has also collaborated with the MOH to train frontline health workers on patient care and Infection Prevention and Control (IPC) at the Mubende Regional Referral Hospital.

URCS has expressed interest to focus on four main pillars based on expertise in those domains and experience in responding to previous EVD outbreaks in Uganda. These are coordination, surveillance with contact tracing, risk communication, community engagement, and safe and dignified burials.

## Needs analysis, beneficiary selection, scenario planning and risk assessment

**Needs analysis**

A mapping of existing needs has been done jointly by the National Task Force (NTF) and partners and complemented by the initial assessment done on the ground by the Rapid Response Team. Areas with gaps and immediate attention include:

- Deployment of technical officers onsite to support IPC and Clinical care components at Mubende RRH.
- Renovation and operationalization of the isolation facility.
- Enhancing RCCE on EVD.
- Logistical support on laboratory sample shipment.
- Low suspicion index by health workers on EVD.
- Fear among health workers.
- Lack of SDB kits at Mubende RRH.
- Negative attitude and perception by community members of public health facilities and services.
- Enhancing coordination and resource mobilization for response activities both at national and district levels.
- Enhance surveillance and contact tracing.

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Remediation plan

| | Priority bottlenecks | Remedial actions and recommendations | Responsible person or party | Resources or support required | Target completion date |
|---|---|---|---|---|---|
| 1 | Negative perception of community about public facilities not having medication. | Community engagement and risk communication | Community engagement and risk communication leads | IEC materials, DJ mentions, field vans, human resouces, funds, | To be determined by NTF |
| 2 | Lack of training in IDSR third edition at lower private facility levels | Training of health workers and CMEs | Surveillance lead | Guidelines training, human resources | To be determined by NTF |
| 3 | Challenges of fuel to transport emergency samples especially during the weekends | Develop response plan for response and more funding to hub system for routine | Lab lead | SOPs for transportation, Funds, Human resource | To be determined by NTF |
| 4 | Lack of airtime to notify | Orient new staff on 6767 | Surveillance lead | Guidelines training, human resources, funds | To be determined by NTF |
| | 5. Isolation unit not fully functional | Functionalize unit | Case management | Guidelines training, human resources, funds | To be determined by NTF |
| 6 | Lack of response plan at district level | Develop response plan | Coordination pillar lead | Funds, Human resource | To be determined by NTF |
| 7 | DTF meetings not yet started | NRRT to support district to initiate DTF meetings in coordination with the RRH | Coordination pillar lead | Funds, Human resource | To be determined by NTF |

There is a need to use various channels to inform and educate through house-to-house visits, meeting people in communal areas like schools, taxi parks, worship areas, etcetera. The use of radios is also key to having talk shows, jingles, radio spots, and community feedback sessions. RCCE taskforce will monitor and update the key messages based on community feedback, develop a communications plan to combat negative community perceptions of EVD

**Need for community-based surveillance:** The need is evident given the predicted and shown diffuse movements of suspected and confirmed cases, as well as the delay in suspect cases reaching the formal health system. The presence of a highway through Mubende which is a very busy route. Suspicious deaths in the community started quite earlier (15th September 2022).

***Need for safe and dignified burial:*** According to the sitrep 01# from Mubende district, the district mentioned that training more mortuary attendants in safe burial practices by Red Cross. Though this was not true but rather an indication of a request for URCs to support the training of their mortuary assistants, this also happened in the Kasese district during the 2019 EVD outbreak, whereas we trained our community-based teams on SDB, the District directed that no training would happen unless the members of their mortuary teams were trained as well. This clearly expresses the demand from the district which we as URCS consider a justifiable need. Since the government has mentioned that some

suspicious deaths have been happening in the communities since the 15th of September 2022, it is highly plausible that we should get more deaths in the communities and further spread in and beyond the district of Mubende, yet the area has no trained SDB team. The teams nearby are in Kampala and Kabarole which are quite a distance away. Therefore, a team will be trained and equipped to support community deaths should they occur.

**Need for community WASH support**: Due to ongoing activities and no movement restrictions, communal gatherings will be in high-risk areas, therefore the need to have handwashing stations situated in high-risk areas will not only help the community members in preventing infection spread through contact and spreading, but the presence and enforcement of handwashing will also be a cue to action to be cautious as they mingle thereby avoiding unnecessary contact with others, and surfaces. Finally, since community-based volunteers will be at the forefront, they need protection from infection to inform of disinfectants, gloves, masks, gumboots, weather protection wear like raincoats and gumboots, and bags.

**Scenario Planning**

The URCS has opted for the following strategies to respond to this outbreak: Case management (pre-health care-Community SDB, CBS, and health promotion strategy, health promotion including risk communication and community engagement, safe and dignified burial as well as psychosocial support, awareness-raising and, prevention of sexual abuse and exploitation, gender protection and inclusion, and security of field actions by our volunteers.

| Scenario | Humanitarian consequences | Potential response |
|---|---|---|
| **Scenario 1:**<br>The outbreak is contained in Mubende.<br>The disease does not spread to other districts in the next two weeks. | - No spread of the disease to other districts.<br>- The outbreak is controlled within 4 months, including a mandatory surveillance period.<br>- The health system can manage the disease. | The response will be limited to the implementation of this DREF operation as described in this emergency action plan. Pre-activation of SDB teams in nearby areas, for the orange and red phases. |
| **Scenario 2:**<br>The outbreak is spreading throughout the district as well as the other surrounding districts Kyengegwa, Kiboga, Kyankwanzi, Mityana, Kibaale, Kakumiro, Ssembabule, and/or Gomba within the next four weeks.<br><br>The health system is overwhelmed as cases increase and is struggling to control the outbreak within the next four months. | - Number of confirmed cases increases<br>- Deaths are on the rise<br>- Fear sets in within the community<br>- The health system is struggling to control the outbreak<br>- Poor communities' collaboration with the staff engaged in the response at the community and health centres level | The URCS and the IFRC will update the emergency action plan to increase the implementation timeframe and operation area through an Emergency Appeal to the IFRC for more support and use of existing resources.<br><br>The nearby affected branches will be activated to respond and those not yet affected will be put on standby and volunteers supported to do active and passive surveillance. Daily or weekly zero alerts where necessary<br><br>The NS will continue to monitor the situation by standing ready to scale up the response with the support of the IFRC. |
| **Scenario 3**:<br>Spread of the outbreak beyond the neighbouring districts to include transmission of very populated urban areas in Kampala metropolitan and or some other regions in the North, East, and Southwest (Several regions are beginning to report EVD outbreaks and MoH declared.) | - The health system is overwhelmed<br>- Suspects are hiding and refusing to be taken to ETUs.<br>- There is restricted movement and a curfew<br>- Shortage of and limited access to basic needs like food<br>- Increased numbers of death in the communities. | The URCS and IFRC continue implementing the Appeal mentioned above to address increased humanitarian needs through the mobilization of domestic and international resources while working on long-term strategies including an Early Action Protocol to cover anticipatory actions and continued readiness.<br><br>All 16 branches will be activated to respond, and carry out active surveillance and daily zero alerts from the volunteers. In addition, and with support from IFRC, cross-border coordination will be set up for surveillance across the territory of Aru in DRC and South Sudan.<br><br>The NS will continue to monitor the situation by standing ready to scale up the response with the support of IFRC staff (including surge staff). |

**Operational Risk Assessment and mitigation measures**:

The URCS will ensure the engagement of the local staff and volunteers and continue monitoring the situation using the opportunities offered by its acceptability and goodwill in the communities. This will promote the successful implementation of the proposed activities. Weekly reports will be compiled, discussed, and shared for continuous improvement and resource mobilisation
The following operational risks will be managed by the URCS as follows:

**1- Infection of URCS employees or volunteers**

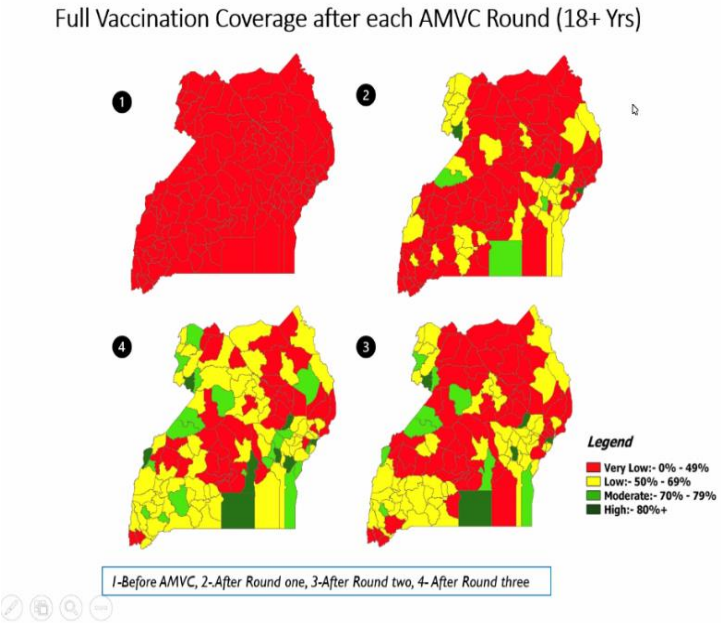
- Sharing updated guidance through memos from the secretary general's office to all staff and volunteers
- Facilitating the vaccination of staff and volunteers at high risk if possible, noting existing vaccines are only approved for the Zaire strain of Ebolavirus
- Linkages to government ETUs to support URCS employees or volunteers should they fall sick
- Provision of PPE (personal protective equipment)
- SDB kits for ambulance and community burial teams
- Provision of PSS support to affected URCS employees and volunteers

**2- Expansion of the affected area outside the Mubende district and beyond the neighbouring districts**

- Mitigation by training the staff and volunteers in other areas and branches on EVD prevention and control.
- Refresher trainings for the URCS SDB teams in 16 high-risk districts as listed by MoH
- Sharing updated guidance from the SG's office
- Ensuring all staff and volunteers at high risk are vaccinated.

**3- Transmission of COVID-19**

The area currently having the outbreak has very low and low COVID vaccine uptake given that they had significant cases of infections as of 31st August 2021. There is a likelihood of an increase in the spread during the Ebola outbreak.




# B. Strategy of the Operation

**Operational objective**

Supporting Uganda Government and partners to prevent and reduce morbidity and mortality resulting from the Ebola haemorrhagic fever outbreak in Mubende and conducting preparedness actions in neighbouring high-risk districts. The operation will initially start for 4 months, to cover an eventual period of 42 days after the last positive case is detected and a mandatory 90-day surveillance period after the declaration of the end of the outbreak.

**Detailed operational strategy**

The initial 4-week phase will focus particularly on life-saving interventions in the main area and risk communication and community engagement around Ebola in Mubende and neighbouring high-risk districts. Some of the activities to be carried out by the response team include, but are not limited to, the following:

- Identify the support provided and planned by the government, WHO, UNICEF, and MSF, and identify gaps to be filled by the Red Cross and Red Crescent Movement in the response;
- Participate in coordination meetings at all levels;
- Carry out field visits to ensure the quality of the interventions;
- Implement activities safely and effectively, including monitoring and reporting;
- Intervene in case of emergency on outbreaks/pandemics & disasters.

URCS will target people in the affected districts with health promotion activities including risk communication and community engagement. Volunteers will be mobilized to support the early detection of new cases through active case finding and contact tracing. URCS will stand ready to support the government in safe and dignified burial (SDB) activities including home disinfection and direct psychosocial interventions with those affected.

This will address the immediate Ebola awareness needs of affected communities and at-risk areas, as well as the need for government support for psychosocial interventions, safe body management, and disinfection of homes and areas where suspected or confirmed cases have been present. All this will be based on the local traditions and cultures.
Community health volunteers in charge of contact tracing will also receive specialized retraining in coordination with WHO, the Ministry of Health, and FOSA to revive alert activities for cases of suspicious diseases and/or deaths.
URCS volunteers in the affected areas will also be mobilized and given the necessary retraining to strengthen the National Society's capacity for active case research and social mobilization. This will greatly contribute to the early detection and control of the epidemic.

The National Society shall provide support in four key pillars, namely i) Coordination, ii) Surveillance and Contact Tracing, iii) Risk Communication and Community Engagement (RCCE), and iv) Safe and Dignified Burials (SDB). Based on the above and available information, the Red Cross response strategy will be to help contain the EVD outbreak by implementing below actions:

i) **Coordination:**
URCS will partake in various coordination meetings at national and district levels, to ensure alignment between its strategy and that of MoH for the best impact. This will be led by the Director of Health and Social Services at the national level and by the Public Health officer with support from NDRT at the district level. They shall all work under the general supervision of the URCS Secretary General.

ii) **Surveillance and Contact Tracing**:
Activities under this pillar will include:

- An EPiC training for 240 volunteers and 24 supervisors to help participants, understand the basic principles of epidemics, disease prevention, and control. Volunteers will be capable of early action, effective communication with communities, and collecting feedback. They will also be able to conduct local needs assessments, health education, behaviour, and social change, and engage their communities for early action for potential outbreaks. In a nutshell, the EPiC training includes modules on ECV, CBHFA, CEA, SDB and PFA.
- Community-based surveillance (CBS) training for 240 volunteers and 24 supervisors to help equip volunteers with skills to detect and report suspected cases of EVD within the community.
- Tracing of contacts by volunteers trained in EPIC and also in active case finding (early detection) and referral of suspected cases to health care structures.

**iii) Risk Communication and Community Engagement (RCCE)**

- URCS will mobilize teams of 240 volunteers and staff in Mubende and neighbouring high-risk districts for Risk Communication and Community Engagement related to the Ebola outbreak. In addition, these volunteers will raise awareness of good practices in the health care structures, to protect the health care staff of the affected area.
- Deploy additionally, 24 NDRTs were already trained during EVD preparedness operations and through CP3, to supervise the volunteers deployed.
- Support in reducing fear in accessing health facilities and in engaging communities to maintain access to essential health services, including reproductive, maternal, neonatal, and child health (RMNCH)
- Monitor the psychosocial support of families who are victims of the disease and volunteers who are victims of community stigmatization.
- Promote the practice of protection, gender, and inclusion, referring to stigmatization of all kinds on victims of the disease and their families; Mobilize volunteers in the context of prevention and support for victims of gender-based violence and prevention against sexual abuse and exploitation.

**iv) Safe and Dignified Burials (SDB):**

- Procure and deploy 5 SDB start-up kits and 5 replenishment kits
- Mobilize and train two SDB rapid intervention teams of seven people each, to support families in securing bodies for burial, referencing suspect cases at the treatment centre and collecting samples for laboratory analysis. The idea here is to deploy the teams on a rotational basis to ensure coverage of the affected area and scale up in the event cases are declared in at-risk districts.

**Support Services**

With regards to **human resources**, the IFRC will deploy, at the beginning of the operation, one surge profile with public health in emergencies expertise for operational coordination to support the URCS in the evaluation, planning, coordination, implementation, and monitoring of the operation. Technical support in the RCCE and health will be provided by the RCCE and health technical advisors of the Cluster and the region in coordination with the counterpart

of the National Society. The cluster emergency finance delegate, disaster management delegate, CP3 health delegate, and the senior logistics officer will be engaged throughout the operation in a bid to ensure smooth implementation. The URCS will mobilize its technical teams in the different pillars to support the response. Indeed, the NS will deploy technical advisors at the district level (finance, health, logistics, and RCCE) for the duration of the operation, under the supervision of the health director at the national level. The costs of their deployments will be covered through this operation.

All the support services of the Cluster, Administration, Logistics, Finance, and PMER will provide technical support to the NS through their counterparts. The URCS National Office will assume the overall responsibility for the implementation, reporting, compliance, and financial management of this project.

The National Society has an active Business Continuity Plan (BCP) that states that staff continues to optimally deliver their essential services despite disruptions. In coordination with the Juba IFRC Delegation, the Regional Office will provide ongoing support for the continuity of the National Society's activities.

**Security**:
Road safety and petty crime are the foremost risks to personnel. Nevertheless, the absence of government and security infrastructure in some remote parts of the country, particularly in the north-eastern Karamoja region, contributes to increased lawlessness and banditry, including cattle-rustling raids and roadside armed robbery. Although many rebel groups have withdrawn into central Africa, militant remnants present a potential security risk in border areas with Congo (DRC) and South Sudan. Border areas with Congo (DRC), including the districts of Arua, Nebbi, Bundibugyo, Kasese, Kanungu, and Kisoro, are prone to occasional instability. In addition, the twin bombings in Kampala in July 2010 by Somalia-based insurgent group al-Shabab highlighted the latent risk posed by occasional high-impact attacks by militant groups, including against ‘soft' targets such as recreational facilities.

To reduce the risk of personnel falling victim to crime, violence, or health and road hazards, active risk mitigation measures must be adopted. This includes monitoring the situation and implementing minimum security standards. The National Society's security framework will be applied throughout the operation to protect personnel and volunteers. IFRC personnel actively involved in the operations must complete before deployment the respective IFRC security e-learning courses (i.e., Level 1 Fundamentals, Level 2 Personal and Volunteer Security, and Level 3 Security for Managers). IFRC security plans will apply to all IFRC staff throughout the operation. Area-specific Security Risk Assessment will be conducted for any operational area should any IFRC personnel deploy there; risk mitigation measures will be identified and implemented.

The IFRC Regional Security Unit will provide active support by conducting security analyses to enable the team to implement risk management measures considering the latest developments, monitoring the security environment, providing technical advice, and ensuring that any internal/external security-related incidents or emergencies are immediately and adequately managed and reported to the security and the Regional Director.

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# C. Detailed operational plan

## Health and Care

**People targeted: 2,700,000**
Men 1,296,000
Women 1,404,000
**Requirements (CHF):** 321,700

**Needs analysis:** The main needs of this sector are to facilitate an initial assessment while ensuring safe and dignified burials, surveillance, including contact tracing, and risk communication and community engagement to prevent the spread of the disease.

**Population to assist:** The entire population of the 2,700,000 people in Mubende and neighbouring high-risk districts

**Implementation standards:** Activities in this sector will follow WHO's strict rules and standards for preventing and controlling the spread of Ebola.

| P&B Output Code | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Health Outcome 1: The spread and impact of the outbreak are reduced through community outreach in affected health zones** | | | | | | | | | | | | | | | | |
| | • *% of contacts that were successfully followed up in the previous 24 hours (Target 100%)*<br>• *% of CBS alerts investigated wit in 24 hours* | | | | | | | | | | | | | | | | |
| | **Health Output 1.1: The government is assisted by volunteers from the URCS for surveillance and contact tracing.** | | | | | | | | | | | | | | | | |
| | • *# of volunteers trained in EPiC level 1 during this response (Target: 240 volunteers)*<br>• *# of volunteers trained in CBS during this response (Target: 240 volunteers)*<br>• *# of household visits (target 12,000)*<br>• *# of CBS volunteers who are active (Target 240)*<br>• *# of true CBS alerts reported by trained volunteers (Target: 240)* | | | | | | | | | | | | | | | | |
| | Activities planned / Week | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| *AP021* | Provide support to the sub-branch in the planning and implementation of activities. | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | | | | | | | |
| *AP021* | Training of 240 community-based volunteers on EPiC | | ■ | ■ | | | | | | | | | | | | | |
| *AP021* | Training of 240 community-based volunteers on CBS | | ■ | ■ | | | | | | | | | | | | | |
| *AP021* | Carrying out CBS and contact tracing | | ■ | ■ | | | | | | | | | | | | | |
| *AP021* | Perform contact tracing in affected and surrounding health zones using the necessary and available tools for data collection. | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | | | |
| *AP021* | Procurement of items for community-based volunteers | | ■ | ■ | ■ | ■ | ■ | | | | | | | | | | |

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| *AP021* | **Health Outcome 2: The psychosocial consequences of the outbreak are reduced by the direct support to the exposed and infected populations in Mubende and neighbouring high risk districts** | | | | | | | • ***% of people confirmed or suspected of having been affected by EVD receiving PSS support (target:100%)*** | | | | | | | | | | |
| | **Health Output 2.1: The population of the affected areas of Mubende and neighbouring high-risk districts receives psychosocial support during and after the outbreak.** | | | | | | | • ***% of personnel and volunteers who feel supported (PSS) in their activities (Target: 100%))***<br>• ***# of community members who received PFA (target 150)*** | | | | | | | | | | |
| | Activities planned<br>Week | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| *AP021* | Provide psychosocial support to families who have lost family members using culturally appropriate and accepted approaches | | | | | | | | | | | | | | | | | |
| *AP021* | Support of staff and volunteers throughout the operation | | | | | | | | | | | | | | | | | |
| *AP021* | Conduct referral | | | | | | | | | | | | | | | | | |
| **P&B Output Code** | **Health Outcome 3: Social mobilization, risk communication and community engagement activities are carried out to limit the spread and impact of EVD** | | | | | | | ***% of target community members reached by health messages (Target: 100%)*** | | | | | | | | | | |
| | **Health Output 3.1: The preparatory work is carried out to ensure that about 30% of the population of the affected areas of Mubende and neighbouring high-risk districts will be sensitized concerning the social mobilization campaign of the URCS Red Cross and of the EVD operation in the broad sense.** | | | | | | | • ***% of community suggestions and comments considered or responded to (80%)***<br>• ***Number of radio broadcasts (Target: 24)***<br>• ***Number of social mobilization sessions organized (Target: as necessary)*** | | | | | | | | | | |
| | Activities planned / Week | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| *AP021* | Carrying out dialogue meetings in 240 villages | | | | | | | | | | | | | | | | | |
| *AP021* | Carrying out risk communication and engagement activities | | | | | | | | | | | | | | | | | |
| *AP021* | Work closely with RCCE volunteers on raising awareness on different themes in selected health zones and areas. | | | | | | | | | | | | | | | | | |
| *AP021* | Educate and inform communities through radio talk shows, jingles etc | | | | | | | | | | | | | | | | | |
| *AP084* | Adaptation and multiplication of information and broadcasting medium in the targeted localities | | | | | | | | | | | | | | | | | |
| *AP021* | Health education, Community engagement, social mobilization through proximity channels (door-to-door gathering places, schools, influencers key informants & traditional practitioner | | | | | | | | | | | | | | | | | |
| *AP021* | Consult/support community networks through better access to up-to-date EVD and COVID-19 information in their trusted languages and channels | | | | | | | | | | | | | | | | | |
| *AP021* | Identify and organize a two-day briefing for radio volunteers. the pool of radio volunteers will consist of 10 people with radio experience | | | | | | | | | | | | | | | | | |
| *AP084* | Adapt feedback tools to the operational context | | | | | | | | | | | | | | | | | |
| *AP084* | Organize a one-day briefing on the community feedback system for volunteers mobilized for the operation | | | | | | | | | | | | | | | | | |

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| *AP084* | Print and make available to the teams the forms for collecting community feedback | | | | | | | | | | | | | | | | | |
| *AP084* | Identify and deploy the management team of the NS feedback system (one information manager and two encoders) with support from 510 team | | | | | | | | | | | | | | | | | |
| *AP084* | Identify and deploy an NS field officer at the branch level with skills in the approach and tools of the CEA. Deployment over the entire duration of the operation. | | | | | | | | | | | | | | | | | |
| *AP021* | Reproduce 10,000 copies on EVD for the use of community mobilizers | | | | | | | | | | | | | | | | | |
| *AP084* | Contribute to the establishment of a common feedback system to listen, document, and respond to community feedback on EVD and COVID-19 | | | | | | | | | | | | | | | | | |
| *AP084* | produce a weekly report on feedback in the framework of inter-agency coordination and discuss actions to be taken in response to the concerns of the communities | | | | | | | | | | | | | | | | | |
| *AP021* | Participate in RCCE coordination meetings at all levels, and ensure feedback data is discussed and cross- analysed with other data. | | | | | | | | | | | | | | | | | |
| *AP021* | Develop / update and validate key messages on EVD as well as question sheets and answers for the use of volunteers involved in RCCE activities | | | | | | | | | | | | | | | | | |
| **P&B Output Code** | **Health Outcome 4: The spread of Ebola is limited by the implementation of preparedness work and carrying out DHS under optimal cultural and safe conditions in Mubende and neighbouring high-risk districts.** | | | | | | | | | | | | | | | | | ***% Of deceased people for whom SDB were successfully carried out (Target: 100%)*** <br> ***% of suspected cases who are deceased were buried within 24 hours of the initial alert*** |
| | **Health Output 4.1: The affected population is helped by safe and dignified burial and decontamination activities** | | | | | | | | | | | | | | | | | • ***# of volunteers trained on the SDB (Target: 14)*** <br> ○ ***% of decontamination alerts that were carried out by RC teams on the same calendar day (Target: 100%)*** <br> • ***% SDB alerts successfully responded to within 24 hours*** <br> • ***# SDB alerts received*** <br> • ***# of SDB starter kits procured (target 5)*** <br> • ***# of live maps develop for SDB (target 1)*** |
| | Activities planned Week | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| *AP021* | Training of 14 volunteers to conduct safe and dignified burials. | | | | | | | | | | | | | | | | | |
| *AP021* | Provision of disinfection equipment and protective equipment to the team | | | | | | | | | | | | | | | | | |
| *AP021* | Disinfection of areas where there are confirmed or suspected cases of Ebola (e.g., homes where community deaths occurred) | | | | | | | | | | | | | | | | | |
| *AP021* | Setting up safe and dignified burials in partnership with communities | | | | | | | | | | | | | | | | | |
| *AP021* | Sensitization of members of affected households and communities | | | | | | | | | | | | | | | | | |
| *AP021* | Procurement of SDB starter kits and replenishment | | | | | | | | | | | | | | | | | |
| *AP021* | Develop SDB live map | | | | | | | | | | | | | | | | | |

## Protection, Gender and Inclusion

**People targeted: 2,700,000**
Men 1,296,000
Women 1,404,000
**Requirements (CHF): 0**

**Needs analysis:** The URCS aims to support the most vulnerable during this EVD outbreak. During the needs assessment, data disaggregated by sex, age, and disability (SADDD) will be collected and analysed to better inform the emergency response.

**Population to be rescued:** All people who need support in this area (men, women, boys & girls)

**Program standards/benchmarks:** IFRC minimum standards for PGI in emergencies

| P&B Product Code | **Outcome 1: Protection, Gender, and Inclusion Communities identify and respond to the distinct needs of the most vulnerable segments of society, especially disadvantaged and marginalized groups, due to violence, discrimination, and exclusion.** | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Integration and Protection Product 1.1: NS programs improve equitable access to basic services by taking into account different needs based on gender and other diversity factors.** | | | | | | | | | | | | | | | | |
| | Activities planned / Week | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| *AP031* | Support Inclusion Sector Teams in their planning of actions to address gender-specific vulnerabilities and diversity factors (including persons with disabilities) | | | | | | | | | | | | | | | | |
| *AP031* | Support sector teams to ensure the collection and analysis of data disaggregated by gender, age, and disability (see guidance in revised Minimum Standard Commitments) | | | | | | | | | | | | | | | | |

***% of people affected by Protection, Gender, and Inclusion activities (Target; 2,700,000)***

| P&B Output Code | **Integration and Protection Output 1.2: Emergency response operations prevent and respond to sexual and gender-based violence and all forms of violence against children** | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Activities planned / Week | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| *AP034* | Use the Minimum Standard Commitments as a guide to support sector teams in including measures to mitigate the risk of sexual and gender-based violence | | | | | | | | | | | | | | | | |

***# of NS staff and volunteers who of have signed and been briefed on the Code of Conduct. (Target: 240)***

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *AP034* | Include messages on preventing and responding to sexual and gender-based violence in all community outreach activities | | | | | | | | | | | | | | | | |
| *AP034* | Establish a system to ensure that IFRC and URCS staff and volunteers have signed the Code of Conduct and received a briefing in this regard | | | | | | | | | | | | | | | | |
| *AP034* | Map local referral systems and make information available for any concerns about child protection | | | | | | | | | | | | | | | | |
| *AP034* | Volunteers, staff and providers signed, are briefed, and receive information on child protection policy/guidelines | | | | | | | | | | | | | | | | |

## Strategies for Implementation

**Requirements (CHF): 177,560**

| P&B Output Code | Outcome S2.1: An effective and coordinated international response to disasters is ensured<br>Output S2.1.4: Deployment of rapid response personnel | | | | | | | | | | | | | | | | | *Number of Surge personnel deployed for the operation by the IFRC (Target 1)* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Activities planned / Week | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| *AP046* | Deployment of URCS support staff at the national and regional level (1 health manager, health NDRTs etc). | | | | | | | | | | | | | | | | | |
| *AP046* | Deployment Surge public health profile (1)) by IFRC | | | | | | | | | | | | | | | | | |
| **P&B Output Code** | **Outcome S3.1: The IFRC Secretariat, as well as National Societies, use their unique position to influence decisions at the local, national and international levels that affect the most vulnerable.** | | | | | | | | | | | | | | | | | • *# of article published for the operation (Target: 1 article)* |
| | **Output S3.1.1: The IFRC and the National Society are visible, reliable and effective defenders of humanitarian issues.** | | | | | | | | | | | | | | | | | • • *# Number of articles published on the operation (objective: 1 article)* |
| | Activities planned / Week | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| *AP042* | Production of materials of communication and visibility in print coverage of the operation | | | | | | | | | | | | | | | | | |
| **P&B Output Code** | **Output S3.1.2: The International Federation of Red Cross and Red Crescent Societies (IFRC) produces high-quality research and evaluation that feeds advocacy, resource mobilization and programming** | | | | | | | | | | | | | | | | | *Number of workshops on lessons learned organized (Target: 1 workshop)* |
| | Activities planned / Week | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| *AP049* | Organize workshop on lessons learned | | | | | | | | | | | | | | | | | |

# Budget

The amount required for the implementation of this emergency action plan is CHF 499,259 as detailed in budget below.

International Federation of Red Cross and Red Crescent Societies

*all amounts in Swiss Francs (CHF)*

## DREF OPERATION

MDRUG047- UGANDA - EBOLA VIRUS DISEASE OUTBREAK

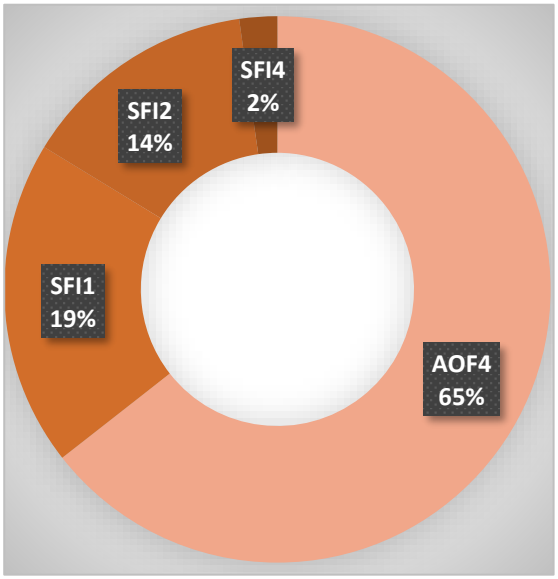
23/09/2022

### Budget by Resource

| Budget Group | Budget |
|---|---|
| Clothing & Textiles | 16,644 |
| Water, Sanitation & Hygiene | 61,335 |
| Medical & First Aid | 42,543 |
| Utensils & Tools | 916 |
| **Relief items, Construction, Supplies** | **143,147** |
| Distribution & Monitoring | 2,545 |
| Transport & Vehicles Costs | 42,403 |
| **Logistics, Transport & Storage** | **44,948** |
| International Staff | 19,500 |
| National Society Staff | 46,207 |
| Volunteers | 31,695 |
| **Personnel** | **97,402** |
| Workshops & Training | 124,984 |
| **Workshops & Training** | **124,984** |
| Office Costs | 3,665 |
| Communications | 4,192 |
| Financial Charges | 2,291 |
| **General Expenditure** | **57,353** |
| DIRECT COSTS | 468,788 |
| INDIRECT COSTS | 30,471 |
| **TOTAL BUDGET** | **499,259** |

### Budget by Area of Intervention

| | | |
|---|---|---|
| AOF4 | Health | 321,700 |
| SFI1 | Strengthen National Societies | 96,278 |
| SFI2 | Effective International Disaster Management | 70,101 |
| SFI4 | Ensure a strong IFRC | 11,181 |
| | **TOTAL** | **499,259** |



Reference Documents

Click here
- Previous Appeals and updates

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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.