

Uganda, Africa | EVD Outbreak September 2022



A Uganda Red Cross Society Ebola safe and dignified burial team in Kassanda district prepare to conduct a burial @URCS.

Appeal No: MDRUG047	To be assisted: 2.7 million people	Appeal launched: 30/09/2022
Glide No: EP-2022-000315-UGA	DREF allocated: CHF 700,000 (CHF 499,259 already disbursed)	Disaster Categorisation: Orange
Operation Start date: 23/09/2022	Operation End date: 30/09/2023	

IFRC Secretariat Funding requirement: CHF 5 million
Federation-wide funding requirement: CHF 10 million

TIMELINE



August 2022: The IFRC alerts the URCS to take stock of their preparedness efforts after an EVD outbreak in eastern DRC.



20 September 2022: The government declares an EVD outbreak in Mubende district.



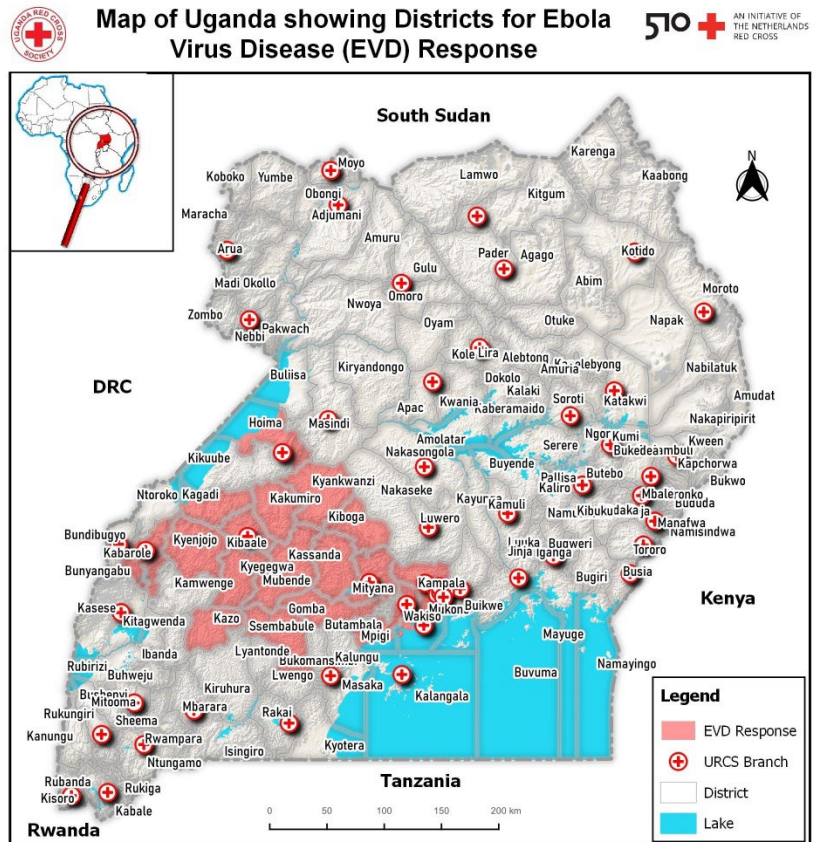
22 September 2022: DREF allocation CHF 499,259 for the initial response of the URCS in Mubende and neighbouring high-risk districts.



25 September 2022: IFRC Juba cluster delegation operations, finance and logistics staff deployed alongside a CP3 health delegate and epidemic preparedness delegate from the Africa regional office.



28 September 2022: The IFRC issues a Federation-wide Emergency Appeal for CHF 10M for 2.7 million people for one year.



The map does not imply the expression of legal status of a territory or of its authorities. Author: Uganda Red Cross Society. Data Source: UBOS, URCS Date: 05 10 2022

DESCRIPTION OF THE EVENT

In a statement issued on 20 September 2022, the Ministry of Health of Uganda [announced a positive case of the Ebola virus disease \(EVD\)](#) which indicates an outbreak of the Sudan strain in the district of Mubende (130 km west of the capital, Kampala).

Sudan (SUDV) virus disease is a severe and often fatal illness affecting humans. First reported in southern Sudan in June 1976, it has since then, emerged periodically. Up to now, seven outbreaks caused by SUDV have been reported, four in Uganda and three in Sudan. The four in Uganda were reported in 2000, 2011 and 2012 (two outbreaks). Uganda also reported a Bundibugyo virus disease outbreak in 2007 and an Ebola virus disease outbreak in 2019.

There are no licensed vaccines or therapeutics for the prevention and treatment of SUDV. The estimated case fatality ratios of SUDV have varied from 41% to 100% in past outbreaks.

Severity of humanitarian conditions

1. Impact on accessibility, availability, quality, use and awareness of goods and services.

Since the outbreak declaration and as of 14 October, the number of confirmed cases has increased to 58, with 40 deaths (confirmed and probable). The virus has now spread to an additional five districts. Although the outbreak was declared 20 September, probable EVD deaths had already occurred in previous weeks; the current hypothesis is that the outbreak may have started in late August or early September, meaning that multiple chains of transmission were likely already in existence at the time of the first case confirmation. The highest risk is still concentrated in Mubende districts as shown by the number of high-risk contacts. However, movement of high-risk contacts from the epicentre to the neighbouring districts has led to the emergence of clusters in Kyegegwa, Kagadi, Bunyangabu and Kassanda. In addition, a confirmed case has died in Kampala, the capital. The surveillance pillar is reviewing its risk mapping and ramping up surveillance activities in all districts with contacts.

The [incubation period ranges from 2-21 days](#). People infected with Sudan virus cannot spread the disease until they develop symptoms, and they remain infectious as long as their blood contains the virus.

2. Impact on physical and mental well-being

The Ebola virus, part of the class of filoviridae, has multiple strains, of which, the Zaire and Sudan strains are the most common. SUDV is a severe and often fatal illness. Up to now, seven outbreaks caused by SUDV have been reported, four in Uganda (the last one in 2012) and three in Sudan. The estimated case fatality ratios of SUDV have varied from 41% to 100% in past outbreaks. While a vaccine and specific treatment exist for the Zaire strain, neither exists for the Sudan strain. However, treatment of specific symptoms and supportive care improve the chances of survival.

Ugandan authorities and partners are facing challenges in understanding the depth of the outbreak and containing the spread of the virus.

Misinformation, issues of mistrust, and conspiracy theories have spread quickly across the region. This is compounded with low-risk perception, fear of treatment centres, and dissatisfaction with the response. This results in ongoing practices that heighten the risk of transmission, people not engaging in response actions, not seeking early treatment, escaping health facilities, evading contact tracing, and instances of resistance against response teams and health workers.

The other challenges are related to inadequate staffing, lack of appropriate infection prevention and control (IPC) at health facilities, and inadequate isolation units and overall capacity to conduct safe and dignified burials (SDBs).

3. Risks & vulnerabilities

Given the mobility of communities across the high-risk districts for cultural, and trade reasons there are significant risks of an expansion of the affected area outside the Mubende district and beyond the neighbouring districts including Kampala. There are also risks of the disease spreading to adjacent countries – the DRC, Kenya, South Sudan, Burundi, Tanzania, and Rwanda.

CAPACITIES AND RESPONSE

1. National Society response capacity

1.1 National Society capacity and ongoing response

The National Society has over 360,000 registered members and volunteers working through 51 branch offices across the country. Each of these branches covers at least two districts. The Community Epidemic and Pandemic Preparedness Programme (CP3) has been implemented by the Uganda Red Cross Society (URCS) since 2018 and, together with an [Ebola Preparedness programme](#) implemented in 2019, has built both the capacity and readiness to respond to an EVD outbreak. CP3 is being implemented in four districts, namely, Kabale, Kamwenge, Kitangwenda and Bundibugyo, with the latter three neighbouring Mubende.

Core areas of operation	
Number of staff:	220
Number of volunteers (active):	44,138
Number of branches	51

Through the Ebola preparedness activities implemented in 2019-2021, 11 SDB teams were trained and repositioned in mapped high-risk districts of Kampala (two teams), Bundibugyo, Kasese, Fort Portal, Ntoroko, Bunyagabu, Kisoro, Kanungu, Kitgum and Arua (one team in each). Additionally, 420 volunteers across these districts were trained on ECV and CBS. Currently, one of the two SDB teams from Kampala is supporting the Mubende operation as the URCS trains two teams for the affected districts. With the current trend of new cases being identified in neighbouring districts, the URCS is, in the interim, planning a series of drills for the rest of the trained SDB teams in terms of readiness for deployment. However, through this appeal, the URCS plans to train eight more SDB teams in anticipation of a wider geographic spread.

The government has requested that the URCS focus on four main pillars based on expertise in those domains and their experience in responding to previous EVD outbreaks in Uganda. These cover coordination, surveillance, risk communication and community engagement, and safe and dignified burials. The URCS is a key partner to Uganda's Ministry of Health in response to epidemics (including Ebola). In this response, the Ministry of Health has tasked the National Society to provide support to community-based surveillance, risk communication and community engagement, as well as to increase the Ministry of Health's capacities for ambulance services and conducting safe and dignified burials. Communities are key to ending Ebola. Only with their engagement and active participation will the outbreak be brought under control. The National Society has the technical expertise and a network of volunteers in the communities that can make a difference in stopping the spread of the outbreak, thus, saving lives.

Ongoing activities:

Pillars	Completed (cumulative)
Coordination	<ul style="list-style-type: none"> Regional: daily debriefings Uganda – Region. Morning RCRC debriefs to improve internal coordination. Daily District Task force (DTF) meetings held in all four affected districts, chaired by the regional district commissioner (RDC). Daily EVD IMT and National Task Force (NTF) meetings at the national level to provide strategic guidance to the response. Daily partner meetings occurring in Mubende and Kyegegwa districts. The URCS has set up a reporting framework and deployed a Planning, Monitoring, Evaluation and Reporting (PMER) officer to the field.
SDB	<ul style="list-style-type: none"> The SDB team has mobilised from Kampala West branch to provide support in Mubende. Training for SDB teams from Mubende commenced on 10 October. The URCS conducts burials with alerts from the community and Ministry of Health (MOH) burials for deaths in the ETU.

	<ul style="list-style-type: none"> To date, 11 safe and dignified burials were conducted as of 11 October 2022.
CBS	<ul style="list-style-type: none"> Identification and recruitment of 480 volunteers underway for community health activities, including RCCE and CBS in Mubende and other identified high-risk districts. They will undertake health promotion activities, as well as community-based surveillance for EVD and other potential epidemic diseases. CBS/EPIC training is scheduled to take place in the week starting on 17 October 2022. Set-up CBS reporting/IM channels.
RCCE	<ul style="list-style-type: none"> Community engagement and risk communication activities (community health promotion, rumour monitoring and community feedback) are being conducted in all case confirmed districts. Distribution of 2,500 EVD posters in three sub-counties. 960 community leaders and CHWs are engaged in RCCE from 240 villages in high-risk sub-counties. The URCS is setting up CEA desks and has a national hotline for community feedback on the operation. Additionally, with support from the IFRC, the URCS is working towards rolling out a volunteer perception survey on EVD to understand community perceptions of EVD using volunteers as a proxy and to learn how to better support volunteers during this response. The MOH RCCE pillar lead has requested inter-agency support from the RCCE Collective Service (which is hosted by the IFRC and UNICEF in east and southern Africa) to strengthen coordination and IM capacity to collect, visualise and act on community feedback and social science insights. It is expected that two inter-agency colleagues will be sent by the IFRC to support the MOH in this regard, and this will include support to RCCE partners such as the URCS.
Ambulance Services	<ul style="list-style-type: none"> Six ambulances were deployed and are supporting referrals to Ebola Treatment Units. The URCS run ambulances are managed under one pool together with ambulances under the direct stewardship of the MOH for the operation. The URCS agreed to deploy the ambulances with fully supported drivers and Emergency Medical Technicians for pre-hospital care of suspected cases on transit to the ETU. The MOH agreed to supply the requisite PPE to the ambulance teams, supported with IPC orientation to the teams in collaboration with the Infectious Disease Institute (IDI) and World Health Organization (WHO). An alert verification centre and EMS dispatch centre were set up at the branch in Mubende. This is where all EVD alerts are received, verified and from where ambulances are dispatched. Ninety-six patients were referred by URCS ambulances to the ETU as of 11 October. MSF to construct an ambulance washing/disinfection area next to the Mubende sub-branch.
WASH	<ul style="list-style-type: none"> A temporary washing area was set up at the Mubende branch where ambulances are washed for the second time after disinfection from the hospital.

Logistics

	Completed (cumulative)
Logs/PPE	<p>SDB kits</p> <ul style="list-style-type: none"> From Sierra Leone: one training, two starter, three replenishment, 100 body bags From Goma DRC: five starter kits, 10 replenishment kits, 450 body bags Confirm what kits are needed for the next round of scale-up (South Sudan and Kenya) – to be added to the replacement LR, noting the possible eight-week lead time.
Fleet	<ul style="list-style-type: none"> Six cars requested from IFRC Dubai – two pick-up canopy and four hard top land cruisers to support the Mubende team: ETA – November 2022. Sixteen more vehicles will be rented to support the operation of the eight more proposed SDB teams.

Branches	<ul style="list-style-type: none"> • Mubende remains the epicentre, with the branch acting as a central point for URCS and government ambulances as well as other pillars of the response. • The URCS is scaling-up the Mubende branch in terms of storage, office set-up and facilities, power, and communications. • Identifying the next branches to scale-up.
-----------------	--

1.2 Capacity and response at national level

In the development of this operational strategy reference has been made to the Uganda National Response Plan for Ebola Virus Disease outbreak September to December 2022.

The Ministry of Health (MOH), districts, and partners in Uganda are implementing several outbreak control interventions in Mubende and its surrounding districts to contain the spread of the disease. There are daily National and District Task Force meetings which take place in Mubende and Kyegegwa, chaired by the DGHS and RDCs respectively. Daily partner meetings at 8.00 AM in Mubende and Kyegegwa discuss resource gaps, while partner support is being updated within the 4W matrix. It is through these meetings, and others in Kampala, which ensure that the actions of URCS are well coordinated with those of the Government. The MOH is currently establishing an onsite mobile testing laboratory at the Mubende RR Hospital. Equipment is being assembled, and staff and space are being identified. An ETC is in process of set-up in Mubende RRH, which is also being connected to the electrical grid, while a solar borehole is going to be drilled. Capacity is being built for all of the surrounding districts in the sample cover collection, packaging, and transportation, including biosafety.

2. International capacity and response

2.1 Red Cross Red Crescent Movement capacity and response

IFRC membership

The IFRC Secretariat, which provides technical and financial support to the URCS through the IFRC Juba Country Cluster Delegation, will play an essential role in providing good coordination within and outside the Movement. The IFRC has deployed staff from the cluster delegation and Africa regional office who are supporting the URCS in this response and if needed, surge profiles will be deployed. The IFRC has deployed a Head of Emergency operations (HEOps) to work with the in-country response team for a minimum period of one month.

There are four Participating National Societies (PNSs) in-country providing bilateral support to the URCS since the start

of the operation. These are the Netherlands Red Cross, Austrian Red Cross, German Red Cross, and Belgian Red Cross (Flanders). All PNSs participate in the coordination meetings that are held in-country and are called upon to contribute their expertise to this response. The NLRC and Austrian RC have indicated their interest in contributing to the emergency appeal while the Belgium Red Cross has pledged to provide a Rubb Hall for storage purposes. Other PNSs are providing bilateral support to ongoing programmes and operations managed by the URCS, including the Kuwait Red Crescent, Swedish Red Cross, and Turkish Red Crescent.

ICRC

The ICRC regional delegation for Uganda, Rwanda, and Burundi actively take part in all coordination meetings for this Ebola response and contribute with direct financial support to the URCS. In addition, and especially for security-related matters, the ICRC shares its experience and expertise. In this response, the ICRC agreed to provide financial support to the URCS in full complementarity to the EA. Regular meetings are held to make sure there is strong coordination and effective technical support to the URCS, as well as ensuring a harmonised response plan.



Uganda Red Cross Society @UgandaRedCross · Oct 5
Risk Communication & Community Engagement team in Kiyuni Sub-County, sensitising masses a #Volunteers educating people about the #Ebola viral disease.

@MinofHealthUG @IFRCAfrica @ifrc @IFRC_DREF @eu_echo @DrArnoldE @HenriMusembi



10 23

2.2 International Humanitarian Stakeholder capacity and response

The MOH has established daily national task force meetings for partners in this response with the participation of Red Cross Red Crescent Movement partners. URCS actions are well coordinated with the MOH and key international actors including MSF, WHO, USAID, CDC, etc. Currently, the WHO and MSF are refurbishing the isolation centres and have donated tents to expand treatment capacity. 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. Partners, such as the CDC, WHO and UNICEF, are providing technical capacity and supplies, although there is still a shortage, especially of SDB/PPE equipment, while some health non-governmental organisations (NGOs) are planning to register in the country.

3. Gaps in the response

Data reported as of: 19 October 2022

	Confirmed #
Cumulative cases	64 cases EVD confirmed (including 9 HCWs) In two of the affected 5 Districts no new cases for 27 days in Kyegegwa and 19 days in Kagadi Districts

Cumulative deaths	25 EVD confirmed (including 4 HCWs) and 20 probable. (CFR 25 of 64 = 41%)
Runaway cases	1
Current admissions	Current 35: 14 confirmed, 21 suspected
Cumulative recoveries	25
Number of districts	Five
Active contacts	Cumulative contacts listed are 2,007, while contacts under active follow-up are 934, 95% of whom were followed-up in the past 24 hours.

Situation update

- The epicentre continues to be Mubende district with 54 confirmed cases and 21 confirmed deaths (and 19 probable).
- Followed by the other four districts of Kyegegwa, Kassanda, Bunyangabu, and Kagadi.
- Delays in detection; inadequate contact tracing; spill over into other districts but limited to current geographic locations in high-risk districts.
- Still limited or no restrictions on movement from the epicentre.
- Twenty-four days have passed since the index case was confirmed positive, which is beyond the incubation period.
- Two ETUs were established in Mubende (one at the district referral hospital and the other at Madudu epicentre in Mubende), however, on 13 October, there were calls of probable community deaths as well as ambulance evacuations with a community case definition for EVD. This may indicate continued community transition as not all cases are either at an ETU or isolation centres.
- One confirmed case has now been traced from Mubende to Luwero (with symptoms, for traditional healing, in a popular shrine) to Kampala (died in hospital), and back to Mubende for traditional burial. Authorities have so far established 42 contacts.
- Through a presidential directive issued on 14th October 2022, restricted movements for 21 days in both Mubende and Kassada district in bid to control the spread. The president also directed all community deaths in the two districts to undergo SDB which in turn calls for increased burials by URCS who are mandated by MoH to conduct community deaths.
- While no case has been recorded in Kampala, it remains on high alert and scaled up preparedness activities.

Need for community engagement and accountability: Communities must be at the heart of the response, to make it more effective, timely, relevant, and ultimately contributing to trust and community action. This will require a variety of approaches to work collaboratively with communities, so they have timely information and participate in defining solutions through house-to-house visits, meeting people in communal areas such as schools, taxi parks, and worship areas. Use of radios is also necessary to communicate through talk shows, jingles, and radio spots. Finally, the right accountability mechanisms must be in place to listen to concerns and questions through community feedback sessions. The RCCE taskforce will monitor and update the key messages based on community feedback and develop a communications plan to combat negative community perceptions of EVD. The task force is using the feedback to inform community engagement and behavioural change strategies particularly given the misconceptions and fears of the disease. Inter-agency coordination will be crucial in making sure that feedback and social science data are used across the pillars to inform decision-making. The RCCE MOH pillar lead has requested the IFRC's support in providing two inter-agency RCCE experts from the RCCE Collective Service to strengthen coordination and IM capacity within the pillar for a period of four weeks each.

Need for community-based surveillance: The need is clear given the predicted and diffuse movements of suspected and confirmed cases, the delay in suspected cases reaching the formal health system, as well as a highway passing through Mubende, making this a very busy route. Undetected transmission chains likely going back to mid-September 2022 indicate a need to increase support for community-based surveillance (CBS) activities. The URCS already has a functional CBS system that has been validated and feeds into the MOH's formal surveillance system (eIDSR), which was expanded during the 2019 EVD preparedness activities in at-risk districts. The system is currently functional in CP3 districts and will be expanded via ECHO-PPP, though none of these areas overlap with the current EVD affected areas. This same approach will be followed for Ebola CBS but may be tweaked depending on other partners and the surveillance pillar.

Need for safe and dignified burials (SDB): The district considers the training of its mortuary assistants a priority, and, therefore, has requested the RC to train them on SDB. This also happened in Kasese district during the 2019 EVD outbreak, and whereas the URCS trained its community-based teams on SDB, the district requested that training also include the members of their mortuary teams. The URCS has deployed the National SDB focal person, as well as the trained team from Kampala, for immediate support in Mubende. A local team is being trained and equipped to provide support with SDB as requested by the MOH. For districts outside of Mubende, the URCS will identify and equip one team leader per district, preferably NDRT members who are responsible for team coordination and supervision.

With the rapid depletion of SDB kits, there is very limited availability to conduct large numbers of burials should the situation worsen in the country. In response, the IFRC has mobilised SDB kits from the DRC and Sierra Leone that will facilitate SDB trainings and response.



Figure 1: A URCS SDB team conducts a safe and dignified burial of an EVD case in Madudu village in Mubende district.



Figure 2: Supervised SDB preparation in the Mubende ETU ready for burial.

Need for community WASH support: Due to ongoing activities and no movement restrictions, communal gatherings will be high-risk areas, therefore, the enforcement of handwashing will be crucial together with handwashing stations located in such areas to help community members prevent the spread of infection through contact. Finally, since community-based volunteers will be at the forefront of the operation and require protection from infection, they will receive appropriate PPE and other hygiene items as needed.

Ambulance services: Six ambulance teams are needed to support the transfer of patients together with the MOH. Each team has an emergency medical technician who is a qualified clinical officer/nurse, and a driver. As of 5 October, 52 ambulance referrals had been conducted by URCS ambulances amounting to 60% of total referrals. Four ambulances support Mubende, while the remaining are to be prepositioned at URCS branches in high-risk districts to support referrals. All ambulance teams will be trained in IPC.

Psychosocial support (PSS): This is aimed at providing emotional assistance to URCS volunteers and staff during their engagement in social mobilisation and risk communication activities in communities. The URCS is delivering

basic PSS training to its EVD preparedness operations teams in the targeted locations. For community members, EPiC trained volunteers will provide further psychological first aid assistance at the community level to mitigate stigma and discrimination of survivors from the ETUs.



Figure 32: A WASH stand has been set up at the entrance of the main Mubende district ETU.

OPERATIONAL CONSTRAINTS

The URCS will ensure the engagement of local staff and volunteers and continue to monitor and respond to the situation based on their acceptance by communities, which will in turn, encourage the successful implementation of the proposed activities. The following operational risks will be managed by the URCS:

1- Community understanding, acceptance and engagement in prevention measures

- Positive public and community perception towards Red Cross staff and volunteers is essential in this and similar outbreak operations. This influences acceptance and access to affected areas and at-risk communities. Community acceptance and understanding of the role of the Red Cross will be emphasised through continuous community engagement activities and adequate feedback mechanisms.
- Communities are the key to ending Ebola. Only with their engagement and active participation in all response pillars, will we be able to stop this outbreak. Fear, resistance and even denial are normal in the face of an epidemic; but this can be overcome by building on community norms, values and social capital, accelerating open and honest communication, and ensuring the participation of key trusted community stakeholders.

2- Infection of URCS employees or volunteers

- Share updated guidance through memos from the secretary general's office to all staff and volunteers.
- Facilitate the vaccination of staff and volunteers at high risk, if possible, noting existing vaccines are only approved for the Zaire strain of the Ebola virus and are not effective against the Sudan strain.
- Linkages to government ETUs to support URCS employees or volunteers should they fall sick.
- Provision of PPE.
- SDB kits for community burial teams.
- Provision of PSS support to affected URCS employees and volunteers.
- Volunteer insurance under the IFRC global insurance scheme.

3- Expansion of the affected area outside Mubende district and beyond the neighbouring districts including to Kampala

- Mitigation by training staff and volunteers in other areas and branches on EVD prevention and control.

- The URCS already has 11 SDB trained teams from previous EVD preparedness across the country. Under this appeal, the URCS plans to conduct drills with these trained teams to confirm their readiness for EVD response and will continue to increase the training of teams based in Mubende, and other selected URCS branches surrounding the district that have confirmed cases.

4- Transmission of COVID-19

- The area currently experiencing the outbreak has very low Covid-19 infections and low COVID vaccine uptake after having had significant infections as of 31 August 2021.

5- Logistics

- Establish a mini-storage facility in Mubende district and maintain Kampala as the central warehousing site.

6- 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.

FEDERATION-WIDE APPROACH

The Emergency Appeal is part of a **Federation-wide approach**, based on the response priorities of the Uganda Red Cross Society and in consultation with all Federation members contributing to the response. The approach, reflected in this Operational Strategy, will ensure linkages between all response activities (including bilateral activities and activities funded domestically) and will assist in leveraging the capacities of all members of the IFRC network in the country to maximise the collective humanitarian impact. Existing in-country membership coordination mechanisms have been extended to include this Ebola crisis, which bring together the National Society, the IFRC secretariat, and the four partner national societies with an in-country presence in Uganda for regular coordination meetings. The Federation-wide funding requirement for this Emergency Appeal comprises all support and funding to be channelled to the Operating National Society in response to the emergency event. This includes the operating National Society's domestic fundraising ask, the fundraising ask of supporting Red Cross and Red Crescent National Societies, and the funding ask of the IFRC secretariat.



A URCS rapid response team in Mubende.

OPERATIONAL STRATEGY

Operational objective

Support the Government of Uganda and partners in preventing and reducing morbidity and mortality from the Ebola haemorrhagic fever outbreak in Mubende, Kyegegwa, Kasanda, Bunyangabu and Kagadi, and conduct preparedness actions in neighbouring high-risk districts including Kampala. This Emergency Appeal operation will last for 12 months, but if necessary, activities will continue and 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.

Priority activities

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

i) Coordination:

The URCS will participate in various coordination meetings at the national and district levels to ensure alignment between its strategy and that of the 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.

ii) Community-Based Surveillance (CBS):

Activities under this pillar will include:

- Epidemic Preparedness and response in Communities (EPiC) training for 240 volunteers and 24 supervisors to help convey 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 brief, the EPiC training includes

modules on Epidemic Control for Volunteers (ECV), Community-Based Health and First Aid (CBHFA), Community Engagement and Accountability (CEA), and Psychosocial First Aid (PFA).

- Community-Based Surveillance (CBS) training for 240 volunteers and 24 supervisors to equip volunteers with skills to detect and report suspected cases of EVD within the community.
- The CBS alerts will be fed into the existing MOH system.

iii) Risk Communication and Community Engagement (RCCE)

- The URCS will mobilise teams of 240 volunteers and staff in Mubende and neighbouring high-risk districts, trained above in EPiC, for Risk Communication and Community Engagement related to the Ebola outbreak.
- Deploy an additional 24 NDRTs already trained during EVD preparedness operations and through CP3, to supervise the volunteers deployed.
- Establish systems that allow communities to voice their understanding of the issues and provide timely and regular feedback on how the Movement is delivering services.
- Support all priority RC response pillars to rollout essential community engagement activities.
- Develop and rollout risk communication and community engagement efforts to improve both an understanding and acceptance of the Red Cross and its EVD response activities, accelerate uptake of preventive measures, promote healthy behaviours and scale-up community participation in the response.
- Address fears and concerns in accessing health facilities and engaging communities to maintain access to essential health services, including reproductive, maternal, neonatal and child health (RMNCH). Work will be done to define the activities that will be put in place to go beyond messaging as this alone will not change people's perceptions or behaviours.
- Support inter-agency collaboration and coordination by providing technical support to the national RCCE pillar led by the MOH, including establishing community feedback mechanisms, utilising social science research and training volunteers and community health workers.

iv) Safe and Dignified Burials (SDBs):

- Initially procure and deploy eight SDB start-up kits and 15 replenishment kits, and additionally procure four training kits.
- Mobilise and train two SDB rapid intervention teams of eight people each, to support families in securing bodies for burial in Mubende district. In addition, train eight more SDB teams in preparedness for an anticipated wider outbreak with more cases and fatalities. In case a team is overwhelmed by cases in the deployed district, the neighbouring district's SDB team with less work will be deployed to provide relief.
- Each SDB team will have two cars – a pick-up with canopy or open and closed Landcruiser.

iv) Mobilise ambulances:

- Dispatched six ambulances to support the evacuation of suspect cases to ETUs. Each ambulance is equipped with a trained driver and clinician from the MOH, along with appropriate PPE. The URCS plans to deploy 10 ambulances to support referrals across the five districts with confirmed cases.

v) Psychosocial support (PSS)

- Provide psychosocial emotional assistance to URCS volunteers and staff during their engagement in social mobilisation and risk communication activities in communities.
- Delivering basic PSS training to its EVD preparedness operations teams in the targeted locations.
- EPiC trained volunteers will provide further psychological first aid assistance at the community level to mitigate stigma and discrimination of survivors from the ETUs.

vi) Protection, gender and inclusion (PGI)

- Promote the practice of protection, gender and inclusion, preventing the stigmatisation of victims of the disease and their families.
- Mobilise volunteers in the context of prevention and support for victims of gender-based violence and prevention against sexual abuse and exploitation.

vii) Preparedness for high-risk districts including Kampala

- In coordination with the Government plans support mapping of resources and preparedness activities across the pillars of response.

The plan details the deployment of IFRC health, IM, PMER, logs, and operations surge personnel to reinforce the URCS during implementation based on need and the National Society's request. The additional support will be facilitated by IFRC delegates in Uganda, Juba and Nairobi, and the URCS team will consist of a dedicated EVD

response team covering the strategic, coordination and operational levels under the leadership of the National Society health director. An operations manager working alongside PMER, logistics, CEA, the SDB team leader, ambulance team leader, and a team of NDRTs and branch volunteers, has been deployed in Mubende.

At the conclusion of the 12-month period for this Emergency Appeal, any interventions which are required to continue will transition to the Unified Country Plan for Uganda and will be implemented and reported on under that planning mechanism.

Targeting

People to be assisted

This Emergency Appeal will scale-up activities that are being carried out by the URCS to respond to the new and increasing caseload of EVD cases in the country. The URCS will target a total of 2.7 million people through a twin-track approach:

1. Strengthen the response capacity in districts that have confirmed positive cases (at the moment covering Mubende, Kyegegwa, Bunyangabu, Kassanda and Kagadi districts, but this may expand to newly affected areas such as Kampala).
2. Scale-up readiness in at-risk districts as defined by the MOH by mobilising supplies and training volunteers in the National Society core intervention sectors (as described in the planned operations section).

Considerations for protection, gender and inclusion and community engagement and accountability

The URCS will support the most vulnerable during this EVD outbreak. The National Society will make sure that groups most at risk or exposed are offered continuous support. Furthermore, attention will focus on the prevention of sexual exploitation and abuse and that other PGI considerations are strictly adhered to by staff and volunteers. Community engagement and accountability will be mainstreamed across all community activities.

PLANNED OPERATIONS

Through this Emergency Appeal, the IFRC aims to support the URCS in its response to the Ebola virus disease outbreak. The strategy of the URCS response will be to contribute to safe and dignified burials, surveillance (community-based surveillance), health promotion encompassing risk communication and community engagement, psychosocial support, and transferring suspected cases via URCS ambulance services. Prevention of sexual abuse and exploitation, gender protection and inclusion, duty of care and the security of staff and volunteers will also be core components of the response. There will be a special focus on communities so they can steer the activities and find appropriate solutions to overcome this outbreak.

Given the risk of spread to neighbouring countries, the URCS and IFRC will establish regular cross-border communications, information sharing and support, which will allow neighbouring Red Cross and Red Crescent National Societies to conduct effective readiness activities and scale-up to response, if necessary. At the time of publication, Kenya and South Sudan have been allocated DREFs for Ebola preparedness and the DRC has an ongoing DREF for Ebola response. The IFRC and partners are working with Tanzania, Rwanda, and Burundi on their preparedness. Furthermore, the URCS will benefit from the IFRC membership's extensive experience and lessons learned from Ebola responses, such as in the DRC.

	Health & Care	Female > 18: 0.75	Female < 18: 0.64	CHF 3,324,000
		Male > 18: 0.65	Male < 18: 0.66	Target: 2.7m ppl

Objective:

The spread and impact of the outbreak are reduced through community outreach in affected health zones.

Priority Actions:

The main requirements for this sector are to facilitate SDBs, surveillance, and risk communication and community engagement to prevent the spread of the disease. URCS volunteers will be mobilised to support the early detection of new cases through community-based surveillance. The URCS will offer pre-hospital care through its ambulance support and stands ready to support the government with SDB activities and direct psychosocial interventions for those affected. The Red Cross will engage people in the concerned districts with risk communication and community engagement together with collecting, analysing, and responding to community feedback. The URCS will deepen its understanding of communities and partner with them to respond to their needs, as community acceptance is a fundamental requirement to halting the spread of the disease.

CBS - The government is assisted by URCS volunteers for surveillance:

- Provide support to the sub-branch in the planning and implementation of activities.
- Training of 240 community-based volunteers on EPiC.
- Training of 240 community-based volunteers on CBS.
- Carrying out CBS aligned with and supporting existing government structures.

RCCE - People in the affected areas of Mubende and neighbouring high-risk districts actively participate in addressing EVD needs by promoting safe, healthier practices, facilitating community action, and helping to reduce fear, stigma, and misinformation.

- Carry out a context analysis and community mapping to understand the structures, groups, power dynamics, capacities, beliefs, challenges and needs.
- Carrying out dialogue meetings with select community leaders in 240 villages.
- The URCS plans to move beyond messaging, to provide opportunities to collaborate with communities and make sure that activities are community-led.
- Carrying out risk communication and engagement activities via the 240 volunteers trained in EPiC.
- Educate and inform communities through radio talk shows, jingles, etc.
- Adaptation and multiplication of information and broadcasting mediums in the targeted localities.
- Health education, community engagement, social mobilisation through proximity channels (door to door gathering places (e.g., markets, places of worship), schools, influencers, key informants and traditional practitioners).
- Consult/support community networks through better access to up to date EVD and COVID-19 information in their trusted languages and channels.
- Identify and organise a two-day briefing for radio volunteers. the pool of radio volunteers will consist of 10 people with radio experience.
- Adapt feedback tools to the operational context.
- Organise a one-day briefing on the community feedback system for volunteers mobilised for the operation.
- Print and make available to the teams the forms to collect community feedback.
- Identify and deploy the management team of the National Society feedback system (one information manager and two encoders) with support from the 510 team.
- Identify and deploy a National Society field officer at the branch level with skills in the approach and tools of the CEA for the entire duration of the operation.
- Reproduce 10,000 copies of posters on EVD for the use of community mobilisers.
- Contribute to the establishment of a common feedback system to listen, document, respond to, and act on community feedback on EVD and COVID-19.
- Produce a weekly report on the feedback received in the framework of inter-agency coordination and discuss actions to be taken in response to the concerns of communities.
- Participate in RCCE coordination meetings at all levels and confirm that feedback data is discussed and cross-analysed with other data.

- Develop/update and validate key messages on EVD as well as question sheets and answers for use by volunteers involved in RCCE activities.
- Strengthen inter-agency coordination and capacity on RCCE by deploying regional support from the inter-agency RCCE Collective Service team, at the request of the MOH.

SDB - The affected population is helped by safe and dignified burial and decontamination activities.

- Training of 112 volunteers to form 14 teams (eight operational teams with rotations) to conduct SDBs.
- The positioning of the teams will be done in coordination with the MOH – currently, the critical area is Mubende.
- Provision of PPE and disinfection equipment to the team.
- Setting up SDBs in partnership with communities.
- Sensitisation of members of affected households and communities.
- Procurement and replenishment of SDB starter kits.
- Develop a SDB live map showing exact burial sites of all cases conducted.

Mobilise ambulances.


- Dispatched six ambulances to support the evacuation of suspects to ETU in different districts, including four ambulances in Mubende.
- Each ambulance is equipped with a trained driver and clinician from the MOH with appropriate PPE and cleaning materials.

PSS - The population of the affected areas of Mubende and neighbouring high-risk districts receive psychosocial support during and after the outbreak.

- Provide psychosocial support to families who have lost family members using culturally appropriate and accepted approaches.
- One hundred volunteers (20 per district) to be trained in providing psychological first aid.
- Support of staff and volunteers throughout the operation.
- Conduct referrals.

Preparedness for high-risk districts including Kampala


- In coordination with the Government plans support mapping of resources and preparedness activities across the pillars of response.
- Train staff and volunteers and mobilise necessary assets to be able to support a scale up of the response to high-risk districts.

 Water, Sanitation and Hygiene	Female > 18: 0.75	Female < 18: 0.64	CHF 395,000
	Male > 18: 0.65	Male < 18: 0.66	Target: 2.7m ppl
Objective:	Improve hygiene practices within the entire affected population.		


Priority Actions:

The enforcement of handwashing will be crucial, together with placing handwashing stations in high-risk areas to help community members prevent the spread of infection through contact. Community-based volunteers at the forefront of the operation will receive appropriate PPE and other hygiene items as needed.


- Engage with coordination mechanisms (e.g., MOH and WASH Cluster).
- Water, sanitation and hygiene, particularly community and household handwashing hygiene.
- A temporary washing area was set up at the Mubende branch where ambulances are washed for the second time after disinfection from the hospital.
- In coordination with the MOH, consideration will be given to decontamination for confirmed cases ensuring there is no gap in the response.


 Protection, Gender and Inclusion	Female > 18: 0.75	Female < 18: 0.64	CHF 69,000
	Male > 18: 0.65	Male < 18: 0.66	Target: 2.7m ppl
Objective:	Protection, Gender and Inclusion communities identify and respond to the distinct needs of the most vulnerable segments of society, especially disadvantaged and marginalised groups, due to violence, discrimination and exclusion.		
Priority Actions:			
<p>The URCS aims to support the most vulnerable during this EVD outbreak. The National Society will make sure that groups most at risk or exposed are offered continuous support. Furthermore, attention will focus on the prevention of sexual exploitation and abuse and that other PGI considerations are strictly adhered to by staff and volunteers. The URCS will be supported by the IFRC in developing sound duty of care policies, safeguarding the health and well-being of staff and volunteers, in addition to establishing systems that allow communities to voice their understanding of the issues and provide timely and regular feedback on how the Red Cross is delivering services, which will build stronger trust and community-led solutions. During the needs assessment, data disaggregated by sex, age, and disability (SADDD) will be collected and analysed to better inform the emergency response.</p> <p>National Society programmes improve equitable access to basic services by considering different needs based on gender and other diversity factors.</p> <ul style="list-style-type: none"> • Support Inclusion Sector Teams in their action plans to address gender-specific vulnerabilities and diversity factors (including persons with disabilities). • Support sector teams with the collection and analysis of data disaggregated by gender, age and disability (see guidance in the revised Minimum Standard Commitments). <p>Emergency response operations prevent and respond to sexual and gender-based violence and all forms of violence against children.</p> <ul style="list-style-type: none"> • 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. • Include messages on preventing and responding to sexual and gender-based violence in all community outreach activities. • Establish a system to confirm that IFRC and URCS staff and volunteers have signed the Code of Conduct and received a briefing in this regard. • Map local referral systems and make information available on any concerns about child protection. • Volunteers, staff and providers signed, are briefed and receive information on child protection policy/guidelines. 			

Enabling approaches

 National Society Strengthening	Female > 18: 0.75	Female < 18: 0.64	CHF 584,000
	Male > 18: 0.65	Male < 18: 0.66	Target: 2.7m ppl
Objective:	National Societies are prepared to effectively respond to epidemics/emerging crises, and their auxiliary role in providing humanitarian assistance is well-defined and recognised.		
Priority Actions:			
National Society Strengthening			

- National Society response capacity will continue to improve, building on ongoing multi-hazard preparedness, for epidemic and pandemic preparedness initiatives, and identified National Society operational priorities.
- Epidemic preparedness supplies, fleet, and capacity building will be provided for future similar responses.
- Capacity building and organisational development objectives will be facilitated to ensure that the National Society has the necessary legal, ethical, and financial foundations, systems and structures, competencies, and capacities, to plan and perform. Volunteer duty of care will be emphasised through appropriate management services, provision of equipment, training, and an insurance package.
- Capacity development support for Mubende and other affected branches in terms of infrastructure, communications, fleet and technical services.

 Coordination and Partnerships	Female > 18: 0.75	Female < 18: 0.64	CHF 19,000
	Male > 18: 0.65	Male < 18: 0.66	Target: 2.7m ppl
Objective:	Technical and operational complementarity among IFRC membership and with the ICRC is enhanced through cooperation with external partners.		
Priority Actions:			
Coordination and partnerships			
<ul style="list-style-type: none"> • Support will be provided to the URCS ensuring its auxiliary role and effective coordination at the national and district levels with all relevant government agencies. • Facilitate engagement and coordination with PNSs and the ICRC in the design of the response, leveraging the expertise and resources available through a Red Pillar approach, while ensuring alignment with relevant external actors, including the government's policies and programmes, development actors, UN agencies (WHO), and NGOs related to the operation, such as MSF. • This Emergency Appeal promotes a Federation-wide approach to the response. It builds on the expertise, capacities, and resources of all active members in the targeted areas. The National Society will develop one response plan, and a Federation-wide approach to resourcing and implementation will be adopted. Therefore, the IFRC will emphasise a holistic approach to programming, monitoring, and reporting, risk management, information management, external communications, resource mobilisation, and peer-to-peer exchange between National Societies. • Activities to be carried out include enhancing the communications capacity of National Societies and supporting their strategy and policy development, developing communications materials in relevant languages including an image bank, snapshots, web stories, social media, supporting resource mobilisation, and assisting National Societies as agents of positive change and in negotiating partnerships with national and local authorities, the UN and INGOs. 			

 IFRC Secretariat Services	Female > 18: 0.75	Female < 18: 0.64	CHF 609,000
	Male > 18: 0.65	Male < 18: 0.66	Target: 2.7m ppl
Objective:	Effective and coordinated disaster response is confirmed.		
Priority Actions:			
IFRC Secretariat services			

- IFRC will in this response provide a holistic approach to programming, monitoring, and reporting, risk management, information management, external communications and resource mobilisation.
- IFRC through its Juba cluster delegation has provided key staffs to support the operation on logistics and procurement, finance, PMER, operations, CEA, communications, and health.
- The IFRC will facilitate an effective Federation-wide response, with support from the Juba Country Cluster Delegation and Africa Regional Office and offer its expertise in managing public health epidemics through the deployment of critical functions as agreed with the National Society and will also equip the URCS with strong risk management and business continuity plans.
- Given the risk of spread to neighbouring countries, the URCS and IFRC will establish regular cross-border communications, information sharing and support, which will allow neighbouring Red Cross and Red Crescent National Societies to conduct effective readiness activities and scale-up to response, if necessary.

Risk Management

- The IFRC will provide risk management advice to help the National Society establish the necessary processes and controls.

Communications

- Communication activities will be conducted to draw attention to and highlight the humanitarian situation and activities related to the Red Cross VHF outbreak response operation, through the development of key messages, press releases, high-quality and compelling photo, video materials, and social media activities that can be used by the media and Federation/Movement partners.

Monitoring and evaluation

- Develop and launch the Federation-wide Planning, Monitoring and Reporting framework of the operation.
- Provide PMER support enabling Federation-wide planning, development, and maintenance of sustainable monitoring tools and workflows, supported both internally and Federation-wide, as well as donor reporting, which contribute to longer-term capacity building of the National Society.
- Conduct regular monitoring with support from the URCS and IFRC and conduct a Mid-Term Evaluation to assess the progress made towards the operational and strategic goals of the IFRC-wide response, and to formulate recommendations to inform future programming responses. A final evaluation will also be conducted at the end of the operation.
- Develop a follow-up mechanism to implement the recommendations from the reviews and evaluation.

Security

- Active risk mitigation measures must be adopted to reduce the risk of personnel falling victim to crime, violence, health and road hazards. 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 operation must successfully complete the respective IFRC security e-learning courses
- 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.

Risk management

Summary of risk assessment is as follows. Detailed risk matrix is available.

Risk	Likelihood	Impact	Mitigating actions
------	------------	--------	--------------------

1. Security in the intervention area could present potential risks during travel, which could block implementation.	Medium	high	<ol style="list-style-type: none"> 1. Manage the security situation as per the existing Security Management Agreement for IFRC and PNS movements 2. All staff and volunteers must have completed the Stay Safe security course as well as be briefed, sign and abide by the Code of Conduct
1. Escalation of the EVD to other parts of the country/neighbouring countries	High	High	<ol style="list-style-type: none"> 1. Mobilization of additional support to address the increase in demand for medical supplies. Deployment of surge support to assist National Society teams on the ground. 2. Community engagement and educating communities about EVD. 3. Having specific Ebola preparedness activities in the six neighbouring countries (not under this EA but under separate mechanisms).
2. Staff and volunteers' welfare	Medium	High	<ol style="list-style-type: none"> 1. Provision of PSS Support to National Society staff and volunteers engaged in the operation. 2. Re-sensitisation of volunteers on support options available. 3. Re-enforcement of debriefing sessions with operation volunteers. 4. Volunteer allowances and incentives are paid on time. 5. Appropriate PPE provided to frontline staff and volunteers.
3. Inadequacies in key high-risk processes like HR, procurement and logistics, finance	Medium	High	<ol style="list-style-type: none"> 1. Additional staff recruited for the operation. 2. Dissemination of URCS inventory management procedures to the branches involved in the operation. 3. HQ Support Logistics Team to provide warehousing support to branch teams. 4. IFRC Senior Logistics Officer to support URCS Logistics and Fleet Teams both at HQ and Branch levels.
4. Logistics and Supply Chain – inconsistency in supporting documentation	Medium	High	<ol style="list-style-type: none"> 1. IFRC procurement guidelines applied together with URCS procurement guidelines. 2. Refresher training for National Society teams on IFRC procurement guidelines, and finance policies and procedures. 3. Deployment of National Society HQ Logs team to provide support in field-based logistics.
5. Human resources risk	Medium	High	<ol style="list-style-type: none"> 1. All staff members to complete mandatory training. 2. HR checklist to be updated and strictly followed. 3. HR practices to be adopted and followed.
6. Volunteers' management	Medium	High	<ol style="list-style-type: none"> 1. Standardised volunteer recruitment and management policy is in place. 2. Dedicated staff to manage and supervise volunteers. 3. Volunteer insurance mandatory to all active volunteers. 4. Timely payment to volunteers/weekly payments. 5. Clearly defined volunteer referral systems.

Quality and accountability

The PMER team will establish a Federation-wide reporting system to highlight progress and accountability. National Societies and PNSs will report on the Federation-wide indicator tracking tool on a monthly basis, and with support from IM, PMER will establish a Federation-wide dashboard to be hosted on the GO platform. The team will lead quarterly reviews of operations for participating countries to discuss implementation, challenges and successes and ensure that necessary steps are taken for effective implementation. In addition to the minimum requirement for operation updates, the PMER team will support quarterly operation updates for this operation. PMER, the operations team, and other technical teams will collaborate to hire a consultant for a final external evaluation in accordance with the IFRC's evaluation framework.

Working alongside National Societies, the IFRC will conduct continuous monitoring at the country level, including a regular update on the operational risk register, ensuring timely adaptation of the operation and regular reporting on progress in the implementation of the activities. A final evaluation will be conducted at the end of the appeal operation.

Outcomes / Outputs	Indicators
Health Outcome 1: The spread and impact of the outbreak are reduced through community outreach in the affected health zones.	% of CBS alerts investigated within 24 hours
Health Output 1.1: The government is assisted by volunteers from the URCS for surveillance.	# of volunteers trained in EpiC during this response (Target: 480) # of volunteers trained in CBS during this response (Target: 240) # of household visits (Target: 12,000) # of CBS volunteers who are active (Target: 240) # of true CBS alerts reported by trained volunteers
Health Outcome 2: The psychosocial consequences of the outbreak are reduced through 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 receive psychosocial support during and after the outbreak.	# of personnel and volunteers reached by PSS support (Target: xxx) # of community members who received PFA (target 150)
Health Outcome 3: Social mobilisation, 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: Preparatory work is carried out to sensitise about 30% of the population of the affected areas of Mubende and neighbouring high-risk districts to the social mobilisation campaign of the URCS and the EVD operation.	% of operation complaints and feedback received and responded to by the National Society (Target: 80%) # of volunteers trained on community feedback (Target: 50) # of radio broadcasts (Target: 24) # of social mobilisation sessions organised (Target: as necessary)
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%) % of suspected cases who are deceased were buried within 24 hours of the initial alert (Target: 100%)

<p>Health Output 4.1: The affected population is helped by safe and dignified burial and decontamination activities.</p>	<p># of volunteers trained on SDB (Target: 112) % of SDB alerts successfully responded to within 24 hours # of SDB alerts received (Target: as necessary) # of SDB starter kits procured (Target: 5)</p>
<p>Outcome 1: Protection, Gender and Inclusion communities identify and respond to the distinct needs of the most vulnerable segments of society, especially disadvantaged and marginalised groups, due to violence, discrimination and exclusion.</p>	<p># of people reached by Protection, Gender and Inclusion activities (Target; 2,700,000)</p>
<p>Output 1.2: Emergency response operations prevent and respond to sexual and gender-based violence and all forms of violence against children.</p>	<p># of National Society staff and volunteers who have signed and been briefed on the Code of Conduct (Target: 240)</p>

A key area in Quality and Accountability will be to note what safeguarding measures are in place and what actions will be taken to meet the requirements for Protection from Sexual Exploitation and Abuse (PSEA) and around Child Safeguarding. Actions can include completing the Child Safeguarding Risk Analysis; having in place screening, briefing, and reporting systems; and ensuring community feedback mechanisms and child friendly information and participation.

FUNDING REQUIREMENT

Federation-wide funding requirement*

Breakdown of the IFRC secretariat funding requirement

*For more information on the Federation-Wide funding requirement, refer to section: Federation-wide Approach



OPERATIONAL STRATEGY

MDRUG047 - UGANDA UG EVD OUTBREAK

FUNDING REQUIREMENTS

Planned Operations	3,788,000
Health	3,324,000
Water, Sanitation & Hygiene	395,000
Protection, Gender and Inclusion	69,000
Enabling Approaches	1,212,000
Coordination and Partnerships	19,000
Secretariat Services	609,000
National Society Strengthening	584,000
TOTAL FUNDING REQUIREMENTS	5,000,000

all amounts in Swiss Francs (CHF)

Contact information

For further information specifically related to this operation, please contact:

At the Uganda Red Cross Society:

- Secretary-General, Robert Kwesiga; phone: +256 772 638890; email: sgurcs@redcrossug.org
- Director of Health and Social Services, Dr. Josephine Okwera; email: jokwera@redcrossug.org

At the IFRC Country Cluster Delegation:

- Pape Moussa Tall, Head of Delegation, Juba Cluster Delegation; phone: +211 91 217 9511; email: papemoussa.tall@ifrc.org
- Daniel Mutinda, Disaster Management Delegate, Juba Cluster Delegation; phone: +211 918924507; email: Daniel.MUTINDA@ifrc.org

IFRC Africa Region Office:

- Rui Alberto Oliveira, Health, Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya; phone +351914758832; email: Rui.OLIVEIRA@ifrc.org

IFRC in Geneva:

- Rena Igarashi, Operations Coordination, Senior Officer, DCC Unit Geneva; email: Rena.IGARASHI@ifrc.org
- Eszter Matyeka, Senior DREF Officer, DCC Geneva Unit; email: eszter.matyeka@ifrc.org

For IFRC Resource Mobilisation and Pledges support:

- Louise Daintrey-Hall, Head of Partnership and Resource Development, phone: +254 110 843 978; email: louise.daintrey@ifrc.org

For In-Kind Donations and Mobilisation Table support:

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

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

- IFRC Africa Regional Office: Philip Komo Kahuho, Regional Head PMER, and Quality Assurance; email: Philip.kahuho@ifrc.org

Reference



- [DREF Operation](#)
-