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## Emergency Plan of Action (EPoA) Uganda: Ebola Preparedness

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF n°</b> MDRUG041	<b>Glide n°</b>
<b>For DREF; Date of issue:</b> 12 September 2018 <b>Operation start date:</b> 11 September 2018	<b>Expected timeframe:</b> 3 months <b>Expected end date:</b> 11 December 2018
<b>Category allocated to the of the disaster or crisis:</b> Yellow	
<b>DREF allocated:</b> CHF 152,685	
<b>IFRC Focal point:</b> <ul style="list-style-type: none"> <li>Marshal Mukuvare, DM Delegate for East Africa Cluster, will be project manager and overall responsible for planning, implementation, monitoring, reporting and compliances</li> </ul>	<b>National Society Focal point:</b> Josephine Okwera, Director of Health, URCS
<b>Total number of people at risk:</b> 149,300 people (or approximately 29,860 households)	<b>Number of people to be assisted:</b> 149,300 people (or approximately 29,860 households)
<b>Host National Society presence (n° of volunteers, staff, branches):</b> Ntoroko branch: 1 focal point, 33 volunteers, Bundibujjo branch: 1 staff, 60 volunteers of whom 18 part of the Red Cross Action Team, Kasese branch: 1 staff, 35 volunteers, Kisoro branch: 1 staff, 1 support-staff, 100 volunteers, Kanungu branch: 1 focal point, 33 volunteers Kabarole/Bunangabo branch: 1 staff, 72 volunteers of whom 10 part of the Red Cross Action Team. To date, URCS has deployed 5 staff and 180 volunteers in Bundibugyo, Kasese, Kabarole, Kisoro and Rukungiri/Kanungu districts.	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> Alert shared with Movement partners in country: Austrian Red Cross, Belgian-Flanders Red Cross, Canadian Red Cross, German Red Cross, Netherlands Red Cross, the ICRC.	
<b>Other partner organizations actively involved in the operation:</b> MoH, WHO, UNICEF, UNHCR, IOM, CDC, USAID	

### A. Situation analysis

#### Description of the disaster

Following the declaration of the 9th Ebola Disease Outbreak (EVD) on 8 May 2018 by the Democratic Republic of Congo (DRC) Ministry of Health, the WHO has raised the alert for neighbouring countries of the Democratic Republic of the Congo (DRC) which share extensive borders, hosting DRC refugees and are used as corridors for DRC population movement. On 1 August 2018, just one week after the declaration of the end of the Ebola outbreak in Equator province, the 10th Ebola epidemic of the DRC was declared in the provinces of North Kivu and Ituri, which are among the most populated provinces in the DRC that also share borders with Uganda and Rwanda.

The provinces have been experiencing intense insecurity and a worsening humanitarian crisis with over one million internally displaced people (IDPs) and a continuous efflux of refugees to neighbouring countries, including Uganda, Burundi and Tanzania. Population mobility, including cross-border movements, were identified as a significant risk for disease transmission in this outbreak due to the high number of traders and miners, displaced populations and insecurity caused by rebels and militias in the area (Source IOM, 15 August 2018). Additionally, the security situation in North Kivu may hinder the implementation of response activities. Based on this context, the public health risk is considered high at the national and regional levels.

Since EVD outbreak in DRC continues to spread, WHO has been sending Preparation Support Team (PST) missions to neighbouring countries of DRC to review EVD readiness and support preparedness strategies with government and

other stakeholders including RC/RC National Societies. According to their risk profiles, the WHO has categorized four countries i.e. Rwanda, Uganda, South Sudan, and Burundi as Priority-1 and remaining five countries -- Angola, Congo, Central African Republic, Tanzania, and Zambia are Priority-2. The prioritization was done based on their capacity to manage EVD and viral haemorrhagic fever (VHF) outbreaks, and their connections and proximity to the areas currently reporting EVD cases.

The RC/RC National Societies have been supporting government efforts in updating EVD contingency plans and strategies in the early detection/surveillance of cross border population movement, training of volunteers to undertake typical EVD response activities related to infection, prevention and control(IPC), risk communication, social mobilization and community engagement, Safe and Dignified Burials (SDB), Psychosocial support and National Society capacity building and preparing for future outbreaks.

In view of the above, potential risk factors for a further EVD expansion into Uganda exist not only at national level, but also at regional level, among which:

- transport links between the affected areas, the rest of the country, and neighbouring countries;
- internal displacement of populations;
- Low level of knowledge around Ebola modes of transmission, especially among women (according to a KAP survey done in North-Kivu).
- displacement of Congolese refugees to neighbouring countries, including Uganda.

Concerning this last point, as of 30 June 2018, 288,766 Congolese from DRC fled into Uganda, 244,858 of whom arrived between January and June 2018 as a direct consequence of inter-communal violence between Lendu and Hema ethnic groups that broke out in December 2017 in Ituri province and attacks by Mai-Mai militia in North Kivu. Beside the influx of DRC refugees into Uganda for security reasons, cross border population movements between the two countries are also common for trade, family, pilgrims, health and education related services reasons<sup>1</sup>. These population movements have to be considered in addition to those entering into Uganda through official Points of Entry (PoE) for security reasons, estimated at 210 people/day between May and August 2018.

Based on the above, there is a tangible risk of EVD transmission in Uganda, especially as the affected area of Mbalako in Beni (DRC) is approximately 100 km from the western border of Uganda, with active cross-border movements in and out of Kasese, Bundibugyo, and Ntoroko districts.

Furthermore, on 17 August, the Uganda Ministry of Health (MoH) reported five (5) suspected EVD cases, which thankfully, were not confirmed after laboratory tests. Nevertheless, the situation remains critical in country, leading the MoH to undertake a series of measures to increase surveillance and preparedness, particularly in districts located along the border with the affected areas in North Kivu and Ituri provinces.

As such the MoH, under technical guidance of WHO has undertaken the below:

- activated the Public Health Emergency Operations Centre (PHEOC);
- reviewed and activated the National Ebola preparedness plan;
- instituted Ebola Prevention and Preparedness initiatives in target at-risk districts of Kasese, Bundibugyo, Ntoroko and Kabarole.

In line with the outbreak, preparedness measures were undertaken by UN agencies among which WHO, UNHCR and UNICEF which collaborate with the MoH for conducting, directly or through operational and implementing partners, preparedness activities.

The Uganda Red Cross Society (URCS) has been participating in MoH led coordination meetings and engaging in preparedness activities such as reviewing EVD contingency plan, surveillance on cross border population movement and mobilization of people for potential response. The National Society has been coordinating with in country Movement

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<sup>1</sup> Global Health Security Partner Engagement Project, Preliminary report for the Points of Entry preparedness assessment and risk mapping based on population movement and connectivity, Kasese, August 2018.

partners including IFRC, ICRC, Netherlands Red Cross, German Red Cross, Belgium Red Cross-Flanders, Austrian Red Cross and Canadian Red Cross for support in potential health, WATSAN, training of volunteers and CEA activities.

WHO, for its part, has been supporting URCS through the training of RC volunteers who have been deployed by the National Society to work in the most at risk districts. WHO and UNICEF are also supporting National Society in developing the risk communication tools and protocols for surveillance, and risks assessments.

Considering URCS's experience and skill in EVD preparedness, it has been recognized as a key partner in community risk communication, social mobilization and community engagement, community-based surveillance and screening, Safe and Dignified Burial (SDB) and Psychosocial support (PSS). It is in line with these pillars that URCS has developed this Ebola Preparedness plan of action. As such, the proposed DREF operation seeks CHF 145,512 to support 144,300 people for 3 months.



*Uganda Red Cross volunteers conducting health screening on newly Congolese entering the country through Busunga crossing point, Bundibugyo district.*

## Summary of the current response

### Overview of Host National Society

URCS is part of the Country EVD outbreak coordination mechanism with permanent representation in the national and district-led task forces. URCS has been identified by UN agencies as first responder and will need technical support to deliver this mandate. To date, URCS has conducted the training of 30 volunteers in Kabarole district for enhancing EVD surveillance in their respective communities. URCS volunteers in Bundibugyo district have been conducting screening activities. With support from UNICEF, the national society is training volunteers, developing assessment tools for interpersonal communication activities at high risk districts, implementing and monitoring mobilization activities including community dialogue and door-to-door campaign.

In addition to technical support provided by UN agencies in Kabarole and Bundibugyo, at onset of the outbreak declaration in DRC, URCS rapidly mobilized its staff and volunteers also from other branches bordering DRC, specifically from Ntoroko, Kasese, Kanungo and Kisoro to conduct risk communication, community education, community-based surveillance, screening activities and support the referral mechanism through three (3) ambulances.

To date, five (5) staff and 180 volunteers have been mobilized, including human resources involved in the ongoing Epidemic and Pandemic Preparedness Programme (CP3) funded by USAID in three (3) out of the 10 districts identified as most at risk of an EVD outbreak.

In line with strategies of the MoH and National Task Force partners, URCS developed an Ebola Preparedness Plan of Action for conducting activities in 7 districts, 5 identified as at high risk by the MoH and 2 as per request from UNHCR and UNICEF, focusing on activities where it demonstrated its added value in responding to previous emergencies (Ebola in 2000 and Marburg in 2017) such as:

- risk communication, social mobilization and community engagement including orientation of community leaders and influencers and inter-personal communication & hygiene promotion at household and community level. This will also include establishing mechanisms for tracking and responding to community feedback, including and misinformation about Ebola at community level;
- Community based surveillance and screening;
- Safe and Dignified Burial (SDB);
- Psychosocial support (PSS).

In addition to that, URCS will further integrate Ebola prevention activities in the ongoing programmes, including

- South Sudanese and Congolese refugees' response crisis respectively in Arua district and in Kyegegwa and Hoima districts;
- Community Epidemic and Pandemic Preparedness Programme (CP3) in Bundibugyo, Kamwenge and Kabale districts.

### Overview of Red Cross Red Crescent Movement in country

At the country level, URCS works with the IFRC, ICRC, and Partners National Societies (PNSs); including Netherlands Red Cross, German Red Cross, Belgium Red Cross-Flanders, Austrian Red Cross and Canadian Red Cross, of which all have delegates in country. Their sectors of intervention include WASH, Community based health and care, protection, livelihoods, preparedness and response capacity building as well as a more general National Society capacity building both at central and branch level. The variety of interventions and their extensive geographical coverage guarantee an added value in terms of provision of logistical and operational support for Ebola preparedness activities as well as for resources mobilizations coordination.

IFRC has been supporting URCS in developing this Ebola preparedness plan of action and in coordinating and enhancing resource mobilization efforts in order to ensure a concerted, rational and rapid humanitarian response to the identified needs. Moreover, IFRC is monitoring the development of the situation in DRC through its country office, which shares information with at-risk neighbouring countries for a better prevention activity planning.

As concerns ICRC support, it was communicated to URCS that ICRC would consider supporting PSS, Safe and Dignified Burial and part of the running costs of the URCS for the operation, in complementarity and full coordination with what other Movement partners would do, and according to the needs. No figures at this stage as it depends on support received by URCS. This support will be discussed during Movement coordination meetings.

### Overview of non-RCRC actors in country

Based on Update No. 13 of the “Highlights of the EVD Preparedness in Uganda” published on 17 August by the MoH, the following activities and actors are involved in preparedness activities:

Actor	Activity
MoH	Coordination, surveillance, case management, social mobilisation, burials
WHO	Technical support on coordination, Surveillance, case management
UNCHR	Refugees screening
WFP	Logistic
UNICEF	Risk communication and community engagement, WASH
CDC <sup>2</sup>	Technical support on surveillance and laboratory diagnosis
Baylor Uganda	Case management capacity building
MSF <sup>3</sup>	Case management
IDI <sup>4</sup>	Surveillance
MTI <sup>5</sup>	Surveillance among refugees

WHO has been supporting URCS through orientation meetings of the volunteers who have been deployed by the National Society to work in the most at risk districts. WHO and UNICEF are also supporting the development of the communication tools, protocols for surveillance and assessment of the risks. UNICEF confirmed its support to URCS activities related to the Ebola Preparedness, this DREF operations therefore complements what is funded by UNICEF and CP3 as further explained under “**Coordination**” below.

### Coordination

The implementation of the Ebola Preparedness activities by Uganda Red Cross will be ensured through three (3) sources of funding complementing the identified priorities. As mentioned under “**Overview of Host National Society**”, Uganda RC is currently implementing CP3 supported by IFRC with USAID funds. The activities under this project on epidemic preparedness are aligned with the priority activities for the Ebola preparedness. As such, the CP3 project will

<sup>2</sup> CDC: Centers for Disease Control and Prevention

<sup>3</sup> MSF: Médecins Sans Frontières

<sup>4</sup> Infectious Diseases Institute

<sup>5</sup> MTI: Medical Team International

contribute to the overall response through the realization of national level and district level trainings for staff and volunteers, including:

- Central Training of Trainers (ToT) on Community based surveillance;
- District level training on Community based surveillance in 3 districts out of 7 under DREF intervention;
- Central level training on Safe and Dignified Burial (SDB).

The third source of funding is from UNICEF which has supported;

- Behavioural Risk Assessment Trainings
- PSS training
- Orientation sessions with community leaders on Ebola
- Production of materials for risk communication
- Procurement of infra-red thermometers
- Supplied tents and equipment for the establishment of surveillance posts at Points of Entry

It is worth mentioning that UNICEF will conduct its:

- **community based activities** in 6 districts out of 7 identified for DREF intervention, supporting 30 volunteers per district for 1 month;
- **screening activities** in 7 Points of Entry (PoE) out of 18 identified for DREF intervention, supporting 3 volunteers per PoE for 3 months.

Concerning this last point, the number of volunteers in all PoE has been increased from three (3) to six (6) due to the needs on the ground.

Therefore, URCS through the DREF intervention aims at continuing and complementing UNICEF intervention as follows:

- **community based activities** in 7 districts for 1 month with the support of 30 volunteers per district for a total of 2 months (1 month supported 100% by UNICEF and 1 month supported 100% by DREF);
- **screening activities** in 11 PoE with the support of 6 volunteers per PoE for 1 month; CEA
- **completion of UNICEF screening activities** with the support of 3 volunteers in 7 PoE for 1 month.

The IFRC through coordination with the CP3 project and UNICEF intervention will ensure there is no overlap in budgeting as well as ensuring synergies and complementarity in the implementation of activities.

## Needs analysis, targeting, scenario planning and risk assessment

### Needs analysis

Uganda has experienced frequent infectious disease outbreaks in the past decade, including Ebola haemorrhagic fever, Marburg haemorrhagic fever, Yellow fever, cholera and Hepatitis E. The first Ebola haemorrhagic fever in Uganda was reported in 2000 in Gulu district. Since then, three outbreaks of Ebola have been reported in Bundibugyo in 2007, Luweero district in 2011, and most recently Kibaale in 2012.

*Table 1: Timeline of Ebola Viral Disease (EVD), Cases, Deaths, Survivors, Case-fatality rates, affected districts and Ebola virus species for all reported outbreaks in Uganda, 2000-2012*

Year	EVD Affected district	EVD cases	EVD Deaths	ECV Survivors	CFR (%)	Ebola Virus Species
2000	Gulu, Masindi, Mbarara	425	224	201	52.7	EBOV
2011	Luweero	1	1	0	100.0	SUDV
2012	Kibaale	11	4	7	36.4	SUDV
2012	Luweero	6	3	3	50.0	SUDV
2017	Bundibugyo	149	37	112	24.8	EDBV
	<b>Totals: 5 outbreaks; 2000-2012</b>	592	269	323	45.4	

**Note: EBOV=Ebola virus (*Zaire ebolavirus*); EDBV= Bundibugyo virus (*Bundibugyo ebolavirus*); SUDV= Sudan virus (*Sudan ebolavirus*)**

The recent EVD outbreak in the DRC created fears among Uganda communities for its easy transmission in country. The materialization of this possibility is concrete especially with regards to the already significant cross border population movements for trade, family, religious, health and education related services reasons. Since January 2018, Uganda is experiencing a high influx of Congolese refugees due to the insecurity situation in North Kivu and Ituri provinces, both affected by the current EVD outbreak. Between January and June 2018 UNHCR and the Office of Prime Minister (OPM) for Refugees registered 99,447 people coming from these EVD affected provinces and entering Uganda

through official borders seeking protection. There is a considerable number of people crossing the border from Uganda to DRC and vice versa through:

- Entebbe International Airport with daily flights between Entebbe, Kinshasa and Goma;
- Unofficial borders which are estimated as double in comparison with the approved ones used daily (approximately 57 PoE).

Therefore, considering the population movements between Uganda and DRC, it is important to enhance preparedness measures taking all necessary actions to avoid:

- An EVD outbreak in Uganda;
- Conflict situations between Ugandan and Congolese communities based on origin, which might happen due to the lack of knowledge of Ebola transmission modality.

## Targeting

The MoH and the National Task force have identified 10 districts bordering DRC as most at risk of an EVD outbreak. Among them, priority was given to those bordering directly affected areas in DRC. URCS aims at enhancing its Ebola Preparedness interventions, in complementarity to the support provided by UNICEF, in 6 districts and 18 PoE, through the direct involvement of staff and volunteers of the following 5 branches:

*Table 3: Points of entry (PoE) targeted by DREF operation*

Branch	District	Point of Entry	Points of Entry under DREF operation
Bundibugyo	Ntoroko	Kanara, Budiba, Makindo, Rwebisengo	Kanara
	Bundibugyo	Busunga, Butoogo, Bundimilambi, Bundikaleba, Kasiri, Bulyantono	Busunga, Butoogo, undimilambi
Kasese	Kasese	Mpondwe, Kitholholho, Mirami, Kithoma, Kayanzi	Mpondwe, Kitholholho, Mirama, Kyanzi
Kisoro	Kisoro	Bunagana, Nteko, Kyanika, Busanza, Kibumba	Bunagana, Nteko, Kyanika, Musanza
Rukungiri	Kanungu	Isasha, Kyeshero, Butogota, Kihembe	Ishasha, Butogota, Kyeshero
Kabarele	Kabarole/	Akibale	Akibale,
	Bunangabo	Kabonero, Rwimi	Kabonero, Rwimi

URCS will target 194,300 people (approximately 29,860 households) as per follow:

- 210 people/day x 1 month i.e. 6,300 people crossing the border between DRC and Uganda seeking refuge as per May-August trends registered by UNHCR and OPM;
- 200 people/day/PoE x 18 PoE x 1 month i.e. 108,000 people crossing the border between DRC and Uganda and vice versa for trade, family, religious, health and education reasons;
- 5,000 people/month x 7 districts i.e. 35,000 people involved in risk communication, social mobilization and community engagement sessions.

In terms of disaggregated data for gender:

- for Congolese crossing the border for refuge, UNCHR and OPM indicate 78% of women and 56% of children;
- for people crossing the border for trade, family, religious, health and education reasons it is possible to estimate an equal proportion between man and women;
- for Ugandans it is possible to use national statistics which indicates 50,2% women and 48.8% man.

URCS will confirm, update and report on the numbers reached by gender as implementation of the activities is done.



Therefore, the likelihood that this figure will be reached and even exceeded is very high, due to additional people crossing the border due to fear of contracting Ebola and seeking better health services. To decrease the possibility of having a potential outbreak in Uganda, it is therefore essential to engage community-based volunteers for screening activities at PoE and for conducting risk communication, social mobilization and community engagement initiatives at community level both among refugees already in country and host community, with a special emphasis on community, traditional and religious leaders. Moreover, considering the easy of transmission of EVD, URCS community-based volunteers need to be properly trained and equipped.

In the event of an outbreak, there is a potential risk that tensions/violence from host communities towards refugees who could be seen as bringing Ebola to Uganda. Another risk is related to the level and type of rumours linked to Ebola, especially in relation to the Red Cross which could affect URCS' access and security.

### **Security**

To reduce the risk of RCRC personnel falling victim to crime, civil unrest or violence, active risk mitigation measures must be adopted. This mitigation measures include situation monitoring and implementation of minimum security standards, security and contingency plans. All RCRC personnel actively involved in the operations must have completed the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security).

## **B. Operational strategy<sup>6</sup>**

The proposed operation is aligned with regional EVD strategic plan and hence focusing on four key pillars

1. Risk communication and community engagement
2. Infection, prevention and control (IPC)
3. Psychosocial support (PSS)
4. National Society capacity strengthening

The regional strategic plan will complement EVD preparedness measures in terms of standard IEC materials, prepositioning of Personal Protective Equipment (PPE) and their proper use. In addition, the regional strategy will promote standard training curriculum and materials to be used to country context. Through this operation the IFRC will procure and preposition SDB kits in a strategic location for potential deployment in the event of an outbreak. The kits will include, SDB kits, body bags and PPEs.

### **Overall Operational objective**

To strengthen the existing URCS EVD response structures and mechanisms to implement timely and effective risk mitigation, detection and response measures in the event of suspected EVD cases in the seven (7) targeted high-risk districts of Ntoroko, Bundibugyo, Kasese, Kisoro, Kanungu, Kabarole and Bunangabo. The operation will also strengthen community preparedness and prevention.

In line with the Government of Uganda's Preparedness Plan and based on indications of National Task Force Partners, URCS developed an Ebola Preparedness Plan of Action for conducting activities in areas where it demonstrated its added value in responding to previous emergencies (Ebola in 2000 and Marburg in 2017) such as:

- Risk communication, social mobilization and community engagement;
- Community based surveillance and screening;
- Safe and Dignified Burials (SDB);
- Psychosocial support (PSS).

These priority activities are fully aligned with IFRC regional EVD strategic plan. Therefore, URCS preparedness plan will be supported and guided through the regional strategic plan in terms of prepositioning of materials, training of URCS volunteers and staff in SDB, IPC, risk communication, community engagement, the standardization of training tools and curriculum, mobilization of surge capacity, assessing typical burial practices to inform SDB activities and collaboration with WHO and other relevant actors.

So far, UNICEF has confirmed its support to some components of this Plan of Action for 6 out of 7 districts and 7 out of 18 PoE, leaving gaps for additional support and thus forming the base for a DREF intervention.

Therefore, URCS aims at:

<sup>6</sup> The plan should be prepared by the National Society, with support from the Secretariat technical departments and support services.



- Continuing to implement effective risk communication, social mobilization and community engagement approaches and activities, informed by community perceptions and rumours about Ebola, with the mobilization of 30 volunteers/district X 7 districts X 1 month and a Health RDRT member, with a CEA experience, for 2 months. This will allow to continue the engagement of volunteers supported by UNICEF in 6 districts for 1 month, conducting this activity for a total of 2 months. ;
- Procuring WASH and equipment materials (hand-washing facilities, Jik (bleach), HTH Chlorine, spray pumps), to facilitate screening at 18 PoE with the deployment of 6 volunteers in 11 PoE and 3 volunteers in 6 PoE in complementarity of UNICEF support for a total of 87 volunteers/ 18 PoE x 1 month;
- Conducting district level Community Based Surveillance (CBS) training involving 5 volunteers out of 30 per district, 2 facilitators per district and 1 URCS ToT per district x 7 districts. This activity will be supported by CP3 for 3 districts out of 7 under the DREF operation and will be cascading the CP3 supported Central ToT for CBS.
- Implementing psychosocial intervention through the procurement of discharge kits (for prepositioning) for 49 suspected and confirmed cases. The kits will contain household (i.e. mattress, blankets, plates, cups) and personal items (i.e. cloths) which have to be bought again after burning them as an infection control measure for suspected and confirmed cases. URCS volunteers trained in PSS will directly distribute these kits.

It is worth mentioning that the complementarity with UNICEF intervention will be realized not only in terms of implementation of activities, but also in terms of technical, coordination and logistic support. The following actions are funded by UNICEF:

- Rapid paper-based assessments to understand Knowledge, Attitudes, Practices and Behaviours (KAPB) s about EVD and thus inform on messaging and volunteer trainings in risk communication and community engagement
- Volunteer trainings in contact tracing
- Production and distribution of IEC materials
- Radio spot messages and megaphone procurement
- Trainings and orientation of local leaders, cultural and religious leaders on EVD.

As such, on the basis of the experience acquired in conducting Community Engagement and Accountability (CEA) activities in the South Sudanese and Congolese refugee's response operations and taking advantage of the proximity of URCS volunteers with communities, a focus on risk communication, social mobilization and community engagement for preparedness and prevention will specifically look at:

- Engagement of community structures, leaders and influencers (civic, religious, cultural leaders, as well as traditional healers) and teachers;
- Establishment of a community feedback system.

Training community volunteers on Ebola risk communication, social mobilization and community engagement, including rumour tracking and response and communication skills. Moreover, in terms of coordination support between the DREF and UNICEF funded interventions will be led by a structure composed of:

- 1 RDRT (Health with CEA experience) playing the role of Team Leader for 2 months;
- 7 NDRT (CEA/WASH/Logistic) providing technical support to URCS volunteers for 3 months;
- 297 volunteers directly implementing activities for 1 month<sup>7</sup>

With this intervention, URCS aims particularly at leveraging on its capacity both in terms of sectors of intervention, such as community-based Health, WASH with hygiene and sanitation activities and CEA in terms of risk communication and social mobilization and community engagement. Also, human resources mobilizing CEA, WASH, Logistic already skilled staffing. The structure proposed will be supported by technical staff at head quarter level i.e. URCS Disaster Management's director, Health's director, Emergency Preparedness and Response's manager.

Finally, in terms of logistic support, considering the distance between the proposed districts of intervention URCS aims at deploying three (3) vehicles for a period of 2 months.

In order to capitalize on the experience URCS intends to conduct a lesson learnt workshop. The participation of main actors involved in the intervention will enable to fully examine the strengths and weaknesses to build up for future actions. Meeting sessions will also be held to review contingency and preparedness plans. Gaps will further help URCS to prioritize areas that were already identified during the PER capacity assessment conducted in the framework of CP3.

<sup>7</sup> 30 volunteers/ districts x 7 districts = 210 volunteers + 6 volunteers/PoE \* 11 PoE = 66 volunteers + 3 volunteers/PoE \* 7 PoE = 21 volunteers

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Not included in the proposed intervention, but complementary to it, in the framework of the response to the South Sudanese and Congolese refugee crisis in Arua Kwegwa and Hoima districts, URCS will further integrate Ebola prevention activities in the ongoing programmes.

## C. Detailed Operational Plan



### Health

**People targeted: 35,000**

Male: 17,430

Female: 17,570

**Requirements (CHF): 111,264**

**Needs analysis:** In order to increase the awareness and knowledge on prevention and control of EVD and avoid any conflict situations between Ugandan and Congolese communities based on origin, which might happen due to the poor knowledge of Ebola transmission, URCS will focus on:

- Conducting at district level a training on Community Based Surveillance for URCS volunteers;
- Realizing risk communication and hygiene promotion at household and community levels, including reaching out to community and opinion leaders, and establishing rumour tracking and response in 7 targeted districts
- The procurement of 49 discharge kits for suspected and confirmed cases.

In line with WASH and CEA guidelines, any suspected case, as well as unusual events or rumours will be reported to health facilities, which through their officers will undertake initial investigations according to National Technical Guidelines for Integrated Disease Surveillance and Response (IDSR) and will report to national disease Epidemiology & Disease surveillance department.

**Population to be assisted:** 35.000 people (approximately 6,000 households), calculated at 5.000 people/district of intervention x 1 month

**Programme standards/benchmarks:** The activities under this section will follow strictly WHO regulations and standards for preventing and controlling the spread of Ebola virus.

<b>P&amp;B Output Code</b>	<b>Health Outcome 1: The immediate risks to the health of affected populations are reduced</b>	<i># of people reached by NS with services to reduce relevant health risk factors (Target: 35,000 people)</i>
	<b>Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population</b>	<ul style="list-style-type: none"> <li>- <i># of people reached with community-based epidemic prevention and control activities (Target: 35,000 people)</i></li> <li>- <i># of risk assessments conducted to inform activities (Target: 7)</i></li> <li>- <i># of volunteers conducting community engagement sessions at household and community level (Target: 30 volunteers/district)</i></li> <li>- <i># of volunteers PPE made available (Target:108)</i></li> </ul>

Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	5 volunteers/district x 4 districts x 3 days participate in Community Based Surveillance															
AP084	30 volunteers/district carry out interpersonal communication and hygiene promotion at household and community level in target districts															
AP084	Establishing a community feedback, including rumour tracking system															
AP021	Procurement of 108 volunteer protective equipment															
AP058	Monitoring of activities															
AP021	Procurement of 5 PPE kits															
AP021	Procurement of SDB kits															
AP021	Procurement of Body Bags															
<b>P&amp;B Output Code</b>	<b>Health Output 1.4: Epidemic prevention and control measures carried out.</b>	- # of discharge kits made available (Target: 49 kits)														
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP021	Procurement of 49 discharge kits															



### Water, sanitation and hygiene

**People targeted: 114,300**

Male: 41,146

Female: 73,152

**Requirements (CHF): 19,201**

**Needs analysis:** In order to decrease the risk of an EVD outbreak in Uganda, URCS aims at:

- mobilizing 87 volunteers conducting daily screening at 18 PoE for 1 month (6 volunteers x 11 PoE and 3 volunteers x 6 PoE in complementarity to UNICEF intervention);
- procuring hand-washing facilities, spray pumps, chlorine and bleach (JIK) along with conducting hygiene promotion activities at PoE.

**Population to be assisted:** 114,300 people (approximately 22,860 households) crossing the border at the 18 PoE identified by MoH for seeking refugees from conflict or for trade, family, religious, health and education reasons.

**Programme standards/benchmarks:** These activities under this section will follow strictly WHO regulations and standards for preventing and controlling the spread of Ebola virus.

P&B Output Code	<b>WASH Outcome1: Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services"</b>	# community-based water and sanitation management plans developed (Target:7)															
	<b>WASH Output 1.1: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population</b>	- # households reached with key messages to promote personal and community hygiene (Target: 22,860 households) - # of volunteers conducting surveillance at PoE (Target: 87 volunteers)															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP026	Develop a community-based WatSan management plan	■	■	■													
AP026	87 volunteers carrying out screening activity at 18 PoE	■	■	■	■												
AP026	Procurement of bleach, spray pumps and chlorine and installation of hand washing points to ensure IPC at 18 Points of Entry.	■	■														

## Strategies for Implementation

Requirements (CHF): 12,900

P&B Output Code	<b>Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform (This Strategy for Implementation should not be included in a DREF operation plan of action)</b>	# of National Society contingency and preparedness plans updated															
	<b>Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened</b>	# of sessions conducted to review contingency and preparedness plans (target 2)															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP022	National Society periodically reviews and updates contingency and preparedness plans in line with CP3 priority	■	■	■	■	■	■	■	■	■	■	■					
P&B Output Code	<b>Outcome S2.1: Effective and coordinated international disaster response is ensured</b>	% of National Society involvement in national EVD plans and strategies (Target: 100%)															
	<b>Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained</b>	# of RDRT and NDRT deployed in EVD response (Target: 1 RDRT and 7 NDRTs)															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

AP046	Deployment of 1 RDRT (Health with CEA experience) for 2 months and 7 NDRTs for 3 months to support risk communication, community engagement and social mobilization activities																
P&B Output Code	<b>Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.</b>	<ul style="list-style-type: none"> <li>- # of monitoring missions conducted (Target: 3)</li> <li>- # of evaluation and lessons learned reviews (Target: 1)</li> </ul>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP058	Ensure continuous monitoring of activities																
AP058	Organize a lessons-learned workshop																

## Budget

The overall budget for this operation is CHF 152,685 as detailed in below budget.

### DREF OPERATION

12/09/2018

### MDRUG041-UGANDA: EBOLA PREPAREDNESS

Budget Group		DREF Grant Budget
530	Water, Sanitation & Hygiene	8,861
540	Medical & First Aid	22,942
550	Teaching Materials	6,608
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>		<b>38,412</b>
		-
593	Transport & Vehicle Costs	15,200
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>		<b>15,200</b>
661	National Staff	8,000
662	National Society Staff	9,148
667	Volunteers	50,407
<b>Total PERSONNEL</b>		<b>67,555</b>
680	Workshops & Training	14,408
<b>Total WORKSHOP &amp; TRAINING</b>		<b>14,408</b>
700	Travel	3,000
710	Information & Public Relations	-
730	Office Costs	2,250
740	Communications	1,400
760	Financial Charges	1,140
<b>Total GENERAL EXPENDITURES</b>		<b>7,790</b>
599	Programme and Services Support Recovery	9,319
<b>Total INDIRECT COSTS</b>		<b>9,319</b>
<b>TOTAL BUDGET</b>		<b>152,685</b>

## Reference documents



Click here for:

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

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

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