www.ifrc.org
Saving lives, changing minds.

Emergency Plan of Action (EPoA)
Uganda: Marburg Viral Disease (MVD) outbreak

International Federation of Red Cross and Red Crescent Societies

DREF n° MDRUG039	**Glide n°** EP-2017-000157-UGA
For DREF; Date of issue: November 2017	**Expected timeframe:** Three (03) months **Expected end date:** February 2018
Category allocated to the of the disaster or crisis: Yellow / Orange / Red (please circle)	
DREF allocated: CHF 84,569	**Budget holder/project manager IFRC:** Sheila Chemjor is responsible for implementation, reporting and compliance.
Total number of people affected: 288,209 people (population of 3 target districts)	**Number of people to be assisted:** 52,971 direct beneficiaries (26,394 males and 26,577 females)
Host National Society presence (n° of volunteers, staff, branches): Through its Kapchorwa Branch, the Uganda Red Cross Society (URCS) has so far deployed a total of 42 volunteers, and 2 Program Managers, who are supporting the interventions in the field. At the National level, one national staff is representing the NS in the National Task Force coordination mechanisms; 200 volunteers will be mobilized in total for the DREF operation.	
Red Cross Red Crescent Movement partners actively involved in the operation: Alert shared with Netherlands Red Cross, Belgium Red Cross and German Red Cross, ICRC country offices. Kenya Red Cross has been notified due to the risk on their boarder.	
Other partner organizations actively involved in the operation: Ugandan Ministry of Health, World Health Organization (WHO), United Nations Children's Fund (UNICEF), Ugandan Delegation of the European Union (EU), Médecins Sans Frontières (MSF).	

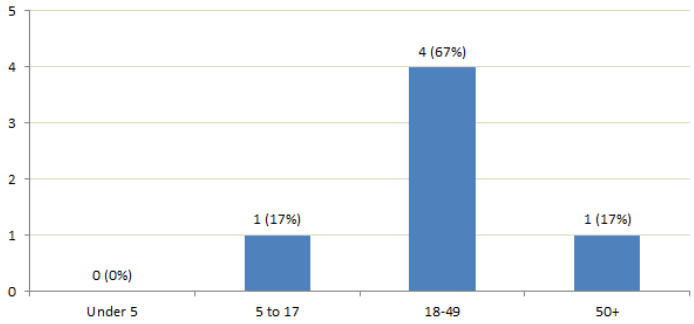
A. Situation analysis

Description of the disaster

The Ugandan Ministry of Health officially declared an outbreak of Marburg Viral Disease (MVD) in Kween and Kampchorwa districts in the North Eastern part of the country on 19 October 2017 after laboratory diagnosis and confirmation of a positive case of MVD by PCR at the Uganda Virus Research Institute. As of 28 October 2017, a total of 6 cases; composed of 2 confirmed, 1 probable and 3 suspected cases; which had epidemiological links to the confirmed case. A cumulative total of 3 deaths (2 confirmed and 1 probable) have so far been recorded. There are currently 2 cases on admission at the MVD isolation facility established at Kampchorwa Health Centre IV, in Kaphorwa district. A total of 258 contacts (175 in Kween district and 83 in Kapchorwa district) have so far been listed, 62 of whom have already completed 21-days follow up, while the rest are still under follow up.

*Figure 1: **Figure 2:** Uganda Red Cross volunteers supporting Infection Prevention & Control (IPC) at the MVD Isolation facility at Kapchorwa Health Centre IV.*

Despite the fact that all age groups are at-risk of being infected with MVD, the current outbreak has majorly affected young adults within the age range of 18-49 years (67%) while others are 5-17 years old (17%) and above 50 years of age (17%).



The outbreak has since spread affected three districts of Kween, Kapachorwa and, most recently Bukwo district where contacts of the last confirmed case are yet to be traced. Bukwo has porous borders with lots of cross-border activities. The risk of exportation of the outbreak into Kenya through Kitale, Endebess and other communities neighboring Bukwo district is high, with some potential contacts already identified on the Kenyan side. This requires intensified cross-border surveillance between the two Governments as well as within National Societies.

A significant response from MoH, WHO and other partners including URCS volunteers has been under way since the start of the outbreak. The multi- stakeholder teams of experts will remain on ground in Kapchorwa and Kween district until the outbreak is fully contained.

Summary of the current response

Overview of Host National Society
Immediately after the outbreak was declared, the URCS, through its Kapchorwa Branch; which also covers the districts of Kween, and Bukwo rapidly mobilized volunteers and deployed them to support with Safe & Dignified Burial, risk communication, and contact tracing. The URCS has been part of the country's outbreak coordination mechanisms with permanent representation in the national and district-led meetings. So far, a total of 42 volunteers and 2 staff have been deployed and now involved in SDB, social mobilization, contact tracing and follow up, as well as supporting referral mechanism using a Red Cross ambulance dispatched to Kween district. The URCS has been involved in MVD response in all previous outbreaks, and thus garnered residual experience especially in the field of social mobilization, contact tracing and follow up as well as community based surveillance and referral actions. However, there is limited capacity to deliver professional SDB functions, thus requiring external support of RDRT; preferably one with experience from the recent West African Ebola Virus Disease operation. The total operation requires support from 200 volunteers.

Overview of Red Cross Red Crescent Movement in country
The IFRC's presence in country in the ongoing South Sudanese refugee operation will provide a leverage for necessary logistical and operational support to the MVD operations, when launched. The presence of in-country ICRC delegation and Participating National Societies (PNSs); including the Netherlands, German and Belgium– Flanders Red Cross Societies will facilitate effective joint coordination amongst the Movement partners and the National society.

Overview of non-RCRC actors in country
Investigation into the outbreak is ongoing, with response in the sectors of case management, surveillance & contact tracing, social mobilization, Safe and Dignified Burial (SDB), Infection Prevention and Control (IPC), and Psychosocial support have been initiated. The Ministry of Health (MOH) is working closely with partners, including World Health Organization (WHO), UNICEF, Médecins Sans Frontières (MSF), European Union/ECHO Uganda delegation, Uganda Red Cross Society, Centers for Disease Control (CDC) US, Infectious Disease Institute (IDI), WALIMU and others to control the outbreak. The MOH and WHO have deployed a team to the district to support the outbreak investigation and response, including case contact tracing. The national and district taskforces have been reactivated, with daily meetings and joint field missions. National and District outbreak response plans have been developed, and being utilized to mobilize required resources for response. Key interventions and activities documented in this Emergency Plan of Action (EPoA) mirror into the respective outbreak response plans, majorly focusing on critical areas where the Red Cross possess comparative advantage of, and yet they remain largely unfunded, with serious resource gaps.

Main partners, with respective technical sector of support are listed in table below:

Actor	Surveillance	Laboratory	Case Management	Social mobilization and community engagement	Logistics	Psychosocial	Coordination	WASH	SDB
AFENET [1]									
CDC									
IDI									
JMEDDIC									
MoH									
MSF									
UNICEF									
UPHFP - MoH									
URCS									
UVRI									
WHO									

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

This outbreak comes as the fifth episode of MVD so far experienced in Uganda, and immediately after the huge outbreak of Ebola Viral Disease (EVD) in West Africa. These situations create large fears in the general public, when reflecting on the devastating effects of these previous outbreaks.

There is limited health literacy; low knowledge about MVD as per study findings of Luke Nyakaruhuka *et al.* (September 2017) which showed only 48.5% knowledge level. This poses a high risk of adopting MVD preventive measures; thus, propagating the spread of the disease. This need to be countered by intensified health promotion and public awareness campaigns through selected evidence-based social behavioural change communication (SBCC) strategies and actions.

There is fear for secondary transmission of the disease in the general public within and outside the affected districts, as some of the close contacts to the confirmed and probable cases still remain unidentified, thus posing a bigger risk to a wider population.

Targeting

All community members living in the communities where the two cases were confirmed, and other probable cases have been living, or involved in tracing persons with epidemiological link to these cases; health care workers who handled and treated the first cases with minimal barrier nursing procedures, are at high risk of infection. The communities targeted for interventions are therefore households and individuals living within the six sub-counties of Kaproron, Mayok, Kiriki (Kween district), Western Division, Kawowo (Kapchorwa district) and Suam in Bukwo district, and those where current contacts are resident. With this strategy, a total of 52,971 persons composed of 26,394 males and 26,577 females living in the 6 sub-counties will be directly targeted for specific house to house contact tracing and follow-up, health promotion campaigns, and other community interventions; while 288,209 persons composed of 144,120 males and 144,089 females will be indirectly targeted with general risk communication messaging; majorly through mass media activities. A fewer number of about 200 probable cases will be targeted with discharge packages, and psychosocial support interventions. Target number of persons targeted for SDB is not yet clear, but will be estimated with respect to known case-fatality rate for Marburg hemorrhagic fever of between 23-90% of admitted probable and confirmed cases.

[1] AFENET (African Field Epidemiology Network), CDC (Centres for Disease Control) USA, IDI (Infectious Disease Institute), MoH (Ministry of Health), JMEDDIC, PHFP (Public Health Fellowship Program), UNICEF (United Nations Children's Fund), WHO (World Health Organization), UVRI (Uganda Virus Research Institute), URCS (Uganda Red Cross Society)

Sno	District	Sub-county	Target population/Direct beneficiaries			Total sub-county Pop/Indirect beneficiaries			Target villages
			Male	Female	Total	Male	female	total	
1	Kween	Kaproron	2,531	2,582	5,113				Tulwo, Chemuron, Kapswama, Terregesi
		Moyok	2,894	2,880	5,774				
		Kiriki	2,600	2,263	4,863	47,404	46,263	93,667	
2	Kapchorwa	Western Division	9,600	9,975	19,575				
		Kawowo	3,339	3,571	6,910	51,658	53,528	105,186	
3	Bukwo	Suam	5,430	5,306	10,736	45,058	44,298	89,356	
	Total population		**26,394**	**26,577**	**52,971**	**144,120**	**144,089**	**288,209**	

Scenario planning

Current risk for the outbreaks extension focuses on the success of contact tracing and isolation of suspected cases. The potential for unknown contacts in the area is relatively high, including potential contacts across the border in Kenya.

The best-case scenario is based on assumption that there is only one person who came into contact and exposed to the infection from the animal source, and thus with good contact tracing and surveillance interventions, all key contacts with this single case will be traced, closely followed up and immediately isolated for treatment before they continue to infect others. This will presumably stop the outbreak in the next generation.

On the other hand, the most likely scenario is that some of contacts from the current probable and confirmed cases have not been traced, but will be isolated quickly once they become symptomatic and the outbreak is controlled in the next two generations, with a case count under 40. The need for prevention and control on both sides of the border is key, and ongoing successful community engagement is critical to success.

More seriously is the worst-case scenario where it is assumed that there were more than one index cases who got exposed to the animal reservoirs, coupled to the fact that the population is living in remote locations with great fear of seeking formal health care systems, in preference for traditional healers who expose many people to infections through high risk procedures of bleeding through incisions with same unsterilized sharp instruments. This will leave potentially hundreds of people exposed, thus allowing the disease to spread further into the communities, including outside the current 3 districts, with contacts spread all over the country and potentially across the border.

This plan of action is based on a most likely case scenario where the MVD outbreak will not be easily controlled within any shorter period, will continue to spread affecting other communities within Sebei sub-region region, and with possibility of exportation into Kitale and other neighbouring communities in Kenya, but with limited chance of spreading in to the whole country.

Operation Risk Assessment

It is feared that the National Society will suffer huge consequences, with large compensation costs if one of the staff and volunteers are incidentally infected with the virus, as some of them are engaged in the high-risk activities of SDB and IPC. This risk will be mitigated through proper training on SDB by WHO experts and experienced RDRT who will be deployed to support the operation. In addition, the IFRC volunteer insurance scheme (or alternative) will be provided for to lift off the costs of compensation on the part of the National Society.

The outbreak may continue to grow and spread. If this is the case, the DREF and operational strategy would need to be reviewed to ensure the NS is properly resources and supported to provided support to operational prevention and control activities.

The current impassable road network within Kween district also poses a risk that not all contacts will be closely followed up as surveillance teams cannot access homes of listed contacts, as well as failure to responds to community alerts, which poses a risk of possible secondary transmission, especially if some turn symptomatic and remain in the communities. This risk shall be mitigated by engaging community-based volunteers who have daily access to these contacts and could therefore support monitoring of their temperatures and other conditions and reporting to surveillance officers via telephone contacts.

B. Operational strategy

Overall Operational objective: To stop the spread of Marburg in three districts of Uganda.
The current outbreak, although limited in size now, presents a significant risk for extension given its proximity to the Kenya border. The Uganda Ministry of Health, National Society and partners have significant experience in dealing with highly infectious diseases, and therefore the current strategy of URCS in the DREF is focused on the following to complement other actors' actions to date:

- stopping transmission quickly through effective communication and engagement with communities.
- Supporting families whose properties have been destroyed as a measure of Infection Prevention and Control
- Mobilization of volunteers in contact tracing;
- As part of preparedness, training of safe and dignified burials teams to ensure, if probable deaths are identified at community level they can be managed safely and with dignity;
- Health promotion;
- Mobilization of volunteers trained in PSS as needed;
- Procurement of visibility materials for the volunteers (quantity 60) and PPE as included in the safe and dignified burial kits.

All the procurement will be done with the support of IFRC logistics office in Nairobi.

Lessons from previous viral hemorrhagic fever outbreaks have indicated the need for broad and compressive response including PSS, relief, RFL etc. Given the current size of the outbreak and the scenario plan, the current operational strategy is focused only on immediate interventions that can stop transmission and complement existing capacity of the partners on the ground. If the transmission chains extend, either, in terms of those infected, or geographical spread, a revision of approach will be required and a more comprehensive response from the NS will be required.

C. Detailed Operational Plan

Shelter

People targeted: 50 discharged MVD patients, and directly affected families,
Male: 66
Female: 134
Requirements (CHF) 9,591

Needs analysis:
As suspect, probable and confirmed cases who show symptoms related to the case definition are admitted in the isolation facilities, the personal possessions including beddings are often destroyed as a standard practice for Infection Prevention & Control (IPC). This often leaves affected households with inadequate household items to sustain their livelihoods and maintain adequate health and wellbeing, especially for surviving cases who are discharged home to find no item from which to start a living. If such destroyed household items are not replaced, this will cause significant challenges among the affected households, as well as create stigma and discrimination of discharged patients for fear that they would still remain infectious. Moreover, this remains a major gap as there is currently no single partner who has provided for these discharged kits.

Immediate needs:
There is need to supply non-food core household Items (NFIs); including mattresses, blankets, mosquito nets, kitchen sets, laundry soap, and condoms to an estimated 50 affected persons whose properties will have been destroyed as a result of being suspected or confirmed with Marburg viral disease.

Long-term needs:
In the long term there is need to engage individual survivors of MVD in alternative livelihood support mechanisms as their health would have deteriorated with difficulty to conduct manual activities, like digging.

Population to be assisted: an estimated 50 discharged patients will be targeted for distribution of discharge packages. These target beneficiaries come from the 6 sub-counties of Kaproron, Moyok, Kiriki, Western Division, Kawowo and Suam all in the three districts of Kween, Kapchorwa and Bukwo; that currently have documented cases or contacts.

P&B Output Code	**Shelter Outcome 1: Communities in MVD affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions**																**50 affected families are supported with essential basic household items/discharge kits**
P&B Output Code	**Shelter Output 1.1: Short and medium-term shelter and settlement assistance is provided to 50 families affected by cases of MVD to re-build their livelihoods**																**50 households provided with emergency shelter and settlement assistance**
	Activities planned Week / Month	wk1	wk2	wk3	wk4	wk5	wk6	wk7	wk8	wk9	wk10	wk11	wk12	13	14	15	16
AP005	Distribute essential household kits/discharge kits to 50 families whose properties have been destroyed as IPC strategy	*X*	*X*	*x*	*x*	*x*	*x*	*x*									

	(Kit contains 1 sponge mattress of 4'*6' dimensions, 3 blankets,2 jerry cans of 20 lit. capacity,3 bars of 100g laundry soap,5 cups,5 plates, 2 mosquito nets,2 cooking pots and 2 tarpaulins)																	
AP005	Procure and replenish one dispensary tent of 27 Sq. m. used in the initial response	*x*	*x*	*x*														

Health

People targeted: 52,971
Male: 26,394
Female: 26,577
Requirements (CHF) 51,557

Needs analysis:
A focus on preventing further transmission and stopping the outbreak is now the priority. Working with key partners the NS will support key pillars of control including community engagement to ensure contact tracing and early identification can quickly occur. Training and equipping of Safe and Dignified Burials teams is also a priority at this point in the outbreak. Although SDB is not currently being implemented at community level, if further transmission occurs it will become necessary.

Immediate needs:
There is need to mobilize and train community-based volunteers on health promotion using ECV approach in the coming one week to promote referral services for affected communities. There is need to intensify health promotion and community engagement and accountability campaigns within the affected population focusing on 52,971 persons in the 6 affected sub-counties in these geographical areas

Long-term needs:
In the long term there is the need to support ongoing ecological studies and research on Marburg for future preparedness plan and the disease outbreak control.

Population to be assisted:
The population of 6 sub-counties of Kaproron, Moyok, Kiriki, Western Division, Kawowo and Suam all in the three districts of Kween, Kapchorwa and Bukwo; that currently have documented cases or contacts will be the primary focus; and is estimated to constitute 52,971 persons (26,394 males and 26,577 females)[2]. Indirect beneficiaries will include a broad geographical reach of the district population estimated at 288, 209 persons (144,120 males and 144,089 females)[3], majorly of whom remain at risk of MVD infection; and thus, will be reached through mass media. The target population to be assisted may increase in the coming days as contact tracing is ongoing.

[2] National Housing & Population Census 2014; Uganda Bureau of Statistics (UBOS)
[3] National Housing & Population Census 2014; Uganda Bureau of Statistics (UBOS)

P&B Output Code	Health Outcome 2: The immediate risks to the health of affected populations are reduced																	
	Health Output 2.1: Community-based disease prevention and health promotion is provided to the target population																	
	Activities planned Week / Month	wk1	wk2	wk3	wk4	wk5	wk6	wk7	wk8	wk9	wk10	wk11	Wk12					
AP011	Communities identified with contacts are supported through house to house risk communication, psychosocial support	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*					
AP011	Two-way communication via mass media is delivered to the affected area and surrounding districts. Target 52,971	*X*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*					
AP011	Community engagement via key stakeholders such as traditional and religious leaders will be reinforced.	*X*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*					
AP011	Rumour monitoring is established to ensure effective communication	*X*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*					
P&B Output Code	**Health Output 2.2: Epidemic prevention and control measures carried out.**																	
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP021	Volunteers are trained in Infection Prevention and Control measures to ensure their safety	*X*	*x*	*x*	*x*	*x*												
AP021	Three SDB groups with a team of 6 are trained and equipped	*X*	*x*	*x*	*x*	*x*												
AP021	Volunteers are trained in contact tracing and community surveillance	*X*	*x*	*x*	*x*	*x*												
AP021	Support surveillance outreach activities for MVD in the	*X*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*					

# of people reached with community-based epidemic prevention and control activities

# of people reached by NS with services to reduce relevant health risk factors

	affected villages through daily follow-up for up to 500 contacts (as required) of Probable & confirmed cases of for 21 days each to monitor development of symptoms & timely isolation																	
AP021	Replenish URCS Personal protective gear and essential medical and sundry supplies for health workers & SDB teams by procuring/shipment of 350 PPE's (included in 3 x SDB kits and 6 x SDB kits)					*x*	*x*	*x*	*x*									

P&B Output Code	**Health Output 2.3: Psychosocial support provided to the target population**							**% of households & RC volunteers provided with psycho-social support therapy are able to overcome trauma & stigma related to MVD**									
	Activities planned Week / Month	w1	w2	w3	w4	w5	w6	w7	w8	w9	w10	w11	w12	13	14	15	16
AP023	Train 20 staff and volunteers from the 3 affected districts on PSP				*x*	*x*	*x*	*x*	*x*								
AP023	Provide Psycho-Social Support to affected by the MVD	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*				

P&B Output Code	**Health Output 2.4: Gaps in medical infrastructure of the affected population filled**							**# of targeted people with safe and adequate shelter and settlements**									
	Activities planned Week / Month	w1	w2	w3	w4	w5	w6	w7	w8	w9	w10	w11	w12	13	14	15	16
AP025	Procure and replenish 1 dispensary tent for support of staff & volunteer accommodation in new district of Kween	*x*	*x*	*x*	*x*												

P&B Output Code	**S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that URCS has the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform**							**# of volunteers insured**									
	Output S1.1.1: URCS has effective and motivated volunteers who are protected							**# of volunteers reached by psychosocial support**									
	Activities planned Week / Month	w1	w2	w3	w4	w5	w6	w7	w8	w9	w10	w11	w12	13	14	15	16

AP040	Insure 200 volunteers	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*					
AP040	Provide complete briefings on volunteers' roles and the risks they face	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*					
AP040	Provide psychosocial support to xx number of volunteers	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*					
AP040	Ensure volunteers are aware of their rights and responsibilities	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*					
AP040	Ensure volunteers' safety and wellbeing	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*					
AP040	Ensure volunteers are properly trained	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*					
AP040	Ensure volunteers' incentives are paid in time and they remain well motivated	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*					
P&B Output Code	**Outcome S2.1: Effective and coordinated international disaster response is ensured**							**Ratio of people reached by the IFRC disaster response operations to the people affected by these emergencies**										
	Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained																	
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP046	Initial operational start up support implemented by IFRC for the host national society and participating national societies and other common services such as ops centre and basecamp costs	*x*	*x*	*x*	*x*													
P&B Output Code	**Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.**							**# of people reached by NS with services to reduce relevant health risk factors**										
	Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues																	
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP053	Communications related to the operation are produced and disseminated			*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*						
P&B Output Code	**Outcome S3.2: The programmatic reach of the National Societies and the IFRC is expanded.**							**# of reports submitted on time.**										
	Output S3.2.1: Resource generation and related accountability models are developed and improved																	
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP058	Work on reporting, accountability to communities, community engagement and accountability																	

Budget

DREF OPERATION

06/11/2017

Marburg Uganda

AP005	Shelter assistance to households	-	-
AP006	Shelter tech. support and awareness	3,132.78	3,132.78
	Total Shelter	**3,132.78**	**3,132.78**
			-
AP007	Improvement of income sources	-	-
AP008	Livelihoods assistance	-	-
AP009	Food production & income generation	-	-
AP081	Multipurpose cash grants	-	-
AP010	Livelihoods awareness	-	-
	Total Livelihoods & basic needs	**-**	**-**
			-
AP011	Health services to communities	21,406.00	21,406.00
AP012	Voluntary blood donation	-	-
AP013	Maternal new-born and child health	-	-
AP014	Nutrition	-	-
AP015	Road safety	-	-
AP016	NS capacity for health care	-	-
AP017	HIV and AIDS	-	-
AP018	Avian and human influenza pandemic	-	-
AP019	Malaria	-	-
AP020	Tuberculosis	-	-
AP021	Other infectious diseases	20,560.00	20,560.00
AP022	Health in emergency	-	-
AP023	Psychosocial support	-	-
AP024	Immunization activities	-	-
AP025	Health needs in complex settings	-	-
AP082	Search and rescue		-
	Total Health	**41,966.00**	**41,966.00**
		-	-
AP026	Access to safe water	-	-
AP027	Treatment/reuse of wastewater	-	-

AP028	Reduction of open defecation	-	-
AP029	WASH knowledge and best practice	-	-
AP030	Hygiene promotion	-	-
	Total WASH	**-**	**-**
			-
AP031	Equitable access to services	-	-
AP032	Social inclusion-equitable status	-	-
AP033	Interpersonal violence prevention/response	-	-
AP034	Response to SGBV in emergencies	-	-
AP035	NVP-education and advocacy programs	-	-
	Total Protection, Gender and Inclusion	**-**	**-**
			-
			-
AP036	Migration assistance and protection	-	-
AP037	Migration awareness and advocacy	-	-
		-	
	Total Migration	**-**	**-**
AP001	Preparedness at community level	-	-
AP002	Response and risk red. at NS level	-	-
AP003	Green solutions	-	-
AP004	Climate change awareness	-	-
	Total Disaster Risk Reduction	**-**	**-**
			-
AP039	NS organisational capacity assessm.	-	-
AP040	NS volunteering develeopment	34,308.89	34,308.89
AP042	NS corporate /organisational systems	-	-
	Total Strenthening National Societies	**34,308.89**	**34,308.89**
			-
AP046	IFRC surge capacity	-	-
AP047	Humanitarian principles and Rules	-	-
AP048	Integrated services for NS	-	-
AP049	IFRC coord. in humanitarian system	-	-
AP050	Supply chain and fleet services	-	-
AP051	Movement coordination	-	-
AP052	Movement shared services	-	-

	Total Influence others as leading strategic partner	**-**	**-**
			-
AP053	Advocacy on humanitarian issues	-	-
AP054	IFRC policies and positions	-	-
AP055	Research and evaluation	-	-
AP058	Planning and reporting	-	-
AP059	Resource generation	-	-
AP060	Emergency fundraising excellence	-	-
AP061	NS resource and partnership dev.supp	-	-
AP064	Financial management	-	-
AP065	Administration	-	-
AP066	Staff security	-	-
	Total Influence others as leading strategic partner	**-**	**-**
			-
	Programme and Supplementary Services Recovery	5,161.50	5,161.50
	Total INDIRECT COSTS	**5,161.50**	**5,161.50**
			-
	TOTAL BUDGET	**84,569.17**	**84,569.17**

Contact Information

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

In Ugandan:

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

In the IFRC

- **IFRC East Africa Country Cluster**: **Sheila Chemjor** Senior Disaster Management Officer; phone: +254 731 033 831; email sheila.chemjor@ifrc.org
- **IFRC East Africa Country Cluster**: Getachew Taa; Head of Cluster for East Africa; Nairobi; phone: +254-202835000; email: getachew.taa@ifrc.org
- **IFRC Africa Region**: Florent DelPinto, Acting Head of Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya; phone +254 731067489; email: florent.delpinto@ifrc.org
- **IFRC Geneva:** Cristina Estrada, Response / Recovery Lead, DCPRR; phone: +41227304260; email: cristina.estrada@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- **In IFRC Africa Region:** Kentaro Nagazumi, Partnership & Resource Mobilization Coordinator; Africa Region; phone: 254 714 026 229; email: kentaro.nagazumi@ifrc.org
-

For In-Kind donations and Mobilization table support:

- **IFRC Africa Region Logistics Unit:** Rishi Ramrakha, Head of Regional Logistics Unit; phone: +254733888022; fax: +254-202712777; email: rishi.ramrakha@ifrc.org

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

- **In IFRC Africa Region:**
  Fiona Gatere, Africa Region PMER Coordinator; Nairobi; phone: +254 731 688 230; email: fiona.gatere@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere**) in delivering assistance to the most vulnerable. The IFRC's vision is to inspire**, encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.