



# IS ONE LESSON EVER ENOUGH? THE NEED TO RESPOND IN A CONTEXTUALIZED MANNER

Uganda Red Cross Society

Investing in disaster preparedness is worth it – both in terms of human lives saved and economic returns. This story aims to highlight the actions taken by the Uganda Red Cross (URCS) to ensure staff and volunteers could continue to operate during the COVID-19 pandemic.

## A Plan of Action before the first COVID-19 case was detected in the country

From the onset of the pandemic, the URCS identified that the rapid spread of COVID-19 cases worldwide might turn into an urgent situation in the country which required immediate planning. Having dealt with a virus as deadly as Ebola in the past, the National Society was well-aware of the potential consequences of epidemics and pandemics.

In January 2020, URCS set up a national task force to discuss preparedness actions in response to the pandemic. Task forces were not new to the National Society, having formed one in 2018 in response to the Ebola outbreak. The team worked on the response plan using a template received from the IFRC. The URCS' Secretary General led the response team, in conjunction with heads of departments and sector managers. **The main agenda was to create a Business Continuity Plan (BCP) with different scenarios**, including one where the situation escalates to unprecedented levels, and with the need to keep the National Society operations running to fulfil its auxiliary role in disaster response.

The BCP, as opposed to the contingency plans, was more focused on internal processes. It defined three categories of staff based on need for engagement in response activities (i.e. critical staff, alternate critical staff and non-critical staff), outlined the procedures for transport within the locked down period, and the procedures for getting professional counselling and psychosocial support. It was key that the staff and volunteers were well protected to ensure that work continued without interruptions. The scope of the plan considered many aspects, including the country's traffic light system (used to determine the severity of the outbreak, with red indicating the highest level of risk) and the deployment of critical versus non-critical staff. This meant that some staff members had to work from home to prevent cross-infection, and those whose physical presence was necessary received permits to move freely within the country during the national lockdown.

The BCP also had clear reporting guidelines, which helped in tracking staff members who contracted the virus. Staff presenting with signs and symptoms of the disease, and/or testing positive through PCR were encouraged to seek medical attention in designated hospitals, or to self-isolate at home for non-severe cases. The HR and contracted counsellors kept a close monitoring of the sick staff and volunteers. **This helped reassure staff members that their health was of great priority**, and empowered them to better serve their communities.

## Improvements for the future

As with anything that is new and created with urgency, some pitfalls were encountered. They now serve as learning points for the future:

- Working from home proved difficult for the staff, as there was little IT support. Only those working on projects which had funds received data packages for internet services. Internet connections and equipment such as laptops are crucial for remote working to be effective.
- The need for contingency funds to support initial responses to emergencies is crucial. Time lost sourcing emergency funds could be spent responding to disasters.
- Health coverage should be extended to volunteers as well, as they are largely exposed to disaster and epidemic risk and their work remains crucial to National Society operations.
- Developing a multi-hazard BCP is critical, as it helps contemplate appropriate measures to respond to various disasters and crises occurring simultaneously.



**PREPAREDNESS AREA & COMPONENT RELATED**

**ANALYSIS & PLANNING**

**Business Continuity**

**STATS**

As of January 2022, Uganda – with an estimated population of 45.74 million –, had suffered 160,352 infections and 3,474 deaths.\*

\* <https://www.worldometers.info/coronavirus/country/uganda/>

## Keys to success



- There was a **quick response** to the pandemic. While other countries speculated on the possibility of the virus spreading to Africa, the Uganda Red Cross was preparing for the worst-case scenario.
- The **BCP was dynamic**, as the task force kept adjusting it according to the unfolding situation and the national government's directives. This meant that the activities were constantly being revised and modified to suit conditions on the ground.
- The **BCP guidance and template provided** by the IFRC helped URCS to develop a plan considering different scenarios, taking into consideration both administrative and in-field operations
- **Staff members were very receptive to the BCP**, which can be attributed to clear communications and understanding of the severity of the matter from a global perspective.
- The National Society obtained from the Ministry of Health to include Uganda Red Cross **staff and volunteers among priority groups**, together with health workers, teachers and security personnel due to the nature of their work as frontline workers. This was key to protect them from the virus and/or other adverse effects as they went about their duties.



*"Given the threat the country was under, the BCP was clear and easily accepted by staff and volunteers".*

*Dr. Josephine Okwera, Director of Health and Social Services, Uganda Red Cross Society*

For more information:

- Uganda Red Cross: <https://www.redcrossug.org/>
- National Society Preparedness: [www.ifrc.org/disaster-preparedness](http://www.ifrc.org/disaster-preparedness)

This success story was developed with support from:



**+C IFRC**