THE DANISH EMERGENCY RELIEF FUND
ALERT NOTE

Guide to submission of alerts

NB: Only Danish organisations with local presence either through partner organisations or own organisation in the affected areas can raise an alert.

Please read the Danish Emergency Relief Fund's Funding Guidelines before submitting an alert (the Funding Guidelines are available here: www.cisu.dk/derf)

Instructions:
An alert is raised and submitted through the online platform *Vores CISU*. When submitting an alert
a) basic information must be submitted online.
b) an Alert Note (this document) must be attached.

In the Alert Note, you must fill either of the three sections:

- section B for rapid onset humanitarian crisis, or
- section C for slow onset humanitarian crisis, or
- section D for spike in a protracted humanitarian crisis.

Please note that the alert note must be completed with as much information as possible. CISU will need comprehensive information in order to assess the alert. The information provided has to be verifiable.

Formalities regarding the alert text (section b, c or d):
- *NUMBER OF PAGES: The text must not take up more than 1,5 pages (Arial, font size 11, line spacing 1.0, margins: top 3 cm, bottom 3 cm, right 2 cm and left 2 cm). Alerts exceeding this length will be rejected.*
- *LANGUAGE: The text can only be submitted to CISU in English.*

Section A: Basic information

Organisation:	Danish Peoples' Aid
Title of alert:	Bundibugyo virus disease in DRC and urgent WASH support for schools and border points in neighboring Uganda
Type of crisis:	***X rapid onset humanitarian crisis (please fill out section B)*** ☐ *slow onset humanitarian crisis (please fill out section C)* ☐ *spike in protracted humanitarian crisis (please fill out section D)*

Do only fill one of the following three sections, B, C, or D. You may delete the two which do not apply.

Section B: Rapid onset humanitarian crisis:

b.1 Where is the crisis? *Describe the areas affected*
The crisis is centred in the Democratic Republic of the Congo (DRC), with sustained transmission particularly in neighbouring Uganda faces continued exposure across its porous land and lake borders. Uganda's DRC-border districts are Koboko, Maracha, Arua, Zombo, Nebbi, Pakwach, Buliisa, Hoima, Kikuube, Kagadi, Ntoroko, Bundibugyo, Kasese, Rubirizi, Rukungiri, Kanungu and Kisoro, including districts bordering across Lakes Albert and Edward.

b.2 What is the nature of the crisis? *Please describe the type of crisis (e.g. earth quake, other natural disaster occurring without warning) and describe potential local social and political implications (e.g. for specific target groups).*
BVD is a severe Ebola disease spread through direct contact with infected people's blood or other body fluids, contaminated materials, or bodies during unsafe burial practices. Inadequate infection prevention and control (IPC) increases risks to caregivers and health workers. No licensed BVD vaccine or specific treatment is currently available globally.

By 20 October 2026, DRC had 9,704 confirmed cases and 4,687 deaths across 66 health zones in eight provinces. Kenya's eight secondary cases were linked to an imported case who travelled through Uganda; no wider community transmission was reported. Nigeria's case had travelled from Uganda, but the infection source remained under investigation. Uganda recorded 2 confirmed cases in its earlier outbreak; WHO/Africa CDC acknowledged its end on 27 August 2026. Porous crossings, lake travel and routine movement for school, trade, family visits and care create renewed importation risks. If infection is introduced, inadequate school WASH may hinder IPC, while fear and stigma can interrupt learning and care-seeking.

b.3 What information do you have about the situation? What is the source of that information? *Please provide available information on*

- *affected populations including specific vulnerable groups and access to these*
- *urgent emergency and/or protection needs*
- *other actors responding and coordinating (including government, community structures, the UN, INGOs)*

Please insert link(s) and/or attach relevant documentation to the alert. Documentation may be found at UN OCHA, ACAPS, or other internationally recognised sources.

Affected populations, vulnerable groups and access: The continuing Bundibugyo Virus Disease (BVD) outbreak in eastern Democratic Republic of the Congo (DRC) threatens communities in neighbouring Uganda through frequent cross-border movement.In Uganda, priority populations include border communities, mobile traders, transport workers, refugees and host communities, health workers, caregivers, and learners and staff in border-area schools. Children face additional risks from disruption of education, health care, nutrition and protection services.In Uganda, remote communities, informal crossings and lake landing sites require particular attention when planning outreach. Access should combine district health structures, local CSOs/CBOs, school management and community leaders, with arrangements that accommodate children with disabilities and people facing language or mobility barriers

Urgent emergency and protection needs: Immediate needs include reliable safe water, water storage, handwashing facilities with soap, functional and accessible sanitation, cleaning materials, appropriate protective equipment, and clear procedures for reporting illness and obtaining referral

The assessment undertaken by UWASNET in it's current partnership with UNICEF is that out of 80 schools, 24 reported a safe water source, 22 sufficient water, 15 adequate storage and 16 sufficient latrines. Chlorine was available in only 9 of 69 valid responses, while 9 of 71 schools had improvement plans. **Actors responding and coordinating:** Uganda's Ministry of Health

leads national preparedness and response through national coordination mechanisms, technical pillars and district task forces. UNICEF supports government-led preparedness while protecting WASH, education, health and child-protection services. WHO supports surveillance, clinical readiness, supplies, community engagement and cross-border preparedness. UWASNET coordinates participating CSOs/CBOs under its UNICEF-supported school programme, working with district health and education teams

Sources and supporting documentation

- Ministry of Health update, 25 October 2026, published by Uganda Media Centre
- UNICEF Uganda BVD response plan and humanitarian updates
- UNICEF update on children affected in eastern DRC, 6 October 2026
- WHO BVD outbreak response overview
- Attached UWASNET–UNICEF Q1 progress report and Ministry of Health Training of Trainers presentation.

b.3.1. Describe as specific as possible when the crisis has started.
Mention specific dates if possible. Provide documentation for this.
WHO received the DRC alert on 5 May 2026; laboratory confirmation and official declaration followed on 15 May. Uganda confirmed and declared its outbreak on 15 May after detecting an imported case; a second was confirmed on 16 May. [6] October international spread renews preparedness urgency.

b.3.2. How could DERF grants make a difference for the crisis affected population?
Please consider the following points:
- *Rapid disbursement*
- *Short intervention (0-9 month)*
- *Meeting needs of hard to reach populations not catered for by other donors*

Build on UNICEF–UWASNET WASH in schools program through a proposed eight-month response. Rapid funding would translate validated school plans into functional WASH facilities in priority border-area schools: water-source repairs or connections, storage tanks, handwashing stations with soap, and rehabilitation of accessible, sex-separated latrines.

At selected border posts and recognized crossing or landing points, provide water, handwashing, toilets and safe waste-management facilities alongside government-led screening and referral.

Section C: Slow onset humanitarian crisis

c.1 Where is the crisis? *Describe the areas affected*

c.2 What is the nature of the crisis? *Please describe the type of crisis (e.g. climate change disasters, environmental degradation, desertification or other slow onset crisis) and describe potential local social and political implications (e.g. for specific target groups).*

c.3 What information do you have about the situation? What is the source of that information?
Please provide available information on
- *affected populations including specific vulnerable groups and access to these*
- *urgent emergency and/or protection needs*

- *other actors responding and coordinating (including government, community structures, the UN, INGOs)*

Please insert link(s) and/or attach relevant documentation to the alert. Documentation may be found at UN OCHA, ACAPS, or other internationally recognised sources.

c.3.1 Provide as strong as possible evidence of why there is a change in the current slow onset crisis. Describe also when the change occurred (m*ention specific dates if possible).*

c.3.2. How could DERF grants make a difference for the crisis affected population? *Please consider the following points:*

- *Rapid disbursement*
- *Short intervention (0-9 months)*
- *Meeting needs of hard-to-reach populations not catered for by other donors*
-

c.4 Are you already responding to this emergency? In which locations/sectors? For which target group? Through which forms of local presence? What is the outcome of your latest assessment and what have you done since then?

Section D: Spike in a protracted humanitarian crisis

d.1 Where is the crisis? *Describe the areas affected*

d.2 What is the nature of the crisis? *Please describe the type of crisis (e.g. armed conflict, famine or other situation where significant portion of the population is acutely vulnerable to death, disease or other disruption) and describe potential local social and political implications (e.g. for specific target groups).*

d.3 What information do you have about the situation? What is the source of that information? *Please provide available information on*

- *affected populations including specific vulnerable groups and access to these*
- *urgent emergency and/or protection needs*
- *other actors responding and coordinating (including government, community structures, the UN, INGOs)*

Please insert link(s) and/or attach relevant documentation to the alert. Documentation may be found at UN OCHA, ACAPS, or other internationally recognised sources.

d.3.1 Do you consider there to be a spike/change in a slow onset/chronic crisis or in a protracted humanitarian crisis? If yes, provide as strong as possible evidence for this current spike (*how has the situation changed)*.

d.3.2. Describe as specific as possible when the spike has started.
Mention specific dates if possible. P*rovide documentation for this.*

d.3.3. How could DERF grants make a difference for the crisis affected population? *Please consider the following points:*

- *Rapid disbursement*
- *Short intervention (0-9 month)*
- *Meeting needs of hard-to-reach populations not catered for by other donors*

d.4 Are you already responding to this emergency? In which locations/sectors? For which target group? Through which forms of local presence? What is the outcome of your latest assessment and what have you done since then?