



*A URCS volunteer carrying posters to sensitise people about the Ebola viral disease and how they can stay safe.*

Appeal No: <b>MDRUG047</b>	IFRC Secretariat Funding requirements: <b>CHF 5 million</b> Federation-wide Funding requirements: <b>CHF 10 million</b>	
Glide No: <b>XX-2014-123456-XXX</b>	People [affected/at risk]: <b>4.5 million people</b>	People to be assisted: <b>2.7 million people</b>
DREF allocation: <b>CHF 700,000</b> (CHF499,259 already disbursed)	Appeal launched: <b>28/09/2022</b>	Appeal ends: <b>30/09/2023</b>

# SITUATION OVERVIEW

An outbreak of the deadly Ebola virus has been declared in Uganda. Without fast and effective measures to contain the outbreak, it could quickly spread throughout the country, causing illness and death on a devastating scale.

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). The Ebola virus, part of the class of filoviridae, has multiple strains, of which the Zaire and Sudan strains are the most common. The Sudan virus disease (SUDV) is a severe, 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.

The index case – a 24-year-old man – sought care at the nearest health facility (St. Johns Medical Clinic in Katwe) on 14 September with a high fever,

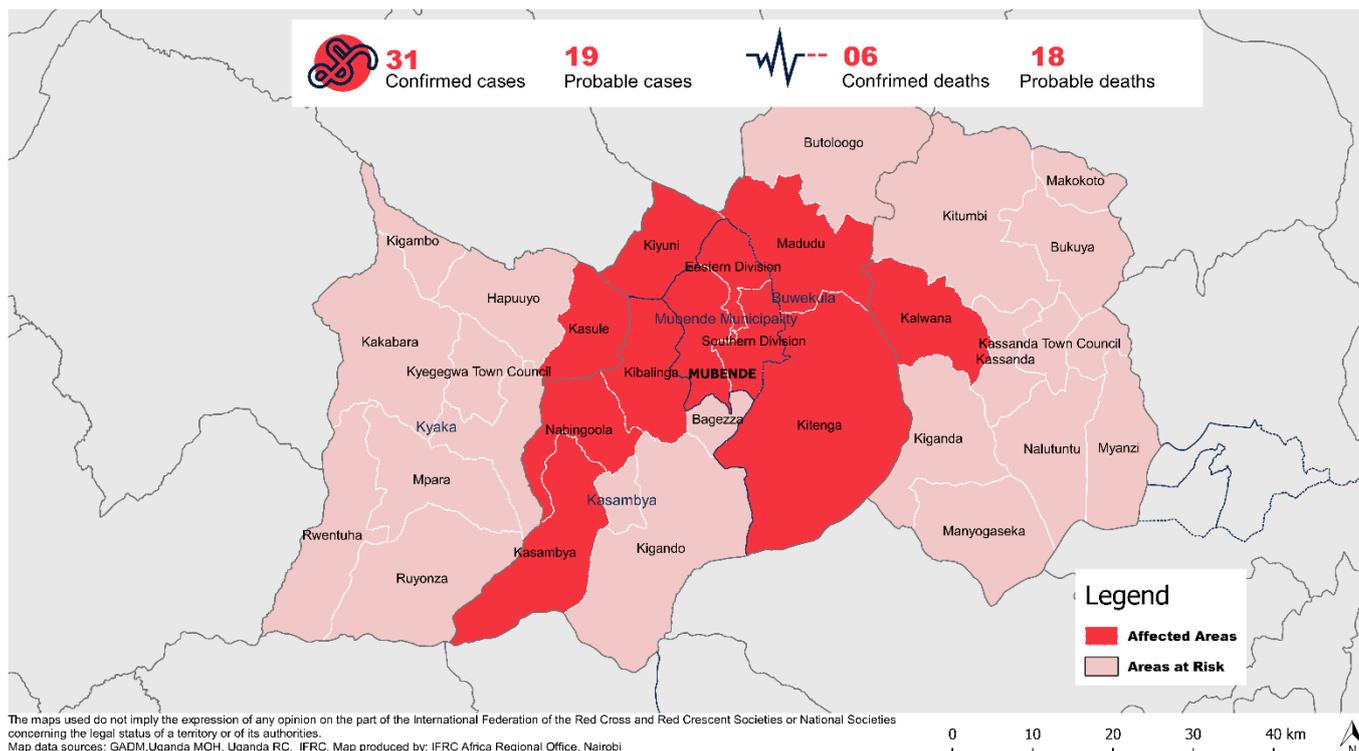
convulsions, blood-stained vomitus, and diarrhoea. He was initially managed for pneumonia before being referred to and isolated in the Mubende Regional Referral Hospital. While in the isolation unit, he developed a yellowing of the eyes, tea coloured urine and complained of abdominal pain. On 17 September, the patient was not showing any signs of improvement. The clinical team then decided to take a sample from the patient having suspected a viral haemorrhagic fever. The sample was received at the VHF laboratory at the Uganda Virus Research Institute (UVRI) on 18 September, and the results were released on 19 September. The confirmed index case died early in the morning of 19 September, and a safe and dignified burial was conducted.

Through contact tracing efforts of the Ministry of Health and partners, more suspect cases were identified and tested, and as of 28 September, 31 cases had been confirmed through laboratory testing, while an additional 19 are considered probable cases (cases evaluated by a clinician or deceased, with an epidemiological link with a confirmed case, but without laboratory confirmation). Of the 50 cases (31 confirmed cases, 19 probable) reported as of 28 September, 24 are



## Uganda : Ebola Outbreak

28th September 2022



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.  
Map data sources: GADM, Uganda MOH, Uganda RC, IFRC. Map produced by: IFRC Africa Regional Office, Nairobi

now deceased (6 confirmed cases, 18 probable - a case fatality rate of 48%). It must be noted that the index case (the first confirmed case) came into contact with several groups prior to being tested and confirmed for Ebola – in the community and with several health practitioners, among others. The time lapse up to the point the case was confirmed increases the risk of infection, given the lack of appropriate protective equipment and that no infection prevention measures were taken by those who had contact with the individual. For this reason, the current outbreak transmission tree has identified three clusters of cases, all related to the index case, with over 414 contacts spread across the country that must be immediately followed. The number of contacts will likely continue to increase, as more cases are confirmed, and new clusters emerge.

Ugandan authorities and partners are facing challenges in understanding the depth of the outbreak and containing the spread of the virus. The main challenge so far has been community reluctance and low risk perception (in some instances spiralling to violence) in accepting the recommendations and guidance provided by health practitioners and social mobilisers. Misinformation,

mistrust and conspiracy theories have spread quickly across the affected districts. This is coupled with fears of the treatment centres and from healthcare workers' overexposure to the virus. The other challenges are related to inadequate staffing, lack of infection prevention and control (IPC) at health facilities and Ebola treatment units (ETU), and the lack of isolation units and overall capacity to conduct safe and dignified burials.

The Uganda Red Cross Society (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 with contact tracing, 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 numerous lives.

## **TARGETING**

This Emergency Appeal aims to 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 the districts that have confirmed positive cases (at the moment covering Mubende, Kyegegwa and Kasanda districts; but this may expand to newly affected areas); and 2) scale-up readiness in the most at-risk districts by mobilising stocks and training volunteers in the National Society core intervention sectors (as described in the planned operations section).



*Orienting Village Health Teams (VHTs) in Kicucuulu village, Kiruuma Sub-County so they can start on risk communication & community engagement (RCCE), community-based surveillance (CBS), and rumour tracking in Mubende.*

## **PLANNED OPERATIONS**

Through this Emergency Appeal, the IFRC aims to support the URCS in the 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 and contact tracing), 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, the duty of care, and the security of staff and volunteers will also be core components of the response. The emphasis is being placed 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. 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 including Water, Sanitation and Hygiene (WASH)

*(Mental Health and Psychosocial Support/Community Health)*

URCS volunteers will be mobilised to support the early detection of new cases through active case finding and surveillance (community-based surveillance and support to contact tracing). The URCS will offer ambulatory pre-hospital care and stand ready to support the government with safe and dignified burial (SDB) activities and direct psychosocial interventions for those affected. The Red Cross will engage people in the concerned districts with health promotion activities including risk communication and community engagement together with collecting, analysing, and responding to community feedback. The URCS will deepen the 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.

## Protection and Prevention

*(Protection, Gender and Inclusion (PGI), Community Engagement and Accountability, Migration, Environmental Sustainability, Risk Reduction, Climate Adaptation and Recovery, Education)*



The URCS aims to support the most vulnerable during this EVD outbreak. The National Society will ensure that groups most at risk or exposed are offered continuous support. Furthermore, attention will be placed on ensuring 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 to develop 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.

## Enabling approaches

The sectors outlined above will be supported and enhanced by the following enabling approaches:



### Coordination and partnerships

Facilitate engagement and coordination with Participating National Societies and the ICRC in the design of the response, leveraging the expertise and resources available through a Red Pillar approach, and ensuring alignment with relevant external actors, including the government's policies and programmes, development actors, UN agencies and non-governmental organisations (NGOs).



### IFRC Secretariat services

The IFRC will facilitate an effective Federation-wide response, with support from the Juba Country Cluster Delegation and Africa Regional Office. The IFRC will 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.



## National Society Strengthening

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.

The planned response reflects the current situation and is based on the information available at the time of this Emergency Appeal launch. Details of the operation will be updated through the Operational Strategy to be released in the upcoming days. The Operational Strategy will also provide further details on the Federation-wide approach which includes response activities of all contributing Red Cross and Red Crescent National Societies, and the Federation-wide funding requirement.

## RED CROSS RED CRESCENT FOOTPRINT IN COUNTRY

### UGANDA RED CROSS SOCIETY



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

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 governance structure comprises Branch Governing Boards, a Central Governing Board, and the National Council. The management structure is comprised of the Secretary-General, Directorates, Departments/Programmes including Organisational Development (OD), Health and Social Services (HSS), and Disaster Risk Management (DRM), with support units comprised of Planning, Monitoring, Evaluation & Reporting (PMER), Finance and Accounts (F&A),

Supply Chain Management (SCM), Internal Audit, Human Resource and Administration, including ICT, Public Relations, and Resource Mobilisation (RM). The URCS works with the Government of Uganda and partners with private and civil society organisations including corporate entities, United Nations (UN) agencies, NGOs, and Movement partners. The scope of activities has increased tremendously serving over one million people in the last five years. Nevertheless, as the capabilities of the National Society grew to a credible humanitarian actor and partner, the internal institutional systems and structures are still in the adjustment process, hence, the IFRC will provide close support to ensure good governance and programme standards.

The URCS has a very well-resourced health department with health experts in different areas directly linked to the epidemic response. The Community Pandemic Prevention and Preparedness (CP3) programme is being implemented, and the National Society recently undertook an Ebola Preparedness programme.

### IFRC Membership coordination

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 ensuring good coordination within and outside the Movement. An IFRC disaster management delegate has been deployed as the operations manager working in line with the CP3 health delegate and emergency finance delegate in-country. The IFRC has also provided public health in an emergency surge, providing technical health support.

Four Participating National Societies (PNSs) in-country have provided 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. Other PNSs provide bilateral support to ongoing programmes and operations managed by the URCS, including the Kuwait Red Crescent, Swedish Red Cross, and Turkish Red Crescent.

### **Red Cross Red Crescent Movement coordination**

The IFRC Secretariat plays an essential role in ensuring effective coordination across the Movement, through the IFRC Juba Country Cluster Delegation. In this response, both the IFRC and ICRC are providing advice on overall safety and security support to Movement partners. The IFRC Country Cluster Delegation is in regular coordination with the ICRC Country Delegation for Uganda, Rwanda, and Burundi. Regular meetings are held to make sure there is strong coordination and effective technical support to the URCS, and complementarity, as well as to ensure a harmonised response plan.

### **External coordination**

The Ministry of Health has established daily national task force meetings for partners for this response with the participation of Red Cross Red Crescent Movement partners. Currently, the World Health Organization (WHO) and Médecins Sans Frontiers (MSF) are supporting refurbishing the isolation centres and have donated tents to expand the treatment area. The WHO has also collaborated with the Ministry of Health to train frontline health workers in patient care and Infection Prevention and Control (IPC) at the Mubende Regional Referral Hospital.

The government has requested that URCS focus on four main pillars based on expertise in those domains and experience in responding to previous EVD outbreaks in Uganda. These cover coordination, surveillance with contact tracing, risk communication, community engagement, and safe and dignified burials.

# Contact information

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

## **At the Uganda Red Cross Society:**

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## **At the IFRC Country Cluster Delegation:**

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## **For In-Kind Donations and Mobilisation Table support:**

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

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### **Reference**



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