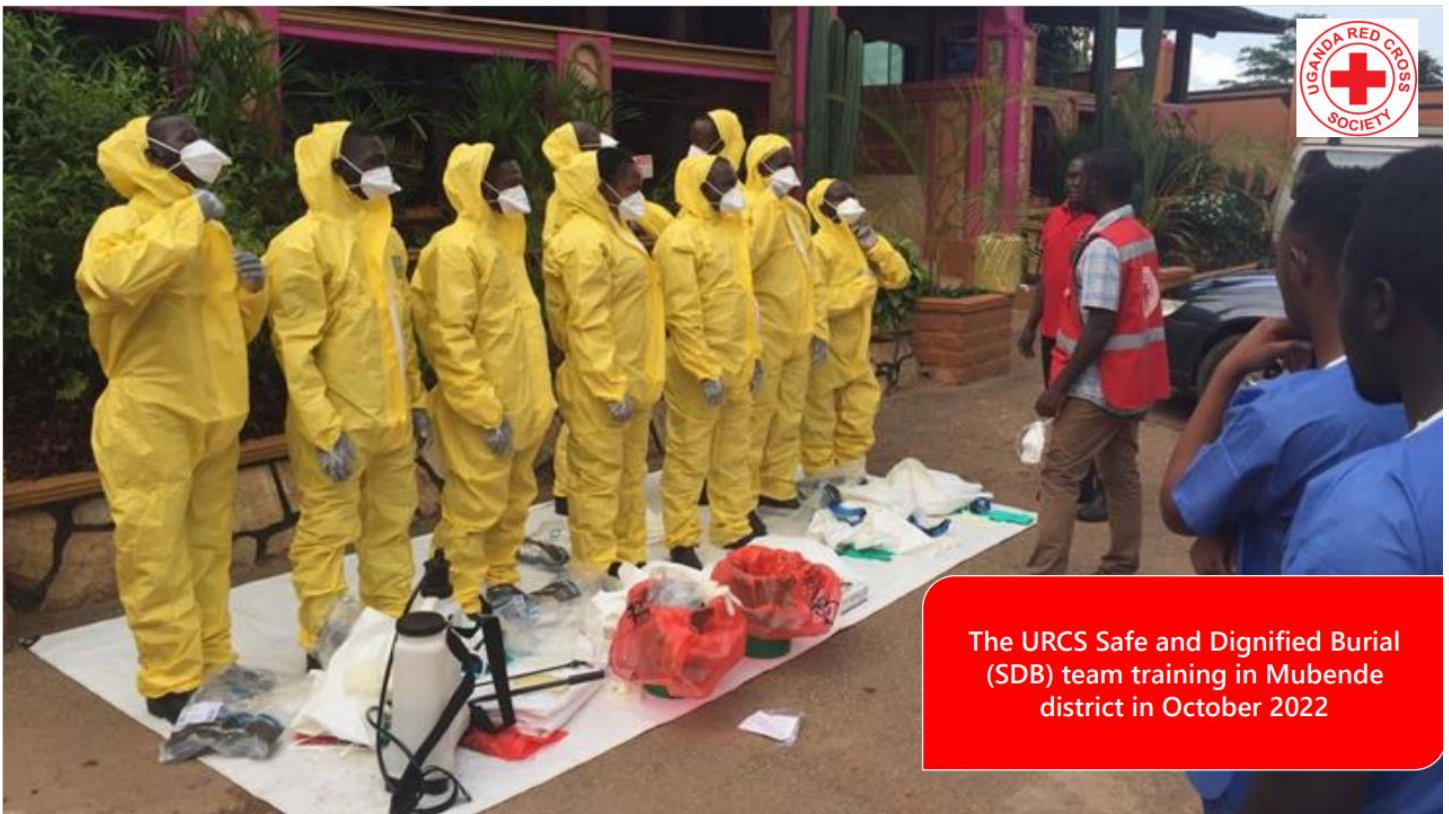


OPERATION UPDATE

Uganda, Africa | Ebola Virus Disease

Emergency appeal No: MDRUG047 Emergency appeal launched: 30/09/2022 Operational Strategy published: 21/10/2022	Glide No: EP-2022-000315-UGA
Operation update #1 Date of issue: 30/11/2022	Timeframe covered by this update: From 21/10/2022 to 04/11/2022
Operation timeframe: 12 months (23/09/2022 - 30/10/2022)	Number of people being assisted: 2.7 million people
Funding requirements (CHF): CHF 5 million through the IFRC Emergency Appeal CHF 10 million Federation-wide	DREF amount initially allocated: CHF 500.000

To date, this Emergency Appeal, which seeks CHF 5,000,000, is 58% funded. Further funding contributions are needed to enable Uganda Red Cross, with the support of the IFRC, to continue with EVD activities as outlined in the Operations Strategy



The URCS Safe and Dignified Burial (SDB) team training in Mubende district in October 2022

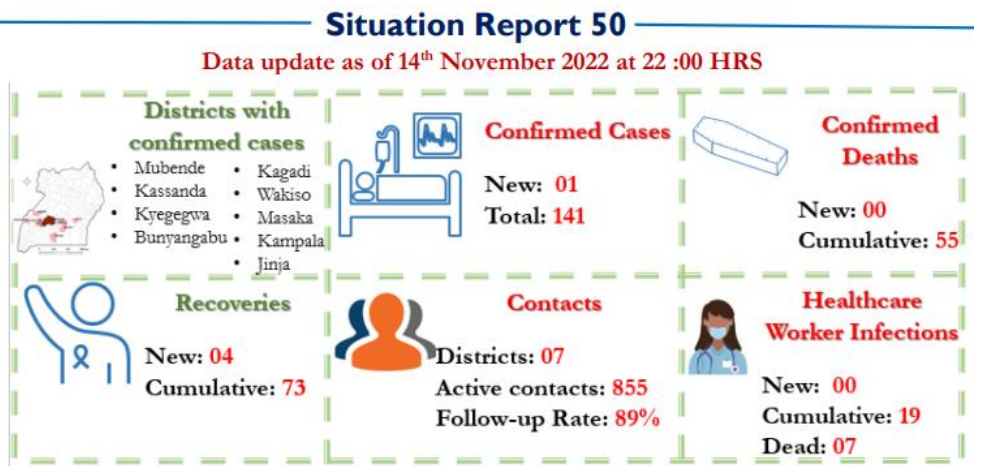
A. SITUATION ANALYSIS

Description of the crisis

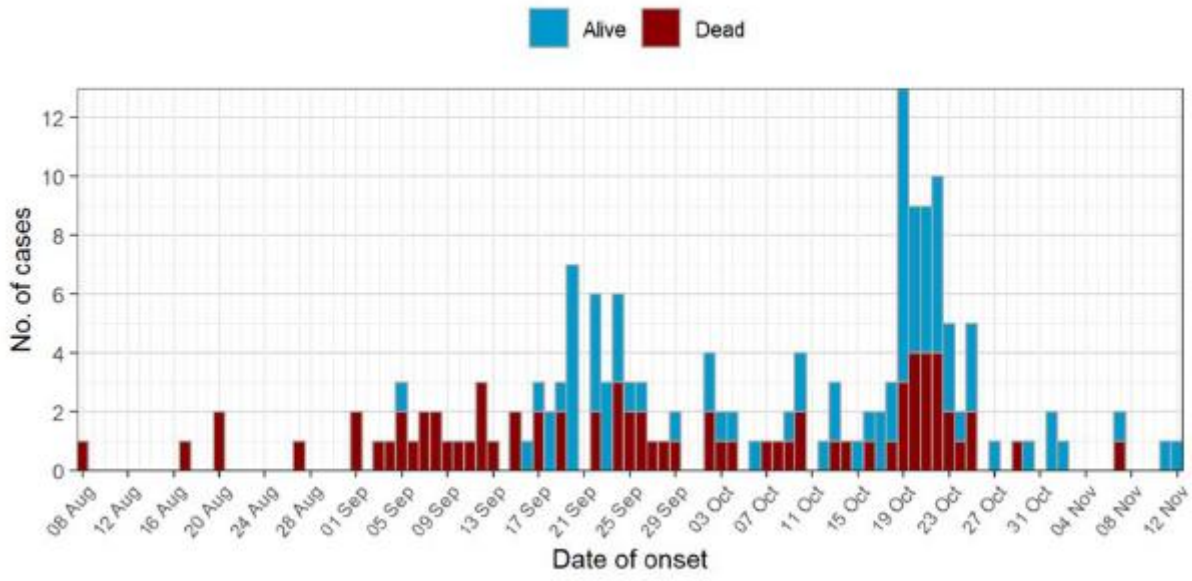
On 20 September 2022, the Ministry of Health (MoH) Uganda issued a statement announcing a positive case of the Ebola Virus Disease (EVD), of Sudan virus in the district of Mubende, 130 km west of Kampala with an index case being a 24-year-old man who sought care at St John's Medical clinic in Katwe. The Sudan virus disease (SUDV) is a severe, often fatal illness.

According to the MoH [Ug EVD SitRep#50](#) dated 14 November 2022, there were 141

confirmed cases in nine districts (Mubende, Kassanda, Kyegegwa, Bunyangabu, Kagadi, Wakiso, Kampala, and Jinja) 55 confirmed deaths, and 73 recoveries. The case Fatality Ratio (CFR) among confirmed cases is 55/141 (39%). To reduce the spread of the outbreak, the government issued a lockdown on Mubende and Kassanda districts for 21 days and which has so far been extended to additional 21 days. This lockdown has so far been reported to have reduced the spread of disease in both districts. However, by the time of this lockdown, some people had traveled to other districts including Kampala city and later turned positive. There is still a low awareness/risk perception of Ebola among community members.



Distribution of probable and confirmed cases by status and date of onset



Summary of response

Overview of the host National Society and ongoing response

The Uganda Red Cross Society (URCS) has been supporting the Ebola response since the start of the outbreak. The URCS supports five pillars, and these include.

- Case Management - (SDB and ambulance services)

- Risk Communication and Community Engagement (RCCE)
- Surveillance (Community Based Surveillance)
- Mental Health (Psychosocial support) and
- Coordination.

URCS pillar achievements:

URCS- activities	
SDB teams mobilised	3
SDBs carried out	133
Ambulances mobilised	6
Evacuations carried out	431
Volunteers mobilised - CBS and RCCE, etc	1,201
RCCE - districts reached	9
RCCE - villages reached	936
RCCE - engagements	30,000
RCCE - total population reached	283,000

RCCE

- 480 volunteers deployed to undertake CBS and RCCE. These sessions engage community members on Ebola myths, community understating of the Ebola virus, etc. This has seen the increased awareness of Ebola, its symptoms, detection and prevention measures as well as how to identify and pass communication to relevant MoH and Red Cross teams
- 2,050 VTF members deployed
- 283,000 people reached
- 531 Communal gatherings
- 2 national TV and 3 local radio sessions have so far been conducted with regular social media engagements.
- URCS Dashboard now reflects the ongoing activities under the pillar find the dashboard [HERE](#)
- Some communities still exhibit a poor acceptance of SVD response, sometimes resulting in hostility to responders. The Ministry of Health, URCS, and partners have deployed an integrated community engagement approach where RCCE is jointly conducted and analysed in these hotspot areas to improve the uptake of response actions.
- An expert team of three (3) from IFRC was deployed one (1) to support the NS on RCCE and two (2) to support the RCCE collective service on MoH request. A clear way forward for how the qualitative feedback data will be collected, coded, analysed, visualised, and shared was put in place, with support from the 510 teams. Further, a feedback mechanism SOP was drafted. A feedback coding training was conducted for the team in Mubende to code the qualitative feedback data. An inter-agency [community feedback mechanism](#) was established and handed over to MoH.

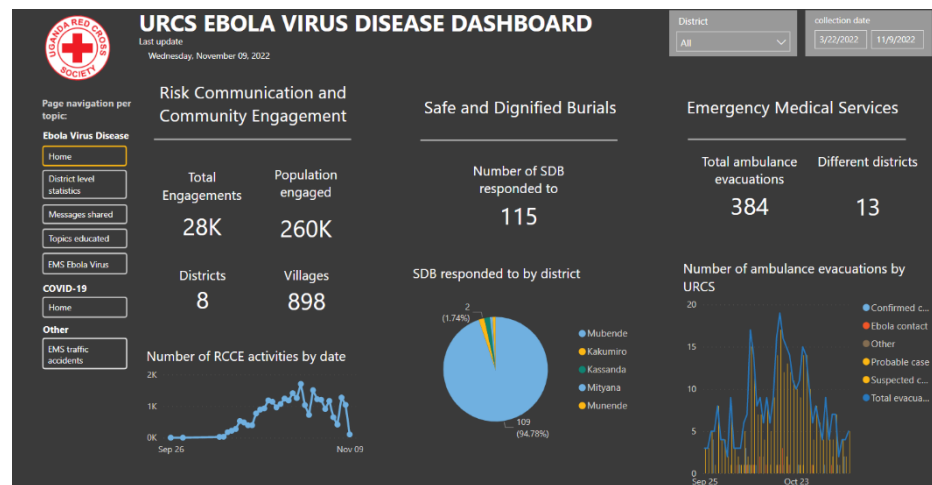


Figure 1: URCS Ebola Dashboard as of 10.11.2022

Surveillance

- 480 Villages Task force groups deployed to work in their respective communities reaching approximately 283,000 people.

- 696 alerts were raised and directed to the MoH surveillance team with an 89% follow-up rate.

Safe and Dignified Burials (SDB)

- 3 SDB teams supporting the response
- URCS has provided training support to 23 MoH sub-county burial teams (13 Mubende and 10 Kassanda)
- 133 burials conducted
- 105 houses disinfected
- 6 ambulances deployed
- 147 SDB alerts received



URCS conducting Safe and Dignified Burial training for the Mubende district team



A URCS volunteer disinfecting a home in Mubende district after conducting a Safe and Dignified Burial. This is a precautionary measure to prevent further spread of EVD

Ambulance service

- URCS deployed six (6) ambulances to respond to the outbreak stationed in Mubende. These ambulances are conducting community evacuations and facility-to-facility transfers. The ambulances together with those of the MoH are centrally dispatched through an established call and dispatched centre in Mubende subbranch. So far, as of 10th November, the URCS ambulance alone had evacuated 431 patients.

Coordination

- URCS has deployed a dedicated human resource structure specifically for the Ebola response led by an operation manager who is assisted by four different supervisors supporting: Public health interventions, Ambulance services, SDB, and Monitoring and Evaluation. The supervisors work through the different officers with diversified skills.
- URCS participates in all the task force and pillar meetings across the five response districts (Mubende, Kassanda, Kagadi, Wakiso, Kampala, Jinja, Kyegegwa, and Bunyangabu) as well as at the national level.
- At the community level, URCS is currently working with 1,201 community volunteers across nine response districts.
- The operations manager chairs daily URCS meetings in Mubende starting at 7.30 am to review progress for possible strengthening and remodeling of strategies.

Psychosocial support

- Families affected by Ebola are still stigmatized by the communities, and SVD suspects, and survivors still face rejection within the communities. The deployment of psychosocial teams as a precursor to reintroduction into the communities is going on to address this.

Needs analysis

Needs analysis remains the same as in the [Operations Strategy](#)

Operational risk assessment

Operations risk assessments remain the same as in the [Operations Strategy](#)

B. OPERATIONAL STRATEGY

Update on the strategy

The community engagement strategy

- In 2020 the government of Uganda adopted the Red Cross-community engagement and accountability approach to address the increased complacency to Covid-19 SOPs, and this was operationalized as the community engagement strategy. By this, Village task forces (VTFs) were created across all the villages of Uganda each with a minimum of five members, URCS volunteer inclusive. The concept around this structure is to strengthen disease surveillance, risk communication, contact tracing, safe burials, health promotion etc. URCS has therefore activated these task forces in 480 villages across the response districts and they have greatly contributed to early detection and reporting but also community compliance to EVD SOPs.

Establishment of burial teams to conduct low-risk burials.

- To disrupt the widespread transmission of EVD in the Mubende and Kasanda districts, the president imposed a temporary lockdown on the two districts with no mobility across. One of the directives to be implemented was to have all the burials conducted by trained teams. This was quite overwhelming for the three SDB teams of URCS. The task force thought in the direction of training MoH burial teams at sub-county levels to conduct low-risk burials (for deaths that do not meet the community case definition of a possible Ebola death). Partners contributed in various ways to have these teams trained and URCS particularly provided the trainers for this purpose. In the Mubende district, URCS was further assigned to operationalize and coordinate these teams and they are performing efficiently and effectively.

Mentorship of the community volunteers

- In collaboration with the M/E team, the health team arranges for periodic mentorship of the community volunteers, especially in the area of reporting. This is conducted across the nine response districts.

Coordination with stakeholders

- The team operates under the different national response pillars at the district level where shared responsibilities are discussed and this has provided leverage for the team, especially regarding common resources that can be shared. E.g., Vehicles, IEC materials, PPEs, etc.

Daily data analysis and reporting

- The M/E team conducts a daily analysis of data which is reviewed and provides a basis for decision-making. E.g., URCS can tailor specific responses as a result of the data collected.

Clustering of the response team


- To minimize the risk of exposure among the team members, the teams have been clustered and positioned to operate at different workstations e.g. the ambulance team operates in its zone, The SDB team has been allocated a small structure, and the Public health/M/E /management and the rest of the team operating at their station.

Psychosocial support for the response team

- Management outsourced a firm to provide psychosocial services for the teams and this is available throughout the week.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

 Health & Care		Female > 18:	Female < 18:
		Male > 18:	Male < 18:
Objective:	The spread and impact of the outbreak are reduced through community outreach in affected health zones.		
	Health Outcome 1: The spread and impact of the outbreak are reduced through community outreach in the affected health zones.		
Key indicators:	Indicator	Actual	Target
	% of CBS alerts investigated within 24 hours	0	100
<ul style="list-style-type: none"> URCS has instituted an active process of community participation in detecting, reporting, responding to, and monitoring Ebola cases in their communities. This has been integrated into the ongoing risk communication and community engagement and accountability exercises. At the point of sharing this update, URCS was yet to analyze the percentage of CBS alerts investigated within 24 hours which will be reported in the next reporting period. 			
	Health Output 1.1: The government is assisted by volunteers from the URCS for surveillance.		
Key indicators:	Indicator	Actual	Target
	# of volunteers trained in EPiC during this response	480	240
	# of volunteers trained in CBS during this response	480	240
	# of household visits	26,544	12,000
	# of CBS volunteers who are active	0	240
	# of true CBS alerts reported by trained volunteers	0	TBD
<ul style="list-style-type: none"> At the start of the operation, URCS planned to train 240 volunteers on EPiC and CBS to cover Mubende, Kassanda, and Kyegegwa, however, with more cases having been confirmed in Bunyangabu and Kagadi, URCS is planning to train an additional 240 volunteers. These volunteers have in turn visited 26,544 households for community health messaging on Ebola using the MOH-approved Information, Education, and Communication (IEC) materials. The number of households reached increased by 221% due to the government lockdown making it easy for deployed volunteers to meet people at the household level. Besides the initial five districts affected, four more districts have so far reported cases including Kampala, Masaka, Wakiso, and Jinja where 240 more volunteers have deployed to conduct RCCE activities. In total, the NS has deployed 1,201 volunteers across all the affected nine districts. URCS is making use of earlier trained and engaged volunteers during the Covid-19 pandemic making it easy for quick mobilization, reoriented, and deployment. 			

Health Outcome 2: The psychosocial consequences of the outbreak are reduced through direct support to the exposed and infected populations in Mubende and neighbouring high-risk districts.			
Key indicators:	Indicator	Actual	Target
	% of people confirmed or suspected of having been affected by Ebola receiving PSS support	0	100
<ul style="list-style-type: none"> At the point of this update, URCS had just contracted and deployed two professional counselors. Deployed volunteers have however been conducting PFA to affected people. Moving forward, beyond PFA, URCS is considering supporting MoH with PSS services to affected people 			
Health Output 2.1: The population of the affected areas of Mubende and neighbouring high-risk districts receive psychosocial support during and after the outbreak.			
Key indicators:	Indicator	Actual	Target
	# of personnel and volunteers reached by PSS support	33	480
	# of community members who received PFA	0	150
<ul style="list-style-type: none"> Two professional counsellors have been deployed to the responding teams in Mubende and Kassanda where they are conducting group and individual PSS sessions. All the 3 SDB teams and 12 ambulance crew team members are targeted for PSS. These two teams are being targeted first because of the work nature of the response. Ultimately, all the deployed 1,201 volunteers will undergo PSS sessions While conducting activities, deployed volunteers are offering PFA to affected families, however, by the time of this update, the numbers reached had not been cumulated and will be shared in coming updates. A rest and recuperation modality has been proposed for the first responders especially the SDB and ambulance teams allow recuperation. 			
Health Outcome 3: Social mobilisation, risk communication, and community engagement activities are carried out to limit the spread and impact of EVD			
Key indicators:	Indicator	Actual	Target
	# of target community members reached by health messages	94,237	5,188,525
<ul style="list-style-type: none"> At the point of this update, URCS had reached 94,237 people with RCCE services across the affected districts. A volunteer perception survey has also been developed and welcomed – this is pending approval from the URCS task force to roll out. Two inter-agency RCCE colleagues are going to Uganda under the invitation of the MoH and hopefully will be in-country soon. They are available to run community feedback workshops with URCS or support any other aspects of scaling up their RCCE activities should URCS request. 			
Health Output 3.1: Preparatory work is carried out to sensitise about 30% of the population of the affected areas of Mubende and neighbouring high-risk districts to the social mobilisation campaign of the URCS and the EVD operation.			
	Indicator	Actual	Target

Key indicators:	% of operation complaints and feedback received and responded to by the National Society	0	80
	# of volunteers trained on community feedback	0	50
	# of radio/TV broadcasts	2	24
	# of social mobilisation sessions organised	531 Communal gatherings	TBD

- URCS set up complaint and feedback mechanisms including installing boxes in Mubende and a toll-free number anchored under the NS call centre. The total complaints and feedback responded to by the NS had not been cumulated at the point of this update, however, this will be shared in coming updates.
- As a way of providing feedback and listening to community members, a total of 531 communal gatherings have been organized. These gatherings provided a platform for communities members to talk directly to the Red Cross
- Two television talk shows have been held providing the NS the opportunity to engage with the public on Ebola.

Health Outcome 4: The spread of Ebola is limited by the implementation of preparedness work and carrying out DHS under optimal cultural and safe conditions in Mubende and neighbouring high-risk districts.

Key indicators:	Indicator	Actual	Target
	% of deceased people for whom SDB were successfully carried out	85% (133 burials out of 157 alerts)	100%
	% of suspected cases who are deceased were buried within 24 hours of the initial alert	33%	100%

- URCS are the lead in SDBs and have the confidence of the other response partners. Govt declared all burials in the two lockdown districts of Mubende and Kassanda be conducted through SDBs, however, this puts a significant increase in the demand for SDBs. This directive saw an increase in burial alerts from an average of three a day to an average of nine alerts stretching the currently available force. Working with local authorities, MoH, and partners, URCS trained 10 burial teams in Kassanda and 19 others in Mubende to conduct less risky burials, a move that reduced the SDB workload.
- IFRC supported URCS in importing kits from DRC and Freetown enough to conduct 300 burials and additional kits are being sourced internationally to increase the current stocks in the country.
- URCS conducted 133 burials out of the raised 157 alerts translating to 85% achievement. The difference of 15% was reached through the community-trained burial teams and MoH SDB teams.
- URCS receives an average of 9 daily (24 hours) SDB alerts and managed to conduct an average of three (3) safe and dignified burials translating to 33%. This gap is however filled by the trained burial teams at the districts and SDB teams from MoH
- Currently, URCS has 3 teams operating in Mubende and has plans to train another 5 teams and the NS has stocks to conduct 300 burials from PPEs imported from DRC and Freetown. So far, the NS has conducted 133 burials leaving behind kits to conduct more than 185 burials. An international procurement has also been placed to procure additional kits to conduct 240 burials.



Water, Sanitation and Hygiene

Female > 18:

Female < 18:

Male > 18:

Male < 18:

Objective: Improve hygiene practices within the entire affected population.

Key indicators:	Indicator	Actual	Target
	# of ambulance/SDB car washing areas set	1	1

- The MoH has set aside a primary washing bay for all ambulances and SDB cars at the Ebola treatment units. URCS has however established a secondary washing to ensure the cars are safe for use for the next alert.
- IFRC has supplied URCS with sufficient PPEs for the SDB teams while the MoH has provided PPE kits to the URCS ambulance team



Protection, Gender, and Inclusion

Female > 18:

Female < 18:

Male > 18:

Male < 18:

Objective: Protection, Gender and Inclusion communities identify and respond to the distinct needs of the most vulnerable segments of society, especially disadvantaged and marginalised groups, due to violence, discrimination and exclusion.

Key indicators:	Indicator	Actual	Target
	# of staff and volunteers signed the Code of Conduct	480	480

- URCS is collecting all its data through the Kobo collect designed to support teams in collecting disaggregated data by gender, age, and disability.
- URCS is conducting briefing and debriefing sessions with responding teams on daily basis and has printed out guiding posters on measures to mitigate the risk of sexual and gender-based violence.

Enabling approaches



National Society Strengthening

Objective: National Societies are prepared to effectively respond to epidemics/emerging crises, and their auxiliary role in providing humanitarian assistance is well-defined and recognized.

Key indicators:	Indicator	Actual	Target
	# of supported staff dedicated to this operation	33	33

- This operation is engaging 26 staff directly and 7 others indirectly. The NS is currently finalizing recruitment of the 33 staff members fully dedicated to this operation and meanwhile while this is being done, the current structure is being supported by surge staff from existing projects mostly CP3 and ECHO PPP.



Coordination and Partnerships

Objective:	Technical and operational complementarity among IFRC membership and with the ICRC is enhanced through cooperation with external partners.		
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Key indicators:	Indicator	Actual	Target
	<i># of coordination meetings held with movement partners</i>	6	48
	<i># of coordination meetings with partners</i>	14	48

- URCS planned to have weekly coordination meetings with partners. However, only six meetings have been held instead of eight for the last two months into the operation. This was not achieved because there two senior management meetings outside of Kampala within those two months.
- IFRC joins URCS during the weekly national task force meetings and the daily district task force meetings



Secretariat Services

Objective:	Effective and coordinated disaster response is confirmed.		
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Key indicators:	Indicator	Actual	Target
	<i>NS assisted with risk register development</i>	1	1
	<i>NS assisted with BCP and workplace plan development</i>	1	1
	<i># of monitoring missions conducted</i>	1	1
	<i>NS supported with key messages</i>	1	1
	<i>NS supported with Ebola PMER framework</i>	1	1

- IFRC has supported URCS in developing its business continuity plan, workplace plan, risk register, and Ebola PMER framework.
- IFRC has deployed the head of operations, operations manager, finance, logistics, RCCE, risk manager, and health delegates who are providing technical support to the NS.

D. FUNDING

IFRC Secretariat Coverage of project associated with this	Amount Raised (CHF)	Funding Gap (CHF)	Coverage %
Total hard pledges	2,612,711	2,387,289	52%
Total hard pledges + in kind	2,612,711	2,387,289	52%
Total hard pledges + in kind + soft pledges	2,808,069	2,191,931	56%
Including interest	2,956,329	2,043,671	59%

Contact information

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

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

- IFRC Africa Regional Office: Philip Komo Kahuho, Regional Head PMER, and Quality Assurance; email: Philip.kahuho@ifrc.org

Reference documents



Click here for:

- [Operations Strategy](#)
- [Emergency Appeal](#)
- [DREF Operation](#)

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. 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.