

A person wearing a dark vest over a light-colored shirt is holding a large white poster. The poster features text and several small photographs of people. The person is standing outdoors, and the background is slightly blurred. The overall image has a light blue tint.

Rapid insights for the Ebola outbreak in Uganda : Lessons from Uganda and West Africa (Guinea, Liberia and Sierra Leone)

25 October 2022



Introduction

A rapid desk review was carried out by Geneva's Strategic Planning Department using the IFRC Evaluation Databank to focus on evaluative initiatives related to IFRC's Ebola response. The idea behind this effort is the quick capture of lessons learned that could be vital in preparing and addressing the current Ebola outbreak affecting Uganda, as well as to serve as part of any desk review for any upcoming evaluative initiatives to follow. It is clear that this review will not include all the documents available on IFRC's Ebola response as well as that some of these lessons learned and/or recommendations may have already been addressed. It is hoped though that the quick capturing of these lessons learned will provide an overview that could help the operation in capitalizing on opportunities, as well as assisting in understanding any potential barriers/challenges in such an operation.

Context

Uganda is currently facing an outbreak of the Ebola Viral Disease (EVD).

The Ministry of Health announced its first positive case of EVD ([Sudan strain](#)) in the district of Mubende on 20 September 2022. Since then more suspect cases have been identified and tested. As of 28 September, there were 31 confirmed cases and 19 probable cases. Out of these, there have been 6 confirmed deaths and 18 probable deaths- a case fatality rate of 48%. The virus is thought to have been transmitted through a spillover event and/or a human to human transmission, similar to the outbreaks in West Africa. (See CDC diagram to follow).

Uganda Red Cross is working around the clock with its 500,000 volunteers and over 300 staff members, including a skilled health department with health experts in areas directly linked to the epidemic response to combat the virus. The IFRC's Community Pandemic Prevention and Preparedness (CP3) programme is also in place, focusing on continued community epidemic and pandemic preparedness.

An initial DREF of 700,000 CHF has already been allocated and an Emergency Appeal for 15 million launched on 28 September 2022 to assist 2.7 million people.

The Emergency Appeal aims to scale-up activities that are being carried out by the URCS to respond to the new and increasing EVD cases in country. The URCS plans to target these 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).
- 2) Scale-up readiness in the most at-risk districts by mobilising stocks and training volunteers in the National Society core intervention sectors.

It is hoped that this rapid insight will provide useful information that will contribute towards this current emergency operation.

Ebola Virus Ecology and Transmission

Ebola Virus Ecology and Transmission

Ebola virus disease is a zoonotic disease. Zoonotic diseases involve animals and humans.

Animal-to-Animal Transmission

Evidence suggests that bats are the reservoir hosts for the Ebola virus. Bats carrying the virus can transmit it to other animals, like apes, monkeys, and duikers (antelopes), as well as to humans.

Spillover Event

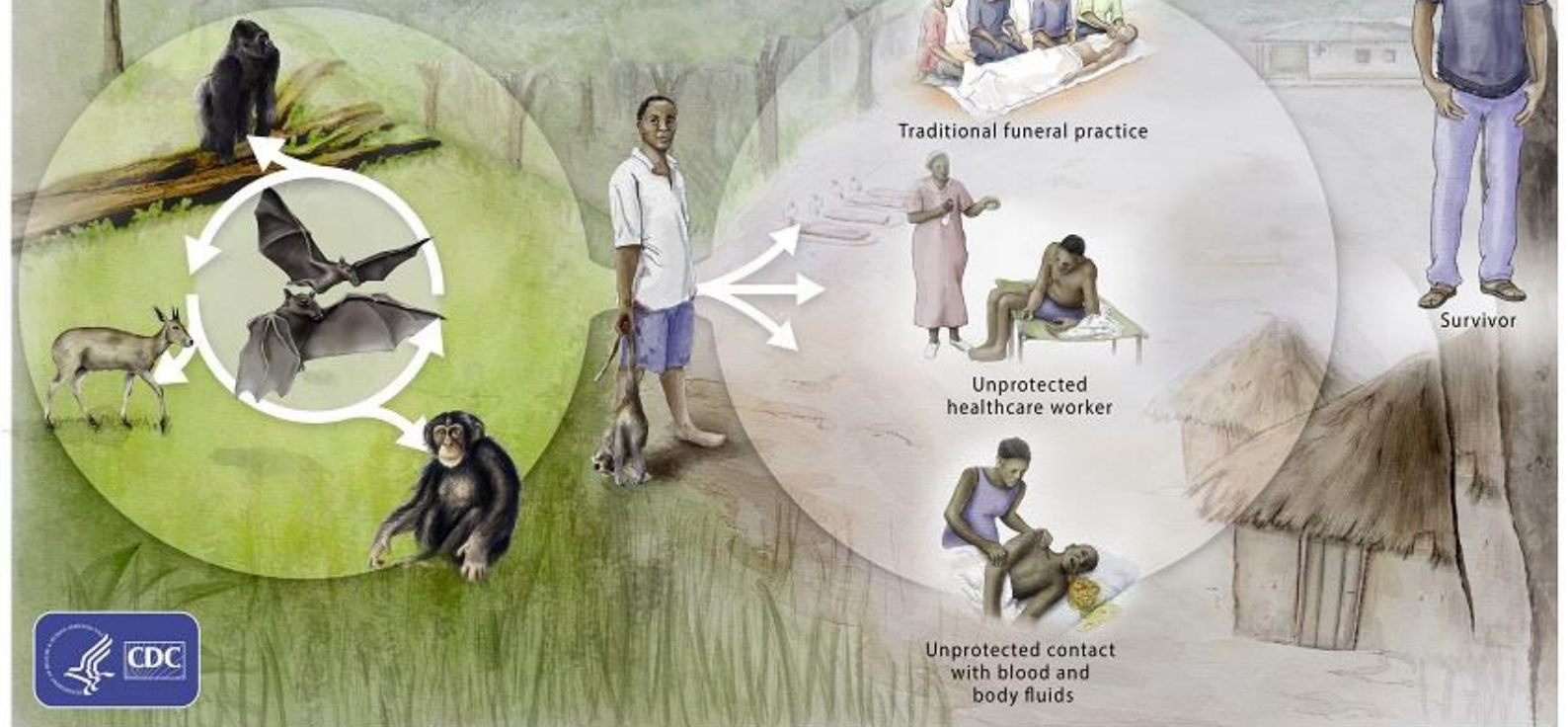
A "spillover event" occurs when an animal (bat, ape, monkey, duiker) or human becomes infected with Ebola virus through contact with the reservoir host. This contact could occur through hunting or preparing the animal's meat for eating.

Human-to-Human Transmission

Once the Ebola virus has infected the first human, transmission of the virus from one human to another can occur through contact with the blood and body fluids of sick people or with the bodies of those who have died of Ebola.

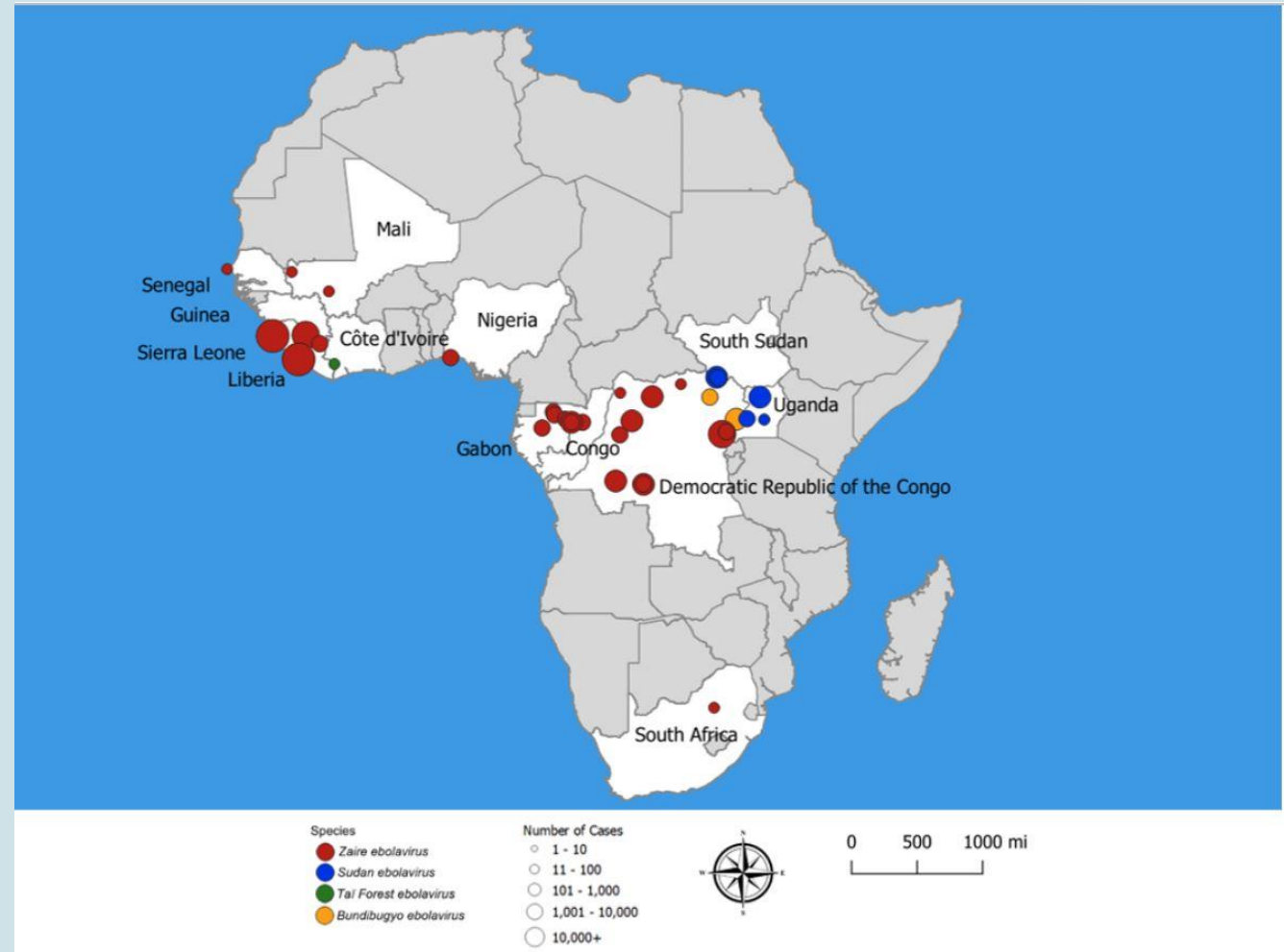
Survivor

Ebola survivors face new challenges after recovery. Some survivors report effects such as tiredness and muscle aches, and can face stigma as they re-enter their communities.



There have been 34 outbreaks of EVD to date in Africa since 1976

A glance at EVD



[Ebola Virus Disease Distribution Map: Cases of Ebola Virus Disease in Africa Since 1976 | History | Ebola \(Ebola Virus Disease\) | CDC](#)

MANDATES



Uganda Red Cross Society (URCS) is a member of the IFRC and an auxiliary to the Government of Uganda. It has 220 staff and over 44,000 active volunteers working in 51 Branch Offices across the country, each covering at least 2 districts.

It is highly active in disaster preparedness and response, including epidemic response, it plays a vital role in outbreaks, as well as in first aid and blood donor recruitment.




IFRC provides technical and financial support to the URCS through the IFRC Juba Country Cluster delegation. It also plays an essential role in ensuring good coordination within and outside the RCRC Movement.

In this Ebola response, in coordination with the ICRC it will provide advice on overall safety and security support to Movement partners. It will also provide public health through emergency surge along with technical health support.



The ICRC has been present in Uganda since 1979. It has an ICRC country delegation in country which covers Uganda, Rwanda and Burundi.

It contributes to addressing the humanitarian needs of people who have fled situations of violence in neighbouring countries, families of missing persons in Northern Uganda and detainees.



Challenges from past Ebola outbreaks- Uganda

- ▶ IFRC and NS to increase response time in emergencies, as it lagged behind the national response.
- ▶ A holistic approach is needed which combines community health interventions, CEA-related activities with PSS activities in order to reduce stigma and fear linked to Ebola in the communities.
- ▶ Logistical support was a challenge in terms of transportation means for staff and volunteers in emergencies. Recommendations to buy bicycles for the branches.
- ▶ Burial and handling of bodies was a challenge for the volunteers and the communities. Both for proper handling of bodies as well as consideration for different religion and burial habits (e.g. Muslim).
- ▶ Evacuation of medical staff at the beginning of the operation was a challenge in view of the lack of PPE on stock.
- ▶ Lack of proper URCS visibility on volunteers at times led to mistrust amongst the communities.
- ▶ Volunteers working with social mobilization within the community were at times stigmatized and nicknamed “Ebola.” They were at times even rejected by family members who isolated themselves from them.



Successes from past Ebola outbreaks - Uganda

- ▶ URCS has a well structured internal coordination mechanism when it comes to reports of unusual sickness or death in a community.
- ▶ URCS is the lead agency in social mobilization for communities in the case of disease outbreak. It also plays an active role in community surveillance as part of the Village Health Teams. The National Society also provides Psychosocial support (PSS) and carries out referral of cases.
- ▶ URCS's work in Ebola was appreciated by the public. They were considered to be professional in their work.
- ▶ External coordination of URCS and national partners is good and functions well. National partners seem to know what URCS' contributions and roles are in a health epidemic.

KEY LEARNINGS-ANALYSIS AND PLANNING



Uganda

Business Continuity

- ✓ Important to learn from past lessons and see how these lessons could help influence future EVD outbreaks.

Contingency Planning

- ✓ URCS should develop a contingency plan for health epidemics to guide all levels of the organization on how to prepare for and respond to a health epidemic. It should include; identification of health hazards and risks, vulnerabilities and capacities of URCS, role and mandate of URCS in health epidemics control and response at all levels, services that URCS will not provide, rules of engagement with partners, actions at different phase of epidemics, and roles and responsibilities of a health emergencies management team.

Pre-Disaster Meetings and Agreements

- ✓ URCS should advocate for Centers for Disease Control and Prevention (CDC) to strengthen the link from when communities through URCS report an outbreak of an unusual disease or death in order to speeden up the announcements and response to outbreaks in Uganda.

West Africa (Guinea, Liberia and Sierra Leone)

Business Continuity

- ✓ Important to learn from past lessons and see how these lessons could help influence future EVD outbreaks.

Preparedness Plans and Budgets

- ✓ Forms and procedures in HR, Logistics and Finance at times created a bottleneck in the emergency. From the “top down,” the problem was the lack of training and familiarity with established procedures, while from “bottom up” the problem was the lack of flexibility of these procedures during an emergency.
- ✓ IFRC should include community leaders in all the stages of interventions for EVD, including planning, rather than waiting and involving them at times of resistance to an intervention. These leaders could contribute to strengthening the sustainability of behaviour change in their communities through their influence.

KEY LEARNINGS-ANALYSIS AND PLANNING (2)



Response and Recovery Planning

- ✓ Prepare food and water distributions for suspected cases returning home, as well as for hospitals in the emergency face of an outbreak.
- ✓ Disaster response interventions at individual, community and public policy levels should promote the 5 principles of Hobfoll 1) a sense of safety, 2= calming, 3) self and community efficacy, 4) social connectedness and 5) hope.

West Africa (Guinea, Liberia and Sierra Leone)

Preparedness Plans and Budgets

- ✓ National Societies should develop a realistic and well-targeted strategic plan which will form the basis of its partnerships and resource mobilization strategies and includes a resource mobilization strategy that is based on effective programming as much as on other income-generating activities.

West Africa (Guinea, Liberia and Sierra Leone)

Response and Recovery Planning

- ✓ An in –depth Vulnerability and Capacity Assessment could be carried out at an inception phase to refine ambitions and design appropriate approaches to strengthen social cohesion and inclusion of the most vulnerable.
- ✓ In the area of health, it would be recommended to carry out baselines, KAP surveys and barriers analysis when planning for recovery. This will ensure the design of in-depth public health programming that address root causes of poor health.
- ✓ Strategic planning for recovery needs to take into account IFRC and the operating National Societies mandate and core competencies.

KEY LEARNINGS-INSTITUTIONAL



Uganda

- ✓ Individual systems and procedures, including operational ones can be strengthened with a strong organisational culture and leadership.
- ✓ Prior to an emergency crisis, the National Society should be relying on longer-term funding for its core activities. According to past learnings, URCS is dependent on short-term funding which makes the National Society vulnerable in times of crises.
- ✓ In order to secure longer-term funding, it will be important to have the Leadership on board focusing on longer-term priorities, as well as short-term priorities.
- ✓ -In looking beyond the Ebola outbreak, it will be important for the URCS to move away from a dependency on Movement funding and work towards a more diversified donor pool, as well as partnerships.



Uganda

- ✓ Important for the IFRC network and ICRC in country to collaborate further together and have a collective Movement business model when working with URCS.
- ✓ The IFRC network and the ICRC should consider longer-term support in country that will help the National Society be better prepared in times of outbreaks such as EVD.

KEY LEARNINGS-INSTITUTIONAL (2)



West Africa (Guinea, Liberia and Sierra Leone)

- ✓ The National Executive Board should carry out an annual self- assessment to evaluate their work in strengthening the NS in strategic policies and implementation of financial audits, HR , procurement, resource mobilization and sustainability.
- ✓ In preparation for future EVD outbreaks, continuous capacity building in financial management, policy development, procurement and logistics, human resource and administration should be carried out in National Societies. Refresher trainings in the areas of social mobilization skills, pyschosocial support and counselling, integrated disease surveillance and contact tracing should also be conducted regularly. In addition, there should be regular monitoring of capacity building activities.
- ✓ National Society leadership should be coached on good governance and management on a regular basis.

KEY LEARNINGS-OPERATIONAL CAPACITY



Uganda

Mapping of NS capacities

- ✓ Need to further increase trainers on relevant areas of work to Ebola, including in PSS.
- ✓ Appropriate and certified Personal Protective Equipment (PPE) on stock is needed for the National Society.
- ✓ URCS visibility vests are needed for ALL volunteers. At a bare minimum a URCS name badge should be provided that displays the volunteer's name and title.
- ✓ PSS is needed for URCS volunteers, as well as their families. There is fear of stigma for volunteers who work in social mobilization within the community.

NS specific areas of intervention

- ✓ Important to identify livelihood options, especially for Ebola-affected community members.
- ✓ Continued trainings needed for hospital and clinic staff in epidemic response and case management.

Uganda

Specific areas of intervention

Focus needs to be placed on PSS. It is the responsibility of the IFRC to ensure the mental well being of volunteers, as well as the affected population. Such cooperation can be set up through the Counsellors Society of Uganda (pointed out by Nina Lugumba, clinical psychologist and trainer of MoH).

West Africa (Guinea, Liberia and Sierra Leone)

Activation of Regional and International Support

- ✓ In surge deployments, ensure that profiles in epidemiology and public health are also deployed in the initial phases. These profiles could help the Ebola response anticipate the directions of the epidemics and help better prepare and deploy assets and resources.
- ✓ In order to ensure a link between response to recovery, it would be recommended to also send National Society Development (NSD) profiles in Surge who would also be tasked to analyse NSD needs and support in planning the transition from relief to recovery already during the response. Workable and realistic exit strategies should be designed and systematically implemented to enhance the sustainability of learnings during an emergency.

KEY LEARNINGS-OPERATIONAL CAPACITY (2)



Uganda

Trainings

- ✓ Capacity building is needed on community surveillance to strengthen Disaster Health Management Teams and local health labs so they can react urgently and investigate a disease when there is a report from the community about an unusual disease or death. In 2012, URCS branches and volunteers knew of the unconfirmed outbreak 5 days before it was confirmed by MoH.
- ✓ Trainings certificates should be provided to all the volunteers trained on social mobilization and other necessary trainings which will serve to motivate them in their work.

West Africa (Guinea, Liberia and Sierra Leone)

Beneficiary Selection

- ✓ Important for IFRC to ensure within its interventions that the most vulnerable populations are indeed being reached within the affected population.

Emergency Needs Assessments

- ✓ IFRC should engage in assessments of capacities and NSD gaps during the response in order to plan a well-targeted transition from response to recovery.

Specific areas of intervention

- ✓ IFRC needs to work more with the communities from the beginning to ensure that its interventions align with the communities own ideas, resources, decisions and regulations.
- ✓ Early provision of protective equipment and training was appreciated by the National Society and others.
- ✓ Improve the capacity of PMER and IM to ensure that learnings can be used to inform EVD operations.

KEY LEARNINGS-OPERATIONAL CAPACITY (3)



West Africa (Guinea, Liberia and Sierra Leone)

Trainings

- ✓ Trainings on monitoring and evaluation should be carried out for project officers and branch officers in National Societies

KEY LEARNINGS-OPERATIONS SUPPORT



Uganda

Communication in Emergencies

- ✓ Clear instructions needs to go to branches on what they can and cannot do concerning case management and logistics during an emergency

Resource Mobilisation

- ✓ Due to the regular occurrence of health epidemics in Uganda, it has been vital for URCS to have a well-resourced emergency fund for initial response activities, along with guidelines.
- ✓ For community surveillance, URCS should source for long-term programming during non-emergency times, as there is a lot of work to be done in the communities to raise awareness on EVD and to destigmatize it away from witchcraft.
- ✓ Important to ensure that measures are put in place to makes sure that funds from URCS emergency funds is used only for an emergency. Reflection also needs to take place on how funds will be replenished once money is spent.

Uganda

Resource Mobilisation

- ✓ DREF processes needs to respond faster to health epidemics like EVD. In the case of the 2012 EVD outbreak, the process of DREF writing, submission took 14 days from when MoH announced an outbreak to when the money was received by the branch. This was challenging to a fast-changing, highly fatal health epidemic like EVD,

Staff and Volunteer Management

- ✓ Training of volunteers on how to be psychologically and physically prepared and protected to work in isolation centres needs to take place before outbreaks.
- ✓ Duty of care must be maintained for volunteers, as well as those who had or were suspected of having Ebola. On many occasions in past outbreaks, volunteers spent their own money to take food to these individuals who were unable to leave their homes, in view of the stigma they faced from their community. URCS should allow such food expenses to be budgeted for and spent under DREF.

KEY LEARNINGS-OPERATIONS SUPPORT (2)



Uganda

Staff and Volunteer Management

- ✓ Training of volunteers on how to be psychologically and physically prepared and protected to work in isolation centres needs to take place before outbreaks.
- ✓ A Memorandum of Understanding (MoU) on the roles and responsibilities of volunteers should be discussed and agreed upon by all partners. The MOU should detail the conditions acceptable or not acceptable for URCS to allow its volunteer to engage in case management activities.
- ✓ When in the field, all volunteers should have a contact for a URCS official they can call when they feel exposed to EVD or when they would like to speak to a counsellor.

West Africa (Guinea, Liberia and Sierra Leone)

Information and Communication Technology

- ✓ There can be many streams of information in an Ebola response. Some information is electronic and other via paper. All project data should be converted into an electronic format, so the data can then be used and analysed to create dashboards that can enable decision makers use the data for their operational decision making.

West Africa (Guinea, Liberia and Sierra Leone)

Communication in Emergencies

- ✓ IFRC needs to showcase more the work being done by IFRC in EVD on the front lines, whilst trying to understand and anticipate reputational risks.
- ✓ Faith played a critical role in the epidemic, both positive and negative in the EVD outbreak. It may be helpful for the IFRC to find a way to work with local and faith leaders when messaging to individuals on EVD.

Operations Monitoring, Evaluation, Reporting and Learning

- ✓ In an epidemic outbreak response, there should be a focus on epidemiological data to establish a sound data analysis which can provide strategic direction to the operation.
- ✓ Important that the M&E system in recovery is improved to allow for a more efficient programme management and accountability to donors, including baseline assessments and the monitoring of *realistic and workable* indicators at all levels of the programme.

Resource Mobilisation

- ✓ IFRC should support National Societies to develop resource mobilization strategies aimed at building the National Society capacities to implement programmes within their core strategic priorities and build sustainability of their programmes which will help strengthen their response also to EVD outbreaks.

KEY LEARNINGS-OPERATIONS SUPPORT (3)



West Africa (Guinea, Liberia and Sierra Leone)

Staff and Volunteer Management

- ✓ More attention should be paid to staff and volunteers apart from those directly delivering services, for example, drivers.
- ✓ To improve the security of staff and volunteers working in the operation, it is essential to understand community perspectives in Uganda.
- ✓ Ensure that the psychosocial pillar has a pre-existing capacity prior to the outbreak in Uganda and that it respects the duty of care that will be needed by staff and volunteers in the operation.
- ✓ Ensure that there is a recruitment of a large number of community volunteers at the local community level in order to reach local communities. Recruitment should be inclusive, including those living with disabilities.
- ✓ IFRC needs to develop strategies to enhance the retention of volunteers during interventions, while at the same time ensuring efficient management of their phase out at the end of a response. It is important to retain capacitated and motivated community-based volunteers from past EVD outbreaks in Uganda.

Resources

- ▶ [Ebola Synthesis Reference Document](#)
- ▶ [Evaluation of IFRC West Africa Ebola Viral Disease Appeal Response Sierra Leone and Liberia](#)
- ▶ [Health Epidemics Joint Evaluation Report-Uganda Red Cross](#)
- ▶ [Joint Review of Ebola response-Uganda](#)
- ▶ [National Society Financial Sustainability-Case Study: Uganda Red Cross Society](#)
- ▶ [Real Time Evaluation of the IFRC Response to the Ebola Virus Disease Outbreak](#)

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