Operation-Update

Uganda, Africa| Ebola Virus Disease

Emergency appeal №: MDRUG047 **Emergency appeal launched:** 30/09/2022. **Operational Strategy published:** 21/10/2022	**Glide №:** **EP-2022-000315-UGA**
Operation update #3 **Date of issue: 16/06/2023**	**The timeframe covered by this update:** From 23/09/2022 to 30/04/2023
Operation timeframe: 12 months (23/09/2022 - 30/09/2023)	**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 700.000

To date, this Emergency Appeal, which seeks CHF 5,000,000, is 64 percent 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.

Figure 1: URCS Jinja district team during orientation of Village Task Forces in Buyengo Sub County in Jinja District on RCCE and reporting

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), a Sudan strain 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 Johns Medical clinic in Katwe. It then spread to Kassanda, Kyegegwa, Kagadi, Bunyangabu, Wakiso, Jinja, Masaka, and Kampala districts. Outside the epicenter district (Mubende), secondary transmission took place in Kassanda, Wakiso, Kampala, Kyegegwa, and Jinja. 114 days later since the start of the Ebola outbreak, on January 11th, 2023, the outbreak was declared over. At the time of this update, the country was still under the 90 days surveillance period. Before the outbreak was declared over, a total of 143 confirmed cases of Ebola, with 22 probable cases, 55 deaths (CFR=39%), and 87 recoveries had been registered in this outbreak. Of the 143 confirmed cases, 85 (59%) were males while 58 (41%) were females. By age, 26 (18%) were children while 117 (82%) were adults.

This outbreak marked the 7th Ebola outbreak in the country, and the 5th attributed to the Sudan Ebola virus, which was last reported in 2012, more than a decade ago in the then-Kibaale district, but present-day Kakumiro. Prior to this outbreak, Uganda had registered seven (7) previous Ebola outbreaks.

- In 2018, Ebola Zaire cases were imported from the DRC into Kasese District, with 4 cases and 4 deaths registered (CFR=100%).
- In 2012, two Sudan Ebola outbreaks occurred; Kibale district outbreak happened in July with 11 cases and 4 deaths CFR=36%) while the Luwero district outbreak happened in November with 6 cases and 3 deaths (CFR=50%).
- In 2011, Sudan Ebola outbreak occurred in Luwero district. This was a one-case and one-death outbreak with no secondary transmission.
- In 2007, an outbreak occurred in Bundibugyo district (Bundibugyo Ebola outbreak) where 131 cases and 42 deaths (CFR=32%) were registered.
- In 2000, Uganda's first Ebola outbreak (Sudan Ebola outbreak) occurred in Gulu district, where 425 cases and 224 deaths (CFR=53%) were recorded. The Gulu outbreak was and remains the largest outbreak ever registered in Uganda, lasting nearly 6 months.

Summary of response

Overview of the host National Society and ongoing response

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

- Coordination
- Surveillance (Community-Based Surveillance)
- Risk Communication and Community Engagement (RCCE),
- Case Management – (SDB and ambulance services)
- Mental Health (Psychosocial Support)

- URCS established an operations manager working hand in hand with the IFRC operations manager. The operations manager is the team leader and is supported by four different supervisors: Public health, Ambulance services, Community IPC, and Monitoring and Evaluation which in turn work through different officers under them. All the team leads attend daily briefing meetings chaired by the operations manager at 7.30 am to review progress for possible strengthening and remodelling of strategies.
- URCS participates in all the task force and pillar meetings across the nine response districts: (Mubende, Kassanda, Kagadi, Kyegegwa, Bunyangabu, Kampala, Wakiso, Jinja, and Masaka) as well as at the national level.
- At the community level, URCS worked with 3,130 community volunteers across all the response districts.

Community-Based Surveillance (CBS)

- A total of 626 Village Task Force groups deployed to work in their respective communities reaching out to 922,252 people where 50.2% (n=462,971) were males and 49.8% (n=459,281) were females. (**Data Source:** https://shorturl.at/lnpPZ). This was through both house-to-house risk communication and mass gatherings.
- 3,950 Suspect alerts were raised and directed to the MoH surveillance team with an 86% follow-up rate. The outcome of these alerts resulted in improved ambulance referrals, early case detection, and contact tracing.
- A total of 409 volunteers who were trained in EPiC and CBS have been actively reporting community alerts from five EVD response districts (Mubende, Kassanda, Kyegegwa, Kagadi, and Bunyangabu). 70% of reporting volunteers (n=286) are males while 30% (n=123) are females. Since December 2022, a cumulative total of 262 alerts have been sent by volunteers. Of these, 58% were false alerts, 36% were true alerts and 5% were active outbreak errors.
- Kassanda district registered the highest number of alerts sent with 224 alerts thus contributing to 85% of total alerts while Bunyangabu and Kagadi sent the least number of alerts contributing only 2% (n=4). It should be noted that apart from Mubende district, all other districts have almost the same number of volunteers who were trained in CBS reporting. However, the outstanding Kassanda performance can be attributed to the fact that the district has only one sub-county where CBS is undertaken and this provides a coordinator with easy monitoring and coordination roles unlike in other districts where reporting sub-counties are far from each other.

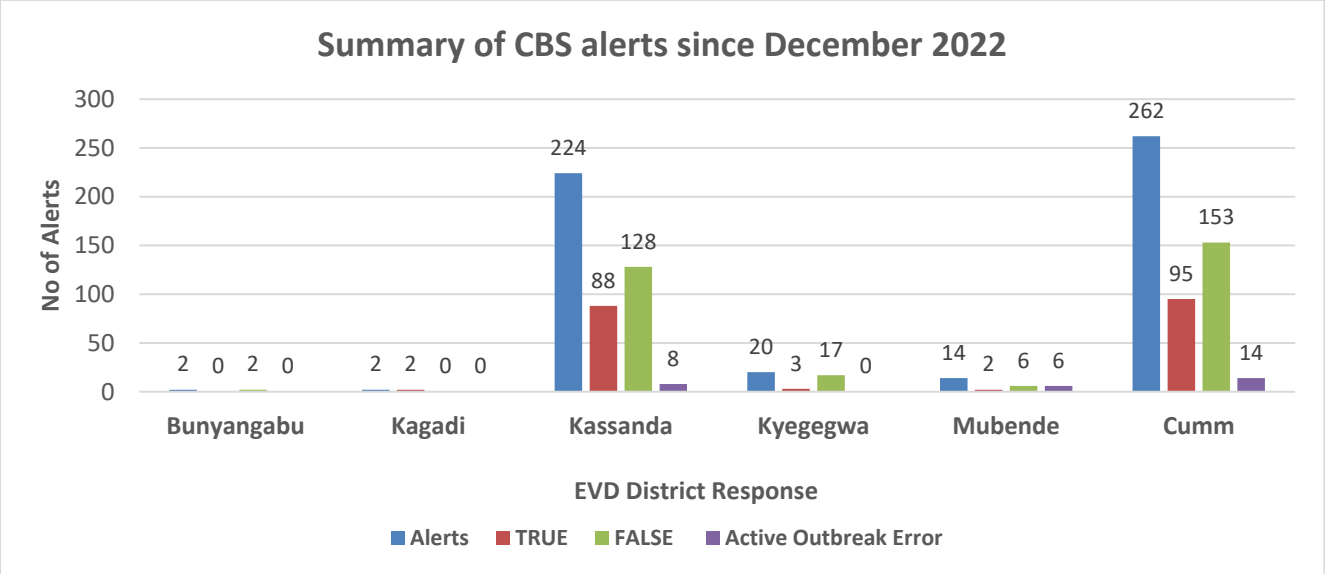


Figure 2: Summary of alerts for CBS Zero Reporting Rate.

- Currently, the overall zero reporting rate stands at 54% with Bunyangabu district having the lowest reporting rate of 30 percent, followed by Mubende district (46%), Kagadi and Kyegegwa both tallied at 53% while Kassanda had the highest with 86% of reporting rate. The reported reporting rate is computed at the district level according to the total number of trained volunteers who were assigned codes. The table below summarizes the number of volunteers who are supposed to be conducting CBS reporting per district.

Table 1: Summary of CBS Volunteers per District

District	Total Number of Volunteers	Reporting Rate
Bunyangabu	50	30% (n=15)
Kagadi	49	53% (n=26)

Kassanda	49	86% (n=42)
Kyegegwa	48	53% (n=25)
Mubende	213	46% (n=98)
Overall Total	**409**	**54% (n=221)**

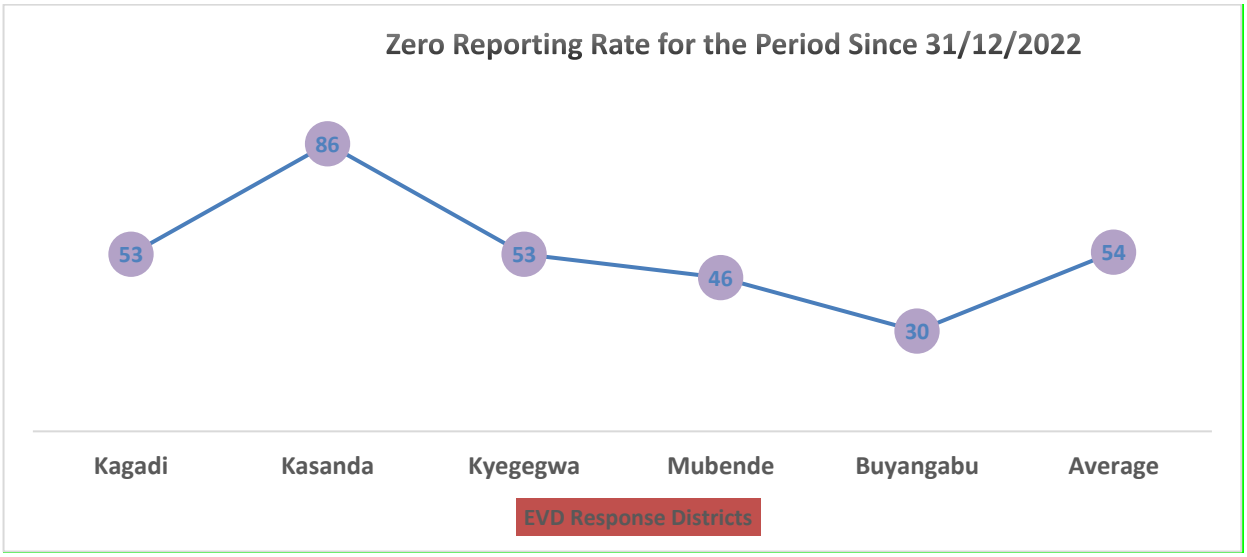


Figure 3: Zero reporting rate for EVD Districts since December 2022.

- However, during the reporting period (01st February to 31 May), a total of 24 alerts were received from EVD response districts of which 79% (n=19) were true alerts while 13% (n=3) were false alerts, while the rest were active outbreak errors. The reporting rate stood at 55 percent during the reporting period where Kassanda district registered the highest reporting rate (83%) while Bunyangabu registered the lowest reporting rate of 30 percent.

Risk Communication and Community Engagement (RCCE)

- 626 Village Task Forces were deployed to undertake CBS and RCCE.
- 3,130 Village Task Force members deployed. These sessions engaged 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.
- 112,234 Households reached.
- 10,374 Communal gatherings
- 922,252 individuals reached (462,971 males, 459,281 females)
- 480 volunteers trained in EPIC (288 males, 192 females)

Figure 4: Volunteer disengagement from conducting daily RCCE at both household and mass gatherings in Buyengo Sub County in Jinja district.

Case Management

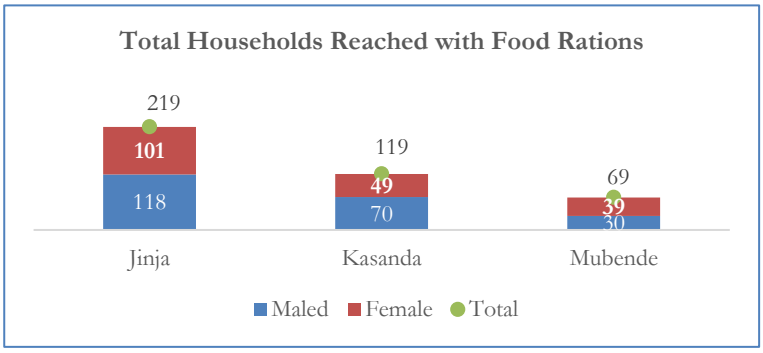
- URCS established functional structures for evacuation of cases from the community to health facilities whether Ebola cases or non-Ebola cases. Eight (8) ambulances were deployed - 6 ambulances deployed in Mubende and Kassanda, Masaka and Jinja one (1) ambulance was deployed in each response district. These were in addition to 16 ambulances which were provided by other partners during the response and

thus a total of 24 ambulances were on standby to provide evacuation services. Following the presidential directive of conducting all burials by a trained team, URCS trained a sub-county burial team to conduct low-risk burials whereas URCS concentrated on high-risk burials during the active phase of the response.

- 6 SDB teams supporting the response.
- 23 sub-county burial teams were trained (13 Mubende 10 Kassanda)
- In all the response districts, a total of 787 burials were conducted by trained SDB teams including both high-risk and low-risk burials.
- 786 houses disinfected.
- 914 SDB alerts received during the active phase of the response.
- 1,281 suspected EVD cases were evacuated/transferred in all eight (8) response districts during the active phase of the response.


Figure 5: Figure 5 & 5: URCS volunteers during SDB training in Jinja and Masaka districts. Two teams were trained in each district to handle both high and low risk burials.

- In Mubende 298 people averagely receive hot meals daily, through collaboration with World Food Programme (WFP) while in Jinja, on average 390 people benefited from the same service at Jinja Referral Hospital.
- In Jinja district, a total of 219 Households received dry rations (118 male-headed, 101 female-headed) while 188 from both Mubende and Kassanda benefited from the same programme under WFP (100 male-headed, 88 female-headed households)



Graph 1: Summary of Dry food distribution in Jinja, Kassanda, and Mubende response districts

Needs analysis.

Following the 11th of January 2023 declaration of Uganda as Ebola-free, the URCS Ebola response activities have been scaled down and the main focus is now on building resilience in the affected communities through recovery and preparedness activities. These activities are in line with the National Post-Ebola Recovery Plan where the major focus was building an effective surveillance capacity amongst communities, case management through IPC, and supporting Ebola survivors. Below is a summary of the activities to continue.

Pillar	Activities implemented	Activities to continue
RCCE and CBS	-Formation of Village task forces (VTF). In total 660 VTFs, each having 5 members = 3,300 Community resource persons were deployed -Orientation of VTFs in RCCE & CBS	-Complete training of VTFs in EPIC and CBS -Orient VTFs on hygiene promotion -VTFs to conduct community sensitization on other diseases and mobilize their communities for health promotion activities (hygiene & sanitation).

	-door-to-door sensitization and communal gatherings -Active surveillance (daily reporting)	-RC Volunteers to do Passive surveillance (Zero reporting) -Community engagement to gather community feedback -RC volunteers to track rumors **Support to the survivors:** -Support follow-up of survivors in the community to ensure no loss to follow-up from the survivors' clinic. -Community engagement to fight stigma & discrimination -Nutrition & livelihood project for the survivors.
Ambulance Services	-A total of 6 URCS ambulances were deployed. -Evacuation of suspected cases from the community to the health facilities. -Interfacility referral/transfer of patients -coordination of ambulance calls & dispatch in Mubende and Jinja	-Ambulances were redeployed for response to Road traffic injuries. -One ambulance is available in Mubende. -Procurement of 5 ambulances to replace the old ones that are soon due for disposal.
Safe and Dignified Burials (SDB)	-6 URCS SDB teams deployed. -Supported training of 23 Sub- County SDB teams -Coordination of all burials in Mubende and Kassanda	-Conduct quarterly SDB drills, a total of 11 URCS teams countrywide - PSS for the 4 SDB teams (the most affected)- proposed monthly group sessions. -Prepositioning of SDB kits.
M&E and Communications	-Orientation of VTFs in data collection -Data verification, cleaning, analysis -weekly reporting	-Installation of the Internet in the office. -Mentorship of volunteers on data entry -Documentation of success stories, case study, community perception of URCS response, lessons learned -Data coding for rumor tracking -Monthly reporting
URCS Branch support	-Capacity building for the branch volunteers -Payment of utilities **(Mubende, Masaka, and Jinja)**	**Operational branch capacity strengthening** -Tents and chairs (200) for IGA (Mubende) -Fencing of the branch (Mubende) -Renovation of the office building (Mubende) -Installation of flushing toilets (Mubende) -Containers for storage (at least 2, one for storage and one to expand office space (Mubende).

Operational risk assessment

Needs analysis remains 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 626 villages across the nine 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.

- In order 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 a trained team. This was quite overwhelming for the three SDB teams of URCS in the two districts. The task force thought in the direction of training burial teams at sub-county levels to conduct low-risk burials. 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. Given the Ministry of Health's declaration of Ebola cases in Masaka and Jinja, URCS also further trained two standby SDB teams in each district to conduct both low-risk and high-risk burials.

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 particularly on rumor tracking/community feedback. This was conducted across the nine response districts.

Coordination with stakeholders

- The team operates under the different national response pillars at the district level where shared responsibility is 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. For instance, we are able to tell which areas require what kind of report and we act immediately. Additionally, the M&E team continued to support other stakeholders during the response activities like dry food distribution in Jinja, Mubende, and Kassanda. Wet feed with support from World Food Programme (WFP) was also conducted effectively and successfully at Jinja Referral Hospital, Kaweeri ETU, and Mubende Regional Referral Hospital with strong support from the M&E team.

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 operated in its own zone, the SDB team was allocated a small structure, and the public health/M&E /management and the rest of the team operating at their stations.

Psychosocial support for the response team (PSS)

- Management outsourced a firm to provide psychosocial services for the teams and this was available throughout the week during the active phase of the response (November to 1st January). In addition, there was provision for individual sessions at URCS offices in Mubende district.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

	Health & Care *(Mental Health and psychosocial support / Community Health / Medical Services)*	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.

	Indicator	**Actual**	**Target**
Key indicators:	% of CBS alerts investigated within 24 hours	3,950 (86%)	100%

Community-based surveillance has continued from the start of the response and continued after the outbreak was declared over. The rate of alert has however reduced after the outbreak was declared over. This surveillance is conducted by trained CBS teams in the affected districts who actively undertake surveillance to enhance the existing systems for detection, reporting, responding, and monitoring of Ebola suspects in communities. Initially, CBS trainings were integrated into the RCCE trainings but now they were conducted independently to ensure full understanding of the expectations. URCS receives alerts and works with Ministry of Health together with other community structures to follow up on the cases.

For this response, the alert system has been centrally managed through established joint URCS and MoH centers where all calls are received through free hotlines, recorded, and referred. Initially, when there was community spread of the disease, the main challenge was to meet and respond 100% to all calls because some of them were not traceable whereby people could move from one area to another and couldn't comply with SOPs and ran away. This can be witnessed from cases that came up from Kampala, Jinja, and Masaka as a result of these individuals who failed to comply and decided to leave their communities. The outcome of these alerts resulted in improved ambulance referral, early detection of cases, and contact tracing.

	Health Output 1.1: The government is assisted by volunteers from the URCS for surveillance.

	Indicator	**Actual**	**Target**
Key indicators:	# of volunteers trained in EPiC during this response	480	240
	# of volunteers trained in CBS during this response	480	240
	# of household visits	112,234	12,000
	# of CBS volunteers who are active	480	240
	# of true CBS alerts reported by trained volunteers	2,629	TBD

URCS completed training of 480 volunteers to support CBS from Mubende, Kassanda, Kyegegwa, Kagadi, and Bunyangabu it is yet to train more than 115 volunteers the from remaining districts of Masaka and Jinja.
The volunteers trained in EpiC and CBS were part of the team doing RCCE. With RCCE, the volunteers conduct door-to-door sensitization and are also conducting health education with communal gatherings. The volunteers

use health messaging on Ebola using the MOH-approved Information, Education, and Communication (IEC) materials.
The number of households reached increased by 935% due to the government lockdown making it easy for deployed volunteers to meet people at the household level.

	Health Outcome 2: The psychosocial consequences of the outbreak are reduced through direct support to the exposed and infected populations in Mubende and neighboring high-risk districts.		
Key indicators:	**Indicator**	**Actual**	**Target**
	% of people confirmed or suspected of having been affected by EVD receiving PSS support	0	100

The URCS PSS team is not allowed to interact with confirmed and suspected patients because of confidentiality. These services are provided by the MOH PSS team. URCS in turn hired a PSS consultant who throughout the response, has offered PSS services to responding staff and volunteers.

	Health Output 2.1: The population of the affected areas of Mubende and neighboring high-risk districts receive psychosocial support during and after the outbreak.		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of personnel and volunteers reached by PSS support	480	480
	# of community members who received PFA	320	150

PSS is provided to staff and volunteers on an individual and group basis. The statistics provided reflect the total number of individuals who have received counseling services.
Three professional counselors were deployed to the responding teams in Mubende where they were conducting group and individual PSS sessions. All 6 SDB teams and 12 ambulance crew team members plus volunteers and staff benefited from the PSS services.

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 mobilization, 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 a health messages	819,131	5,188,525

Health messages were received through communal gatherings and household visits done by our risk communication volunteers.

At the point of this update, URCS had reached 819,131 people with RCCE services across the affected districts.
Two inter-agency RCCE colleagues were in Uganda to support the community feedback reporting. The team from collective services and IFRC developed a dashboard that supports the National community feedback reporting housed at MOH and also trained the URCS team in qualitative data coding to enhance the quality of feedback received. This also helps in summarizing the feedback.

	Health Output 3.1: Preparatory work is carried out to sensitize about 30% of the population of the affected areas of Mubende and neighboring high-risk districts to the social mobilization campaign of the URCS and the EVD operation.		
Key indicators:	**Indicator**	**Actual**	**Target**
	% of operation complaints and feedback received and responded to by the National Society	36% (2062 complaints received and responded to)	80
	# of volunteers trained on community feedback	626	50
	# of radio broadcasts	2	24
	# of social mobilization sessions organized	12,976 Communal gatherings	TBD

- Feedback is collected by RCCE volunteers, shared via Kobo, and is acted upon accordingly.
- Volunteers were trained on community feedback during RCCE orientation which took place in all nine response districts. These were further reoriented during the 7-day CBS training that took place in Mubende, Kassanda, Kyegegwa, Kagadi, and Bunyangabu.
- Social mobilization sessions were organized at the village level by VTFs.
- URCS set up complaint and feedback mechanisms including installing boxes in Mubende and a toll-free number anchored under the NS call center. 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 12,976 communal gatherings have been organized. These gatherings provided a platform for community members to talk directly to the Red Cross.

	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 neighboring high-risk districts.		
Key indicators:	**Indicator**	**Actual**	**Target**
	% of deceased people for whom SDB were successfully carried out	100	100
	% of suspected cases who are deceased were buried within 24 hours of the initial alert	33%	100

- All SDB alerts were successfully handled.
- URCS is the lead in SDBs and has 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 Masaka to conduct less risky burials, a move that reduced the SDB workload. Given the EVD explosion in Jinja and Masaka, URCS also trained two (2) district teams to conduct both high and low-risk burials. Each team in the two mentioned districts had nine (9) members in total.
- 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 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 23 burial teams at the sub-county level purposely to handle low-risk burials.
- URCS had 6 teams operating in Mubende and Kassanda and has 2 teams each in Jinja and Masaka. Cumulatively, the NS has conducted 787 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**
	# Handwashing Facilities distributed	325	TBD
	# of ambulance/SDB car washing areas set	1	1
	#other wash items distributed (Chlorine)	405 kgs	TBD

- Handwashing facilities, soap, and chlorine (chlorine was handed over to the distribution pillar which was distributed to health facilities, schools, and other public places to enhance IPC). Due to the discovery of the EVD case in Jinja, additional 50 Handwashing facilities were distributed in high-risk areas of Buyengo particularly targeting public places like markets, places of worship, and boda-boda stages among others. The use of chlorine and its dosage was supervised by the IPC sub-pillar at the district level.
- The MoH 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 marginalized groups, due to violence, discrimination, and exclusion.		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of staff and volunteers signed the Code of Conduct	626	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 daily 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 has currently finalized the recruitment of the 33 staff members fully dedicated to this operation and this is in addition to the current support 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.		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of coordination meetings held with movement partners	7	48
	# of coordination meetings with partners	14	48

- URCS partners with UNICEF, MOH, WHO, and WFP in this response

- URCS planned to have weekly coordination meetings with partners. However, only 14 meetings have so far been held. This is because most of the meetings for partners are coordinated and hosted by the MoH.
- 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.		
Key indicators:	**Indicator**	**Actual**	**Target**
	NS assisted with risk register development	1	1
	NS assisted with BCP and work plan development	1	1

	# of monitoring missions conducted	1	1
	NS supported with key messages	1	1
	NS supported with Ebola PMER framework	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

The Appeal has so far received CHF 3,192,169 against a budget of CHF 5,000,000 which translates to 64%.

Operational Strategy

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2022/9-2023/04	Operation	MDRUG047
Budget Timeframe	2022/9-2023/09	Budget	APPROVED

Prepared on 06 Jun 2023

All figures are in Swiss Francs (CHF)

MDRUG047 - Uganda - Ebola Virus Disease Outbreak

Operating Timeframe: 23 Sep 2022 to 30 Sep 2023; appeal launch date: 30 Sep 2022

I. Emergency Appeal Funding Requirements

Total Funding Requirements	**5,000,000**
Donor Response* as per 06 Jun 2023	**3,192,169**
Appeal Coverage	**63.84%**

II. IFRC Operating Budget Implementation

Planned Operations / Enabling Approaches	Op Strategy	Op Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	0	0	0	0
PO02 - Livelihoods	0	0	0	0
PO03 - Multi-purpose Cash	0	0	0	0
PO04 - Health	3,324,000	1,372,496	787,305	585,191
PO05 - Water, Sanitation & Hygiene	395,000	0	0	0
PO06 - Protection, Gender and Inclusion	69,000	0	0	0
PO07 - Education	0	0	0	0
PO08 - Migration	0	0	0	0
PO09 - Risk Reduction, Climate Adaptation and Recovery	0	277,255	828,384	-551,129
PO10 - Community Engagement and Accountability	0	0	0	0
PO11 - Environmental Sustainability	0	0	0	0
Planned Operations Total	**3,788,000**	**1,649,751**	**1,615,689**	**34,062**
EA01 - Coordination and Partnerships	19,000	73	0	73
EA02 - Secretariat Services	609,000	567,927	0	567,927
EA03 - National Society Strengthening	584,000	0	0	0
Enabling Approaches Total	**1,212,000**	**567,999**		**567,999**
Grand Total	**5,000,000**	**2,217,751**	**1,615,689**	**602,062**

III. Operating Movement & Closing Balance per 2023/04

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	2,554,066
Expenditure	-1,615,689
Closing Balance	**938,376**
Deferred Income	613,922
Funds Available	1,552,298

IV. DREF Loan

* not included in Donor Response	Loan :	499,259	Reimbursed :	499,259	**Outstanding :** **0**

Operational Strategy

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2022/9-2023/04	Operation	MDRUG047
Budget Timeframe	2022/9-2023/09	Budget	APPROVED

Prepared on 06 Jun 2023

All figures are in Swiss Francs (CHF)

MDRUG047 - Uganda - Ebola Virus Disease Outbreak

Operating Timeframe: 23 Sep 2022 to 30 Sep 2023; appeal launch date: 30 Sep 2022

V. Contributions by Donor and Other Income

Opening Balance	**0**

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	*Deferred Income*
American Red Cross	329,763				**329,763**	
British Red Cross	112,119				**112,119**	
European Commission - DG ECHO	197,473				**197,473**	
Hong Kong Red Cross, Branch of the Red Cross Socie	23,453				**23,453**	
Italian Government Bilateral Emergency Fund	244,255				**244,255**	
Japanese Red Cross Society	33,642				**33,642**	
Red Cross of Monaco	9,875				**9,875**	
Swedish Red Cross	134,631				**134,631**	
The Canadian Red Cross Society (from Canadian Gov	156,350				**156,350**	
The Netherlands Red Cross (from Netherlands Govern	158,400				**158,400**	
United States Government - USAID	1,154,105				**1,154,105**	*613,922*
Total Contributions and Other Income	**2,554,066**	**0**	**0**	**0**	**2,554,066**	***613,922***
Total Income and Deferred Income					**2,554,066**	*613,922*

Figure 6: IFRC team orienting NS M&E team in Mubende district on how to code feedback captured through online reporting tool.

Figure 7: NS Health Officer training volunteers on CBS reporting in Mubende district

Figure 7: URCS M&E team and volunteers capturing Daily Distribution Report during food distribution in Butagaya sub-county-Jinja district.

Dry food Distribution to some of the beneficiaries in Jinja District. URCS has been distributed to at least 159 Households in three districts Jinja, Kaliro, and Kamuli.

Volunteer disengagement from conducting daily RCCE at both household and mass gatherings in Buyengo Sub-county in Jinja district, Kassanda, and Kyegegwa districts

Contact information

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

At the Uganda Red Cross Society:

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For In-Kind Donations and Mobilisation Table support:

- IFRC Africa Regional Office for Logistics Unit: RISHI Ramrakha, Head of Africa Regional Logistics Unit; phone: +254 733 888 022; email: rishi.ramrakha@ifrc.org

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

- IFRC Africa Regional Office: Beatrice Okeyo, Regional Head PMER, and Quality Assurance; email: beatrice.okeyo@ifrc.org

Reference documents

Click here for:

- Operations update 2
- Operations update 1
- Operations Strategy
- Emergency Appeal
- DREF Operation

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) 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, to prevent and alleviate human suffering, thereby contributing to the maintenance and promotion of human dignity and peace in the world.