

OPERATION UPDATE

Uganda, Africa | Ebola Virus Disease

<p>Emergency appeal №: MDRUG047 Emergency appeal launched: 30/09/2022 Operational Strategy published: 21/10/2022</p>	<p>Glide №: EP-2022-000315-UGA</p>
<p>Operation update #2 Date of issue: 12 January 2023</p>	<p>Timeframe covered by this update: From 21/10/2022 to 04/11/2022</p>
<p>Operation timeframe: 12 months (23/09/2022 - 30/10/2022)</p>	<p>Number of people being assisted: 2.7 million people</p>
<p>Funding requirements (CHF): CHF 5 million through the IFRC Emergency Appeal CHF 10 million Federation-wide</p>	<p>DREF amount initially allocated: CHF 500.000</p>

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



Figure 1: URCS-SDB team conducting a burial under guidance of the team leader.

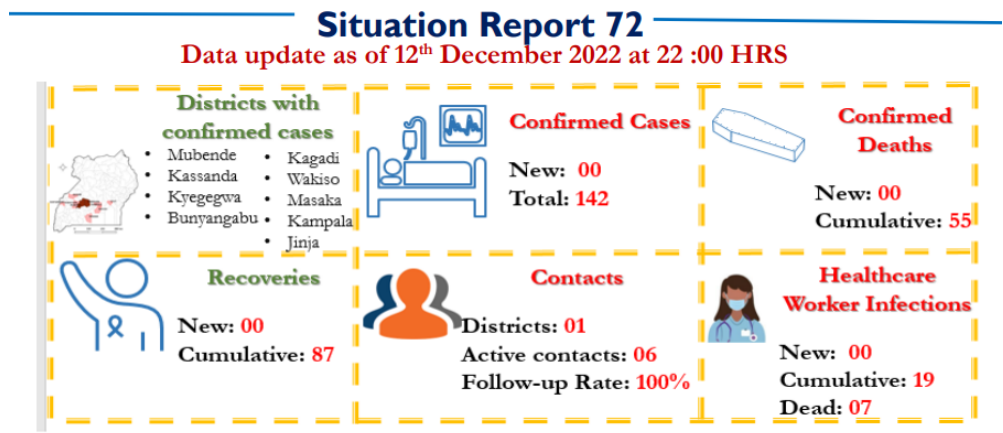
A. SITUATION ANALYSIS

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#72.pdf](#) dated 12 December 2022, there were 142 confirmed cases in nine districts (Mubende, Kassanda, Kyegegwa, Bunyangabu, Kagadi, Wakiso, Kampala, and Jinja) 55 confirmed deaths, and 87 recoveries. The case Fatality Ratio (CFR) among confirmed cases is 55/142 (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. By the time of this update, four (Bunyangabu, Masaka, Kyegegwa and Kagadi) out of the nine districts had completed 42 days without a confirmed case. At the same time, the last district to confirm a recent case was 16 days at the time of this update. If the situation continues to remain this stable, the outbreak will be declared over on the 10th of January 2023 after all districts complete their 42 days circle without a case.



MoH Ebola Sitrep

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	Achievements
SDB Teams Mobilised	6
SDBs Carried Out	448
Ambulances Mobilised	9
Evacuations Carried Out	1,107
Volunteers Mobilised -CBS and RCCE, etc	3,080
Community health- districts reached	9
Community health – villages reached	936

RCCE – total Population reached	464,369
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RCCE

- Village Task Force (VTFs) teams’ activation in the affected districts – 3,080 volunteers - 5 volunteers deployed per village. 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.
- 39,794 Households reached
- 464,369 people reached
- 3,535 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](#)
- still a low rate of adherence to SVD prevention measures due to community perception and beliefs to the disease , 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.

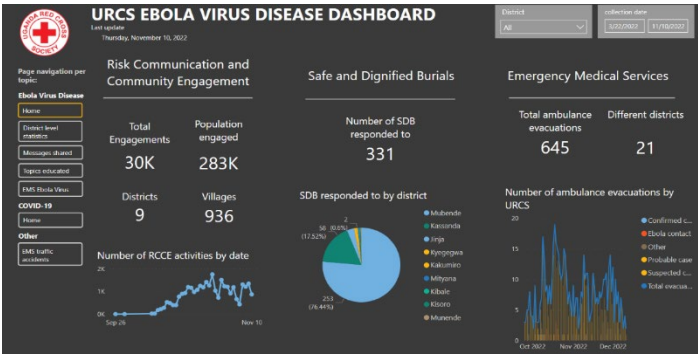


Table 1: URCS Dashboard



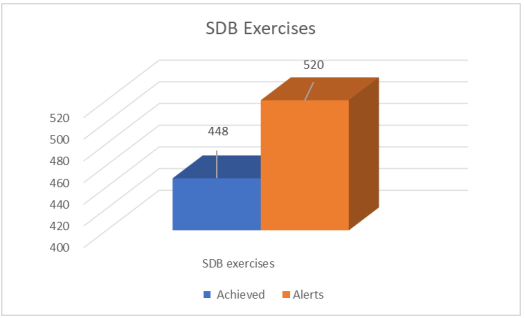
Figure 2: URCS conducting community RCCE in Mubende

Surveillance

- 580 Villages Task force groups deployed to work in their respective communities reaching approximately 283,000 people.
- 1,488 alerts were raised and directed to the MoH surveillance team with an 89% follow-up rate. The outcome of these alerts resulted to improved ambulance referral, early case detection and contact tracing.

Safe and Dignified Burials (SDB)

- 6 SDB teams supporting the response
- URCS has provided training support to 23 MoH sub-county burial teams (13 Mubende and 10 Kasesa)
- 448 burials conducted. In total, 520 SDB alerts were received out of which (448) 86% of these alerts were conducted by URCS while the remaining 14% by MoH
- 235 houses disinfected



Activity	Reached today (4th December.2022)	Reached today (5th December.2022)5	Reached today (6 th December.2022)6	Reached today (7 th December.2022)7	Reached today (8th December.2022)8	Cumulatively
# of SDBs conducted	18	14	12	14	13	448
# of SDB alerts	16	23	9	14	13	520

Ambulance service

- URCS deployed nine (9) 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 this update, the URCS ambulance alone had evacuated 1,107 patients out of 2048 translating to 54%. This shows the demand for prehospital care beyond the NS's capacity. URCS is therefore mobilising resources to acquire additional ambulances to meet the increasing demand



Figure 3: URCS Ambulance team conducting and evacuation

Coordination

- The human resource for the response is structured with the operations manager as team leader and works through the four different supervisors supporting: Public health interventions, Ambulance services, SDB, and the fourth pillar being 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 nine response districts namely: (Mubende, Kassanda, Kagadi, Kyegegwa, Bunyangabu, Kampala, Wakiso, Jinja, and Masaka) as well as at national level.
- At the community level, URCS works with 2,600 community volunteers assisted by 480 branch volunteers across the various response districts.
- The operations manager chairs the daily URCS meetings starting at 7.30 am to review progress for possible strengthening and remodelling of strategies.
- 298 people averagely receive hot meals daily, through collaboration with World Food Programme (WFP)

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	86%	100
<p>URCS trained CBS teams in the different districts who are actively undertaking surveillance to enhance existing systems for detection, reporting, responding, and monitoring of Ebola suspects in communities. Initially these trainings were integrated into the RCCE trainings but now they are 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 the cases.</p> <p>Alert process is centrally managed through established joint URCS and MoH centres where all calls are received through a hotline, recorded and referred. The main challenge has been to meet and respond 100% to all calls due to limited resources and access to some areas (poor roads worsened by ongoing rains). The outcome of these alerts resulted to improved ambulance referral, early case detection and contact tracing.</p>			
	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	450	240
	# of volunteers trained in CBS during this response	450	240
	# of household visits	39,794	12,000
	# of CBS volunteers who are active	450	240
	# of true CBS alerts reported by trained volunteers	2,568	TBD

CBS and EpiC training conducted in five out of the nine districts in Mubende, Kyegegwa, Kagadi, Kassanda and Bunyangabu. Kampala, Masaka, Jinja and Wakiso are yet to conduct their trainings, however, volunteers trained during Covid-19 have been activated and deployed.

- URCS completed training of 450 volunteers to support CBS from Mubende, and more 50 volunteers from each of the neighboring districts where URCS is responding. The trainings covered Mubende, Kassanda, Kyegegwa, Kagadi, Bunyangabo and will be extended to Kampala, Wakiso, Jinja and Masaka.
- The volunteers trained in EpiC and CBS are part of the team doing RCCE, with the RCCE, the volunteers conduct door to door sensitization, and also conducting health education with communal gathering. The volunteers use health messaging on Ebola using the M OH-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.



Figure 4: URCS volunteers attending and EPiC and CBS training in Kassanda

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

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	215	480
	# of community members who received PFA	0	150

PSS is provided to staff and volunteers on an individual and group basis. The statistics provided reflects the total number of individuals who have received counselling services

- 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 6 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 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

	Indicator	Actual	Target
Key indicators:	# of target community members reached by health messages	464,369	5,188,525

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

- At the point of this update, URCS had reached 464,369 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 URCS team in qualitative data coding to enhance the quality of feedback received. This also helps in summarizing the feedback.



Figure 5: URCS volunteer sensitizing community members above EVD in Butoologo subcounty-Mubende district

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	36% 2,062 complaints and feedbacks received and responded to.	80% (4582 complaints)
	# of volunteers trained on community feedback	236	50
	# of radio/TV broadcasts	2	24
	# of social mobilization sessions organized	3,535 Communal gatherings	TBD

- Feedback is collected by RCCE volunteers, shared via kobo, and is acted upon accordingly.
- Volunteers were trained on community feedback during the 7-day CBS training that took place in Mubende.
- 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 Centre.
- 36%. As a result, there has been increased community understanding of Ebola and referral pathways that has also seen increased community alerts. Most of the concerns raised by the community were on fears and misconceptions about Ebola treatment units and isolation centres if someone exhibits symptoms. These community sessions therefore provide platforms for community members to engage Red Cross team together with MoH to clarify and educate on the processes.

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.


	Indicator	Actual	Target
Key indicators:	% of deceased people for whom SDB were successfully carried out	86% (448 burials out of 520 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 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 6 teams operating in Mubende, Masaka, Jinja, Kampala and Kassanda and yet to train another 3 teams. The NS has stocks to conduct 300 burials from PPEs imported from DRC and Freetown. So far, the NS has conducted




Figure 6: URCS-SDB team conducting a burial under guidance of the team leader.

448 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
<ul style="list-style-type: none"> 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 will sufficient PPEs for the SDB teams while the MoH has provided PPE kits to the URCS ambulance team. Handwashing facilities, soap and chlorine were distributed to in major towns, trading centers, schools, markets, and communal gathering centers. 			

	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	480	480
<ul style="list-style-type: none"> 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
	# of coordination meetings held with movement partners	10	48
	# of coordination meetings with partners	28	48

- URCS planned to have weekly coordination meetings with partners. However, only 10 meetings have been held in the last two months of the operation. This is 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
	NS assisted with risk register development	1	1
	NS assisted with BCP and workplace 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

	Amount raised (CHF)	Coverage (%)	Funding Gap (CHF)	% Gap
Federation Wide Appeal Funding Coverage	CHF 3,390,435	34%	CHF 6,609,565	66%
Secretarial Appeal Funding Coverage	CHF 2,921,435	58%	CHF 2,078,565	42%
Bilateral Appeal Funding Coverage	CHF 469,000	9%	CHF 4,531,000	91%

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):

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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.