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 #4 **Date of issue: 02/10/2023**	**Timeframe covered by this update:** From 30/09/2022 to 12/09/2023
Revised Operation timeframe: 12 months (23/09/2022 – 31/12/2023)	**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 63 per cent 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. This Update requests an extension of the Appeal by 3 months up to the end of 31 December 2023 to complete all the final community recovery, preparedness and replenishment of stocks used in the response.

In addition, a cholera outbreak has been reported in Kayunga and Namayingo Districts. The latter being adjacent to Districts affected by EVD. This Update also requests to include activities related to the Cholera outbreak.

URCS health officer training volunteers in CBS and EPiC in Masaka district

SITUATION ANALYSIS

Description of the crisis

EVD: Uganda Red Cross Society (URCS) has been supporting the government in responding to Ebola outbreak since its declaration on 20 September 2022. The outbreak reported 143 confirmed cases, 22 probable and 55 deaths (CFR[1]=39%) in the period between 20th September 2022 and 11th January 2023. URCS continues to support Ebola zero reporting and recovery activities in Mubende, Kassanda, Kyegegwa, Kagadi, Bunyangabu, Wakiso, Jinja, Masaka, and Kampala districts. Though the EVD outbreak was declared over on 11th January 2023, URCS has continued to support the Ministry of Health (MoH) post-recovery plan with a strong focus on strengthening surveillance in communities. Among the priorities highlighted in the recovery plan include but limited to; strengthening community surveillance (CBS), infection prevention and control (IPC), community engagement as well as follow up and management of survivors among others to strengthen community core capacities for timely detection and response to public health emergencies.

Cholera: A cholera outbreak was declared on 31st of July 2023 in Namayingo and Kayunga Districts. At the time of this update, the cholera outbreak in Kayunga had reported at least 24 cases with 8 deaths while Namayingo had reported 21 cases with zero deaths. The MoH attributed the increase of these cases to low WASH indicators in the affected sub-counties. The outbreak in Kayunga is anecdotally attributed to an index case that had died in Entebbe Grade B hospital and was buried in Kayunga, despite no reports of similar cases in that same area while in Namayingo, the first suspected cholera case was a child of 2 years and nine months at Bugana HC III in Namayingo district, who presented with profuse watery diarrhoea, vomiting, and stomach-ache on July 15, 2023.

WHO Weekly Bulletin (week 34) dated 27 August, also reported the outbreak and continued increase in cases and corresponding deaths (reporting a CFR34 of 12.8%). They report that the flooding coupled with poor water sanitation and hygiene services remain plausible factors for cholera spread in the country.

Kayunga is adjacent to Wakiso and Jinja which had outbreaks of EVD and are now in the process of recovery. Because of the close proximity, URCS has activated its risk communication and community engagement (RCCE) trained volunteers during EVD to undertake community mobilization activities to reduce the risk of spreading to other districts. Secondly, with the onset of the short rains which are forecast to be enhanced considerably due to the El Nino phenomenon, there are possibilities of severe flooding and so the risk of cholera spreading is high.

The MoH sent response teams to contain the spread while mobilising village health teams (VHTs) to conduct house-to-house campaigns on early medical seeking, contact tracing, and prevention measures, including washing hands thoroughly with soap and water, cleaning all soiled items with plenty of water, boiling drinking water, and cooking food well.

Uganda MoH reached out to partners for support including URCS noting that during such outbreaks and building on EVD experiences, the best control measures are early detection of cases and treatment of patients, in addition to the mobilization of the community to implementation of critical prevention and control measures.

SUMMARY OF EVD AND CHOLERA RESPONSE

Overview of the host National Society and ongoing response

Throughout the EVD response, URCS has continued to participate in the following pillars: Coordination, Surveillance (CBS), RCCE, case management – (safe and dignified burials (SDB) and ambulance services) and mental health

[1] Case fatality rate

(psychosocial support). For the cholera outbreak, URCS continues supporting on the same pillars. Below is a summary of achievements made so far across all the pillars for both EVD and cholera:

Coordination

- URCS had 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 that in turn work through different officers under them. During the active phase of the outbreak, all the team leads used to attend daily briefing meetings chaired by the operations manager at 7.30 am to review progress for possible strengthening and remodelling of strategies.
- URCS participated in all the task force and pillar meetings led by local authorities, across the nine response districts: (Mubende, Kassanda, Kagadi, Kyegegwa, Bunyangabu, Kampala, Wakiso, Jinja, and Masaka) as well as at the national level during the active phase of the response.
- At the community level, URCS works with 3,130 community volunteers across all the response districts.
- In this recovery phase, health officers were deployed to the field to coordinate with the district and partners and supervise volunteers in CBS.
- Monthly district-led meetings were held with the village task force across the seven response districts and the purpose was to enhance local capacity to prevent epidemics and pandemics by strengthening surveillance, health promotion, and risk communication.

Cholera outbreak

- URCS attends the weekly national and district task force meetings for cholera outbreak.
- At the district level, the branch managers and the field-based officers coordinate with the district and partners in responding to the cholera outbreak.
- In the cholera response, URCS plans to train 350 volunteers to implement CBS across the high-risk villages in Kayunga and Namayingo.

Community-Based Surveillance (CBS)

- 626 village task force groups were deployed to work in their respective communities. Each task force consisted of five members (LC Chairman, 2 members of village health team, faith/religious leader, and URCS representative).
- 3,950 alerts were raised and directed to the MoH surveillance team with a 90% follow-up rate. The outcome of these alerts resulted in improved ambulance referral, early case detection, and contact tracing.
- In this recovery phase, 532 volunteers are implementing CBS (Mubende=232, Bunyangabu=50, Kassanda=50, Kagadi=50, Kyegegwa=50, Jinja=50, and Masaka=50). Since December 2022, trained volunteers have sent a cumulative 278 alerts. Of these, 58 percent were false alerts, 36 percent were true alerts and 5 percent were active outbreak errors.
- Currently, the overall average CBS reporting rate across all response districts stands at 96 percent with Kagadi district having the lowest reporting rate of 90 percent, followed by Bunyangabu district (94 percent), Masaka and Kyegegwa both tallying at 100 percent having the highest reporting rate. The figure below summarizes the reporting rate in all districts under intervention.

Below is summary of reporting status in each of the districts

In **Kayunga district**, there are a total of 53 cases, 42 confirmed and 11 suspected/probable.

- Cholera RDTs are stocked out.
- No case currently admitted at Namusaala CTU.
- Busaana and Kayonza sub counties remain high cholera risk sub counties.

Table 1: Statistical overview of the Kayunga District cholera outbreak as of September 13th, 2023

Indicator	Last 24 hours	Cumulative
Confirmed cases	00	42
Suspected cases	00	**10**
Probable cases	00	01
Confirmed deaths	00	06
Suspected deaths	00	04
Probable deaths	00	00
Active cases on admission	00	0
Discharges	00	52
Relapses	00	00
Contact Tracing		
New contacts listed	00	923
Contacts followed up	00	00
Contacts that completed 7-day follow-up	00	923
Contacts lost to follow up	00	00
Contacts followed up today who became symptomatic	00	00
Specimens collected and sent to the lab today	00	105
Number of cases with positive results today (lab Confirmation)	00	12
Alerts	00	105

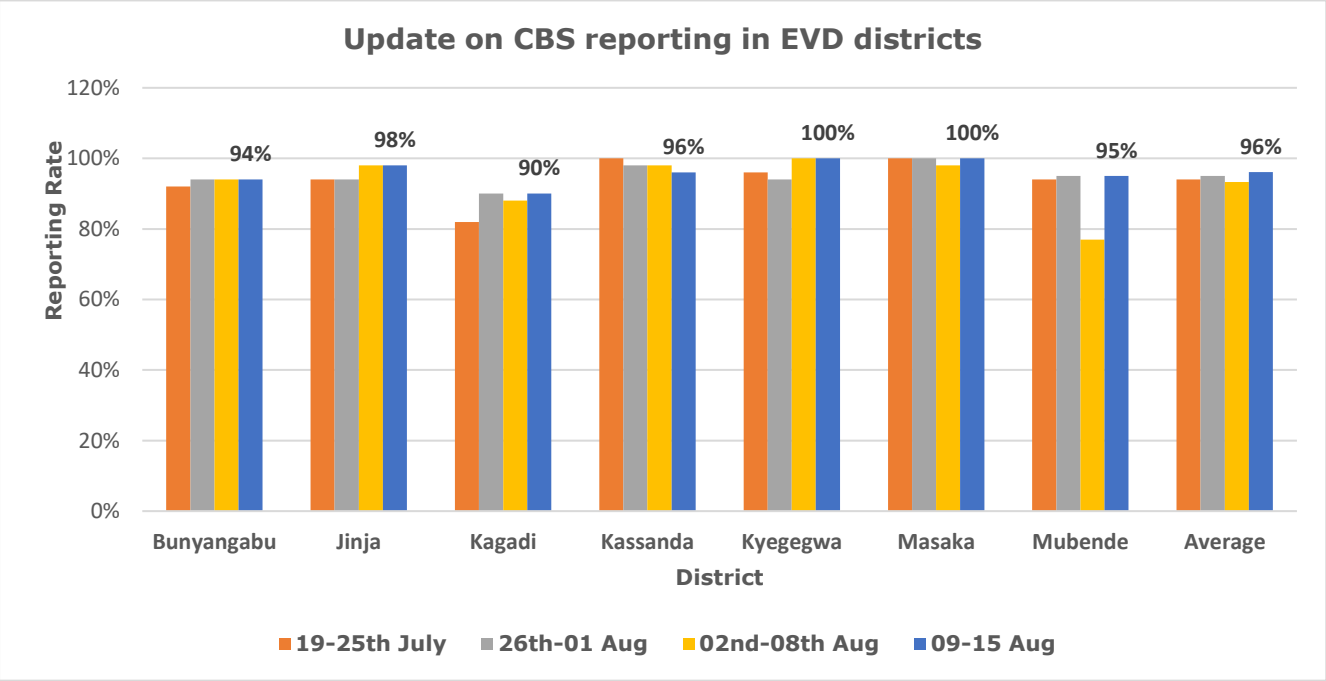
In **Namayingo** district, there are.

- One (01) suspected case on admission and no death.
- Received one (01) alert.
- One laboratory specimen was collected
- No results received from CPHL.
- Cumulatively, twenty-one (21) cases (6 confirmed and 15 suspected), no deaths.
- Three (03) villages Secho (03), Namavundu (02) and Buhone (01) villages) have reported confirmed cholera cases from Sigulu Island and Bukana.

Table 2: Summary statistics for cholera outbreak in Namayingo District as of 13th September 2023

S/No.	Item	In last 24 hours	Cumulative
01.	**Confirmed cases**	**0**	6
02.	Suspected cases	1	15
03.	**Confirmed deaths**	**0**	0
04.	Suspected deaths	0	0
05.	**Active cases on admission**	**1**	21
06.	Discharges	0	20
07.	Relapses	0	0

08.	Runways from isolation	0	0
09.	New contacts listed	5	163
10.	Contacts followed up	5	163
11.	Contacts that completed 7-day follow-up	0	158
12.	Contacts lost to follow up	0	0
13.	Contacts followed up today who became symptomatic	0	0
14.	Number of households visited	0	950
15	Number of health care worker admissions	0	0
16.	Specimens positive on screening test (Cholera RDT)	0	5
17	Specimens collected and sent to the lab	1	19



CBS reporting rate for EVD Districts as of 15th August 2023

Risk Communication and Community Engagement (RCCE)

- 626 volunteers deployed to undertake CBS.
- 3,130 Village Task Force members deployed. 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.
- 112,234 households reached.
- 10,374 communal gatherings held
- 1,023,134 individuals reached (418,757 males, 604,377 females)

URCS team supporting District Health Team to conduct VTF meeting in Bunyangabu district.

- 1,426 village task force members attended bi-monthly VFT meeting during the month of July across all districts (933 Males, 493 Females). This was a district-led activity where participants agree on actions needed to conduct health promotion activities in their respective communities.
- 580 volunteers trained in EPiC and CBS (338 males, 242 females). 480 were trained during the response period and 100 have been trained during the recovery phase.

URCS volunteers distributing dry foods in Kayalwe village, Buyengo sub county-Jinja

Cholera outbreak

- 350 Volunteers planned to be orientated on RCCE for cholera in Kayunga and Namayingo.
- Under the partnership with MOH URCS will support prehospital care and provide ambulance services.

Case Management

- 6 SDB teams supported the response.
- 23 sub-county burial teams were trained (13 Mubende 10 Kassanda)
- 787 burials conducted including high-risk and low-risk burials.
- 786 houses disinfected.
- Eight (8) ambulances deployed - 6 ambulances deployed in Mubende and Kassanda, Masaka, and Jinja one (1) ambulance deployed in each response district.
- 914 SDB alerts received during the active phase of the response.
- 1,281 cases evacuated/transferred during the active phase of the response.
- 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).

URCS volunteers conducting RCCE in Kassanda district

Needs analysis

EVD: Following the 11th of January 2023 declaration of Uganda as Ebola-free, the URCS Ebola response activities have been scaled down and the focus is now on building resilience in the affected communities through recovery and preparedness activities.

Cholera: For cholera outbreak rapid assessments were conducted by the MoH through its technical teams in the areas where cholera cases are being reported. The assessment covered main spheres including practice, attitude, information gaps, availability of services and logistics amongst others. With preliminary results, the MoH reached out to URCS for support for community and household level interventions.

Summary of the needs and gaps identified for cholera:

- Poor resource flow for implementation of response; coordination structures are in place, and funds for implementation of response activities are inadequate.
- Inadequate follow-up on actions/recommendations made by the task forces, especially district and sub-county task forces.
- Poor participation of the key stakeholder such as the Water Department, Local government (markets, landing sites), educations department, and members of parliament
- Low level of suspicion amongst health workers in private and public facilities
- Unclear reporting channels
- Lack of allowances to facilitate health workers treating cholera patients.
- Glaring capacity gaps in case management and IPC
- Inadequate medicines, disinfectants, and protective wear.
- Lack of sanitary facilities in homes and public places. Communities along River Nile and in the Lake Victoria, islands have inadequate hygiene and sanitary facilities.
- Poor quality of home and public facility inspections by the environmental health staff has contributed to low latrine coverage and use, poor hygiene in homes, and bad hygiene practices. Open defecation is rampant.
- Poor access to safe water – where water is available, it is contaminated.

- Poor hygiene practices – eating cold foods, lack of hand washing practices.
- Very low level of risk perception in the community as most people think they have been bewitched.
- Inadequate social mobilization activities, e.g., IEC materials, film shows, radio programs.
- Inadequate local level political support – village and parish levels.

Operational risk assessment

In addition to Operations Strategy, the following are considered:

- On set of short rains October to December and forecast enhancement from El Nino – possible restricting of access, cause displacement, etc.
- Expansion of cholera to wider areas – exacerbated by probable floods.
- Further overlap of cholera cases into areas recovering from EVD.
- Possible misconceptions between symptoms, etc with regards EVD and Cholera.
- Safety and security risks.

OPERATIONAL STRATEGY

Update on the strategy

EVD: There is change in the strategy with regards the EVD response. Following the 11th of January 2023 declaration of Uganda as Ebola-free, the URCS Ebola response activities have been scaled down and the focus is now on building resilience in the affected communities through recovery, preparedness activities, replenishment of stocks, lessons learnt activities. A three-month extension has been requested to complete all these final EVD activities.

Pillar	**Activities to continue**
RCCE and CBS	• URCS volunteers to do passive surveillance (Zero reporting on weekly basis) • Continue to orient VTFs on hygiene promotion • VTFs to conduct community sensitization on other diseases and mobilize their communities for health promotion activities (hygiene and sanitation). • Continue community engagement to gather community feedback • RC volunteers to continue to track rumours • District led VTF monthly meetings targeting 1,500 VTF members across all response districts. **Support to the survivors:** • MOH-led VHT meetings to strengthen surveillance on survivors targeting 1,000 VHTs • Support follow up of survivors in the community to ensure no loss to follow up from the survivors' clinic • Community engagement to fight stigma and discrimination • Nutrition and livelihood project for the survivors.
Ambulance Services	• Ambulances were redeployed for response to road traffic injuries • One ambulance available in Mubende • Procurement of 5 ambulances to replace the old ones that are soon due for disposal • 2 EVD ambulances
Safe and Dignified Burials (SDB)	• Conduct quarterly SDB drills, a total of 11 URCS teams' country wide • PSS for the 4 SDB teams (the most affected)- proposed monthly group sessions. • Prepositioning of SDB kits

M&E and Communications	• 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 learnt during the recovery phase • CBS weekly analysis and follow-up on alerts • Data coding for rumour tracking • Monthly reporting
URCS Branch support	**Operational branch capacity strengthening** • Tents and chairs (200) for IGA • Renovation of the office building • Installation of flushing toilets • Containers for storage (at least 2, one for storage and one to expand office space. • Construction of wall fence in Mubende • Reinstallation of fabricated structures in Mubende

Cholera: The strategy has been updated to accommodate an outbreak of cholera which poses a risk to adjacent and at least in one case overlapping districts. Rapid assessments were conducted by the MoH through its technical teams in the areas where cholera cases are being reported. The assessment covered main spheres including practice, attitude, information gaps, availability of services and logistics amongst others. With preliminary results, the MoH reached out to URCS for support for community and household level interventions.

URCS are taking stock of resources and will mobilise any ORPs in stock as well as and ORP trained staff/ volunteers. URCS will activate the CBS system developed both as part of the CP3 and as a result of the EVD response. The cholera response will capitalize from the CBS in communities, as well as the EPiC skills built up during the EVD response and by activating BORTs.

Below are the initial activities that URCS will undertake during cholera outbreak response:

- Conduct community social mobilisation in Kayunga and Namayingo districts.
- Mobilisation/training volunteers on EPiC and CBS in Kanunga and Namayingo districts
- Cholera community-based surveillance across the high-risk sub-counties in Kayunga and Namayingo.
- Conduct radio talk shows conducted.
- Conduct dialogue and action planning meetings held with the village task force of Kayunga and Namayingo districts.

DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

	Health & Care (*Mental Health and psychosocial support / Community Health / Medical Services)*	Female > 18: **0.75**	Female < 18: **0.64**
		Male > 18: **0.65**	Male < 18: 0.66
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	88%	100%

CBS has continued from the start of the response and continued after the outbreak was declared over. The rate of alerts 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 early detection, reporting, responding, and monitoring of Ebola suspects in communities. Initially, CBS trainings were integrated into the RCCE trainings but later were conducted independently to ensure full understanding of the expectations. URCS receives alerts and works with the MoH, the District health team 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 hotline numbers, recorded and referred. Initially, when there was community spread of the disease, the main challenge was to meet and respond 100% to all calls due to vastness of the areas and access to some areas with poor roads worsened by rains. Cumulatively, a total of 2,645 true CBS alerts were reported out of which 16 true alerts were reported in the recovery phase. In the last 24 hours prior to this reporting 14 of whom (88%) were investigated, and they were majorly mumps and measles across response districts of Mubende, Kassanda, Kyegegwa, Kagadi and Bunyangabu. During the VTF meetings, the respected DHTs gave feedback to the village task force members of the respective districts.

	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 (350 new for cholera)	580	590
	# of volunteers trained in CBS during this response (350 new for cholera)	580	590
	# of household visits	112,234	12,000
	# of CBS volunteers who are active (350 new for cholera)	532	240
	# of true CBS alerts reported by trained volunteers	2,645	TBD

URCS completed training of 580 volunteers to support CBS from Mubende, Kassanda, Kyegegwa, Kagadi, and Bunyangabu during the active phase of the response. 100 volunteers from Masaka and Jinja were trained in recovery phase and more 350 will be trained in Kayunga and Namayingo under the cholera program and will conduct door to door sensitization and community awareness just like is the case with the EVD team.

The volunteers used health messaging on Ebola and Cholera using the MOH-approved information, education, and communication (IEC) materials.

	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 EVD receiving PSS support	TBD	100

The URCS PSS team was not allowed to interact with confirmed and suspected patients because of confidentiality. The MoH PSS team provided these services. URCS in turn hired a PSS consultant who throughout the response, offered PSS services to responding staff and volunteers.

	Health Output 2.1: The population in 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	480	480
	# of community members who received PFA	320	150

PSS was 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.

Three professional counsellors were deployed to the responding teams in Mubende where they were conducting group and individual PSS sessions. All the 6 SDB teams and 12 ambulance crew team members plus volunteers and staff benefited from the PSS services.

While conducting activities, deployed volunteers were 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 to allow recuperation.

	Health Outcome 3: Social mobilization, risk communication, and community engagement activities are carried out to limit the spread and impact of EVD and Cholera		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of target community members reached by health Messages	819,131	5,188,525
	# of radio talk shows conducted (new for Cholera).	TBD	8
	# Dialogue and Action planning meetings held with the VTF (new for Cholera).	TBD	3
	# of target community members reached by health Messages (new for Cholera).	TBD	TBD

The risk communication volunteers will deliver health messages through communal gatherings and household visits. In their respective communities, this will replicate the system and approach in the EVD response and recovery. Cumulatively, a total of 819,131 people have been reached so far with health messages across all the affected districts through house to house, community gatherings, meetings and through media.

	Health Output 3.1: Preparatory work is carried out to sensitize about 30% of the population of the affected areas of Mubende and neighbouring 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% (2,062 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 was collected by RCCE volunteers, shared via kobo and was acted upon accordingly. The 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, 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 centre. The total complaints and feedback responded to by the National Society 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 neighbouring 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	TBD	100

All SDB alerts were successfully handled. URCS was the lead in SDBs and have the confidence of the other response partners. Government declared all burials in the two lockdown districts of Mubende and Kassanda be conducted through SDBs, however, this put a significant increase in the demand for SDB services. 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 in each district 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 received an average of nine daily (24 hours) SDB alerts and managed to conduct an average of three (3) safe and dignified burials translating to 33%. This gap was however filled by the trained burial teams at the districts and 23 burial teams at 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 National Society has conducted 787 burials.

Water, Sanitation and Hygiene

Objective:	Improve hygiene practices within the entire affected population.		
Key indicators:	**Indicator**	**Actual**	**Target**
	# *h*andwashing Facilities distributed	325	TBD
	# of ambulance/SDB car washing areas set	1	1
	# other wash items distributed (Chlorine)	405 kgs	TBD
	# handwashing soap distributed	-	600 boxes
	# tippy taps distributed	-	2000

Handwashing facilities, soap and chlorine were distributed in major towns, trading centers, schools, markets and communal gathering centers. Due to discovery of EVD case in Jinja, additional 50 Handwashing facilities were distributed in high-risk areas of Buyengo particularly targeting public places like markets, areas of worship, boda-boda stages among others.

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 bay to ensure the cars were safe for use for the next alert.

IFRC supplied URCS with sufficient PPEs for the SDB teams while the MoH 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	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.

The number of volunteers and staff who have signed the code of conduct stands at 626 which is in an increase from the initial target of 480. The number increased as the operation needs increased leading to the need for more staff and volunteers.

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

This operation engaged 26 staff directly and 7 others indirectly. The National Society finalized the recruitment of the 33 staff members fully dedicated to this operation 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
	# external partners	4	TBD
	# of coordination meetings held with movement partners	7	48
	# of coordination meetings with partners	29	48

URCS partners with UNICEF, MOH, WHO and WFP in this response and planned to have weekly coordination meetings with partners. However, only 29 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 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 deployed the head of operations, operations manager, finance, logistics, RCCE, risk manager, and health delegates who are providing technical support to the National Society.

FUNDING

The Secretariat funding ask of CHF 5 million is covered by **CHF 3,146,642.89** (63%) with a standing expenditure of **CHF 2,164,413.12** (68.8%) at the point of this reporting as shown in the attached financial report.

Contact information

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

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For IFRC Resource Mobilisation and Pledges support:

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

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

Reference documents: Click here for:

- 6 month Operations Update
- Operations update 2
- Operations update 1
- 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 (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, 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.

Featured story on NTV on 10 November 2022: Counteracting Negative Press - Highlighting the tough Job done by the SDB team in the EVD response

Activity photos for the reporting period

Village Task force meeting at Kibiito Town Council, Bunyangabu district 21/07/2023.

DHE Jinja district orienting village health teams in Buyengo sub county, Jinja district on 21/07/2023

*CBS volunteer meeting in Kibalinga (**Mubende**), Kalwana **(Kassanda**) and Mpeefu **(Kagadi**) districts respectively*

Selected Parameters			
Reporting Timeframe	2022/9-2023/08	Operation	MDRUG047
Budget Timeframe	2022-2023	Budget	APPROVED

Emergency Appeal
INTERIM FINANCIAL REPORT

Prepared on 02 Okt 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

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	3,324,000
AOF5 - Water, sanitation and hygiene	395,000
AOF6 - Protection, Gender & Inclusion	69,000
AOF7 - Migration	0
SFI1 - Strenghten National Societies	584,000
SFI2 - Effective international disaster management	12,000
SFI3 - Influence others as leading strategic partners	7,000
SFI4 - Ensure a strong IFRC	609,000
Total Funding Requirements	**5,000,000**
Donor Response* as per 02 Okt 2023	**3,158,503**
Appeal Coverage	**63.17%**

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	277,255	1,115,230	-837,975
AOF2 - Shelter	0	0	0
AOF3 - Livelihoods and basic needs	0	0	0
AOF4 - Health	1,739,248	1,064,456	674,791
AOF5 - Water, sanitation and hygiene	0	0	0
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SFI1 - Strenghten National Societies	0	0	0
SFI2 - Effective international disaster management	73	0	73
SFI3 - Influence others as leading strategic partners	0	0	0
SFI4 - Ensure a strong IFRC	757,235	0	757,235
Grand Total	**2,773,811**	**2,179,686**	**594,125**

III. Operating Movement & Closing Balance per 2023/08

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	3,010,870
Expenditure	-2,179,686
Closing Balance	**831,184**
Deferred Income	129,311
Funds Available	960,494

IV. DREF Loan

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

Selected Parameters			
Reporting Timeframe	2022/9-2023/08	Operation	MDRUG047
Budget Timeframe	2022-2023	Budget	APPROVED

Emergency Appeal
INTERIM FINANCIAL REPORT

Prepared on 02 Okt 2023

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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	317,508				**317,508**	
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**	
On Line donations	25				**25**	
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	1,623,138				**1,623,138**	*129,311*
Total Contributions and Other Income	**3,010,870**	**0**	**0**	**0**	**3,010,870**	***129,311***
Total Income and Deferred Income					**3,010,870**	*129,311*