



A drill session with Kampala SDB team in readiness for deployment

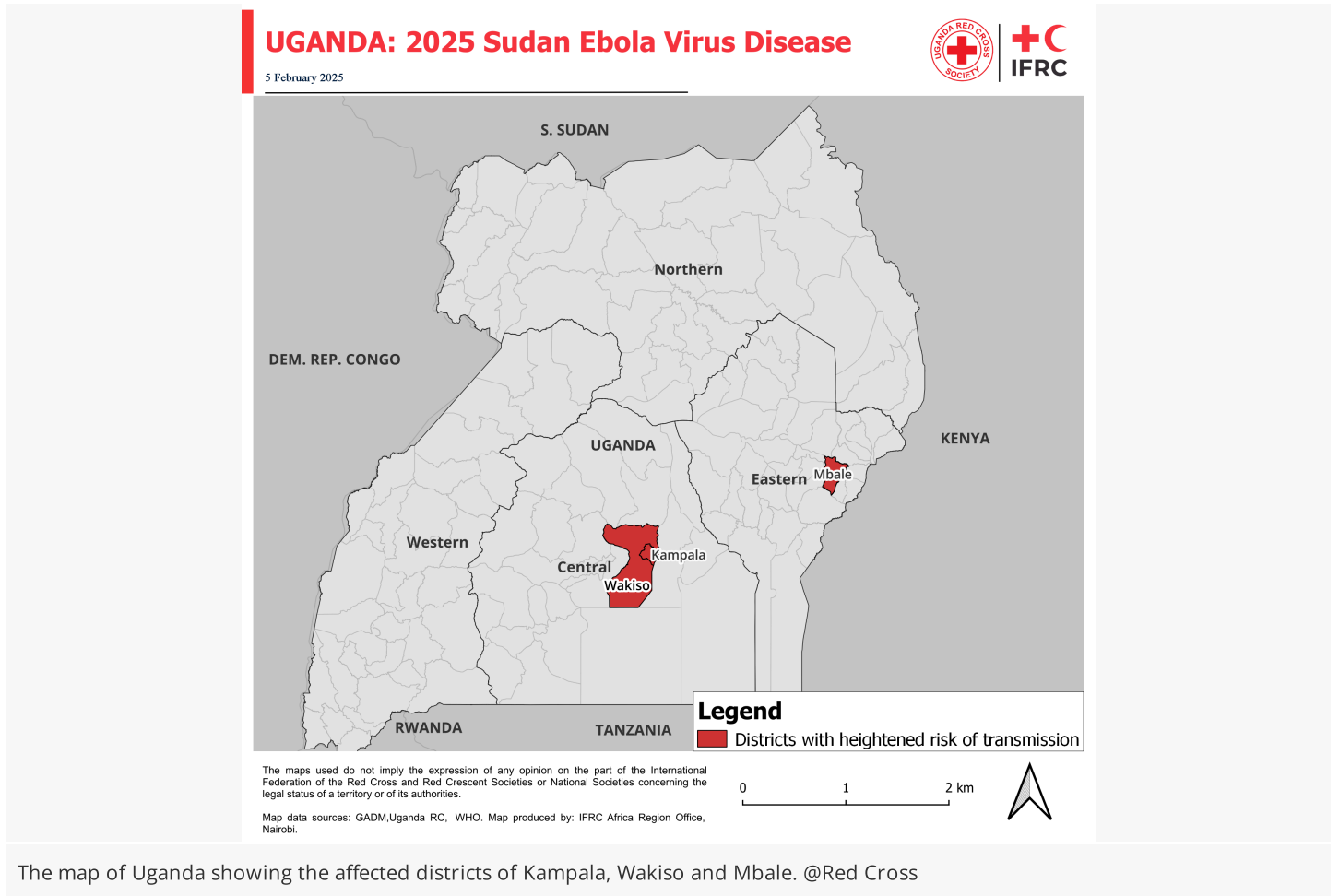
Appeal: <b>MDRUG055</b>	Country: <b>Uganda</b>	Hazard: <b>Epidemic</b>	Type of DREF: <b>Response</b>
Crisis Category: <b>Orange</b>	Event Onset: <b>Slow</b>	DREF Allocation: <b>CHF 568,661</b>	
Glide Number: <b>-</b>	People Affected: <b>1,351,045 people</b>	People Targeted: <b>520,000 people</b>	
Operation Start Date: <b>07-02-2025</b>	Operation Timeframe: <b>4 months</b>	Operation End Date: <b>30-06-2025</b>	DREF Published: <b>09-02-2025</b>

Targeted Areas: **Central Region, Eastern Region**

# Description of the Event

## Date when the trigger was met

30-01-2025



## What happened, where and when?

In a statement issued on 30th January 2025, the Ministry of Health notified the public of a positive case of Ebola virus disease hence declaring an outbreak of the Sudan strain of Ebola virus disease (SUV) in the Kampala City. Following reference from three national laboratories namely, the Central Public Health Laboratories, Uganda Virus Research Institute and Makerere University laboratories, the Ministry of health declared the eighth Ebola Outbreak in the country.

The Index case was a 32-year-old male nurse, an employee at Mulago National Referral Hospital. He presented with fever-like symptoms, sought for treatment from multiple health facilities including Mulago national referral hospital in Kampala, Saidina Abubakar Islamic Hospital in Matugga Wakiso district, and Mbale Regional referral hospital as well as a traditional healer. The patient presented with a five-day history of high fever, chest pain, difficulty in breathing and later progressed to unexplained bleeding from multiple body sites. The patient suffered multiple organ failure and later succumbed to the illness at Mulago National Referral Hospital.





Engaging volunteers on EVD during the previous outbreak



Members of the village task force engaged on EVD during the previous EVD outbreak

## Scope and Scale

The Ebola Sudan Virus disease outbreak has significant potential to produce negative impacts on lives, livelihoods, well-being, and socio-economical stability due to general disruption of public and private services or activities. Following its declaration on 30th January 2025, the MOH reported one confirmed case and death placing the case fatality rate at 100%. Currently, the outbreak has only been reported in Kampala, however the index case reported travels in different districts including Wakiso and Mbale during the course of his illness. Even though no case has been reported in either of the districts, the MOH emergency response team has line listed contacts from the districts, and testing is underway.

Kampala being the country's capital and most important business hub, there is increased risk of transmission in the Kampala metropolitan area districts including Mpigi, Wakiso and Mukono. Additionally, the index case sought medical care from Mbale regional referral hospital in Mbale district and a traditional healer within the same region, thus spreading the risk further into Eastern Uganda. The family (child and domestic assistant) of the index case were also reportedly dropped at the in Jinja when the body was being moved to Mbale for burial.

The index case was a health worker at the national referral hospital who may have been attending to patients during the initial phases of the clinical illness. Therefore, the general public is at risk with healthcare workers, patient care givers at the highest risk.

The disease presents with high fever and may cause severe bleeding in some cases. Other signs and symptoms may include, fatigue, muscle pain, headache, sore throat, vomiting, diarrhea, abdominal pain, and bleeding or bruising. Risky behaviors, such as touching or caring for someone with Ebola symptoms, attending funerals or burial ceremonies where Ebola protocols are not followed, eating bush meat or other wild animals, and not practicing proper hygiene and sanitation, increase the risk of transmission of the viral disease. Traditional burial practices, which involve direct contact with the deceased, are particularly high-risk.

In Uganda, the most previous outbreak of the Sudan Ebola virus started in Mubende district in 2022, spread to other 8 districts including Kampala and Wakiso leading 142 confirmed cases and 55 deaths in addition to 22 probable cases died before samples could be obtained for confirmation. At least 19 healthcare workers were infected of whom seven died during the outbreak. The most vulnerable populations, including healthcare workers, children under 10, and men aged 20-39, require targeted support and protection to prevent further transmission and reduce the risk of mortality. Effective response efforts must prioritize community engagement, contact tracing, and provision of adequate personal protective equipment (PPE) to healthcare workers, as well as promote safe burial practices and discourage risky behaviors.

## Source Information

Source Name	Source Link
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1. Uganda Ministry of Health X account	<a href="https://www.google.com/url?sa=t&amp;source=web&amp;rct=j&amp;opi=89978449&amp;url=https://x.com/MinofHealthUG/status/1884927937356410973&amp;ved=2ahUKEwi02OSEg56LAXO_7sIHfhMENMQFnoECBsQAQ&amp;usg=AOvVaw0kxDz5MSb07-5UOb8w3dmy">https://www.google.com/url?sa=t&amp;source=web&amp;rct=j&amp;opi=89978449&amp;url=https://x.com/MinofHealthUG/status/1884927937356410973&amp;ved=2ahUKEwi02OSEg56LAXO_7sIHfhMENMQFnoECBsQAQ&amp;usg=AOvVaw0kxDz5MSb07-5UOb8w3dmy</a>
2. Ministry of Health website	<a href="https://www.health.go.ug/causes-category/press-statements/">https://www.health.go.ug/causes-category/press-statements/</a>

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	No
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-

**If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:**

-

### Lessons learned:

URCS will ensure to follow best practices and lessons learned from other VHF responses in Uganda and across Africa. Uganda has had Ebola outbreaks before which have provided notable experience to the government of Uganda and its partners such as URCS in responding Ebola Virus Disease outbreaks, with an incident management framework from the national level to the district level.

Uganda Red Cross Society had adopted the practice of integration in responding to public health emergencies. In the current response to Mpox, volunteers have been oriented more than one outbreak, and they have supported Measles, Marburg Virus Disease preparedness in addition to Mpox. The same approach is going to be used where volunteers responding to the current Mpox shall be quickly oriented on EVD to enable them start immediately.

Specifically, URCS has trainers for SDB, RCCE, EPIC, CBS, and CBHFA, and a network of volunteers who have been trained and deployed for MPOX, Covid19, and previous Ebola response operations.

Key lessons learned from previous outbreak responses include:

Uganda Red Cross Society had adopted the practice of integration in responding to public health emergencies. In the current response to Mpox, volunteers have been oriented more than one outbreak, and they have supported Measles, Marburg Virus Disease preparedness in addition to Mpox. The same approach is going to be used where volunteers responding to the current Mpox shall be quickly oriented on EVD to enable them start immediately.

While responding to the Anthrax and EVD outbreaks in Kyotera and Mubende respectively, Uganda Red Cross Society supported activation the village task forces across the sub-counties that were most affected by the outbreak, the strategy highly contributed to containment of the disease which had proven difficult. Uganda Red Cross Society hopes to use a similar approach in this response

Learning from the Rabies outbreak in Busia, engaging of lower local government health authorities and leaders in microplanning for district activities ensures prioritization of the real needs/areas of intervention since the district authorities have a better understanding of the needs and how they change with time. The same approach shall be adopted in this response.

The deployment of NDRT staff who were technical in public health responses, monitoring and evaluation plus volunteer management in the EVD 2022 and Anthrax response ensured full time presence of personnel to coordinate URCS response activities which ensured



timely execution of activities and reporting. The same approach shall be adopted with support of branch management in the implementation districts.

URCS fostered a close and good working relationship with the two Ministries (Ministry of Health and Ministry of Agriculture Animal Industry and Fisheries) that were involved in the recent Anthrax outbreak and the District Task Force of Kyotera which ensured URCS got the required support to execute the planned activities. The same shall be approach shall be used in this response.

## Current National Society Actions

### Start date of National Society actions

30-01-2025

<b>Health</b>	<p>URCS has deployed a National Disaster Response Team (NDRT) including human resources from the Community Epidemic and Pandemic Preparedness program (CP3) among whom are Public Health in Emergencies (PHiE) and Safe and Dignified Burial (SDB) coordinators to support coordination with MOH and set up Red Cross Response Teams within Kampala city. These are highly skilled staff with vast technical capacity and experience in responding to such outbreaks. Additionally, URCS will leverage on already trained staff and volunteers from Bundibugyo, Kasese, Kabarole, Kisoro, Rukungiri/Kanungu, Kampala, Jinja, Mityana and Masaka branches, to support the response in Kampala metropolitan areas and Mbale. These are teams who have been trained and deployed in previous disease outbreaks to work in the traditional pillars the URCS has supported in, including:</p> <ul style="list-style-type: none"><li>• Risk communication and community engagement.</li><li>• Community-based surveillance.</li><li>• Psychosocial support (PSS).</li><li>• Safe and Dignified Burials (SDB).</li><li>• Ambulance service</li></ul> <p>URCS has also designated an ambulance and a trained emergency medical team for patient referrals if called upon by the government. Two vehicles, a pickup truck (for dead bodies) and a hardtop (for staff) have also been designated to facilitate SDB work if called upon by the government. An internal memo has been dispatched to all the branches and to HQ with staff guidance on precautionary measures to observe to avert incidents of contamination and infection to staff while on duty or other public spaces.</p> <p>The teams supporting the Mpox response has been instructed to integrate EVD messaging in all their activities.</p> <p>Following a request from the Ministry of Health Emergency Medical Services to support in setting up a disinfection and washing bay for ambulances in Mbale, URCS deployed a technical officer to support in identifying and setting up the place.</p>
<b>Coordination</b>	<p>The national society participated in emergency coordination meetings including the national task force and pillar meetings including Risk communication and community engagement pillar and case management. Furthermore, the Ns constituted an internal task force to coordinate the response actions that have so far included activation of a rapid response team with designated pillar heads who will take lead in pillar coordination meetings.</p>
<b>Activation Of Contingency Plans</b>	<p>Following the declaration of the outbreak by the Ministry of Health, URCS has activated its Viral Hemorrhagic Fever preparedness and response plan.</p> <p>The SDB team has been taken through drills to ensure they are ready for deployment in case a request comes in from Ministry of Health.</p>



# IFRC Network Actions Related To The Current Event

<b>Secretariat</b>	<p>Through the cluster office, IFRC supports Uganda Red Cross in terms of logistical, technical and financial support during both planning and implementation. The cluster Disaster management delegate will in the initial response travel to Uganda to provide operation support to URCS while working alongside the in country IFRC CP3 delegate who besides his project work, will support his technical support to URCS. The duo will provide continuous monitoring of the response while the in country IFRC finance delegate will perform regular financial spot checks. The cluster senior logistics officer will provide support to procurement and fleet to the operation. The cluster PMER officer will throughout the operation provide monitoring and quality check support working alongside URCS PMER colleagues.</p>
<b>Participating National Societies</b>	<p>URCS hosts national societies including Germany Red Cross, Netherlands Red Cross, Austrian Red Cross and Belgian Red Cross. PNS have been notified and briefed about the outbreak and following the events closely. Regular coordination meetings will be conducted to update partners and seek for support. At the point of this application, German Red Cross has expressed willingness to support the response operation.</p>

# ICRC Actions Related To The Current Event

ICRC has an in-country office located in Kampala and has been briefed about the situation. In the last outbreak in 2022, ICRC provided a pickup that was used for SDB activities. In this response, URCS will reach out to ICRC for similar support.

# Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	<p>Yes</p>
<b>National authorities</b>	<p>The ministry of health activated the incident management team and dispatched rapid response teams to both Mbale city and Saidina Abubakar Ismanic hospital in Matugga to list all the contacts and isolate them. Initially, a total of 45 contacts including 34 HCWs and 11 family members to the index case were line listed and isolated and the number of contacts has grown to 150.</p> <p>MoH carried out SDB for the deceased in Mbale, vaccination for SUVD is underway with priority given to contacts and health workers. The MOH also activated the Regional EOCs for Kampala and Mbale.</p>
<b>UN or other actors</b>	<p>There is vivid presence of UN agencies such as WHO, UNICEF, WFP, UNICEF. URCS continuously coordinates with the agencies with WHO as ahead coordinator for all partners supporting the government.</p>

**Are there major coordination mechanism in place?**

The response is coordinated by the Ministry of Health National Task Force through the Public Health Emergency Operations Center using the incident management system that comprises of the national task force, pillars and sub pillars. The pillars for this response so far include Coordination, leadership and Stewardship, Surveillance, Risk Communication and Public Health Awareness, Logistics, Case Management, Community Engagement, Laboratory, Strategic Information, Research, and Innovation.

Through its activities, URCS directly contributes to case management pillar through SDB and EMS services, risk communication and community engagement, surveillance, psychosocial support, WASH and coordination. URCS is involved in sector and pillar meetings to not only align the response activities with ministry action plan but also provide updates and feedback on actions being undertaken by the movement.



# Needs (Gaps) Identified



As of 4th February 2025, MOH reported 7 confirmed cases with one death in the current outbreak in Kamapal and Mbale cities. The ministry through pillar and sub pillar committers has highlighted different gaps and called up partners to support for quick and effective response. Below are some of the gaps/challenges highlighted in support target pillars.

## Case management.

- Need for additional support in EMS in terms of capacity building of providers, additional equipment and human resource
- Logistics for ambulance transfers including repairs, service and fuel
- Airtime and data for EMS teams
- Ambulance disinfection sites and support for respective hygienists
- Update of EMS tools and SOPs
- Need for continuity of essential services
- Delayed operationalisation of ETU spaces
- Lack of tents for setting up isolation facilities
- No hand washing and wash facilities
- More trained and equipped teams needed to support SDB at Mulago and Mbale treatment Units as we affiliated communities in case of a community death.

## Risk communication.

- Inadequate IEC materials
- Low risk index among the general population and health workers
- Limited resources to support deployment of surge officers.
- Knowledge gap in the general population.

## Surveillance

The biggest gap has been highlighted in surveillance where authorities assume there are other potential contacts to the index case that have not been identified. These are mostly patients that the index case attended to while performing his duties. There is also still limited information on the source of exposure and where it could have happened. Furthermore, the pillar highlighted need to conduct screening and hand washing at entrances of public places like hospitals, markets among others. Furthermore, many PoEs along Lake Victoria such as Port Bell, Kiyindi, Kasenyi do not have remunerated staff. Others such as Katosi, Namanve and Kyetume are not manned which poses a risk of the outbreak going beyond Uganda borders.



## Protection, Gender And Inclusion

In previous responses, we identified several gaps related to Protection, Gender, and Inclusion (PGI). One significant gap was the lack of clear understanding regarding gender roles and relations prior to public health emergencies. We did not fully assess how these roles and relations impacted our response efforts. Additionally, we did not adequately identify the varying needs, capacities, and coping strategies of women, men, boys, girls, and individuals with disabilities.

The available data—both primary data from URCS and secondary data from other studies—did not sufficiently account for factors such as disability, ethnicity, HIV status, and other priority areas in the context of the outbreak. This gap highlights the need for conducting a comprehensive gender and inclusion analysis at the start of every response. Without this, the diversity of needs and experiences within affected communities can be overlooked, which may result in less effective interventions.

Furthermore, we recognized that individuals in our communities' experience crises differently due to intersecting factors such as power, age, disability, and other forms of vulnerability. Unfortunately, in some areas of our operations, these differences were not adequately considered, which limited the effectiveness of our responses.

The COVID-19 pandemic, in particular, highlighted the critical need to address gender-based violence (GBV) in emergencies. It exacerbated existing vulnerabilities, with many communities experiencing a significant rise in GBV cases. It became evident that recognizing and addressing GBV must be a collaborative effort, involving everyone in the community. We must ensure that interventions to reduce GBV are designed together, incorporating the experiences and needs of all community members.





## Community Engagement And Accountability

Learning from previous outbreaks and the current outbreak trends, EVD outbreaks are associated with rumors, misinformation, denial, stigmatization and low risk index among specific groups like health workers and the general public. These are mainly driven by gaps in knowledge among the community members coupled with lack of effective approaches to address the same in communities. Moreover, misinformation, stigmatization among others undermines public health actions aimed at preventing and controlling the outbreaks.

### [Assessment Report](#)

## Operational Strategy

### Overall objective of the operation

The aim of this operation is to support Uganda Government and partners to prevent and reduce morbidity and mortality resulting from the Ebola Virus Disease outbreak in Kampala and conducting preparedness and response actions in identified high-risk districts. The operation will initially start for 4 months, to cover an eventual period of 42 days after the last positive case is detected and a mandatory 90-day surveillance period after the declaration of the end of the outbreak

### Operation strategy rationale

The initial 4-months phase will focus particularly on life-saving interventions in the main area and risk communication and community engagement around Ebola in Kampala and identified high-risk districts. URCS will target people in the affected districts with health promotion activities through risk communication and community engagement. Volunteers will be mobilized to support the early detection of new cases through active case finding and contact tracing. URCS will stand ready to support the government in safe and dignified burial (SDB) activities including home disinfection and direct psychosocial interventions with those affected.

These activities will address the immediate Ebola awareness needs of affected communities and at-risk areas, as well as the need for government support for psychosocial interventions, safe body management, and disinfection of homes and areas where suspected or confirmed cases have been present. All this will be based on the local traditions and cultures. Community health volunteers in charge of contact tracing will also receive specialized retraining in coordination with WHO, the Ministry of Health, and FOSA to revive alert activities for cases of suspicious diseases and/or deaths. URCS volunteers in the affected areas will also be mobilized and given the necessary retraining to strengthen the National Society's capacity for active case research and social mobilization. This will greatly contribute to the early detection and control of the epidemic.

The National Society shall provide support in following key areas, namely i) Coordination, ii) Risk Communication and Community Engagement (RCCE) iii), Surveillance and Contact Tracing, iv) Emergency Medical Service (EMS), v) Psychosocial support and vi) Safe and Dignified Burials (SDB), vii) Screening at PoEs and other key public places, viii) provision of handwashing facilities especially in public places such as markets and schools.

Based on the available information, the Red Cross response strategy will be to help contain the EVD outbreak URCS response will conduct safe and dignified burials, surveillance (community-based surveillance and contact tracing), Hygiene promotion, health promotion risk focusing communication and community engagement, psychosocial support for both response teams and communities, and transferring suspected cases via URCS ambulance services. Prevention of sexual abuse and exploitation protection gender and inclusion at the duty of care, and the security of staff and volunteers will also be core components of the response. The emphasis is being placed on communities so they can steer the activities and find appropriate solutions to overcome this outbreak.

Given the risk of spread to neighboring districts and countries, the URCS and IFRC will establish regular cross-border communications, information sharing, and support, which will allow neighboring Red Cross and Red Crescent National Societies to conduct effective readiness activities and scale up to response, if necessary. Furthermore, the URCS will benefit from the IFRC membership's extensive experience and lessons learned from Ebola responses, such as the most recent Ebola Virus Disease outbreak response in 2022.

The scope of the intervention under this DREF allocation consider the available information & other efforts from NS and Secretariat to mobilize more resources for the response based on situation evolution.

#### 1. Coordination

URCS will ensure active participation in the incident management team meetings that will be coordinating the outbreak response activities. At the national level, the Epidemic and Pandemic Preparedness and Response Manager together with the health director will



attend the daily National Task Force (NTF) meetings. At the districts, there are identified NDRT personnel who will take lead in attending and representing URCS in the District Taskforce (DTF) meetings. The identified NDRT pillar heads will actively represent URCS in pillar meetings. URCS will also ensure periodic coordination meetings with the movement partners in country.

## 2. Risk communication and community engagement (RCCE)

Furthermore, URCS intends to engage high risk groups of people including lower private health facility workers who are among the "first go to" personnel by community members seeking for medical services more so at the initial clinical stages of illnesses. The engagement with the health workers will be intended to sensitize them on the outbreak, thus increasing their index of suspicion whenever attending to patients with signs and symptoms mimicking those of Ebola Virus Disease.

On the other hand, IEC materials with EVD preventive and control messages will be printed and distributed to the public. This will complement the house-to-house community health promotion activities by trained volunteers. Kampala Metropolitan area and Mbale city being urban area with a lot of traffic and movements, URCS intends implement mobile drive throughs in markets and communities sensitizing communities and install handwashing facilities in public places to promote hygiene. Orientations on IPC/WASH for volunteers shall be integrated in the trainings/orientations for EPIC. A total of initial 200 liters of recommended alcohol-based sanitizer will be procured for usage by volunteers during community RCCE activities.

## 3. Community based surveillance (CBS).

With lessons from the previous outbreaks and CP3 implementation, URCS intends to use its volunteer network at community level to support the ministry of health to track, identify and report alerts in their respective communities. To achieve these volunteers will be trained in EPIC and CBS, deployed and supported with airtime to facilitate them report alerts and support community level coordination between volunteers and key stakeholders such as community leaders. CBS will be integrated with risk communication and community engagement activities.

## 4. Emergency medical services.

The ministry requested Uganda Red cross to provide support in EMS in terms of human resource, vehicles, fuel and other associated logistics. URCS has overtime accumulated experience in providing emergency medical services in such epidemics using COVID19 and 2022 Ebola outbreak as points of reference. Therefore, as one of the MOH partners in EMS, URCS will support evacuations and referrals of suspected/confirmed EVD cases.

## 5. Psychosocial support

With all the above actions, URCS response team will need to be supported with psychosocial support given the physical and psychological strain such a response may inflict on an individual. Therefore, to maintain a strong and healthy workforce, PSS will be provided to the response teams.

## 6. Safe and dignified burials (SDB).

URCS has overtime-built capacity in conducting SDBs through a well-trained workforce of volunteers within the communities. To date, URCS has a total of 15 trained SDB teams nationwide who can readily be mobilized for deployment across the country. However, for quality assurance and safety of the team members and community members, these teams need to be taken through drills prior to deployment. URCS intends to train 4 SDB teams within affected areas that do not have trained teams.

## 7. WASH

URCS will support hand washing and screening at entrances of public facilities or establishments like markets, hospitals among others. Volunteers shall be oriented in basic IPC and WASH components for both community and personal safety during the operation. WASH training components shall be integrated in the trainings EPIC. Furthermore, URCS will procure and distribute hand washing facilities and chlorine for usage at hand washing establishments especially areas identified as epicentres and within URCS branches and Headquarters.

## 8. Protection, gender and inclusion

URCS will target and training of staff and volunteers on personal safety (Stay safe) especially those that may deploy in boarder areas with DRC.

Under protection, the following activities shall be conducted.

- Create awareness on child rights and responsibilities in fighting further spread of EVD
- Disseminate the URCS child protection and safeguarding policy & ensure all staff and volunteers sign the Code of Conduct.
- Develop & disseminate child friendly version of IEC materials on EVD.
- Support child safe recruitment process for EVD staff and volunteers

Under PSEA, the following activities shall be done

- Orient Volunteers & staff on the URCS safeguarding policies (PSEA), to volunteers and other stakeholders.
- Strengthen community reporting and feedback mechanisms for SEA related incidents
- Conduct investigations into allegations of SEA within the response.

Under Prevention, Mitigation and Response to Gender-Based Violence (GBV), the following shall be done



- Conduct a rapid gender analysis in the affected areas.
- Map out and update existing referral pathways for survivors of SGBV/VAC.

Under Inclusion, the following activities shall be conducted

- Develop and disseminate inclusive/accessible IEC materials on EVD for people with hearing or visual impairments.
- Conduct Televised inclusive awareness sessions EVD prevention.

#### 9. Community Engagement and accountability

Through this response, URCS will hold engagement meetings with community influencers and community members as well as meetings with lower private health facility workers including drug shop and clinic operators. This is targeted as point of risk as those feeling unwell will be seeking for care.

Under this response, URCS will establish feedback channels to ensure community concerns are captured and respond to them through community dialogues while engaging marginalized and at-risk groups, who know how to provide feedback about the operation.

For follow up and to ensure staff and volunteers are reachable, URCS will disseminate its NS toll freeline.

During the operation, lessons and key highlights will be compiled, discussed shared with stakeholders through a lesson learnt workshop and video/written documentary.

## Targeting Strategy

[Targeting Strategy Supporting Document](#)

### Who will be targeted through this operation?

The operation will target part of the general population in the Kampala Metropolitan Area (includes Kampala City, Waksio District, and Mukono District) Mbale city, Mbale district and Jinja district focusing on the most at risk groups such as health workers, people operating and attending high traffic business like communal markets, transport services such as boda-boda (motorcycle taxi), taxis and bus park operators/passengers and school going children. The target areas are likely to change depending on how the outbreak evolves.

### Explain the selection criteria for the targeted population

The outbreak was reported in Kampala City with travel history of the index case in Wakiso district and Mbale city. All the at-risk areas are urban areas with a lot of traffic and human interactions. With the free movements in and out of these areas for reasons that may include business transactions, search for social services, international travels among others, the interventions will strategically target personnel that facilitate and get involved in actions with direct person-to-person contact. This will be done in addition to public sensitization for adoption of EVD preventive and control practices.

## Total Targeted Population

Women	119,340	Rural	25%
Girls (under 18)	145,860	Urban	75%
Men	107,016	People with disabilities (estimated)	1%
Boys (under 18)	147,784		
Total targeted population	520,000		

## Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
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Infection of URCS employees or volunteers	<ul style="list-style-type: none"> <li>Facilitating the vaccination of staff and volunteers at high risk if possible, noting existing vaccines are only approved for the Zaire strain of Ebolavirus.</li> <li>Linkages to government ETUs to support URCS employees or volunteers should they fall sick.</li> <li>Provision of PPE (personal protective equipment)</li> <li>Training and provision of standard SDB kits to URCS SDB teams for safe burial procedures, avoiding improvisation without adequate material and protection.</li> <li>Provision of regular PSS support to all response teams.</li> <li>Sharing updated guidance through memos from the secretary general's office to all staff and volunteers.</li> </ul>
Expansion of the affected area outside the Kampala district and beyond the neighboring districts.	<ul style="list-style-type: none"> <li>Mitigation by training the staff and volunteers in other areas and branches on EVD prevention and control.</li> <li>Refresher trainings for the URCS SDB teams in 16 high-risk districts as listed by MoH.</li> <li>Sharing updated staff guidance from the SG's office.</li> </ul>

### Please indicate any security and safety concerns for this operation

The ongoing conflict in DRC may expand to border areas with Uganda, with spillover of asylum seekers into neighboring districts of Arua, Nebbi, Bundibugyo, Kasese, Kanungu, and Kisoro. This poses a challenge if Ebola cases would spread to those areas.

Road traffic accidents are a serious safety concern especially to volunteers since the outbreak is in an urban area with heavy traffic and many motorcyclists. Volunteers deployed in borders of DRC will also receive the stay safe training.

**Has the child safeguarding risk analysis assessment been completed?**

Yes

## Planned Intervention



**Budget:** CHF 368,789  
**Targeted Persons:** 520,000

### Indicators

Title	Target
No. of volunteers trained in CBS and RCCE	300
No. of volunteers deployed to conduct risk communication and CBS	300
Percentage of CBS alerts investigated	80
No. of people reached out with risk communication messages through HH visits	1,351,045
No of people reached out to with risk communication messages through group gatherings or meeting	1,351,045
No of existing SDB teams drilled	4
No of new SDB teams trained	4



No. of starter kits procured	2
No of SDB Training kits procured and delivered	1
No of SDB replenishment kits produced	1
Percentage of SDB alerts responded to	90
Percentage of evacuations made by the EMS team	90
No of volunteers/SDB teams activated/ deployed	56
no. of volunteers supported with DATA and airtime	300
No of mobile cinema sessions/drives organized	75

## Priority Actions

- Training/orientation of volunteers on key packages to enable them conduct RCCE and CBS. These include EPiC, CBS among others.
- Conducting drills/simulation exercises with existing SDB teams.
- Training of new SDB teams in the affected districts.
- Procurement of SDB kits.
- Simulation and drills for EMS teams.
- Deployment of EMS teams.
- Deployment of SDB teams.
- Disinfection of ambulances and SDB vehicles.
- Provision of airtime credit and data for volunteers.
- Screening at selected points of entry (PoEs).
- Mobile cinemas and mobile drives session.
- Deployment of volunteers to conduct risk communication.



## Water, Sanitation And Hygiene

**Budget:** CHF 21,074

**Targeted Persons:** 519,999

## Indicators

Title	Target
No. of hand washing facilities procured and distributed	200
No. of bars of soap procured and distributed	4,000
no. of volunteers deployed to support WASH activities	50

## Priority Actions

- Procurement and distribution of hand washing facilities.
- Deployment of volunteers to support manning of hand washing stations in public places and PoEs.
- Procurement of chlorine.
- Orientation for volunteers supporting WASH activities.



## Protection, Gender And Inclusion

**Budget:** CHF 5,936

Targeted Persons: 4,500

## Indicators

Title	Target
No of volunteers oriented on PGI	300
No of awareness sessions on child rights and responsibility held	45
No of child friendly posters developed and disseminated	1,500
No of televised inclusive awareness sessions EVD prevention held	8
No of staff that require MHPSS attended to	-

## Priority Actions

Under protection, the following activities shall be conducted.

- Create awareness on child rights and responsibilities in fighting further spread of EVD.
- Disseminate the URCS child protection and safeguarding policy & ensure all staff and volunteers sign the Code of Conduct.
- Develop & disseminate child friendly version of IEC materials on EVD.
- Support child safe recruitment process for EVD staff and volunteers.

Under PSEA, the following activities shall be done

- Orient Volunteers & staff on the URCS safeguarding policies (PSEA), to volunteers and other stakeholders.
- Strengthen community reporting and feedback mechanisms for SEA related incidents
- Conduct investigations into allegations of SEA within the response.

Under Prevention, Mitigation and Response to Gender-Based Violence (GBV), the following shall be done

- Conduct a rapid gender analysis in the affected areas.
- Map out and update existing referral pathways for survivors of SGBV/VAC.

Under Inclusion, the following activities shall be conducted

- Develop and disseminate inclusive/accessible IEC materials on EVD for people with hearing or visual impairments.
- Conduct Televised inclusive awareness sessions EVD prevention.

Under mental health and psychosocial support, the following shall be done

- Provide psychosocial support to individual families affected by EVD and the URCS response teams
- Develop and disseminate a MHPSS Strategy for URCS.



## Community Engagement And Accountability

Budget: CHF 15,240

Targeted Persons: 55,525

## Indicators

Title	Target
No. of community dialogue meetings held	20
No. of lower private health facility staff engaged	250
No. of lessons learnt workshop held	1
Percentage of community members, including marginalized and at-risk groups, who know how to provide feedback about the operation	100

% of operation complaints and feedback received and responded to by the National Society	80
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## Priority Actions

- Engagement meetings with community influencers and community members.
- Engagement meeting with lower private health facility workers including drug shop and clinic operators.
- Establish feedback channels to ensure community concerns are captured and respond to them through community dialogues.
- Engagement of marginalized and at-risk groups, who know how to provide feedback about the operation.
- Dissemination of NS toll freeline.



## Coordination And Partnerships

**Budget:** CHF 7,134

**Targeted Persons:** 205

## Indicators

Title	Target
No. of national level meetings attended	10
No. of DTF meeting attended and supported	20
No. of joint monitoring missions supported and attended	2

## Priority Actions

- Participating in coordination meetings at national and district level.
- Organize Joint supervision visits with MoH and other partners.



## Secretariat Services

**Budget:** CHF 9,092

**Targeted Persons:** 350

## Indicators

Title	Target
No. of monitoring missions conducted	4
No. of financial spot checks conducted	1
No. of Lessons Learnt Conducted	1

## Priority Actions

- IFRC is supporting NS coordination efforts, donor engagement and compliance to response standards.
- This DREF brings additional emergency response capacity with previous experience that was gained through recent years Preparedness and response operations for Hemorrhagic fever diseases. This is an added value to both URCS capacity, neighboring countries and at large RCRC response capacity to all ongoing health threat in Uganda.
- With this second threat to both Uganda and sub-regional public health, the secretariat will first ensure that strategic & technical level coordination are reinforced with active participation to the URCS and others at risk NSs to membership & operational coordination

platforms. The key guidance, updates, strategic and technical orientations will be provided to all NSs, ensuring adequate information sharing and decision making. The CCD will support NS participation to key RCRC transborder coordination meetings and the one focusing on Uganda for both MPOX and EVD.

- The emergency response units and coordination set-up from the MPOX appeal served as a quick start for NS presence and response to this Outbreak. On the same, the capacity mapping but also the roles and responsibility defined for pillars such as surveillance, communication and community engagement, infection prevention and control, coordination and leadership is being used to design the adequate support from secretariat, factoring the resources deployed under ongoing operations in country. Where MPOX and EVD response share the same response pillars, the existing MPOX organization and learnings are informing the relevant support needed from URCS HQ but also from secretariat at country and regional level. Where relevant, some high-level strategic roles will be combined in order to maximise the efficiency of the operation and maximise the resource utilization.

- As for the field, this DREF bring additional staff, resources and volunteers that are needed to scale-up the capacity of response. clear volunteers' management sheet will be in place per districts to get the best of each team, an extensive coverage with all the mobilised vols and ensure well-being of the responders, NS will have a clear division of response team per pillars and per outbreak for the health sector. While wash teams will likely be joint and adopting a rotative approach. This will also play a key role to avoid duplication and maximize impact.

- Support risk management and information management. Using the IM unit, the secretariat will ensure screening, dissemination of information on the sub-regional dynamic, providing an oversight of various risk of escalation for both MPOX and EVD in light with the sub-regional dynamic.

- Conduct monitoring missions. They will essentially contribute to:

- Ensure actions under the DREF resources for the EVD response are complementary to other ongoing operations. Include EA for MPOX, and other fundings from partners.
- Detailed planning at field level where MPOX and EVD are implemented in parallel, we maximize the impact and keep a strong monitoring & reporting.
- Conduct financial spot checks.



**Budget:** CHF 141,395

**Targeted Persons:** 350

## Indicators

Title	Target
No. of regional ware houses renovated	2
No. of branches supported in renovation of WASH facilities, electricity and internet	2
No of sets of workstations procured	3
Percentage Contribution to setting up of the URCS EOC	10

## Priority Actions

Renovation of 2 regional warehouses.

Renovation of WASH facilities in 2 branches.

Procurement of office workstations (Furniture).

Contribution to set up of URCS EOC.

Restoration of elevator.

Installation of Emergency and Safety measures at HQ.

Upgrade of Server Room.



# About Support Services

## How many staff and volunteers will be involved in this operation. Briefly describe their role.

A total of 5 technical officers, 2 support staff, 3 drivers, 20 NDRTs and 320 volunteers will be involved. The operation will be partly integrated with ongoing NS Mpox operation to leverage on the already existing resources.

The technical staff will include the operations manager, Field coordinator, Supervisor for RCCE/CBS supervisor, SDB supervisor and EMS supervisor. These will take lead in ensuring that activities under the different pillars are executed accordingly under overall leadership of the operations manager.

The support staff will include the logistics officer and finance officer who will support in ensuring procurement and financial processes are expedited.

The NDRTs will include 3 NDRT health officers, 1 PMER NDRT focal person, 1 volunteer management focal person, 1 Communications focal person, 5 EMTs, 5 ambulance drivers and 4 drivers for usual vehicles.

300 volunteers shall be deployed to support routine RCCE and CBS activities while 20 shall be deployed to support screening at selected public places.

## If there is procurement, will it be done by National Society or IFRC?

Most of the procurements will be conducted by Uganda Red Cross while some where items are not locally available shall be conducted by IFRC.

Procurements that exceed a stated threshold shall be initiated from URCS and procurement files shared with IFRC for approval and payment made from IFRC cluster office.

All procurements by the national society shall be conducted according to the existing procurement policy.

Distribution and utilization of procured items shall be done according to national society accountability and finance policies.

## How will this operation be monitored?

Monitoring will be done through the URCS operations department. Monitoring tools like periodic reports, internal meetings, activity reports shall be shared to the respective stakeholders including IFRC.

IFRC together with the NS PMER team will develop reporting tools and also set desired timelines for response actions.

Further monitoring of the operation will be by the IFRC cluster through monitoring visits. All response operations will be monitored by the NS senior management under stewardship of the Director Operations.

## Please briefly explain the National Societies communication strategy for this operation

A communications NDRT shall be nominated by the directorate of communications, resource mobilization and partnerships.

Key highlights, events and success stories during the operation will regularly be shared on different platforms including local media, social media, NS website among other platforms.



# Budget Overview

Internal - Interne



## DREF OPERATION

### MDRUG055 - Uganda Red Cross Society Sudan Ebola Virus Outbreak

#### Operating Budget

<b>Planned Operations</b>	<b>411,039</b>
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	368,789
Water, Sanitation & Hygiene	21,074
Protection, Gender and Inclusion	5,936
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	15,240
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>157,622</b>
Coordination and Partnerships	7,134
Secretariat Services	9,092
National Society Strengthening	141,395
<b>TOTAL BUDGET</b>	<b>568,661</b>

*all amounts in Swiss Francs (CHF)*

Internal - Interne

07/02/2025

#V2022.01

[Click here to download the budget file](#)



# Contact Information

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

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