DREF Operation

Uganda: Bundibugyo Ebola Virus Disease Outbreak 2026

Adam, a URCS volunteer conducting a community session on Ebola

Appeal:	Hazard:	Country:	Type of DREF:
MDRUG058	Epidemic	Uganda	Response
Crisis Category: **Orange**	Event Onset: **Sudden**	DREF Allocation: **CHF 521,073**	
Glide Number: **EP-2026-000071-COD**	People Affected: **4,200,000 people**	People Targeted: **520,000 people**	
Operation Start Date: **23-05-2026**	Operation Timeframe: **6 months**	Operation End Date: **30-11-2026**	DREF Published: **25-05-2026**
Targeted Regions: **Central Region, Northern Region, Western Region**			

Description of the Event

Date of event

15-05-2026

Risk categorization map by MOH Uganda

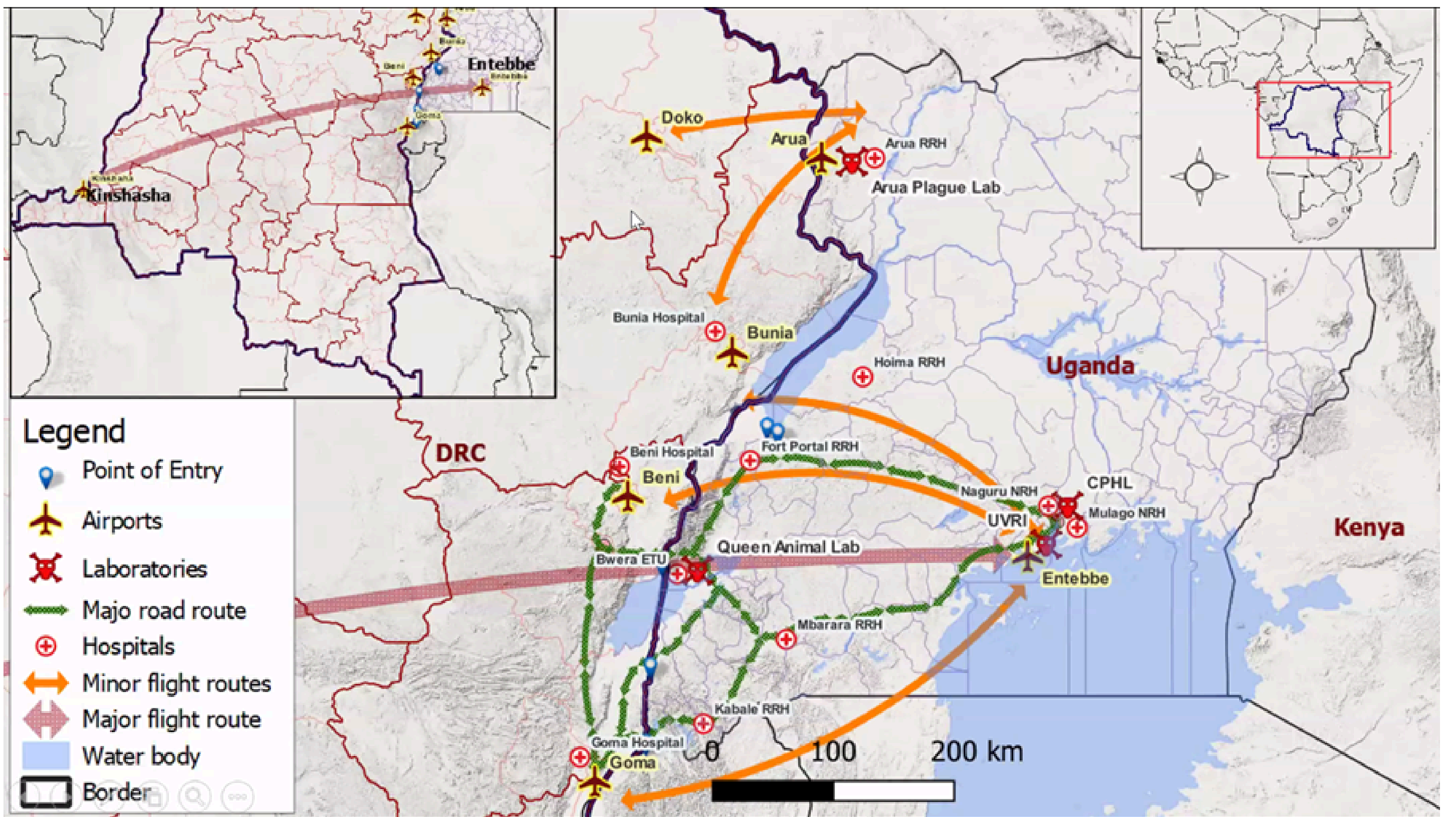
What happened, where and when?

On the 15th of May 2026, the Ministry of Health in Uganda confirmed a Bundibugyo Ebola Virus Disease (BEVD) outbreak in Uganda.

The index case was of a 59-year-old Congolese male who was admitted at Kibuli Muslim Hospital in the capital Kampala on the 11th of May 2026, who had presented with signs and symptoms of respiratory distress, episodes of fever, epigastric pain, nausea, fever and had challenges of passing urine. While in admission, he deteriorated, developed bleeding symptoms, and died on the 14th of May 2026 while under Intensive Care Unit management, and the body of the deceased is reported to have been repatriated back to DRC same day. A sample from the patient was tested on 15th of May 2026 after his death and came out positive for Ebola Bundibugyo Virus Disease.

Currently, the National Ministry of Health- Uganda has deployed screening and rapid response teams at both official and informal points of entry on the Western border with DRC, activated response at the national and subnational levels, deployed a mobile laboratory in Bwera Hospital (in Kasese District) and is working on isolation, infection prevention and control measures and enhancement of risk communication targeting the affected regions.

So far, one high risk contact, a close relative of the deceased has been isolated, and the government is set to quarantine all the contacts who came into contact with the index case.



Uganda/DRC population movement mapping by Uganda MOH

Scope and Scale

Currently, the Western, Central and Northern regions of Uganda are at a greater risk of reporting more cases. This is due to the fact that the Western and Northen regions are share an extensive and porous border with DRC, with several unmanned and informal border crossing points. Movement of people across the informal and formal land border points of entry is augmented by the ongoing armed conflict in Eastern DRC, trade, and cultural ties among communities on either side of the border. Additionally, the Central region of Uganda (Kampala and the metropolitan area) is at a higher risk given the index case was hospitalized in the capital city, and with direct flights from Eastern DRC to Entebbe, Hoima and Arua, and well-connected road network enabling arrivals to move with public transport means across cities and districts.

This scenario coupled with delayed detection of the index case, unsupervised movement of the index case when he was sick and the handling of the corpse of index case without proper IPC measures while repatriating it back to DRC would mean a lot of contacts are out there in the public and with time there might be sporadic cases being reported across the country. This makes all citizens and migrants, of both gender and across ages, vulnerable to contracting the disease, especially in the 3 regions, but anticipatedly, across the country.

From previous Ebola Virus Disease outbreaks and during the Covid-19 pandemic, the Uganda government issued tough quarantine and lockdown measures, that were effective in disease control but with ripple negative effects on business, schools- as they had to be closed, and general well-being of the population.

Source Name	Source Link
1. WHO Uganda	https://x.com/WHOUganda/status/2055553883334754370?s=20
2. NBS Television (Uganda)	https://x.com/nbstv/status/2055333571666031008?s=20
3. NTV UGANDA	https://x.com/ntvuganda/status/2055340037676388598?s=20
4. The New Vision	https://x.com/newvisionwire/status/2055379086105571773?s=20

5. Daily Monitor	https://x.com/dailymonitor/status/2055238651429150957?s=48

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	**Yes**
Did it affect the same population group?	**Yes**
Did the National Society respond?	**Yes**
Did the National Society request funding form DREF for that event(s)	**Yes**
If yes, please specify which operation	MDRUG055

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:

The current event should not be considered recurrent because it involves a different Ebola virus strain- Bundibugyo Virus Disease (BVD) with distinct epidemiological characteristics, transmission dynamics, and operational response requirements. Additionally, the current outbreak is linked to cross border transmission with risks associated with ongoing insecurity and population movement from Eastern DRC, creating a new and evolving public health context. Furthermore, the outbreak involves different affected geographical areas, exposure pathways, and preparedness resource mobilization and adaptation of response strategies beyond 2025 Sudan Ebola Virus disease outbreak.

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 has mobilized all frontline branches in the Western, Central and Northen regions of the country to mobilize and sensitize volunteers early enough on Ebola for effective risk communication and community engagement to address community misconceptions about Ebola to avert widespread community spread of the disease. This will be complemented by a functional community feedback mechanism to ensure that community feedback is readily collected, analyzed and feedback shared back to affected communities in a timely manner.

To ensure a timely and effective response in close coordination and collaboration with the National and Sub National government teams, Uganda Red Cross Society has already mobilized her trained response teams for deployment in the response. This also includes URCS's trainers for Safe and dignified burials(SDB), RCCE(Risk communication and community engagement), EPiC (Epidemic preparedness in communities), CBS(Community based surveillance), and the network of volunteers who had been trained and deployed for MPOX, Covid-19, and previous Ebola response operations.

While responding to the Anthrax and Sudan Ebola virus outbreaks in Kyotera and Mubende/Kampala 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 micro planning 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 National disaster response teams(NDRT), Volunteers 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.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	**No**

Current National Society Actions

Start date of National Society actions

15-05-2026

Health	Uganda RC has mobilized the epidemic response teams and 102 volunteers trained for RCCE, CBS, SDB, IPC, ambulance service and community WASH. Currently, URCS is undertaking a stock take of available supplies, SDB kits, and fleet in preparation for the response.
Coordination	Uganda RC has initiated coordination with the MOH both at the National level through the Epidemic and Pandemic Preparedness and Response (EPPR) manager at the HQ, and with the subnational level through the branch managers.

Activation Of Contingency Plans	Following the declaration of the outbreak by the Ministry of Health and URCS has activated their Viral Hemorrhagic Fever preparedness and response plan.

IFRC Network Actions Related To The Current Event

Secretariat	IFRC has presence in country with a head of office, a public health delegate and a finance delegate. The IFRC is providing technical support to URCS to activate its VHF preparedness and response plan, as well as launching a DREF for the response. The public health delegate 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.
Participating National Societies	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.

ICRC Actions Related To The Current Event

ICRC Regional Delegation covering Uganda, Rwanda, Burundi, based in Uganda, Kampala has history of supporting the URCS in close coordination with the Federation in Ebola responses since year 2000 and investing in coordinated and complementary Movement response to Ebola outbreaks in Uganda and DRC.   In the last outbreak in 2022, ICRC supported the URCS and the IFRC with provision of two vehicles for SDB (Safe and Dignified Burials), provision of SDB kits and Risk Communication and Community Engagement in the refugee settlements. In this response, as part of the Movement coordination mechanisms, led by the URCS, URCS reaches out to the ICRC and the Movement partners to mobilize and support the URCS Ebola response to the people in need.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	The ministry of health activated the incident management team and dispatched rapid response teams at formal and informal points of entry along the Uganda-DRC border, especially along major transit routes and pilgrimage corridors. So far, a close relative of the index case has been isolated, and all line listed contacts are set to be quarantined.

UN or other actors	There is vivid presence of UN agencies such as WHO, UNICEF, WFP, UNICEF. URCS continuously coordinates with the agencies with WHO as a lead coordinator for all partners supporting the government.

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, response pillars and sub pillars system. The pillars for this response so far include Coordination, Surveillance, Risk Communication and Public Health Awareness, Logistics, Case Management, Community Engagement, Laboratory, Strategic Information, Research, WASH/IPC 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 will be 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

Any identified gaps/limitations in the assessment

With the sudden nature of this outbreak, through preliminary engagement with the MOH and frontline Red Cross branch teams, has indicated anticipated gaps that need to be addressed across key response pillars including Risk Communication and Community Engagement (RCCE), Surveillance (CBS), Case management Infection Prevention and Control (IPC), Safe and Dignified Burials (SDB), Psychosocial Support (PSS), and Water, Sanitation and Hygiene (WASH) sectors.

Health facilities in high-risk border districts require additional support for screening, triage, isolation capacity, case management, laboratory sample transportation field and referral lab for testing, and adequate IPC infrastructure. There are also gaps in community-level awareness and risk communication, particularly in hard-to-reach cross-border communities, refugee-hosting areas such as Kiryadongo, and informal settlements in urban centers where misinformation, fear, stigma, and mistrust can undermine early reporting and adherence to Ebola Virus infection prevention measures. Similarly, safe and dignified burial capacity, psychosocial support services, and community-based surveillance systems also remain limited in several high-risk areas, with the index case corpse having been repatriated back to DRC without proper IPC measures.

Resource shortages continue to constrain preparedness and response operations. Existing stocks of personal protective equipment (PPE), handwashing supplies, disinfectants, body bags, thermometers, and other essential outbreak response materials are limited and may be insufficient in the event of escalation or sustained transmission countrywide. There are also funding gaps affecting rapid deployment of trained personnel, volunteer support, community engagement activities, and prepositioning of emergency supplies in high-risk districts. Limited financial resources may further constrain immediate and sustained surveillance, volunteer training, and risk communication efforts across multiple border points and communities.

Operationally, the high population mobility between Uganda and DRC through formal and informal border crossing points creates difficulties in screening, contact tracing, and monitoring of at-risk populations. Insecurity and instability in eastern DRC continue to hamper surveillance and response activities, while for hard-to-reach locations, poor road infrastructure and limited transportation capacity may delay rapid response interventions and delivery of supplies. Additionally, presence of overcrowded informal settlements in the urban affected areas and mining-related activity and population movement in Western Uganda increases the risk of rapid transmission and complicate containment efforts and contact tracing. Existing health systems in some high-risk districts also face limited human resource capacity, inadequate isolation infrastructure, and shortages of trained healthcare personnel experienced in Ebola response.

For coordination, there are anticipated challenges, particularly in ensuring harmonized cross-border surveillance, information sharing, and operational planning among multiple actors. The rapidly evolving nature of the outbreak requires strengthened coordination between national and subnational authorities, humanitarian partners, local leaders, and community structures to avoid duplication, service gaps, and delayed response actions. In some locations, limited communication and data-sharing mechanisms between border districts and across countries may affect timely case reporting and coordinated preparedness measures.

Uganda Red Cross is planning to undertake a detailed assessment in affected areas to capture the needs of vulnerable and marginalized groups such as refugees, asylum seekers, internally displaced persons (IDPs), undocumented migrants, and highly mobile populations

that may have limited access to health information and services and may be underrepresented in surveillance and community engagement activities. Similarly, the assessment will target older persons, people with disabilities, pregnant women, children, and individuals with chronic illnesses who may face additional barriers in accessing healthcare, evacuation support, and protection services during such an outbreak.

Operational Strategy

Overall objective of the operation

The objective of this operation is to support the Government of Uganda to prevent and reduce morbidity, mortality, and socio-economic disruption associated with the Bundibugyo Virus Disease (BVD) outbreak through timely preparedness and response interventions in affected and high-risk districts. The operation aims to strengthen community-based surveillance, risk communication and community engagement, safe and dignified burials, infection prevention and control, psychosocial support, and emergency referral systems in order to interrupt transmission, protect vulnerable populations, and enhance community resilience against further spread of the disease in 6 months.

Operation strategy rationale

To address the needs of the target population, the DREF will aim at supporting the Government of Uganda and complement ongoing national response efforts to contain the Bundibugyo Virus Disease (BVD) outbreak and prevent further transmission in affected and high-risk districts. The intervention will be informed by lessons learned from previous Ebola and other public health emergency responses in Uganda, including the 2018 Ebola preparedness work, 2022 and 2025 Sudan Ebola outbreak responses, COVID-19 response, Mpox response, and Marburg preparedness. The operation will prioritize early detection, rapid response, community engagement, and protection of front-line responders and vulnerable populations to reduce morbidity, mortality, and socioeconomic disruption associated with the outbreak.

The operational strategy focuses on addressing the most urgent identified needs and gaps, particularly in community-based surveillance, Risk Communication and Community Engagement (RCCE), Safe and Dignified Burials (SDB), Emergency Medical Services (EMS), Infection Prevention and Control (IPC), WASH, psychosocial support, and coordination. Pillar activities shall be implemented over a period of 6 months, with some implemented utmost for first 2 months - the minimum timeframe for 2 cycles of countdown to declaration of the end of the outbreak, should there be no other confirmed case in the country. These priorities are selected because the outbreak involves high population mobility, urban transmission risks, cross-border movement between Uganda and DRC, and ongoing gaps in surveillance, community awareness, and health system readiness. The strategy also recognizes that misinformation, fear, stigma, unsafe burial practices, delayed reporting, and low risk perception can significantly undermine outbreak control efforts if not addressed early. Thus, the operation shall also prioritize Community Engagement and Accountability (CEA) as a key intervention because effective community engagement remains critical for early detection of cases, rumor management, contact tracing support, and promotion of preventive behaviors.

Uganda Red Cross Society (URCS) will leverage its extensive community volunteer network and refresh volunteers from previous epidemic responses to undertake screening at points of entry, house to house sensitization, mobile campaigns, public awareness sessions, and community dialogue meetings in affected and high-risk communities. Special attention will be given to high-risk groups including healthcare workers, transport operators, market vendors, schools, informal traders, and populations living in densely populated urban settings where transmission risks are highest.

Community-based surveillance and contact tracing support were selected as priority actions due to existing concerns that additional contacts linked to confirmed cases may not yet have been identified. Volunteers trained in Epidemic Preparedness and Response (EPiC) and Community-Based Surveillance (CBS) will support alert identification, reporting, and linkage with district surveillance teams to strengthen early warning systems and facilitate rapid response actions.

Screening and handwashing support at points of entry, markets, hospitals, and other high-traffic public places will further strengthen prevention and early detection measures. Safe and Dignified Burials (SDB) and Emergency Medical Services (EMS) will be prioritized because Ebola outbreaks present high transmission risks during patient handling, transportation, and burial practices. URCS will deploy and support trained SDB teams, conduct drills and refresher trainings, and provide ambulance and referral support in coordination with the Ministry of Health. These interventions are intended to reduce transmission risks among communities, caregivers, and front-line responders while ensuring safe management of suspected and confirmed cases and deaths.

The operation also integrates WASH interventions to address identified gaps in handwashing infrastructure, hygiene promotion, and

public sanitation measures. Provision of handwashing facilities, chlorine, soap, and IPC sensitization in public spaces and health-related settings will support reduction of community transmission risks.

Psychosocial Support (PSS), Protection, Gender and Inclusion (PGI), and Community Engagement and Accountability (CEA) are incorporated as cross-cutting priorities to ensure that the operation remains community-centered, inclusive, and responsive to the needs of vulnerable populations. The strategy recognizes that outbreaks disproportionately affect vulnerable groups including children, women, persons with disabilities, refugees, older persons, and frontline health workers. The operation will therefore promote inclusive messaging, safeguarding, feedback mechanisms, child protection, and gender-sensitive approaches to reduce exclusion, stigma, and protection risks during the response. For PGI URCS will develop and disseminate health education materials that are inclusive, and aimed for sensitization on GBV prevention and response, child protection actions and safeguarding.

The strategy further takes into consideration key contextual factors influencing the outbreak response, including high cross-border movement with DRC, urban congestion within Kampala Metropolitan Area, limited health system capacity, concurrent public health threats and risks associated with misinformation and public fear.

To maximize efficiency and resource utilization, the operation will integrate and build on existing capacities, structures, and resources established under ongoing public health emergency operations. URCS will continue to coordinate closely with the Ministry of Health, IFRC, Movement partners, district task forces, and other stakeholders through the established national incident management system to ensure harmonized implementation, avoid duplication, and strengthen operational effectiveness.

Overall, the strategy is designed to provide a rapid, community-centered, and coordinated response that addresses immediate life-saving needs while strengthening preparedness and resilience in high-risk communities to prevent further spread of Bundibugyo Virus Disease in Uganda.

Targeting Strategy

Targeting Strategy Supporting Document

Who will be targeted through this operation?

The operation will target populations in affected and high-risk districts with priority focus on communities and groups at increased risk of exposure, transmission, and severe socioeconomic impacts resulting from the Bundibugyo Virus Disease (BVD) outbreak. Initial target areas will include Kampala Metropolitan Area and selected high-risk border districts including Kikuube, Ntoroko, Hoima, Hoima City, Kabarole, Fort Portal City, Bundibugyo, and Kasese due to their shared porous border with DRC characterized by high population movement, transport connectivity and trade, and cultural linkage to communities in Eastern DRC.

The operation will specifically target front line healthcare workers, caregivers, community volunteers, transport operators, market vendors, boda-boda riders, taxi and bus park operators, school communities, informal traders, and populations living in densely populated urban settlements. These groups are prioritized because they experience frequent person-to-person interactions and are therefore at higher risk of exposure and onward transmission. Healthcare workers and caregivers remain particularly vulnerable due to direct contact with suspected or confirmed cases, while transport and market related populations facilitate movement and mixing of large numbers of people within and across districts.

The operation will also prioritize households and communities linked to confirmed or suspected cases, especially in areas with identified surveillance gaps, high risk behaviors, or limited access to timely health information and preventive services. Community engagement and surveillance interventions will focus on locations with high public interaction including markets, transport hubs, schools, health facilities, places of worship, and points of entry.

Special consideration will be given to vulnerable and marginalized populations whose risks are heightened by socio-economic, physical, or protection-related factors. These include refugees, asylum seekers, migrants, cross-border traders, internally displaced persons (IDPs), older persons, persons with disabilities, pregnant and lactating women, children, child-headed households, and people living in informal settlements or hard-to-reach communities. Many of these groups face barriers in accessing healthcare, public health messaging, referral systems, and social protection services, increasing their vulnerability during disease outbreaks.

The overall approach will be community-based and inclusive, leveraging on Uganda Red Cross Society’s extensive branch and volunteer network, community structures, village task forces, and existing partnerships with local leaders and district authorities. Volunteers trained in Community-Based Surveillance (CBS), Epidemic Preparedness and Response (EPiC), Risk Communication and Community

Engagement (RCCE), and Safe and Dignified Burials (SDB) will support identification and engagement of vulnerable populations within communities.

To ensure inclusion of vulnerable groups and timely collection of community feedback to inform decision making, the operation will adopt Protection, Gender and Inclusion (PGI) and Community Engagement and Accountability (CEA) approaches throughout the implementation. IEC materials will be adapted into accessible and inclusive formats for people with hearing and visual impairments, while child-friendly and gender-sensitive messaging will be integrated into awareness activities. Community feedback mechanisms and toll-free reporting channels will be strengthened to ensure vulnerable populations can safely report concerns, rumors, protection issues, and service gaps.

Engagement with refugee-hosting districts, border communities, and highly mobile populations will be coordinated closely with district authorities, humanitarian partners, and community leaders to ensure targeted risk communication, surveillance, and referral support. The operation will further ensure that women, youth, persons with disabilities, and marginalized groups are represented in community dialogue sessions and feedback structures to strengthen participation, trust, and accountability.

Explain the selection criteria for the targeted population

Healthcare workers and caregivers:
Healthcare workers, caregivers, ambulance teams, and Safe and Dignified Burial (SDB) teams are prioritized because they face the highest direct risk of exposure through contact with suspected or confirmed Bundibugyo Virus Disease (BVD) patients, contaminated materials, and bodily fluids. Previous Ebola outbreaks in Uganda demonstrated high infection and mortality rates among health workers due to delayed detection, inadequate infection prevention and control (IPC), and limited protective equipment. The operation will target both public and private healthcare providers, including lower-level clinics and drug shops, as these are often the first points of care for symptomatic individuals. Strengthening awareness, surveillance, IPC practices, and referral systems among these groups is essential to interrupt transmission and protect the health system workforce.

High mobility and urban populations:
The operation will target populations living and working in high-density urban and peri-urban settings including Kampala Metropolitan Area, Fort portal, Arua, and other high-risk western border districts due to the increased risk of rapid transmission associated with overcrowding, intense social interaction, and high population movement. Particular focus will be placed on transport operators, boda-boda riders, market vendors, traders, and individuals working in transport hubs, markets, and public gathering spaces because they interact daily with large numbers of people and may contribute to the spread of infection across communities and districts. POE Screening, handwashing facilities, community sensitization, and risk communication activities will therefore prioritize these high contact environments.

Border and cross border communities:
Communities living near the Uganda-DRC border and along major transport corridors are being targeted because of frequent cross-border movement linked to trade, migration, mining activities, family ties, and refugee flows. The ongoing outbreak in eastern DRC increases the risk of importation and cross border transmission into Uganda, especially through formal and informal points of entry. The operation will therefore prioritize border populations, mobile communities, and individuals involved in cross border trade and transportation for surveillance, community engagement, and preventive interventions to strengthen early detection and reduce transmission risks. Whereas Entebbe airport and Arua airstrip are listed among high-risk infrastructure of possible transmission of the the outbreak, Currently, the government through the ministry of health and other partners have intensified the portal health activities at these airports. Therefore at the moment, the operations will focus on other selected very high-risk points of entry with limited resources.

Vulnerable and marginalized groups:
The operation will intentionally target vulnerable populations including refugees, asylum seekers, internally displaced persons (IDPs), persons with disabilities, older persons, pregnant and lactating women, children, and people living in informal settlements or hard to reach areas. These groups are often disproportionately affected during outbreaks due to limited access to healthcare, public health information, sanitation facilities, and protection services. Refugees and migrants may face language barriers, stigma, overcrowded living conditions, and mobility-related challenges, while persons with disabilities and older persons may have difficulties accessing information, referral systems, and healthcare services. Child friendly, gender-sensitive, and accessible communication approaches will be used to ensure inclusion and equitable access to services and information.

Community structures and at-risk households:
The operation will also target households linked to confirmed or suspected cases, community influencers, religious leaders, teachers, village task forces, and local leaders because of their critical role in influencing community behavior, addressing rumors and misinformation, and supporting acceptance of public health interventions. Communities with identified surveillance gaps, low risk

perception, or previous resistance to outbreak response activities will receive intensified engagement to strengthen trust, reporting of alerts, adoption of preventive behaviors, and community participation in outbreak control efforts.

Total Targeted Population

Women	132,340	Rural	60%
Girls (under 18)	132,860	Urban	40%
Men	125,060	People with disabilities (estimated)	1%
Boys (under 18)	129,740		
Total targeted population	520,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Infection of URCS employees or volunteers	• Linkages to government ETUs to support URCS employees or volunteers should they fall sick. • Provision of PPE (personal protective equipment) •Training and provision of standard SDB kits to URCS SDB teams for safe burial procedures, avoiding improvisation without adequate material and protection. • Provision of regular PSS support to all response teams. • Sharing updated guidance through memos from the secretary general's office to all staff and volunteers.

Expansion of the affected area outside the Kampala district and beyond the neighboring districts.	• Mitigation by training the staff and volunteers in other areas and branches on EVD prevention and control. • Refresher trainings for the URCS SDB teams in high-risk districts as listed by MoH. • Sharing updated staff guidance from the SG's office.
Safeguarding risks	- Mitigation by training/sensitizing staff and volunteers in on safeguarding and ensure all sign the code of conduct - Reinforce and motivate timely and anonymous reporting of safeguarding breaches
Delayed DREF reporting by the NS	- The NS is required to provide monthly progress narrative and financial reports under the new IFRC/URCS operating modalities including for this DREF operation thus addressing any delayed reporting. - IFRC Juba country cluster PMER officer will work closely with the NS EVD response PMER focal person to ensure timely reporting of this DREF operation.

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, Hoima, Nebbi, Bundibugyo, Kasese, Ntoroko 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

Health

Budget: CHF 332,900
Targeted Persons: 520,000

Indicators

Title	Target
# people reached with health/hygiene promotion/RCCE services	520,000
% of targeted community reached with health messages	80
% of target population who can recall 3 or more EVD protective measures	80
# of community EVD awareness raising sessions held	5,400
# of volunteers trained in and providing health/ hygiene promotion in their	350

communities (Epic and CBS)	
% of deaths to which safe and dignified burials were successfully carried out	100
# of new volunteers trained on SDB	48
% of districts 'at high risk' that are covered by RC SDB teams	80
% of deceased suspect and confirmed cases that are buried within 24 hours of initial alert	100
# of trained SDB teams activated or drilled	8
% of CBS 'true' alerts (match CCD)	80
% of CBS volunteers who are active ('zero' reporting, monthly average)	80
# of MHPSS peer support initiatives	50
# of calls and alerts handled by the EMS team within 24H	0
# of people that received assistance with ambulance service	200

Priority Actions

• Refresher training of volunteers on key packages to enable them conduct RCCE and CBS. These include EPiC, CBS among others.
• Refresher drills for SDB teams.
• Training of new SDB teams in new affected districts (North-West Districts of Uganda).
• 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 vans and mobile drives session.
• Deployment of volunteers to conduct risk communication.
• Conduct peer support initiatives, including self-care briefings, team well-being meetings, social media groups, shift rotations, team telephone support lines and buddy systems.
• Provide psychosocial support to URCS response teams

Water, Sanitation And Hygiene

Budget: CHF 52,707
Targeted Persons: 20,000

Indicators

Title	Target
# of PoE screening sites supported by URCS	10

# of people screened at PoE	20,000
no. of volunteers deployed to support WASH and screening activities	60
# of 45 kg Chlorine buckets procured	10
# of hand washing facililities procured	150

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 45Kg 60-70% chlorine.
• Orientation for volunteers supporting WASH activities.

Protection, Gender And Inclusion

Budget: CHF 17,601
Targeted Persons: 20,000

Indicators

Title	Target
% of staff and volunteers who feel supported to do their work.	100
% of PSEA related allegations reported and investigated	100
# of awareness sessions conducted within the mentioned topics	10
# of rapid gender analyses conducted	10
% of URCS staff and volunteers who required PSS supported	100
# of dessemination sessions for child protection policy	10
# of volunteers who signed the volunteer code of conduct	350

Priority Actions

• 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.
• Ensure EVD messages IEC material/support are inclusive/accessible and child friendly.
• Support child safe recruitment process for EVD staff and volunteers.
• 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.
• Conduct a rapid gender analysis in the affected areas.

Community Engagement And Accountability

Budget: CHF 15,795
Targeted Persons: 520,000

Indicators

Title	Target
% of complaints and feedback received and responded to by the NS	80
# of targeted community rapid perception surveys conducted	1
# of private health workers engaged	175
# of IEC materials printed and distributed	10,000
# CFM systems and community participation settings types operationalized (e.g., committee meetings, focus groups, town halls) in place	3
% of people surveyed who report receiving useful and actionable information – to measure effectiveness of meetings with community influencers and community members	80
% of community members, including marginalized and at-risk groups, who know how to provide feedback.	80
% of community members, including marginalized and at-risk groups, who feel the support provided addresses their most important needs and concerns.	-
% of operational decisions or changes made based on community feedback.	20

Priority Actions

• Engagement meetings with community influencers and community members.
• Engagement meeting with lower private health facility workers including drug shop and clinic operators.
• Re-vitalization of community feedback mechanisms to ensure community concerns are captured and respond to
• Engagement of marginalized and at-risk groups, who know how to provide feedback about the operation.
• Dissemination of NS toll free line.
•KAP survey on effectiveness of the response actions
• Printing and distribution of IEC materials (Multiple languages)
• Strengthening URCS community feedback mechanism system (data collection, analysis and designing of targeted response messages) leveraging on the existing URCS CFM dashboard

Coordination And Partnerships

Budget: CHF 9,058
Targeted Persons: -

Indicators

Title	Target
# of joint support supervisions conducted at district level	20
# of coordination meeting participated in or supported such as DTF, NTF or partner coordination meetings among others	20
# of joint quarterly support supervisions conducted at national level	2

Priority Actions

• Participate and or support coordination meetings at national and district level.
• Organize Joint supervision visits with MOH and other partners.

Secretariat Services

Budget: CHF 51,684
Targeted Persons: -

Indicators

Title	Target
# of finacial spot checks conducted	2
# of monitoring visits conducted	4
# of lessions learnt workshops conducted	1

Priority Actions

• Movement wide coordination and resource mobilization
• Support national society to ensure compliance and adherence to international standards
• Conduct financial spot checks
• Participate in field monitoring activities

National Society Strengthening

Budget: CHF 41,328
Targeted Persons: 500

Indicators

Title	Target
# of Branch level EOCs functionalised	4

# of warehouses supported	6

Priority Actions

• Support to the Red-cross nation EOC operations.
• Contribute to branch level emergency operations centers functionalization
• Support to functionalize of 2 regional and 4 branch level warehouses.

About Support Services

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

A total of 7 technical staff, 2 support staff, 3 drivers, 5 NDRTs and 410 volunteers (350 RCCE/CBS AND 60 POE volunteers) will be involved. The operation will leverage on the already existing resources and capacity within the NS. The technical staff will include the Manger for Epidemic and Pandemic Preparedness and Response, Operations manager, Public health supervisor (SDB, RCCE AND CBS) Ambulance service supervisor, Boarder health supervisor(Screening at POE and Community WASH) and communications officer. These will take lead in ensuring that activities under the different pillars are executed accordingly under overall leadership of the director Health and the National society response task force led by the Secretary General . The support staff will include the fleet officer who will support in ensuring procurement and financial processes are expedited. The NDRTs will include 2 NDRT health officers, 1 SDB NDRT, 1 PMER NDRT focal person, 1 volunteer management focal person, 1 EMT, 1 ambulance drivers. At the moment, URCS will use already existing national capacity and additional human resource shall be requested when the need arises.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you’re helping? What gaps exist in your volunteer team’s gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

Yes. URCS volunteer teams largely reflect the gender, age, and cultural diversity of the targeted communities because volunteers are recruited from local areas, enabling culturally appropriate and community centered engagement. The network includes women, men, and youth from different social and cultural backgrounds, strengthening trust, communication, and outreach. However, gaps remain in female participation in high risk roles such as Safe and Dignified Burials (SDB) and EMS, as well as inclusion of persons with disabilities and specialized language capacities. To address these gaps, URCS will promote gender balanced recruitment, inclusive programming, safeguarding training, accessible communication materials, and deployment of volunteers with relevant local language and cultural skills.

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

All procurements for this operation will be handled by the IFRC with support from the Uganda RC in adherence to the signed URCS/IFRC operating modalities.

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 the IFRC. The 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

DREF OPERATION

MDRUG058 - UGANDA RED CROSS SOCIETY
BEVD Outbreak (2026)

Operating Budget

Planned Operations	419,004
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	332,900
Water, Sanitation & Hygiene	52,707
Protection, Gender and Inclusion	17,601
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	15,795
Environmental Sustainability	0
Enabling Approaches	**102,070**
Coordination and Partnerships	9,058
Secretariat Services	51,684
National Society Strengthening	41,328
TOTAL BUDGET	**521,073**

all amounts in Swiss Francs (CHF)

Internal 5/25/2026 #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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IFRC Project Manager: Henry Musembi, PHiE Delegate, Henry.MUSEMBI@ifrc.org

IFRC focal point for the emergency: `Henry Musembi, Delegate, Public Health, henry.musembi@ifrc.org, +256 784 621592

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Click here for the reference