

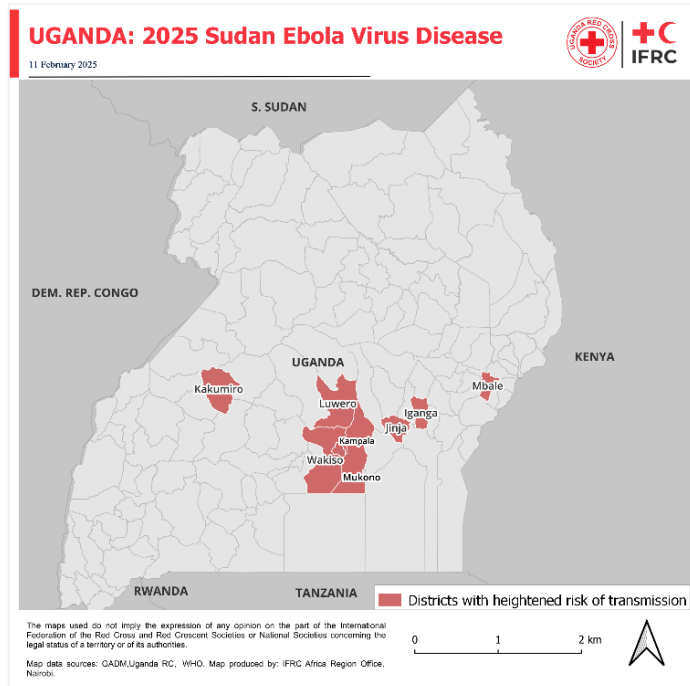


A volunteer with the Uganda Red Cross Society in Mbale, educates members of the Muslim Community in Kasanja Village about Ebola. (Source: URCS)

Appeal No: MDRUG055	IFRC Secretariat Funding requirements: CHF 4.5 million Federation-wide Funding requirements: CHF 6 million¹	
Glide No: XX-2014-123456-XXX	People [affected/at risk]: 1,351,045 people	People to be assisted: 520,000 people
DREF allocation: CHF 1,000,000 (CHF 568,661 already disbursed)	Appeal launched: 14/02/2025	Appeal ends: 31/12/2025

¹ The Federation-wide funding requirement encompasses all financial support to be directed to the Uganda Red Cross Society in response to the emergency. It includes the Uganda Red Cross Society's domestic fundraising requests and the fundraising appeals of supporting Red Cross and Red Crescent National Societies (CHF 1.5 million), as well as the funding requirements of the IFRC secretariat (CHF 4.5 million). This comprehensive approach ensures that all available resources are mobilised to address the urgent humanitarian needs of the affected communities.

SITUATION OVERVIEW



On 30 January 2025, the Ministry of Health declared an outbreak of Sudan Ebola Virus Disease (EVD) in Kampala District. This declaration followed confirmation from three national laboratories: the Central Public Health Laboratories, the Uganda Virus Research Institute, and Makerere University Laboratories.

The index case was a 32-year-old male nurse employed at Mulago National Referral Hospital. He initially presented fever-like symptoms and sought treatment from multiple health facilities, including Mulago National Referral Hospital in Kampala, Saidina Abubakar Islamic Hospital in Matunga, Wakiso District, and Mbale Regional Referral Hospital, as well as from a traditional healer.

The patient had a five-day history of high fever, chest pain, and difficulty breathing, which later progressed to unexplained bleeding from multiple body sites. Despite medical intervention, the patient experienced multiple organ failure and subsequently succumbed to the illness at Mulago National Referral Hospital. Following the confirmation of this index case, the Ministry of Health activated the Incident Management Team and dispatched Rapid Response Teams to Mbale City and Saidina Abubakar Islamic Hospital in Matugga to list all of the contacts and isolate them. Since the identification of the index case on 30 January 2025, ongoing investigations and contact

tracing have led to a steady increase in the number of contacts, reaching 265 as of 10 February 2025, across the districts of Kampala, Wakiso, Jinja, Mbale, and other areas. Of the listed contacts, 62 per cent are health workers who have been quarantined at the National Isolation Centre in Mulago. As of 10 February 2025, there were nine confirmed cases, including the index case.

Currently, rapid response teams have been deployed in Wakiso and Mbale districts to conduct rapid assessments and initiate further case investigations.

Ten districts, including Kampala, Wakiso, Mukono, Luwero, Mbale City, Mbale District, Iganga, Jinja City, Jinja District, and Kakumiro, have been identified as high-risk areas based on risk categorisation and information regarding the movement of the case.

Following the detection of the index case, a rapid risk assessment is being conducted to support risk categorisation and planning. Given that Kampala is the capital city with a dense population and high population movement, there is a significant risk of further spread if the outbreak is not controlled in its early stage. The dense population and international connections in Kampala and Mbale cities create a high-risk environment where the outbreak could spread rapidly if timely containment measures are not implemented.

The Uganda Red Cross Society (URCS) is a key partner to Uganda's Ministry of Health in response to epidemics (including Ebola). In this response, the Ministry of Health has tasked the National Society with providing support through community-based surveillance, contact tracing, risk communication, and community engagement. The URCS has also been tasked with supporting the Ministry of Health in enhancing its capacity for ambulance services and conducting safe and dignified burials. Communities are key to ending Ebola. Only with their engagement and active participation will the outbreak be brought under control. The National Society has the technical expertise and a network of volunteers in communities that can make a difference in stopping the spread of the outbreak, thus saving numerous lives.

A disaster brief for this operation has been produced and is available at [Go](#).

TARGETING

This Emergency Appeal aims to scale-up activities that are being carried out by the URCS to respond to the new and increasing caseload of EVD cases in the country. The URCS is targeting a total of 520,000 people directly and 1.3 million people indirectly through a twin-track approach:

Approach 1: Strengthen the response capacity in districts that have confirmed positive cases (Kampala, Wakiso, Mukono, Luwero, Mbale City, Mbale, Iganga, Jinja City, Jinja and Kakumiro), and expand to any newly affected areas.

Approach 2: Scale-up readiness in the most at-risk districts by mobilising stocks and training volunteers in the National Society's core intervention sectors (as described in the planned operations section). The immediate targets of this response are frontline healthcare workers, the family members of confirmed cases or those in close contact, communities in the high-risk areas, and people in cross-border regions or areas with high mobility and high population density where the disease may spread rapidly, as well as communities known to reject health interventions due to myths, misconceptions, misinformation, and mistrust.

These efforts will prioritise community engagement, community-based surveillance and contact tracing, infection prevention and control measures including community WASH, and the provision of adequate personal protective equipment (PPE) to healthcare workers. Additionally, promoting safe burial practices and discouraging risky behaviour are essential components of the response strategy.



Figure 2. A drill session in January 2025 immediately following the Ebola outbreak declaration with the Kampala SDB team ready for deployment.

PLANNED OPERATIONS

Through this Emergency Appeal, the IFRC aims to support the URCS in its response to the Sudan virus disease outbreak. The strategy of the URCS response will be to contribute to safe and dignified burials, surveillance (community-based surveillance and contact tracing), health promotion encompassing risk communication and community engagement, psychosocial support, and transferring suspected cases via URCS ambulance services. Prevention of sexual abuse and exploitation, gender protection and inclusion, duty of care and the security of staff and volunteers will also be core components of the response. An emphasis is being placed on communities so they can steer the activities and find appropriate solutions to overcome this outbreak.

Given the risk of spreading to neighbouring countries, the URCS and IFRC will establish regular cross-border communications, information sharing and support, which will allow neighbouring Red Cross and Red Crescent National Societies to conduct effective readiness activities and scale-up to respond, if necessary. Furthermore, the URCS will benefit from the IFRC membership's extensive experience and lessons learned from Ebola responses, such as in the Democratic Republic of the Congo (DRC).

Health & Care including Water, Sanitation, and Hygiene (WASH)

(Mental Health and Psychosocial Support/Community Health)



URCS volunteers will be mobilised to support the early detection of new cases through active case finding and surveillance (community-based surveillance and support to contact tracing). The URCS will offer ambulatory pre-hospital care and stands ready to support the government with safe and dignified burials (SDB) and direct psychosocial interventions for those affected. The Red Cross will engage people in the affected districts with health promotion activities, including risk communication and community engagement together with collecting, analysing, and responding to community feedback. The URCS will deepen the understanding of communities and partners to respond to their needs, as community acceptance is a fundamental requirement to halting the spread of the disease. Importantly, the URCS will work with district health teams to activate village health taskforces in the areas of operations.



Protection and Prevention

(Protection, Gender, and Inclusion (PGI), Community Engagement and Accountability)

The URCS aims to support the most vulnerable during this outbreak of Sudan Ebola Virus Disease. The National Society will ensure that groups most at risk or exposed are offered continuous support. Furthermore, attention will be placed in ensuring the prevention of sexual exploitation and abuse and that other PGI considerations are strictly adhered to by staff and volunteers. The URCS will be supported by the IFRC in developing sound duty of care policies, safeguarding the health and well-being of staff and volunteers, in addition to establishing systems that allow communities to voice their understanding of the issues while providing timely and regular feedback on how the Red Cross is delivering services, which will build stronger trust and community-led solutions. During the needs assessment, sex, age and disability-disaggregated (SADD) will be collected and analysed to better inform the emergency response.



Enabling approaches

The sectors outlined above will be supported and enhanced by the following enabling approaches:



Coordination and Partnerships

Facilitate engagement and coordination with Participating National Societies (PNSs) and the ICRC in the design of the response, leveraging the expertise and resources available through the Red Pillar Approach, while ensuring alignment with relevant external actors, including government policies and programmes, development actors, UN agencies, and non-governmental organisations (NGOs).



IFRC Secretariat Services

The IFRC will facilitate an effective Federation-wide response, with support from the Juba Country Cluster Delegation and Africa Regional Office. The IFRC will offer its expertise in managing public health epidemics through the deployment of critical functions, as agreed with the National Society, and will also equip the URCS with strong risk management and business continuity plans.



National Society Strengthening

Capacity building and organisational development objectives will be facilitated to ensure that the National Society has the necessary legal, ethical, and financial foundations, systems and structures, competencies, and capacities to plan and perform. Volunteer duty of care will be emphasised through appropriate management services, provision of personal protective equipment, training, and an insurance package.

The planned response reflects the current situation and is based on the information available at the time of this Emergency Appeal launch. Details of the operation will be updated through the Operational Strategy to be released in the upcoming days. The Operational Strategy will also provide further details on the Federation-wide approach which includes the response activities of all contributing Red Cross and Red Crescent National Societies, and the Federation-wide funding requirement.

After 31 December 2025, the response activities will continue under the [IFRC Network Uganda Country Plan](#). This takes an integrated view of ongoing emergency responses and longer-term programming tailored to the needs in the country, as well as a Federation-wide view of the country's actions. This aims to streamline activities under one plan while still ensuring that the needs of those affected by the disaster are met in a way that is both accountable and transparent. Information will be shared in time, should there be a need for an extension of the crisis-specific response beyond the above-mentioned period.

RED CROSS RED CRESCENT FOOTPRINT IN COUNTRY

UGANDA RED CROSS SOCIETY

Core areas of operation	
Number of staff:	220
Number of volunteers (active):	44,138
Number of branches	51



The National Society has over 360,000 registered members and volunteers working through 51 branch offices across the country. Each of these branches cover at least two districts. The governance structure comprises branch governing boards, a central governing board, and the National Council. The management structure is comprised of the Secretary-General, directorates, and departments/programmes, including Organisational Development (OD), Health and Social Services (HSS), and Disaster Risk Management (DRM), with support units comprised of Planning, Monitoring, Evaluation and Reporting (PMER), Finance and Accounts (F&A), Supply Chain Management (SCM), Internal Audit, Human Resource and Administration, including ICT, Public Relations, and Resource Mobilisation (RM).

The URCS works with the Government of Uganda and partners, private and civil society organisations including corporate entities, United Nations (UN) agencies, NGOs, and Movement partners.

The URCS has grown tremendously, serving over one million people in the last five years. The IFRC will provide institutional support to ensure this growth is matched by strong internal institutional systems to ensure good governance and adherence to programme standards.

The URCS has a very well-resourced health department with experts in epidemic response. The Community Epidemic and Pandemic Preparedness Programme (supported by USAID CP3 and the Pandemic Fund) has also built the capacity of the URCS in epidemics over the years in addition to the preparedness and response capacities built in the 2022 EVD Outbreak.

IFRC Membership coordination

The IFRC Secretariat, which provides technical and financial support to the URCS through the IFRC Juba Country Cluster Delegation, will ensure strong coordination within and outside the Movement. An IFRC Disaster Management Delegate has been deployed as the Operations Manager to work together with the Juba Delegation Senior Logistics Officer, Health Delegate, and the Emergency Finance Delegate in-country.

Four Partner National Societies (PNSs) in-country have been providing bilateral support to the URCS since the start of the operation: the Netherlands Red Cross, Austrian Red Cross, German Red Cross, and Belgian Red Cross Flanders. All PNSs participate in the coordination meetings that are held in the country and contribute their expertise to this response. The Kuwait Red Crescent, Swedish Red Cross, and Turkish Red Crescent provide bilateral support to ongoing programmes and operations managed by the URCS. The URCS, with the support of the IFRC, has established a weekly Movement coordination meeting held every Wednesday where updates are shared, progress is reviewed, and resources mobilised and aligned. These meetings will continue for at least the entire active response period before transitioning to a monthly Movement coordination meeting.

Name of Partner	Climate and environmental crises	Evolving crises and disasters	Growing gaps in health and well-being	Migration and identity	Values, Power, and Inclusion
German RC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Austrian RC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Belgium Flanders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Netherlands RC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thematic contributions of PNSs to URCS Programmes.

Red Cross Red Crescent Movement coordination

The IFRC Secretariat plays an essential role in ensuring effective coordination across the Movement, through the IFRC Juba Country Cluster Delegation. In this response, both the IFRC and ICRC are providing advice on overall safety and security support to Movement partners. The IFRC Country Cluster Delegation is in regular coordination with the ICRC Country Delegation for Uganda, Rwanda, and Burundi. Regular meetings are held to ensure there is strong coordination, effective, complementary, and harmonised technical support to the URCS, and the response.

External coordination

The response is coordinated by the Ministry of Health National Task Force through the Public Health Emergency Operations Centre using the Incident Management System which is comprised of the national task force, pillars, and sub-pillars. The pillars for this response so far include coordination, leadership, stewardship, surveillance, risk communication, public health awareness, logistics, case management, community engagement, laboratory, strategic information, research, and innovation.

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

Contact information

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

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For In-Kind Donations and Mobilisation Table support:

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For PMER (Planning, Monitoring, Evaluation, and Reporting) support:

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Reference



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