EMERGENCY APPEAL

OPERATIONAL STRATEGY

Uganda, Africa | SVD Outbreak January 2025

A drill session in January 2025 immediately following the Ebola outbreak declaration, with the Kampala SDB team preparing for deployment.

Appeal №: **MDRUG055**	To be assisted: **520,000 million people**	Appeal launched: **14/02/2025**
Glide №:	DREF allocated: **CHF 1,000,000**	Disaster Categorisation: **Orange**
Operation Start date: **30/01/2025**	Operation End date: **31/12/2025**	

IFRC Secretariat Funding requirement: CHF 4.5 million
Federation-wide funding requirement: CHF 6 million[1]

[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

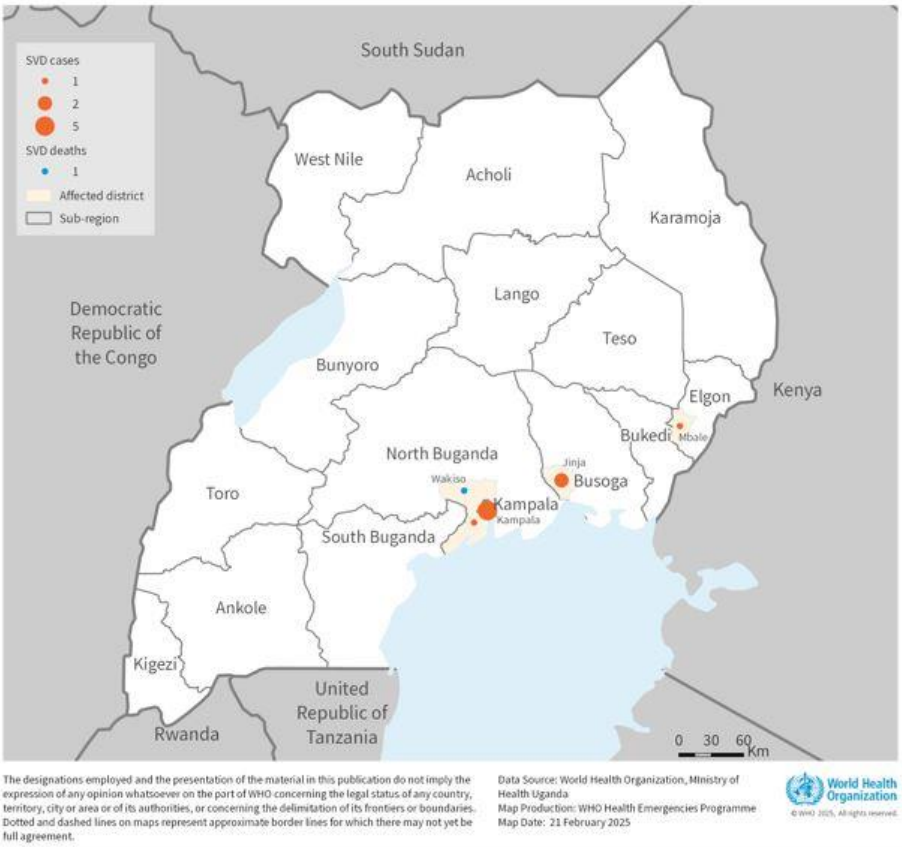
TIMELINE

30 January 2025: The government declares an SVD outbreak in Mbale district.

07 February 2025: DREF allocation of CHF 568,661 for the initial response of the URCS in Mbale, Kampala, Jinja, Wakiso, Mukono, Luwero, and neighbouring high-risk districts.

10 February 2025: IFRC Juba's cluster delegation operations and logistics staff are deployed alongside a CP3 health delegate.

20 February 2025: The IFRC issues a Federation-wide Emergency Appeal for CHF 6M for 1.3 million people for 10 months.



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.

DESCRIPTION OF THE EVENT

On 30 January 2025, the Ministry of Health declared an outbreak of Sudan Ebola Virus Disease 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.

Sudan virus (SVD) disease is a severe and often fatal illness affecting humans. First reported in southern Sudan in June 1976, it has since emerged periodically. To date, eight outbreaks caused by SUDV have been reported, five in Uganda and three in Sudan. The five in Uganda were reported in 2000, 2011, 2012 (two outbreaks) and 2022 (two outbreaks). Uganda also reported a Bundibugyo virus disease outbreak in 2007 and an Ebola virus disease outbreak in 2019.

There are no licensed vaccines or therapeutics for the prevention and treatment of SVD. The estimated case fatality ratios of SVD have varied from 41% to 100% in past outbreaks.

Severity of humanitarian conditions

1. **Impact on accessibility, availability, quality, use, and awareness of goods and services.**

Since the outbreak declaration, and as of 23 February, the number of confirmed cases has increased to 10, with two deaths confirmed – the index case and a four-year-old child. The Ministry of Health (MOH) has mapped out 10 high-risk districts for contact listing based on the movements of the index case while seeking medical treatment, and with confirmed cases from some of his contacts. Although the outbreak was declared on 30 January 2025, the source of the index case's infection has not yet been determined. The surveillance pillar is reviewing its risk mapping and intensifying surveillance activities in all districts with contacts.

The incubation period ranges from 2-21 days. People infected with Sudan virus cannot spread the disease until they develop symptoms, and they remain infectious as long as their blood contains the virus.

2. **Impact on physical and mental well-being**

The Ebola virus, part of the Filoviridae family, has multiple strains, of which, the Zaire and Sudan strains are the most common. SVD is a severe and often fatal illness. Up to now, eight outbreaks caused by SVD have been reported, five in Uganda (the last one in 2022) and three in Sudan. The estimated case fatality ratios of SVD have varied from 41% to 100% in past outbreaks. While a vaccine and specific treatment exist for the Zaire strain, no such options are available for the Sudan strain. However, the treatment of specific symptoms and supportive care improves the chances of survival.

Ugandan authorities and partners are facing challenges in understanding the depth of the outbreak and containing the spread of the virus.

Misinformation, issues of mistrust, and conspiracy theories have rapidly circulated across the region, exacerbating low-risk perception, fear of treatment centres, and dissatisfaction with response efforts. This results in ongoing practices that heighten the risk of transmission, including people not engaging in response actions, not seeking early treatment, escaping health facilities, evading contact tracing, and instances of resistance against response teams and health workers.

The impact of Ebola outbreaks on mental well-being in Uganda has been significant, especially given the recurrence of these outbreaks. Previous Ebola outbreaks have led to high levels of psychological distress among affected populations, including survivors, family members, and healthcare professionals.

Studies have shown that anxiety and depression are prevalent among Ebola survivors and their families. For instance, a study[2] conducted after the 2022 Ebola outbreak in Uganda found that 55% of survivors and family members experienced anxiety, while 50% experienced depression. Post-traumatic stress disorder (PTSD) is also a common mental health issue following Ebola outbreaks. The same study reported that 17% of participants exhibited PTSD symptoms. The trauma of witnessing severe illness

[2] Psychological distress among healthcare professionals in Mbarara, following the 2022 Ebola Virus Disease outbreak in Uganda: a mixed methods study | BMC Psychiatry | Full Text

and death, coupled with the fear of infection, contributes to these high distress levels.

Healthcare workers are particularly vulnerable to psychological distress during Ebola outbreaks. A study[3] in Mbarara, Uganda, following the 2022 outbreak, found that 59.5% of healthcare professionals experienced significant psychological distress, often linked to the fear of infection and the high-pressure environment of treating Ebola patients.

3. Risks and vulnerabilities

There is a significant risk of the affected area expanding beyond the Kampala metropolitan and Mbale districts to neighbouring regions and even adjacent countries such as Kenya and South Sudan. Additional risks and challenges include inadequate staffing, with health workers potentially lacking the necessary vigilance to recognise potential signs and symptoms, leading to delayed diagnosis, misdiagnosis, or failure to identify serious health conditions. Furthermore, gaps in infection prevention and control (IPC) measures at health facilities, inadequate isolation units, and limited capacity to conduct safe and dignified burials (SDBs) pose further challenges to containment efforts.

CAPACITIES AND RESPONSE

1. National Society response capacity

1.1 National Society capacity and ongoing response

The National Society has over 360,000 registered members and volunteers working through 51 branch offices across the country, with each branch covering at least two districts. The governance structure comprises branch governing boards, a central governing board, and the National Council. The management structure consists of the Secretary-General, directorates, and departments/programmes, including Organisational Development (OD), Health and Social Services (HSS), and Disaster Risk Management (DRM). These are supported by units responsible for 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).

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

The Uganda Red Cross Society (URCS) has a well-resourced health department with experts in epidemic preparedness and response, and community engagement and accountability. The Community Epidemic and Pandemic Preparedness Programme (CP3), supported by USAID and the Pandemic Fund, has also built the capacity of the URCS in epidemic preparedness and response over the years, further building on the response capacities developed during the 2022 SVD outbreak.

During the 2022 SVD outbreak response, the URCS trained nine SDB teams: two in Kassanda, three in Mubende, two in Kampala, one in Jinja, and one in Masaka. A government directive required all deaths occurring in hotspot districts be handled through safe and dignified burials. As a result, the URCS received 914 community alerts for community deaths, highlighting the need for burial teams beyond SVD cases. To address this, the URCS trained 23 sub-county burial teams (13 in Mubende and 10 in Kassanda districts) to support low-risk community burials. In addition, 580 volunteers were trained in Epidemic Preparedness and Response in Communities (EPiC) and Community-Based Surveillance (CBS), as well as in risk communication and community engagement. Previously,

[3] Prevalence of and factors associated with anxiety, depression and post-traumatic stress disorder among Sudan ebolavirus disease survivors and family members, Uganda, January 2023: a cross-sectional study | Discover Psychology

during Ebola preparedness activities implemented from 2019-2021, 11 SDB teams were trained and prepositioned in mapped high-risk districts, including Kampala (two teams), Bundibugyo, Kasese, Fort Portal, Ntoroko, Bunyagabu, Kisoro, Kanungu, Kitgum, and Arua (one team in each district). Additionally, 420 volunteers across these districts were trained on EPiC and CBS.

The URCS has been actively working on community feedback systems, particularly during past SVD and other epidemic outbreaks, to enhance their engagement and accountability efforts. Digital feedback mechanisms have been implemented to collect, document, and effectively respond to community concerns, suggestions, and complaints. This approach ensures that services remain responsive to the needs of the people being served.

In this response, the Kampala and Jinja SDB teams have been activated and are on standby to support both Mbale and Kampala districts. In anticipation of potential new cases in additional districts, the URCS is in the interim, planning a series of drills for the remaining trained SDB teams to ensure readiness for deployment. However, through this appeal, the URCS plans to train four additional SDB teams in anticipation of a wider geographic spread, especially in Eastern Uganda, where such preparedness and prepositioning have not yet been established.

The government has requested that the URCS focus on four main pillars based on its expertise and experience in responding to previous SVD outbreaks in Uganda in the areas of coordination, surveillance, risk communication and community engagement, and safe and dignified burials. As a key partner to Uganda's MOH in epidemic response (including SVD), the URCS has been tasked with supporting community-based surveillance and contact tracing, enhancing risk communication and community engagement, increasing the MOH's capacity for ambulance services, and conducting safe and dignified burials. Disease outbreaks begin and end in communities, making their engagement and active participation crucial in controlling and ending any disease outbreak, including SVD. With its technical expertise and extensive network of volunteers in communities, the National Society can play a vital role in stopping the spread of the outbreak, and thus, saving lives.

Ongoing activities:

Pillars	Completed (cumulative)
Coordination	• The IFRC's daily operational calls with Geneva, Africa Regional Office, and the Juba Cluster Delegation operations and technical teams in Uganda. • Weekly coordination and update sharing with the RCRC to improve internal communication. • Daily District Task (DTF) force meetings held in all four affected districts, chaired by the Regional District Commissioners (RDC). • Daily SVD IMT and National Task Force (NTF) meetings at the national level to provide strategic guidance to the response. • Daily partner meetings occurring in Mbale district. • Participation in pillar specific meetings chaired by the MOH. • The URCS has set up a reporting framework and deployed a Planning, Monitoring, Evaluation and Reporting (PMER) officer to the field. However, the National Society is requesting support from the Netherlands Red Cross data and the Digital 510 team to reactivate the dashboard, with the possibility of assigning an information management coordinator.
Safe and Dignified Burials (SDBs)	• Two SDB drills conducted for two SDB teams in Kampala. • Two SDB teams mobilised from Kampala to provide support in Mbale. • Training for two SDB teams in Mbale and one in Wakiso is in the planning stage, with the mobilisation of volunteers already completed. • Six SDB cars mobilised, including two pickups and four hardtop Land Cruisers. • The URCS established two SDB operational bases, one in Wakiso and another in Mbale, each with a team on standby. So far, the teams have received seven alerts for SDBs, but in all cases, the swabs taken for testing returned negative, and the bodies were released to the community for normal burial rites. • Training of three additional SDB teams for Mbale, Mbale City and Wakiso is scheduled to begin on 24 February.
Community-Based Surveillance (CBS)	• Identification, mobilisation, and deployment of 300 volunteers conducted in Kampala (125), Wakiso (40), Mbale (80), Iganga (25), and Jinja (30) districts. CBS training for these volunteers is scheduled to take place during the week starting on 24 February 2025. • Community-based SVD surveillance has been integrated into ongoing Mpox programming in Kampala and Wakiso through 500 deployed volunteers for the Mpox response. • Set-up CBS reporting/IM channels as per guidance by the MOH, and into the URCS CBS reporting platform.
RCCE	• Community engagement and risk communication activities (including community health promotion and community feedback systems to capture and address rumours, misinformation, and beliefs) are being conducted in hotspot districts. • Identification, mobilisation, and deployment of 300 volunteers have been completed in Kampala (125), Wakiso (40), Mbale (80), Iganga (25), and Jinja (30) districts. • SVD risk communication, community engagement and accountability approaches have been integrated into ongoing Mpox programming in Kampala and Wakiso through 200 deployed volunteers for the Mpox response. • As of 20 February, a total of 30,451 (M=14,142, F=16,309) people were reached with SVD community health messaging through 698 household visits and 212 group information sessions conducted by the deployed volunteers. • The URCS is setting up community engagement and accountability desks and established a national hotline for community feedback on the operation. Additionally, with support from the IFRC, the URCS is working towards rolling out a volunteers' perception survey on SVD to understand community perceptions, beliefs, and fears of SVD, using volunteers as a proxy, and to identify ways to better support volunteers during this response.
Psychosocial Support	• Two psychosocial counsellors have been deployed to support Red Cross volunteers and staff involved in the response. One is stationed in Wakiso for the Kampala metropolitan area, and another in Mbale for the teams operating in Eastern Uganda.

Ambulance Services	• Six ambulances were deployed and are supporting community referrals of suspected SVD patients to the Ebola Treatment Units in Mbale and Kampala. The URCS-run ambulances are managed under one pool, together with those directly overseen by the MOH for the operation. The URCS has agreed to deploy the ambulances with fully supported drivers and Emergency Medical Technicians to provide pre-hospital care for suspected cases en route to the ETU. An additional seven ambulances are available for deployment, if needed. • An alert verification centre and EMS dispatch centre have been set up at the Mbale branch and Wakiso branch for the Kampala metropolitan area. These centres handle the reception and verification of all SVD alerts, from which ambulances are dispatched. Both bases also include the ambulance disinfection/washing bays. • A total of 133 people have been evacuated from 1 to 22 February by the Emergency Response Teams, with 80 evacuated by the Mbale team and 43 by the Kampala metropolitan area team. This total includes two positive cases who were contacts of the index case, as well as other suspects who tested negative in laboratory tests.
WASH	• A total of 19 URCS volunteers have been mobilised by branch managers from URCS branches in Kampala to carry out screening (using thermoguns) and ensure handwashing at designated points of entry to the premises. The volunteers have been oriented on basic information about SVD and their roles in screening and promoting handwashing at the entry points. • Ten volunteers have been deployed at Mulago National Referral Hospital, four at Naguru Referral Hospital, while five volunteers are deployed at the five URCS branches in Kampala.

Logistics

	Completed (cumulative)
Logs/PPE	SDB kits • Two starter kits, two replenishment kits, and one training kit have been sourced from Dubai. These kits are currently undergoing verification in Dubai in accordance with the Government of Uganda's requirements for the import of medical and health kits.
Fleet	• Six cars were requested from the IFRC – three cars deployed from Nairobi, three cars belonging to CP3 redeployed, and one car, originally ready for repatriation, also redeployed. • Two pick-up cars from the previous SVD response have been deployed, while an additional two pick-ups are required.
Branches	• Mbale remains the epicentre, with the branch acting as a central point for URCS operations. A separate operational base has been set up for SDB and ambulance teams, which also functions as the decontamination site when vehicles return from the field. • The URCS is scaling-up the Mbale branch in terms of storage, office set-up and facilities, power, and communications. • The next branches to scale-up are being identified.

1.2 Capacity and response at the national level

The Ministry of Health (MOH), districts, and partners in Uganda are implementing several outbreak control interventions in Mbale, Kampala, and surrounding districts to contain the spread of the disease. Daily National and District Task Force meetings are held in Mbale, chaired by Resident District Commissioners (RDCs). At 8:00 AM each day, partner meetings in Mbale discuss resource gaps, while partner support is being updated in the 4W matrix. These meetings, along with others in Kampala, ensure that the actions of the URCS are well-coordinated with those of the government.

2. International capacity and response

2.1 Red Cross Red Crescent Movement capacity and response

IFRC membership

The IFRC Secretariat, which provides technical and financial support to the URCS through the IFRC Juba Country Cluster Delegation, will play an essential role in providing effective coordination within and outside the Movement. The IFRC has deployed staff from the Cluster Delegation and Africa Regional Office who are supporting the URCS in this response and if needed, surge profiles will be deployed. An operations manager, accompanied by a senior logistics officer from the Juba Cluster Delegation has been deployed to work with the in-country community epidemic preparedness programme (CP3) delegate and the in-country response team. Currently the delegation is also providing support to three other operations: the Population Movement Emergency Appeal, the Mpox Emergency Appeal, and a landslides DREF.

There are four Participating National Societies (PNSs) in-country providing bilateral support to the URCS since the start of the operation: the Netherlands Red Cross (NLRC), Austrian Red Cross, German Red Cross, and Belgian Red Cross (Flanders). All PNSs participate in coordination meetings held in-country and contribute their expertise to this response. The NLRC has expressed their interest in contributing to the Emergency Appeal while the German Red Cross has pledged to provide assorted PPE for responding staff and volunteers. Additionally, the URCS and NLRC are collaborating on providing technical IM operational support and capacity building. Other PNSs are providing bilateral support to ongoing programmes and operations managed by the URCS.

The IFRC is facilitating engagement and coordination within the IFRC network, with the ICRC in the design of this response, leveraging the expertise and resources available through the Red Pillar Approach while ensuring alignment with relevant external actors. This is being conducted as part of a strategic coordination process across the following nine categories:

- Scale-up readiness and response
- Strategic resource mobilisation
- Strategic planning and decision-making
- Learning and adaptation
- Conflict resolution and risk management
- Advocacy and representation
- Accountability and reporting
- Information management and sharing
- Visibility, positioning, and promoting

Membership coordination follows the IFRC Network's Way of Working principles, and more specifically:

- A disaster and crisis brief is available from the first hours, and this response is utilising assessments conducted by the MOH, which continues to trace contacts.
- This Operational Strategy is co-created and fully developed in alignment with the strategic directions set by the National Society.
- An operations coordination team and mechanisms are in place and will continue to be strengthened.
- A coordinated approach for local procurement is in place and the IFRC, through the National Society, ensures coordination with the government to facilitate the IFRC network's agile response.
- Ensure that a co-created collective risk matrix is in place, including shared risk and mitigation measures.
- Optimisation of resources is being identified to avoid duplication or misalignments.

- Coordination with PNSs in terms of their capacities to scale-up support and provide shared partnerships through agreed operational mechanisms.
- Operational and technical platforms have been set up and use a similar methodological approach.
- A single information management system capturing the entire membership support is developed and available for decision-making and information sharing.
- Delivery of humanitarian services with no duplication, ensuring complementarity and the application of minimum standards for quality.

ICRC

The ICRC Regional Delegation for Uganda, Rwanda, and Burundi actively takes part in all coordination meetings for this Ebola response and contributes direct financial support to the URCS. In addition, and especially for security-related matters, the ICRC shares its experience and expertise. Regular meetings are being held during this response to ensure strong coordination and effective technical support for the URCS, as well as a harmonised response plan.

2.2 International Humanitarian Stakeholder capacity and response

The MOH has established biweekly national task force meetings for partners in this response with the participation of Red Cross Red Crescent Movement partners. The actions of the URCS are well-coordinated with the MOH and key international actors including MSF, WHO, USAID, and the CDC, among others. Currently, WHO and MSF are refurbishing the isolation centres and have donated tents to expand treatment capacity.

3. Gaps in the response

Data reported as of: 3 March 2025

	Confirmed #	New
Cumulative cases	10	0
Cumulative deaths	2	0
Current admissions	0	
Cumulative recoveries	8	0
Number of districts	10	0
Active contacts	58	
Alerts to affected districts	3	

Need for risk communication and community engagement: Communities must be at the heart of the response to make it more effective, timely, relevant, and ultimately, to build trust and encourage community action. This will require a variety of approaches to work collaboratively with communities, so they have timely information and participate in defining solutions through house-to-house visits, and by meeting people in communal areas such as schools, taxi parks, and worship areas. The use of radios is also necessary to ramp up two-way communication through talk shows, jingles, and radio spots for risk communication. Finally, the right accountability mechanisms must be in place to listen to concerns and questions through community feedback sessions, which will inform changes in strategies and adaptation of services. The RCCE task force will monitor and update community engagement and risk communication strategies based on community feedback and develop a communications plan to address negative community perceptions of SVD. The task force is using this feedback to inform community engagement and behavioural change strategies, particularly given the misconceptions and fears of the disease. Inter-agency coordination will be crucial in making sure that feedback and social science data are used across the pillars to inform decision-making.

Need for community-based surveillance: The need for enhanced surveillance is clear, given the predicted and widespread movements of suspected and confirmed cases, the delay in suspected cases reaching the formal health system, and the presence of a highway passing through Mbale and busy Kampala city, making it very complex to track contacts in real-time. Undetected transmission chains from the index case highlight the need

to increase support for community-based surveillance (CBS) activities. The URCS already has a functional CBS system that has been validated and feeds into the MOH's formal surveillance system (eIDSR), which was expanded during the 2022 SVD response activities in affected and high-risk districts. The system is currently functional in CP3 and ECHO PPP districts, although none of these areas overlap with the current SVD-affected areas. This same approach will be followed for SVD CBS, but adjustments may be made depending on other partners and the surveillance pillar.

Need for safe and dignified burials (SDB): The URCS has deployed the National SDB focal person, along with two SDB teams from Kampala, to provide immediate support in Mbale district and the Kampala metropolitan area. In Jinja, an existing SDB team has been refreshed and is on standby for any burial requests in the district. Three additional teams (two for Mbale district and one for Wakiso) are being trained and equipped to provide support with SDB as requested by the MOH. For districts outside of Mbale, Jinja, and the Kampala metropolitan area, the URCS will identify and equip existing and prepositioned SDB teams in the central and western regions of the country for deployment, alongside one team leader per district, preferably NDRT members, who will be responsible for team coordination and supervision.

There is limited capacity to conduct a large number of burials if the situation worsens in the country. In response, the IFRC has mobilised SDB kits from Dubai, which will facilitate SDB training and response efforts.

Need for community WASH support: Due to ongoing activities and the lack of movement restrictions, communal gatherings will be high-risk areas. Therefore, enforcing handwashing will be crucial, together with handwashing stations/tippy taps located in such areas to help community members prevent the spread of infection through contact. Finally, since community-based volunteers will be at the forefront of the operation and require protection from infection, they will receive appropriate PPE and other hygiene items as needed.

Ambulance services: Six ambulance teams have been deployed to support the transfer of patients from the community to ETUs. Each team has an emergency medical technician who is a qualified clinical officer/nurse, and a driver. As of 24 February, 22 ambulance referrals have been conducted by URCS ambulances with patients from Mbale (11), Kween (1), Jinja (3) and Kampala (7). Three ambulances support Mbale and its neighbouring districts, while three others are assisting with the evacuation of individuals suspected of having SVD in the Kampala metropolitan area. The remaining ambulances will be prepositioned at URCS branches in high-risk districts to support referrals. All ambulance teams are trained in IPC.

Mental Health Psychosocial support (MHPSS): This appeal aims to provide emotional assistance to URCS volunteers and staff during their engagement in social mobilisation, safe and dignified burials, and risk communication activities within communities. The URCS is delivering basic MHPSS training to its SVD preparedness operations teams in the targeted locations. For community members, EPiC-trained volunteers will offer further psychological first aid assistance at the community level to help mitigate stigma and discrimination faced by survivors from the ETUs.

OPERATIONAL CONSTRAINTS

The URCS will ensure the engagement of local staff and volunteers and will continue to monitor and respond to the situation based on their acceptance by communities, which will, in turn, encourage the successful implementation of the proposed activities. The following operational risks will be managed by the URCS:

1- Community understanding, acceptance, and engagement in prevention measures

- Positive public and community perception towards Red Cross staff and volunteers is essential in this and similar outbreak operations. This influences acceptance and access to affected areas and at-risk communities, as well as health seeking behaviours. Community acceptance and understanding of the role of the Red Cross will be emphasised through continuous community engagement activities and adequate feedback mechanisms. The URCS will conduct dialogues with community leaders on how to conduct safe burial that are also culturally accepted.
- Community involvement is crucial to ending disease outbreaks, including Ebola. Only with their engagement and active participation in all response pillars will the IFRC be able to stop this outbreak. Fear, resistance, and even denial are normal in the face of an epidemic, but these can be overcome by building

on community norms, values, and social capital, accelerating open and honest communication, and ensuring the participation of key trusted community stakeholders.

2- Infection of URCS employees or volunteers

- Share updated guidance through memos from the Secretary General's office to all staff and volunteers.
- The IFRC will support the URCS in developing staff health guidelines/SOPs for Viral Haemorrhagic Fevers (including SVD, EVD, MVD, etc).
- Establish linkages to government ETUs to support URCS employees or volunteers should they fall sick.
- Provision of PPE.
- SDB kits for burial teams.
- Provision of MHPSS support to affected URCS employees and volunteers.
- Volunteer insurance under the IFRC global insurance scheme for volunteers conducting risk communication and engagement, with additional coverage based on risk exposure. Insured teams involved in SDB, ambulance services, and hygiene tasks will be covered by a local insurance cover.

3- Expansion of the affected area outside Mbale and Kampala districts and beyond neighbouring districts

- Mitigation by training staff and volunteers in other areas and branches on SVD prevention and control.
- The URCS already has 20 SDB-trained teams from previous SVD preparedness activities across the country. Under this appeal, the URCS plans to conduct drills with these trained teams to guarantee their readiness for SVD response and will continue to increase the training of teams based in Mbale and other selected URCS branches surrounding the district that have confirmed cases.

4- Transmission of Mpox

- The area is currently experiencing an outbreak with 3,391 confirmed cases and 23 deaths as of 21 February 2025. The URCS is carrying out the following activities:
    - Supporting screening at points of entry along the Uganda-Tanzania border in preparedness for MVD.
    - Intensifying back-to-school campaigns to ensure the safe reopening of schools.
    - Distributing handwashing facilities to selected schools in high-risk areas.
    - Supporting ambulance evacuation of Mpox patients across the country to established isolation and treatment centres.
    - Attending DTF and CTF meetings across all intervention districts.
    - Supporting management of the alert desk in Wakiso district by receiving alerts sent by community volunteers.
    - Reaching out to communities with Mpox messages both through household visits and organised group sessions. Where there is an overlap in communities and volunteers, health promotion messaging for both Mpox and SVD is being integrated into group discussions and household visits.
    - Conducting targeted risk communication with key populations, including fisherfolk, pregnant women, commercial sex workers, taxi and truck drivers, school-going children, and boda-boda riders, while engaging key community influencers.

5- Logistics

- Establishing a mini-storage facility in Mbale district and maintaining Kampala as the central warehousing site.

6- Security

- Road safety and petty crime are the primary risks to personnel. Additionally, the absence of government and security infrastructure in some remote parts of the country, particularly in the northeastern Karamoja region, contributes to increased lawlessness and banditry, including cattle rustling raids and roadside armed robbery.

7. **Population movement**

- Uganda is currently receiving people fleeing the ongoing conflict in the Democratic Republic of the Congo and in Sudan. This is increasing the national workload, requiring increased emergency operations both in terms of the workforce and resources, both financial and material.

FEDERATION-WIDE APPROACH

The Emergency Appeal is part of a **Federation-wide approach**, based on the response priorities of the Uganda Red Cross Society and in consultation with all Federation members contributing to the response. The approach reflected in this Operational Strategy will ensure linkages between all response activities (including bilateral activities and activities funded domestically) and will assist in leveraging the capacities of all members of the IFRC network in the country to maximise the collective humanitarian impact. Existing in-country membership coordination mechanisms have been extended to include this Ebola crisis, which brings together the National Society, the IFRC secretariat, and the four Participating National Societies with an in-country presence in Uganda for regular coordination meetings. The Federation-wide funding requirement for this Emergency Appeal comprises all support and funding to be channelled to the Operating National Society in response to the emergency event. This includes the Operating National Society's domestic fundraising ask, the fundraising ask of supporting Red Cross and Red Crescent National Societies, and the funding ask of the IFRC secretariat.

OPERATIONAL STRATEGY

Operational objective

Support the Government of Uganda and partners in preventing and reducing morbidity and mortality from the Sudan Virus Disease outbreak in Mbale, Kampala, Jinja, Wakiso, Masaka and high-risk districts, and conduct preparedness actions in neighbouring high-risk districts. This Emergency Appeal operation will last for 11 months, but, if necessary, activities will continue and 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.

Priority activities

The National Society will provide support across four key pillars: i) Coordination; ii) Surveillance; iii) Risk Communication and Community Engagement (RCCE); and iv) Safe and Dignified Burials (SDBs). Based on the above and available information, the Red Cross response strategy will be to help contain the SVD outbreak by implementing the following actions:

i) Coordination:

The URCS will participate in various coordination meetings at the national and district levels to ensure alignment between its strategy and that of the MOH for maximum impact. This will be led by the Director of Health and Social Services at the national level and by the public health officer, with support from the NDRT and CP3 staff, at the district level.

ii) Community-Based Surveillance (CBS):

Activities under this pillar will include:

- Community-Based Surveillance (CBS) training of 600 volunteers and 20 supervisors to help in the early detection and reporting of suspected cases at the community level. CBS alerts will be fed into the established MOH system for this response, as well as into the existing URCS CBS reporting platform.

iii) Risk Communication and Community Engagement (RCCE)

- The URCS will identify and mobilise 600 volunteers in Mbale, Jinja, Iganga, Wakiso, and Kampala to train them in Epidemic Preparedness and Response in Communities (EPiC), including Risk Communication and Community Engagement related to the SUDV outbreak. Risk Communication and public health messages will be tailored to be inclusive and accessible to all, including persons with disabilities and refugees (if applicable).

- Establish/strengthen community feedback mechanisms that allow communities to voice their understanding of the issues and provide timely and regular feedback on how the Movement is delivering services to inform adaptation and strengthen community engagement approaches.
- Support all priority Red Cross response pillars to rollout essential community engagement and accountability activities.
- Develop and rollout risk communication and community engagement efforts to improve both the understanding and acceptance of the Red Cross and its SVD response activities, accelerate the uptake of preventive measures, promote healthy behaviours, and scale-up community participation in the response.
- Address fears and concerns regarding accessing health facilities and engage communities to maintain access to essential health services, including reproductive, maternal, neonatal, and child health (RMNCH). Efforts will focus on defining and implementing activities that go beyond messaging, as this alone will not change people's perceptions or behaviours.
- Support inter-agency collaboration and coordination by providing technical support to the national RCCE pillar led by the MOH, including establishing community feedback mechanisms, utilising social science research and training volunteers and community health workers.

iv) Safe and Dignified Burials (SDBs):

- Initially procure and deploy two SDB starter kits, two replenishment kits, and additionally procure one training kit.
- Mobilise and train three SDB rapid intervention teams, each consisting of eight people, to support families in securing bodies for burial in Mbale (two teams) and Wakiso (one team), in addition to the existing and already deployed two teams in Kampala, and one team in Jinja. All 20 previously trained SDB teams will also be mobilised and refreshed to be on standby for deployment should there be more districts affected. If a team is overwhelmed by cases in the deployed district, an SDB team from the neighbouring district with a lighter workload will be deployed to provide relief.
- Each SDB team will have two vehicles – a pick-up with a canopy or open space to transport the deceased, and a closed Land Cruiser for SDB team members.

iv) Mobilise Ambulances:

- Dispatched six ambulances to support the evacuation of suspected cases to ETUs. Each ambulance is equipped with a trained driver and clinician from the MOH, along with appropriate PPE. The URCS plans to deploy a maximum of 13 ambulances to support referrals across districts with confirmed cases, depending on the evolution of the outbreak.

v) Mental Health and Psychosocial Support (MHPSS)

- The EPiC trained volunteers will provide psychosocial support to families affected by the disease and to volunteers experiencing community stigmatisation. Additionally, the URCS has engaged two psychosocial counsellors to support deployed volunteers and staff.

vi) Protection, Gender, and Inclusion (PGI)

- Promote the practice of protection, gender, and inclusion, ensuring the prevention of stigmatisation against victims of the disease and their families.
- Mobilise volunteers to support the prevention and response to gender-based violence, as well as the prevention of sexual abuse and exploitation.

The plan details the deployment of IFRC health, IM, PMER, logistics, and operations surge personnel to reinforce the URCS during implementation, based on need and the National Society's request. Additional support will be facilitated by IFRC delegates in Uganda, Juba, and Nairobi, and the URCS team will consist of a dedicated SVD response team covering the strategic, coordination, and operational levels under the leadership of the National Society health director. An operations manager working alongside PMER, logistics, CEA, the SDB team leader, ambulance team leader, and a team of NDRTs and branch volunteers, has been deployed for the response.

At the conclusion of the 10-month period for this Emergency Appeal, any required ongoing interventions will transition to the Unified Country Plan for Uganda and will be implemented and reported on under that planning mechanism.

Targeting

People to be assisted

This Emergency Appeal will scale-up activities that are being carried out by the URCS to respond to the SVD outbreak in the country. The URCS will target a total of 1.3 million people through a twin-track approach:

1. Strengthen the response capacity in districts that have confirmed positive cases (currently covering Mbale, Kampala, Jinja, Wakiso, and Iganga districts). This may expand to other high-risk districts, including Mukono, Kakumiro, and Luwero, and any newly affected areas.
2. Scale-up epidemic preparedness and readiness in at-risk districts, as defined by the MOH, by mobilising supplies and training of volunteers in the National Society's core intervention sectors (as described in the planned operations section).

Considerations for protection, gender, and inclusion and community engagement and accountability

The URCS will support the most vulnerable during this SVD outbreak, ensuring that high-risk or exposed groups are offered continuous support. Furthermore, strict adherence to the prevention of sexual exploitation and abuse, as well as other PGI considerations, will be maintained by staff and volunteers. Community engagement and accountability will be mainstreamed across all community activities.

PLANNED OPERATIONS

Through this Emergency Appeal, the IFRC aims to support the URCS in its response to the Sudan Virus Disease outbreak. The URCS response strategy will focus on contributing to safe and dignified burials, strengthening surveillance through community-based monitoring, promoting health through risk communication and community engagement, providing psychosocial support, and facilitating the transfer of suspected cases via URCS ambulance services. The 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. A special emphasis will be placed on empowering communities to lead activities and identify appropriate solutions to overcome this outbreak.

Given the risk of spread 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 response, if necessary. If the SVD outbreak is declared over before the end of the proposed timeline, the URCS will support the MOH in establishing epidemic preparedness and readiness mechanisms in high-risk districts, especially in Eastern Uganda, where such interventions have not been prioritised previously due to a perceived low epidemic profile.

Health and Care	Female > 18:	Female < 18: 0.64	**CHF**
	Male > 18:	Male < 18: 0.66	**Target: 1.3 m ppl**
Objective:	The spread and impact of the outbreak are reduced through community outreach in the affected health zones.		
Priority Actions:			
The main requirements for this sector are to facilitate SDBs, surveillance, and risk communication and community engagement to prevent the spread of the disease. URCS volunteers will be mobilised and trained to support SVD community health promotion, early detection, and the reporting of new cases through community-based surveillance.			

The URCS will offer pre-hospital care through its ambulance support and stands ready to support the government with SDB activities and direct psychosocial interventions for those affected. The Red Cross will engage people in the impacted districts with risk communication and community engagement, while also collecting, analysing, and responding to community feedback. The URCS will deepen its understanding of communities and partner with them to respond to their needs, as community acceptance is a fundamental requirement to halting the spread of the disease.

CBS - The government is assisted by URCS volunteers for surveillance:

1. Training of 600 community-based volunteers on CBS.
2. Conducting CBS in alignment with and in support of existing government structures. All CBS-trained volunteers will be onboarded onto the URCS CBS reporting platform for timely tracking and response to community alerts.

RCCE - People in the affected areas of Mable, Kampala, and neighbouring high-risk districts actively participate in addressing SVD needs by promoting safe, healthier practices, facilitating community action, while helping to reduce fear, stigma, and misinformation.

1. Carry out a context analysis and community mapping to understand the structures, groups, power dynamics, capacities, beliefs, challenges, and needs.
2. Conduct dialogue meetings with selected community leaders in SVD outbreak response target areas.
    - The URCS plans to move beyond messaging, to provide opportunities to collaborate with communities and make sure that activities are community-led.
3. Implement risk communication, engagement, and accountability activities through 600 volunteers trained in EPiC.
    - Engage and inform communities through radio talk shows, jingles, etc.
    - Adapt and amplify information and broadcasting platforms in the targeted localities.
    - Health education, community engagement, and social mobilisation through proximity channels (door-to-door gathering places such as markets and places of worship, schools, influencers, key informants, and traditional practitioners).
    - Rollout feedback approaches as part of community and household engagement.
4. Consult/support community networks through improved access to up-to-date SVD and Mpox information in their trusted languages and channels.
5. Identify and organise briefing and debriefing sessions with volunteers and community members.
    - Organise a two-day briefing for radio volunteers. The pool of radio volunteers will consist of 10 people with radio experience.
    - Adapt feedback tools to the operational context.
    - Organise a one-day briefing on the community feedback system for volunteers mobilised for the operation.
    - Print and distribute the forms to the teams to collect community feedback.
    - Identify and deploy the management team of the National Society's feedback system (one information manager and two encoders) with support from the 510 team.
    - Identify and deploy a National Society field officer at the branch level, skilled in the approach and tools of the CEA, for the entire duration of the operation.
6. Reproduce 1,400 copies of posters on SVD for use by community mobilisers.
7. Contribute to the establishment/strengthening of a common feedback system to listen to, document, respond to, and act on community feedback, including beliefs, questions, concerns, and recommendations related to SVD and Mpox to inform and guide risk communication, community engagement approaches, and health service responsiveness.
    - Produce a weekly report on the feedback received as part of inter-agency coordination and discuss actions to be taken in response to the concerns of communities.
    - Participate in RCCE coordination meetings at all levels and confirm that feedback data is discussed and cross-analysed with other data.
    - The URCS has requested the deployment of the 510 team to help in reactivating the National Society's dashboard, which will include an automated classification framework for community feedback, updates

based on recent Mpox and SVD datasets, social media monitoring for Mpox/SVD related messages, capacity building for the PMER team in data visualisation (through a visit by a 510 colleague to build the dashboard together with the PMER team), and longer-term support to integrate Mpox/SVD community feedback.

SDB - The affected population is supported by safe and dignified burials and decontamination activities.

8. Train 24 volunteers to form three teams (two for Mbale district, and one for Wakiso) to conduct SDBs.
    - The positioning of the teams will be carried out in coordination with the MOH – currently, the critical area is Mbale.
    - Provide PPE and disinfection equipment to the team.
9. Set up SDB operational bases in Wakiso and Mbale in partnership with communities.
10. Community engagement and sensitisation of members of affected households and communities.
11. Procure and replenish two SDB starter kits and one training kit.
12. Develop a live SDB map showing the exact burial sites for all cases conducted.

Mobilise ambulances.

- Dispatched six ambulances to support the evacuation of suspects to ETU in different high-risk districts, with two operational bases – one in Wakiso for the Kampala metropolitan area, and the other in Mbale, for the larger Eastern Uganda region.
- Each ambulance is equipped with a trained driver and clinician from the MOH with appropriate PPE and cleaning materials.

MHPSS – the population of the affected areas of Mbale, Kampala, and neighbouring high-risk districts receive psychosocial support during and after the outbreak.

- Provide psychosocial support to families who have lost family members, using culturally appropriate and accepted approaches.
- Train 600 volunteers (xxx per district) in providing psychological first aid.

13. Provide psychosocial support to staff and volunteers throughout the operation through two psychosocial counsellors.

Water, Sanitation, and Hygiene	Female > 18:	Female < 18: 0.64	**CHF**
	Male > 18:	Male < 18: 0.66	**Target: 1.3 m ppl**
Objective:	Improve hygiene practices within the entire affected population.		

Priority Actions:

The enforcement of handwashing will be crucial, together with placing handwashing stations in high-risk areas, to help community members prevent the spread of infection through contact. Community-based volunteers at the forefront of the operation will receive appropriate PPE and other hygiene items as needed.

1. Engage with coordination mechanisms (e.g. MOH and WASH Cluster).
    - Water, sanitation, and hygiene, particularly community and household handwashing hygiene.
    - A temporary washing area was set up at the Mbale and Wakiso branches where ambulances are washed for the second time after disinfection from the hospital.
    - In coordination with the MOH, consideration will be given to disinfecting the houses of confirmed cases, ensuring there is no gap in the response.

Protection, Gender, and Inclusion	Female > 18:	Female < 18: 0.64	**CHF**
	Male > 18:	Male < 18: 0.66	**Target: 1.3 m ppl**
Objective:	Protection, Gender, and Inclusion communities identify and respond to the distinct needs of the most vulnerable segments of society, especially disadvantaged and marginalised groups, due to violence, discrimination and exclusion.		

Priority Actions:

The URCS aims to support the most vulnerable during this SVD outbreak. The National Society will make sure that groups most at-risk or exposed are offered continuous support. Furthermore, attention will focus on 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 and provide 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, data disaggregated by sex, age, and disability (SADDD) will be collected and analysed to better inform the emergency response.

National Society programmes improve equitable access to basic services by considering different needs based on gender and other diversity factors.

- Support Inclusion Sector Teams in their action plans to address gender-specific vulnerabilities and diversity factors (including persons with disabilities).
- Support sector teams in collecting and analysing data disaggregated by gender, age and disability (see guidance in the revised Minimum Standard Commitments).

Emergency response operations prevent and respond to sexual and gender-based violence and all forms of violence against children.

- Use the Minimum Standard Commitments as a guide to support sector teams in including measures to mitigate the risk of sexual and gender-based violence.
- Include messages on preventing and responding to sexual and gender-based violence in all community outreach activities.
- Establish a system to confirm that IFRC and URCS staff and volunteers have signed the Code of Conduct and received a briefing in this regard.
- Map local referral systems and make information available on any concerns about child protection.
- Volunteers, staff, and providers signed, are briefed, and receive information on child protection policy/guidelines.

Enabling approaches

National Society Strengthening	Female > 18:	Female < 18: 0.64	**CHF**
	Male > 18:	Male < 18: 0.66	**Target: 1.3 m ppl**
Objective:	National Societies are prepared to effectively respond to epidemics/emerging crises, and their auxiliary role in providing humanitarian assistance is well-defined and recognised.		

Priority Actions:

National Society Strengthening

- The National Society's response capacity will continue to improve, building on ongoing multi-hazard preparedness initiatives for epidemic and pandemic response, as well as identified National Society operational priorities.

- Epidemic preparedness supplies, fleet, and capacity building will be provided for future similar responses.
- 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 equipment, training, and an insurance package.
- Capacity development support for Mbale and other affected branches in terms of infrastructure, communications, fleet, and technical services.

Coordination and Partnerships	Female > 18:	Female < 18: 0.64	**CHF**
	Male > 18:	Male < 18: 0.66	**Target: 1.3 m ppl**
Objective:	Technical and operational complementarity among the IFRC's membership and with the ICRC is enhanced through cooperation with external partners.		

Priority Actions:

Coordination and Partnerships

- Support will be provided to the URCS ensuring its auxiliary role and effective coordination at the national and district levels with all relevant government agencies.
- Facilitate engagement and coordination with PNSs and the ICRC in the design of the response, leveraging the expertise and resources available through a Red Pillar approach, while ensuring alignment with relevant external actors, including the government's policies and programmes, development actors, UN agencies (WHO), and NGOs related to the operation, such as MSF.
- This Emergency Appeal promotes a Federation-wide approach to the response. It builds on the expertise, capacities, and resources of all active members in the targeted areas. The National Society will develop one response plan, and a Federation-wide approach to resourcing and implementation will be adopted. Therefore, the IFRC will emphasise a holistic approach to programming, monitoring, and reporting, risk management, information management, external communications, resource mobilisation, and peer-to-peer exchange between National Societies.
- Activities to be carried out include enhancing the communications capacity of National Societies and supporting their strategy and policy development, developing communications materials in relevant languages, including an image bank, snapshots, web stories, and social media, supporting resource mobilisation, and assisting National Societies as agents of positive change and in negotiating partnerships with national and local authorities, the UN and INGOs.

IFRC Secretariat Services	Female > 18:	Female < 18: 0.64	**CHF**
	Male > 18:	Male < 18: 0.66	**Target: 1.3 m ppl**
Objective:	**Effective and coordinated disaster response is confirmed.**		

Priority Actions:

IFRC Secretariat services

- The IFRC will provide a holistic approach to programming, monitoring, and reporting, risk management, information management, external communications, and resource mobilisation in this response.
- The IFRC, through its Juba Cluster Delegation, has provided key staff to support the operation in logistics and procurement, finance, PMER, operations, CEA, communications, and health.

- The IFRC will facilitate an effective Federation-wide response, with support from the Juba Country Cluster Delegation and Africa Regional Office, offering its expertise in managing public health epidemics through the deployment of critical functions as agreed with the National Society, while also equipping the URCS with strong risk management and business continuity plans.
- Given the risk of spread to neighbouring countries, the URCS and IFRC will establish regular cross-border communications, information sharing, and support, allowing neighbouring Red Cross and Red Crescent National Societies to conduct effective readiness activities and scale-up to response, if necessary.

Risk Management

- The IFRC will provide risk management advice to help the National Society establish the necessary processes and controls.

Communications

- Communication activities will be conducted to draw attention to and highlight the humanitarian situation and activities related to the Red Cross SVD outbreak response operation, through the development of key messages, press releases, high-quality and compelling photos, video materials, and social media activities that can be used by the media and Federation/Movement partners.

Monitoring and evaluation

- Develop and launch the Federation-wide Planning, Monitoring, and Reporting framework of the operation.
- Provide PMER support enabling Federation-wide planning, development, and maintenance of sustainable monitoring tools and workflows, supported both internally and Federation-wide, as well as donor reporting, which contribute to longer-term capacity building of the National Society.
- Conduct regular monitoring with support from the URCS and IFRC, and perform a Mid-Term Evaluation to assess progress towards the operational and strategic goals of the IFRC-wide response, and to formulate recommendations to inform future programming responses. A final evaluation will also be conducted at the end of the operation.
- Develop a follow-up mechanism to implement the recommendations from the reviews and evaluations.

Security

- Active risk mitigation measures must be adopted to reduce the risk of personnel falling victim to crime, violence, health, and road hazards. This includes monitoring the situation and implementing minimum security standards. The National Society's security framework will be applied throughout the operation to protect personnel and volunteers. IFRC personnel actively involved in the operation must successfully complete the respective IFRC security e-learning courses, i.e. Stay Safe 2.0 Global edition Level 1-3, and National Society staff and volunteers are encouraged to understand this course.
- Area-specific Security Risk Assessments will be conducted for any operational area where IFRC personnel are deployed; risk mitigation measures will be identified and implemented.
- The IFRC Regional Security Unit will provide active support by conducting security analyses to enable the team to implement risk management measures considering the latest developments, monitoring the security environment, providing technical advice, and ensuring that any internal/external security-related incidents or emergencies are immediately and adequately managed and reported to the security and the Regional Director. Should the situation expand to other areas, especially the bordering districts with the Democratic Republic of the Congo and South Sudan, the IFRC will deploy a Surge Security Delegate to cover security and conduct area-specific risk assessments, enabling the deployment of personnel to those locations.

Risk management

The summary of the risk assessment is as follows, with a detailed risk matrix available. The identified risks will be coordinated through the security focal person and the manager for risk management, both at the regional office, and health staff.

The regional risk management coordinator is following up with the Delegation and the National Society on lessons learned from the past, as well as coordinating meetings within the strategic and operational frameworks for response mitigation actions. A risk management follow-up team has also been established.

Risk	Likelihood	Impact	Mitigating actions
1. Security in the intervention area could present potential risks during travel, which could block implementation	Medium	High	1. Manage the security situation as per the existing approved Uganda Minimum-Security Requirements (MSR), Relocation Plan, and MedEvac plan. 2. All staff and volunteers must have completed the Stay Safe security course and be briefed, sign, and abide by the Code of Conduct. The Head of the Country Cluster has the ultimate responsibility for security in Uganda and will coordinate all security-related risks through the Africa regional security focal point.
2. Escalation of the SVD to other parts of the country	High	High	1. Mobilisation of additional support to address the increase in demand for medical supplies, and deployment of surge support to assist National Society teams on the ground. 2. Community engagement and educating communities about SVD. 3. Having specific Ebola preparedness activities in the two neighbouring countries (Kenya and South Sudan) (not under this EA, but under separate mechanisms).
3. Welfare of staff and volunteers	Medium	High	1. Provision of MHPSS Support to National Society staff and volunteers engaged in the operation. 2. Re-sensitisation of volunteers on support options available. 3. Re-enforcement of debriefing sessions with the operation's volunteers. 4. Volunteer allowances and incentives are paid on time. 5. Appropriate PPE provided to frontline staff and volunteers. This operation intends to deploy a health staff specialist to help the URCS review its health protocol for the SVD response. All health-related matters will therefore be coordinated with staff health.
4. Inadequacies in key high-risk processes like HR, procurement, logistics, and finance	Medium	High	1. Additional staff recruited for the operation. 2. Dissemination of URCS inventory management procedures to the branches involved in the operation. 3. HQ Support Logistics Team to provide warehousing support to branch teams. 4. The IFRC's Senior Logistics Officer to support URCS Logistics and Fleet Teams both at HQ and branch levels.
5. Logistics and Supply Chain – inconsistency in supporting documentation	Medium	High	1. IFRC procurement guidelines will be applied together with URCS procurement guidelines. 2. Refresher training for National Society teams on IFRC procurement guidelines, and finance policies and procedures. 3. Deployment of the National Society's HQ Logistics team to provide support in field-based logistics.

6. Human resource risks	Medium	High	1. All staff members to complete mandatory training. 2. HR checklist to be updated and strictly followed. 3. HR practices to be adopted and followed. Human resource risks will be coordinated through health staff.
7. Volunteer management	Medium	High	1. A standardised volunteer recruitment and management policy is in place. 2. Dedicated staff to manage and supervise volunteers. 3. Volunteer insurance is mandatory for all active volunteers. 4. Timely payment to volunteers/weekly payments. 5. Clearly defined volunteer referral systems.

Quality and accountability

The PMER team will establish a Federation-wide reporting system to highlight progress and accountability. National Societies and PNSs will report on the Federation-wide indicator tracking tool on a monthly basis, and with support from IM, PMER will establish a Federation-wide dashboard to be hosted on the GO platform. The team will lead quarterly reviews of operations for participating countries to discuss implementation, challenges and successes, ensuring that necessary steps are taken for effective implementation. In addition to the minimum requirement for operation updates, the PMER team will support quarterly updates for this operation. PMER, the operations team, and other technical teams will collaborate to hire a consultant for a final external evaluation in accordance with the IFRC's evaluation framework.

Working alongside National Societies, the IFRC will conduct continuous monitoring at the country level, including regular updates on the operational risk register, ensuring timely adaptation of the operation and regular reporting on progress in the implementation of the activities. A final evaluation will be conducted at the end of the appeal operation.

Outcomes / Outputs	Indicators
Health Outcome 1: The spread and impact of the outbreak are reduced through community outreach in the affected health zones.	% of CBS alerts investigated within 24 hours (Target: 100%)
Health Output 1.1: The government is assisted by volunteers from the URCS for surveillance.	# of volunteers trained in EPiC during this response (Target: 600) # of volunteers trained in CBS during this response (Target: 600) # of CBS volunteers who are active (Target: 480) # of CBS alerts raised to MoH
Health Outcome 2: The psychosocial consequences of the outbreak are reduced through direct support to the exposed and infected populations in Mbale, Kampala, and neighbouring high-risk districts.	% of people confirmed or suspected of having been affected by SVD receiving MHPSS support (Target: 100%)
Health Output 2.1: The population of the affected areas of Mbale, Kampala, and neighbouring high-risk districts receive psychosocial support during and after the outbreak.	# of personnel and volunteers reached by MHPSS support (Target: 600) # of community members who received PFA (target 1,000)
Health Outcome 3: Social mobilisation, risk communication, and community engagement activities are carried out to limit the spread and impact of SVD.	# of target community members reached by health messages (Target: 1.3M) # of household visits (Target: 72,000)

Health Output 3.1: Preparatory work is carried out to sensitise about 30% of the population of the affected areas of Mbale, Kampala, and neighbouring high-risk districts to the social mobilisation campaign of the URCS and the SVD operation.	% of people sensitised on SDV (Target: 30%)
Health Outcome 4: The spread of Ebola is limited by the implementation of preparedness work and carried out under optimal cultural and safe conditions in Mbale and neighbouring high-risk districts.	% of deceased individuals for whom SDBs were successfully carried out (Target: 100%) % of suspected cases who were deceased and buried within 24 hours of the initial alert (Target: 100%)
Health Output 4.1: The affected population is assisted by safe and dignified burials and decontamination activities.	# of volunteers trained on SDBs (Target: 24) % of SDB alerts successfully responded to within 24 hours # of SDB alerts received (Target: as necessary) # of SDB starter kits procured (Target: 2)
Outcome 1: Protection, Gender, and Inclusion communities identify and respond to the distinct needs of the most vulnerable segments of society, especially disadvantaged and marginalised groups, due to violence, discrimination and exclusion.	# of people reached by Protection, Gender, and Inclusion activities (Target; 1.3 million)
Output 1.2: Emergency response operations prevent and respond to sexual and gender-based violence and all forms of violence against children.	# of National Society staff and volunteers who have signed and been briefed on the Code of Conduct (Target: 600 volunteers, 44 staff)
National Society Strengthening National Societies are prepared to effectively respond to epidemics/emerging crises, and their auxiliary role in providing humanitarian assistance is well-defined and recognised.	# of capacity building and organisational development objectives facilitated (Target: 6) # of volunteers insured (Target: 600) # of branches improved in terms of infrastructure (Target: 3)
Coordination and Partnerships Technical and operational complementarity among the IFRC's membership and with the ICRC is enhanced through cooperation with external partners.	# of regular coordination mechanisms with all Movement partners (Target: 8) # of response plans developed (Target: 1)
IFRC Secretariat Services Effective and coordinated disaster response is confirmed.	# of monitoring missions conducted (Target: 6) # of lessons learned workshops held (Target: 1)

A key area in Quality and Accountability will be to note what safeguarding measures are in place and what actions will be taken to meet the requirements for Protection from Sexual Exploitation and Abuse (PSEA) and Child Safeguarding. Actions can include completing the Child Safeguarding Risk Analysis; establishing screening, briefing, and reporting systems; ensuring community feedback mechanisms; as well as child-friendly information and participation.

FUNDING REQUIREMENT

Federation-wide funding requirement*

**For more information on the Federation-wide funding requirement, refer to section: Federation-wide Approach*

IFRC

DREF OPERATION

MDRUG055 - UGANDA RED CROSS SOCIETY
Ebola outbreak 2025

Operating Budget

Planned Operations	**2,595,606**
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	2,146,697
Water, Sanitation & Hygiene	386,136
Protection, Gender and Inclusion	62,774
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	0
Environmental Sustainability	0
Enabling Approaches	**1,904,394**
Coordination and Partnerships	31,950
Secretariat Services	605,355
National Society Strengthening	1,267,089
TOTAL BUDGET	**4,500,000**

all amounts in Swiss Francs (CHF)

Contact information

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

At the Uganda Red Cross Society:

- Secretary-General, Robert Kwesiga; phone: +256 772 638890, email: sgurcs@redcrossug.org
- Director of Health and Social Services, Dr. Josephine Okwera; email: jokwera@redcrossug.org

At the IFRC Country Cluster Delegation:

- Mohamed Babiker, Head of Delegation, Juba Cluster Delegation; phone: +211 91 217 9511, email: mohamed.babiker@ifrc.org
- Daniel Mutinda, Disaster Management Delegate, Juba Cluster Delegation; phone: +211 918924507, email: daniel.mutinda@ifrc.org

IFRC Africa Region Office:

- Rui Alberto Oliveira, Health, Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya; phone +351914758832, email: rui.oliveira@ifrc.org

IFRC in Geneva:

- Santiago Luengo, Operations Coordination, Senior Officer, DCC Unit Geneva; email: santiago.luengo@ifrc.org

For IFRC Resource Mobilisation and Pledges support:

- Louise Daintrey-Hall, Regional Head of Strategic Partnership and Resource Mobilisation; phone: +254 110 843 978, email: louise.daintrey@ifrc.org

For In-Kind Donations and Mobilisation Table support:

- IFRC Africa Regional Office for Logistics Unit: Allan Kilaka, Head, Global Humanitarian Services & Supply Chain Management, Africa; phone: +25411 383 4921, email: allan.masavah@ifrc.org

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

- IFRC Africa Regional Office: Beatrice Okeyo, Regional Head PMER, and Quality Assurance; phone: +254 721 486 953, email: beatrice.okeyo @ifrc.org

Reference

↘

Click here for:

- Link to IFRC Emergency landing page