

Uganda| SVD Outbreak January 2025

Emergency appeal №: MDRUG055 Emergency appeal launched: 21/02/2025 Operational Strategy published: 07/03/2025	Glide №: XX-2014-123456-XXX
Operation update #1 Date of issue: 10/03/2025	Timeframe covered by this update: From 21/02/2025 to 07/03/2025
Operation timeframe: 10 months (21/02/2025 - 31/12/2025)	Number of people being assisted: 520,000
Funding requirements (CHF): CHF 4.5 million through the IFRC Emergency Appeal CHF 6 million Federation-wide	DREF amount initially allocated: CHF 1 million

To date, this Emergency Appeal, which seeks CHF 4.5 million, is 15 percent funded. Further funding contributions are needed to enable the Uganda Red Cross, with the support of the IFRC, to continue providing humanitarian assistance to the people.



EPiC and CBS training for volunteers in Mbale City

A. SITUATION ANALYSIS

Description of the crisis

On January 30, 2025, the Ministry of Health declared an outbreak of Sudan Ebola Virus Disease in Kampala District following confirmation by three national laboratories, namely the Central Public Health Laboratories, Uganda Virus Research Institute and Makerere University Laboratories. The index case was a 32-year-old male nurse employed at Mulago National Referral Hospital. The patient presented with a five-day history of high fever, chest pain, and respiratory distress, which later progressed to unexplained bleeding from multiple body sites. The patient suffered multiple organ failure and later succumbed to the disease at Mulago National Referral Hospital.

On February 19, the MoH announced that the last eight confirmed cases had been discharged from the Ebola treatment units in Mbale and Kampala, and the country was on a 42-day countdown to declare the country Ebola-free.

On March 1, 2025, the MoH declared a new case that had been confirmed on February 27, 2025. The case was a four-and-a-half-year-old who died in the paediatric acute care unit of Mulago National Referral Hospital, bringing the cumulative confirmed cases to 10 and deaths to 2. The case is related to the other two probable cases that died with Ebola symptoms in Fort Portal town and were buried in Ntoroko district. This has led to categorisation of risk health risks for districts where Ntoroko and Fort Portal city were included on the list of very high risk districts

Two additional cases link to the new cluster have been confirmed, bringing the cumulative number of confirmed cases to 12. Currently, the Uganda Red Cross Society, with support from the IFRC Emergency Appeal, is supporting the Ministry of Health's (MOH) SVD response initiatives in Kampala, Wakiso, Jinja City, Jinja District, Mbale City, Mbale District and Iganga supporting the following areas of intervention/pillars: Coordination, Risk Communication and Community Engagement (RCCE), Community Based Surveillance (CBS), Case Management (including infection prevention and control, safe and dignified burials and EMS), Mental Health and Psychosocial Support (PSS), Community WASH and PGI (Protection, Gender and Inclusion).

Summary of response

Overview of the host National Society and ongoing response

- A total of 300 volunteers have been trained in Epidemic Preparedness and response in Communities (EPiC), community-based surveillance (CBS) and protection gender and inclusion in Mbale (city and district), Kampala, Jinja (city and district), Wakiso and Iganga districts.
- Two SDB teams comprising 8 volunteers each have been trained in safe and dignified burials in Mbale district and city. One of the targeted areas that did not have trained teams.
- Four Mbale volunteers have been trained in SVD Emergency Medical Service (EMS) related Infection Prevention and Control (IPC) to equip them with knowledge and skills to properly decontaminate deployed ambulances hence creating a safe work environment for both the EMS teams and the patients.
- Sensitizations on Sudan Virus Disease has been conducted by the Uganda Red Cross Society



Decontamination of ambulances in Mbale

Volunteers at household level and through group information sessions in schools, markets, places of worship, villages meetings, burial ceremonies football matches etc. in the targeted districts of Mbale, Jinja, Kampala, Iganga and Wakiso reaching 452,198 people.

- During this reporting period, the URCS Emergency Response Teams evacuated a total of 140 (M=71, F=69) suspects from the community to Ebola Treatment Units. This represents 97% of total community alerts raised (n=144).
- With request from MoH, URCS supported in setting up 2 ambulances and SDB vehicle decontamination sites in Mbale and Wakiso branches.
- URCS has been attending district task force meetings chaired by the MoH in Kampala, Jinja, Wakiso and Mbale. These are multi-sector and multi-partner meetings bringing together all actors involved in the SVD outbreak response to progressively review achievements and plan on the response interventions.
- URCS has also participated in all relevant pillar meetings namely case management, Risk Communication and Community Engagement, Surveillance and WASH.

Needs analysis

Needs analysis

Needs analysis remains the same as the Operations Strategy

Operational risk assessment

Same as Operations Strategy


B. OPERATIONAL STRATEGY

Update on the strategy

The Operational strategy has not changed

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

	Health & Care <i>(Mental Health and Psychosocial Support / Community Health / Medical Services)</i>	Female > 18:	Female < 18:
		Male > 18:	Male < 18:
Objective:	<p><i>The spread and impact of the outbreak are reduced through community outreach in the affected health zones.</i></p> <p><i>Health Outcome 1: The spread and impact of the outbreak are reduced through community outreach in the affected health zones.</i></p> <p><i>Health Output 1.1: The government is assisted by volunteers from the URCS for surveillance.</i></p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>Health Outcome 3: Social mobilisation, risk communication, and community engagement activities are carried out to limit the spread and impact of SVD.</i></p> <p><i>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.</i></p> <p><i>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.</i></p>		
Key indicators:	Indicator	Actual	Target
	<i>% of CBS alerts investigated within 24 hours</i>	6	100
	<i># of volunteers trained in EPiC during this response</i>	300	600
	<i># of volunteers trained in CBS during this response</i>	300	600
	<i># of CBS volunteers who are active</i>	300	480
	<i># of CBS alerts raised to MoH</i>	6	100
	<i>% of people confirmed or suspected of having been affected by SVD receiving MHPSS support</i>	N/A	100
	<i># of personnel and volunteers reached by MHPSS support</i>	5	600
	<i># of community members who received PFA</i>	0	1000
	<i># of target community members reached by health messages</i>	452,198	1,300,000
	<i># of household visits</i>	16,692	72,000

% of people sensitised on SDV	10	30
% of deceased individuals for whom SDBs were successfully carried out	50	100
% of suspected cases who were deceased and buried within 24 hours of the initial alert	N/A	100
# of volunteers trained on SDBs	32	24
% of SDB alerts successfully responded to within 24 hours	90	100
# of SDB alerts received	9	100
# of SDB starter kits procured	0	2

A total of 300 volunteers have been trained in Epidemic Preparedness and response in Communities (EPiC), community-based surveillance (CBS) and protection gender and inclusion in Mbale (city and district), Kampala, Jinja (city and district), Wakiso and Iganga districts.

- Four Mbale volunteers have been trained in SVD Emergency Medical Service (EMS) related Infection Prevention and Control (IPC) to equip them with knowledge and skills to properly decontaminate deployed ambulances hence creating a safe work environment for both the EMS teams and the patients.

Table 1: Volunteers trained

Indicator	Target District	Target	Achieved		
			Total	M	F
# of volunteers trained in CBS, RCCE and PGI	Mbale	300	100	45	55
	Wakiso		40	8	32
	Jinja		30	18	12
	Kampala		125	34	91
	Iganga		25	13	12
# of new SDB teams trained	Mbale	4	1	12	4

20 additional volunteers supported by URCS through Oxfam-led consortium project in Mbale were trained along with the volunteers budgeted under the DREF. This increased the number of trained volunteers in Mbale from 80 to 100.

Risk communication and community engagement sensitisation on Ebola virus disease was conducted by Uganda Red Cross Society volunteers at household level and in group gatherings such as schools, markets, places of worship, village meetings, funerals, football matches, etc. in the targeted districts of Mbale, Iganga, Jinja, Kampala and Wakiso. Messages were disseminated using posters, while real-time data was collected using the Kobo Toolbox platform.

During the sensitisation, messages were disseminated about:

- The causes and spread of SVD through contact with infected people, animals such as monkeys, bats and porcupines, or objects.
- Signs and symptoms of SVD, including nausea and vomiting, severe headache, diarrhoea, persistent fever, bleeding from body orifices.
- Preventive measures, including avoiding close contact with infected people, animals such as monkeys, bats and porcupines, or objects, frequent hand washing with soap and water, and allowing suspected or confirmed cases of EVD to be buried by trained burial teams.

During this reporting period, volunteers from Mbale supported the Ministry of Health for 7 days to conduct contact tracing around the communities where the SVD case was buried. The involvement of URCS in contact tracing in Mbale was necessary because of its community acceptance and its vast network of volunteers

Emergency Medical Services

During this reporting period, the URCS Emergency Response Teams evacuated a total of 140(97%) cases out of 144 they responded to, comprising of 71 Male and 69 females in the different districts as shown in the table below.

Among the total evacuated, two (2) were confirmed cases, fifty-nine (59) were suspected, seventy-one (76) were contacts and three (3) had other diseases.

District	Number of cases Evacuated	% cases evacuated
Mbale	81	57
Namutumba	4	3
Budaka	1	1
Kween	1	1
Kampala	37	26
Wakiso	4	3
Mukono	1	1
Luwero	1	1
Jinja	10	7
Total	140	100

The data above indicates that Mbale had the highest number of cases 58% evacuated, followed by Kampala 26%, Jinja 7%, Namutumba and Wakiso 3% with other districts having 1%.

Community Based Surveillance CBS

Six (6) alerts of SVD were received from Jinja district sent by URCS volunteers. All alerts were investigated and tested negative for SVD.

More teams are being trained to carry out Community surveillance in all the targeted districts.

Safe and Dignified Burials SDB

Teams Deployed: Two (2) SDB teams comprising of 12 team members each were deployed in Kampala Metropolitan area and Mbale region to carry out safe and dignified burials. Each team was given an excess of four members to ensure the required composition of 8 members required to burial is constituted in case some members become unable join at a particular time.

Operational Base: One (1) URCS SDB operational base was established in Wakiso branch to ease SDB related operations. The decontamination facility in Mbale houses both the ambulance and SDB teams.

SDB alerts received: Nine (9) community SDB alerts were received from Mbale and Kampala. All alerts received tested negative for EVD after a rapid diagnostic test and communities were cleared to continue with normal burials.



Training of volunteers in Safe and Dignified Burials- Mbale

Screening and Community WASH

Screening of entrants at designated places: This was done by URCS volunteers and hospital health workers using infrared thermometers to take temperature of persons as they access the targeted places e.g. At Mulago hospital at the 4 hospital gates, Naguru hospital and URCS Kampala branch offices.

Water, sanitation & hygiene (WASH) promotion & hand sanitization: All people accessing designated places e.g. Mulago NRH, Naguru hospital and URCS branches were urged to wash hands or sanitize their hands before entering to eliminate any disease agents that may be in their hands to prevent infection spread.



Protection, Gender and Inclusion

Female > 18:

Female < 18:

Male > 18:

Male < 18:

Objective:

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.

Output 1.2: Emergency response operations prevent and respond to sexual and gender-based violence and all forms of violence against children.

Key indicators:

Indicator

Actual

Target

of people reached by Protection, Gender, and Inclusion activities

1,932

1,300,000

of National Society staff and volunteers who have signed and been briefed on the Code of Conduct

320

600 Volunteers and 44 staff

Awareness sessions on Protection, Gender, and Inclusion (PGI) were integrated with SVD response at household level and group gatherings in the targeted districts of Mbale, Jinja, Iganga, Kampala and Wakiso. The messages

were disseminated using child friendly posters. Integrating PGI with Ebola response efforts ensures a more inclusive and effective approach to community engagement.

Sessions addressed issues such as:

- Equitable access to healthcare
- Protection of children and marginalized groups during this outbreak
- Prevention of stigma against survivors or suspected EVD cases
- Prevention of Sexual Exploitation and Abuse (SEA)
- How and where to report Sexual Exploitation and Abuse (SEA)

Community Engagement and Accountability

Community engagement meetings were conducted in Mafubira zone B in Jinja district and Mbale district to bring different community leaders on board on SVD response activities. This targeted the opinion leaders in the communities which included the chair LC1, respectable community elders, religious leaders and the village VHTs. Additionally, URCS is working closely with office of Jinja City health educator to engage schools in on Ebola prevention.

Similarly, another engagement was conducted in Makindye Division, Kampala that involved over 400 Head teachers at the different schools of the division to grant URCS Volunteers permission of entry to their schools to conduct EVD response activities such as sensitization.

Furthermore, URCS Volunteers are working closely with Local leaders and KCCA (Kampala Capital City Authority) to support in the mobilization of the communities to be receptive and open to EVD Response.

Enabling approaches



National Society Strengthening

Objective:	<i>National Societies are prepared to effectively respond to epidemics/emerging crises, and their auxiliary role in providing humanitarian assistance is well-defined and recognised.</i>		
Key indicators:	Indicator	Actual	Target
	<i># of capacity building and organisational development objectives facilitated</i>	0	6
	<i># of volunteers insured</i>	300	600
	<i># of branches improved in terms of infrastructure</i>	0	3

All the initially deployed 300 volunteers were insured through the global IFRC insurance scheme for volunteers



Coordination and Partnerships

Objective:	<i>Technical and operational complementarity among the IFRC's membership and with the ICRC is enhanced through cooperation with external partners.</i>		
Key indicators:	Indicator	Actual	Target
	<i># of regular coordination mechanisms with all Movement partners</i>	4	8
	<i># of response plans developed</i>	1	1

URCS constituted a task force to effectively coordinate the response and this is chaired by the Secretary General. The task force sits at least thrice a week.

A movement partners meeting is held on a weekly basis to update RCRC partners on the progress of the response, so far four (4) meetings chaired by the secretary general have been held.

URCS attended district task force meetings organized at District and City level from the different districts; Kampala, Jinja, Wakiso and Mbale. These included officials from DHO, USAID, UNICEF regional referral hospitals, MoH, and other partners to strengthen the coordination, collaboration and reporting during the EVD response.

URCS has also participated in all relevant pillar meetings namely case management, Risk Communication and Social Mobilization, Community Engagement, Surveillance and WASH.



Secretariat Services

Objective:	<i>Effective and coordinated disaster response is confirmed.</i>		
Key indicators:	Indicator	Actual	Target
	<i># of monitoring missions conducted</i>	1	6
	<i># of lessons learned workshops held</i>	0	1

One field monitoring visit has been conducted in Mbale so far. The mission noticed that URCS is represented in the daily Incident Management Team meetings chaired by the MoH (Incident Commander), as well as in pillar meetings. The mission included meeting with Incident Commander who was very positive on URCS' support to the SVD response from day 1. The incident commander also acknowledged the tremendous support that URCS is giving on community level health promotion, community-based surveillance/active case search and reactivation of the village health task forces.

D. FUNDING

Contact information

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

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Reference documents



Click here for:

- [DREF Operation](#).
- [Emergency Appeal](#).
- [Operational Strategy](#).

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.