

OPERATION UPDATE

Uganda| SVD Outbreak January 2025

Emergency appeal No: MDRUG055 Emergency appeal launched: 21/02/2025 Operational Strategy published: 07/03/2025	Glide No: XX-2014-123456-XXX
Operation update #2 Date of issue: 24/03/2025	Timeframe covered by this update: From 21/02/2025 to 23/03/2025
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 19 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.



CBS Focal Person at MoH taking volunteers through alert reporting during the EPiC and CBS training in Kampala

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: 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 experienced multiple organ failure and subsequently succumbed to the disease at Mulago National Referral Hospital.

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

On March 1, 2025, the Ministry of Health reported a new case confirmed on February 27, 2025. The case involved a four-and-a-half-year-old child who died in the paediatric acute care unit of Mulago National Referral Hospital, bringing the cumulative number of confirmed cases to 10 and deaths to 2. This case was linked to two other probable cases that exhibited Ebola symptoms in Fort Portal town and were buried in Ntoroko District. Consequently, Ntoroko and Fort Portal City have been categorized as very high-risk districts.

Two additional cases linked to the new cluster have been confirmed, increasing the cumulative number of confirmed cases to 12. Currently, the Uganda Red Cross Society, with support from this IFRC Emergency Appeal, is assisting the Ministry of Health's Sudan Ebola Virus Disease response initiatives in Kampala, Wakiso, Jinja City, Jinja District, Mbale City, Mbale District, Ntoroko, Fort Portal and Iganga. The areas of intervention include 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 Protection, Gender, and Inclusion (PGI)

Summary of response

Overview of the host National Society and ongoing response

- A total of 370 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 of 8 volunteers each have been trained on safe and dignified burials in Mbale district and city which did not have trained SDB teams before.
- 3 cars were mobilised and deployed from Nairobi to augment the operation.
- SDB kits have been mobilised from Dubai while discussions are underway between IFRC and MSF for URCS to benefit from MSF in country own



A URCS volunteer together with other VHT members interacting with learners using an Ebola spin board game.

stocks. This is on the arrangement that these will be reimbursed once the Dubai stocks are received in country. This is however a contingency plan as URCS has stocks to conduct at least 20 burials.

- VTFs conducted 55 village meetings in Nakaloke subcounty and Northern division of Mbale to address community issues including but not limited to alerts encountered, actions taken and their outcomes, rumours, trends of illnesses among other community issues. Total of 1736 people comprising of 858 males and 863 females were engaged.
- During this reporting period, the URCS Emergency Response Teams evacuated a total of 208, comprising of 102 Male and 106 females in the different districts as shown in the table below. Among the total evacuated, 2 were confirmed cases, 76 were suspected, 127 were contacts and three (3) had other diseases. 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, Fort Portal, Ntoroko, 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 (Mental Health and Psychosocial Support / Community Health / Medical Services)	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> <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> <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> <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
	% of CBS alerts investigated within 24 hours	29	100
	# of volunteers trained in EPiC during this response	370	600
	# of volunteers trained in CBS during this response	370	600
	# of CBS volunteers who are active	300	480
	# of CBS alerts raised to MoH	29	100
	% of people confirmed or suspected of having been affected by SVD receiving MHPSS support	0	100
	# of personnel and volunteers reached by MHPSS support	5	600
	# of community members who received PFA	0	1000
	# of target community members reached by health messages	452,198	520,000
	# of household visits	16,692	72,000

<i>% of people sensitised on SDV</i>	10	30
<i>% of deceased individuals for whom SDBs were successfully carried out</i>	50	100
<i>% of suspected cases who were deceased and buried within 24 hours of the initial alert</i>	0	100
<i># of volunteers trained on SDBs</i>	32	24
<i>% of SDB alerts successfully responded to within 24 hours</i>	90	100
<i># of SDB alerts received</i>	16	100
<i># of SDB starter kits procured</i>	0	2

A total of 370 volunteers have been trained on 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. Out of the 370 trained, these were distributed as follows; 100 Mbale, 40 Wakiso, 30 Jinja, 125 Kampala & 25 Iganga, 30 Ntoroko & 20 Fort Portal. By the time of this update additional teams were still being oriented & deployed while others are being trained.

Four Mbale volunteers have been trained on 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.

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, and 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

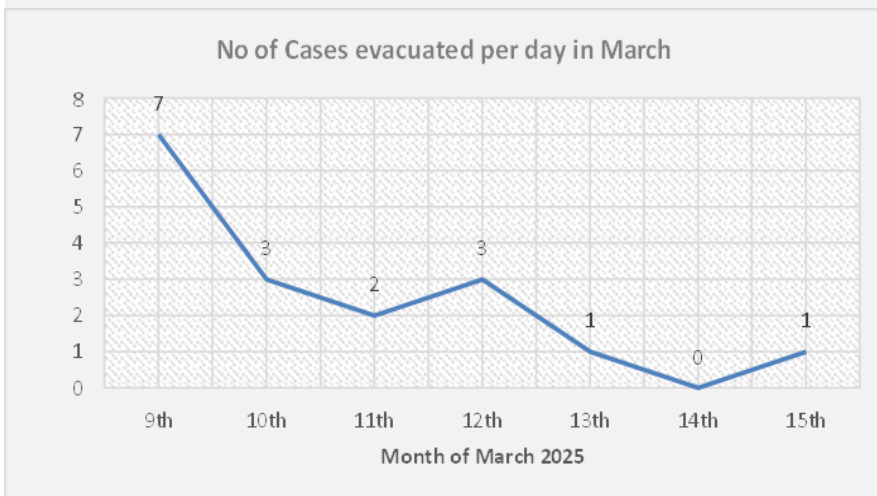
During this reporting period, the URCS Emergency Response Teams evacuated a total of 208, comprising of 102 Male and 106 females in the different districts as shown in the table below.

Among the total evacuated, 2 were confirmed cases, 76 were suspected, 127 were contacts and three (3) had other diseases.

District	Number of cases Evacuated
Mbale	81
Namutumba	4
Budaka	1
Kween	1
Kampala	72
Wakiso	13
Mukono	1
Luwero	1
Jinja	10
Ntoroko	9
Kyegegwa	9
Kabarole	6
Total	208

The data above indicates that Mbale had the highest number of cases evacuated, followed by Kampala, Wakiso Jinja, and other Districts.

Number of cases evacuated per day:



This trend indicates that the highest number of evacuations occurred on March 9th (7 cases), while March 14th recorded none. A gradual decline in evacuations is observed after the 9th, with minor fluctuations on the 10th (3 cases), 11th (2 cases), 12th (3 cases), and 13th (1 case). The lowest recorded evacuations occurred on the 13th and 15th, with only one case each.

Community-Based Surveillance CBS

In this reporting period, 29 alerts were received. Regarding alert types; 10 measles (1 true ,9 false), 3 unusual persons (0 true ,3 false), 2 unusual animals (2 true ,0 false), 4Mpox (2 true ,2 false) ,2 animals' rabies (2true,0 false), 4 Covid 19(0 true, 4 false) and 4 VHF (2true,2false). Cumulatively 47 alerts have been received and investigated.

Safe and Dignified Burials SDB

Sixteen community SDB alerts were received in Mbale and Fort Portal during this reporting period. All alerts received tested negative for EVD, and communities were cleared to continue with normal burials Cumulatively fourteen (16) SDB alerts have been received and responded to from Kampala and Mbale and Fort Portal.

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. In addition, URCS donated 3 handwashing facilities and 3 temperature guns each receiving one respectively. Two schools (Blessed child primary school in Rwengoma hill and Bright angels' primary school in Mbuzi trading center) and 1 boda boda stage (Kitembe boda boda stage) in Fort portal district to promote hygiene and prevent the spread of diseases.



Handwashing practices being monitored by URCS volunteer at Naguru Hospital



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

of people reached by Protection, Gender, and Inclusion activities

Actual

1,932

Target

1,300,000

	<i># of National Society staff and volunteers who have signed and been briefed on the Code of Conduct</i>	320	600 Volunteers and 44 staff
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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. Participated in the community dialogue with 10 Councilors of Kawempe Division, 30 boda-boda riders including their leadership from various stages within Kawempe and 10 Parish Supervisors of Village Health Teams of Kawempe, about Mpox and Ebola to come up with joint action plans for concerted efforts to contain the EVD virus.

VTFs conducted 55 village meetings in Nakaloke subcounty and Northern division of Mbale to address community issues including but not limited to alerts encountered, actions taken and their outcomes, rumors, trends of illnesses among other community issues. Total of 1736 people comprising of 858 males and 863 females were engaged. 48 people with fever encountered.

Other Community engagement meetings were conducted at village level in the different targeted areas such as Kampala, Jinja, Wakiso, Mbale, Iganga, Fort Portal and Kabarole to bring leaders on board concerning EVD response and to support in the mobilization of the communities to be receptive and open to EVD Response activities. Such leaders included Chair LC1, respectable community elders, religious leaders, VHTs and city authority leaders. Additionally, URCS is working closely with Districts and city officials, head teachers to engage schools in EVD response.

Enabling approaches



National Society Strengthening

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.*

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

10 Branches have been mobilised in this response. All the initially deployed 300 volunteers were insured through the global IFRC insurance scheme for volunteers.



Coordination and Partnerships

Objective: *Technical and operational complementarity among the IFRC's membership and with the ICRC is enhanced through cooperation with external partners.*

Key indicators:	Indicator	Actual	Target
	<i># of regular coordination mechanisms with all Movement partners</i>	5	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 6 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.



Objective: *Effective and coordinated disaster response is confirmed.*

Key indicators:	Indicator	Actual	Target
	<i># of monitoring missions conducted</i>	2	6
	<i># of lessons learned workshops held</i>	0	1

Two field monitoring visits has been conducted in Mbale and Fort Portal so far. The missions 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.

IFRC mobilised the cluster Programme and Operations delegate, senior logistics officer and a Health delegate to support the operation. A surge operations manager has been deployed while IFRC Staff health has continued to provide staff health guidelines.

For in country partners, German Red Cross are supporting with a health delegate, providing support including the development of a business continuity plan. German Red Cross are also mobilising kits from Berlin while Netherlands RC have pledged to support the appeal

D. FUNDING

Contact information

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

At the Uganda Red Cross

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

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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.