

# OPERATION UPDATE

## Uganda| SVD Outbreak January 2025

<b>Emergency appeal №: MDRUG055</b> <b>Emergency appeal launched: 21/02/2025</b> <b>Operational Strategy published: 07/03/2025</b>	<b>Glide №:</b> <a href="#">EP-2025-000017-UGA</a>
<b>Operation update #3</b> <b>Date of issue: 08/08/2025</b>	<b>Timeframe covered by this update:</b> From 14/03/2025 to 13/08/2025
<b>Operation timeframe: 10 months</b> (21/02/2025 - 31/12/2025)	<b>Number of people being assisted: 520,000</b>
<b>Funding requirements (CHF):</b> CHF 4.5 million through the IFRC Secretariat EA CHF 6 million Federation-wide	<b>DREF amount initially allocated:</b> CHF 1 million



*Safe and Dignified Burial training for Kampala metropolitan area in Wakiso district, involving volunteers and Ministry of Health staff.*

*This Emergency Appeal, which seeks to raise CHF 10.5 million, is 17 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 especially on the current recovery phase of the response.*

## 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 March 1, 2025, the MoH declared another 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 was related to other two probable cases that died with Ebola symptoms in Fort Portal town and were buried in Ntoroko district. This led to a re-categorisation of health risks for districts where Ntoroko and Fort Portal city were included on the list of very high-risk districts. Two additional cases linked to the new cluster were also confirmed, bringing the cumulative number of confirmed cases to 12.

Following successful EVD outbreak response interventions, on 26th April 2025 the Ministry of Health and the World Health Organization declared Uganda Ebola-free having marked the end of 42-day countdown after the last case had been discharged on 14th March 2025.

The outbreak registered a total of 14 cumulative cases: 12 confirmed and 2 probables, resulting in case fatality rate (CFR) of 28.6 percent. A total of 10 patients were successfully managed at the Ebola treatment centres and recovered. Overall, the outbreak spread across seven districts and three cities, which included Kampala, Mbale (District and City), Wakiso, Jinja (district and city), Ntoroko, Fort Portal and Kyegegwa.

Before and after the end of Sudan virus disease outbreak declaration, the Uganda Red Cross Society, with support from the Emergency Appeal, has been supporting and continues to support the Ministry of Health's (MOH) SVD response, recovery and preparedness initiatives in Fort portal city, Kampala city, Wakiso, Jinja City, Jinja District, Mbale City, Mbale District, Mukono, Ntoroko 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) as guided by its priority plans.

### Summary of response

#### Overview of the host National Society and ongoing response

- A total of 600 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), Fort portal city, Wakiso, Iganga and Ntoroko district.
- Cumulatively, 142 community-based surveillance alerts have been raised. 86.6% (n=123) of the alerts were true and all investigated by the local health authorities.
- 6 SDB teams comprising 8 volunteers each have been trained in safe and dignified burials in Mbale district and city, one of the affected areas that did not have trained teams.
- National SDB TOT for 13 MOH technical staff conducted.
- A total of 6 SDB teams comprising of 46 volunteers from the high-risk districts that were previously trained were taken through drills and simulations ready for deployment.

- The trained Safe and Dignified Burial (SDB) teams responded to a total of 20 SDB alerts. At the request of the Ministry, two SDBs were conducted in Fort Portal City prior to the receipt of laboratory results, based on the clinical presentation of the deceased, which indicated a high risk Four (4) Mbale based Red Cross volunteers were 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 Volunteers at household level and through group information sessions in schools, markets, places of worship, village meetings, burial ceremonies football matches etc. in the targeted districts of Mbale, Jinja, Kampala, Iganga, Mukono, Ntoroko, Fort portal and Wakiso reaching a cumulative total of 1,276,071 people of which 50.7% were females.
- The URCS Emergency Response Teams evacuated a total of 233 (M=111, F=122) suspects from the community to Ebola Treatment Units. This represents 97% of total community alerts verified for evacuation by MOH (n=240).
- With request from MoH, URCS supported in setting up 2 ambulance/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.



*Screening at Mulago National Hospital entrance.*

## 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

Following the official declaration of the end of the outbreak in April, there has been a shift in the operational needs and priorities tailored to recovery and preparedness as guided by the Ministry of Health.

**Operational objective.** Support the Government of Uganda and its partners in recovery and preparedness efforts for the Sudan Virus Disease (SVD) outbreak in the high-risk districts of Wakiso, Kampala City, Mukono, Fort Portal

City, and Ntoroko District, as well as other high-risk areas, as guided by the Ministry of Health.

Following the official declaration of the end of the SVD outbreak on 26 April 2025, the Emergency Appeal operation has continued to implement activities aligned with both the mandatory 90-day post-outbreak surveillance period and additional preparedness measures beyond this timeframe. These extended activities are being carried out in accordance with Ministry of Health guidance or upon specific request.

The operation remains active and is scheduled to run until 31 December 2025, ensuring sustained support for national recovery and readiness efforts in the face of potential future outbreaks.

**Priority activities.** Following the official declaration of the SVD outbreak, 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 in recovery and preparedness for 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 other health staff, at the district level.

**ii) Community-Based Surveillance (CBS):**

- The already trained 600 volunteers and 20 supervisors will help in the early detection and reporting of suspected cases at the community level. CBS alerts will be fed into the established MOH surveillance system for early detection and timely response, as well as into the existing URCS CBS reporting platform.

**iii) Risk Communication and Community Engagement (RCCE)**

- Upon guidance by the Ministry of Health, URCS will continue engaging 350 out of the 650 volunteers of already trained volunteers in Kampala, Wakiso, Fort portal, Ntoroko and Mukono districts to conduct risk Communication and Community Engagement related to the SVD outbreak. Risk Communication and public health messages will be tailored to be inclusive and accessible to all, including persons with disabilities and refugees (where applicable). Strengthen and use 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 roll out essential community engagement and accountability activities.
- Use existing 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):**

- Preposition the already procured SDB starter kits, replenishment kits, and additionally procure one training kit into regional warehouses based on joint risk assessments.
- Training SDB teams in 16 regions, URCS will mobilise and train three additional regional SDB teams for regions without prior trainings and conduct 5 simulations/drills for already trained SDB teams. The trainings shall include a national SDB TOT for both ministry and URCS technical staff. All trained SDB teams shall remain on standby to respond to any SDB need across the country. The teams shall be equipped and ready to support families in securing bodies for burial in all parts of the country.
- 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:**

- URCS will have six ambulances on standby for dispatch 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 in case of any incidences. During the recovery period, the ambulance expenses shall be supported through the already ongoing public health emergency response program supported by the Ministry of health.
- URCS will also facilitate the customs clearance of PPE materials received from donors through IFRC and French Red Cross.

**v) Mental Health and Psychosocial Support (MHPSS)**

- The trained volunteers will provide psychosocial support to families affected by the disease and to volunteers experiencing community stigmatisation.

**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.

**iv) National society development.**

- The emergency appeal will support the establishment of National Society operational infrastructures, strategic and governance tools, such as emergency operations center, youth development centre, National Society strategic plan among others. These will contribute to National Society strategic preparedness enhancing quick response to public health emergencies.
- Additional support will be facilitated by IFRC delegates in the IFRC Juba Country Cluster Delegation and in Nairobi (through the IFRC Regional Office), 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. The IFRC public health delegate will work alongside the National Society counterpart, PMER, logistics, CEA, the SDB team leader, ambulance team leader, and a team of NDRTs and branch volunteers during the recovery and preparedness phase.

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 continue with activities have been carried out by the URCS to respond to the SVD outbreak in the country, and those planned after the declaration to around recovery and preparedness. Following the operation shift, URCS will target a total of 23,929 people through a twin-track approach (as part of the overall target set for this EA):


1. Strengthen the recovery and response capacity in priority districts with survivors including Kampala, Wakiso, Mukono, Kabarole and Ntoroko districts). This may expand to other high-risk districts or regions guided by the Ministry of health.
2. Scale-up epidemic preparedness and readiness of the national society and at-risk districts/regions, 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 and after 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.

## C. DETAILED OPERATIONAL REPORT

### STRATEGIC SECTORS OF INTERVENTION

 <b>Health &amp; Care</b> (Mental Health and psychosocial support / Community Health / Medical Services)	Female > 18:	Female < 18:
	Male > 18:	Male < 18:
<b>Objective:</b>	<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 neighboring high-risk districts.</i></p> <p><i>Health Output 2.1: The population of the affected areas of Mbale, Kampala, and neighboring 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>	100	100
	<i># of volunteers trained in EPiC during this response</i>	600	600
	<i># of volunteers trained in CBS during this response</i>	600	600
	<i># of CBS volunteers who are active</i>	300	480
	<i># of CBS alerts raised to MoH</i>	123	00
	<i>% of people confirmed or suspected of having been affected by SVD receiving MHPSS support</i>	100	100
	<i># of personnel and volunteers reached by MHPSS support</i>	94	600
	<i># of community members who received PFA</i>	43	100
	<i># of target community members reached by health messages</i>	1,276,071	1,300,000
	<i># of household visits</i>	53,034	72,000
	<i>% of target people sensitized on SVD</i>	100	30
	<i>% of SVD confirmed deceased individuals whose 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>	100	100
	<i># of volunteers trained on SDBs</i>	32	24
	<i>% of SDB alerts successfully responded to within 24 hours</i>	10	80
	<i># of SDB alerts received</i>	20	0
	<i># of SDB starter kits procured</i>	2	2

A total of 600 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), Fort portal city, Ntoroko, Wakiso and Iganga districts.

Four Mbale volunteers were 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. 32 volunteers were training in SDB in Mbale (city and district).

Table 1: Volunteers trained

Indicator	Target District	Target	Achieved		
			Total	M	F
# of volunteers trained in CBS, RCCE and PGI	Mbale	600	100	45	55
	Wakiso		40	8	32
	Jinja		30	18	12
	Kampala		125	34	91
	Iganga		25	13	12
	Fort portal		20	11	9
	Ntoroko		30	13	17
	Mukono		230	137	93
# of new SDB teams trained	Mbale	32	32	24	8
	Wakiso KMPA	16	16		

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, Fort portal, Ntoroko, Mukono 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.

### Emergency Medical Services

During this reporting period, the URCS Emergency Response Teams evacuated a total of 233(97%) cases out of 240 they responded to, comprising of 111 Male and 122 females in the different districts as shown in the table below. Among the total evacuated, two (2) were confirmed cases,

### Community Based Surveillance CBS

A total of 142 alerts from all target districts were received. 123 alerts met the community case definitions for measles (35), MPOX (30), COVID 19 (17), VHF (7), Rabies (10), Unusual illness/death in humans (17), Unusual illness/death in animals (6) and Acute watery diarrhoea (2). All true alerts were investigated health authorities.

## Safe and Dignified Burials SDB

Teams Deployed: 6 SDB teams of eight volunteers each were newly trained. Additionally, 5 previously trained SDB teams from Mubende district, Kampala, Jinja and Fort portal cities were activated through drills and simulations. Together with the Ministry of health a national TOT comprising of MOH technical staff from 5 regional referral hospitals were trained alongside the Kampala Metropolitan area training; More details may be accessed through <https://redcrossug.org/health-workers-trained-in-safe-and-dignified-burial-practices-to-combat-epidemics>

A total of 20 SDB alerts were received. All alerts tests negative for VHFs. Initial guidance from the ministry indicated that SDB would only be carried out for laboratory confirmed SVD/VHF deaths. This meant that upon reception of the alerts teams had to wait for laboratory results before responding thus a low response rate for SDB alerts. However, as a result of prolonged turn overtime (>24 hrs in some cases) for laboratory results to be released, coupled with community feedback and the considerations for potential risk of exposure to VHFs especially for community deaths. The Minister guided that, SDB can be conducted before reception of laboratory results with thorough engagement of the community and relatives of the deceased. As result 2 SDBs were conducted in Fort portal for highly suspicious community deaths.

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.

## 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*

305,872

1,300,000

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

600

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, Fort portal, Ntoroko 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

Cumulatively, 379 Community engagement meetings have been conducted in all target districts 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. The meetings were instrumental in addressing stigma among those that were discharged from the treatment units and their families facilitating their smooth re-integration in the communities. The meetings were also not only crucial in obtaining community feedback but also played a huge role in addressing myths and misinformation thus enhancing adoption and practice of SVD prevention and control measures. Additionally, URCS is working closely with office of target city and district health educator to engage schools in on Ebola prevention. This enhances SVD awareness among the school going population contributing operationalization of school-based surveillance by the Ministry of health.

## Enabling approaches



### National Society Strengthening

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

All trained volunteers were insured. Branch and national society capacity building activities to be conducted during the next reporting period.



## Coordination and Partnerships

<b>Objective:</b>	<i>Technical and operational complementarity among the IFRC's membership and with the ICRC is enhanced through cooperation with external partners.</i>		
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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 total of 5 movement partners meeting have been held to update RCRC partners on the progress of the response. 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

<b>Objective:</b>	<i>Effective and coordinated disaster response is confirmed.</i>		
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Key indicators:	Indicator	Actual	Target
	<i># of monitoring missions conducted</i>	3	6
	<i># of lessons learned workshops held</i>	0	1

A total of 3 URCS/IFRC joint support supervisions were held in Jinja, Mbale, Iganga and Rwenzori region.

## D. FUNDING

The IFRC Secretariat funding requirement is CHF 4.5 million, as part of the Federation-wide funding requirement of CHF 6 million. On 7 February 2025, the IFRC promptly released a DREF loan of CHF 1,000,000 to ensure rapid and effective relief efforts. As of 31 July 2025, IFRC has successfully raised CHF 1,753,810 (38.97%). To date, the EA operation has incurred an estimated CHF 796,503 as of the end of July 2025 in support of the emergency response phase for the targeted people. The remaining balance will be used for the Recovery phase until 31 December 2025. For more details on the budget and expenditure, please refer to the financial report attached at the end of this document. The IFRC extends its heartfelt gratitude to our generous donors and earnestly appeal for further contributions to bridge the remaining gap. Your support is crucial for the National Society and the IFRC to continue delivering vital humanitarian assistance during both the emergency and recovery phases.

## Contact information

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

### At the Uganda Red Cross

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### For IFRC Resource Mobilization and Pledges Support:

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### For In-Kind donations and Mobilization 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](mailto:allan.masavah@ifrc.org)

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

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#### Reference documents



Click here for:

- [DREF Operation](#).
- [Emergency Appeal](#).
- [Operational Strategy](#).
- [Ops Update 1](#).
- [Ops Update 2](#).

## 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.