

Uganda Country Office

Ebola Virus Disease (EVD) Humanitarian Situation Report No.1



Reporting period: 20 September – 21 October 2022

Highlights

- On 20 September 2022, the Ministry of Health declared an outbreak of Sudan ebolavirus (SVD) after a case managed at Mubende Regional Referral Hospital (MRRH) in Mubende district was confirmed positive.
- The President announced directives to support control of EVD transmission, including prohibition of movements into and out of Mubende and Kassanda districts for 21 days starting 16 October 2022.
- 1,150,600 people reached through accurate, cultural and gender-appropriate EVD messaging on infection prevention, early treatment and access to services since the beginning of the response.
- 880 packets of Ready to Use Infant Formula (RUIF) have been provided to Mubende Regional Referral Hospital and Entebbe Regional Referral Hospital to support feeding of infants in Ebola Treatment Units (ETUs).
- UNICEF has supported the ETU and isolation facilities in Mubende District with WASH IPC supplies, installing 17 mobile toilets and provision of seven water tanks (10,000litre) estimated to benefit 1,000 people.
- 50 people responding to EVD from District Local Government, Civil Society Organisations (CSOs), Cultural and Religious leaders have been trained on how to report allegations on sexual exploitation and abuse (SEA).
- The UNICEF EVD response plan amounts to US\$18.2 million and has a funding gap of 85 per cent.

Situation overview and humanitarian needs

Uganda's Ministry of Health (MoH) declared an outbreak of Ebola Virus Disease (EVD) - Sudan strain on 20 September 2022, following a positive test result for one adult male in Mubende District. There is no approved vaccine for this strain and the Government is focusing its response on supportive care for confirmed cases and stepping up testing, surveillance, contact tracing, infection prevention and control and risk communication and community engagement measures. The anticipated vaccine for Ebola Sudan strain is currently at clinical trial phase-2. The Uganda Scientific Advisory Committee is in the process of securing approval for emergency use of this vaccine.

As of 20 October 2022, the MoH had confirmed 65 cases of EVD, 26 recoveries and 27 reported deaths (case fatality rate of 42 per cent). Five children and four health workers are among the reported deaths. EVD infections are confirmed in six districts: Kampala, Kagadi, Mubende, Kyegegwa, Kassanda and Bunyangabu. Over coming days and weeks it will be important to continue to scale up community engagement to reinforce messaging around early treatment seeking and adherence to case management and infection prevention protocols such as isolation. Further focus on mental health and psychosocial support will be critical for addressing stigma to families affected by Ebola and reintegration of survivors within the communities.

Situation in Numbers

6 districts affected

(MoH EVD Situation Report #31 as of 21 October 2022)

71 cumulative confirmed cases

(Ibid)

27 deaths from confirmed cases

(five are children)

(Ibid)

9 children confirmed cases

(MoH IMT Report dated 21 October 2022)

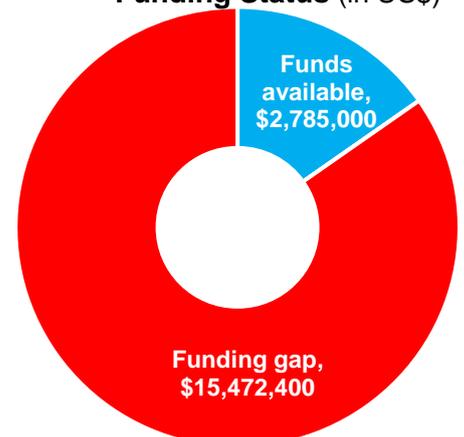
26 cumulative recoveries

(MoH EVD Situation Report #31 as of 21 October 2022)

UNICEF EVD Appeal

US\$18 million

Funding Status (in US\$)



There are four operational ETUs (Mubende RRH, Madudu HCIII, Entebbe and J-Medic¹ facility in Fort Portal). A new additional ETU site is being set up in Mubende at Kaweere. There are three designated isolation centres (Mulago, Kiruddu and Entebbe).

The MoH and partners, including UNICEF, developed the preliminary costed response plan for Uganda with three planning scenarios² for a period of four months. Following the first confirmed case, the MoH carried out a rapid risk assessment for planning purposes, which informed the district risk categorization as follows: Category 1 – epicentre; Category 2 – high risk – presence of probable or confirmed case; and Category 3 – moderate risk – rest of the country. As a result of this assessment, five districts were classified under category 1/very high risk and 15 under category 2/high risk.

The President of Uganda has so far addressed the nation twice to update the population about the EVD outbreak including prevention and control measures, and reassure them. He appealed to the public to remain calm and follow guidance from health workers rather than seeking help from witch doctors, traditional healers and religious leaders as they are not able to treat EVD; emphasizing that only trained health workers should handle suspected and confirmed cases. To address the continued rise in Ebola cases, on 15 October, the President announced restrictive measures to support the control of EVD transmission, including prohibiting movements into and out of Mubende and Kassanda districts, curfew (07:00pm-09:00am) and a restriction on the movement of public transport, private transport and boda-bodas for a period of 21 days, starting 16th October 2022.

Funding overview and partnerships

UNICEF is appealing for US\$18.2 million to sustain life-saving services for women and children affected by EVD and those in high risk areas for a period of six months (October 2022-March 2023). UNICEF has so far received US\$1 million from the United States Agency for International Development (USAID) and an internal allocation of US\$ 500,000 from Global Humanitarian Thematic Fund (GHTF). UNICEF expresses its sincere gratitude to all partners for the contributions received which have supported the organisation's efforts to scale up its interventions. In response to the country's immediate EVD outbreak needs, UNICEF Uganda has drawn on other resources, reprogrammed existing funds and reallocated its regular resources, totalling to about US\$1.3 million, to procure urgent emergency supplies and support national and district coordination and programming. UNICEF has also secured an Emergency Programme Fund (EPF) loan totaling to US\$2.5 million, to respond to urgent needs of vulnerable children and women. As of 20 October 2022, the UNICEF EVD response plan remains with a funding gap of US\$15.5 million or 85 per cent.

Without sufficient funding, UNICEF will not be able to provide critical supplies for Infection Prevention and Control (IPC), WASH services in health facilities, schools and mental health and psychosocial support (MHPSS) for affected children and families; and ensuring continuity of essential services including health.

Summary analysis of programme response

As part of preparedness efforts, UNICEF continues to provide support to the 20 districts³ at risk of EVD transmission to finalize their Ebola response plans and is supporting MoH teams to provide technical support supervision to the districts. To provide more focused coordination and response support at the local level, UNICEF is recruiting and deploying seven public health officers in each of the five high-risk districts and Kampala Metropolitan.

Case Management

UNICEF provided 11 tablets, 15 vehicles to the Ebola response team to support in data management at the field level in Mubende and other affected districts. Additionally, two officers were further deployed to support the go-data roll out and integrated data analytics. UNICEF has provided 11 high performance tents to support the set-up of an ETU at Mubende District (six tents). One tent has been assigned to Hoima Regional Referral Hospital (RRH) and four to Kampala District to create adequate space to handle patients. 500 thermometers were delivered to Mubende District Health Office (DHO) to support surveillance and contact tracing.



¹ It has handled health worker patients before but currently has no EVD admissions

² **1) Best Case Scenario – Early detection:** Contact tracing at 90%, strong case management, limited geographic spread -> Ebola contained in Mubende District between 30 and 60 days. **2) Sustained Scenario:** Weak contract tracing and case management, high population mobility -> Ebola spreads in 20 high risk districts and will be contained in nine months (identified as *most likely scenario*). **3) Worst Case Scenario:** Ebola reported across the country and beyond borders of Uganda.

³ Mubende, Kassanda, Kagadi, Kyegegwa, Bunyangabu, Kakumiro, Mityana, Mpigi, Kiboga, Kibaale, Kyankwanzi, Gomba, Sembabule, Kazo, Kyenjojo, Kabarole, Kamwenge, Kampala, Wakiso and Mukono.

Case Management- Nutrition

UNICEF is supporting the MoH as part of the Case Management pillar to build the capacity of the health workers and managers at national level and in affected areas, focussing on how to plan and provide targeted infant and young child feeding (IYCF) and nutrition services for affected children and their caregivers. UNICEF provided 880 packets of Ready to Use Infant Formula (RUIF) to Mubende Regional Referral Hospital (480) and Entebbe Regional Referral Hospital (400), enough to feed six children for 30 days. As of 18 October, these supplies are being used to care for two infants—one in each of the above facilities. UNICEF is also supporting MoH to review and update the communication materials, including those on the SOPs for nutrition in the context of EVD, as well as information on how RUIF is administered. Furthermore, UNICEF continues to provide support for the delivery of Integrated Management of Acute Malnutrition (IMAM) services in affected districts and health facilities to ensure all malnourished children receive timely care.

Case Management- Child Protection/ Mental Health & Psychosocial Support (MHPSS)

UNICEF is a key member of the Case Management Pillar, the Clinical sub-pillar and the Mental Health Psychosocial Support (MHPSS) sub-pillar under the EVD National Task Force. As part of the response, UNICEF is working in partnership with Butabika National Referral Mental Hospital to deploy psychologists to ETUs and isolation sites in three affected districts (Mubende, Kyegegwa and Kassanda). Thirty-six mental health workers have been trained this week on MHPSS, including IPC. They will be deployed to the ETUs and affected communities to provide support to the children and caregivers. Twenty-two Early Childhood Development (ECD) kits have been provided to Mubende district to be distributed to children in ETUs and isolation sites. These kits contain educative play material for children 0-6+ years, which encourage individual playing. UNICEF is working closely with Mubende District Local Government to reprogramme activities to support the training and deployment of community-based structures to provide MHPSS support. Para-social workers have been mapped in the 19 sub-counties of Mubende. Selected para-social workers will be trained on integration of Child Protection and community-based MHPSS considerations in EVD outbreak responses.

Case Management- Infection Prevention and Control (IPC)/ Water, sanitation, and hygiene (WASH)

In the face of this unfolding public health crisis, UNICEF Uganda operates within the Government's coordination and response structures at the national and district levels and focusses its programmatic support on Infection Prevention and Control (IPC) through WASH support in Ebola Treatment Units, health facilities and communities, including schools and public spaces. The IPC work supported by UNICEF includes; rapid assessments of WASH status in institutions in four high-risk districts of Mubende, Kyegegwa, Kassanda and Kagadi and procurement and distribution of essential WASH supplies to ETUs, health facilities and schools. So far, UNICEF has supported the ETU and isolation facilities in Mubende district with WASH supplies and the installation of 17 mobile toilets and seven 10,000-litre water tanks⁴. These are currently being replenished through water trucking and will be converted to a more sustainable supply through the drilling of a borehole and equipping with a solarized pump at the isolation facility at Madudu HCIII to be completed by 30 October. Promotion of hand washing practices is being conducted through integration of WASH and risk communication and community engagement activities. UNICEF also intends to introduce chlorine generators in selected health facilities, which is a proven cost-effective longer-term solution compared to the use of calcium hypochlorite as disinfectant in the health facilities.



⁴ One tank has been connected to the national water network at Mubende Regional Referral Hospital (RRH), four are being installed for rainwater harvesting at Mubende RRH, and two tanks are installed in Madudu HCIII.

Risk Communication and Social Mobilization (RCSM)/ Community Engagement (CE)

UNICEF is co-leading the MoH Risk Communication and Social Mobilisation (RCSM) pillar with the Health Promotion, Education and Communication (HPEC) department and direct support of RCSM and Community Engagement (CE) interventions in the five affected districts and 15 high-risk districts. The RCSM/CE pillar seeks to increase and sustain awareness of the risks of EVD and foster community-driven prevention practices, early detection, and early treatment-seeking behaviours.

UNICEF is supporting mass-media messaging on 29 radio stations⁵ and seven TV stations⁶. The radio stations include 20 regional FM radio stations and three district-based⁷ stations in the affected region. So far 1,150,600 people (40 per cent) of the population in the five affected districts have been reached with EVD messaging through radio.

Community engagement has been intensified and community feedback mechanisms activated through partnerships with the Uganda Red Cross Society (URCS) in eight districts⁸ and the Lutheran World Foundation (LWF) in six districts⁹. The partnership with LWF will enable extensive community engagement in the Kampala Metropolitan area in liaison with KCCA.

UNICEF, in partnership with URCS, has so far trained and deployed 240 volunteers, conducted 117 community dialogue meetings, oriented 849 Village Task Force (VTF) members, including Village Health Teams (VHTs) and Local Council (LC1s), activated 480 VTFs and reached over 9,551 people through house-to-house visits, with 620 households visited in Mubende and Kassanda districts. These house-to-house visits have also enabled communities to express their concerns and provision of actionable feedback.

UNICEF has printed and distributed the following Ebola related Information Education and Communication (IEC) materials to the five affected districts: 10,000 stickers; 50,000 child-friendly EVD posters; 12,000 EVD flipcharts for teachers; 40 megaphones (to Mubende only); 80,000 posters on EVD in four languages (Luganda, Runyankole-Rukiga (RR1), Runyoro-Rutoro (RR2) and English); 12,000 job-aide for VHTs and HWs; 2,000 EVD banners for trading centres, health facilities and schools, and 4,000 Frequently Asked Questions booklets.

Other related interventions include evidence generation, social listening and social media monitoring; provision of 5 vehicles to support RCCE activities in Mubende district; regular use of online feedback mechanisms through the U-Report Chatbot¹⁰ and the Ministry of Health Call Centre. A total of 24,924 users have accessed and utilised the Chatbot so far, with most users seeking information on transmission and symptoms of EVD. A total of 6,511 registered U-Reporters responded to the first poll on EVD that was conducted in the first week of October (link to the results: [U-Report Uganda \(ureport.org\)](https://ureport.org)).

Continuity of essential services- Education

The situation in schools and learning institutions remains calm. However, schools in the high-risk districts and Kampala metropolitan are on high alert. No school in Mubende (the epicentre of the outbreak) has faced closure during this reporting period. The Ministry of Education and Sports (MoES) has issued guidelines and standard operating procedures (SOPs) for prevention and control of EVD in learning institutions, with the aim to facilitate continuity of learning. A total of 45 schools in high-risk sub-counties in Mubende and Kassanda districts have put in place functional school Ebola Task Forces and district Education Officials are monitoring 32 schools in three high-risk districts.¹¹ UNICEF has dispatched 1,989 infra-red thermometers to be distributed to all schools in Mubende and Kassanda districts. Kampala Capital City Authority (KCCA) is developing an Ebola Response Plan and UNICEF is supporting the identification of key education interventions to be incorporated in the plan. UNICEF is also engaging with the education ministry and Uganda National Examinations Board to develop additional guidance for examination of candidates who may be affected by EVD.

⁵ Radio Simba, Galaxy FM, Capital FM, CBS FM, Mubende FM, Heart FM Mubende, Mboona FM Mityana, Radio Buddu, Radio Mbabule Sembabule, Radio Kazo, Voice of Tooro, Voice of Kigezi, Baba FM, Open Gate FM, Teso Broadcasting, Endigito FM, Liberty FM Hoima, Bunyoro Broadcasting Masindi, Kasese Guide, Rupiny FM Gulu, Radio Pacis West Nile, Unity FM, Arua One, Muhabura FM, Impact FM, Kakumiro FM, Heart FM, Bukuya Community Radio and Kassanda FM.

⁶ Uganda Broadcasting Cooperation (UBC), Bukedde TV, National Broadcasting Station (NBS), BBS TV, TV West, West Nile TV and Baba TV

⁷ Mubende FM, Tooro FM and Liberty FM.

⁸ Mubende, Kyegegwa, Kassanda, Kakumiro, Kagadi, Bunyangabo, Kiboga and Sembabule

⁹ Kampala, Wakiso, Mukono, Mityana, Mpigi, and Kyenjojo

¹⁰ The chatbot can be accessed via U-Report SMS and WhatsApp Channels. A trigger word "Ebola" is texted to 8500 (SMS) or 07068500 (WhatsApp) to access the information.

¹¹ Mubende, Kassanda, Kyegegwa

Prevention of Sexual Exploitation and Abuse (PSEA)

UNICEF, together with WHO, have enhanced the capacities of 50 (19 female, 31 male) District Local Government officials, civil society organisations (CSOs), cultural and religious leaders involved in the Ebola response through a two-day training on PSEA. The participants are from the districts of Mubende, Kassanda and Kyegegwa. District-specific action plans have been developed, with the aim of reducing the risk of, prevention and response to SEA by UNICEF, UN personnel, NGO partners, Government and other associated personnel involved in the Ebola response. This also helps in ensuring allegations of SEA are reported and responded to in a timely manner, and that victims of SEA are supported and provided with assistance through the victim-centred approach.

Humanitarian leadership, coordination, and strategy

The Government of Uganda response to the EVD is coordinated through a multi-sectoral mechanism, the National Task Force (NTF). The members of the task force include MoH, the education ministry, the Ministry of Gender, Labour and Social Development, the Ministry of Transport, the Ministry of Information and Communication Technologies, the Ministry of Finance, Planning and Economic Development, the Ministry of Local Government, Ministry of Water and Environment and partners.

MoH plays a key strategic and technical advisory role to national and local government and has activated the Incident Management Team and District Task Forces at sub-national level. Above the NTF, the strategic advisory committee is chaired by the Minister of Health and by the Health Director General at the operational level. A dedicated Scientific Advisory Committee consisting of eminent researchers and experts was set up to synthesize the latest evidence to guide Uganda specific research activities during the response and to provide scientific and technical advice to the Minister of Health, as well as support government decision-makers during the evolution of the epidemic and the adaptation of the response. UNICEF is represented at both strategic and operational levels of coordination with the Government and other United Nation agencies. It is also an observer in the Scientific Advisory Committee. The EVD response is built around the following pillars: (i) coordination and leadership; (ii) surveillance; (iii) laboratory; (iv) case management, including WASH/IPC and MHPSS; (v) Risk Communication (RC); (vi) Community Engagement (CE); (vii) logistics and supplies; (vi) ICT and innovations; and (vii) essential services continuity. UNICEF co-leads the RCCE and essential service continuity pillars and actively contributes to coordination and leadership, logistics and supplies, ICT and innovations, and case management pillars that includes nutrition and MHPSS prioritizing prevention and response to gender-based violence and PSEA. In addition, UNICEF field office staff provide technical and operational support to the EVD district task forces in UNICEF focus areas.

UNICEF is applying and scaling up existing civic engagement platforms such as U-Report to support community engagement and feedback. Gender, SEA, HIV/AIDS, conflict sensitivity and SBCC programming are now mainstreamed into all interventions.

Human interest stories and external media

Stories: www.unicef.org/uganda/stories-field

UNICEF Uganda human interest story:

Next SitRep due: 04 November 2022

UNICEF Uganda: www.unicef.org/uganda

Uganda Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/uganda>

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Annexe A

Summary of programme results

Indicator disaggregation by EVD pillars	UNICEF and implementing partners' response		
	2022 target	2022 results	Change since the last report
Case management- Infection Prevention and Control (IPC/WASH)¹²			
# of health care staff trained on infection prevention and control related to WASH in areas affected and at high risk of EVD (disaggregated by facility and community, includes VHTs)	1,406	0	
# of health facilities reached with essential WASH supplies in EVD-affected and high-risk areas (including 700 HFs+3 RRHs & 20 ETUs)	723	4	
# of health facilities/ETUs in EVD affected areas reached with upgraded WASH services (water supply & sanitation facilities)	20	1	
# of schools in areas affected and at high risk of EVD reached with essential WASH supplies (including chlorine, soap, handwashing facilities, WASH IEC)	1,000	0	
Case management - MHPSS¹³			
# of psychologists, psychiatrists, health workers, and community structures trained and deployed to EVD treatment and isolation units and communities to provide MHPSS	1,156	0	
Case management – Nutrition¹⁴			
# of cartons of RUTF procured and distributed in EVD response areas (to cover 100 children)	3,000	0	
# of packs of RUIF provided to ETUs (to cover 50 children)	900	900	
# of children aged 6-59 months with severe wasting admitted for treatment in EVD-affected areas	1,780	0	
# of health workers trained on IYCF and nutrition in EVD in affected districts	800	0	
Case management – Health¹⁵			
# of ETUs supplied with portable generators (with fuel) as an emergency power source	5	0	
Continuity of Essential services – MHPSS/Child Protection¹⁶			
# of unaccompanied and separated children due to EVD (in isolation, ETUs and community) provided with alternative care and/or reunified	625	0	
# of children, adolescents, and caregivers in affected districts accessing community-based mental health and psychosocial support.	15,000	0	
# of girls, women and boys who have experienced violence in EVD-affected communities reached by health, social work, or justice/law enforcement services	1,875	0	
Continuity of Essential services – Health¹⁷			
# of health facilities supported with tents for decongestion and community services, including immunization	30	2	
# of health facilities provided with targeted supplies (medical and PPEs)	120	0	
Continuity of Essential services - Education¹⁸			
# of schools/learning institutions provided with infrared thermometers and accessories for screening	1,000	0	
# of learners receiving home learning materials	12,500	0	
# of schools in high-risk sub-counties with functioning school Ebola task force	750	45	
# of schools supported with at least one supervisory visit from MOES/DEO	375	32	
Continuity of essential services – Social Policy¹⁹			
# of social-economic EVD impact monitoring reports produced	2	0	
# EVD affected households reached with cash transfers	5,000	0	
RCSM/CE²⁰			
# of people reached through accurate, cultural, and gender-appropriate messaging on EVD prevention, early treatment and access to services	6,528,690	1,150,600	
# of key influencers (teachers, local leaders, traditional leaders, religious leaders, local council leaders) engaged on EVD prevention	65,287	9,551	
# of people who participate in engagement actions (community dialogues) conducted to raise awareness for EVD prevention and control	1,958,607	58,500	
# of people sharing their concerns and asking questions through established feedback mechanisms (online and offline)	2,611,476	51,924	
Coordination and Leadership			
# of MOH joint supervision and on-the-job mentorship visits	6	0	
% of districts with functional ¹ DTF	100	35%	
# of districts supported with updated microplans for EVD response	20	5	
GBV/PSEA			
# Children and adults who have access to a UNICEF-supported SEA reporting channel.	12,645	50	

¹² To be reported on a monthly basis

¹³ To be reported on a monthly basis

¹⁴ To be reported on a monthly basis

¹⁵ To be reported on a monthly basis

¹⁶ To be reported on a monthly basis

¹⁷ To be reported on a quarterly basis

¹⁸ To be reported on a monthly basis

¹⁹ To be reported on a bi-monthly basis

²⁰ To be reported on a monthly basis