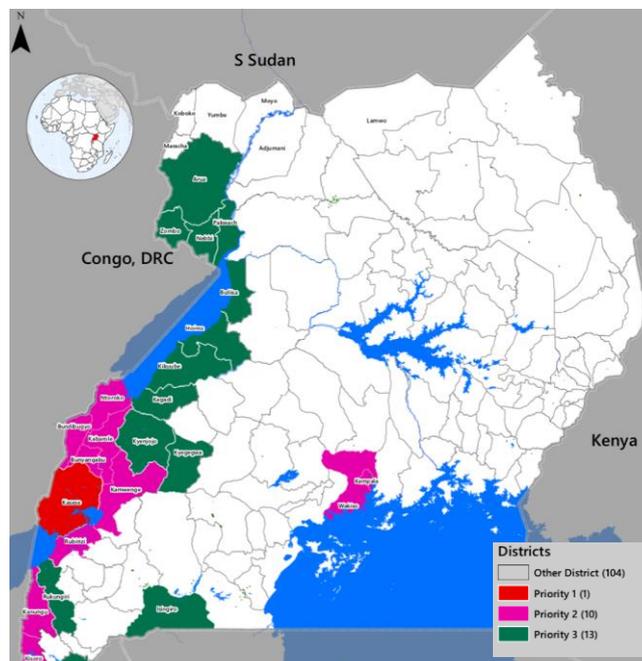


This Situation Report is produced by the Resident Coordinator's Office in Uganda in close collaboration with the United Nations Country Team with support from OCHA ROSEA. It provides a comprehensive overview of preparedness and response action taken during the period 11 – 24 July 2019. The next report will be issued around [15 August 2019].

HIGHLIGHTS

- WHO/DRC declare Ebola a Public Health Emergency of International Concern
- Uganda remains Ebola free since the Ministry of Health confirmed the first case on 11 June 2019
- At least 18,000 people screened for Ebola daily at the Uganda/DRC points of entry
- Uganda Government and partners continue to monitor Ebola alerts – 817 people tested since August 2018
- WASH supplies distributed to 48 additional health facilities in Kasese district.
- More than 35,000 people reached with EVD messages, 47,992 IEC materials distributed, and 12 radio talk shows aired in Kasese district.
- At least 4,500 people including contacts and frontline health workers vaccinated against Ebola.



SITUATION OVERVIEW

On 17 July 2019, WHO declared the Ebola Virus Disease (EVD) outbreak in the Democratic Republic of the Congo (DRC) a Public Health Emergency of International Concern (PHEIC). The declaration followed a meeting of the International Health Regulations Emergency Committee for EVD in the DRC. The first confirmed case in Goma on 14 July, a city of almost 2 million people on the border with Rwanda and the gateway to the rest of the DRC and the world was one of the reasons for the declaration. The committee also highlighted delays in funding which has constrained the response. They also reinforced the need to protect livelihoods of the people most affected by the outbreak by keeping transport routes and borders open to avoid punitive economic consequences. This was the fourth meeting of the Emergency committee since the outbreak was declared on 1 August 2018. As of 23 July, there were a total 2,620 cases (2,526 confirmed) with 1,762 deaths (1,668 confirmed and 94 probable) with a case fatality rate of 67 percent. The epicenter of the outbreak remains in Mabalako and Beni during the reporting period.

Uganda has remained Ebola free since the Ministry of Health confirmed the first case on 11 June 2019, however, coordination meetings are taking place both at the national and district levels and continue to carryout strengths analysis and improvement of weakness where they exist. The meetings are also being used to motivate frontline workers.

The first case in Uganda was confirmed on 11 June 2019, when the Ministry of Health of Uganda declared the 6th outbreak of EVD in the country, the last outbreak was in 2012. The current outbreak is in Kasese district in South Western Uganda. The first case was a five-year-old child with a recent history of travel to the DRC. Following the declaration of outbreak in Uganda and over the past several months, significant efforts have been underway by the Government of Uganda and partners to rapidly intensify surveillance, response and preparedness efforts, including along key points of entry in Arua, where a case was recently confirmed in Ariwara Health Zone, near the Uganda border. In the districts bordering DRC, there is frequent movement of populations due to trade, family ties and those fleeing violence in DRC. In July, approximately, 1 million people crossed the border for trade, family visits and other routine movements. These were from Ituri Province in DRC which is still reporting high number of cases. Urgent funding is required to maintain current response efforts and rapidly enhance preparedness to detect and contain possible future outbreaks along this expansive border.

The role of women remains crucial in the transmission of EVD and control chain. Evidence from the EVD responses in previous and current responses on the continents has shown that women are unevenly affected by Ebola due to their role either as health

workers or as social and welfare care providers within the family and community. The multiplicity of women's role in society makes them pivotal agents of change on the road to eradication of Ebola cases in Uganda. Women must be understood as catalytic stakeholders and agents of change rather than as victims of EVD – making them best suited to lead the way. Their skills in community social mobilization, negotiations, peer education, custodians of culture, nurtures of wellbeing and life are crucial; women often have the best kinship ties within their communities. Women are the first line of contact with sick people at household level and within the community. Their unremunerated care-giving role if adequately valued will result in immeasurable resource saving. By instituting women within the leadership of awareness raising, planning, monitoring and the implementation of the National Campaigns at national and district level will enhance both the journey to zero cases and ensuring the country remains at zero.

COORDINATION ARCHITECTURE:

WHO in collaboration with MOH is coordinating EVD preparedness and response in 24 target districts. Following a UNCT decision to strengthen the UN response to EVD response and preparedness efforts, each agency has assigned EVD technical focal person. The technical focal points are responsible for overall EVD preparedness and response activities for their agency and meet once a week to coordinate overall UN EVD preparedness and response, under the overall guidance of the RCO and WHO. UN technical focal points participate in the Government led EVD pillars and the national task force meetings chaired by MoH. Technical focal points report to the UNCT, with the Resident Coordinator along with the UNCT providing overall guidance for the UN response and preparedness efforts to Ebola in Uganda.

FUNDING

The Government of Uganda recently launched the National EVD Response plan for three months covering June to September 2019. The plan requested USD 17.2 million to respond to the outbreak and enhance preparedness efforts in 23 priority districts out of which the UN is expected to mobilize USD 10.7 million USD.

HUMANITARIAN RESPONSE & PREPAREDNESS

Coordination

Response Update:

- At the national level, coordination meetings continue weekly while at district and subcounty levels, task force meetings take place daily to coordinate preparedness and response activities. Daily updates on EVD situation are being shared through different platforms by MOH and WHO.
- During the reporting period, IOM supported stakeholder meetings at the district level to strengthen interventions for points of entry screening and information management.
- WFP compiled SOPs for EVD food assistance during preparedness and response based on work done by WFP teams previously.
- A new WFP Ebola Health Advisor arrived during the reporting period and will be responsible for Ebola training awareness programme in Arua, Mbarara and Karamoja districts.

Needs:

- IOM continues to strengthen district led interventions at the points of entry with districts identifying their priorities for partners to complement.

Gaps & Constraints:

- Lack of funding to support coordination efforts at district level.

Preparedness Update:

- UNICEF deployed 13 surge staff to support preparedness activities and continues to support Risk Communication and Social Mobilization (RCSM); Infection Prevention and Control (IPC)/Water Sanitation & Hygiene (WASH); Psychosocial support and child protection; infant and young child feeding (IYCF) practices in EVD affected children under the case management pillar and the last mile distribution under the logistics pillar alongside support for coordination at National Task Force (NTF) and District Task Force (DTFs).

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- WHO and partners continued coordination mechanisms in Rwenzori and Albertine regions and mobilized field teams to assess on readiness in Kisoro following the case reported in Goma.
 - WHO supported the establishment of a coordination structure in Arua to strengthen readiness in response to a case of EVD reported in Ariwara 8km from the Uganda boarder
 - UNHCR is conducting weekly Ebola coordination meetings in Arua together with partners – Cholera teams have joined Ebola meetings in Kyegegwa district.

Needs:

- Following a confirmed case in Ariwara, DRC, MoH and UN agencies with partners need to increase preparedness activities. More than 200 contacts have been identified in DRC and considering the porous border it is urgent for partners to step up preparedness measures in Arua.
- Funding constraints continue.

Gaps & Constraints:

- Other high-risk districts which include Kisoro, Ntoroko, Bundibugyo, Kabarole, Kisoro, Hoima, Pakwach and Kanungu remain without adequate coordination capabilities which needs to be strengthened.
- Shortage of funding to support EVD preparedness activities.
- The meetings in Arua, Kyegegwa are not well coordinated

Surveillance and Lab

Response Update:

- IOM trained 19 people from the Immigration Department, Office of the Prime Minister, Ministry of Health, Customs, Agriculture and Police on health, border and mobility management in Kasese and Bundibugyo districts.
- Teams from the Government and WHO continued screening travelers at points of entry (PoE) and investigation of all alerts received – some 18,000 people are screened daily from DRC while contact tracers are working in close collaboration with DRC teams through the involvement of security teams from DRC and Uganda.

Needs:

- Need for continuous supervision support, close monitoring for the trained persons on health, border and mobility management to ensure compliance and harness coordination with the district health teams and to strengthen points of entry interventions.

Preparedness Update:

- To strengthen the Ugandan Government's border management agency capacities to address border management challenges in the onset of humanitarian and health crises.
- IOM trained 20 people on Health Border and Mobility Management in Hoima, Ntoroko and Kikube districts. Participants were selected from the Immigration Department, Office of the Prime Minister, Ministry of Health, Customs, Agriculture and the Police Department.
- IOM continues to conduct flow monitoring at six monitoring points at the border of Uganda with South Sudan and eight monitoring points at the DRC border.
- All inland points of entry have been closed and government teams in collaboration with the Uganda Peoples' Defense Forces (UPDF) are identifying other non-manned crossing points to install screening facilities.
- WHO oriented health workers in Arua in sample collection, packaging and transportation.
- WHO continued monitoring of sample transportation across the high-risk districts for effective turnaround time for testing and continued with sample testing in Kasese lab and at the national Uganda Viral Research Institute.
- Continued with screening at points of entries in West Nile, Rwenzori and Entebbe with a total of 9.3m people screened between August 2018 to July 2019.
- Continued to pick alerts from all parts of the country including the high-risk districts for testing and follow up; some 817 EVD alerts have been tested since August 2018.
- UNHCR has intensified surveillance in all refugee settlements using village health teams (VHTs) training on EVD and making referrals to health facilities.
- UNHCR is supported the investigation of one alert in Kyegegwa district while EVD screening continues at all points of entry in Kikuube, Kisoro, Kanungu and Ntoroko districts. Some 12 people from the outbreak zones are being monitored.

Gaps & Constraints:

- While other high- risk districts are also benefiting from training and mentorship, challenges exist in close monitoring of activities.
- Need for continuous trainings/mentorships of health workers and VHTs to surveillance to ensure early case detection.
- Overall monitoring of lab interventions in other district without WHO presence is a challenge.
- There's need for a toll-free line to enhance surveillance and reporting.
- Need for training of teachers, policemen, local leaders, traditional healers and refresher for VHTs.



Case Management

Response Update:

- In Kasese, UNICEF supported the capacity building training for 171 volunteers and para-social workers to strengthen capacities for identification of protection concerns for children in EVD outbreaks; including symptoms of distress, family separation and other protection concerns, and the provision of basic support to children.
- No EVD case admitted in the Ebola Treatment Unit (ETU).
- Psychosocial teams continued to mobilize high-risk contacts for vaccination.
- Engagement with leadership in the markets and other district officials to enhance vaccination of contacts and contacts of contacts in Kasese continued.

Needs:

- For psychosocial support, build capacity of para-social workers and district level staff in Arua and other high-risk districts in needed.

Gaps & Constraints:

- Lack of funding to increase the number of para-social workers and district level staff being orientated on mental health and psychosocial support and child protection concerns in an EVD outbreak, as well as impacting coverage.

Preparedness Update:

- UNICEF is working with other at-risk districts to plan for psychosocial support activities.
- WHO facilitated drafting of a MEDIVAC plan for the UN staff; training will take place from 10-13 August 2019, including UPDF teams.
- WHO facilitated and coordinated advance care training for Ebola patients in Entebbe between 10-13 July 2019 to enhance care for patients.
- The team also monitored the functionality of Arua ETU that is already operational in case of an outbreak.
- UNHCR delivered two hospital tents at Oli HC IV for case management.

Needs:

- Periodic drills for case management teams to make sure they retain the skills of EVD case management in other districts is needed.
- Oli health facility needs additional modifications especially in IPC e.g. waster management, water access and uninterrupted power supply among others for proper preparedness.

Gaps & Constraints:

- Additional IPC support needed in Oli health facility, including waste management.



IPC WASH

Response Update:

- With support of UNICEF, WHO, IRC, and IDI, the IPC mentorships activities were implemented in Kasese district through which over 50 per cent of the health facilities have been reached by mentors from the district, MoH and partners.

- UNICEF provided technical support to the IPC/WASH subcommittee to train 52 health inspectors and assistants from all health units in Kasese on IPC through WASH, including chlorine preparation from different concentrations, hand hygiene practice, assessment and monitoring tools for IPC through WASH in health facilities, schools and PoE.
- UNICEF Uganda distributed WASH supplies to additional 48 health facilities in Kasese district.
- UNICEF conducted end user monitoring of WASH supplies in five health facilities, one PoE, and three schools in Kasese. Some 12 health workers were mentored on IPC/WASH, and 10 teachers were oriented on handwashing SOPs.

Needs:

- There is continued plan for implementation of IPC in all facilities and points of entry, however, IPC at health facilities except the ETUs remains suboptimal with low motivation and slow behavior change by health workers.
- More IPC technical officers are needed to guide the district IPC implementation.
- More handwashing facilities in health facilities, schools, and other public places is a great requirement in Kasese and other at high-risk districts.
- Requirement for sustainable efforts for community mobilization on sanitation.
- Re-connect continuous and reliable flow of water at the Oli isolation center in Arua municipal council.

Gaps & Constraints:

- At least 66 per cent of health facilities in Kasese do not have consistent access to safe water either through the national grid or other alternative sources in Arua.
- At least 41 per cent of all health workers in Kasese have not received on-site mentorship or infection prevention and control.

Preparedness Update:

- UNICEF supported the IPC/WASH mentorships in 28 out of the 30 priority (high- risk) health facilities in Arua.
- With UNICEF support, hand washing has been reinforced in refugee settlements, border points and at health facilities in all refugee hosting districts.
- UNICEF is supporting the construction of 11 flush system sanitation blocks (each with five stances) at four health centers in Rukungiri and Rubirizi Districts and expected to be completed in August 2019.
- WHO team continued to supply basic IPC materials to the high-risk districts based on request.
- Continued mentorship and monitoring in the management of IPC material in health centers and PoEs in the 24 high risk districts.
- UNHCR has reinforced handwashing in settlements and border points and at health facilities in all refugee hosting districts.
- More IPC
- More IPC materials are being procured by UNHCR jointly with health facilities in refugee settlements.

Needs:

- In Arua, a current IPC assessment indicated that at health facilities, only 48 per cent health workers complied with recommended hand hygiene practices and only 38 per cent had isolation areas hence the need to scale up trainings and mentorship.
- Water supply to some PoEs remains a challenge.
- Lack of funding remains as constraint.
- There is need for more handwashing facilities, need to fence base camp and health facilities in the refugee settlements in Arua
- No adherence to handwashing procedures by non-medical personnel in the base camp.



Risk Communication

Response Update:

- In Kasese, UNICEF continued to support risk communication and community engagement activities including community sensitization; use of local radio stations to reach communities through trained leaders; outreaches to schools, churches; and continued distribution of alert desk numbers for community to call on identification of persons presenting Ebola signs.
- UNICEF field-based officers staff provided mentorship on planning and development of a joint work plan and implementation of risk communication activities during the response; supported two hired vehicles attached to community

engagement activities. By 18 July 2019, over 35,000 individuals were reached with EVD messages, 47,992 IEC materials were disseminated, and 12 radio talk shows were supported on Kasese Guide FM radio station.

- UNICEF supported Kasese district RCSM team to reach and share EVD messages with uniformed personnel at several locations including UPDF battalions (29th Battalion, 309 Battalion, Battalion 27) and five detachments (Karambi, Kamukubi, Nyamugasani, Kabatoro and Kayanja).
- Government teams conducted community sensitization/engagement at Kyithoma trading centre reaching 101 females and 53 males discussing the EVD situation in DRC and community roles in outbreak control, conducted sensitization in a church reaching more than 500 people, distributed 100 EVD child-friendly posters at points of entry.

Gaps & Constraints:

- Printing and distribution of IEC materials, community mobilization and mass media activities have a very high cost attached to them. UNICEF shares the costs for above with some partners namely CHH-Obulamu, Save the Children Fund and BRAC
- Reporting and feedback from VHTs on number of households visited is still weak due to lack of a clear system for routine for data collection.

Preparedness Update:

- In Arua district, UNICEF has deployed a Communication for Development (C4D) Specialist to support RCSM activities. UNICEF is supporting broadcasting of radio jingles and spots on radio stations in the district.
- In Arua, UNICEF supported the risk communication and community mobilization activities. As of 18 July, a total of 35,589 community members reached with EVD messages and 3,593 IEC materials distributed through community engagement and community dialogues with small groups at schools, army barracks, trading centers, markets and youth groups.
- UNICEF supported community mobilization through sensitization of the communities in six bus terminals, and general food distribution points and enhanced through different channels including Resident District Commissioners (RDCs) radio airtime for Arua district supported by UNHCR targeting travelers.
- Mentorship and monitoring of risk communication are being conducted in WHO focused districts plus Arua and constant community engagement.
- In Arua district, UNHCR is supporting health education and community sensitization through different communication channels.
- Two social mobilization sessions were conducted in Kyegegwa district with support from VHTs in the communities.

Gaps & Constraints:

- There is shortage of IEC materials in some local languages especially banners and signposts due to lack of funding.
- Limited mass media engagement due to funding challenges.



Vaccination

Response Update:

- Before the outbreak, a total of 713 people were vaccinated including frontline workers, however, following recent crossing of an EVD suspected case in Kasese, teams vaccinated an additional 124 contacts, contacts of contacts and frontline health workers.
- As of 21 July 2019, cumulatively 1,712 individuals have now been vaccinated: 150 contacts, 796 contacts of contacts and 766 frontline health workers, all vaccinations followed the vaccination protocols.
- Another consignment of about 6,000 vaccines was received on 29 June 2019 from Geneva.
- Health workers have been vaccinated inside and outside refugee settlements in Arua district.

Gaps & Constraints:

- There is a challenge reaching market vendors and fish mongers that the suspected case has been in contact with, because they are not voluntarily showing up thus affecting listing.
- Need to vaccinate all frontline workers in Kyegegwa district.

Preparedness Update:

- A Total 4,422 people have been vaccinated including frontline workers.
- In Arua, frontline health workers and health care workers were immunized from three health facilities. The numbers per facility were as follows in Adumi -60 and Kuluva -70 and Yinga- 60.
- UNHCR deployed three vaccination teams in Arua, 195 health workers have been vaccinated so far in Arua.

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- With the current threat of Ebola in West Nile especially Arua district, WHO teams have vaccinated 1,555 frontline health workers in the district.

Logistics

Response Update:

- UNICEF has deployed Supply staff to Kasese district from 23 July to 2 August to support the district level logistics capacity needs for better management of supplies.
- Kasese district Logistics subcommittee carried out a logistics needs assessment of EVD supplies to inform distribution – 47 of 117 health facilities and points of entry have been covered as of 19 July.
- WFP deployed a truck to Kasese to support with last mile deliveries of EVD items from Kasese district HQ to various health centers and schools in fulfilment of the request made during a previous logistics subcommittee meeting.
- WFP fulfilled storage requests from WHO for EVD items that came in from Kasese, delivered by the vaccination team and medical plastic waste bins and biohazard bags at Nalukolongo warehouse.
- WFP Engineer and Coordinator conducted a mission to Kihihi and met with the district teams and partners and discussed the progress of the Kihihi construction project.
- WFP delivered four 6.5*8m Multi purpose tent units to Kihihi ETU to be used as facilities for storage, morgue and changing room.
- WHO vaccination logistics (vehicles and vaccines and other medical supplies) arrived in Kasese and were dispatched to the first vaccination team that arrived in Kasese to enable them commence vaccination exercise on Friday 19 July.

Needs:

- Need for an electronic logistics management system at district level to enable better monitoring of the stock at hand and utilization.
- District level logistics capacity needs to be improved in terms of supply management and additional support.
- The Kasese DTF needs chairs and tables for most of the 30 PoEs in the district
- There's need for facilitation for potters/loaders/off loaders on behalf of the district considering that different partners continue to bring in IPC supplies.
- There is need for distribution partner to help distribute various IPC supplies from the central stores in Kasese and Bwera to different Health Centres and PoEs.
- WFP was requested to provide surge support at the stores. WFP and UNICEF are discussing various options for support.
- WFP, WHO and UNICEF were requested to provide vehicles to be used for end user monitoring of supplies distributed to the various health centers and PoEs.

Gaps & Constraints:

- Need for an electronic logistics management system at district level to enable better monitoring of the stock at hand and utilization.

Preparedness Update:

- UNICEF distributed WASH supplies to Arua district.
- Quarter kit have been delivered to Arua in readiness based on the current case reported in Ariwara.
- Continued to support vaccination teams in Arua.
- UNHCR supported the transportation of one sample to UVRI from Kyegegwa district (Kyaka II settlement).

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