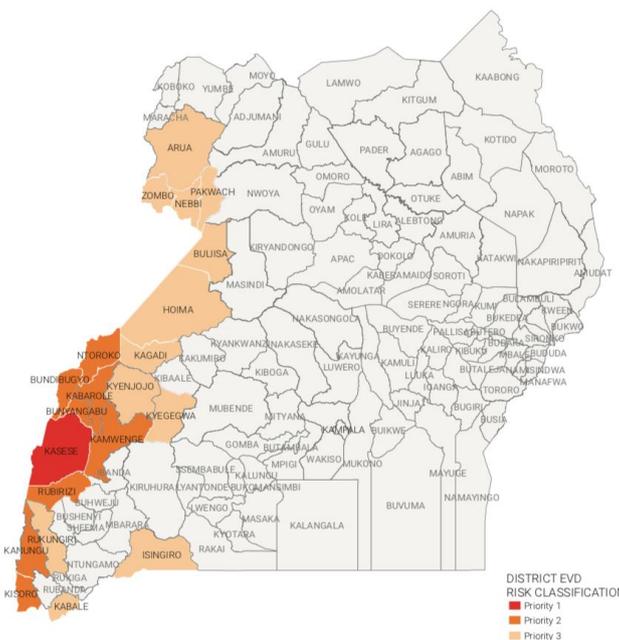




This Situation Report is produced by Resident Coordinator's Office in Uganda with support from OCHA ROSEA in collaboration with UN agencies. The Situation Report covers the period 1-31 Aug 2019.

HIGHLIGHTS

- A new positive EVD imported from the DRC case was confirmed in Bwera ETU, Kasese district, on 28 August. The nine-year-old Congolese girl died the following day and the contacts are being traced.
- More than 204 contacts and contacts of contact vaccinated in the reporting period.
- 171 volunteers and para-social workers trained on identification of protection concerns for children in EVD outbreaks.
- 38 health workers provided orientation on key recommendations for nutrition in EVD response.
- More than 204,863 peoples reached with EVD messages.
- 960 people tested for EVD since 1 Aug 2019.
- Total of 562 health centers have been reached with IPC mentorship. A total of 9,806 health workers were mentored on Infection Prevention and Control (IPC).
- An average of 18,000 screened per day in the current reporting period,
- A total of 90 persons trained on HBMM trained.



The district map is based on the Uganda Bureau of Statistics data and might not reflect the latest districts boundaries.

SITUATION OVERVIEW

An Ebola Virus Disease (EVD) outbreak was declared in the Democratic Republic of the Congo (DRC) by the Ministry of Health (MOH) on 1 August 2018 in Mabalako health zone, Beni territory in North Kivu Province. This outbreak was confirmed to be separate from the 9th outbreak that had just ended in Orientale Province in Western DRC, making this the 10th EVD outbreak in DRC. As of 2 September 2019, a total of 3,043 cases (2,934 confirmed) with 2,045 deaths, with a case fatality rate of 67 percent, have been reported from nine health zones in three affected provinces in the Democratic Republic of the Congo (DRC). Given Uganda's proximity to the outbreak in the DRC and the flow of populations between the two countries a WHO risk assessment rated Uganda as a priority 1 country for preparedness. Ministry of Health and partners heightened EVD preparedness activities over the past 10 months in 31 priority districts.

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, affecting Kasese district in South Western Uganda. The first case was a five-year-old child with a recent history of travel to the DRC. More recently, on 29 August, a nine-year-old girl of Congolese origin died from Ebola at Bwera ETC, Kasese district, one day after she entered Ugandan territory with her mother. According to the Ministry of Health, she was identified at the Mpondwe screening point and referred to Bwera hospital. The contacts are being traced and vaccinated at both sides of the border.

Following the declaration of outbreak in Uganda and over the past several months, significant efforts are 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 confirmed in Ariwara Health Zone, near the Uganda border. In the districts bordering DRC, there is frequent movement of populations due to trade and refugees fleeing violence in DRC. In August, over 6,400 new arrivals crossed into Uganda seeking refuge from conflict and insecurity in Ituri Province in DRC monthly. Urgent funding is required to maintain current response efforts and rapidly enhance preparedness to detect and contain possible future outbreaks.

FUNDING

The Government of Uganda launched the National EVD Response plan for three months covering June to September 2019. The plan requests USD 17.2 million to respond to the outbreak and enhance preparedness efforts in 23 priority districts.

HUMANITARIAN RESPONSE & PREPAREDNESS

Coordination

Response Update:

- At National level, coordination meetings continued to be conducted on weekly basis. Similarly, UN agencies coordination meetings are carried out on weekly basis.
- Additionally, UN agencies conducted a cross border meeting in Goma-DRC looking at EVD cross-cutting issues across international boundaries.
- MoH organized an Action After Review on 23 August 2019 to document lessons learned and share good practices in the EVD preparedness and response. UN agencies are supporting MoH and partners to finalize after-action review (AAR) for EVD outbreak in Kasese.
- EVD response district task force has taken leadership in the coordination of response activities in Kasese, as RRT have moved back to EOC in Kampala.
- Health partners and government carried out monitoring missions to Kasese, Rubirizi, Rukungiri, Kisoro, Kanungu and Ntoroko aiming to identify gaps and challenges of PoEs, and to share good practice with PoEs in EVD affected districts.
- Community engagement are being reinforced, especially in Kasese, and an additional USD 46,000 (UGX 170,260,000) funding was received for these activities.
- At District level, coordination meetings are being conducted on a weekly basis in the refugee hosting districts.

Needs:

- Continued support for coordinated EVD screening, to strengthen EVD case identification, preparedness and response.

Gaps & Constraints:

- Lack of funding to support coordination meetings beyond September 2019 in border districts. The cost of the meetings includes supporting participants who are coming from the border zones and hiring venue in those districts that do not have adequate facilities.

Preparedness Update:

- Coordination meetings continued in Rwenzori, Albertine regions, South Western and West Nile to enhance preparedness and readiness. Daily updates from these localities have been compiled and shared with partners.
- Multi-pillar assessment conducted in Kisoro to assess district preparedness and readiness, following the recent EVD outbreak in Goma. The assessment report and recommendations have been shared with UN agencies and Ministry of Health.
- A two weeks refresher-HBMM training provided for 90 participants in four selected districts to build capacity of government staff, including legal frameworks and health at border points.
- On the 3rd week of Aug 2019, refresher training provided for 18 enumerators on cross-border flow monitoring. The participants were selected from districts of Kanungu, Kisoro, Rukungiri and Rubirizi which occurred in Kampala (19-20 August 2019).

Needs

- Strengthen and/or reactivate DTF subcommittees to enhance district level coordination of EVD preparedness and response activities.

Gaps & Constraints:

- Apart from Kasese, all other districts in MoH priority 2 and 3 lack adequate coordination capacities and funding.

Surveillance and Lab

Response Update:

- EVD screening continued in all PoEs in Kasese, with an average of 18,000 persons screened on daily basis from DRC.
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- Contact tracers continued to work in close collaboration with DRC team through involvement of security teams from both sides.

Needs:

- Need for continuous trainings/mentorships of health workers and VHTs to improve surveillance of EVD and to ensure early case detection.

Preparedness Update:

- Screening for EVD continued in PoEs in West Nile, Rwenzori and Entebbe. For the period between 01st to 31st August 2019, a total of 1,292,919 persons were screened in the 9 districts in south western Uganda particularly Kasese, Kisoro, Kanungu, Rukungiri, Rubirizi, Ntoroko, Bundibugyo, Kikuube and Hoima.
- In collaboration with MoH, case identification and detection continued from high-risk districts for further testing and follow up. Only 5 alerts were registered during the month of August 2019 three of which were from Kasese district and two were from Ntoroko.
- The PoE EVD Dashboard was updated to visualize the trend of border crossing at PoEs in the districts of Rukungiri, Kisoro, Kanungu, Ntoroko and Kasese. The number of persons screened during the reporting period (August; 1,292,919) was higher compared to the previous month (July; 469,120), due to the inclusion of Kasese, Bundibugyo, Hoima and Kikuube districts in the data collection system.
- The bimonthly DTM dashboard is shared with partners to inform about border movements and trends. There are two different dashboards. One is more general and includes qualitative data on the movements. The other is specific to EVD but it is limited to volume, sex and age only.
- Partners have been supporting Kasese district to integrate community-based surveillance and risk communication using existing district community networks, including VHTs and local leaders to increase efficiency and ensure sustainability.
- As part of improvement of surveillance, 895 health workers, and 51 laboratory staff in lower health facilities have been mentored in Ebola virus disease surveillance using the RING (recognize, inform, Notify and give support) approach. This also included 14 private clinics. In the community, 739 VHT's in refugee settlements of Isingiro, Kanungu, Kyangwali, Rhino camp, Imvepi and Koboko were trained on community disease surveillance and 607 local councils, and refugee welfare leaders were trained on the symptoms and signs of Ebola virus disease to improve surveillance.
- 38,094 clients screened for EVD at triage at the health facilities and the refugee transit and one alert was reported from all the screening.
- Procurement process has imitated for the procurement of toll-free lines for refugee hosting district of Kyegegwa and transit districts of Kisoro and Kanungu.

Gaps & Constraints:

- Limited coverage of phones to support surveillance of EVD cases in high-risk districts.

 **Case Management****Response Update:**

- A new positive EVD imported from the DRC case was confirmed in Bwera ETU, Kasese district, on 28 August. The nine-year-old Congolese girl died the following day and the contacts are being traced and vaccinated in both sides of the border.
- In Kasese, 171 volunteers and para-social workers attended a training to strengthen capacities for identification of protection concerns for children in EVD outbreaks. The volunteers learned how to identify and deal with symptoms of distress, family separation and other protection concerns, and the provision of basic support to children.
- Psychosocial teams continued to mobilize high-risk contacts for vaccination. Community engagement activities in the markets and other public points to enhance vaccination of contacts and contacts of contacts in Kasese continued.

Needs:

- Strengthen IPC through WASH components, integrating IPC case management and IPC WASH trainings.
 - UN and partners will continue to build capacity of district health teams in IPC through WASH and support their capacity building activities to enable sustainability.
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Preparedness Update:

- Management of alert cases is ongoing in Rwenzori, Albertine regions, South Western and West Nile.
- Government, security forces, UN agencies and partners assisted a MEDVAC training organizes between 10-16 August. A specific training and plan for evacuation of UN staff has also taken place.
- An advanced care training for Ebola patients took place in Entebbe between 10-13 July 2019.
- Arua ETU was assessed and declared operational in case of an outbreak.
- Two hospitals provided with tents. Health facilities in Kasese were provided with IVs for case management, 8 height boards, 5 weighing scales and 250 child MUAC tapes to health facilities in Kasese District, to facilitate identification of severely malnourished children admitted to the isolation centers and ETUs.
- 38 health workers were trained on key recommendations for nutrition in EVD at ETUs in Ntoroko, Bundibugyo and Kasese districts. This aimed to improve the understanding of the nutrition recommendations for infant and young child feeding in EVD, synergistic to the breastfeeding policy in Uganda.

Gaps & Constraints:

- Overall strengthening of both IPC infrastructure and practices is required as most health facilities remain inadequately equipped to implement the full SOP for effective IPC. UN is advocating for greater investment in health system strengthening for greater long-term gains as opposed to reactive IPC measures.



IPC WASH

Response Update:

- A mini IPC assessment was conducted in Kisoro to establish priority needs. Poor IPC practices were identified during the exercise, including lack of hand hygiene among health workers (scored at 38%), water source as an enabler for IPC (47%), environmental hygiene (37%) and waste management (55%). Partners will work to strengthen and improve IPC practices across targeted districts.
- Provision of IPC supplies, trainings and mentorship continued in all facilities and PoEs.

Needs:

- More trained IPC technical officers are needed to guide the district IPC implementation.
- 9806 IPC mentored 562 Health Units covered in 11 high Risk districts.

Gaps & Constraints:

- Gaps in the general routine use in all health centers and hospital not only for EVD but for the general IPC management

Preparedness Update:

- Basic IPC materials have been supplied to the high-risk districts based on request.
- 24 high-risk districts have been provided with training and monitoring on the management of IPC material in health centers and PoEs.
- 11 flush system sanitation blocks (each with five stances) are under construction in four health centers in Rukungiri and Rubirizi Districts, and are expected to be completed by 20t August 2019.
- WASH supplies were provided to Kasese district, including 300 hand washing facilities, 240 cartons of soap, 68 chlorine granules tins of 20Kg, 134 rubber boots for health staff, 148 hand sanitizers and 206 Buckets. This will assist 42 health facilities, 101 schools, 10 point of entries and 19 other public places such as police stations and army barracks.
- Construction of the infection prevention and control infrastructure like placenta pits and isolation wards is being were initiated in the refugee hosting districts.

Needs and Gaps:

- Sub-optimal adherence to IPC/WASH standards and practices by providers and members of the public, including hand washing practices at Point of Entries, public places and health facilities requires greater investment in mentorship.
 - Sub-optimal utilization of chlorine generators at health facilities requires sustained mentorship and reduction of distribution of other chlorine forms. Installation of solar panels at health facilities that have the equipment will be organized.
 - Water supply to some Points of Entry remains a challenge in 6 PoEs from Kisoro (Bunagana, Rugabano, Muko, Busanza, Busigi and Kanombe), 5 PoEs from Kasese (Karambi, Mirami, Kathembo, Lubwiha, and Kasabu) as well as 3 PoEs in Kanungu (Butogota, Kashenyi and Muyanga 2/Lower).
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- Flow charts for handwashing, chlorine mixing or for universal precaution for IPC in public places and health facilities.
 - In Kisoro, 63 per cent of health inspectors reported not familiar or are not equipped with IPC guidelines, procedures and protocols, which they should use to mentor and enforce at health facility level.



Risk Communication

Response Update:

- In Kasese, over 126,540 individuals were reached with EVD messages. 47,992 IEC materials in multiple local languages were disseminated (Rukhonzho, Rwamba, Runyoro, Rutooro), and 12 radio talk shows were supported on Kasese Guide FM radio station.
- Kasese DHE, with the support of UN and partner, organized on-site visits of health educators to 370 schools. Some 28,913 school children and 630 teachers have been reached with EVD prevention, detection and control messages.
- In Arua, 49,118 people were reached with EVD messages through district teams, and 6,511 IEC materials, including posters, leaflets and job aid cards in various languages were disseminated.
- In Kisoro, 297 village health workers, 100 local council leaders, 50 religious leaders and 100 teachers from 14 sub-counties were oriented on EVD detection, prevention and control in target districts. Over 20,000 copies of EVD IEC materials were provided to complementing existing stock in the district, which are being distributed through existing VHT networks.

Preparedness Update:

- Capacity building support to strengthen risk communication in all targeted districts are being provided.
- UN agencies continued to strengthen community engagement in high risk-districts to enhance risk communication and case identification.



Vaccination

Response Update:

- Following increased border crossing in Kasese, a vaccination team was mobilized and vaccinated more than 204 contacts, contacts of contacts and frontline health workers (72 contacts; 37 contacts of contacts and 85 front workers have been vaccinated in the reporting period).

Needs, Gap and Constraints;

- An amended protocol following SAGE May 2019 recommendations has been submitted to IRB for approval.

Preparedness Update:

- Vaccination activities have ceased in high-risk districts, but arrangements are in place should there be any suspect EVD case reported. The central vaccination team and equipment on site waiting for any communication



Logistics

Response Update:

- UN agencies are continuously monitoring of logistics supplies and needs in Kasese.

Preparedness Update:

- Support to all high-risk districts with logistics requirements and transportation has continued.
 - Stock levels to respond to preparedness, as well as response, have been reviewed.
 - The management of supply chain for the districts are still low due to lack of electronic logistics supply chain management system
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This report has been prepared with input and includes activities from the following UN Agencies and their partners:



For further information, please contact:

RCO Kampala: Rebecca Nalumansi, email: rebecca.nalumansi@one.un.org

Operations: Dr. Innocent Komakech, email: komakechi@who.int

Partnership and Financing: Lily Adhiambo: email: lily.adhiambo@one.un.org and Nadia Nsabimbona email: nadia.nsabimbona@who.int
