



REPUBLIC OF UGANDA



World Health
Organization

Uganda

EBOLA VIRUS DISEASE OUTBREAK RESPONSE ACCOUNTABILITY FORUM

**Hotel Serena, Kampala
10 January 2023**



Ebola Outbreak in Uganda Accountability Forum Objectives

Dr. Charles Olaro

Ag. Director General Health Services

10th January 2023

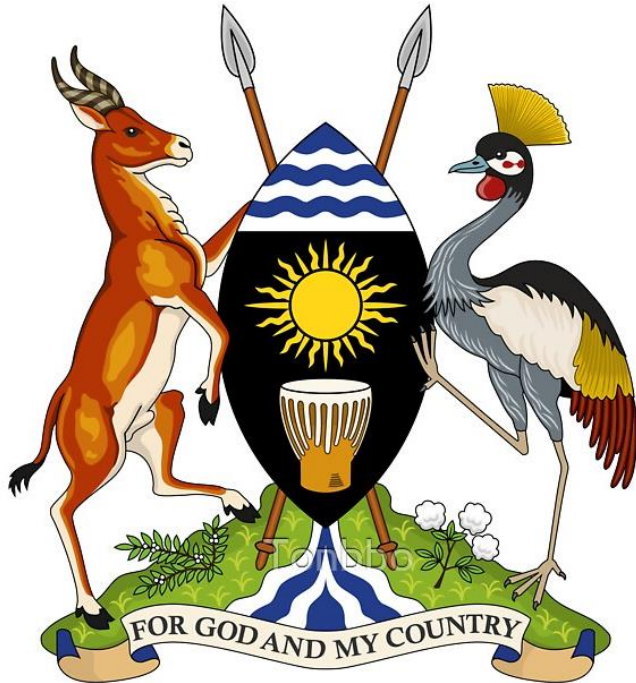
Objectives

- To track the resources so far mobilized by each Development / Implementing Partner and from who?
- To elaborate in detail the expenditure on resources mobilized by item (eg. Human Resource, Materials, Equipment etc.) by each Partner. Partners to indicate the Administrative costs they are charging on the funds received.
- To explain the rationale for expenditure on the items mentioned above in relation to the EVD National Response Plan
- To highlight the achievements so far as a result of the above expenditures

Ministry of Health Abridged Preliminary Outbreak Report

to

Ebola Virus Disease outbreak Response Accountability Forum



Lt Col Dr. Henry Kyobe Bosa
Incident Commander

10th January 2023

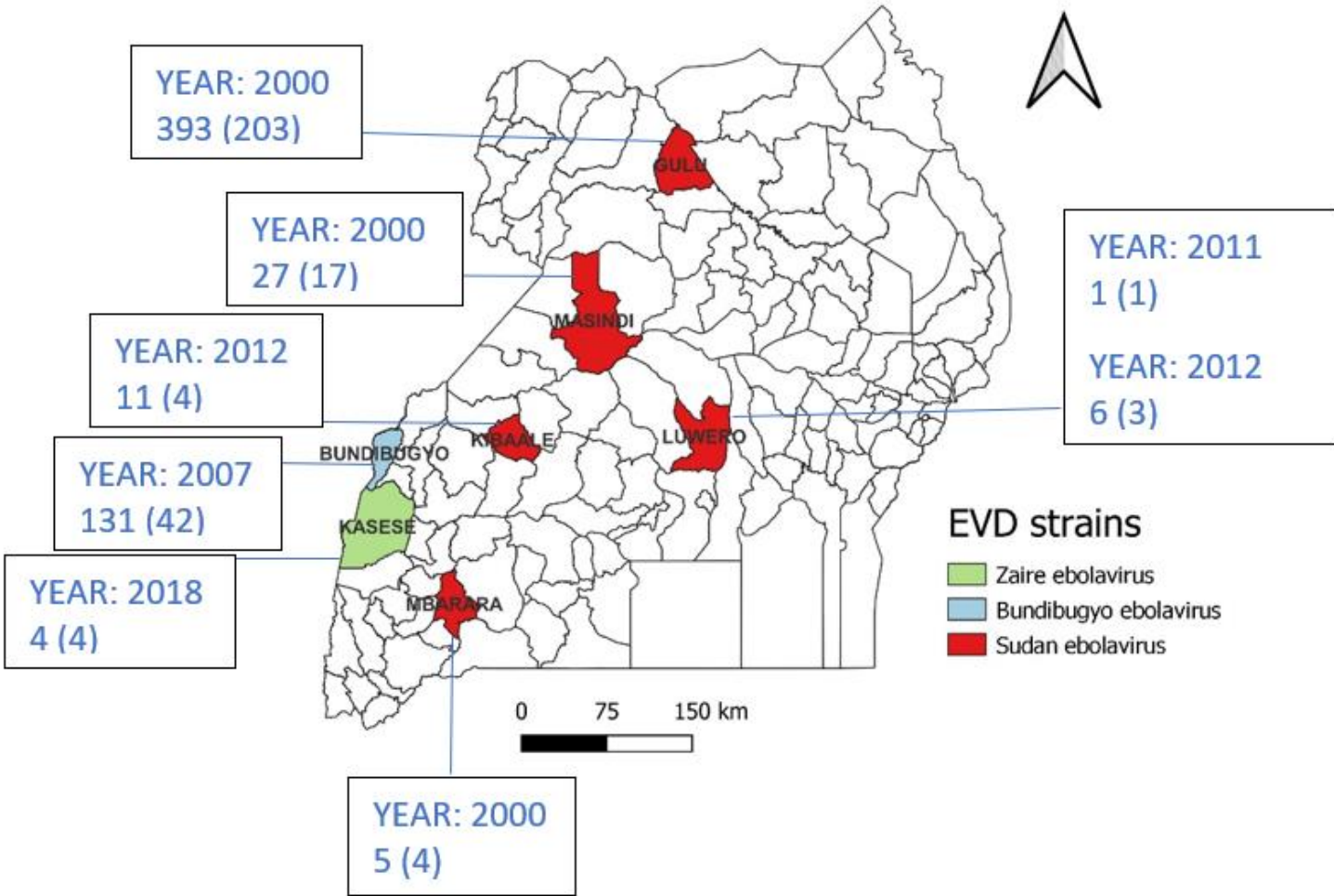
Key Highlights

Virus transmission interrupted in 69 days, and the outbreak controlled in 113 days, with **NO** cross border transmission of the outbreak

Demonstration of strong intersection of **coordination, strategic and technical leadership, stewardship, and partnership** at all levels of response

Masking by endemic diseases, in this case malaria (upsurge), other than systems failure may have led to delayed outbreak confirmation

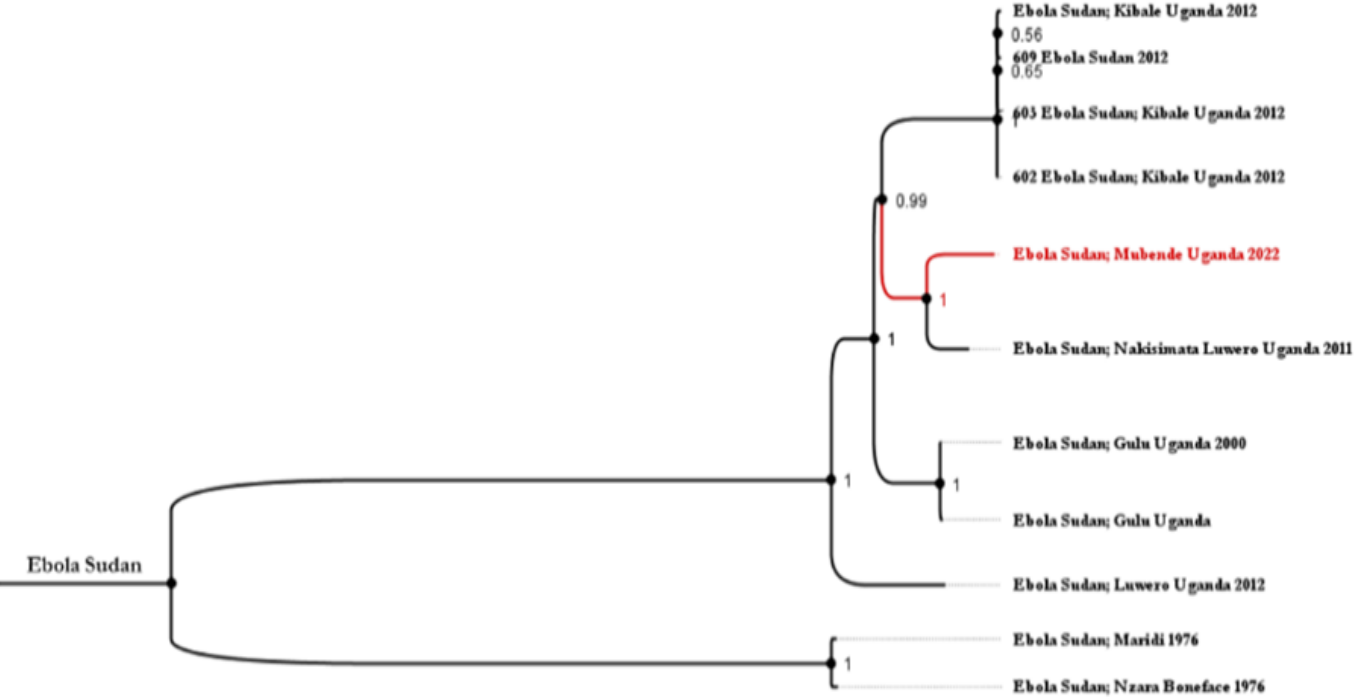
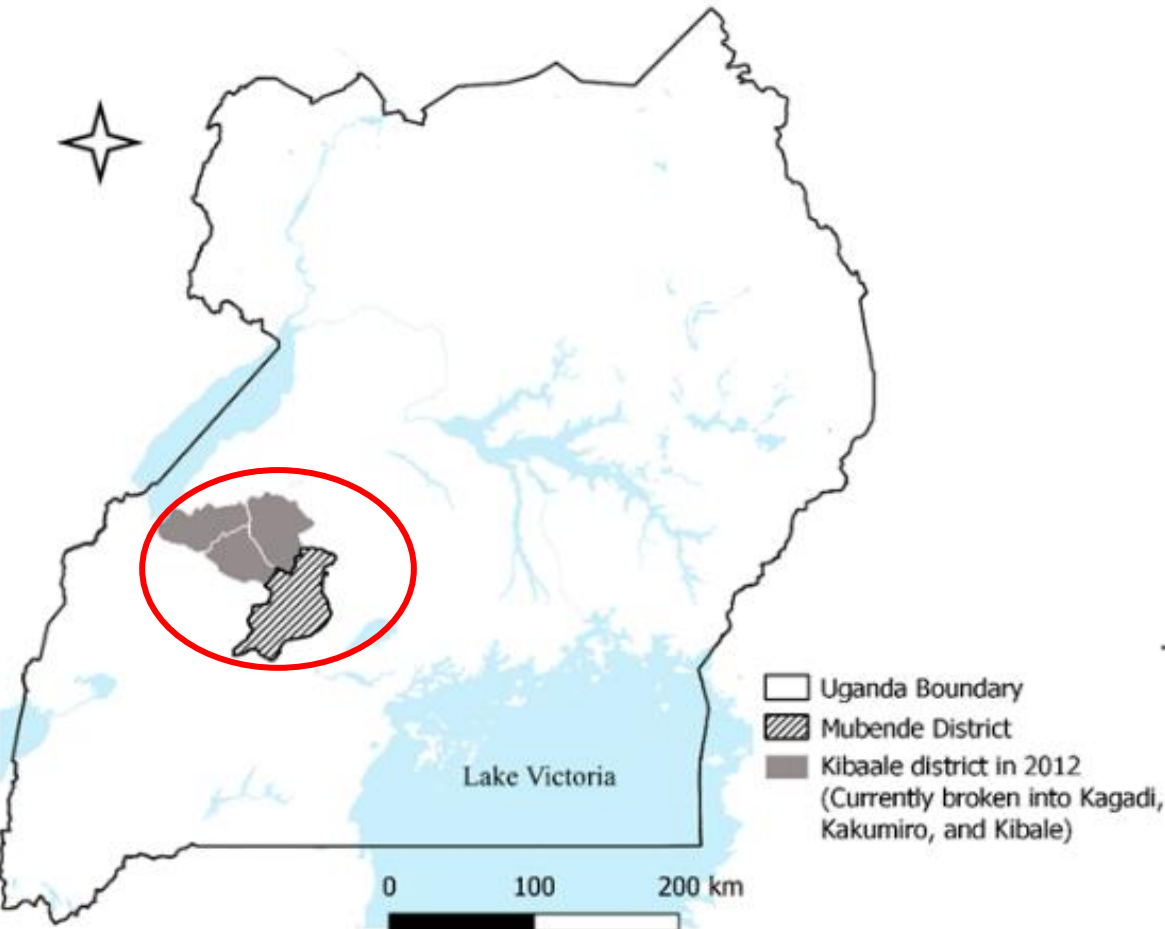
Distribution of previous EVD outbreaks in Uganda, 2000-2012



| District | Year | Cases | Deaths | CFR (%) | Strain |
|----------------|------|-------|--------|---------|------------|
| <u>Gulu</u> | 2000 | 425 | 224 | 53 | Sudan |
| Bundibugyo | 2007 | 131 | 42 | 32 | Bundibugyo |
| <u>Luweero</u> | 2011 | 1 | 1 | 100 | Sudan |
| <u>Kibaale</u> | 2012 | 11 | 4 | 36 | Sudan |
| <u>Luweero</u> | 2012 | 6 | 3 | 50 | Sudan |
| Kasese | 2018 | 4 | 4 | 100 | Zaire |
| <u>Mubende</u> | 2022 | 142 | 55 | 39 | Sudan |

Proximity of Kibaale District (epicenter 2012 outbreak) to Mubende District (epicenter 2022 outbreak)

Genetically linked to previous outbreak



Inferred phylogenetic relatedness of Ebolavirus species, including the new Mubende *Sudan Ebolavirus* sequence from Uganda 2022

Understanding the preceding setting of the outbreak

Occurred after 2 ½ years of protracted COVID-19 pandemic

Overstretched all elements of the health system, population apathy, healthcare worker burn-out

This preceded two years of Ebola preparation for the 2017-18 outbreak in DRC

Evolution of 2022 SUDV Outbreak

The most **proximal** origin of the outbreak **remains uncertain**

- Ecological study findings, **so far are inconclusive**
- We believe it was virus spill-over from the wild leading to breach of **wild-human interface** somewhere in the first half of August 2022.
- Original epicentre is Madudu subcounty, Mubende districts,

At the start, patients attended two separate **private** facilities in Madudu sub-county

Epidemiological investigations show that up to 19 **probable** cases had occurred before the outbreak was unmasked on the 19th Sept 2022

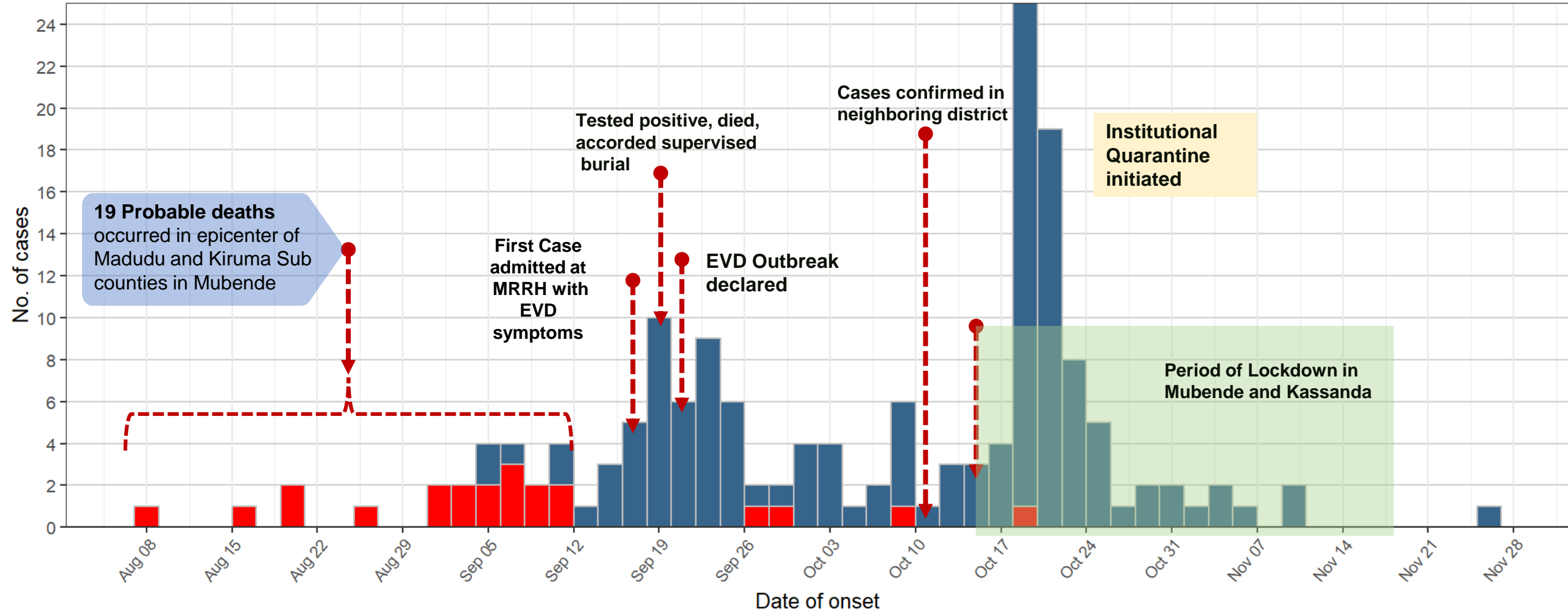
*Other than what may appear as an apparent systems failure, we believe it was masking of deaths as a result of **malaria** deaths (women and children at the start of the outbreak)*

Evolution of 2022 SUDV Outbreak

Epidemic curve

By classification, confirmed and probable

Confirmed Probable

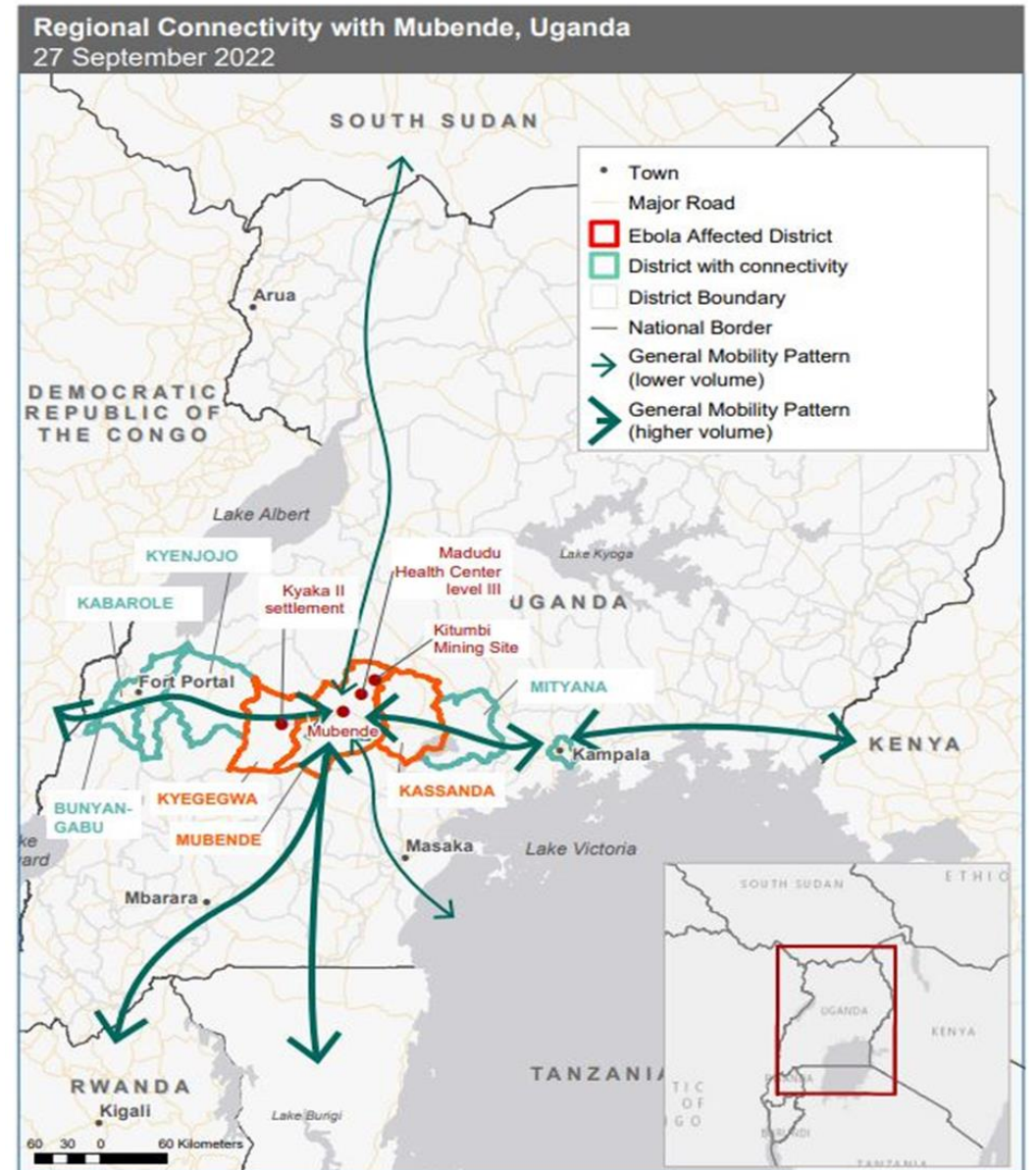


n = 0 cases missing date of onset and not shown

Transmission to neighboring districts resulting from population movements

Outbreak originated from Mubende – Central Uganda

Rapid and fast inter-districts population movements using different means of travel- **Boda boda**, and **commuter mass transport** facilitated spread to neighboring districts



Overview of the 2022 EVD Outbreak in Uganda

(data as of 10 January 2023)

Summary

142 cumulative confirmed cases

55 cumulative confirmed deaths

87 Recoveries

19 Health worker infections | **07** deaths

Cases in 09 districts

Mubende, *Kagadi*, Kyegegwa,
Bunyangabu, Kassanda, Jinja,
Masaka, *Wakiso*, Kampala

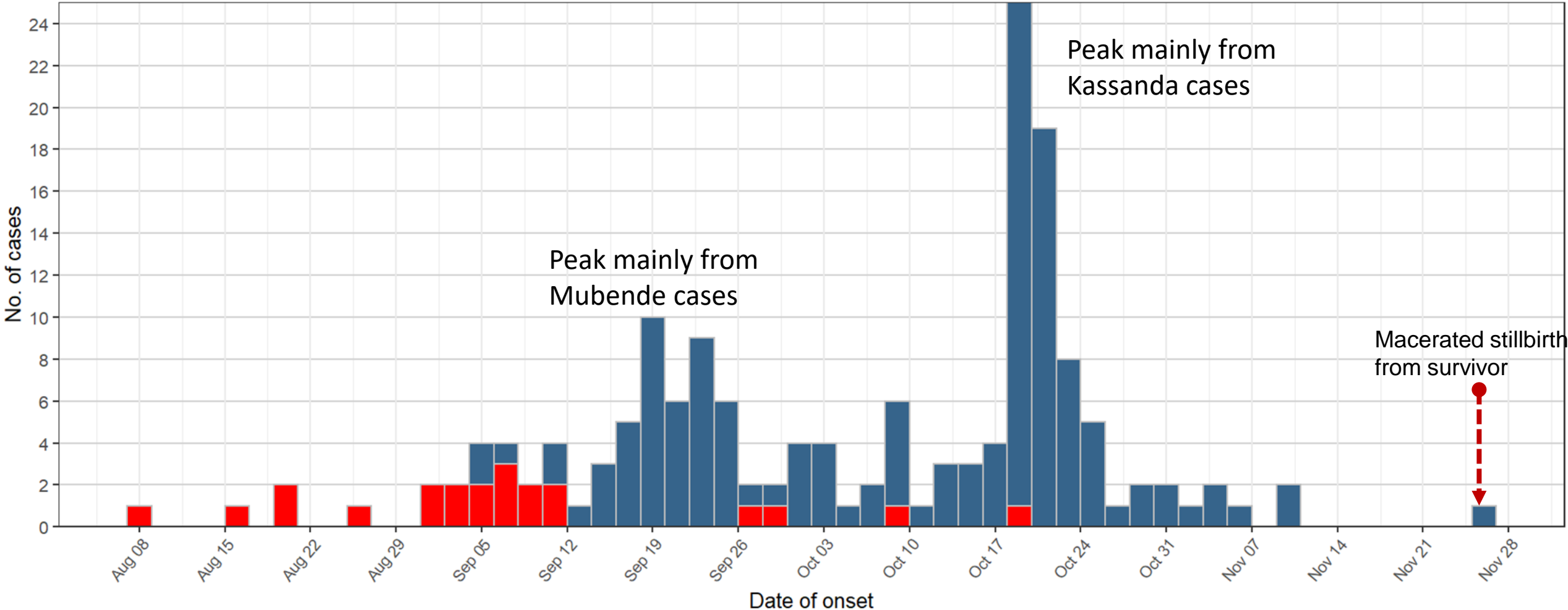
Cumulative contacts listed: **4,973**

Cumulative Admissions:

| | |
|------------|------------|
| Confirmed: | 140 |
| Suspected: | 1,496 |
| Entebbe | 32 |
| Mulago | 96 |
| Mubende | 1,386 |

National Epicurve of confirmed and probable cases (N=164)

Confirmed Probable

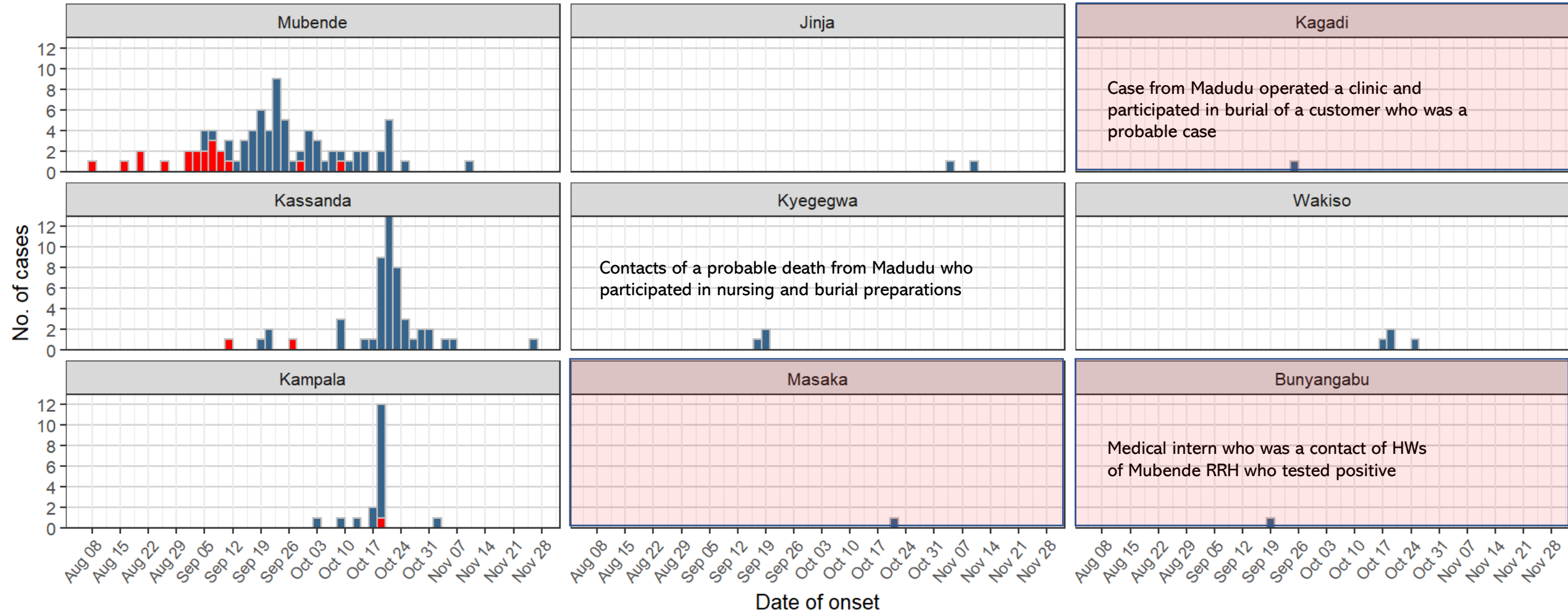


n = 0 cases missing date of onset and not shown

Temporal distribution of confirmed & probable cases by district (N=164)

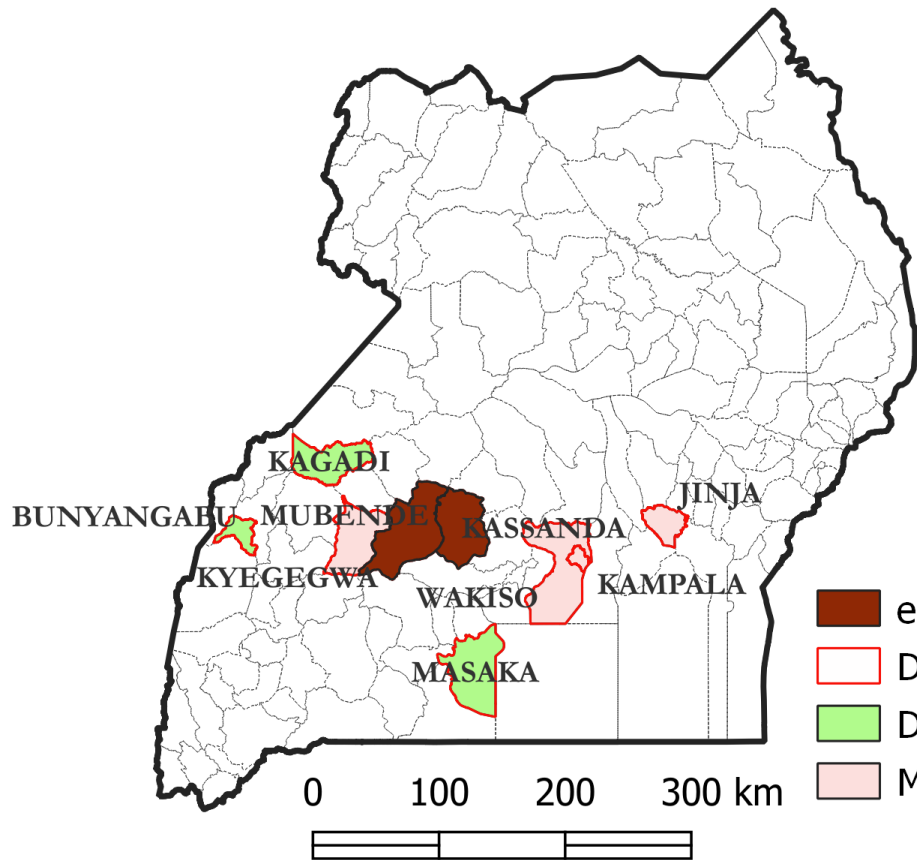
Masaka, Kagadi, and Bunyangabu registered single cases with no secondary transmission

Confirmed Probable



n = 0 cases missing date of onset and not shown

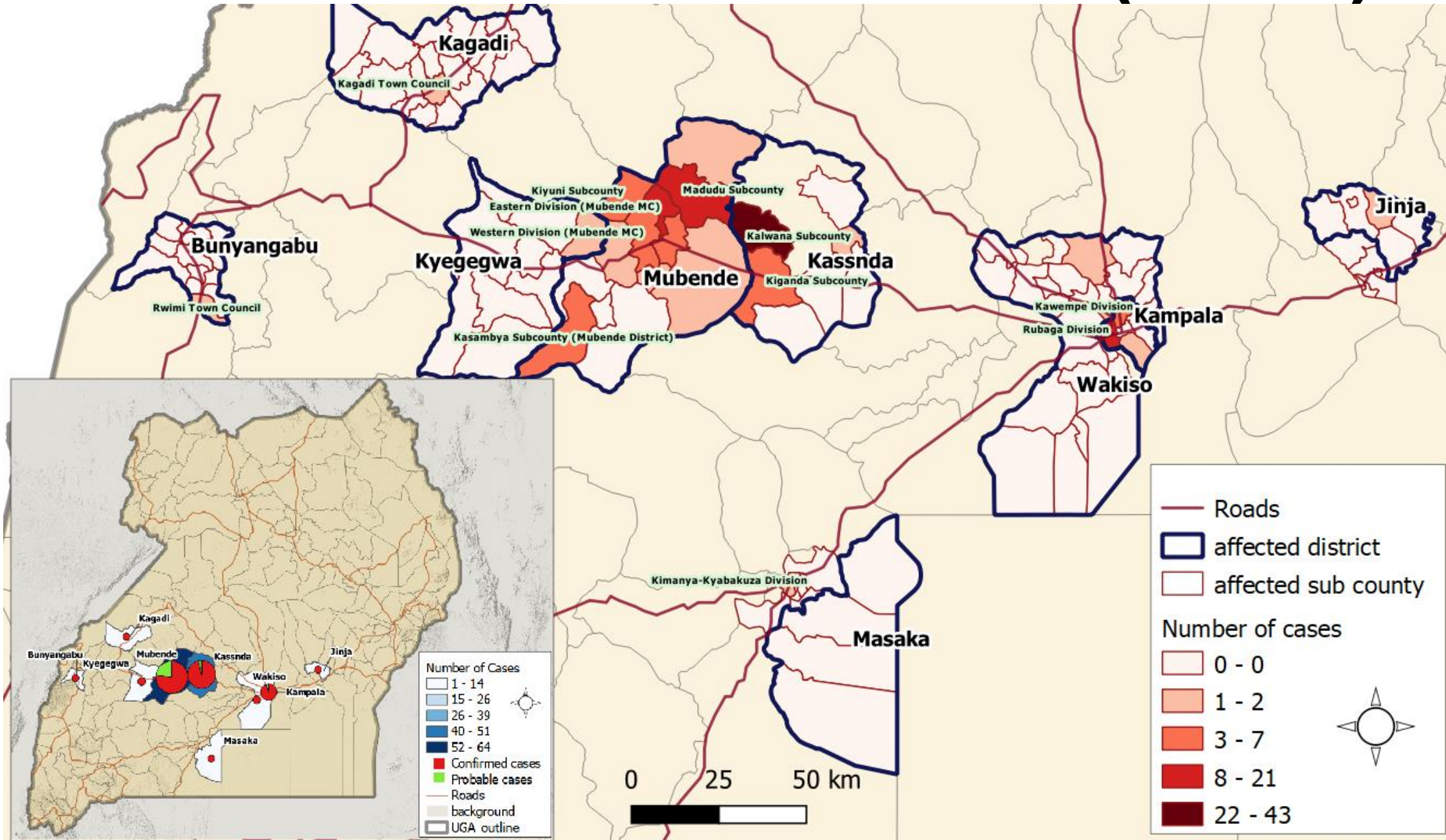
Summary of EVD cases, deaths and recoveries by district



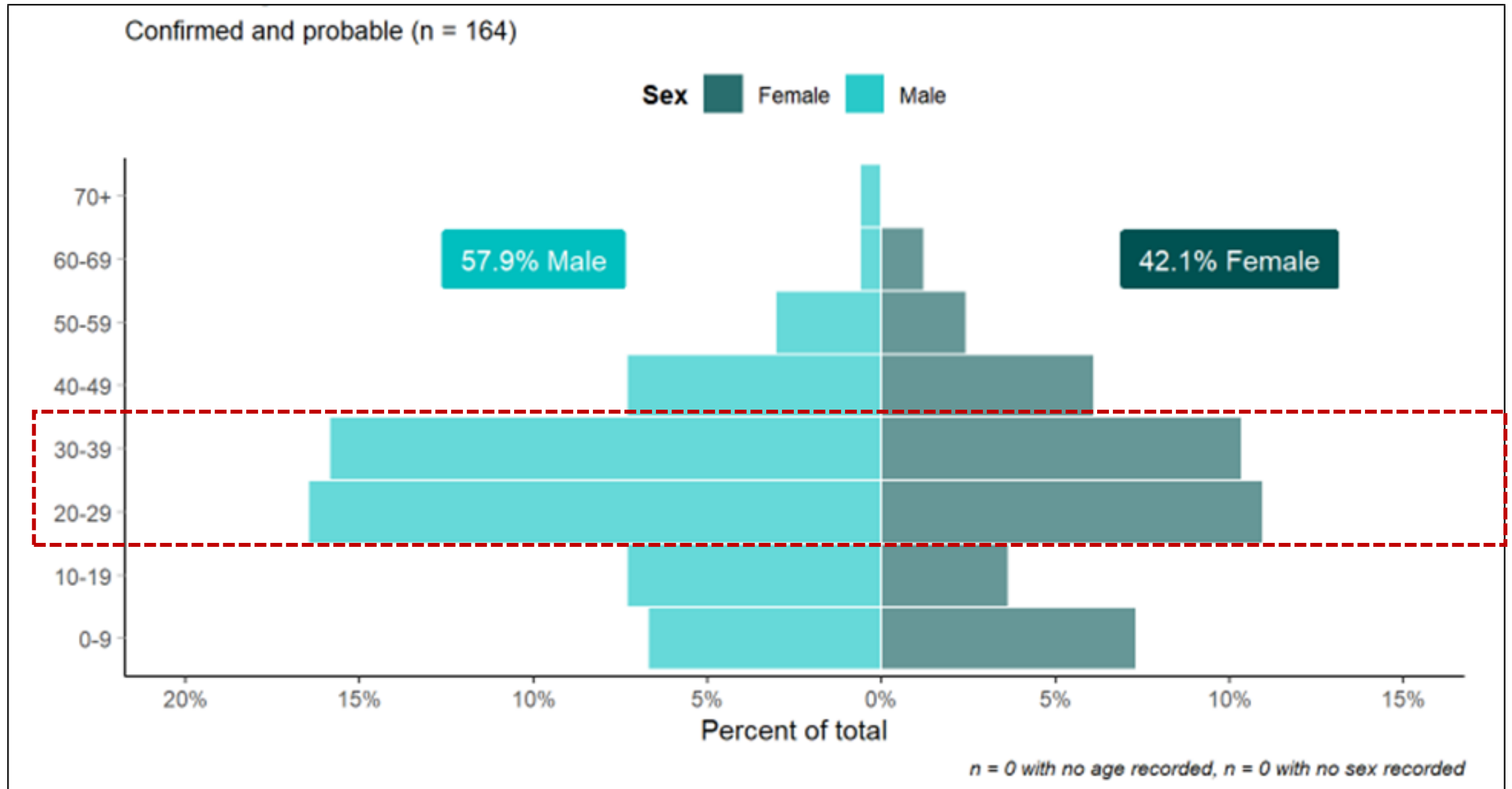
| District (N=6) | Subcounty (N=25) | Confirmed cases (N=142) | confirmed deaths (N=55) | Probable cases (N=22) | Recoveries (N=87) |
|----------------|------------------|-------------------------|-------------------------|-----------------------|-------------------|
| Kyegegwa | 01 | 03 | 01 | 00 | 02 |
| Kassanda | 04 | 49 | 21 | 02 | 28 |
| Mubende | 11 | 64 | 28 | 19 | 36 |
| Wakiso | 03 | 04 | 00 | 00 | 04 |
| Kampala | 03 | 17 | 02 | 01 | 15 |
| Jinja | 01 | 02 | 01 | 00 | 01 |
| Masaka | 01 | 01 | 01 | 00 | 00 |
| Bunyagabu | 01 | 01 | 00 | 00 | 01 |
| Kagadi | 01 | 01 | 01 | 00 | 00 |

- epi center districts
- Distric boundary
- Districts that reported a single case
- More than one cse reported

Distribution of confirmed cases (n=142)

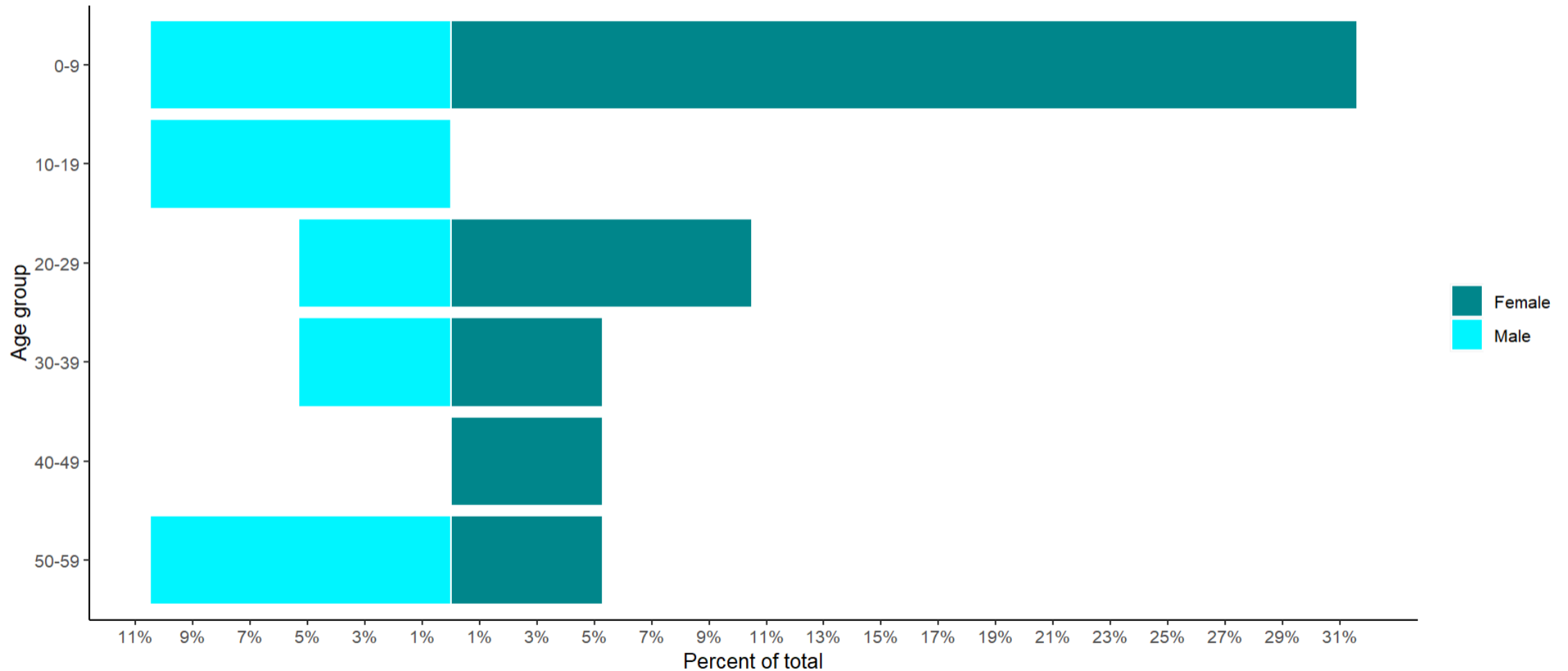


Age and Sex distribution, N=164



Age sex distribution of the initial probable cases, n=19

Age and gender of early probable cases



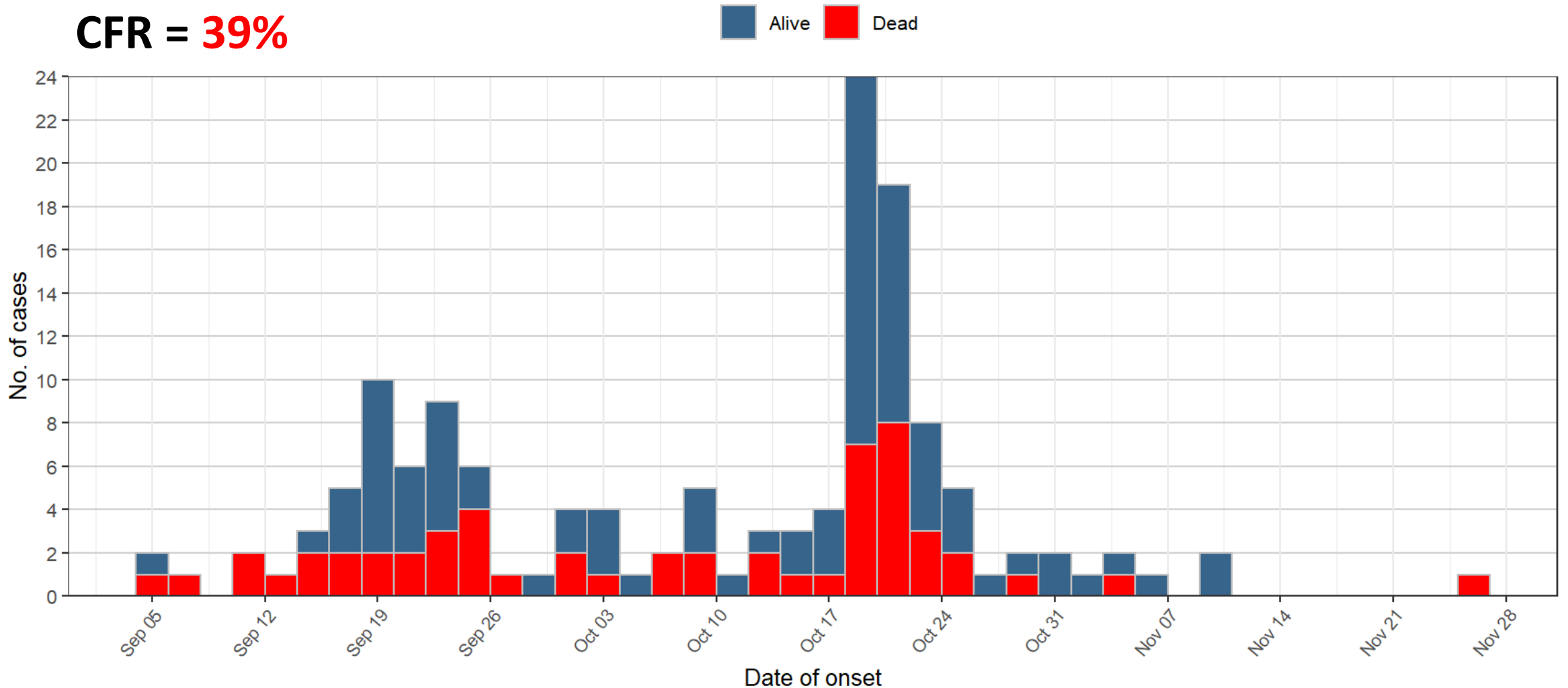
*Data are from probable
n = 19 (age or sex missing for 0 cases)
Data as of: 10 Jan 2023*

Distribution of deaths among confirmed cases (n = 142)

Epidemic curve

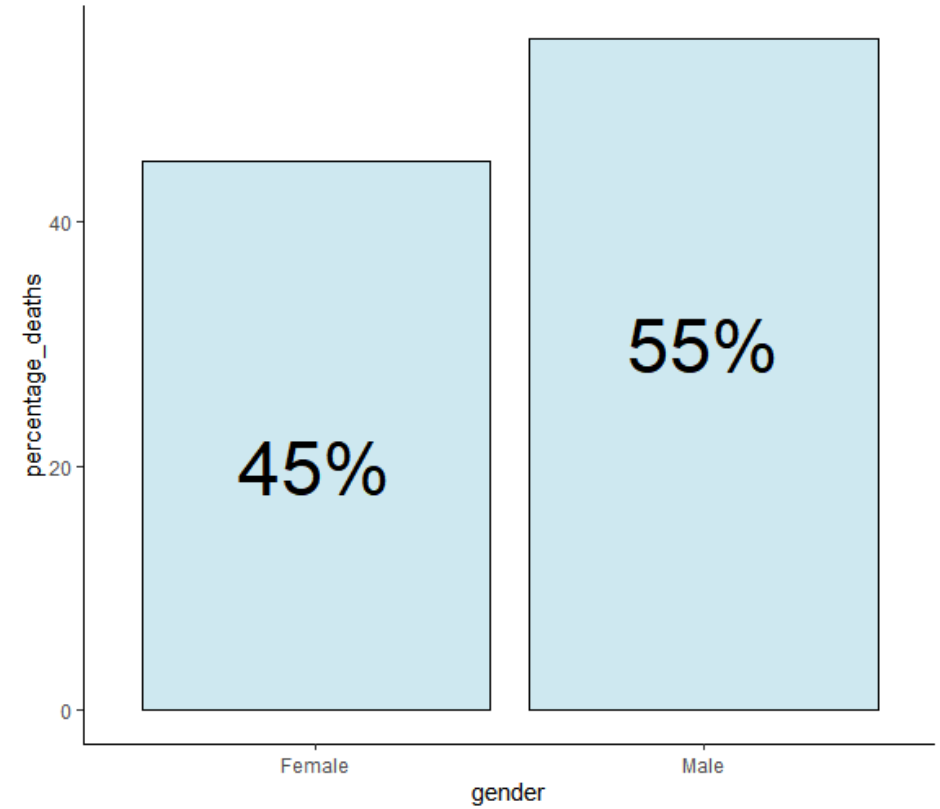
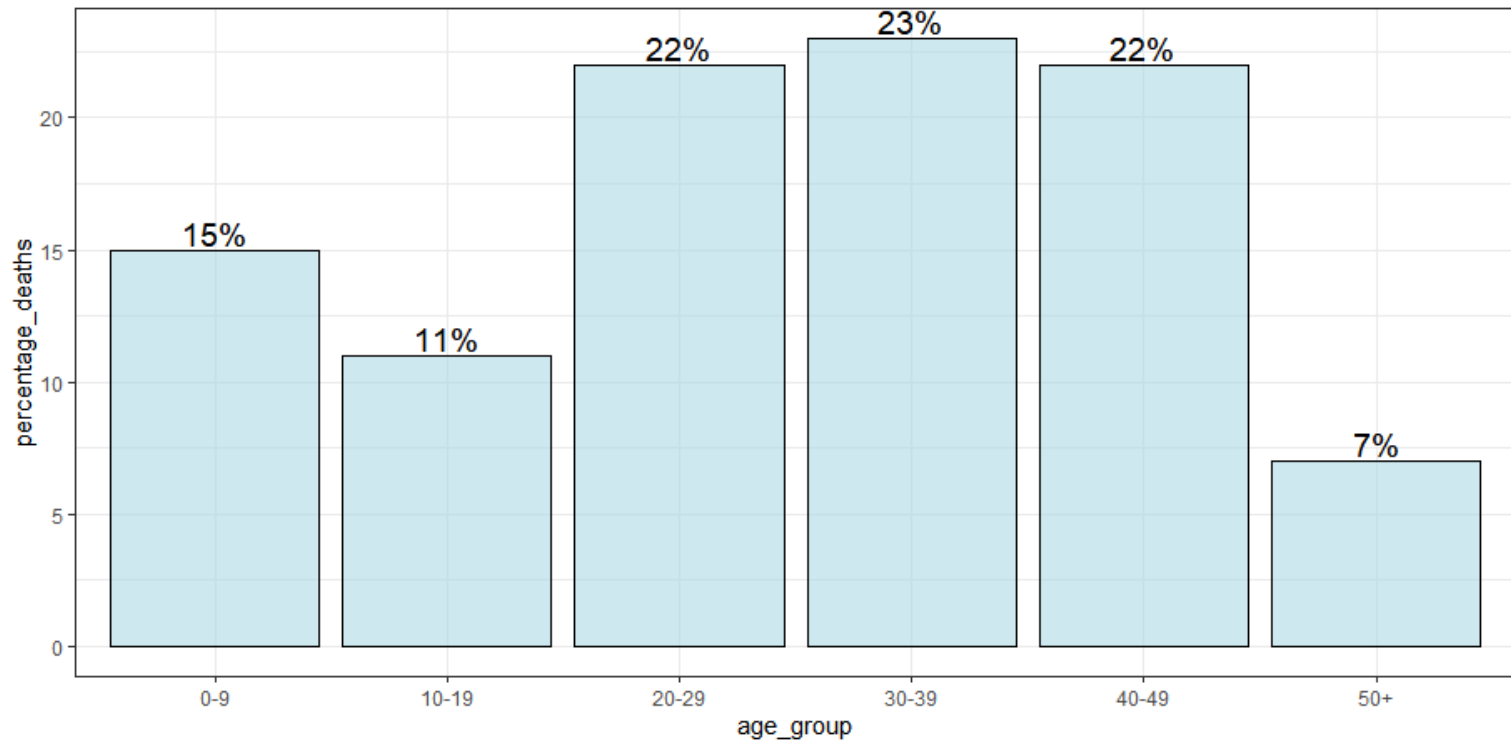
By status, Alive and Dead

CFR = 39%



n = 0 cases missing date of onset and not shown

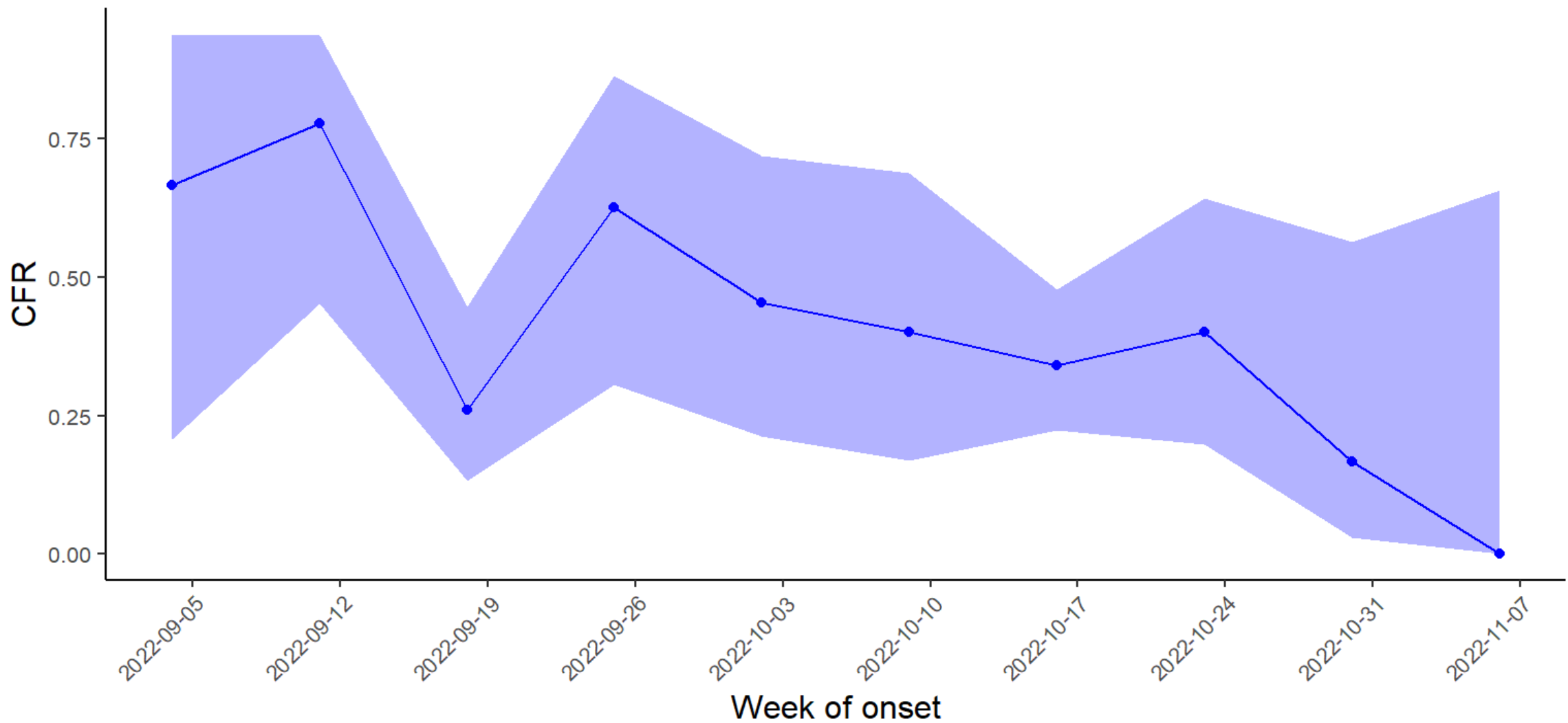
Distribution of deaths by Age and Gender (n=55)



Patient outcome improved over time

Case fatality ratio

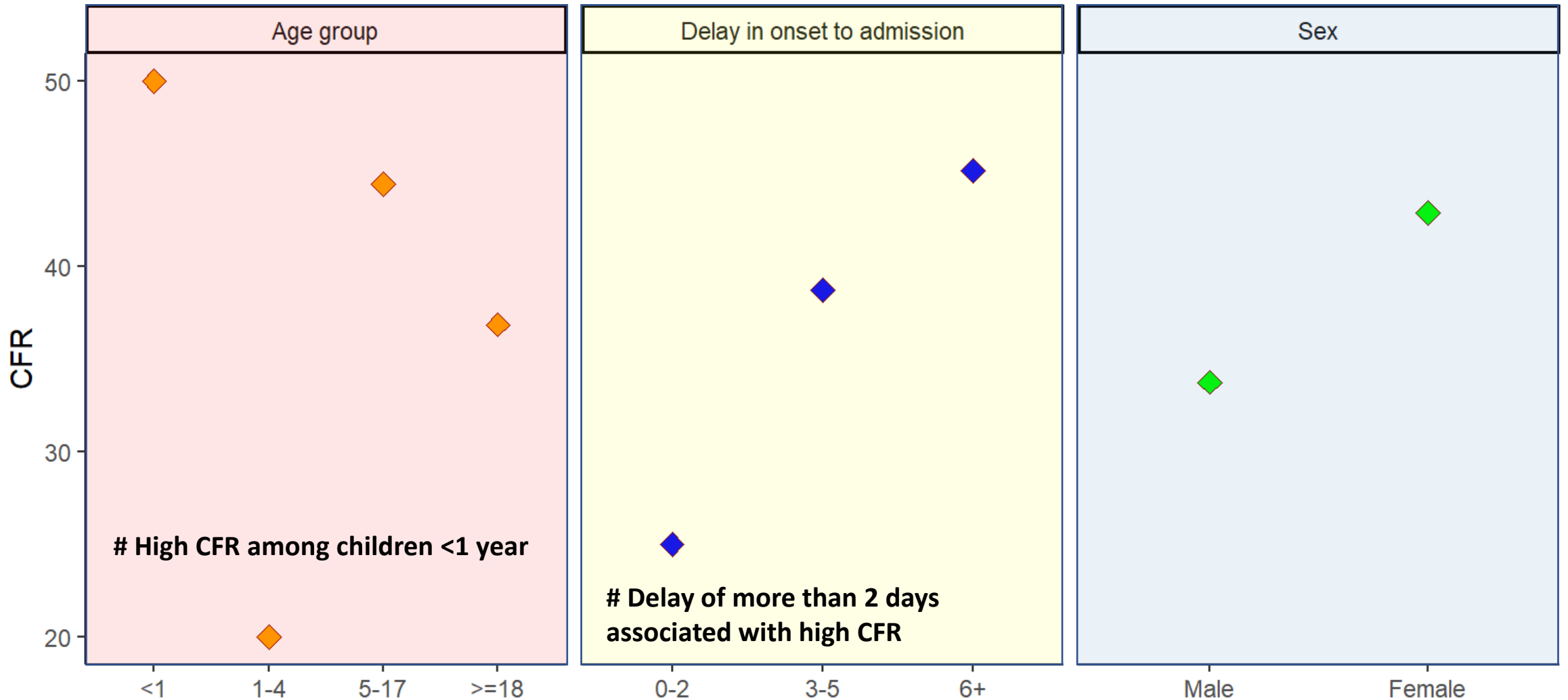
Among confirmed cases



Confirmed deaths as proportion of all confirmed cases who have died or were discharged, aggregated by week of onset

CFR by age, sex, and time to isolation

Excluding community deaths and cases still within 14d of onset

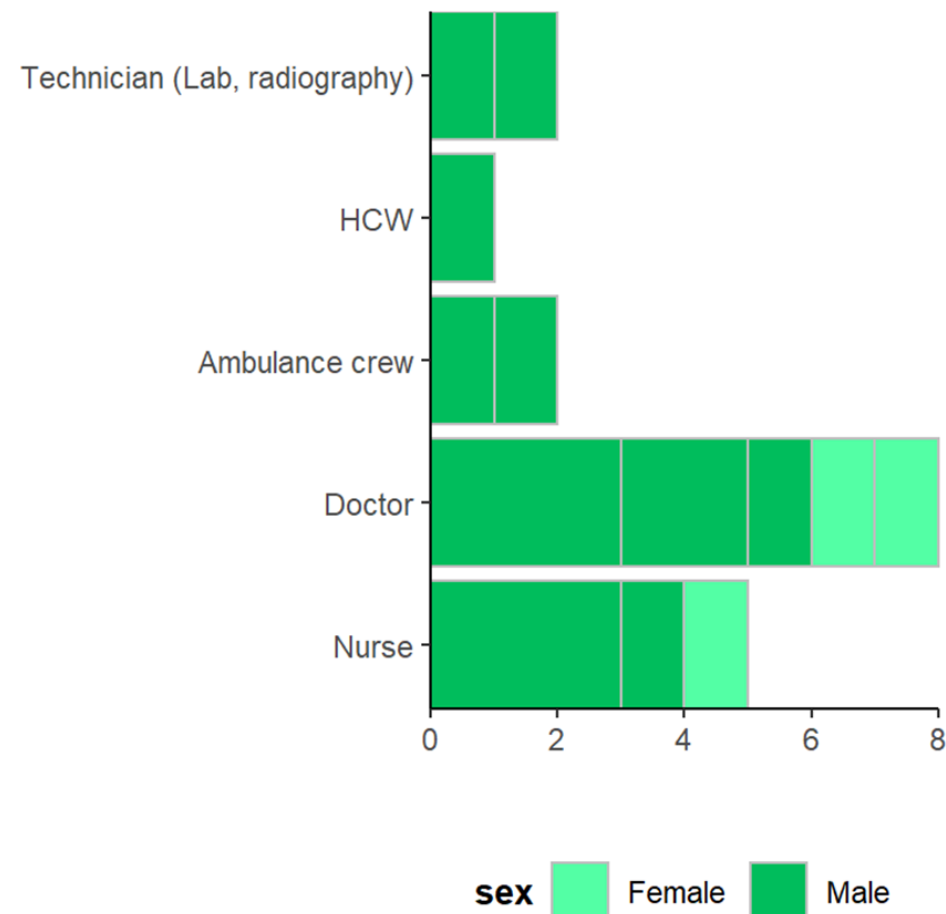


Description of a major healthcare workers' cluster

Exposed through a major surgery of patient at Mubende RRH on **17th September 2022**

- This patient presented with symptoms of fever, abdominal pain, vomiting and bloody diarrhea
- (Potentially) Suggestive of an acute surgical abdomen prompted surgery

Surgery team: Lead surgeon, an assistant, anesthetic officer among others



n = 17 cases where HCW sub-type is known

All the six (6) health workers who participated in the surgery turned positive for Ebola

- Two eventually died: 30th September 2022, and 3rd October 2022

Only one (1) case arose as secondary transmission from this cluster

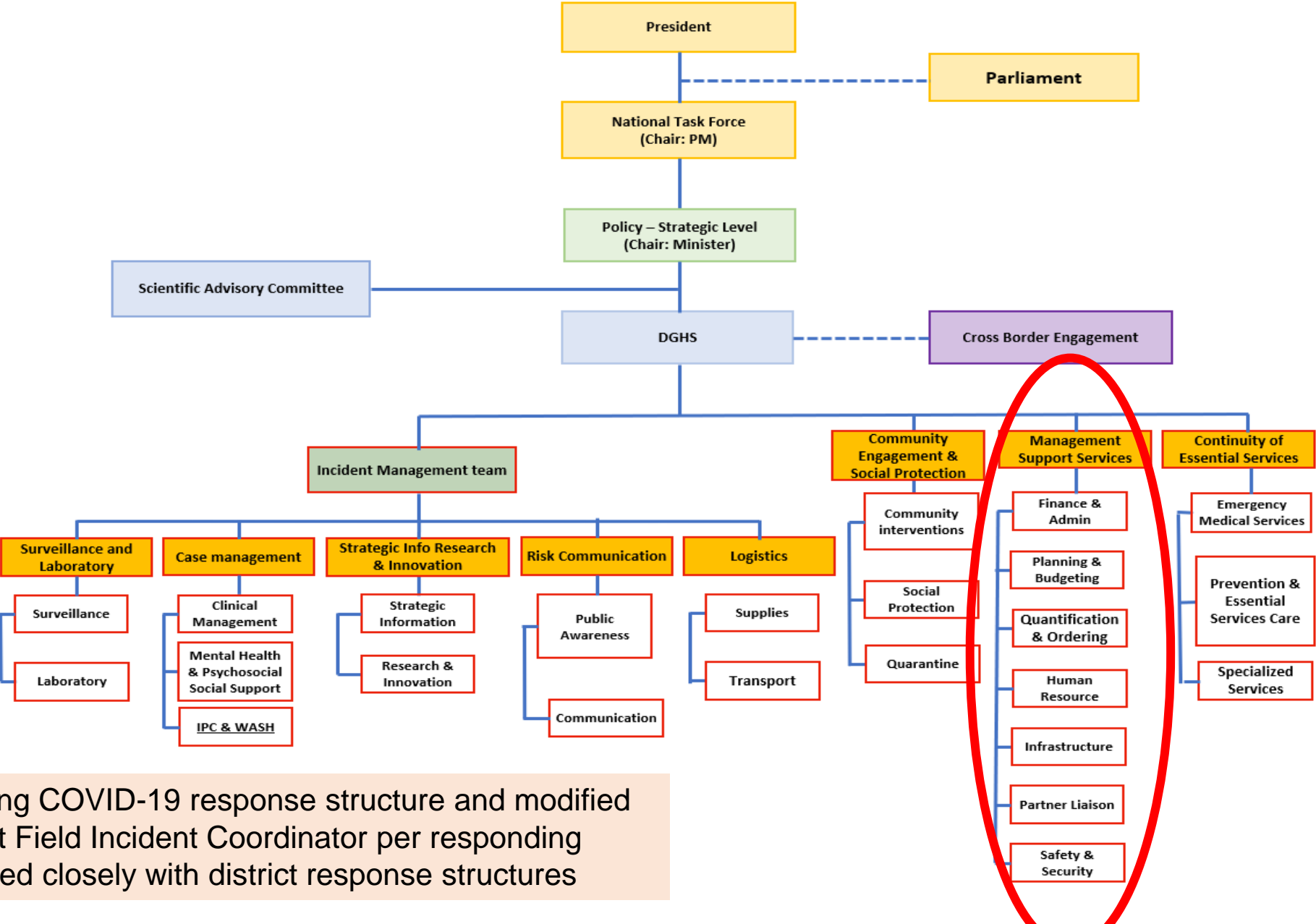
Five (5) HCWs recovered

- Received MBP134 on compassionate use provided by the USG
- Convalescent plasma from previous outbreaks

120 contacts were listed in the hospital---- all were discharged after 21 day follow up with only one (1) seroconversion.

Key Achievements of SVD Response

Organization of EVD response at national level



Leveraged existing COVID-19 response structure and modified to include District Field Incident Coordinator per responding district who worked closely with district response structures

Leadership, stewardship, and coordination

Had 4 live televised Presidential addresses about EVD to the general population

Mobilized emergency response funds from GOU and partners

Decentralized the EVD response in all districts where cases were reported or detected

Strengthened multi-sectoral coordination of the response both at the national and subnational levels

Coordination meetings at all levels of response

National and subnational levels (President's office, Strategic, NTF, IMT, DTF, etc.)

High level meetings and engagements

- One Accountability Forum to track funds mobilization and utilization
- An inception partner meeting with all in country partners
- Emergency Inter-ministerial meeting on SUDV preparedness and response

Optimum guidance of the response by timely and effective interventions

- Institutional quarantine in Kampala and selected instances at epicentre
- Limitation of movements (**63 days**) in the two high burden districts
- Setting up of a field laboratory to reduce on the TAT
- Mortality surveillance in urban areas, and the two high burden districts
- All-cause dignified burial in Kasanda and Mubende

Maintained daily situation updates: **89** daily situation reports & presentations

Continuity of Essential Health Services

- Strengthened the health system's resilience to maintain uninterrupted health services while sustaining an effective EVD response
- Assessed and re-organized existing health infrastructure and human resources for responding to the EVD outbreak

Developed and updated the guidelines for CEHS and oriented the national and subnational Taskforces on this guidance

Promoted access to and utilization of essential health services during the EVD outbreak

Strengthened reporting and monitoring of health service delivery using standardized indicators

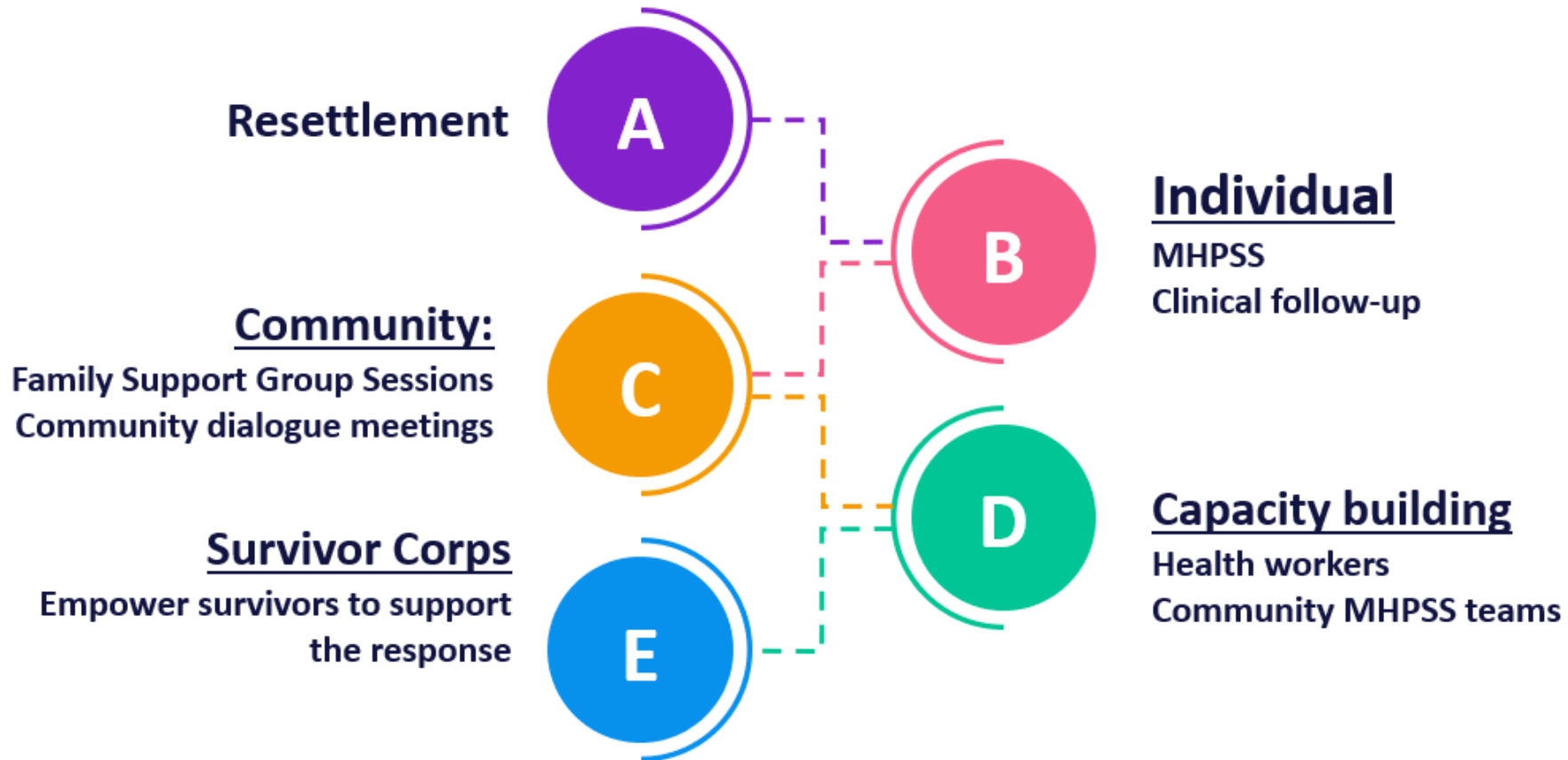
Mass Drug Administration for Malaria in Mubende and Kassanda

- Delay in seeking treatment due to fear of contracting EVD at the facility resulted in increasing numbers of Malaria cases and deaths
- MDA was implemented in Kassanda and Mubende districts
- Dihydro artemisinin piperazine was given in different doses depending on the age
- Door-to-door distribution by village teams was done to limit the spread of Ebola
- **88,658** people received malaria treatment in the two districts

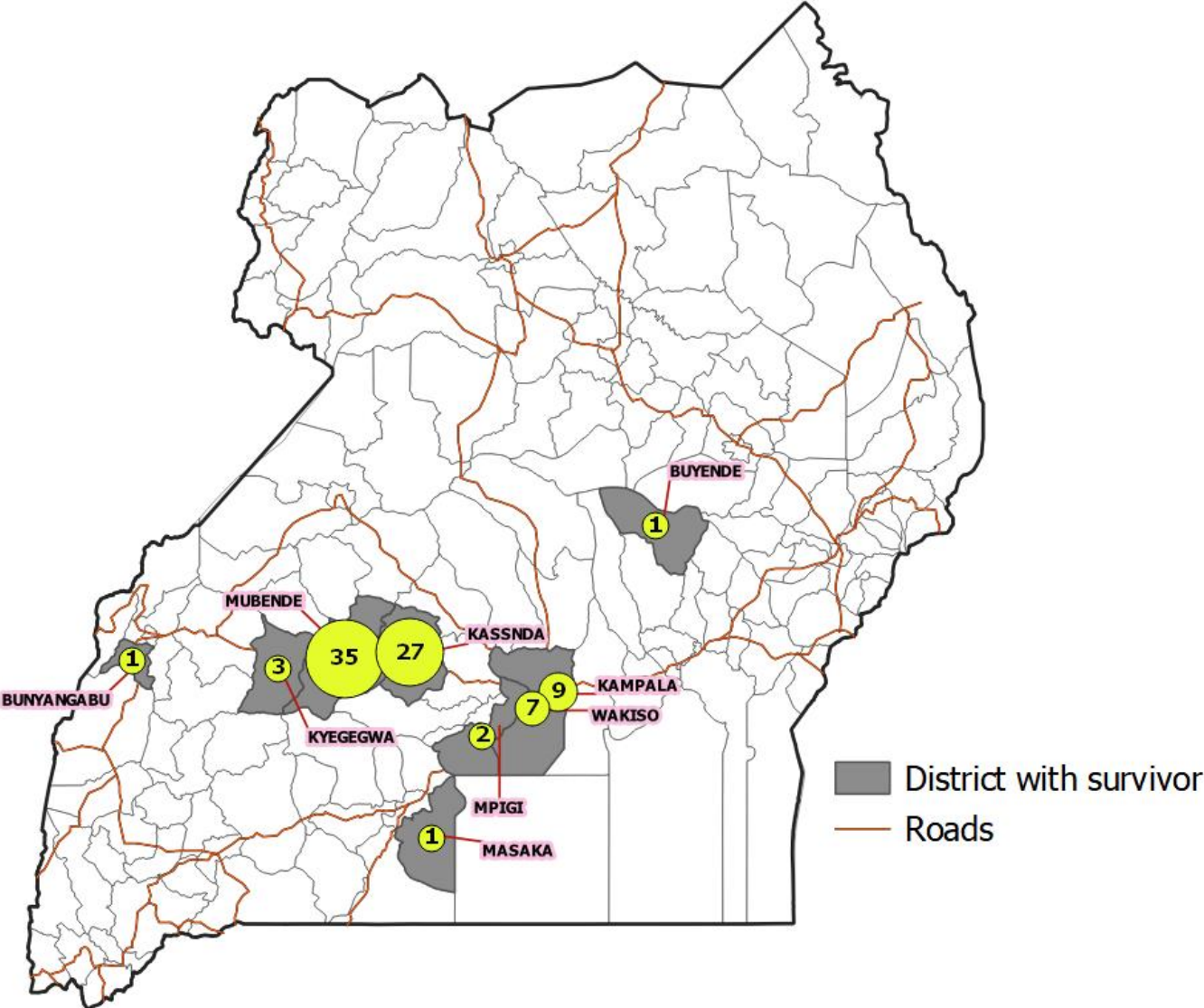


Kassanda District receiving materials for MDA

SUDV Survivors program



Mapping and description of SUDV Survivors



| Characteristic | Total (n=87) |
|-------------------|--------------|
| Age n (%) | |
| <10yr | 6(7.0%) |
| 10-19 years | 11(11.5%) |
| 20-39 years | 56(65.5%) |
| 40-49 years | 9(10.3%) |
| ≥50 years | 5(5.7%) |
| Sex, n (%) | |
| Female | 32(37%) |
| Male | 55(63%) |

- Mubende and Entebbe clinics are active. Kikandwa is to be activated
- All survivors received clinical care and MHPSS
- Lab test
 - **70/87** received baseline lab tests
 - **20** semen samples tested **9 negative**

Lessons learned during SVD response

Strong political leadership, will, and engagement in activities are pivotal in coordination of response measures and streamlining resources and support from key stakeholders

Leveraging on existing strong preparedness structures provided a firm foundation and swiftness in the response

Joint supervision between national and subnational, political and technical teams was key in gaining community compliance and responsiveness

Having a robust partner coordination mechanism streamlined efficiency in resource utilization

Involvement of key stakeholders such as traditional healers, religious leaders and community opinion leaders/influences helped raise community index of suspicion and responsiveness to control measures

Syndicated Talk shows facilitated reaching the audience at the same time with the same message providing a good platform for populations to ask questions and provide clarification on key messages

Investments in IPC outside of outbreaks and establishment of a national IPC Program are essential to strengthening health system resiliency

Establishment of field testing capacity within the epicentre contributed to reduction in results turnaround time

Usage of genomic sequencing results informed the understanding of epidemiological transmission chains to inform control of exposures

- Having a store bank for supplies such as non-consumables helped in timely set-up of ETUs
- Understanding Population mobility at the start of outbreak key in projecting progress of outbreak
- Implementation of EVD Mortality surveillance informed an end-to-end detection of cases and unmasking of silent transmission of Ebola

Priorities for the Recovery Plan - Coordination

- Maintain oversight of the implementation of the Recovery Plan to ensure coordination and accountability across the strategic areas/ pillars
- Guide review and documentation of the response and integration of the lessons into existing plans and frameworks
 - Monitor and report on key performance indicators
- Capacity enhancement for coordination structures at all levels
 - Regional EOCs to coordinate response measures in the EVD affected areas
 - HR for subsequent outbreaks without disrupting health system
- Joint resource mobilisation
 - Fund the recovery plan
 - Emergency funding for outbreak response

Priorities for the Recovery Plan – Surveillance

Accelerate rollout of IDSR in all districts (with prioritisation of high risk districts) to health facilities and community level including mortality surveillance

- Develop appropriate mortality surveillance tools and integrate into data capture system
- Sentinel surveillance for VHFs to collect data based on certain case definitions
- CBDS

Improve data management systems and analytics capacities including systems for monitoring performance of IDSR

Institutionalise alert management system into the health system and integrate with Emergency Medical Services (EMS)

Improve readiness and response capacities for public health emergencies at all levels

Priorities for Laboratory

- Optimize the national Sample Referral and results dispatch systems to provide seamless coordination of all emergence and response samples and results
- Strengthen laboratory diagnostic capacity to detect, confirm and do real time reporting on pathogens and variants of public health concern through genomic sequencing
- Strengthen Laboratory information systems to enable interoperability with other health management information systems (e-IDSR, DHIS2)

- Support the continuous and well-coordinated testing among EVD survivors for detection of any relapses and resurgence of cases among survivors
- Maintain laboratory-based surveillance in and across high-risk VHF districts, high traffic volume PoEs, bio-risk, biosecurity characterization as well perform laboratory -based mortality surveillance

Priorities Case management

Establish multi-disciplinary National emergency clinical response team ready to respond to any outbreak in the country

- Establish Regional centres of expertise for emergency medical centres to provide medical services from range of services
- Mental health service package –include psychosocial support team as part of clinical team
- Anchor in Rapid response team mechanism

In conjunction with IPC team, leverage on the investment in infrastructure during the Ebola outbreak to set up a National Centre of Excellence for training in Mulago/ Entebbe

Complete the set-up and strengthening of the SVD survivors' follow-up program

- Improve capacity of HCWs to address immediate needs of people in ETUs
- Finalise the set-up space in Kasanda

Priorities - IPC

Support set-up and functionalise the isolation spaces in Regional Referral Hospitals, selected district hospitals and large private not-for profit

- Re-organise available space to isolate patients suspected with highly infectious diseases until results are released
- Equip these facilities with supplies and logistics

Strengthen IPC readiness capacities for EVD and other diseases of epidemic potential

Establish a National IPC programme

Priorities - SIRI

Vaccines Research: conduct additional research to advance the evolution (immunogenicity and safety) of candidate vaccines against Sudan Ebola Virus

Develop the Research Agenda for:

- Survivors and contacts
- Therapeutics
- Mapping the at-risk areas and populations and design mitigation measures



For God and my Country

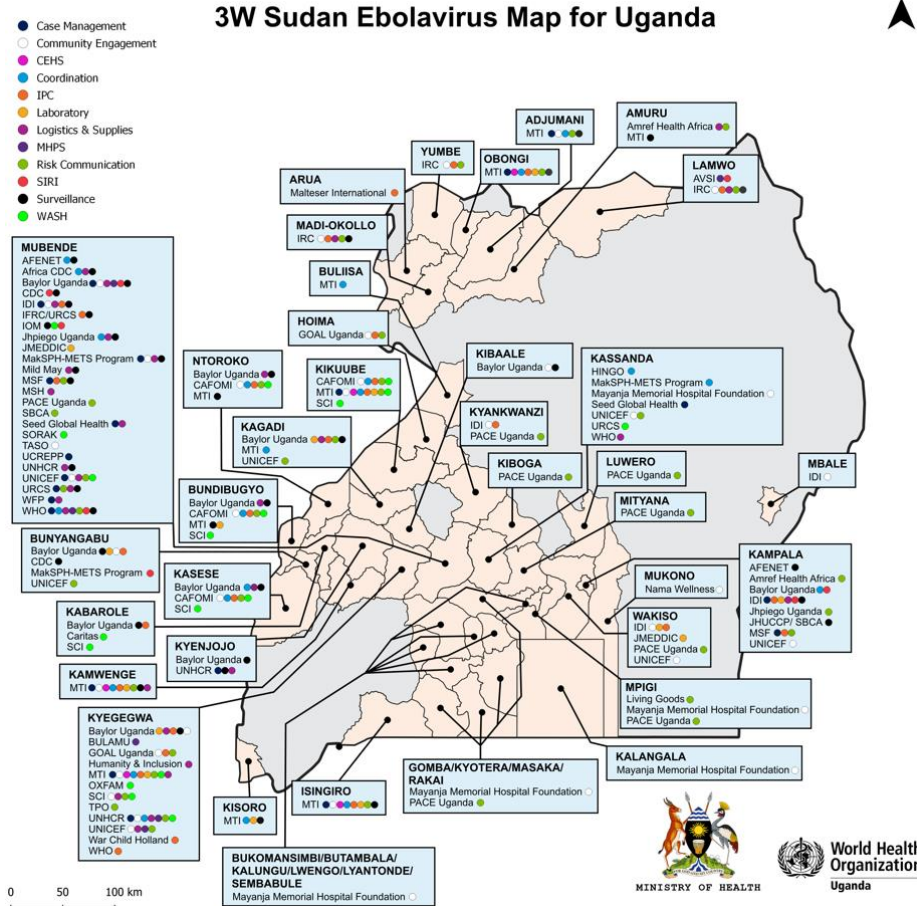


EVD OUTBREAK RESPONSE ACCOUNTABILITY FORUM

Partner Coordination

10th January 2023

Partners mapping for the response

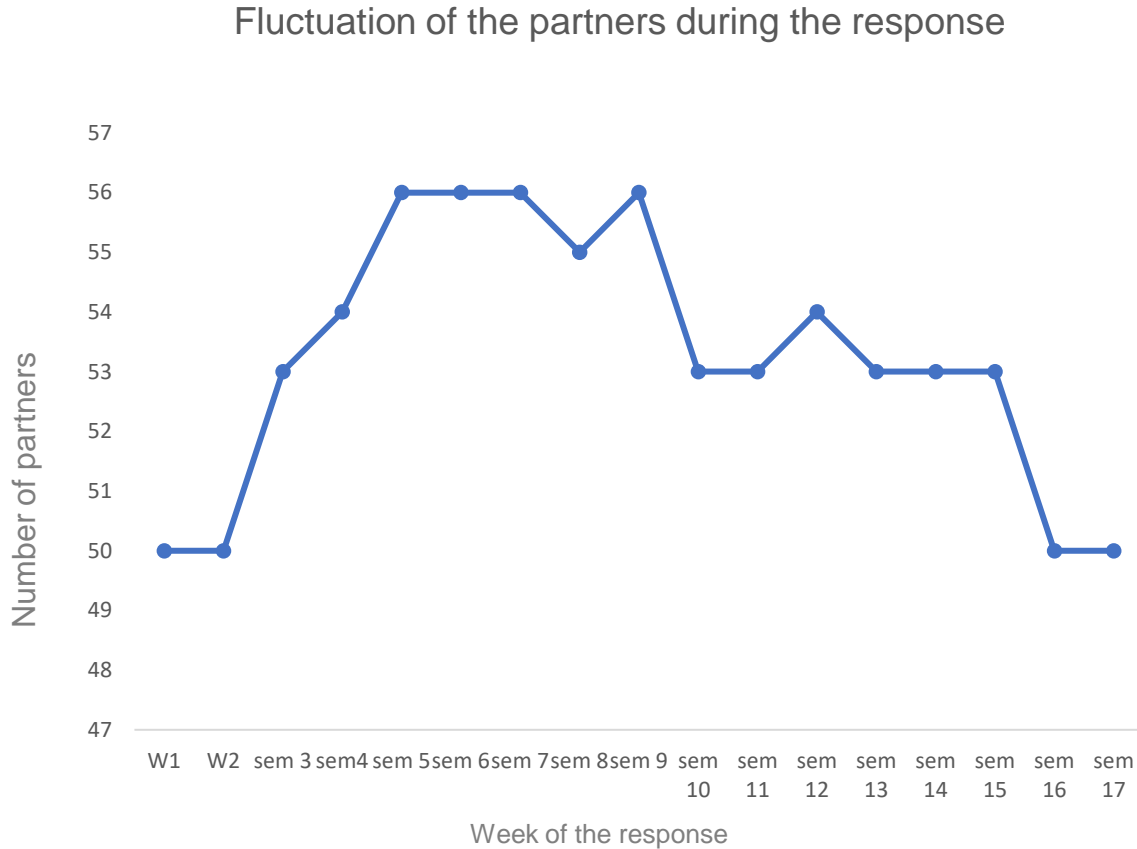


A total of 56 partners supported the response

- Government
- NNGO
- INGO
- UN Agencies
- Donors
- Academic institutions
- Private sectors



Partners presence from the one of the response



- Highest number: 56 partners
- Lowest number: 50 partners
- Reasons:
 - Lack of funding
 - End of operation
- Availability of partners from the onset of the response



Partners presence IP in the affected districts

| District | # Partners | Implementing Partners |
|-------------------|------------|--|
| Mubende | 25 | Af.CDC, AFENET, Baylor, CDC, IDI, IFRC, URCS, IOM, Jhpiego, JMEDDIC, MakSPH, Mild May, MSF, MSH, PACE, SBCA, SGH, SORAK, TASO, UCREPP, UNHCR, UNICEF, URCS, WFP, WHO |
| Kampala | 19 | AFENET, AHA, AMREF, Baylor, CDC, HINGO, IDI, Jhpiego, JHUCCP, SBCA, MSF, MUSPH, UNHCR, UNICEF, WHO, Green Label, |
| Kyegegwa | 13 | AHA, Baylor, BULAMU, GOAL, HI, MTI, OXFAM, SCI, TPO, UNHCR, UNICEF, War Child, WHO |
| Kassanda | 8 | CDC, MakSPH, MMHF, SGH, UNICEF, URCS, WHO, WVI |
| Wakiso | 7 | CDC, IDI, JMEDDIC, MUSPH, PACE, UNICEF, WHO |
| Kagadi | 4 | Baylor, MTI, UNICEF, WHO |
| Bunyangabu | 5 | Baylor, CDC, MakSPH-METS, UNICEF, WHO |
| Masaka | 12 | AFENET, Amref Health Africa, Baylor Uganda, Infectious Diseases Institute Jhpiego Uganda, Living Goods, MakSPH-METS Program, Mayanja Memorial Hospital Foundation, Medecin Sans Frontiere, PACE Uganda, United Nations Children's Fund, World Vision International |
| Jinja | 5 | Infectious Diseases Institute, Jhpiego Uganda, Living Goods, UNICEF, WHO |



Distribution of partners per pillar of the response

| Pillars | Number of partners |
|--|--------------------|
| • Coordination | 15 |
| • Surveillance | 19 |
| • CEHS (Continuity of Essential Health Services) | 6 |
| • Case Management | 15 |
| • Community Engagement | 24 |
| • IPC (Infection Prevention & Control) | 30 |
| • Laboratory | 9 |
| • Logistics | 25 |
| • RCSM (Risk Comm & Social Mob.) | 22 |
| • Research | 4 |
| • SIRI (Strategic Information Research and Innovation) | 9 |



Partners presence by pillar

15

Coordination

- AFENET
- Africa CDC
- Africa Humanitarian Action)
- Arua DHO Office
- Baylor Uganda
- Care and Assistance for Forced Migrants
- HINGO
- Infectious Diseases Institute
- International Rescue Committee
- Jhpiego Uganda
- MakSPH-METS Program
- Medical Teams International
- UN High Commissioner for Refugees
- World Health Organization
- World Vision International

6

CEHS (Continuity of Essential Health Services)

- Africa Humanitarian Action)
- International Rescue Committee
- Medical Teams International
- Seed Global Health
- United Nations Children's Fund
- World Health Organization

15

Case Management

- Africa Humanitarian Action)
- Arua DHO Office
- Baylor Uganda
- BULAMU
- Infectious Diseases Institute
- International Service Volunteers Association
- Medecin Sans Frontiere
- Medical Teams International
- Seed Global Health
- UCREPP
- Uganda Red Cross Society
- UN High Commissioner for Refugees
- United Nations Children's Fund
- World Food Program
- World Health Organization

24

Community Engagement

- AFENET
- Africa Humanitarian Action)
- Baylor Uganda
- Care and Assistance for Forced Migrants
- CUAMM
- GOAL Uganda
- Infectious Diseases Institute
- International Rescue Committee
- International Service Volunteers Association
- Living Goods
- MakSPH-METS Program
- Mayanja Memorial Hospital Foundation
- Medecin Sans Frontiere
- Medical Teams International
- PACE Uganda
- Samaritan's Purse
- Save the Children
- TASO
- Uganda Red Cross Society
- UNHCR
- UNICEF
- War Child Holland
- WHO
- World Vision International



Partners by pillar (con't)

22

RCSM (Risk Comm & Social Mob.)

- Africa Humanitarian Action)
- Amref Health Africa
- Arua DHO Office
- Baylor Uganda
- Care and Assistance for Forced Migrants
- CUAMM
- GOAL Uganda
- Infectious Diseases Institute
- International Rescue Committee
- JHUCCP/ SBCA
- Living Goods
- Medecin Sans Frontiere
- Medical Teams International
- Samaritan's Purse
- Save the Children
- Social Behavior Change Activity
- TASO
- Uganda Red Cross Society
- UN High Commissioner for Refugees
- United Nations Children's Fund
- World Health Organization
- World Vision International

30

IPC (Infection Prevention & Control)

- Africa Humanitarian Action)
- Amref Health Africa
- Arua DHO Office
- Baylor Uganda
- Care and Assistance for Forced Migrants
- Caritas
- Centre for Disease Control
- FHI360
- GOAL Uganda
- Green Label Services Limited
- IFRC/URCS
- Infectious Diseases Institute
- International Organization for Migration
- International Rescue Committee
- MakSPH-METS Program
- Malteser International
- Medecin Sans Frontiere
- Medical Teams International
- Nama Wellness
- OXFAM
- Samaritan's Purse
- Save the Children
- SORAK
- TASO
- Uganda Red Cross Society
- UHF
- UN High Commissioner for Refugees
- United Nations Children's Fund
- World Health Organization
- World Vision International

20

Logistics

- Africa CDC
- Amref Health Africa
- Baylor Uganda
- Care and Assistance for Forced Migrants
- GOAL Uganda
- Green Label Services Limited
- HISP Uganda
- Humanity & Inclusion
- Infectious Diseases Institute
- International Organization for Migration
- International Rescue Committee
- Jhpiego Uganda
- MakSPH-METS Program
- Medecin Sans Frontiere
- Medical Teams International
- Mild May
- OXFAM
- Samaritan's Purse
- Save the Children
- Seed Global Health
- Uganda Red Cross Society
- UNHCR
- UNICEF
- World Food Program
- WHO



Partners by pillar (con't)

9 Laboratory

- Arua DHO Office
- Baylor Uganda
- Infectious Diseases Institute
- International Rescue Committee
- JMEDDIC
- Medical Teams International
- UN High Commissioner for Refugees
- World Health Organization

9 SIRI (Strategic Information Research and Innovation)

- Baylor Uganda
- Centre for Disease Control
- HISP Uganda
- International Organization for Migration
- International Service Volunteers Association
- Jhpiego Uganda
- MakSPH-METS Program
- World Vision International

19 Surveillance

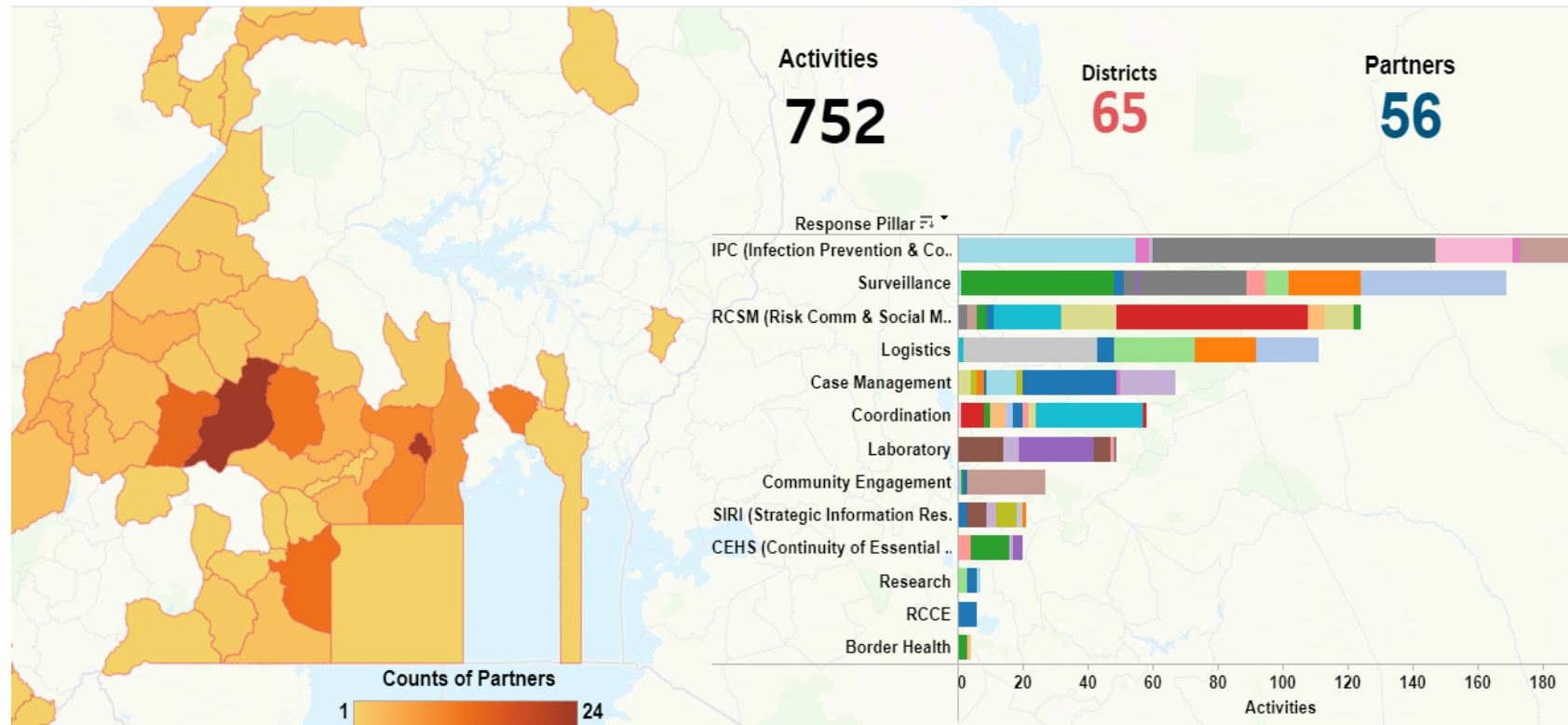
- AFENET
- Africa CDC
- Africa Humanitarian Action)
- Arua DHO Office
- Baylor Uganda
- Centre for Disease Control
- IFRC/URCS
- Infectious Diseases Institute
- International Organization for Migration
- International Rescue Committee
- Jhpiego Uganda
- MakSPH-METS Program
- Medecin Sans Frontiere
- Medical Teams International
- Mild May
- Uganda Red Cross Society
- UN High Commissioner for Refugees
- United Nations Children's Fund
- World Health Organization

4 Research

- Baylor Uganda
- Centre for Disease Control
- International Organization for Migration
- WHO



Partners mapping per pillar



Funding of the SIVD response



Partners and funding for SUVD



The current analysis considered information received from partners and donors

Out of **56** implementing partners only **29** provided information on the funding received for the SUVD response

Which represent **51.8%** of completeness of the expected information

The quality of information provided remain a challenge

Triangulation of the 3W and other source of information was required

Funding declared by 29 partners

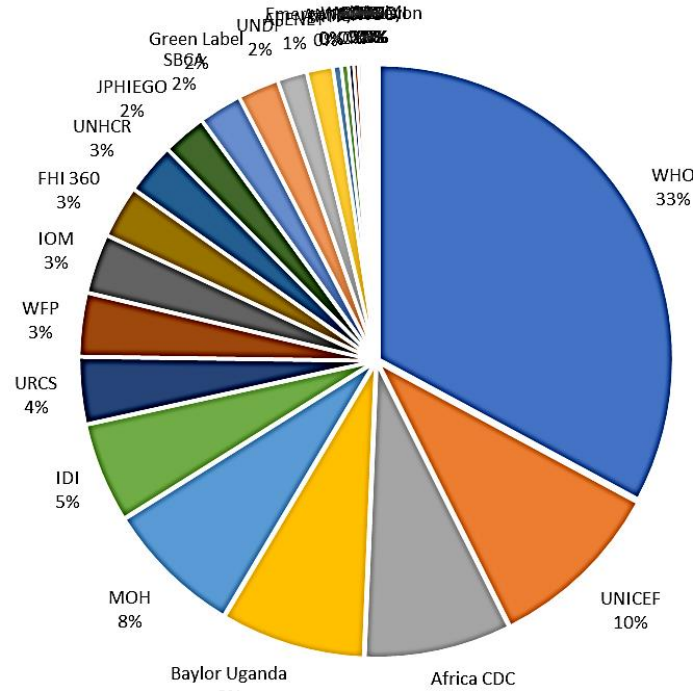
| Partners | Funding (USD) | Partners | Funding (USD) |
|---------------|---------------|---------------|---------------|
| WHO | 26,400,488 | AFENET | 1,149,161 |
| UNICEF | 7,822,940 | MTI | 361,636 |
| Africa CDC | 6,454,501 | AMREF | 314,804 |
| Baylor Uganda | 6,344,551 | Emergency NGO | 226,377 |
| MOH | 6,053,176 | SCI | 200,000 |
| IDI | 4,392,887 | SGH | 156,900 |
| URCS | 2,936,726 | SSCS | 125,623 |
| WFP | 2,788,490 | GOAL | 124,160 |
| IOM | 2,608,437 | IRC | 107,000 |
| FHI 360 | 2,300,000 | Mildmay | 102,391 |
| UNHCR | 2,253,807 | World Vision | 100,071 |
| JPHIEGO | 1,920,000 | CAFOMI | 32,246 |
| SBCA | 1,900,000 | TASO | 29,834 |
| Green Label | 1,800,000 | HI | 2,231 |
| UNDP | 1,300,000 | | |

GRAND TOTAL: 81,200,480 USD

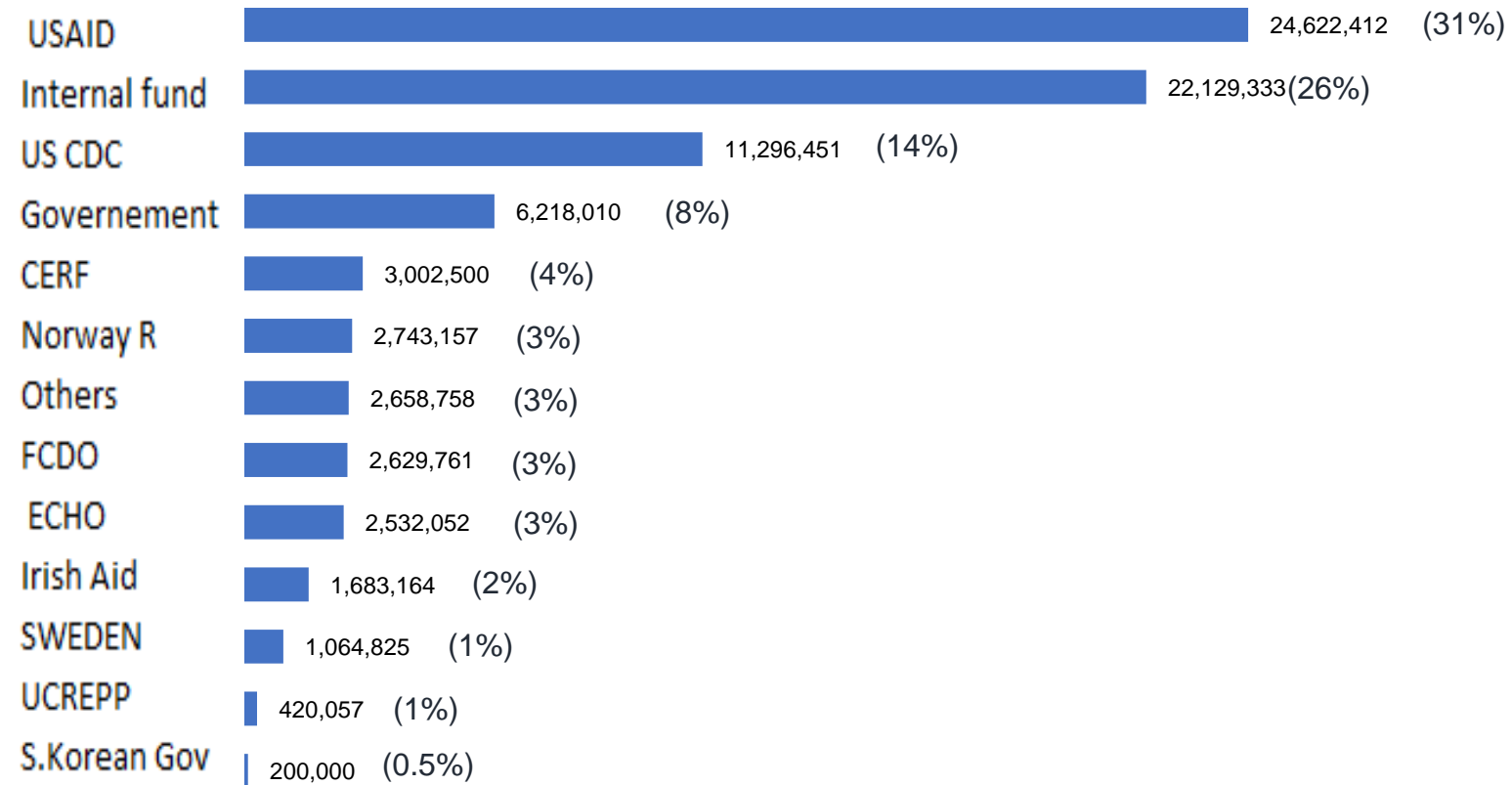


Fund received by partner as declared

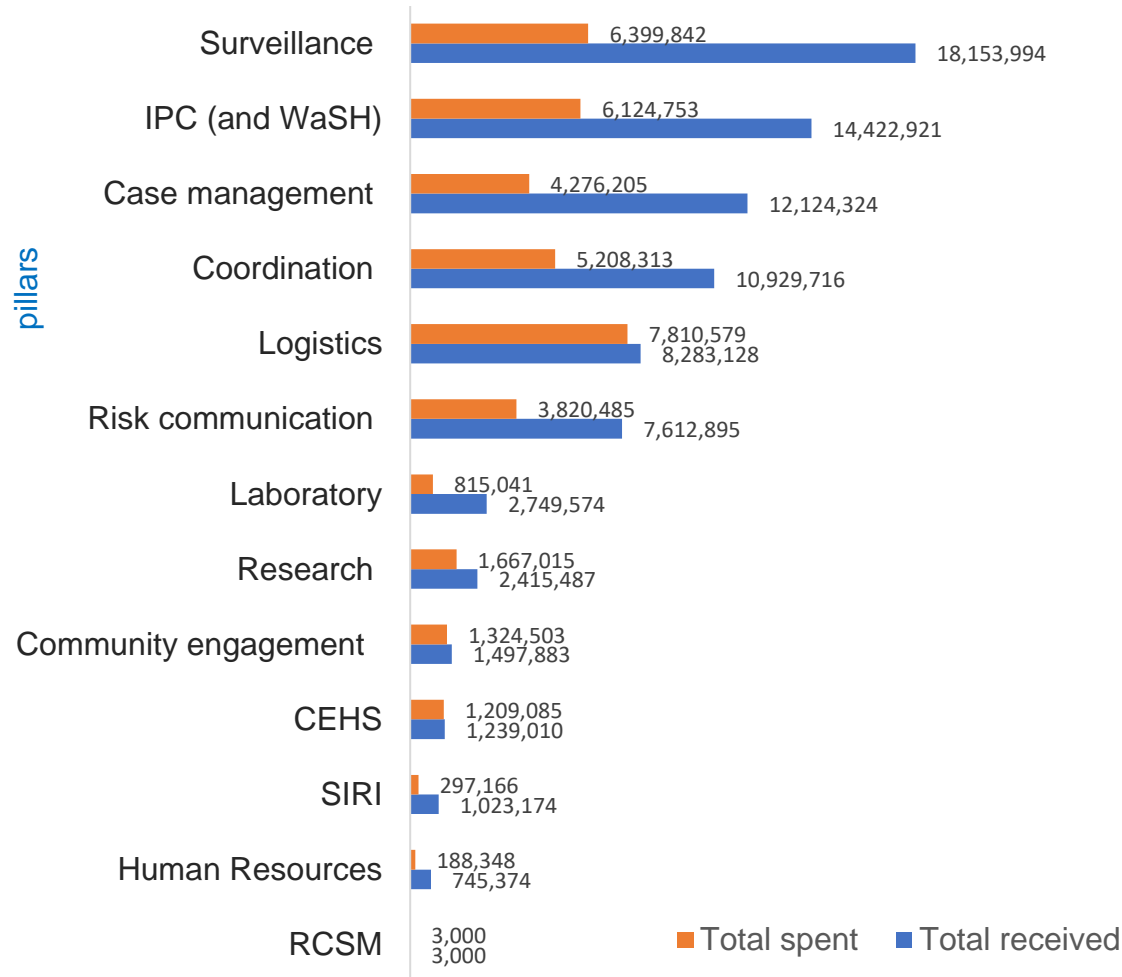
| | |
|---------------|------------|
| HI | 2,231 |
| TASO | 29,834 |
| CAFOMI | 32,246 |
| World Vision | 100,071 |
| Mildmay | 102,391 |
| IRC | 107,000 |
| GOAL | 124,160 |
| SSCS | 125,623 |
| SGH | 156,900 |
| SCI | 200,000 |
| Emergency NGO | 226,377 |
| AMREF | 314,804 |
| MTI | 361,636 |
| AFENET | 1,149,161 |
| UNDP | 1,300,000 |
| Green Label | 1,800,000 |
| SBCA | 1,900,000 |
| JPHIEGO | 1,920,000 |
| UNHCR | 2,253,807 |
| FHI 360 | 2,300,000 |
| IOM | 2,608,437 |
| WFP | 2,788,490 |
| URCS | 2,936,726 |
| IDI | 4,392,887 |
| MOH | 6,053,176 |
| Baylor Uganda | 6,344,551 |
| Africa CDC | 6,454,501 |
| UNICEF | 7,822,940 |
| WHO | 26,400,488 |



The major funders as declared by partners



Funding declared and expenditure per pillar



➔ Total declared:
81,200,480 USD

➔ Total spent:
39,144,335 USD (48%)

➔ Some partners mentioned about expenses engaged and not captured

Conclusion / challenges

- Completeness and promptness of information still low
- 4 W matrix not used by most of partners
- Quality of information limited the analysis
- **Early withdrawal** of some partners **presence** and **support** in the field before the declaration of end of the outbreak



Way forward

- Partners are encouraged to submit pending information
- Coordination team remain available to support filling the information on the 4W matrix



Thank you





THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH



Presentation to Accountability Forum on Government Interventions on EBOLA Response

10TH JANUARY, 2023

Kenneth Akiiri-US

Background

- Ebola outbreak was declared on September 19, 2022
- A Response Plan of UGX 76.6 Bn was developed for implementation under 12 pillars
- UCREPP a World Bank funded Project in the MOH availed US\$ 6 million (~ UGX 22.2 Bn) towards the response plan
- US\$ 2.78 million (~UGX 10.67 Bn) has been spent by January 9th 2023
- US\$ 3.21 million unspent (~ UGX 12.32 Bn) unspent by 9th January 2023

Funds received for response (by source, and expiry date)

| PILLAR | WORLD BANK (USD) | Total Funds Mobilized (USD) |
|-----------------------------|-----------------------------|--|
| Case management | 1,147,827 | 1,147,827 |
| CEHS | 26,087 | 26,087 |
| Community engagement | 52,174 | 52,174 |
| Coordination | 1,695,654 | 1,695,654 |
| IPC (and WaSH) | 208,696 | 208,696 |

Funds received for response (by source, and expiry date)

| PILLAR | WORLD BANK (USD) | Total Funds Mobilized (USD) |
|---------------------------|-----------------------------|--|
| Laboratory | 965,218 | 965,218 |
| Logistics | 182,609 | 182,609 |
| Risk communication | 704,348 | 704,348 |
| Research | | |
| SIRI | 52,174 | 52,174 |
| Surveillance | 1,095,653 | 1,095,653 |
| Total | 6,000,000 | 6,000,000 |
| | | |

Activities supported/Support provided...

| PILLAR | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure (USD) |
|----------------------|---|-------------------------|
| Case management | <ul style="list-style-type: none"> • Paid Allowances (Hardship, Risk etc) and Per diems for ETU teams , EMS teams & provided meals for staff • Disbursement to Uganda Red Cross Society | 603,426 |
| CEHS | <ul style="list-style-type: none"> • Orientation on continuity of essential health services | 9,760 |
| Community engagement | <ul style="list-style-type: none"> • Support supervision-Mubende, Kasanda & Jinja , Follow up of survivors in the community | 45,147 |
| Coordination | <ul style="list-style-type: none"> • Disbursements to Districts (Mubende, Kassanda, Masaka, Jinja, Kyegegwa, Kagadi, Bunyangabu) = US\$ 725,537 • Top Management Support Supervision and Monitoring of response =US\$ 252,490 and HR \$ 4,122 | 982,146 |
| IPC (and WaSH) | <ul style="list-style-type: none"> • Assessment, Monitoring and Supervision of WASH activities | 10,836 |
| Laboratory | <ul style="list-style-type: none"> • Procured 5,000 Ebola PCR test kits • Per Diem for sample collectors, Testing Lab staff • Fuel for sample collection | 250,280 |

Activities supported/Support provided

| Pillar | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure (USD) |
|---------------------------|---|-------------------------|
| Logistics | Provided funds to fuel 69 vehicles for response (Case Mgt – ambulances, Surveillance, Coordination and Risk communication- vans) and procurement of tyres | 65,827 |
| Risk communication | <ul style="list-style-type: none"> • Paid for time on 6 TV stations • Procured IEC materials • Paid per diems for distribution of IEC materials • Have additional commitments worth US\$ 353, 159 | 372,977 |
| Research | | |
| SIRI | Setting up unique mortality surveillance systems in Jinja, Masaka, Wakiso and Mukono districts | 52,174 |
| Surveillance | <ul style="list-style-type: none"> • Per diem for surveillance and Contact-tracing teams • Fuel for contact tracing teams | 392,002 |
| Overheads | | |
| Total | | 2,784,575 |

Human resources deployed.....

| Pillar | National | Total Expenditure USD |
|-----------------------------|-----------------|----------------------------------|
| Case management | 451 | 233,781.36 |
| CEHS | | |
| Community engagement | 13 | 45,187 |
| Coordination | 11 | 59,293 |
| IPC (and WaSH) | | |
| Laboratory | 85 | 117,314 |
| Logistics | 9 | 12,133 |

Human resources deployed

| Pillar | National | Total Expenditure USD |
|---------------------------|-----------------|----------------------------------|
| Risk communication | 7 | 7,175.45 |
| Research | | |
| SIRI | 81 | 52,174 |
| Surveillance | | |
| Overheads | | |
| Total | 657 | 527,057.81 |

Summary of funds spent (Transfer to Districts)

| Pillar | Total (Kyegegwa) USD | Total (Masaka) USD | Total for (Jinja) USD | Total (Mubende) USD | Total (Kassanda) USD | Total (Kagadi) USD | Total (Bunyangabu) USD |
|-----------------------------|-------------------------------------|-----------------------------------|----------------------------------|--------------------------------|---------------------------------|-----------------------------------|---------------------------------------|
| Case management | 6,229.72 | 13,486.49 | 13,216.22 | | 2,513.51 | 13,863.49 | 17,610.71 |
| CEHS | | | | | | | |
| Community engagement | | | | | | | |
| Coordination | 23,540.54 | 23,978.37 | 23,978.37 | 39,454 | 11,108.10 | 19,323.64 | 13,875.67 |
| IPC (and WaSH) | | 4,783.78 | 4,783.78 | 13,783.78 | | | |
| Laboratory | | 4,310.81 | 4,310.81 | 26,266.21 | | | |
| Logistics | 1,810.81 | | 1,094.59 | 9,324.32 | 3,502.70 | 3,243.24 | 797.29 |

Summary of funds spent (Transfer to Districts)

| Pillar | Total (Kyegegwa) USD | Total (Masaka) USD | Total for (Jinja) USD | Total (Mubende) USD | Total (Kassanda) USD | Total (Kagadi) USD | Total (Bunyangabu) USD |
|---------------------------|-------------------------------------|-----------------------------------|----------------------------------|------------------------------------|---------------------------------|-----------------------------------|---------------------------------------|
| Risk communication | 30,032.43 | 12,310.81 | 11,378.38 | 17,162.16 | 30,129.72 | 27,475.67 | 14,406.75 |
| Research | | | | | | | |
| SIRI | | | | | | | |
| Surveillance | 20,256.75 | 23,013.51 | 22,527.03 | 30,655.40 | 35,302.70 | 27,521.62 | 41,386.48 |
| Overheads | | | | | | | |
| Total | 81,870.25 | 81,883.78 | 81,289.19 | 136,646 | 82,556.73 | 91,427.60 | 88,076.90 |

Summary of Unspent Funds.....

| PILLAR | WORLD BANK (USD) | Total Unspent Funds |
|-----------------------------|-------------------------|----------------------------|
| Case management | 544,404 | 544,404 |
| CEHS | 16,327 | 16,327 |
| Community engagement | 6,987 | 6,987 |
| Coordination | 713,505 | 713,505 |
| IPC (and WaSH) | 67,425 | 67,425 |
| Laboratory | 714,938 | 714,938 |

Summary of Unspent Funds

| PILLAR | WORLD BANK (USD) | Total Unspent Funds |
|---------------------------|-------------------------|----------------------------|
| Logistics | 116,816 | 116,782 |
| Risk communication | 331,372 | 331,372 |
| Research | | |
| SIRI | - | - |
| Surveillance | 703,651 | 703,651 |
| Overheads | | |
| Total | | |

Plan for use of unspent funds.....

- Indicate planned support for 90-day post-outbreak period, if any
 - ✓ Support continuous surveillance activities
 - ✓ Response to other public emergencies
 - ✓ Continue supporting Laboratories
 - ✓ Training, Risk communication through media
 - ✓ Community engagement



THANK YOU



**World Health
Organization**
Uganda

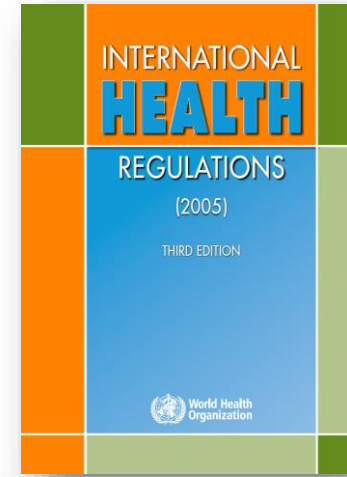
National EVD Accountability Forum

World Health Organization

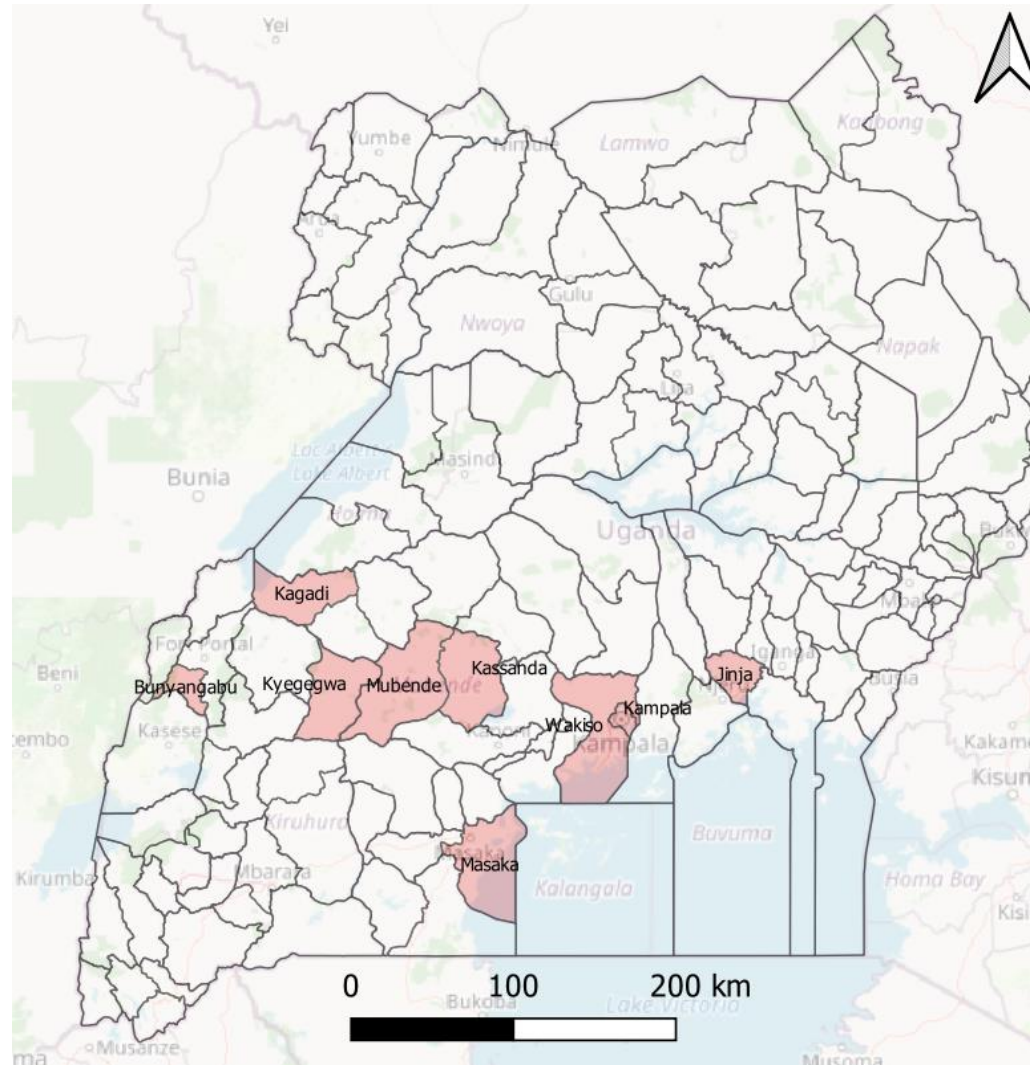
10 January 2023

Introduction

- The **IHR (2005) mandates WHO** to provide support to countries for detection, assessment and response to public health emergencies
- WHO support is guided by the **Emergency Response Framework (ERF 2.1)**
- Emergency graded **Grade 3** on 12 Oct '22
 - Leveraged **WHO 3 level capacities**
 - Loaned **\$6.5 million** Contingency Fund for Emergency (CFE) for initial response



WHO engagement in the EVD Response



WHO engagement in Ebola response

■ Affected Districts - WHO Response

□ Other districts (without confirmed case)

Pillars of response

- Coordination
- Surveillance
- Laboratory
- Case Management
- IPC
- RCCE
- Logistics
- Research
- CEHS

Coordination

For timely and informed decision making and resource (Financial, Human and Material) allocation

- Strategic Committee, NTF, DTF, National IMT and Technical pillars supported
- **High-level national and regional advocacy** events
- **56 partners coordinated;** 4W matrix and partner meetings
- **Regular information** sharing

Expenditure: USD 1,293,586



Surveillance pillar: Activities

- S**
- **42 Epidemiologists** recruited for MOH through Walimu
 - **120 RRT** members deployed
 - **126,532 copies** of surveillance tools distributed
 - Contact tracing supported
 - **3,111 contact tracers** trained
 - **20 Surveillance Officers** facilitated to support field monitoring
 - **2,273 Go.data users** deployed



Surveillance: Activities supported

- Developed & implemented active case search strategy;
 - **2,282 Health Workers** trained
 - **144 Surveillance Officers** facilitated
- Developed alert management algorithm/system:
 - **40 call takers** & alert verification officers facilitated
 - **16 phones & IT** equipment procured

Expenditure: USD 1,989,631



Laboratory pillar: Activities supported

- Technical support for setting up Two **(2) Ebola mobile labs** in Mubende and Kampala (CETL)
- **1,500 nucleic acid extraction** kits (QIAamp Viral RNA Mini Kit)
- **33,600 screening** kits (Alton)
- **2,400 genotyping** kits (Altona)
- **300 Piccolo cartridges** procured
- **2,000 Lab and health workers trained** on Ebola safe sample collection and testing

Expenditure: USD 319,761



Case Management

- **Five ETUs** Mubende, Kaweri, Madudu, Mulago and Entebbe supported:
 - **329** health workers trained and facilitated;
 - **12** VHF kits procured and deployed;
 - **200** admission packages;
 - **250** discharge packages;
 - Assorted medical supplies & equipment
- **Five power Generators:** Mubende (250 KVA), Madudu (100 KVA), Mulago ETU (200 KVA) and 2 in Old Mulago (45 KVA).
- **Psychosocial support** to **178** clients

Expenditure: USD 2,274,335



Infection Prevention and Control

- Development of national IPC readiness and response strategy, national IPC partner mapping, and gap analysis supported
- **8,343** individuals trained/ mentored
- On-the-job IPC mentorship at **1,018** HF
- **329** HF received IPC IEC materials & supplies
- **9** ETUs/isolation units received IPC technical support and supplies
- **324** IPC ring kits procured, and **32** IPC rings were activated
- Additional PPEs worth **488,653 USD** procured

Expenditure: USD 1,479,340



Risk Communication & Community Engagement

- **8,261** community stakeholders & influencers mobilized; **1,056** dialogue meetings held
- Accelerated campaign to raise awareness on Ebola in Kampala conducted
- **10** mobile vans deployed
- **14** radio stations (**18,900** announcements) and **60** community radio towers engaged
- **450** Journalists trained on EVD Reporting
- **578,000** (IEC) materials procured and distributed
- **10** megaphones procured

Expenditure: USD 421,836



Supply/Logistics

- **Procured assorted medical supplies & equipment:** PPEs, diagnostics & lab reagents, tents, biomedical equipment, cold chain equipment, drugs, generators and water tanks
- Secured **912.46 m²** storage space at national level and **144 m²** in Mubende for EVD supplies
- Office space in Kampala and Mubende rented
- **567,836** litres of fuel supported for response in affected districts
- **149** vehicles deployed including **28** WHO cars and **121 rented vehicles**

Expenditure: USD 2,590,679



Research

- Ebola “ring vaccination” cluster-randomized trial co-sponsored by **MoH-WHO & led by Makerere University Lung Institute**
- **Two trial bases** operational and furnished at Mubende and Mulago
- Installed and functional **cold chain equipment** at the central base
- By **17 Dec**, a total of **5256** doses of three investigational products were in the country.



Research (2)

- The first **1096** doses arrived in **less than 80 days** of confirmation of the outbreak
- Supported Makerere lung institute in conducting training of **seven investigation teams** each with 14 researchers
- **Therapeutics:** WHO supported the development of therapeutics trial protocol and brought together independent committee members to discuss the protocol

Expenditure: USD 1,248,525

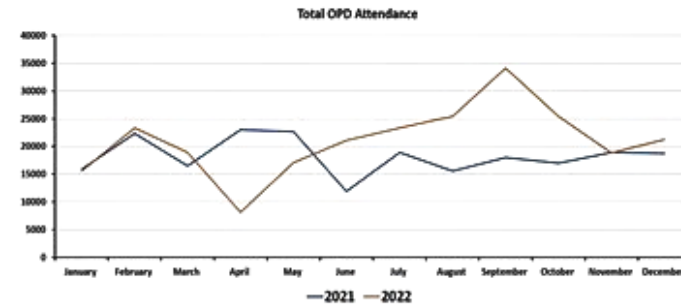


Continuation of Essential Health Services

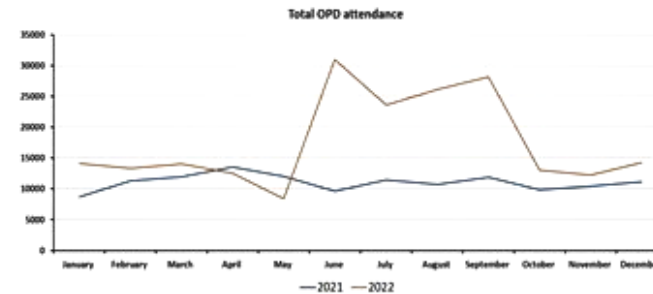
- **329** health facilities received **IPC IEC** materials and supplies
- Supported **16 vans** to facilitate mobility of health workers and teachers during lockdown
- Supported facility and community readiness assessment in **330** health facilities (ongoing)
- Ongoing technical support in monitoring continuity of essential health services with focus on EVD affected districts

Expenditure: USD 46,477

Mubende district



Masaka City



Human resources deployed

- **861** MoH and District officials Ebola Surge support under various Pillars were supported (SDA, Risk allowance, training and Per Diem), totaling **UGX 3,263,232,871 (~\$894,036)** to-date.
- **42 Epidemiologists** recruited through Wallimu: **\$831,000**.
- **90%** of the WHO Uganda staff repurposed: **142 staff**, ranging from 20 – 91 days for Ebola response
 - 70 WCO staff (non-Ebola resources): **\$1.1 million**
 - **72 WCO consultants** (recruited for Ebola): **\$612,327**

Human resources deployed (2)

- International deployments:
 - **66 staff**, ranging from 8 – 113 days from WHO HQ and AFRO
 - The HR costs are supported by various resources at Global and Regional levels (**~USD 1.8 million**) – not ebola resources
 - Travel and per diem component (Ebola response): **USD 769,632**

Human resources deployed (3)

| Donor/Location & Category | Location (District) | National | | Int. Deployment WHO # |
|---|--|------------|------------|--------------------------|
| | | GoU | WHO # | |
| Surveillance | Mubende, Kassanda, Kyegegwa, Kagadi, Bunyangabu, Kampala, Wakiso, Masaka & Jinja | 390 | 13 | 10 |
| Case management | Mubende, Kassanda, Kyegegwa, Kagadi, Bunyangabu, Kampala, Wakiso, Masaka & Jinja | 329 | 16 | 10 |
| Infection prevention and control | Mubende, Kassanda, Kyegegwa, Kagadi, Bunyangabu, Kampala, Wakiso, Masaka & Jinja | 54 | 21 | 5 |
| Coordination | Mubende, Kassanda, Kyegegwa, Kagadi, Bunyangabu, Kampala, Wakiso, Masaka & Jinja | 32 | 8 | 9 |
| Vaccination Research | Makerere University (Coordination & Field Staff) | 22 | 8 | 4 |
| Operational support and logistics | Mubende, Kassanda, Kyegegwa, Kagadi, Bunyangabu, Kampala, Wakiso, Masaka & Jinja | 14 | 41 | 22 |
| RCCE | Mubende, Kassanda, , Kampala, Masaka & Jinja | 10 | 11 | 3 |
| SIRI | Mubende, Kassanda, Kyegegwa, Kagadi, Bunyangabu, Kampala, Wakiso, Masaka & Jinja | 10 | 3 | 2 |
| Laboratories | 20 high risk districts | 0 | 7 | - |
| Continuity of Essential health services | Mubende, Kassanda, Kyegegwa, Kagadi, Bunyangabu, Kampala, Wakiso, Masaka & Jinja | 0 | 5 | - |
| External Communications | Mubende, Kassanda, Kyegegwa, Kagadi, Bunyangabu, Kampala, Wakiso, Masaka & Jinja | 0 | 6 | - |
| PRSEAH | Mubende, Kassanda, Kyegegwa, Kagadi, Bunyangabu, Kampala, Wakiso, Masaka & Jinja | 0 | 3 | 1 |
| Total | | 861 | 142 | 66 |

Funds (USD) mobilized for response

| Donor/Budget | WHO CFE* | NORWAY | USAID | UK AID | NOVO | CERF | IRISH AID | UNDP | DG ECHO | SOUTH KOREA | Total Funds Mobilized |
|-----------------------------|------------------|------------------|-------------------|----------------|----------------|------------------|------------------|----------------|------------------|----------------|-----------------------|
| | Jun 23 | Jun 23 | Jun 23 | April 23 | Jun 23 | Mar 23 | Feb 23 | Mar 23 | May 23 | Jun 23 | |
| Case management | 1,417,704 | 300,000 | 2,096,369 | 0 | 0 | 1,002,711 | 150,000 | 224,893 | 0 | 0 | 5,191,677 |
| CEHS | 20,000 | 0 | 80,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 100,000 |
| Community engagement | 60,000 | 100,000 | 125,000 | 0 | 0 | 0 | 100,000 | 0 | 0 | 0 | 385,000 |
| Coordination | 899,631 | 538,421 | 522,036 | 69,168 | 121,496 | 227,838 | 250,000 | 0 | 430,967 | 186,916 | 3,246,473 |
| IPC (and WaSH) | 321,058 | 0 | 3,420,078 | 0 | 0 | 0 | 200,000 | 0 | 0 | 0 | 3,941,136 |
| Laboratory | 199,874 | 431,862 | 200,000 | 125,000 | 0 | 0 | 200,000 | 0 | 0 | 0 | 1,156,736 |
| Logistics | 646,170 | 260,000 | 1,098,624 | 20,000 | 0 | 0 | 190,854 | 140,187 | 286,191 | 0 | 2,642,026 |
| Risk communication | 60,000 | 100,000 | 125,000 | 0 | 0 | 0 | 100,000 | 0 | 0 | 0 | 385,000 |
| Research | 2,125,923 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,125,923 |
| Surveillance | 766,783 | 380,000 | 3,275,972 | 200,000 | 0 | 358,236 | 300,000 | 0 | 660,178 | 0 | 5,941,169 |
| Overheads (PSC 7%) | 0 | 147,720 | 765,246 | 28,992 | 8,505 | 111,215 | 104,360 | 9,813 | 96,414 | 13,084 | 1,285,349 |
| Total | 6,517,143 | 2,258,003 | 11,708,325 | 443,160 | 130,000 | 1,700,000 | 1,595,214 | 374,893 | 1,473,750 | 200,000 | 26,400,488 |

*WHO CFE - 4.4 million loaned from HQ refunded

Summary of funds spent

| Pillars/ Districts | Grand Total |
|---|--------------------|
| Logistics | 2,590,679 |
| Case Management | 2,274,335 |
| Surveillance | 1,989,631 |
| Points of Entry | 1,985,720 |
| IPC (Infection Prevention & Control) | 1,479,340 |
| Coordination | 1,293,586 |
| Research | 1,248,525 |
| RCCE (Risk Communication and Community Engagement) | 421,836 |
| Laboratory | 319,761 |
| CEHS (Continuity of Essential Health Services) | 46,477 |
| Grand Total | 13,649,892 |

Summary of funds spent

| Pillars/ Districts | Bunyangabu | Jinja | Kagadi | Kampala | Kassanda | Kibuku | Kyegegwa | Masaka | Mityana | Masaka | Mubende | Wakiso | National* | Grand Total |
|------------------------|---------------|---------------|---------------|----------------|----------------|--------------|---------------|---------------|--------------|---------------|------------------|---------------|-------------------|-------------------|
| Case Management | | 264 | | | | | | | | | 8,713 | | 2,265,358 | 2,274,335 |
| CEHS | | | | | | | | | | | | | 46,477 | 46,477 |
| Coordination | | 54,321 | | 146,063 | 58,536 | 528 | 14,474 | 34,880 | | | 180,555 | 14,679 | 789,550 | 1,293,586 |
| IPC | | 1,848 | | | 6,666 | | 1,320 | | | | 78,881 | | 1,390,625 | 1,479,340 |
| Laboratory | | | | | | | | | | | | | 319,761 | 319,761 |
| Logistics | 20,600 | 20,600 | 20,600 | 130,463 | 65,895 | 528 | 22,448 | 24,956 | 3,432 | 66,931 | 220,486 | 41,201 | 1,952,539 | 2,590,679 |
| Points of Entry | | | | | | | | | | | | | 1,985,720 | 1,985,720 |
| RCCE | | 8,213 | | | | | | 3,234 | | | 8,316 | | 402,073 | 421,836 |
| Research | | 462 | | 48,831 | | | | 924 | | | 958,185 | | 240,123 | 1,248,525 |
| Surveillance | | 924 | | 42,984 | 660 | | 1,980 | 330 | 3,432 | | 37,010 | | 1,902,311 | 1,989,631 |
| Grand Total | 20,600 | 86,632 | 20,600 | 368,341 | 131,757 | 1,056 | 40,222 | 64,324 | 6,864 | 66,931 | 1,492,147 | 55,880 | 11,294,538 | 13,649,892 |

* National column needs to be further distributed by district, which was not possible at this time.

Summary of unspent funds

- The **global procurements** already ordered will require payments.
- WHO **Contingency Fund for Emergencies** (CFE) is loaned resources that need to be returned to the pool for providing initial support to other emergencies globally.
- Some of the **HR deployments to the field** has been committed for **3 months** and payments expected.
- **Allowances of health workers** and respondents continue to be received from MoH which will require payments.

Summary of Unspent Funds

| Pillars | WHO | USAID | Norway | FCDO | CERF | NOVO | IrishAid | KOICA | UNDP | ECHO | Remaining Balance |
|-------------------------------|----------------|------------------|----------------|----------------|----------------|---------------|----------------|----------------|----------------|------------------|-------------------|
| Coordination | 0 | 0 | 137,871 | 66,640 | 0 | 29,264 | 0 | 186,916 | 0 | 260,000 | 680,691 |
| RCCE | 0 | 0 | 0 | 0 | 0 | 0 | 200,000 | 0 | 0 | 0 | 200,000 |
| Surveillance | 0 | 198,928 | 180,000 | 200,000 | 384,869 | 0 | 300,000 | 0 | 0 | 330,000 | 1,593,797 |
| POEs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| Laboratory | 0 | 53,825 | 244,095 | 125,000 | 57,599 | 0 | 100,000 | 0 | 0 | 0 | 580,519 |
| IPC | 0 | 1,014,332 | 0 | 0 | 0 | 0 | 50,000 | 0 | 0 | 0 | 1,064,332 |
| Case Management | 0 | 486,167 | 50,000 | 0 | 454,359 | 0 | 100,000 | 0 | 224,893 | 530,896 | 1,846,315 |
| Ops. and Logistics | 0 | 0 | 119,168 | 0 | 19,846 | 0 | 246,357 | 0 | 140,187 | 260,973 | 786,531 |
| Essen. Health Services | 0 | 30,535 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 30,535 |
| Research | 941,653 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 941,653 |
| Total Amount | 941,653 | 1,783,787 | 731,134 | 391,640 | 916,673 | 29,264 | 996,357 | 186,916 | 365,080 | 1,381,869 | 7,724,373 |

WHO CFE resources (loaned) : USD 6.5 million for which USD 4.4 M was for response and USD 2.1 M is for research.

Plan for use of unspent funds

| Pillars | Activities | Tentative Budget |
|------------------------|--|------------------|
| Coordination | After Action Reviews, post EVD recovery coordination, Upgrade capacity for coordination of emergency preparedness and response at all levels | 680,691 |
| RCCE | Focused messaging on post EVD period and survivors, community feedback, Media coverage, strengthen district and community structures | 200,000 |
| Surveillance | Revitalizing the surveillance system through IDSR rollout in 30 high-risk districts, facilities and community in Mubende, Masaka and Jinga regions; Train and equip District RRTs; Train MOH call centre in alert management | 1,593,797 |
| Laboratory | Strengthening sample referral system, diagnostic and sequencing capacities, survivors follow up and laboratory information systems | 580,519 |
| Case Management | HCW trainings, support isolation facilities and Psychosocial support; procurement of medical supplies and equipment for survivor's clinics, establish regional centre of excellence | 1,846,315 |

Plan for use of unspent funds

| Pillars | Activities | Tentative Budget |
|---------------------------|--|------------------|
| IPC | Strategic Framework Development, Strengthening the National IPC Program, IPC Preparedness capacity building | 1,064,332 |
| Ops. and Logistics | Reverse logistics, warehousing and distribution, Staff, Trainings | 786,531 |
| CEHS | Completion of health facility readiness assessment and Revision of the Uganda CEHS 2021 Guidelines in the context of public health emergencies | 30,535 |
| Research | Approvals for research protocol, training the research team, procurements and implementation of trials for candidate vaccines and therapeutics | 941,653 |

THANK YOU!



National Accountability Forum

Agency: UNICEF

Introduction

- UNICEF actively responded within 72 hours by attending Ministry of Health crisis meetings, including in Mubende
- UNICEF championed children through the response especially through community engagement, with schools and through child appropriate treatment
- UNICEF believes in resilience, risk informed approach, and lessons learned in emergencies, such as the need to equip all health facilities with WASH /IPC
- UNICEF committed to community surveillance and child survivors
- UNICEF provided timely and critical nutrition services through provision of live-saving nutrition formula, capacity building and community awareness
- UNICEF provided critical MHPSS services through training and deployment of staff to ETUs, isolation sites and communities in line with GoU EVD response plan priorities; strengthened linkages between health workers and social welfare/community development at district levels for continued and integrated service provision.
- UNICEF provided critical child protection services to children and families affected by EVD, including alternative care for children; strengthened protection considerations in isolation sites/ETUs through deployment of nursing officers, development of guidance on child-friendly ETUs and survivor support to small children.
- UNICEF provided critical RCCE support for EVD response and prevention through the following strategies: Public Awareness & Risk Communication, Social Listening & Evidence Generation, Social Mobilisation, Stakeholder Engagement, Community Engagement and Capacity Building
- UNICEF support to the Ministry of Health and Ministry of Education contributed to schools operating safely, children in isolation were able to sit their final examinations and children from the two districts under movement restriction were able to return home safely.

Funds received for response

| Date Received | | 07-Sep-22 | 12-Oct-22 | 09-Nov-22 | 09-Dec-22 | 19-Dec-22 | 22-Dec-22 | TOTAL | % |
|------------------------------|---------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|---------------------|-----|
| Funds Received | UNICEF FUNDS | GHTF | USAID | CERF | ECHO | SWEDEN | FCDO | | |
| Case management | \$ 1,141,794 | \$ 500,000 | \$ 37,000 | | | \$ 65,790 | \$ - | \$ 1,744,584 | 22% |
| CES | \$ 479,829 | | | | \$ - | \$ 695,802 | \$ - | \$ 1,175,631 | 15% |
| RCCE | \$ 371,340 | | \$ 517,484 | \$ 298,710 | \$ 350,324 | \$ 9,240 | \$ 783,217 | \$ 2,330,315 | 29% |
| Coordination | \$ 76,007 | | | | \$ - | | \$ 4,600 | \$ 80,607 | 1% |
| IPC (and WASH) | \$ 14,855 | | \$ 219,258 | \$ 513,135 | \$ 420,057 | | \$ 260,036 | \$ 1,427,341 | 18% |
| Overheads | | | \$ 152,184 | \$ 169,463 | \$ 132,062 | \$ 292,462 | \$ 445,270 | \$ 1,191,441 | 15% |
| Total Funds Mobilised | \$ 2,083,825 | \$ 500,000 | \$ 925,926 | \$ 981,308 | \$ 902,443 | \$ 1,063,294 | \$ 1,493,123 | \$ 7,949,919 | |

Activities supported/Support provided (Slide 1 of 3)

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|------------------------|---|-------------------|
| Case management | <ul style="list-style-type: none"> ○ 219 health workers trained to provide MHPSS in ETU/Isolation units. ○ 698 health workers were trained on IYCF and nutrition in SVD affected districts. ○ 15 nursing officers deployed to the isolation sites/ETUs to provide support to young children admitted. ○ 15,000 Ready to Use Infant Formula (RUIF) packets procured and supplied in restricted districts. | |
| CEHS | <ul style="list-style-type: none"> ○ Supported MOH and MOES to develop and disseminate EVD SOPs, Job Aides,& guidelines for safe operation of schools and release of learners. ○ Supported transportation of learners within and out of restricted districts reaching over 12,468 children ○ Provision of critical child protection case management services, including alternative care; provision of community-based psychosocial support; awareness-raising and sensitization on child protection risks in EVD contexts; and training and oriented health and social welfare structures on protection of children in EVD contexts | |

Activities supported/Support provided (Slide 2 of 3)

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|-----------------------------|---|-------------------|
| Community engagement | <ul style="list-style-type: none"> ○ Supported deployment of 7 MoH staff alongside 15 UNICEF staff (5 CE & 10 SBC) in high risk districts to support community engagement (Masaka, Mubende, Kassanda, Jinja, Kampala, Mukono and Wakiso) ○ Activation and capacity building of 3,415 Village Task Forces in addition to the Parish and Sub County Taskforces in the districts. ○ Procured IPC supplies for VHTs to support community surveillance for EVD suspected cases. | |
| Coordination | <ul style="list-style-type: none"> ○ Under the leadership of MOH, UNICEF coordinated partners to develop and update the case management SOPs for the response ○ Supported MOH to develop and review the quarantine guidelines for the EVD response ○ Supported the development of the national response plan as well provided TA to the different response pillars ○ Supported establishment and strengthening of the subnational response pillars and structures with focus on affected districts | |
| IPC (and WaSH) | <ul style="list-style-type: none"> ○ Supported capacity building of 4,176 health care staff including VHTs on infection prevention and control/ WASH; ○ UNICEF Procured and distributed critical hygiene and prevention items (including soap, hand-sanitizers in 146 health facilities, 3 ETUs and 38 schools). ○ Rehabilitation of all non-functional hand washing facilities in Ebola disease affected areas and high-risk areas is ongoing. ○ 50 affected households and 24 health facilities in Kassanda district were supported with disinfectants and soap based on the ring approach. ○ UNICEF also provided financial assistance to MoH-EHD to train health workers on IPC WASH standards and WASH FIT approach to improve IPC in Institutions. | |

Activities supported/Support provided (Slide 3 of 3)

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|---------------------------|--|-------------------|
| Laboratory | | |
| Logistics | <ul style="list-style-type: none"> ○ Deployed logistics staff in UNICEF has so far dispatched IPC/WASH, risk communication, and nutrition supplies worth US\$624,134 to support affected and at-risk districts. | |
| Risk communication | <ul style="list-style-type: none"> ○ Co-led the MoH Risk Communication and Social Mobilisation (RCSM) pillar with the Health Promotion, Education and Communication (HPEC) department. ○ Supported mass-media messaging on 29 radio stations and eight TV stations. ○ Trained 110 journalists, 47,805* key influencers (traditional healers, religious leaders, local leaders and others); 4176 VHTs and LC1s.* ○ Extended 10 SBC officers to provide technical support to the affected districts to support coordination of RCCE interventions in the district, develop and implement RCCE action plans | |
| Research/SIRI | <ul style="list-style-type: none"> ○ Supported ongoing Anthropological Study under RCCE; ○ Support extended for a Makerere University led study on the Socioeconomic Impact Assessment of EVD ○ Cross pillar multi agency government led evidence generation to assist response planning (Analytics) | |
| Surveillance | <ul style="list-style-type: none"> ○ Community based surveillance through GOARN: technical assistance for Go. Data. Deployed 15 vehicles to support with surveillance in Mubende and Kassanda. | |
| Overheads | | |
| Total | | |

Human Resources Deployed

| | | National | | National | | International | | Total Expense |
|--|---|----------|----------------------|----------|-------------------------|---------------|----------------------------|---------------|
| | District | MoH | MoH (USD expense) | UNICEF | UNICEF (USD expense) | UNICEF | UNICEF (USD expense) | 692,619 |
| Case management | Mubende, Kassanda, Bunyangabu, Kagadi, Kampala, Wakiso, Mukono, Kyegegwa, Jinja, Masaka | | - | 8 | 58,052 | 2 | 5,130 | 63,182 |
| CES | Mubende, Kassanda, Bunyangabu, Kagadi, Kampala, Wakiso, Mukono, Kyegegwa, Jinja, Masaka | 1 | 3,855 | 6 | 44,933 | 1 | 3,396 | 52,184 |
| Risk Communication & Community Engagement | Mubende, Kassanda, Bunyangabu, Kagadi, Kampala, Wakiso, Mukono, Kyegegwa, Jinja, Masaka | 12 | 4,659 | 12 | 78,007 | 4 | 8,981 | 91,648 |
| Community Engagement | Mubende, Kassanda, Bunyangabu, Kagadi, Kampala, Wakiso, Mukono, Kyegegwa, Jinja, Masaka | 8 | 15,488 | 5 | 23,363 | 1 | 17,439 | 56,290 |
| Coordination | Mubende, Kassanda, Bunyangabu, Kagadi, Kampala, Wakiso, Mukono, Kyegegwa, Jinja, Masaka | | - | 6 | 69,629 | 2 | 24,000 | 93,629 |
| IPC (and WASH) | Mubende, Kassanda, Bunyangabu, Kagadi, Kampala, Wakiso, Mukono, Kyegegwa, Jinja, Masaka | 1 | 4,854 | 13 | 186,448 | 4 | 16,696 | 207,997 |
| Logistics | | | | 3 | 11,578 | 1 | 5,380 | 16,958 |
| Overheads | Mubende, Kassanda, Bunyangabu, Kagadi, Kampala, Wakiso, Mukono, Kyegegwa, Jinja, Masaka | | | 21 | 68,678 | 3 | 19,960 | 88,638 |
| Research | | | | 1 | 3,311 | 2 | 18,782 | 22,093 |

Summary of funds spent, by district

| Pillar/District | Kagadi | Bunyagabu | Kassanda | Mubende | Kyegegwa | Kampala | Wakiso | Masaka |
|----------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Case management | 13,289 | 13,289 | 258,823 | 268,251 | 30,789 | 409,948 | 142,126 | 40,757 |
| CES | 23,781 | 15,308 | 16,751 | 54,184 | 18,693 | - | - | 21,515 |
| Community engagement | 9,549 | 9,549 | 22,681 | 25,120 | 9,549 | 228,098 | 181,322 | 119,728 |
| IPC (and WaSH) | - | - | 104,019 | 452,633 | - | 56,000 | - | 25,633 |
| Risk communication | 580,442 | 66,255 | 65,839 | 69,694 | 67,967 | 35,406 | 35,406 | - |
| SIRI | - | - | 41,952 | 36,610 | - | 6,014 | - | - |
| Overheads | | | | | | | | |
| Total | 627,060 | 104,401 | 510,064 | 906,491 | 126,999 | 735,465 | 358,853 | 207,633 |
| | 15% | 3% | 12% | 22% | 3% | 18% | 9% | 5% |

| Pillar/District | Jinja | Mityana | Mpigi | Kakumiro | Kiboga | Sembabule | Kyenjojo | Mukono |
|----------------------|----------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Case management | 17,010 | - | - | - | - | - | - | - |
| CES | - | - | - | - | - | - | - | - |
| Community engagement | 192,940 | - | - | - | - | - | - | 27,981 |
| IPC (and WaSH) | 17,000 | - | - | - | - | - | - | - |
| Risk communication | - | 35,406 | 35,406 | 48,929 | 48,929 | 48,929 | 35,406 | 35,406 |
| SIRI | - | - | - | - | - | - | - | - |
| Overheads | | | | | | | | |
| Total | 226,950 | 35,406 | 35,406 | 48,929 | 48,929 | 48,929 | 35,406 | 63,387 |
| | 6% | 1% | 1% | 1% | 1% | 1% | 1% | 2% |

| Pillar | Totals | Proportion |
|----------------------|------------------|------------|
| Case management | 1,194,280 | 29% |
| CES | 150,232 | 4% |
| Community engagement | 826,517 | 20% |
| IPC (and WaSH) | 655,285 | 16% |
| Risk communication | 1,209,420 | 29% |
| SIRI | 84,575 | 2% |
| Overheads | - | 0% |
| Total | 4,120,309 | 100% |

Summary of Unspent Funds

| Summary by Pillar | Funds Received | Funds Expensed | Funds Remaining |
|--------------------------|-----------------------|-----------------------|------------------------|
| Case management | \$ 1,744,584 | \$ 1,314,187 | \$ 430,397 |
| CES | \$ 1,175,631 | \$ 862,186 | \$ 313,445 |
| RCCE | \$ 2,330,315 | \$ 1,982,155 | \$ 348,160 |
| Coordination | \$ 80,607 | \$ 88,367 | \$ -7,760 |
| IPC (and WASH) | \$ 1,427,341 | \$ 629,545 | \$ 797,796 |
| Overheads | \$ 1,191,441 | \$ 831,108 | \$ 360,333 |
| Total | \$ 7,949,919 | \$5,707,548 | \$ 2,242,371 |

Plan for use of unspent funds

| | |
|-----------------------------|--|
| Case management | No unspent funds for nutrition. However additional resources are needed to strengthen the nutrition response, including capacity of ETUs and frontline health workers to follow up on nutritional needs of survivals, and their families; including the 6-month grace period to resume breastfeeding. |
| CES | <p>MHPSS: Continuation of provision of MHPSS services in affected communities, including to survivors and their families and individuals discharged from isolation; deployed psychologist and MHPSS workers will work closely with DLG community development/social welfare workforce to phase out and handover to them for continued follow up beyond the 90-day post breakout period based on needs.</p> <p>Child Protection: Continued provision of critical child protection prevention and response services, in particular individual case management services to children experiencing or at risk of protection risks, including neglect, discrimination and other forms of violence or abuse within the EVD context.</p> <p>There are no unspent funds under education. But resources are needed for supporting the safe re-opening of schools in February 2022. The need includes orientation of teachers and headteachers in high-risk districts on the Ebola./ Covid19 protocols, supply of infrared thermometers and WASH supplies. The Ministry of Health and Education are working together to develop a School Based Disease surveillance and management package. Its implementation would include training of teachers and headteachers, and provision of supplies . All this will require additional resources.</p> |
| Community engagement | Continue engagement of communities through established structures. Support full coverage for establishment of village taskforces, parish taskforces in Kassanda, increase coverage for activation of the Village taskforces and parish taskforces from 40% to approximately 60% in supported districts, activation of VTF, parish and sub county taskforces in districts surrounding Jinja epic center, strengthening integrated community engagement, strengthening capacity of SDB teams, promoting influencers to EVD sensitization, strengthen leadership and MOH oversight for community engagement, support supervision and monitoring costs. |
| Coordination | Support to districts to continue strengthening response structures including supporting planning and preparedness for the period January to June for high risk districts |
| IPC (and WaSH) | Plan to procure WASH supplies for safe re-opening of 250 schools and 90 health facilities. |
| Laboratory | N/A |
| Logistics | Logistics has no funds unspent. We already have funds committed on contracts for transportation of EVD supplies by Express Logistics and Blue pearls (on-going distributions, including last mile delivery). These funds were given from WASH and SBC. |
| Risk communication | RCCE: Continued support for Public Awareness & Risk Communication interventions; Plan & budget for post-EVD interventions; finalisation of implementation of PCA interventions (URCS & LWF); finalisation of the Anthropological Study and dissemination of findings. Risk Communication has committed and spent all funds allocated. Additional resources will be required for post-EVD national and district Risk Communication interventions. |
| Research | N/A |
| SIRI | |
| Surveillance | |



World Food Programme



SAVING
LIVES
CHANGING
LIVES



World Food
Programme

Introduction

- WFP contributed to the development of the EVD National Response Plan and deployed the necessary resources for effective outbreak control in support of three pillars established by the Ministry of Health: (1) **Logistics**, (2) **Case Management**, and (3) **Surveillance**.
- In partnership with the Uganda Red Cross Society, WFP has supported the Ministry of Health and partners' efforts in containing the spread of the Ebola virus through the implementation of coordinated emergency preparedness activities and response in all affected regions, including the provision of logistics services and resource transfers to meet the food and nutrition requirements of affected populations.

SAVING
LIVES
CHANGING
LIVES



World Food Programme

Funds received for response (by source)

| Pillar | FCDO | Norway | CERF | Sweden | Total Funds Mobilized |
|--------------------------------|-------------|-------------|-------------|---------------|-----------------------|
| Case management / Surveillance | | USD 485,154 | USD 249,500 | USD 1,064,825 | |
| Logistics | USD 989,011 | | | | |
| Total | | | | | USD 2,788,490 |

SAVING
LIVES
CHANGING
LIVES

Activities supported/Support provided



World Food Programme

SAVING LIVES
CHANGING LIVES

| Pillar | Activities | Total Expenditure (USD) |
|--|---|----------------------------|
| <p>Case management & Surveillance</p> | <ul style="list-style-type: none"> In support of therapeutic medical treatment efforts in ETUs and quarantine centers, WFP enabled the provision of 45,733 institutional hot meals to in-patients, suspects, contacts in institutional quarantine, healthcare workers, and support staff. To support EVD survivors, families of the deceased, and families of contacts in institutional isolation, WFP provided 32 metric tons of assorted food commodities as a one-off transfer to 414 households. | <p>\$ 893,048</p> |
| <p>Logistics</p> | <ul style="list-style-type: none"> Provision and instalment of 32 Mobile Storage Units and 3 prefabs to five EVD hot-spot districts and three Points of Entry for screening and storage of medical supplies. Transportation of 3,369 m³ of medical supplies to Regional Referral Hospitals, Points of Entry, and District Health Offices across the country, including 6,185 units of life-saving oxygen cylinders. Donation of 20 EVD-kits as well as non-medical equipment from 2018 EVD operation, including 946 iron sheets, tarpaulins, 2 cold chain freezers, refrigerators, 6 air conditioners, and 950 pallets. Refurbishment of Mubende Regional Referral Hospital kitchen. | <p>\$ 1,650,306</p> |
| <p>Total</p> | | <p>\$ 2,543,354</p> |



World Food Programme

Human resources deployed

| Pillar | Location (District) | National | | International | Total Expenditure |
|--|---------------------|----------------|-----|---------------|-------------------|
| | | Partner (URCS) | WFP | | |
| Case Management / Surveillance/ Logistics | Jinja | 2 | 3 | | N/A |
| | Mubende/Kassanda | 2 | 10 | | |
| | Kampala/Entebbe | 2 | 2 | 5 | |

SAVING
LIVES
CHANGING
LIVES



World Food Programme

Summary of Funds Utilization

| Pillar | Budget Allocation (USD) | Expenditures (USD) | Unspent Budget (USD) |
|--|-------------------------|---------------------|----------------------|
| Case management / Surveillance (Food and Nutrition Assistance) | \$ 943,178 | \$ 893,048 | |
| Logistics | \$ 1,845,312 | \$ 1,650,306 | |
| Overheads | | \$ 170,190 | |
| Total | \$ 2,788,490 | \$ 2,713,544 | \$ 74,946 |

SAVING
LIVES
CHANGING
LIVES



World Food
Programme

Plans for Unspent Funds

- As a risk mitigation strategy and emergency preparedness and response planning in the event of an emergency, WFP will use the unspent funds to preposition common logistics items in Uganda.

SAVING
LIVES
CHANGING
LIVES



CD115354U

WFP



SAVING
LIVES
CHANGING
LIVES

THANK YOU





Republic of Uganda

NATIONAL ACCOUNTABILITY FORUM

Ebolavirus Disease Response 2022-2023



10 January 2023 | Kampala, Uganda

Who we are, what we do

- International medical and humanitarian, non-profit NGO
- Presence in 70+ countries worldwide
- Epidemics, natural disasters, conflict and neglected populations
- Independent of any political, religious, military or economic entity
- Impartiality, neutrality, independence, medical ethics and medical confidentiality
- Present in Uganda since 1980





Who we are, what we do

- Epidemiology & Research
- Field studies, research and training in support of MSF projects
- Present in Uganda for 20+ years:
 - Mbarara University of Science and Technology & RRH
 - Focus on infectious diseases (HIV & TB therapeutics and vaccine trials for Ebola, Yellow Fever, and COVID-19)



| | Mubende | Kassanda | Kampala | Masaka | Jinja |
|--|---------|----------|---------|--------|-------|
| Rapid Response | ✓ | ✓ | ✓ | ✓ | ✓ |
| Construction ETUs & Isolation Spaces | ✓ | ✓ | ✓ | ✓ | ✓ |
| Clinical Case Management | ✓ | | ✓ | | |
| IPC Support & Training | ✓ | ✓ | ✓ | ✓ | ✓ |
| Community Engagement & Risk Communications | ✓ | ✓ | ✓ | | |
| Epidemiology/Surveillance | ✓ | ✓ | ✓ | ✓ | ✓ |
| Training | ✓ | ✓ | ✓ | ✓ | ✓ |

Outreach

Mubende & Kassanda

- 15,568 people in dialogue
- 19 530 people in mass gatherings
- 7,778 people via ring approach
- 891 people in health facilities

Kampala

- 22,000 people in door-to-door sessions
- 155 staff in health facilities

- Community Dialogue to inform strategic and operational response
- Health Promotion / Risk Communications
- Social support
- Links to Surveillance, Contact Tracing, Active Case Finding, other partners activities & services
- IPC Basic Support
 - 212 health facilities supported
 - 476 people trained in IPC
- IPC Comprehensive Support
 - 7 health facilities in Masaka, Kamuli, Luuka
 - 70 staff trained in IPC





| | Bed capacity | Visibility (families) | Visibility (medical) | Lab space | Cost (€)* |
|------------------------|--------------|--------------------------------|----------------------|-------------------------|-----------|
| Mubende RRH | 48 | No | No | No | 20k |
| Mubende New ETU | 39 | Suspect partially - ICU Yes | ICU 8 beds | No | 180k |
| Madudu | 8 | Almost | No | No | 10K |
| Kassanda | 40 | Partially | No | Yes | 180k |
| Bweyongedde | 4 | No | No | No | 10k |
| Kampala Mulago | 32 | Yes | Yes | No (possible to set-up) | 330k |

*Not including material contributions of other partners

Mubende RRH ETU

- 48 beds
- Cost: 20,000 €
- 741 Suspect Patients
- 105 Confirmed Patients
- Quick setup at the beginning
- Rehabilitated to isolation space



Madudu ETU

- 8 beds
- Cost: 20,000 €
- 184 Suspect Patients
- 4 Confirmed Patients (referred)
- Quick setup at the beginning



Mubende New ETU

- 39 Beds
- Cost: 180,000 €
- 8-bed ICU with visibility
- Staffing: 175 personnel
- 384 Suspect Patients
- 2 Confirmed Patients



Bweyongedde

- 4 beds
- Cost: 10,000 €
- Quick setup at the beginning
- No Suspect or Confirmed Patients



Kassanda ETU

- 40 beds
- 180,000 €
- No Suspect or Confirmed Patients
- Lab Ready with dedicated space
- Slow setup (1 month)

Food
amme

Mulago ETU (Kampala)

- 32 beds
- Cost: 330,000 €
- Visibility & ICU Capacity
- Lab Space Possible
- Semi-Permanent
- Regional Training Center
- Slow setup



Case Management: Clinical Care & Management

- Clinical Care: hands on clinic care, technical guidance, clinical trainings to medical and wash staff, supplies and equipment (drugs, PPE, generators, biomed equipment, etc.)
- Day-to-day Management Mubende: medical, logistics, and administrative leadership and management of the Mubende facilities



| | | |
|------------------|-----|-----|
| Mubende MRRH ETU | 105 | 741 |
|------------------|-----|-----|

| | | |
|---------------------------|----|----|
| Mulago National Isolation | 11 | 91 |
|---------------------------|----|----|



Case Management: Survivors

- **Survivors Guidelines: MSF feedback and advice in all areas including**
 - Mental health/psychosocial care
 - General clinical care
 - Pregnant/breastfeeding women
 - Pediatric care
- **Kalwana Ebola Survivors Association:** training and a one-time financial donation of 6,000,000 UGX
 - Integration into MSF health promotion teams during the last weeks of the outbreak
 - Dialogue to address stigma, and support in restoring the trust in health facilities + reinforce good health seeking behavior



Epidemiological Research

- Design of rapid surveys & analysis of risk factors linked to infection among contacts
- Socio-demographic and other case analyses in coordination with SIRI
- Participation and contribution to the Final Outbreak Analysis
- GIS case mapping
- Proposal of electronic tools for data collection linked to suspect or confirmed patients: (patient line list, clinical database, survivor database)



Training



| | Staff trained (MOH & MSF) |
|----------------|------------------------------|
| Mubende | 200 |
| Kassanda | 120 |
| Kampala | 97 |
| Masaka & Jinja | 70 |
| Total | 435 |

Independent Financing

➤ MSF funding relies largely on individual donations

- More than 7 million individual donors and private institutions (private companies and foundations) provided 97.1 per cent of MSF's global funds in 2021.
- Ensures MSF's operational independence and flexibility to respond to the most urgent crises.

➤ MSF mobilised 3,1 million euros for the 2022-2023 EVD Response in Uganda, distributed throughout several pillars

- 700,00 € ETU Construction (Total)
- 108,700 € MOH Staff Risk Allowances

Medical, WASH, and Logistic Supply Donations

- Mubende ETUs, RRH, and HCCs: 83,300 € (329 million UGX)
- Kassanda ETU Supply Donation: 35,882 € (135.2 million UGX)
- Masaka RRH and 5 HCCs: 11,000 € (43.8 million UGX)
- Jinja RRH and IPC Pillar: 4,500 € (17.8 million UGX)
- Kamuli HC Support: 1,300 € (5.1 million UGX)
- Luuka HC Support: 1,375 € (5.4 million UGX)





| | MSF Int'l Staff | MSF Ugandan Staff | MoH Staff supported with Risk Allowance | Totals |
|-----------------------------------|----------------------------|------------------------------|--|---------------|
| Kampala Coordination | 16 | 49 | 0 | 65 |
| Mubende | 21 | 108 | 159 | 288 |
| Kassanda | 11 | 150 | 0 | 161 |
| Kampala ETU & Outreach | 17 | 32 | 0 | 49 |
| Masaka & Jinja | 9 | 0 | 0 | 9 |
| Totals | 74 | 339 | 159 | 572 |



Preparedness & response

- Expertise: Rapid Response, Clinical Care, Research Tools & Analysis, Technical Engineering, IPC
- Advanced & Basic Training for First-line Rapid Responders
- Long-term support to the Ministry of Health



Thank you

National Accountability Forum

Agency: Africa CDC

Introduction

- After the declaration of SUDV outbreak in Uganda on 20th September 2022, Africa CDC deployed a team of technical experts to Uganda on 23 September 2022 with the objective to Rapid Risk Assessment.
- Based on the risk assessment finding, Africa CDC activated its PHEOC and instituted an incident management system for EVD on 26 Sept 2022.
- Between September – December 2022, Africa CDC had deployed response teams from HQ and RCCs on rotational basis as well as RRTs to support the country response through different pillars as well as preparedness efforts in high-risk countries
- Africa CDC have worked with MOH and supported VHTs in 3 districts.

Funds mobilized for response (by source, and expiry date)

| Donor/Budget | Africa CDC | Donor 2 (expiry date) | Donor 3 (expiry date) | Donor 4 (expiry date) | Donor 5 (expiry date) | Total Funds Mobilized |
|---|------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|
| Case management | - | | | | | |
| CEHS | - | | | | | |
| Coordination and preparedness support | 437,308 | | | | | |
| IPC (and WaSH) | 297,529 | | | | | |
| Laboratory | 339,173 | | | | | |
| Logistics | 880,448 | | | | | |
| Risk communication and community engagement | 1,451,505 | | | | | |
| Research | 226,836 | | | | | |
| SIRI | - | | | | | |
| Surveillance and RRTs deployment | 2,821,702 | | | | | |
| Overheads | | | | | | |
| Total | 6,454,501 | | | | | |

NB: Please note that this budget represents the budget mobilized by Africa CDC through the PRC for the regional response for each pillar and includes both response activities in Uganda and preparedness activities for high risk MS in the region

Activities supported/Support provided

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Support (USD) |
|---------------------------------------|--|---------------------|
| Case management | - | |
| CEHS | - | |
| Community engagement | <i>Training and deployment of 3,000 VHT (2,000 VHT in Wakisso and Mukono districts and 1,000 VHT in Kassanda district)</i> | 1,401,766 |
| Coordination and Preparedness support | <ul style="list-style-type: none"> • <i>Organization of a high level ministerial meeting in collaboration with the Govt of Uganda and WHO on 12th October 2022 to improve cross border collaboration (154,719 USD)</i> • <i>Deployment of a response team from different pillars from Africa CDC HQ, RCCs in a rotational basis to support response activities in Uganda (124,910 USD)</i> • <i>Support to conduct a functional simulation exercise to test PHEOC capacities to respond to EVD outbreak in 47 MS</i> • <i>Conducted a regional workshop for cross border capacity building on EBS for PoE and surveillance focal points for Uganda and 9 at risk countries from 4-8 December in Kigali (50,010 USD)</i> • <i>Conducted two trainings of 100 HCWs (50 HCWs for each) on surveillance, outbreak investigation and RCCE in the Republic of Kenya to support preparedness and readiness of the country (107,530 USD), 3-18 December 2022</i> | 437,169 |
| IPC (and WaSH) | <ul style="list-style-type: none"> • <i>Training of 50 healthcare workers on IPC in Kampala from 26th to 28th September 2022 at the early stage of the EVD outbreak in Uganda (76,294 USD). Participants were the HCFs Focal Points from different regions</i> • <i>Training of 50 Educators on IPC in Kampala from 29th September to 1st October 2022 (74,216 USD). Participants were School Health programme Focal Points from different regions</i> • <i>On the Job training for Safe and dignified burials</i> | 150,510 |
| Laboratory | <ul style="list-style-type: none"> • <i>Procurement of testing reagents and supplies (200,000 USD)</i> • <i>Training in sample collection, packaging, transportation in Mbarara, Soroty, Fort Portal and Hoima regions from 8-20 December 2022 with a total of 240 trainees (62,900 USD)</i> • <i>Training on Genomic sequencing and bioinformatics on SUDV from 5-9 December 2022 in Uganda (11,988 USD)</i> • <i>Technical support to the MOH in Jinja district on Sample collection preparedness assessments for 11 healthcare facilities in the district</i> • <i>A review performance evaluation of the BioPerfectus Ebola virus Real Time PCR kit was also conducted with the technical support of Africa CDC</i> | 274,888 |

Activities supported/Support provided (cont.)

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Support (USD) |
|----------------------------------|---|---------------------|
| Logistics | <ul style="list-style-type: none"> • <i>Procurement of IPC items to support SUDV response in Uganda (303,050 USD including logistics cost)</i> • <i>In addition Africa CDC hired a total of 8 vehicles since October 2022 with driver and fuels for 3 months to support contact tracing and active case search (144,000 USD)</i> | 447,050 |
| Risk communication | <ul style="list-style-type: none"> • <i>RCCE training for 50 EVD health educators and Health district officers in Mityana district from 10-14 October 2022</i> | 46,470 |
| Research | <ul style="list-style-type: none"> • <i>Deployment of 2 Africa CDC research team staff for 3 weeks in Uganda to provide technical support to the national research committee</i> | 13,232 |
| Surveillance and RRTs deployment | <ul style="list-style-type: none"> - <i>EBS training for 12 DRRTs members, 203 Healthworkers on facilities and 410 community leaders in Kagadi, Mubende and Kassanda districts, 10-14 October 2022 (26,220 USD)</i> - <i>Establishment of alert management desks and health facility EBS in Kamuli, Mukono and Wakiso districts (41,831 USD)</i> - <i>Mortality surveillance training in Mubende, Kassanda and Mityana districts, 12-19 December 2022 (84,000 USD)</i> - <i>Recruitment od deployment of 17 RRTs for 6 months to support response activities in Uganda as well as preparedness efforts in high-risk countries (902,106 USD)</i> | 1,054,157 |
| Total | | 3,825,242 |

Human resource deployed

| Donor/Location & Category | Partner Agency (Africa CDC) | Total Expenditure (USD) |
|----------------------------------|--|-------------------------|
| Case management | | |
| CEHS | | |
| Community engagement | <i>Training and deployment of 3,000 VHT (2,000 VHT in Wakisso and Mukono districts and 1,000 VHT in Kassanda district)</i> | 1,401,766 |
| Coordination | <ul style="list-style-type: none"> <i>Deployment of a coordination team 3 staff from Africa CDC HQ, RCCs in a rotational basis to support response activities in Uganda</i> | 26,040 |
| IPC (and WaSH) | <ul style="list-style-type: none"> <i>Deployment of 1 IPC staff to support response activities in Uganda</i> | 9,060 |
| Laboratory | <ul style="list-style-type: none"> <i>Deployment of 4 lab staff in a rotational basis + 3 from DRC INRB to support response activities in Uganda</i> | 22,144 |
| Logistics | <ul style="list-style-type: none"> <i>Deployment of 1 Supply chain staff</i> | 5,888 |
| Risk communication | <ul style="list-style-type: none"> <i>Deployment of 1 RCCE staff</i> | 9,112 |
| Research | <ul style="list-style-type: none"> <i>Deployment of 2 Africa CDC research team staff to provide technical support to the national research committee</i> | 13,232 |
| Surveillance and RRTs deployment | <ul style="list-style-type: none"> <i>Deployment of 6 Surveillance staff from Africa CDC HQ and RCCs on a rotational basis</i> <i>Recruitment and deployment of 17 RRTs for 6 months to support response activities in Uganda as well as preparedness efforts in high-risk countries (902,106 USD)</i> | 931,322 |
| Others | <ul style="list-style-type: none"> <i>Finance: 2 staff deployed in a rotational basis</i> <i>Admin: 1 staff</i> | 10,218 |
| Total | | 2,428,782 |

Summary of Unspent Funds

| Donor/Budget | Africa CDC (expiry date) | Donor 2 (expiry date) | Donor 3 (expiry date) | Donor 4 (expiry date) | Donor 5 (expiry date) | Total Unspent Funds |
|--|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|
| Case management | - | | | | | |
| CEHS | - | | | | | |
| Coordination | 139 | | | | | |
| IPC (and WaSH) | 147,019 | | | | | |
| Laboratory | 64,285 | | | | | |
| Logistics | 433,398 | | | | | |
| Risk communication and community engagement | 3,269 | | | | | |
| Research | 213,604 | | | | | |
| Surveillance and RRTs deployment | 1,767,545 | | | | | |
| Total | 2,629,259 | | | | | |

NB: Please note that this budget represents the budget for the regional response for each pillar and includes both response activities in Uganda and preparedness activities for high risk countries

Plan for use of unspent funds

Africa CDC priority areas of support for the next 90-day post-outbreak period:

- Surveillance: Enhance surveillance by supporting the establishment of EBS in priority districts under the guidance of Ministry of Health
- Laboratory: strengthen biosafety and biosecurity in priority areas identified by the Ministry of Health
- IPC support for sustainable healthcare system strengthening
- Research: support the ecological study and documentation of the outbreak

National Accountability Forum

Agency:

INFECTIOUS DISEASES INSTITUTE LIMITED(IDI)

Introduction

Response Areas supported:

1. Coordination
2. Surveillance
3. Laboratory
4. Case management(Clinical Care, IPC, EMS, psychosocial support, SDB)
5. Community Engagement
6. Logistics

Funds received for response

| Donor/Budget | CDC 30th Sept 2023 | RSTL (Leveraged existing funds) | JMEDDIC (Leveraged existing funds) | Total Funds Mobilized |
|---|----------------------------------|---|---------------------------------------|----------------------------------|
| Case management (IPC/ WASH, SDB, Clinical care, psychosocial support) | 1,670,951 | 29,170 | 13,378 | 1,720,951 |
| CEHS | | | | |
| Community engagement | 61,566 | | | 61,566 |
| Coordination | 118,044 | | | 118,044 |
| EMS | 368,313 | | | 368,313 |
| Laboratory | 248,509 | | | 248,509 |
| Logistics | 118,430 | 6,850 (Vehicles) 9,262 (Fuel) 4718 (Operations) | | 118,430 |
| Risk communication | | | | |
| Research | | | | |
| SIRI | | | | |
| Surveillance | 1,249,187 | | | 1,249,187 |
| Overheads | 556,075(included across pillars) | | | 556,075(included across pillars) |
| Total | 3,835,000 | 50,000 | 13,378 | 3,885,000 |

Activities supported/Support provided

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|--------------|---|-------------------|
| Coordination | <p><u>National Task Force:</u></p> <ul style="list-style-type: none"> • Technical Support to 3 National Task Force meetings in Mubende • Partner coordination support through deployed officer in Mubende, Jinja. <p><u>Incident Management Team:</u></p> <ul style="list-style-type: none"> • Technical support was provided in the development of EVD Response plans and training materials for surveillance, Laboratory, Case Management • 2 Situation room duty officers and 1 administrator deployed to support the IMT. <p><u>Emergency Operation Center:</u></p> <ul style="list-style-type: none"> • Technical support to the KMA and West Nile Regional EOCs for EVD response coordination and readiness respectively. • Provided technical support in the establishment of the Mubende and Jinja Regional Emergency Coordination centers <p><u>District Task Force:</u></p> <ul style="list-style-type: none"> • Supported 7 high risk districts [Kampala, Masaka, Luweero, Kyankwazi, Kibaale, Nakasongola and Jinja] in the development of district-specific SUDV response plans | \$36,107 |

Activities supported/Support provided



| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|-----------------|---|-------------------|
| Case management | <p><u>Clinical Care:</u></p> <ul style="list-style-type: none"> • Pre-deployment Training of 300 Surge Human Resources for the Mubende and Entebbe ETUs • Development of EVD patient management plans that guided the clinical teams at the ETUs and isolation centers. • Operationalization of the isolation space at the Mubende and Entebbe RRH into an ETU through zoning and the development of workflows • Supported MOH to coordinate Entebbe and Mulago ETU case management and administrative activities. • Deployed staff to support the care and treatment of patients in the Mubende and Entebbe ETUs including technical support to daily clinical care review meetings. • Continuous capacity building of ETU staff through onsite Mentorships and drills (15 HCWs at Mulago, 120 HCWs at Entebbe ETU) including streamlining patient data management <p><u>Infection Prevention and Control</u></p> <ul style="list-style-type: none"> • Technical assistance to the IPC sub-pillar, in the development and review of implementation strategies, SOPs, IEC materials, and training materials. • Trained 1045 HCWs from very high-risk, high-risk, and moderate-risk districts. Of the oriented, 848 mentors were facilitated to cascade IPC mentorship reaching over 1887 Health Facilities. • Supported activation of over 46 IPC RINGS in Mubende, KMA., Masaka- and Jinja . • Deployed IPC staff at ETUs in Mubende, Mulago and Entebbe to oversee IPC compliance, HCW monitoring, safety checks. • Deployed 40 IPC supervisors to strengthen health facility IPC • Provided assorted IPC supplies, IEC materials, SOPs to ETUs and health facilities. <p><u>Safe and Dignified Burial:</u></p> <ul style="list-style-type: none"> • Supported the training of 349 burial team members from Mubende, Kassanda, KMA and West Nile on SDB (including the ETUs-2 SDB teams at Entebbe, 1 Mulago, and 2 for Mubende ETU) • Provided PPE and other supplies for safe burial in KMA | \$806,941 |

Activities supported/Support provided



| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|-----------------|--|-------------------|
| Case management | <p>Emergency Medical Services</p> <ul style="list-style-type: none"> • Deployed 2 Surge Response Personnel in Mubende and Masaka to coordinate EMS • Coordinated safe evacuation of 310 high-risk contacts, suspect, and confirmed cases; • Provided 1027 liters of fuel to EVD response Ambulances in KMA, Masaka, Fort Portal, and Jinja • Trained 187 Ambulance teams on IPC in Mubende, Masaka, KMA, and Jinja districts • Supported Masaka Alert management desk with an assortment of supplies to enable functionalization of the dispatch center at Masaka RRH • Facilitated 74 ambulance teams with meals in the Mubende region for a period of 2 weeks; • Supported renovation works for the ambulance decontamination site in Mubende, Jinja, and Masaka <p>Psychosocial Support:</p> <ul style="list-style-type: none"> • Supported group and individual mental and psychosocial support for 50 staff supporting the Entebbe ETU ▪ Training on delivering mental and psychosocial support was conducted for 50 staff at Entebbe ETU. These provided psychosocial support to patients admitted to the ETU and their families. <p>Medical Counter Measures:</p> <ul style="list-style-type: none"> • Supported MoH in policy development for MCM deployment of MBP134 and RDV • Supported training of ETU clinical teams at JMEDDIC-Fort Portal RRH, Mubende, and Entebbe ETUs on MBP134 and RDV Protocols • Strengthened capacity of RRH hosting ETUs in storage, preparation, and administration of MBP134 and RDV (1500 vials of RDV, 344 vials of MBP134). • Supported clinical data collection during and after the use of novel agents: 18.5% of the admitted patients received at least one dose of the novel therapeutics (21/142- RDV, 9/142 -MBP134) | |

Activities supported/Support provided

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|-------------------------------------|--|--------------------------|
| <p>Laboratory</p> | <ul style="list-style-type: none"> • Technical support to the National Laboratory response pillar. National (18) and regional (22) level sub pillar meetings. • Supported development of laboratory training strategy and training materials for EVD safe sample management, biosafety, and biosecurity • Reorientation of 50 national lab responders from a pool of national lab responders/trainers • Trained 89 laboratory staff from 8 national referral and specialized hospitals, 220 Regional Laboratory personnel and 707 at district level were from Masaka, Jinja, KMA, and West Nile were trained in EVD sample management. • Trained 71 Hub riders from 46 districts in safe sample transportation and management of EVD samples and availed 50 outer packages (cool boxes) for sample packaging • 02 Surge staff were deployed at UVRI through CDC funding to support sample testing. • Technical support to the laboratory pillar in the development, review and dissemination of testing algorithm. <p>Results transmission:</p> <ul style="list-style-type: none"> • 5 laptops and 5 routers to support data management were provided. • Provided airtime and data to the Laboratory team leads (Coordinators and DLFPs) in 4 health regions to support sample collection coordination and Results retrieval. | <p>\$ 201,815</p> |
| <p>Community Engagements</p> | <ul style="list-style-type: none"> • Supported the Community Engagement pillar of Jinja in activating 7 sub-counties/division task forces reaching 24 members; 27 parish task forces reaching 102 members; and 234 village task forces reaching 1264 members. • 4500 reporting tools were printed and disseminated. These included; 540 job aides, 192 VHT referral books, 500 EVD posters and other IEC materials. | <p>\$35,232</p> |

Activities supported/Support provided



| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|------------------------|--|-------------------|
| Case Management | <ul style="list-style-type: none"> • With support from RSTL, IDI provided deployed staff that supported initial operational support at the Mubende ETU. The deployed staff supported ETU IPC training of deployed staff and acted as safety shift leads at the ETU • Fuel support to the psychosocial team at Mubende ETU • Accommodation of the UPDF and MOH Clinical care team at Mubende ETU • Production and distribution of 6300 liters of ABHR to health facilities in Mubende and KMA | 49,600 |
| Case management | <ul style="list-style-type: none"> • With support from JMEDDIC, IDI leveraged existing staff (9) to provide clinical management to the 7 health worker SUDV case at Fort Portal Regional referral. • 2 laboratory staff were deployed at the Entebbe ETU to support testing at the mobile laboratory | 6,081 |

Activities supported/Support provided



| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|--------------|--|-------------------|
| Surveillance | <p><u>Contacts tracing:</u></p> <ul style="list-style-type: none"> Supported contact tracing and follow-up in Mubende, Jinja and KMA. A total of 394 contact tracers were trained (292 in Mubende, 49 in Jinja and 50 in KMA). 292 VHTs in 5 EVD affected Sub-counties of Mubende district were oriented and facilitated and availed with supplies such as ABHR, IR Thermometers, to support Contact tracing. Collaborating with Baylor Uganda, IDI supported contact tracing of 534 contacts in KMA and 527 in Jinja. <p><u>Active case search:</u></p> <ul style="list-style-type: none"> In Mubende, IDI in collaboration with JHPIEGO supported the orientation of 423/472 (89.6%) VHTs who conducted community active case search in 72088 household across the 5 in Mubende. 19 EVD suspects were identified, 18 evacuated. In KMA 89 staff were trained on active case search at facility level in Rubaga (42) and Central divisions (47). Active case search was conducted in 102 public and private facilities (30 public facilities). 428 health workers from these facilities were also mentored at facility level to strengthen case finding, reporting and investigation. <p><u>Facility based surveillance</u></p> <ul style="list-style-type: none"> In KMA, IDI trained a total of 1552 health workers to enhance facility-based surveillance in the 5 divisions of Kampala, and the districts of Wakiso and Mukono. In Jinja, 171 mentors were trained on Health Facility Based surveillance from 36 facilities. | \$274,914 |

Activities supported/Support provided

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|--------------|--|-------------------|
| Surveillance | <p><u>Community Based Surveillance:</u></p> <ul style="list-style-type: none"> • 423 community HCWs from Mubende and 239 from Jinja on community-based surveillance. IDI supported Integrated Community engagement surveillance and community IPC activities in Kangulimura, a hotspot area in Mubende district. • Orientation of 279/304 (91.8%) VHTs to support active case search in 152 Villages in 6/6 sub-counties of Jinja City • IDI supported the VHTs to conduct household visits in the villages in Jinja, cumulatively, 148,738 households were reached, with community deaths and suspects reported. <p><u>Mortality surveillance:</u></p> <ul style="list-style-type: none"> • 101 morticians/mortuary attendants in KMA, Masaka and Jinja were trained safe sample collection | |
| Surveillance | <p><u>Point of Entry:</u></p> <ul style="list-style-type: none"> • IDI together with CDC, IOM and MoH border health unit, trained 20 Health care workers and 24 port non-healthcare workers at Entebbe International Airport on basic IPC practices and Secondary screening for triage. • IDI and CDC SMEs supported MoH Border Health unit to conduct orientation of 58 Entebbe International airport staff on RING (isolate, notify, give support), basic IPC and basic psychosocial first aid. • Population Connectivity Across Borders (POPCAB) assessments and POE EVD Readiness Assessments were conducted in 08 PoE hosting districts in the West Nile region and Arua City. EVD IEC materials were availed during the assesments. | \$20,796 |

Human resource deployed

| Donor/Location & Category | Location (District) | National | | International | Total Expenditure |
|-----------------------------|-----------------------------------|----------|----------------|---------------|-------------------|
| | | MoH | Partner Agency | | |
| Case management | KMA,Mubende,Jinja, Masaka,FRRH | | 71 | | 347,110 |
| CEHS | | | | | |
| Community engagement | Jinja | | 1 | | 6,216 |
| Coordination | KMA, Mubende,Jinja,Masaka | | 3 | | 21,441 |
| EMS | KMA,Mubende, Jinja, Masaka | | 5 | | 49,664 |
| Laboratory | KMA,Mubende,Jinja, Masaka | | 5 | | 87,685 |
| Logistics | KMA,Mubende,Jinja, Masaka | | 10 | | 15,918 |
| Risk communication | | | | | |
| Research | | | | | |
| SIRI | | | | | |
| Surveillance | KMA,Mubende,Jinja | | 8 | | 28,091 |
| Overheads | | | | | |

Human resource deployed



| Donor/Location & Category | Location (District) | National | | International | Total Expenditure |
|---------------------------|---------------------|----------|------------------|---------------|--|
| | | MoH | Partner Agency | | |
| Case management | Mubende & FPRRH | | JMEDICC-09 | | 6,081 Deployed on continuing project salary |
| CEHS | | | | | |
| Community engagement | | | | | |
| Coordination | | | | | |
| IPC (and WaSH) | Mubende | | RTSL-02 | | Deployed on continuing project salary |
| Laboratory | | | 02 (IDI JMEDICC) | | 7,292 (Deployed with continuing project salary) |
| Logistics | | | | | |
| Risk communication | | | | | |
| Research | | | | | |
| SIRI | | | | | |
| Surveillance | | | | | |
| Overheads | | | | | |
| Total | | | | | |

Summary of Unspent Funds

| Donor/Budget | CDC (30th.Sept 2023) | RSTL (31st December 2022) | Donor 3 (expiry date) | Donor 4 (expiry date) | Donor 5 (expiry date) | Total Unspent Funds |
|-------------------------------------|------------------------------------|---------------------------------|--------------------------|--------------------------|--------------------------|------------------------|
| Case management | 864,009 | 467 | | | | |
| CEHS | | | | | | |
| Community engagement | 26,334 | | | | | |
| Coordination | 81,937 | | | | | |
| EMS | 283,930 | | | | | |
| Laboratory | 46,695 | | | | | |
| Logistics | 92,512 | | | | | |
| Risk communication | | | | | | |
| Research | | | | | | |
| SIRI | | | | | | |
| Surveillance (including POE) | 953,476 | | | | | |
| Overheads | 340,589(incuded across pillars) | | | | | |
| Total | 2,348,893 | 467 | | | | |

Plan for use of unspent funds

Surveillance:

1. Strengthen Community based disease surveillance in KMA and West Nile
2. Strengthen health facility surveillance and reporting
3. Continue to support alert management through the KMA and West Nile regional EOCs
4. Support mortality surveillance

Infection Prevention and Control

1. Continue deployment of 40 IPC supervisors in KMA, Jinja and Masaka to strengthen health facility IPC
2. Facilitate training of 30 MoH selected TOTs by ICAN
3. Facilitate training of 200 leaders on IPC
4. Continued IPC training of District/Division and Health Facility IPC focal persons
5. Support utilization of ETUs for training and capacity building

Safe and dignified burial

1. Support SDB team trainings in other districts

EMS:

1. Training of additional EMTs and ambulance drivers in other regions on safe patient transfer

Community engagement

1. Activation of village, parish taskforces in KMA and West Nile
2. Radio and TV talk shows to reinforce EVD safety practices at the community

National Accountability Forum

Agency: Baylor-Uganda



Introduction

Baylor-Uganda is a Local NGO since 2006

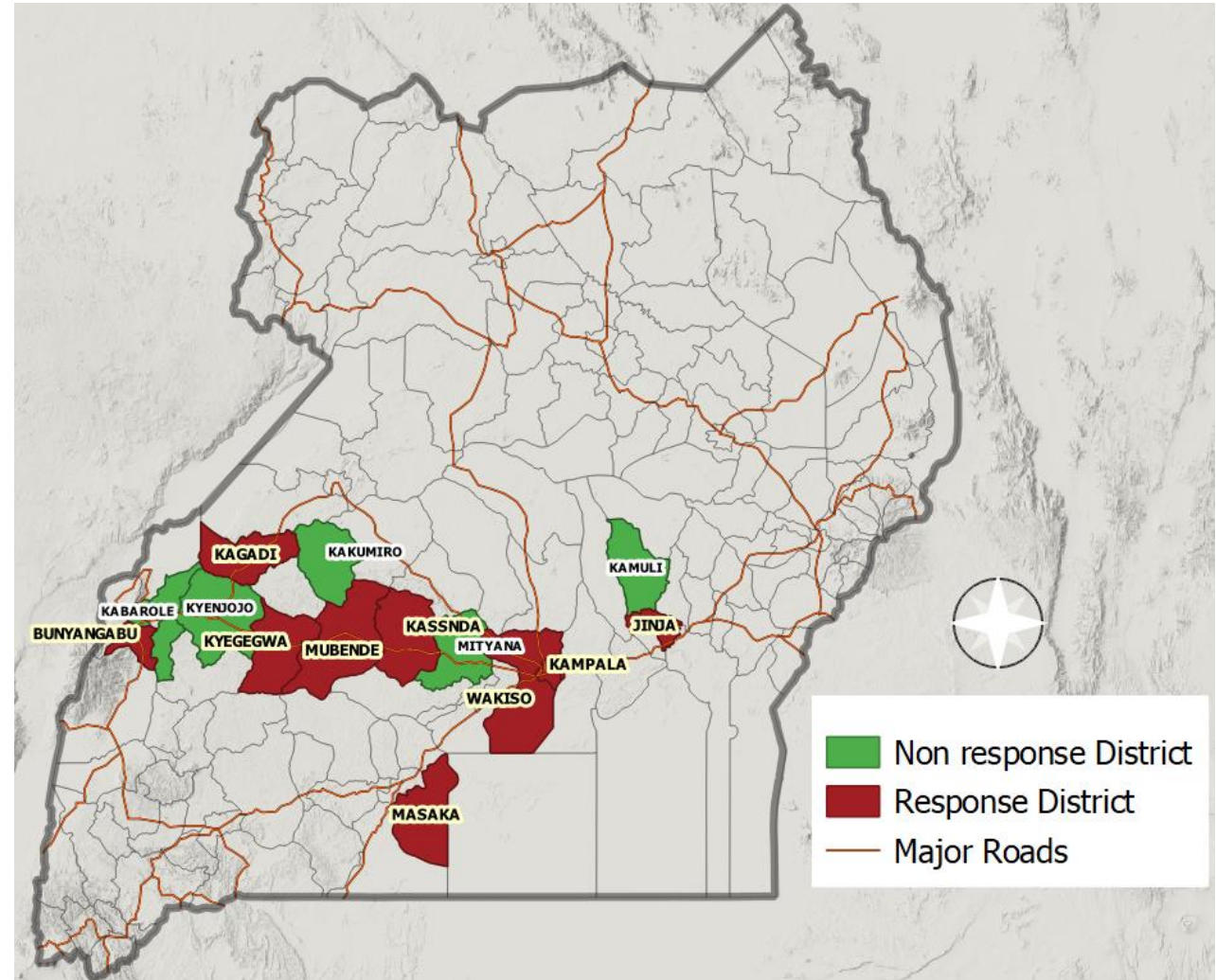
- Comprehensive HIV/TB care/treat,
- RMNCAH and Global Health Security

Ebola Response supported

- 14 districts

Funding sources

- CDC
- USAID
- UKAID/GIZ.



Funds received for response

| Donor/Budget | Donor 1 CDC | Donor 2 USAID | Donor 3 UKAID/GIZ | Total Funds Mobilized |
|-----------------------------|------------------------|--------------------------|------------------------------|----------------------------------|
| Case management | \$ 117,566 | \$ 1,090,910 | \$ - | \$ 1,208,476 |
| CEHS | \$ - | \$ - | \$39,156.00 | \$ 39,156.00 |
| Community engagement | \$ 91,489 | \$ - | \$32,158.00 | \$ 123,647.47 |
| Coordination | \$ 225,948 | \$ - | \$38,064.00 | \$ 264,012 |
| IPC (and WaSH) | \$ 939,917 | \$ - | | \$ 939,917.00 |
| Laboratory | \$ 153,478 | \$ - | \$ 9,685.00 | \$ 163,163.19 |
| Logistics | \$ 300,000 | \$ - | \$ - | \$ 300,000 |
| Risk communication | \$ - | \$ - | \$32,158.00 | \$ 32,158 |
| Research | \$ - | \$ - | \$ - | \$ - |
| SIRI | \$ 250,000 | \$ - | \$ - | \$ 250,000 |
| Surveillance | \$ 2,444,525 | \$ - | \$ 85,142 | \$ 2,529,667 |
| Overheads | \$ 494,500 | \$ 109,090 | \$ 23,637 | \$ 627,227 |
| Total | \$5,017,423 | \$1,200,000 | \$ 260,000 | \$ 6,477,423 |

Activities supported/Support provided

| Pillars | Activities | Total Exp. |
|-----------|---|------------|
| Case man. | <ul style="list-style-type: none"> • Personnel: 4 Medical officers, Nutritionist, 7 MHPSS (Mubende ETU and Survivor Clinic Mubende, Entebbe, and Kassanda) • Provided Clinical and nutrition care at Mubende ETU • Supported the development of Ebola survivor care guidelines • Set up and operationalize survivor clinics: Entebbe, Mubende, and next will be Kassanda • Outcomes: 87 survivors, all mapped; 83/87 received clinical follow-up; 87 (100%) received at least 3 individual MHPSS sessions; conducted FSG sessions and community dialogue meetings; couple counseling | \$ 166,468 |

Activities supported/Support provided

| Pillars | Activities (Include logistics provided e.g., vehicles, PPEs, printing, food etc.) | Total Exp. |
|----------------------|--|------------|
| Community engagement | <ul style="list-style-type: none"> Supported 103 community dialogues across 6 districts – targeting schools, markets, churches, boda-bodas, and security agencies | \$55,013 |
| Coordination | <ul style="list-style-type: none"> Personnel: 28 (21 at MOH and seven agency staff)- epidemiologists, RCCE, pillar admins, M&E officer, duty officers, and NPEOC personnel -11 transitioned to JHPIEGO in Nov 2022. Coordination of pillar meetings, NTF, set up and operationalization of situation rooms in 3 districts: Mubende, Kassanda and Kyegegwa | \$215,634 |

Activities supported/Support provided Cont.

| Pillars | Activities | Total Exp |
|---------|--|-----------|
| IPC | <p>IPC surge team</p> <ul style="list-style-type: none"> • Deployed 7 IPC surge staff(district supervisors) in Kassanda and Mubende • Oriented IPC mentors -25 in Mubende, 18 in Kassanda <p>IPC in non-ETU Health facilities (Kassanda, Mubende)</p> <ul style="list-style-type: none"> • WHO IPC score assessments: Baseline 263 facilities baseline assessed and mentored (Kassanda-151 and Mubende-112) • Proportion of facilities scoring >80% <ul style="list-style-type: none"> • Mubende: Baseline 06/112 (5.4%) Post mentorship 49/112(44%) • Kassanda: Baseline 14/151 (9.3%) Post mentorship 30/151(20%) <p>RING IPC- Around facilities where a case is identified</p> <ul style="list-style-type: none"> • Trained 43 Health workers on ring IPC in Kassanda and Mubende • Supported 2 IPC rings in the Kassanda district | \$319,695 |

Activities supported/Support provided Cont.

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Exp. |
|-------------------|---|------------|
| Laboratory | <ul style="list-style-type: none"> Supported the training of 138 laboratory staff and 154 drivers on safe SUDV specimen from contacts/confirmed cases and Dead bodies, including handling and transportation in 4 response districts <p>Outcome: 3,121 SUDV specimens from 20 high-risk district were collected and transported to designated testing laboratories (Mubende field laboratory and UVRI)</p> | \$29,839 |
| Logistics | <p>Supplies</p> <ul style="list-style-type: none"> Alert management: 6 toll-free-lines, 9 desk phones, whiteboards, stationery, printers, and airtime Situation room: TVs, Furniture, printers, toner zoom equipment, stationery, desktop computers and other ICT supplies IPC: Infrared thermometers, Provided 1 computer to the Mubende SUDV field testing laboratory that improved results transmission and data management/storage <p>Warehouse</p> <ul style="list-style-type: none"> Supported weekly IPC stock status reporting, monitoring and forecasting of needs in Kassanda district Supported the redistribution of 250 gowns, 180 coveralls, and 210 googles from lower health facilities to Kassanda District Stores <p>Fleet management</p> <ul style="list-style-type: none"> Deployed upto 30 vehicles to support different pillars | \$123,701 |

Activities supported/Support provided Cont.

| Pillars | Activities (Include logistics provided e.g., vehicles, PPEs, printing, food etc.) | Total Exp. |
|--------------------|--|-----------------|
| Risk communication | <ul style="list-style-type: none"> Reached 617,482 households in 6 districts with risk communication messages (through community active case search) Dissemination risk communication messages- IEC materials distributed and 6 mobile speakers in 6 districts Oriented 112 boda-boda leaders in Kampala on risk communication and community engagement for EVD and other public health emergencies | \$ 36,050 |
| SIRI | <p>Data management</p> <ul style="list-style-type: none"> HR support at DHI, Supported the development and deployment of Strategic Information (SI) tools Facilitated the training of 286 rapid responders on the use of Go-data and 102 on eIDSR- Go data was used for contact tracing in all districts. <p>Information Products and Analytics</p> <ul style="list-style-type: none"> Supported the compilation and dissemination of SUDV situation reports (Sitreps) and other analytic products such as maps, graphs, tables, charts, and pictorials | \$67,050 |
| Total | | |

Activities supported/Support provided Cont.

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Exp. |
|--------------|---|------------------|
| Surveillance | <p>Alert Management</p> <ul style="list-style-type: none"> Supported the establishment/operationalization of alert management systems in 8 districts 5 seconded surveillance/linkages volunteers in Kampala directly supported field alert verification across the 5 divisions Trained 39 surveillance focal persons and biostatisticians in Kampala on e-IDSR utilization for EBS across the 5 divisions 15,390 signals were received; 10,749 (69.8%) were alerted; 7 421 (69%) were SUDV alerts; 93% of all alerts were verified within 24 hours. <p>Contact tracing- Using Go-data:</p> <ul style="list-style-type: none"> Trained and facilitated 289 contact tracers and 2,445 VHTS to conduct contact tracing and follow-up 4,394 cumulative follow-ups, 4,026 completed follow-ups, and >91% average follow-up rate. <p>Mortality surveillance:</p> <ul style="list-style-type: none"> Trained 83 lab staff on cadaver specimen collection 1,257 death alerts were received, 1,079 (85.8%) were verified, and samples were taken from 1,006 (93.2%). | <p>\$435,692</p> |

Activities supported/Support provided Cont.

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Exp |
|----------------------------|---|-----------|
| Surveillance Cont.. | <p>Active case search:</p> <p>HF active case search:</p> <ul style="list-style-type: none"> • Trained 132 surveillance officers in 3 Kampala divisions (Nakawa-51, Kawempe-43, Makindye-38) <p>Community active case search:</p> <ul style="list-style-type: none"> • Trained 2156 VHTs and facilitated 2187 VHTs to conduct community active case search • 1,349,657 households identified 170,128 sick persons, 277 were SUDV alerts, and 259 were community deaths. <p>Point of Entry:</p> <ul style="list-style-type: none"> • 7 Volunteer screeners; PopCAB in Mubende, Kampala, and Masaka- identified locations for enhanced surveillance. • Contributed to regional(Uganda, Kenya, and Rwanda) PopCAB TOT training. | |

Human resource deployed -126(CDC-106, USAID-11; UKAID/GIZ-9)

| Donor/Location & Category | Location (District) | National | | International | Total Expenditure |
|---|---------------------|-----------|----------------|---------------|-------------------|
| | | MoH | Partner Agency | | |
| Case management | 5 | | 9 | - | 61,879 |
| CEHS | | - | | - | |
| Community engagement | - | - | 2 | - | 9,973 |
| Coordination | - | 21 | 7 | - | 164,384 |
| IPC (and Wash) | 5 | | 2 | - | 17,043 |
| Laboratory | 5 | | 4 | - | 17,821 |
| Logistics Excludes 21 drivers of hired vehicles | | - | 27 | - | 17,692 |
| Risk communication | - | | - | - | 9,973 |
| SIRI | - | 4 | 5 | - | 50,033 |
| Surveillance | 14 | 4 | 12 | - | 72,638 |
| Total | 29 | 29 | 68 | | 411,463 |

Summary of funds spent

| Donor/Budget | Donor 1 CDC | Donor 2 USAID | Donor 3 UKAID/GIZ | Total Funds Mobilized |
|-----------------------------|------------------------|--------------------------|------------------------------|----------------------------------|
| Case management | \$ 63,520 | \$ 102,949 | \$ - | \$ 166,468 |
| CEHS | \$ - | \$ - | \$ 7,605 | \$ 7,605 |
| Community engagement | \$ 48,767 | \$ - | \$ 6,246 | \$ 55,013 |
| Coordination | \$ 208,241 | \$ - | \$ 7,393 | \$ 215,634 |
| IPC (and WaSH) | \$ 319,695 | \$ - | \$ - | \$ 319,695 |
| Laboratory | \$ 27,957 | \$ - | \$ 1,882 | \$ 29,839 |
| Logistics | \$ 123,701 | \$ - | \$ - | \$ 123,701 |
| Risk communication | \$ - | \$ - | \$ 6,246 | \$ 6,246 |
| Research | \$ - | \$ - | \$ - | \$ - |
| SIRI | \$ 67,050 | \$ - | \$ - | \$ 67,050 |
| Surveillance | \$ 419,156 | \$ - | \$ 16,536 | \$ 435,692 |
| Overheads | \$ 117,507 | \$ 10,295 | \$ 4,591 | \$ 132,393 |
| Total | \$1,395,594 | \$113,244 | \$ 50,499 | \$ 1,559,337 |

Summary of Unspent Funds

| Donor/Budget | Donor 1 CDC | Donor 2 USAID | Donor 3 UKAID/GIZ | Total Funds Mobilized |
|---------------------------------|------------------------|--------------------------|------------------------------|----------------------------------|
| Case management | \$ 54,047 | \$ 987,961 | \$ - | \$ 1,042,008 |
| CEHS | \$ - | \$ - | \$ 31,551 | \$ 31,551 |
| Community engagement | \$ 42,722 | \$ - | \$ 25,912 | \$ 68,634 |
| Coordination | \$ 17,706 | \$ - | \$ 30,671 | \$ 48,377 |
| IPC (and WaSH) | \$ 612,980 | \$ - | \$ - | \$ 612,980 |
| Laboratory | \$ 125,521 | \$ - | \$ 7,803 | \$ 133,324 |
| Logistics | \$ 176,299 | \$ - | \$ - | \$ 176,299 |
| Risk communication | \$ - | \$ - | \$ 25,912 | \$ 25,912 |
| Research | \$ - | \$ - | \$ - | \$ - |
| SIRI | \$ 182,950 | \$ - | \$ - | \$ 182,950 |
| Surveillance | \$ 2,025,369 | \$ - | \$ 68,606 | \$ 2,093,975 |
| Overheads | \$ 384,236 | \$ 98,795 | \$ 19,046 | \$ 502,077 |
| Total | \$3,621,830 | \$1,086,756 | \$ 209,501 | \$ 4,918,087 |

Plan for use of unspent funds

Support national plans

- **CDC funding**
 - **IPC unfinished business – capacity building, mentorships**
 - **Surveillance – Strengthen IDSR systems: EBS, IBS**
 - Regional EOC capacities**
 - **National-level HR support**

USAID

- **Continued support for the Ebola Survivor program**
 - **HR, clinical and MHPSS and Community engagement**

UKAID

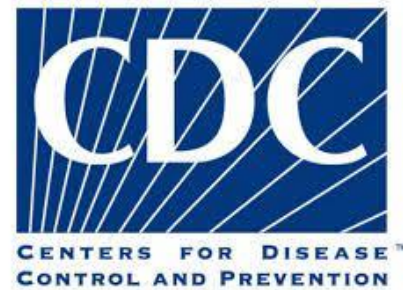
- **Surveillance in Kampala including OH.**

Survivors 4 Survivors



Thanks

Government and the people of Uganda



National Accountability Forum

Agency: International Organization for
Migration, IOM.

Introduction

- ❑ IOM is committed to the principle that humane and orderly migration benefits migrants and society.
- ❑ To contribute to the Government of Uganda efforts to curb the spread of Sudan Ebola Viral Disease in Uganda, IOM in collaboration with the Ministry of Health and World Health Organization (WHO) conducted the Population Mobility Mapping to determine the population mobility patterns and dynamics from the epicenter.
- ❑ The Participatory Mapping Exercise (PME) revealed priority high risk Points of Entry, identified capacity gaps and other health related interventions required to mitigate the risk of the spread of SEVD. The PME identified the need to reprioritization DRC as a priority one country observed from the population movement from the affected and high risk areas to the DRC border
- ❑ Following this, IOM internally mobilized resources (40,000\$) and received funding from USAID through WHO (\$1,959,105)

Introduction cont....

- ❑ The IOM response are designed around 3 intervention areas focusing on points of entry covering the following pillars.
 - Surveillance
 - Risk Communication
 - Coordination.
- ❑ The Project interventions are currently implemented in 10 POEs in nine districts: Wakiso (Entebbe International Airport), Busia (Busia POE), Tororo (Malabe POE), Amuru (Elegu POE), Ntoroko (Haibale North and Tranzami POEs), Bundibugyo (Busunga POE), Kasese (Mpondwe POE), Kabale (Katuna POE), and Kyotera (Mutukula POE).
- ❑ In addition, the interventions are covering 6 points of congregation in Mubende and Kassanda districts.

Funds received for response **(by source, and expiry date)**

| Donor/Budget | IOM (January 2023) | USAID (11th May 2023) | Total Funds Mobilized |
|--|-------------------------------|---|----------------------------------|
| Case management | 0 | 0 | 0 |
| Coordination | 0 | 150,500 | 150,500 |
| Risk communication (and community engagement) | 0 | 357,500 | 357,500 |
| Surveillance | 40,000 | 932,500 | 972,500 |
| Overheads (including office cost, staff and M&E) | 0 | 518,604.69 | 518.604.69 |
| Total | 40,000 | 1,959,104.69 | 1,999,104.69 |

Activities supported/Support provided

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure (USD) |
|--------------|---|-------------------------|
| Coordination | <ul style="list-style-type: none"> • Population mobility exercise (PME) conducted in Mubende and Kassanda • Site evaluations for PMM • Monitoring visits to support PoE interventions including ensuring the enforcement of IPC measures. | 1,996.96 |
| Surveillance | <ul style="list-style-type: none"> • Procurement of PPEs and assorted supplies • Conducted over 314,603 screenings (< 5 years-17,249, >5 years-297,354) at POEs. • Screened over 13,947 vehicles through POCs and PoEs • Conducted PoE assessments in 10 POEs. These include; Entebbe, Busia, Malaba, Elegu, Mutukula, Mpondwe, Busunga, Haibale North and Tranzami. • Procurement of medical and nonmedical supplies for 10 PoE. This include; PPEs, IPC, WASH, Stationary, and IT equipment. • Airtime and data bundles for reporting of surveillance data • Set up 9 Flow Monitoring Points in 9 POEs; These include; Busia, Malaba, Elegu, Mutukula, Mpondwe, Busunga, Haibale North and Tranzami. • Distribution of IEC materials with SEVD health messages. These have been coordinated with MOH Risk Communication Pillar. • Trained over 253 individuals on various topics including Surveillance, IPC, data management, flow monitoring. These include; screeners, enumerators and district officials in 10 POEs and 6 POCs. • Supported human resources MOH/ Government staff to strengthen coordination at POEs • Procurement of IT equipment-laptops, phones, tablets for support screening and flow monitoring. | 301,492. |
| Overheads | Already reported | |
| Total | | 303,489.75 |

Human resource deployed

| Donor/Location & Category | Location (District) | National | | International | Total Expenditure |
|---------------------------|---|--------------------------------------|-----------------|---------------|-------------------|
| | | MoH | IOM consultants | | |
| Coordination | Mubende, Kassanda, Busia, Tororo, Amuru, Ntoroko, Kasese, Kabale, Kyotera, Wakiso, Bundibugyo | 19 (8 MOH and 11 District staffs) | 0 | 4 | 39,531.06 |
| Surveillance | Mubende, Kassanda, Busia, Tororo, Amuru, Ntoroko, Kasese, Kabale, Kyotera, Wakiso, Bundibugyo | 86 (66 screeners and 20 enumerators) | 2 | 4 | 43,428.43 |
| Overheads | | | | | 34,385.07 |
| Total | | | | | 117,344.56 |

Summary of funds spent

| Pillar/District | In Mubende, Kassanda and 9 districts with priority PoEs |
|------------------------|--|
| Case management | 0 |
| Coordination | 41,528.02 |
| Surveillance | 384,921.22 |
| Overheads | 34,385.07 |
| Total | 420,834.31 |

Summary of Unspent Funds

| Donor/Budget | USAID (11TH May 2023) | Total Unspent Funds |
|--|---|----------------------------|
| Coordination | 108,972 | 108,972 |
| Risk communication (and community engagement) | 357,500 | 357,500 |
| Surveillance | 578,579 | 578,579 |
| Overheads | 484,220 | 484,220 |
| Total | 1,538,270 | 1,538,270 |

Planned support for 90-day post-outbreak period

- Continue screening at points of entry and points of congregation
- Enhance risk communication and community engagement activities among cross border communities and at Points of entry
- Conduct population mobility mapping to monitor change in population mobility trends and dynamics post SEVD outbreak
- Continue flow monitoring interventions at PoE to monitor population mobility dynamics
- Conduct needs assessment to inform new interventions and areas of focus

Support for health/surveillance systems strengthening

- Conduct trainings for PoE staff on PoE surveillance and cross border disease surveillance
- Support cross border coordination and cross border disease surveillance
- Capacity building of border communities to conduct Community event based surveillance
- Facilitate MoH and the district health teams to conduct supportive supervision and monitoring visits to PoEs and the border communities where surveillance activities are implemented to help strengthen coordination and operations
- Conduct integrated Health Border and Mobility Management (HBMM) training to strengthen the multi-sectoral coordination and PoE capacity to detect, notify and respond in time to public health emergencies of priority
- Support development of Standard operating procedures (SOPs) specific to each of the supported PoEs



NATIONAL ACCOUNTABILITY FORUM

10th of January

United Nations Development Programme-UNDP

OVERVIEW

1. FUNDS RECEIVED
2. ACTIVITIES, SUPPORT PROVIDED
3. HUMAN RESOURCE DEPLOYED
4. RESULTS
5. PLAN FOR USE OF UNSPENT FUNDS

ALLOCATED FUNDS

| EVD PILLARS | CORE OFFICE FUNDING | HQ SURGE FUUNDING | TOTAL |
|----------------------------------|---------------------|---------------------|-----------------------|
| CASE MANAGEMENT | | | |
| CEHS | | | |
| COMMUNITY ENGAGEMENT | 136,000 US\$ | 60,044US\$ | 196,044 US\$ |
| COORDINATION | 150,000 US\$ | | 150,000 US\$ |
| IPC (AND WASH) | 100,000 US\$ | 100,722 US\$ | 200,722 US\$ |
| LABORATORY | | | |
| LOGISTICS | | | |
| RISK COMMUNICATION | 264,000US\$ | US\$114,341 | 378,341 US\$ |
| RESEARCH | | | |
| SIRI | | | |
| SURVEILLANCE | | 224,893 US\$ | 224,893US\$ |
| OVERHEADS- International Experts | | 150,000 US\$ | 150,000 |
| TOTAL | 650,000 US\$ | 650,000 US\$ | 1,300,000 US\$ |

ACTIVITIES SUPPORT PROVIDED

| EVD PILLARS | ACTIVITIES (INCLUDE LOGISTICS PROVIDED E.G. VEHICLES, PPES, PRINTING, FOOD ETC.) | EXPENDITURE |
|-----------------------------|--|--------------------|
| CASE MANAGEMENT | | |
| CEHS | | |
| COMMUNITY ENGAGEMENT | <ol style="list-style-type: none"> 1. Supported IRCU and Buganda Kingdom to build capacity of their structures on EVD response 2. Supported KCCA, IRCU and Buganda to mobilize communities to raise awareness, be vigilant about suspected cases and their contacts and to increase uptake of services | 135,510 |
| COORDINATION | Supported WHO through coordination and operational costs | 150,000 |
| IPC (AND WASH) | Procured Five Heavy Duty Washing Machines | 99,460 |
| LABORATORY | | |
| LOGISTICS | | |
| RISK COMMUNICATION | Mass production and distribution of EVD messages | 290,314 |
| RESEARCH | Together with MOFPED and NPA, conducted a Socio-economic impact study | |
| SIRI | | |
| SURVEILLANCE | Through WHO and MOH, UNDP Deployed 20 Specialist UN Volunteers. | 224,893 |
| OVERHEADS | Deployed 2 Ebola Advisors | 150,000 |
| TOTAL | | 1,050,177 |

HUMAN RESOURCE

| EVD PILLARS | LOCATION (DISTRICT) | NATIONAL | | INTERNATIONAL | TOTAL EXPENDITURE |
|----------------------|---------------------|-----------|----------------|---------------|---------------------|
| | | MOH | PARTNER AGENCY | | |
| CASE MANAGEMENT | | | | | |
| CEHS | | | | | |
| COMMUNITY ENGAGEMENT | | | | | |
| COORDINATION | | | | | |
| IPC (AND WASH) | | | | | |
| LABORATORY | | | | | |
| LOGISTICS | | | | | |
| RISK COMMUNICATION | | | | | |
| RESEARCH | | | | | |
| SIRI | | | | | |
| SURVEILLANCE | | 20 (UNVs) | WHO, MOH | | 224,893 US\$ |
| OVERHEADS | | | | 2 (Experts) | 150,000 US\$ |
| Total | | | | | 374,893 US\$ |

RESULTS

- **436,000** Ebola Virus Disease (EVD) awareness materials (IECs) have been printed and distributed
 - **265,000** EVD posters in eight languages
 - An additional **146,000** EVD posters and statements by IRCU and Buganda Kingdom were also printed : a reach of **1,460,000** people.
 - UNDP produced **25,000** reflector jackets with EVD awareness messages fo Boda Bodas
- UNDP started an ongoing public awareness campaign on Ebola. This entailed recording and dissemination of radio and TV awareness, prevention and control messages from religious and cultural leaders and are airing on close to **10 television stations** and **30 radio stations** across the country.
- Recruited 20 UNVs to support surveillance
- Support to national and subnational coordination through WHO, IRCU and Buganda Kingdom

RESULTS

- UNDP supported Buganda Kingdom and the Inter-Religious Council of Uganda (IRCU) to **mobilize communities for services uptake**



NATIONAL ACCOUNTABILITY FORUM.

10th of January

RESULTS


- With UNDP support, the Inter-Religious Council of Uganda issued a statement under the theme, “**Unleashing the power of faith communities against Ebola**”, and Pastoral Letter to the nation on Ebola which were very instrumental in mobilizing the members of the eight religious denominations that constitute over 90% of Uganda’s population to support EVD prevention, early detection and referral and control measures.

The graphic is a vertical press release document. At the top, it features the logo for the Inter-Religious Council of Uganda, which includes the text "Inter-Religious Council of Uganda" in red and "Religions for Peace" in blue with a blue wave icon. Below this, the words "PRESS RELEASE" are written in large, bold, black capital letters. Underneath, the date "16 November, 2022" is on the left and "Ebola Faith-Based response" is on the right. A central section contains eight small portrait photographs of religious leaders, arranged in two rows of four. Below the photos, the quote "Unleashing the power of Faith communities against Ebola" is written in blue. Further down, the title "INTER-RELIGIOUS COUNCIL OF UGANDA STATEMENT ON THE EBOLA VIRUS DISEASE OUTBREAK IN UGANDA" is displayed in blue capital letters. At the bottom, it states "Supported by the United Nations Development Program and Religions for Peace International" in black. The footer includes the UNDP logo, the "Religions for Peace" logo, and contact information: "secretarygeneral@ircu.or.ug | www.ircu.or.ug | +256 4342877" followed by social media icons for Facebook, Twitter, and Instagram, and the handle "@irc_uganda".

Inter-Religious Council of Uganda
Religions for Peace

PRESS RELEASE



16 November, 2022 Ebola Faith-Based response






"Unleashing the power of Faith communities against Ebola"

**INTER-RELIGIOUS COUNCIL OF UGANDA
STATEMENT ON THE EBOLA VIRUS DISEASE
OUTBREAK IN UGANDA**

Supported by the United Nations Development Program
and Religions for Peace International

secretarygeneral@ircu.or.ug | www.ircu.or.ug | +256 4342877    | @irc_uganda

RESULTS

- UNDP strengthened the coordination capacity of religious leaders to prepare and respond to public health emergencies. A total of **360** senior leaders from each of the **eight religious denominations** were oriented on prevention, early detection and referral of Ebola virus disease affected individuals.
- In Buganda, the kingdom held Ebyoto community engagements (fireplace conversations) on prevention of Ebola Virus Disease attended by **17,500** participants who were equipped to disseminate correct information
- UNDP procured **five heavy-duty washing machines** to support Infection, Prevention and Control.
- In a bid to strengthen media 's understanding and accurate reporting on public health emergencies, Buganda Kingdom with support from UNDP trained journalists on prevention and reporting on Ebola Virus Disease.

SUMMARY OF UNSPENT FUNDS

| DONOR/BUDGET | DONOR 1 (EXPIRY DATE) | DONOR 2 (EXPIRY DATE) | DONOR 3 (EXPIRY DATE) | DONOR 4 (EXPIRY DATE) | DONOR 5 (EXPIRY DATE) | TOTAL UNSPENT FUNDS |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------|
| CASE MANAGEMENT | | | | | | |
| CEHS | | | | | | |
| COMMUNITY ENGAGEMENT | 60,534 US\$ | | | | | |
| COORDINATION | | | | | | |
| IPC (AND WASH) | 101,262 US\$ | | | | | |
| LABORATORY | | | | | | |
| LOGISTICS | | | | | | |
| RISK COMMUNICATION | 88,027 US\$ | | | | | |
| RESEARCH | | | | | | |
| SIRI | | | | | | |
| SURVEILLANCE | | | | | | |
| OVERHEADS | | | | | | |
| TOTAL | 249,823 US\$ | | | | | |

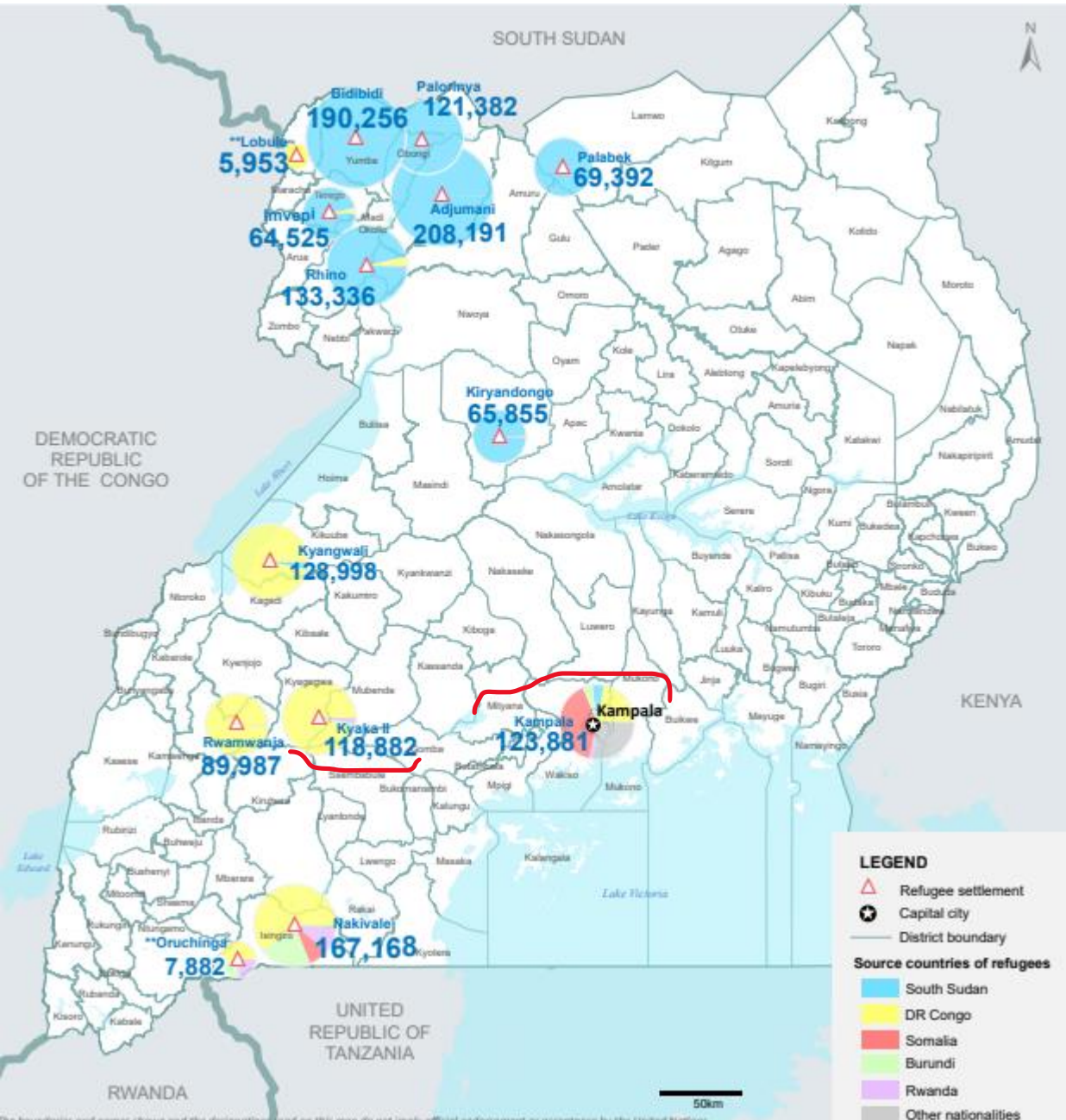
PLAN FOR USE OF UNSPENT FUNDS

- Indicate planned support for 90-day post-outbreak period, if any :
 - *Conduct an epicenter socio-economic impact analysis and formulate an inclusive socioeconomic recovery plan for the affected populations*
- Indicate support, if any, for health/surveillance systems strengthening
 - *Analyze Biohazard waste management procedures & operations at national level and strengthen institutional framework to regulate Biohazard waste*
 - *Support programming resources for Biohazard waste management in Uganda's health care system*

National Accountability Forum

Agency: UNHCR

Introduction



- 1.4 refugees, 13 settlements, 13 districts, PHC, 93 HFs, IPs/District
- UNHCR received **238 million** Uganda shillings from external funding/ donor and an additional **6.1 bn** Uganda shillings resourced through HQs and internal country budget reallocation to support the Ebola response.
- Total expenditure supporting the Ebola response **6.3 billion** Uganda shillings
- Activities implemented largely through UNHCR partners AHA (Kampala) and MTI (Kyegegwa) Health, Oxfam WASH

External Funds received

| Donor/Budget | Private donors (Swedish) (31/12/2022) | Donor 5 (expiry date) | |
|-----------------------------|--|----------------------------------|--|
| Case management | | | |
| CEHS | | | |
| Community engagement | | | |
| Coordination | 10,000,000 | | |
| IPC (and WaSH) | 98,270,320 | | |
| Laboratory | | | |
| Logistics | | | |
| Risk communication | 50,000,000 | | |
| Research | | | |
| SIRI | | | |
| Surveillance | 80,000,000 | | |
| Overheads | | | |
| Total | 238,270,320 | | |

Activities Implemented

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|-----------------------------|--|----------------------|
| Case management | Risk allowance for health workers (rapid response teams), Investigations and medicines for patients at isolation facilities, Trained 20 health care workers in dignified burials | 29,160,600 |
| CEHS | | |
| Community engagement | Community dialogues 02 Kampala and Kyaka II | 15,540,600 |
| Coordination | Support to DTF meetings, Settlement and Kampala Task force meetings | 35,214,540 |
| IPC (and WaSH) | Trained 50 health workers in IPC, Procured IPC supplies , hand washing facilities, Expansion of water supply systems | 5,949,935,820 |
| Laboratory | | |
| Logistics | Feeding of patients at isolation facilities, Fuel | 22,843,620 |
| Risk communication | Community sensitization meetings, 16 Kla in the 5 divisions, Radio talk shows, 30 Community leaders trained (Ref=CBOs), printed and distributed SBCC materials | 110,032,740 |
| Research | IPC assessment at facilities, institutions in Kampala providing services to refugees | 44,000,000 |
| SIRI | | |
| Surveillance | Training of 308 VHT in community-based disease surveillance, 83 health workers trained in surveillance, support community surveillance and contact tracing | 183,883,420 |
| Overheads | | |
| Total | | 6,390,611,340 |

Summary-Funds spent

| Pillar/District | Total for Kyegegwa | Total for Kampala | Total for Mubende | Overall |
|-----------------------------|----------------------|--------------------|----------------------|-----------------------|
| Case management | 15,540,600 | 13,620,000 | | |
| CEHS | | | | |
| Community engagement | 15,540,600 | | | |
| Coordination | 7,614,540 | 27,600,000 | | |
| IPC (and WaSH) | 3,994,475,820 | 6,000,000 | 1,949,460,000 | |
| Laboratory | | | | |
| Logistics | 22,843,620 | | | |
| Risk communication | 28,252,740 | 81,780,000 | | |
| Research | | 44,000,000 | | |
| SIRI | | | | |
| Surveillance | 97,785,420 | 86,098,000 | | |
| Overheads | | | | |
| Total | 4,212,600,000 | 259,098,000 | 1,949,460,000 | 6,390, 611,340 |

Thank You



National Accountability Forum

Agency: Uganda Red Cross Society

Introduction

- URCS EVD operation started 23rd September 2022 to date
- Provided Support to RCCE, CBS, Ambulance services, SDB and WASH
- 9 districts supported with response activities (Mubende, Kassanda, Kagadi, Kyegegwa, Bunynagabo, Kampala, Wakiso, Masaka, and Jinja)
- 3 districts supported with preparedness activities (Kiboga, Sembabule, Kakumiro)
- Total of USD 3.5Million mobilized from GoU/MoH, USAID/IFRC, UNICEF, ICRC, ECHO, WFP

Funds received for response (in UGX)

| Donor/Budget | USAID/IFRC (23.09.2023) | USAID/UNICEF (31.12.2022) | GOU/MOH (30.06.2023) | ECHO/IFRC (30.05.2023) | ICRC (31.12.2023) | WFP (21.01.2023) | Total Funds Mobilized |
|--|----------------------------|------------------------------|-------------------------|---------------------------|----------------------|---------------------|--------------------------|
| Case management | 1,204,700,000 | | 183,000,000 | | | 401,620,000 | 1,789,320,000 |
| Risk Communication and Community Engagement (RCCE) and Community Based Surveillance (CBS) | 2,386,210,000 | 1,054,513,689 | | 397,442,990 | 136,410,000 | | 3,974,576,679 |
| Coordination | 449,718,202 | 305,959,344 | 102,408,483 | | | 209,915,064 | 1,068,001,093 |
| IPC (and WaSH) | 1,126,300,000 | | 152,900,000 | | | | 1,279,200,000 |
| Logistics | 1,568,650,500 | 94,052,100 | | | | 158,300,000 | 1,821,002,600 |
| Overheads | 744,540,802 | 144,831,305 | 61,691,517 | | 149,718,700 | 53,888,454 | 1,154,670,778 |
| Total | 7,480,119,504 | 1,599,356,438 | 500,000,000 | 397,442,990 | 286,128,700 | 823,723,518 | 11,086,771,150 |

Activities supported/Support provided

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|--|---|----------------------|
| <p>Case management Ambulance services & hot meals</p> | <p>Ambulance services</p> <ul style="list-style-type: none"> - 9 ambulances deployed (Mubende, Kassanda, Jinja, Masaka) - URCS supported call and dispatch in Mubende and Jinja - 1,333 ambulance evacuations/transfers <p>Meals</p> <ul style="list-style-type: none"> - 30,424 servings (breakfast, lunch & dinner) of hot meals to patients, caretakers and health workers in Mubende and Jinja - Dry rations were distributed to 280 households with 1,659 individuals in Mubende, Kassanda & Jinja | <p>1,285,670,000</p> |

Activities supported/Support provided

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|---|--|----------------------|
| <p>Risk communication and Community engagement (RCCE) and Community Based Surveillance (CBS)</p> | <p>Community structures: URCS supported the formation/activation of Village taskforce (VTF) in 626 villages. Each VTF has 5 members i.e LC1, 2 VHTs, 1 Red Cross volunteer and 1 opinion leader hence a total of 3,130 community resource persons engaged. These were trained in epidemic control in the community (including risk communication, community engagement and community based surveillance).</p> <p>Mass gatherings: Risk communication was conducted at 7,603 communal gatherings (includes markets, schools, burials, taxi parks, bodaboda stages etc). These were in the districts of Mubende, Kassanda, Kagadi, Bunyangabo and Kyegegwa.</p> <p>Door-to-door: 92,414 households reaching 614,686 individuals.</p> <p>Others: IFRC supported MoH risk communication pillar to set up the community feedback mechanism (developed a dashboard for rumor tracking and community feedback) URCS trained 236 volunteers in rumor tracking and feedback sharing</p> <p>Community Based Surveillance:</p> <ul style="list-style-type: none"> - Village taskforce trained in 626 villages (each VTF has 5 members hence 3,130 individuals in total). - As of 31st Dec, cumulatively 3,950 alerts were relied to the alert desks set up at district level. | <p>2,391,003,452</p> |

Activities supported/Support provided

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|------------------------------|--|----------------------|
| <p>Coordination</p> | <p>NTF & Partners' coordination: 2 members assigned District Task Force: 1 operations manager and 4 pillar supervisors assigned.</p> <p>Resources mobilization (human and financial): URCS mobilized resources from various partners including GOU through MoH; USAID through the IFRC; ICRC; UNICEF; WFP and ECHO.</p> <ul style="list-style-type: none"> - Total funds mobilized= USD 3.5million - 21 full time staff (includes 1 operations manager, 4 supervisors, health officers and support staff) were deployed at operational level. - 19 national disaster response teams/volunteers (NDRTs) were also deployed at the field level. | <p>776,440,684</p> |
| <p>IPC (and WaSH)</p> | <p>IPC in Emergency Medical Service:</p> <ul style="list-style-type: none"> - PPE were provided for the ambulance teams - 109 buckets of chlorine for disinfection of the ambulances and SDB teams <p>WASH: 144 HW facilities distributed at communal gatherings (markets, taxi stage) 100 boxes of soap distributed to communal gatherings and selected households</p> <p>Safe and Dignified Burial:</p> <ul style="list-style-type: none"> - 6 SDB teams deployed. - Supported the training of 23 sub-county burial teams in Mubende and Kassanda. - URCS coordinated SDB (alerts & dispatch) in Mubende & Kassanda. - Total of 799 burials were coordinated while 687 burials were conducted by URCS burial teams. - 687 houses were disinfected by URCS SDB teams | <p>1,163,471,686</p> |

Activities supported/Support provided

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|------------------|--|----------------------|
| Logistics | <p>Supplies: PPEs were provided for the ambulance teams, SDB teams and all the URCS staff deployed</p> <p>Fleet management:</p> <ul style="list-style-type: none"> - 9 ambulances, - 10 vehicles for SDB - 4 operational vehicles | 1,703,192,949 |
| Overheads | <ul style="list-style-type: none"> - Contributions to Cross cutting HR, - Audit & Risk management, - office utilities/consumables, - field office rent | 1,436,349,421 |
| Total | | 8,756,128,243 |

Human resource deployed

| Donor/Location & Category | Location (District) | National | | International | Total Expenditure |
|---|---|----------|---|---------------|-------------------|
| | | MoH | Partner Agency | | |
| Case management | Mubende, Kassanda, Jinja, Masaka | | <ul style="list-style-type: none"> - 1 Supervisor - 2 call & dispatch officers - 9 EMTs - 6 hygienists | | |
| Risk communication and Community engagement (RCCE) | Mubende, Kassanda, Kagadi, Kyegegwa, Bunyangabo, Masaka, Jinja, Kampala, Wakiso, Kiboga, Sembabule and Kakumiro | | <ul style="list-style-type: none"> - 1 supervisor - 6 health officers - 6 NDRTs/professional volunteers - 3,130 community volunteers (626 VTFs) | | |
| Coordination | Mubende, Kassanda, Kagadi, Kyegegwa, Bunyangabo, Masaka, Jinja, Kampala, Wakiso | | <ul style="list-style-type: none"> - 2 operation managers - 4 pillar supervisors - 10 branch managers | | |
| IPC (and WaSH) | Mubende, Kassanda, Jinja, Masaka | | <ul style="list-style-type: none"> - 1 supervisor - 6 SDB teams (48 individuals) | | |

Human resource deployed

| Donor/Location & Category | Location (District) | National | | International | Total Expenditure |
|---------------------------|---|----------|--|---------------|-------------------|
| | | MoH | Partner Agency | | |
| Logistics | Mubende, Kassanda, Jinja, Masaka, | | <ul style="list-style-type: none"> - 1 logistics officer - 9 ambulance drivers - 10 SDB drivers - 4 staff operational vehicle drivers - 2 stores assistants | | |
| Surveillance | Mubende, Kassanda, Kagadi, Kyegegwa, Bunyangabo, Masaka, Jinja, Kampala, Wakiso | | <ul style="list-style-type: none"> - 1 Supervisor - 2 health officers - 4 NDRTs/professional volunteers - 3,080 community volunteers (616 VTFs) | | |
| Overheads | Kampala | | <ul style="list-style-type: none"> - 2 finance officer - 1 operations manager - 1 health director | | |
| Total | | | | | |

Summary of funds spent (UGX)

| Donor/Budget | USAID/IFRC) | USAID/UNICEF | GOU/MOH | ECHO/IFRC | ICRC | WFP | Total Funds Spent |
|--|----------------------|--------------------|--------------------|--------------------|--------------------|--------------------|----------------------|
| Case management | 602,350,000 | | 183,000,000 | | | 500,320,000 | 1,285,670,000 |
| Risk Communication and Community Engagement (RCCE) and Community Based Surveillance (CBS) | 1,406,778,233 | 450,372,229 | | 397,442,990 | 136,410,000 | | 2,391,003,452 |
| Coordination | 417,598,202 | 250,000,000 | 102,408,483 | | | 6,434,000 | 776,440,685 |
| IPC (and WaSH) | 1,010,571,686 | | 152,900,000 | | | | 1,163,471,686 |
| Logistics | 1,556,999,999 | 94,052,100 | | | | 52,140,850 | 1,703,192,949 |
| Overheads | 1,131,489,862 | 93,449,392 | 61,691,517 | | 149,718,700 | | 1,436,349,471 |
| Total | 6,125,787,982 | 887,873,721 | 500,000,000 | 397,442,990 | 286,128,700 | 558,894,850 | 8,756,128,243 |

Summary of Unspent Funds (UGX)

| Donor/Budget | USAID/IFRC (23.09.2023) | USAID/UNICEF (31.12.2022) | GOU/MOH (30.06.2023) | ECHO/IFRC (30.05.2023) | ICRC (31.12.2023) | WFP (21.01.2023) | Total unspent Funds |
|---|----------------------------|------------------------------|-------------------------|---------------------------|----------------------|---------------------|------------------------|
| Case management | 602,350,000 | | 0 | | | 0 | 602,350,000 |
| Risk communication and Community engagement (RCCE) | 979,431,767 | 604,141,460 | | 0 | 0 | 0 | 1,583,573,227 |
| Coordination | 32,120,000 | 55,959,344 | 0 | | | 203,481,064 | 291,560,408 |
| IPC (and WaSH) | 115,728,314 | - | 0 | | | 0 | 115,728,314 |
| Logistics | 11,650,501 | - | | | | 106,159,150 | 117,809,651 |
| Overheads | 116,240,802 | 51,381,913 | 0 | | 0 | 53,888,454 | 221,511,169 |
| Total | 1,857,521,384 | 711,482,717 | 0 | 0 | | 363,528,668 | 2,932,532,769 |

Plan for use of unspent funds

- Expand EPIC and CBS training to other villages in Mubende and Kassanda
- Support CBS Zero reporting in Mubende and Kassanda
- Prepositioning of IPC and PPE supplies
- Replacement of worn out ambulances (5 for epidemic response)

National Accountability Forum

Agency: Jhpiego

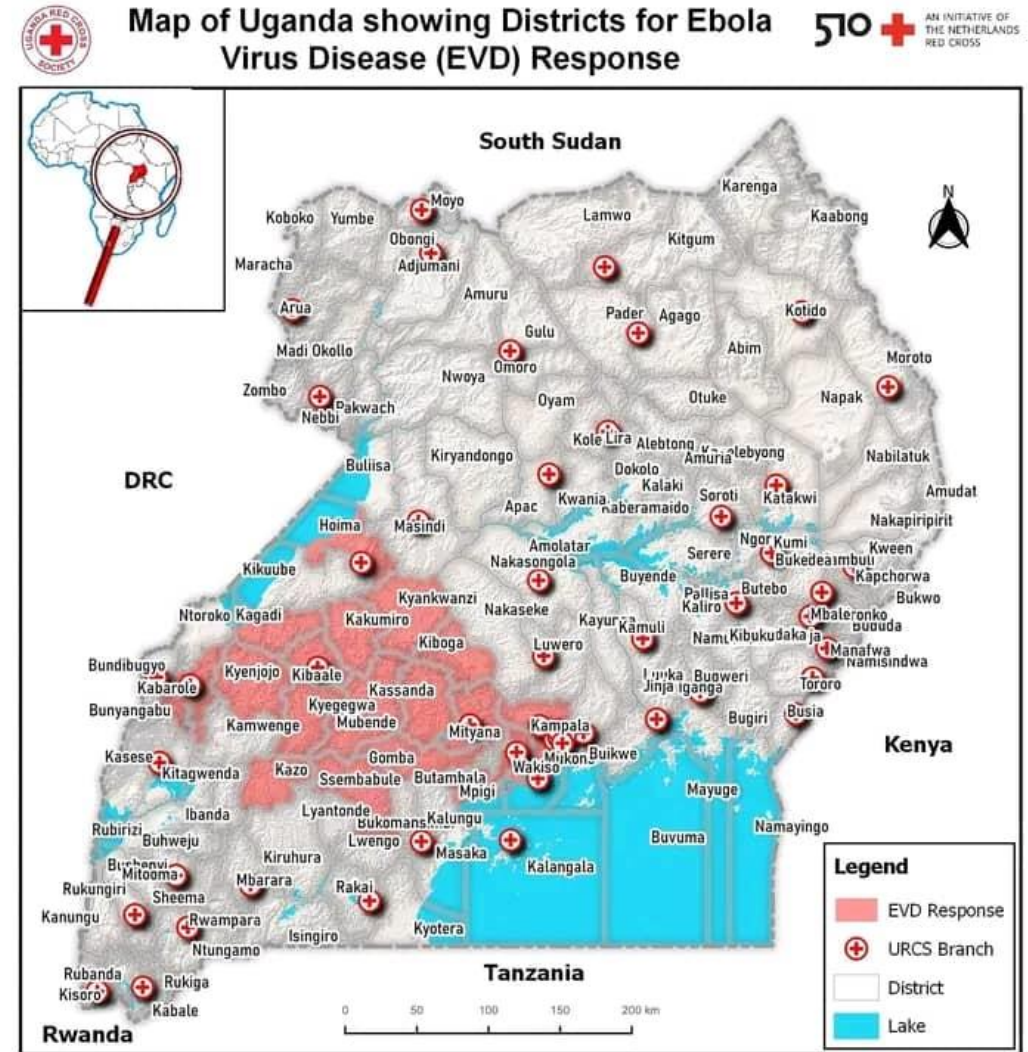
Introduction

Ebola Sudan variant outbreak

On 20th September 2022, the Ministry of Health declared an outbreak of Sudan ebolavirus

Jhpiego's role in the response

- CDC/Global Health Security Cooperative Agreement obligated \$1.92 m to Jhpiego to support the National MOH Ebola response through
- Jhpiego supports the following pillars:
 - **Surveillance**
 - Epi-investigation including contact tracing
 - Alert management desk
 - **Data Systems (SIRI)**
 - Data capture and analytics – Go-Data
 - **Logistics & Coordination**
 - IT infrastructure and communication support
 - HR support – short term response staff



The map does not imply the expression of legal status of a territory or of its authorities. Author: Uganda Red Cross Society. Data Source: UBOS, URCS

Date: 05 10 2022

Funds received for response

| Donor/Budget | CDC (30 th September 2023) | Donor 2 (expiry date) | Donor 3 (expiry date) | Donor 4 (expiry date) | Donor 5 (expiry date) | Total Funds Mobilized |
|-----------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Case management | | | | | | |
| CEHS | | | | | | |
| Community engagement | | | | | | |
| Coordination | | | | | | |
| IPC (and WaSH) | | | | | | |
| Laboratory | | | | | | |
| Logistics | 120,000 | | | | | 120,000 |
| Risk communication | | | | | | |
| Research | | | | | | |
| SIRI | 720,000 | | | | | 720,000 |
| Surveillance | 1,080,000 | | | | | 1,080,000 |
| Overheads | | | | | | |
| Total | 1,920,000 | | | | | 1,920,000 |

Activities supported/Support provided

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|---------------------|---|-------------------|
| Coordination | <ul style="list-style-type: none">• Supported coordination meetings- through provision of refreshments and meals (KCCA and Kampala (5 divisions))• Provided airtime and Data to NTF, DTFs, IMT, alert management teams, surveillance teams, call and dispatch centre agents at KCCA, ambulance and EMS teams from Masaka, VHTs and contact tracers from Jinja,• Supported 6 months rent and setup office space for the IC, Deputy IC, Pillar admins at Kalamu house• Installation of internet at office space for the incident management team at Kalamu House | |
| | | |

Activities supported/Support provided

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|------------------|--|-------------------|
| Logistics | <ul style="list-style-type: none"> • Installation of mesh WIFI and internet at various EVD response units in Jinja, Mubende, Kasanda and Masaka, • Provision of 250 GPS Android GPS enabled phones to support response (Mubende and Kasanda, 100 phones, Masaka 25 phones, Jinja 40 phones and Kampala 16 phones – a few remain) • Supported and delivered map of affected districts to the epi-centre in Mubende • Extension of power points within Masaka council hall: situation and coordination room • Setup of situation room at Mubende with Ultra-HD smart TVs, a fiber internet connection, printers and other IT equipment-laptops, video conferencing system | \$56,277 |
| Total | | |

Activities supported/Support provided

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|---------------------|--|-------------------|
| Data systems | <ul style="list-style-type: none"> • Provision of IT equipment supporting various pillars e.g. network switches, access points, point-to-point connections, UPS, internet routers • Provision of 18 laptops to support the response including for the Mubende team • Provision of 5 printers and printing materials for Mubende, Masaka, Jinja and Kalamu house • Provision of 5 smart TVs to response team for situation rooms • Printing of 20 Ebola Maps for Uganda showing affected districts and neighboring areas • Procurement of Power banks, Extension Cables, Flash disks and 12 filing cabinets for Mubende RRH and ETU | \$123,768 |
| Total | | |

Activities supported/Support provided

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|----------------------------|---|-------------------|
| <p>Surveillance</p> | <ul style="list-style-type: none"> • Supported 337 responders with airtime and internet data including; alert management teams, surveillance officers, EMS teams from national and Masaka, VHTs and contact tracers from Jinja • Supported 418 VHTs to conduct 14-day community active case search in 5 sub counties in Mubende • Supported mortality surveillance establishment in Masaka and Jinja • Supported IMT team to activate of incident management systems setup in Masaka • ETU data capture and verification to profile the EVD outbreak at Entebbe and Mulago ETUs • ETU internet readiness assessments at Entebbe and Mulago ETUs | <p>\$154,857</p> |

Surveillance Support continued...

| # | Activity | Participants | Number | Location |
|---|--|--|----------------------|------------------|
| 1 | Orientation TOTs on the use of GO Data for contact tracing and e-IDSR for alert management | <ul style="list-style-type: none"> • MOH DHI Officers • KCCA Surveillance team, | 12 | Kampala |
| 2 | Training of surveillance officers on use of the GoData tool | <ul style="list-style-type: none"> • Surveillance Officers - 5 KCCA Divisions | 43 trained | Kampala |
| 3 | Training of Contact Tracers and Division Surveillance teams on GoData application and the Use of the e-IDSR for alert Management | <ul style="list-style-type: none"> • Surveillance Officers, • Division Medical Officers | 35 | Kampala |
| 4 | Field based mentorship of surveillance teams on GoData entry using MoH DHI | <ul style="list-style-type: none"> • Surveillance Officers - 5 KCCA Divisions | 45 | Kampala |
| 5 | Orientation of VHTs and grassroots local leaders on EVD response for Rubaga Division | <ul style="list-style-type: none"> • Village Health Teams, LC I, Gatekeepers • Division Medical Officers | 133 | Kampala |
| 6 | Support of EVD coordination meetings | <ul style="list-style-type: none"> • EVD Response pillar leads, • IPs, MoH | 03 | Kampala |
| 7 | VHT Orientation and actual active case search | <ul style="list-style-type: none"> • Health officers • VHT | 418 VHTs 72088-HH | Mubende district |

Human resource deployed

| Donor/Location & Category | Location (District) | National | | International | Total Expenditure |
|---------------------------|---------------------|---|----------------|---------------|-------------------|
| | | MoH | Partner Agency | | |
| Coordination | -KCCA-Kampala | | | | |
| Logistics | -Mubende | | | | |
| Risk communication | Kassanda | | | | |
| SIRI | Kampala & Mubende | <ul style="list-style-type: none"> • 5 GoData team and Data Analytics • 6 ETU data capture and verification to profile the EVD outbreak | | | |
| Surveillance | -Kampala | <ul style="list-style-type: none"> • 20 call centre agents –KCCA • 1 –Rubaga and Kawempe | | | |
| | - Masaka | <ul style="list-style-type: none"> • 4 Incident management team • 2 Contact tracing team | | | |
| | -Mubende | <ul style="list-style-type: none"> • 1 Logistics and 1 data management | | | |
| | -Jinja | <ul style="list-style-type: none"> • 4 Incident management team • 1 Contact tracing team and Godata | | | |
| Overheads | | | | | |
| Total | | | | | |

Summary of funds spent

| Pillar | CDC Total for Pillar | Total for District (name) | Total for District (name) | Total for District (name) | Total for District (name) |
|------------------------------|-------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Case management | | | | | |
| CEHS | | | | | |
| Community engagement | | | | | |
| Coordination | | | | | |
| IPEMS | | | | | |
| Laboratory | | | | | |
| Logistics | 56,277 | | | | |
| Risk communication | | | | | |
| Research | | | | | |
| SIRI | 123,768 | | | | |
| Surveillance (including POE) | 183,979 | | | | |
| Overheads | | | | | |
| Total | 364,024 | | | | |

Summary of Unspent Funds

| Donor/Budget | CDC (30 th Sept 2023) |
|-------------------------------------|-------------------------------------|
| Case management | |
| CEHS | |
| Community engagement | |
| Coordination | |
| EMS | |
| Laboratory | |
| Logistics | 63,723 |
| Risk communication | |
| Research | |
| SIRI | 596,232 |
| Surveillance (including POE) | 925,143 |
| Overheads | |
| Total | 1,555,976 |

Challenges

- Lack of NITA connections at some of the ETUs and situation/coordination centres affected usability of delivered IT equipment and tools
- Delay in formulation of DTFs in some districts which affected coordination of partners
- Delays in delivery of some IT equipment since they were not readily available in-country
- Synthesizing multiple and variable requests from various persons at district level created delay
- Delayed reports from the response team

Lessons

- Presence of NITA connection facilitates functionalization of IT infrastructure delivered
- Existing DTFs quickened partner participation and accountability
- Rapid response to requests motivated persons involved in the epidemic response
- Communities are eager to participate in contact tracing

Plan for use of unspent funds

- Support IDSR and eIDSR through capacitating districts to improve surveillance efforts and increased suspicion index for any outbreak
- Support DHI to complete data capture and collection from Mulago and Entebbe ETUs
- Support KCCA with short-term human resource around data collection and surveillance within 5 divisions
- Support on-going training/mentorship of surveillance officers on use of the GoData tool
- Participate in post-EVD coordination meetings at national, regional and district levels
- Engage in discussions to support EVD mortality surveillance

Plan for use continued...

Data systems

- Support backup dedicated internet service in Kassanda and Mubende, for post response monitoring
- Support to virtual post response planning meetings using Jhpiego supported zoom licenses
- In collaboration with METS, support functionalization of Mesh WIFI and IT equipment at regional and district level

Human Resource support

- Continue support for 13 seconded staff to participate in any field based post EVD surveillance and incident management activities
- Support KCCA to recruit staff and conduct post response activities within the 5 divisions
- Support 20 call agents at KCCA call centre to run out their contracts

Acknowledgement

- GOU and Local governments
- MoH Uganda
- CDC-DGHP
- CDC Uganda
- Implementing Partners
- Frontline HCWs



USAID
FROM THE AMERICAN PEOPLE



USAID
FROM THE AMERICAN PEOPLE

National Accountability Forum

**USAID Maternal Child Health and Nutrition
(MCHN) Activity**

Implemented by Family Health International (FHI 360)

Introduction – scope of work, under IPC Pillar

- **Funded for Ebola response by USAID** - \$2,300,000
- **Duration:** November 2022 – May 2023
- **Workplan approved on 22nd November 2022:** 06 weeks of work, up to 31 Dec. '22
- **Objective:** Build EVD IPC and case identification and referral capacity for lower-level (HC IIs, drug shops, alternative) PFP healthcare providers in Kampala Capital City

Catalytic supplies for IPC:

- **IPC kits:** chlorine powder, liquid soap; SOPs for handwashing and reconstitution of chlorine solution & foot-operated handwashing stations
- **PPE:** face shields, disposable gloves
- **Screening:** infrared thermometers and batteries; job aides & EVD case definition protocols
- **IEC materials** (designed by MOH and SBCA): EVD signs and symptoms, EVD prevention, EVD fact sheets, talking points for alternative health providers, & stickers with KCCA EVD tollfree number.

Intervention areas:

- Map and link lower-level private healthcare providers to the wider EVD response network within Kampala City
- Conduct rapid assessment of IPC status for each provider site
- Conduct one-time catalytic procurement and distribution of essential EVD PPE and other IPC supplies, screening tools and IEC materials
- Conduct rapid in-person sensitization of site teams on IPC practices, case identification and appropriate referral
- Virtual follow-on continuing medical education (CME), & communities of practice
- Targeted follow-on IPC support supervision & mentoring on areas above

Funds received for response



| Pillar | Donor: USAID (Expiry date: May 2023) | Total Funds Mobilized |
|-----------------------|---|------------------------------|
| IPC (and WASH) | \$1,657,595 | \$1,657,595 |
| Overheads | \$642,405 | \$642,405 |
| Total | \$ 2,300,000 | \$ 2,300,000 |

Activities conducted- 22nd Nov. – 31st Dec’ 2022



| Pillar | Field Activities Conducted | Total Expenditure |
|----------------|--|-------------------|
| IPC (and WASH) | <ul style="list-style-type: none"> • Geo-mapping of private healthcare providers. • IPC assessments • Procurement and distribution of essential PPE and IPC/WASH supplies, EVD screening and IEC materials. • In-person site-level sensitization on EVD case identification and appropriate referral & IPC practices | \$381,969.00 |
| Overheads | | \$148,156.51 |
| Total | | \$530,125.51 |

Human resource deployed



| Pillar | Location (Kampala Capital City) | National | | International | Total Expenditure |
|----------------|---|----------|----------------|---------------|-------------------|
| | | MoH | Partner Agency | | |
| IPC (and WaSH) | 129 IPC field and coordination teams – seconded to and managed by KCCA IPC Pillar Central & Division structures | 00 | 00 | 02 | \$178,092 |
| Overheads | | | | | \$70,934 |
| Total | | | | | \$249,026 |

Summary of funds spent



| Pillar | Total for Kampala Capital City |
|------------------------------------|--------------------------------|
| IPC (and WASH) Plus Human Resource | \$560,061.07 |
| Overheads | \$219,090.37 |
| Total | \$779,151.44 |

Summary of Un-spent Funds

| Pillar | Total for Kampala Capital City |
|----------------|--------------------------------|
| IPC (and WASH) | \$1,097,525.7 |
| Overheads | \$ 423,314.63 |
| Total | \$ 1,520,848.33 |



USAID
FROM THE AMERICAN PEOPLE

Selected Outputs

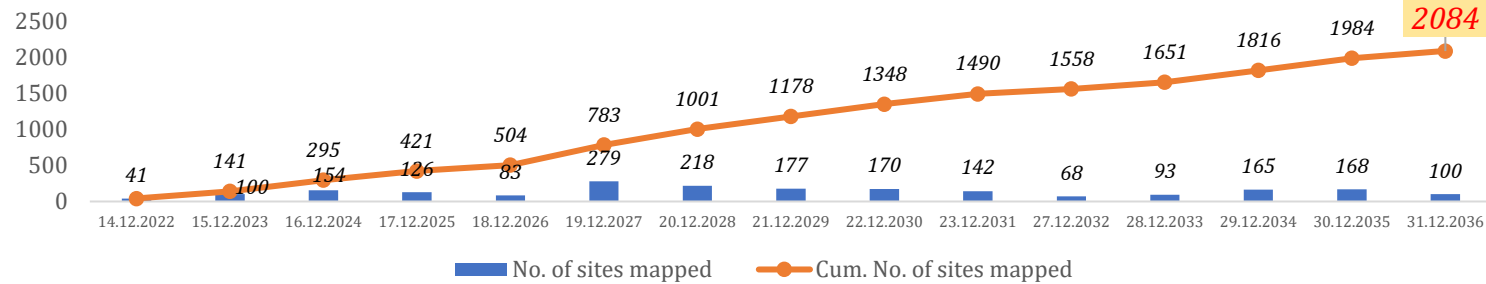
Nov. 28th - 30 Dec 2022:

- Reached 1,765 PFP facilities with IPC interventions

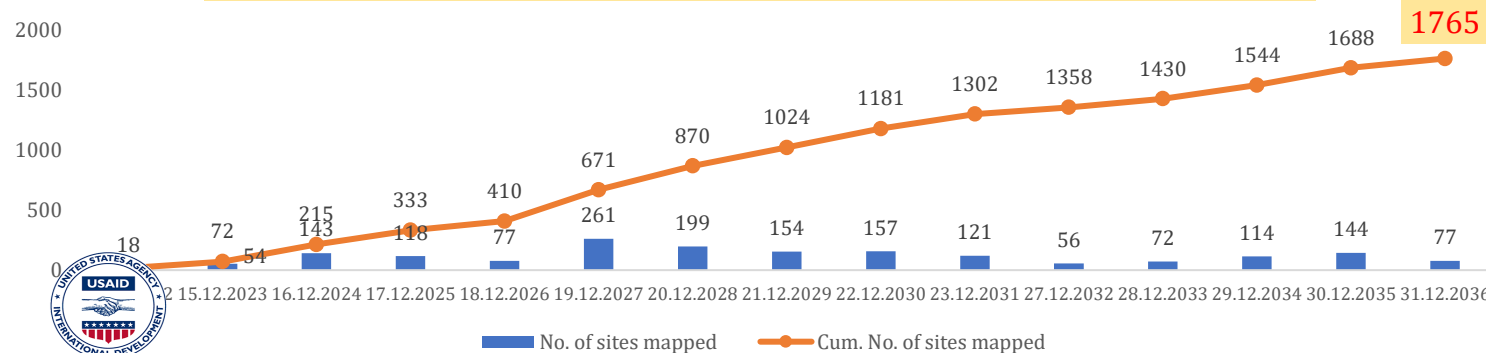
Cumulative by 09 Jan. 2023:

- 2,666 facilities assessed for IPC, target 2,764
- 3,235 HCWs trained on EVD case identification and referrals, & IPC
- 1,154 facilities provided with IPC kits

All PFP facilities mapped in 06 weeks – 319 high level & 1,765 lower level



Lower-level PFP facilities (Drug shops and HC IIs) mapped



1,765 (64%) of 2,764 targeted lower-level PFPs (HC IIs & drug shops) reached in 06 wks. Package of interventions:

- Location with Geocodes – data in KCCA’s ODK system
- IPC assessments – MOH IPC scorecard
- Service provider orientation on EVD suspected case identification, isolation & referral
- Distribution of EVD IEC materials
- Distribution of catalytic IPC supplies.



Baseline IPC Assessment scores for lower-level PFP facilities, by KCCA Division

| Summary IPC Assessment Scores by division as at 31st.12.2022 for 1709 lower-level PFP HF (HC IIs & Drug Shops) | | | | | | |
|--|-----------------------|---------|----------|--------|--------|---------------|
| Intervention Area | Central (Kampala CCA) | Kawempe | Makindye | Nakawa | Rubaga | Overall Total |
| IPC leadership during EVD outbreak | 41% | 38% | 52% | 33% | 31% | 39% |
| Staff Training | 22% | 17% | 21% | 17% | 12% | 17% |
| Screening Capacity | 23% | 39% | 35% | 35% | 20% | 30% |
| Isolation Capacity | 8% | 12% | 10% | 10% | 5% | 9% |
| Hand Hygiene/ Functional Hand Hygiene Facilities | 48% | 54% | 52% | 55% | 36% | 48% |
| Personal Protective Equipment (PPE) | 12% | 5% | 7% | 3% | 3% | 6% |
| Injection Safety | 82% | 88% | 92% | 88% | 76% | 85% |
| Environmental Cleaning and Disinfection | 31% | 33% | 36% | 32% | 26% | 32% |
| Decontamination medical equipment and devices | 60% | 50% | 53% | 53% | 47% | 52% |
| Inpatient Surveillance and Management | 13% | 23% | 19% | 25% | 11% | 18% |
| Health Worker post Exposure Management | 31% | 30% | 17% | 18% | 11% | 21% |
| Bed Occupancy, Hygiene and Sanitation | 52% | 62% | 53% | 55% | 54% | 55% |
| Water Supply and Storage | 83% | 82% | 69% | 79% | 71% | 76% |
| Waste Segregation | 69% | 59% | 61% | 64% | 45% | 58% |
| Waste Elimination | 55% | 57% | 59% | 60% | 49% | 56% |
| Overall IPC Scores By Divison | 41% | 44% | 44% | 43% | 35% | 41% |

| Key: Color Bar Scale on IPC score card | |
|--|--|
| <50% | |
| 50%-79% | |
| 80%-100% | |



USAID
FROM THE AMERICAN PEOPLE

Salient observations:

- 1. Average IPC readiness score for all assessed was 41%**
- 2. PPEs grossly inadequate and lacking at 6%.**
- 3. Isolation/Holding Capacity at a dismal 9%**

Service providers at a great risk for EVD and subsequent community transmission in case of a positive case.

Site-level activities



USAID
FROM THE AMERICAN PEOPLE



Waste segregation standards distributed to a HC II – Alshifah Clinic, Rubaga Division



Service provider mentorship on a 4-Bucket System – Lord's Mercy Clinic, Makindye Division

IPC kits & IEC materials handed over to Kawempe and Central Divisions



USAID
FROM THE AMERICAN PEOPLE



Kawempe Division Mayor receives IPC kits from USAID MCHN



Central Division Mayor & DMO receive IPC kits from USAID MCHN

Receipt of IPC supplies by Makindye Division RCC & Town Clerk



IPC Pillar team from MOH, KCCA & IDI/CDC training USAID MCHN hired IPC field teams before they are deployed to the field



Alternative medicine health service provider sites

| Alternative Health Providers by KCCA Division – reached by 31 Dec.' 22 | | | | | |
|--|------------|--------------------|---------------------|---|-----------|
| Division | Herbalists | Churches & Mosques | Traditional Healers | Others- Arab & Chinese medicine practitioners | Total |
| Central | 31 | 1 | 5 | 6 | 43 |
| Kawempe | 5 | 1 | 4 | 2 | 12 |
| Makindye | 2 | 3 | 3 | 3 | 11 |
| Nakawa | 6 | 7 | 0 | 1 | 14 |
| Rubaga | 6 | 5 | 2 | 1 | 14 |
| Total | 50 | 17 | 14 | 13 | 94 |

Catalytic IPC package for alternative health service providers:

- Sensitization on index of suspicion for EVD case
- IEC materials for EVD case definition
- PPE - Examination hand gloves & face masks



USAID/KCCA/USAID MCHN joint post-training site visit to Mutundwe Christian Fellowship Church, Rubaga Division

Plan for use of unspent funds (January – April 2023)

- **Complete ongoing tasks:**

- ✓ IPC assessments and orientation for remaining sites, and alternative health service providers
- ✓ Distribute catalytic IPC supplies & IEC materials to remaining sites (procurement and handover to Divisions completed Week 1 January 2023) – cascading to sites

- Follow-on IPC assessments for selected poorly performing sites
- Follow-on monthly virtual CMEs on IPC – coordinated at Division level
- TA to KCCA for ongoing data use - use collected geo-codes, and baseline & follow-on IPC scorecard data for surveillance, epidemic preparedness and routine administrative oversight tasks

Collaboration & Appreciation



- MOH, WHO & KCCA IPC Pillar teams – technical guidance on rationalization of IPC supplies, IEC materials, training and supervision for IPC field teams
- KCCA – DPH&E and Division Health and political teams – overall stewardship, harmonization and coordination of IP inputs
- CDC and IDI – training of field teams, Division of tasks at field level (IPC coverage for higher level PFP, PNFP and public sites done by IDI)
- USAID SBCA (with MOH H.Prom. Dept) – SBC activities through various communication channels, IEC materials
- Other IPs at field level, across other pillars: UNICEF, URC, etc
- USAID Uganda – Funding & ongoing technical guidance



USAID
FROM THE AMERICAN PEOPLE

END

Thank you

EVD National Accountability Forum

Agency: USAID Social Behavior Change
Activity
(USAID SBICA)



MINISTRY OF HEALTH

**Together
we can
beat
Ebola**

Wash your hands
with soap and water
regularly.

Report all suspected Ebola cases to the nearest health center immediately
or call toll free 0800 100066 or SMS 8500.

 **USAID**
FROM THE AMERICAN PEOPLE

 World Health
Organization

 unicef

 **Obulamu?**



Introduction

- ❖ USAID SBCA provided technical assistance to the MOH/risk communication pillar and other partners at national and sub-national levels including;
 - Support to adaptation/design of EVD risk communication interventions and tools.
 - Targeted Rollout of designed EVD risk communication interventions.
 - Monitoring and coordination of EVD risk communication interventions,
- ❖ The interventions covered various districts including: Kampala Metropolitan Area (Kampala City, Wakiso, Entebbe, Mukono), Jinja, Masaka, Mpigi, Mubende, Kassanda, Kagadi and Kyegegwa

Our Vision:

The vision of USAID's Social and Behavior Change Activity (SBICA) is a Uganda where individuals and communities are not just healthy, but resilient, supported by strong and adaptable systems and institutions to lead productive lives.



| | | | |
|---------------------------------------|---------------------|----------------------|----------------------|
| Sole Donor: USAID | October 2022 | November 2022 | Total Amount: |
| | 400,000 USD | 1,500,000 USD | 1,900,000USD |
| Pillar: Risk Communication | | | |



Risk Communication



| Pillar | Activities | Expenditure to date | Left to spend but committed |
|--------|--|--------------------------|-----------------------------|
| | <p><u>Design and adaptation of risk communication interventions and tools.</u></p> <ul style="list-style-type: none"> ❖ SBCA worked with partners to design and continue to refresh and adapt risk communication materials and tools including; <ul style="list-style-type: none"> • Theme song • Radio spots • DJ mentions • Influencer videos and audio • Print materials (Trigger posters, fliers, radio talk show guides, community engagement guides) • Social media GIFs. | <p>60,000 USD</p> | <p>40,000 USD</p> |
| | <p><u>Targeted rollout</u></p> <ul style="list-style-type: none"> ❖ USAID SBCA rolled out various Ebola risk communication products on various platforms; <ul style="list-style-type: none"> a. <u>Targeted mass media placement.</u> <p>USAID SBCA activated 16 radio and 8 TV stations reaching Kampala Metropolitan Area, Jinja, Masaka, Mubende, Kassanda, Kagadi, Kyegegwa, and Mpigi. 4320 radio spots, 3640 DJ mentions, and 1440 TV spots reaching an estimated 6,523,592 across the country.</p> | <p>472,125USD</p> | <p>157,375USD</p> |

Risk Communication

| Pillar | Activities | Expenditure to date | Left to spend but committed | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------|---|---------------------|-----------------------------|-------------|--------|----------------|------|------|------|-----------------------|----|------------------------|----|--------------------------|------|---------------------------------|----|-----------------------------|----|-----------------|----|----------|------|-----------|-----------|
| Risk Communication | <p>b) <u>Print media.</u> SBCA printed and disseminated hard-copy EVD materials</p> <table border="1" data-bbox="354 521 1212 1110"> <tr> <td>Trigger posters</td> <td>20,000</td> </tr> <tr> <td>Fact fliers</td> <td>10,000</td> </tr> <tr> <td>Talking points</td> <td>2000</td> </tr> <tr> <td>FAQs</td> <td>2000</td> </tr> <tr> <td>Mobilization standees</td> <td>13</td> </tr> <tr> <td>Big mobilization flags</td> <td>13</td> </tr> <tr> <td>Small mobilisation flags</td> <td>1200</td> </tr> <tr> <td>Ebola Artwork posters for taxis</td> <td>50</td> </tr> <tr> <td>Sashes-horn of togetherness</td> <td>20</td> </tr> <tr> <td>EVD PVC banners</td> <td>60</td> </tr> <tr> <td>T-Shirts</td> <td>1500</td> </tr> </table> | Trigger posters | 20,000 | Fact fliers | 10,000 | Talking points | 2000 | FAQs | 2000 | Mobilization standees | 13 | Big mobilization flags | 13 | Small mobilisation flags | 1200 | Ebola Artwork posters for taxis | 50 | Sashes-horn of togetherness | 20 | EVD PVC banners | 60 | T-Shirts | 1500 | 27,000USD | 23,000USD |
| | Trigger posters | 20,000 | | | | | | | | | | | | | | | | | | | | | | | |
| Fact fliers | 10,000 | | | | | | | | | | | | | | | | | | | | | | | | |
| Talking points | 2000 | | | | | | | | | | | | | | | | | | | | | | | | |
| FAQs | 2000 | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobilization standees | 13 | | | | | | | | | | | | | | | | | | | | | | | | |
| Big mobilization flags | 13 | | | | | | | | | | | | | | | | | | | | | | | | |
| Small mobilisation flags | 1200 | | | | | | | | | | | | | | | | | | | | | | | | |
| Ebola Artwork posters for taxis | 50 | | | | | | | | | | | | | | | | | | | | | | | | |
| Sashes-horn of togetherness | 20 | | | | | | | | | | | | | | | | | | | | | | | | |
| EVD PVC banners | 60 | | | | | | | | | | | | | | | | | | | | | | | | |
| T-Shirts | 1500 | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>c) <u>Digital media/social media.</u> SBCA continues to utilize Facebook, Twitter, LinkedIn, hotlines and SMS to disseminate messages, district-specific hotlines and engage audiences. These platforms also serve as real-time counselling and psycho-social support to the public. To date, social media impressions stand at 500,000.</p> | 5,970 USD | 4,030USD | | | | | | | | | | | | | | | | | | | | | | |

Risk Communication

| Pillar | Activities | Expenditure to date | Left to spend but committed |
|--------------------|--|--------------------------|-----------------------------|
| Risk Communication | <p><u>d) Alternative media / IPC</u></p> <ul style="list-style-type: none"> ❖ USAID-SBCA worked with Mubende, Kassanda, Mpigi, Mukono, Jinja, Kampala, Wakiso, and Masaka district health teams to activate 90 radio towers and 90 operators in taxi and bus parks, markets, places of worship, slums and other congregate places. ❖ Broadcasting spots and presenter mentions (10x a day), talk shows by operators and resource persons reaching 900,000 people.  | <p>770,925USD</p> | <p>239,575 USD</p> |
| | <ol style="list-style-type: none"> 1. Leveraged strategically placed digital screens/billboards in busy places to disseminate Ebola messages reaching approximately 1,000,000 people. 2. Branded 50 public transport taxis plying various routes in the 5 divisions of Kampala city and Wakiso district with EVD prevention and control messages  | | |

| Pillars | Activities |
|--|---|
| <p>Risk communication/Community Engagement</p>  | <p>a). Engagement and deployment of key gatekeepers.</p> <ul style="list-style-type: none"> • Orientation and deployment of 30 Busoga kingdom officials and 41 media house presenters serving Busoga region. • Engagement of 622 religious and political leaders. • 50 chairpersons from the Private sector (Business, Sex workers, factory workers etc.). • Engagement of 215 traditional healers, spiritualists and traditional birth attendants. • Identification, orientation and deployment of 350 active community resource persons (VHTs, LC Is, Mobilisers, market leaders, boda chairmen). • Special groups 50 (PWDs, Prisoners, Islands-Mpigi). <p>Over 6 million people have been reached through leveraging gatekeepers and community structures.</p> |
| | <p>b). Community activations</p> <ul style="list-style-type: none"> • Health provider-led dialogues at health facilities. • Boda Boda led the mobilization drives. • Community drives using mobile vans and trucks, • Localized folk activations using ‘the horn of togetherness’ • EVD moments in places of worship • Bar Buzz-EVD moments in bars • Community dialogues and health education. <p>An estimated 1.7 million people through more than 200 activations conducted.</p>  |

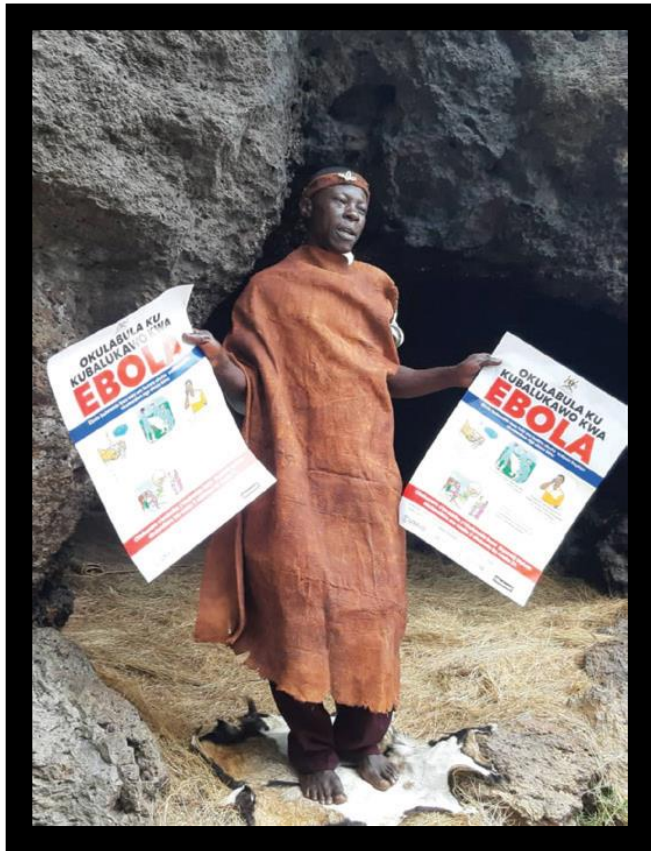
Risk Communication

| Donor/Location & Category | Location (District) | National | | International |
|------------------------------------|---|--|--|--|
| | | MoH | USAID SBCA | |
| Risk communication | 28 district/city based short term staff deployed across intervention districts including <ul style="list-style-type: none"> • Kampala city • Wakiso • Mpigi • Mukono • Masaka • Jinja | 3 national level coordinators seconded to MOH. | % level of effort for <ul style="list-style-type: none"> ▪ 1 full time Emergency technical specialist ▪ 5 program staff ▪ 3 Finance and Admin staff | 1 staff from JHU Head Offices was in country for 2 weeks in November to support EVD response activities. |
| Total Expenditure | USD 131,000 (Caters for the coordination costs, rumor tracking and level of efforts for program staff & field travel. | | | |
| Left to spend but committed | 50,000 USD | | | |



Plan for use of unspent funds

- ❖ SBCA has so far supported two months of the MoH led response plan that included a saturation phase and will shift to a maintenance phase in the last month that will;
 - Involve implementation of IPC & alternative media activities targeted at identified potential hotspots. This will be supported by rollout on mass and digital media
 - A major focus on addressing stigma among survivors, maintaining heightened risk perception amidst reduced or no active cases, and continuity of essential services.



Traditional healers were oriented to EVD and its prevention



Engaged Moslem leaders in 5 divisions of Kampala district.

Selected feedback from leaders

“In Kampala alone, there are 600 mosques and 2,504 Imams.. If we can sensitize these Imams the EVD message can spread like bushfire.”

Sheik Nasser Ssemwanje –
Public Health Officer
Kampala Muslims
Taskforce

‘I have briefed HRH Kyabazinga Gabula Nadiope IV and he was very happy to be part of this Ebola campaign. He is a malaria champion in Uganda, now we are happy to spear head the Ebola campaign”,
Munaba Edward Paul, Minister
General Duties, Office of the Prime
Minister, Busoga Kingdom

‘I now make sure I have a hand washing area for my visitors and clients that come for consultation (signaling to a jerry can of water and soap positioned at a building next to the route to the shrines’
Chairperson, traditional healers, Buyengo town council, Busoga region.



Boda Boda riders



Horn of Togetherness



Together we can beat Ebola

Look out for Ebola signs and symptoms from potential customers.



Report all suspected Ebola cases to the nearest health center immediately or call toll free 0800 100066 or SMS 8500.



EBOLA ALERT NUMBERS

Are you or someone you know having Ebola signs and symptoms? Call toll free immediately for medical help on the following lines:

Jinja 0800 300 046

OR

Ministry of Health 0800 100 066

Free SMS on 6767 starting with the 'ALERT' key word; Free alert SMS to U-report on 8500



EBOLA TALKING POINTS FOR RELIGIOUS LEADERS



Report all suspected Ebola cases to the nearest health center immediately or call toll free 0800 100066 or SMS 8500.



13:22

linkedin.com

Obulamu
186 followers
4d

Together we can beat Ebola.

Don't be the next victim.
 🧼 Wash your hands frequently with soap + clean water and ❌ avoid contact with the blood and body fluids of people who are sick or have died from Ebola.

⚠️ Report all suspected #ebola cases in your community to the nearest health centre immediately or 📞 0800100066 or 📍 8500 for FREE.

Ebola is REAL, it kills but can also be prevented.

#TogetherAgainstEbola
 #Obulamu
 #handwashing
 #EbolaOutbreakUG

Add your comment

Home My Network Post Notifications Jobs



Obulamu @ObulamuUga... · 13/12/2022

Together we can beat Ebola 🙌

Our USAID SBCA field teams continue to orient, equip and work with community leaders to spread awareness against #Ebola.

We urge you to stay vigilant and observe all the Ebola preventive measures as guided by the @MinofHealthUG.

#Obulamu



U.S. Mission Uganda and 8 others



Obulamu @ObulamuUganda · 4d

Health moment at St. Steven's Nansana CoU.

Ebola prevention messages have been passed on to the congregation by the preacher of the day, Mr. Kasule Lwanga and Councilor Kebirungi Rita.

Stay safe. Together we can beat Ebola.
 #Obulamu
 #TogetherAgainstEbola
 #EbolaOutbreakUG – at Nansana



Ministry of Health- Uganda and 8 others

1 9 12



Thank You.



USAID
FROM THE AMERICAN PEOPLE

and



Green Label
Services Ltd

Summary of Support Activities to the Uganda Ebola Virus Disease(EVD) Response

04 October 2022 to 03 January 2023

1. Background

- The Uganda EVD Response has entailed a multi-sectoral and multi-agency approach led by Government of Uganda through Ministry of Health (MoH)
- USAID Uganda in partnership with Green Label Services Ltd (GLSL) are some of the non-government and private sector agencies providing support to the response
- GLSL (with support from USAID) is providing professional waste management services and interventions in selected Very High Risk and High Risk health facilities as follows :
 - ✓ **Safe collection, transportation and disposal** of EVD related waste
 - ✓ **Training of health facility staff** (frontline waste collection personnel, focal persons and administrators) in proper healthcare waste management practices and Infection Prevention & Control
 - ✓ **Supply of healthcare waste management (HCWM) commodities**(color coded bins and liners)
 - ✓ **Supply of 4 incinerators** to selected EVD spread very high risk health facilities

2. Districts & Health Facilities (by EVD outbreak risk category) covered by USAID / GLSL Support

| Very High-Risk Districts (6) | Health Facilities(15) | High Risk Districts (20) | Health Facilities (21) |
|------------------------------|-------------------------|--------------------------|--------------------------|
| Mubende | Madudu HC III | Bunyangabu | Rwimi TC |
| | Mubende RRH | Gomba | Kasambya HCIV |
| Kassanda | Kassanda HC IV | Hoima | Hoima RRH |
| Kagadi | Kagadi Hospital | Isingiro | Nakivale HC III |
| Kyegegwa | Kyegegwa HC IV | Kabarole | Fort Portal RRH |
| Kampala Metropolitan | City Hall Clinic | Kakumiro | Kakumiro HC IV |
| | Kawaala HC IV | Kamwenge | Rukunyu Hospital |
| | Kiruddu Hospital | | Rwamwanja HC III |
| | Kisenyi HC IV | Kazo | Kazo HC IV |
| | Kiswa HC IV | Kibaale | Kibaale HC IV |
| | Kitebi HCIV | Kiboga | Kiboga Hospital |
| | Komamboga HCIV | Kikuube | Kyangwali HC IV |
| | Mulago Isolation Centre | Kyankwanzi | Ntwetwe HC IV |
| | Naguru Hospital | Kyenjojo | Kyenjojo Hospital |
| Jinja | Jinja RRH | Masaka | Masaka RRH |
| | | Mityana | Mityana Hospital |
| | | Mpigi | Mpigi HC IV |
| | | Mukono | Mukono Hospital |
| | | Sembabule | Sembabule HC IV |
| | | Wakiso | Entebbe Grade B Hospital |
| Wakiso HC IV | | | |

3. Status of HCW Management in selected facilities before USAID/GLSL support

- Inadequate waste handling commodities in most supported facilities



Improvising at Mubende RRH : Infectious waste liner in a highly infectious bin (middle) and bin without a liner (right)



Small bins(fill up fast) , without liners and no provision for highly infectious waste (red bin and liner) -Mubende RRH

4. Status of HCW Management in selected facilities before USAID/GLSL support (continued)

- Inadequate waste handling practices



Heaped up waste pending collection from the Mubende ETU



Waste storage at Mulago EVD Isolation Unit

5. Support rendered so far

- **54** waste Bins and **82,000** Liners supplied to selected EVD outbreak high risk Health Facilities



Photo: Green Label Services Ltd

GLSL Staff Loading waste bins and liners destined for Mubende RRH ETU



Photo: Green Label Services Ltd

Delivering the commodities at Mubende RRH

6. Support (continued)

- Bins and Liners supply to selected EVD outbreak high risk Health Facilities



Mubende RRH Officials acknowledging receipt of the HCWM commodities

7. Support (continued)

- Training in proper HCWM practices and Infection Prevention & Control



GLS Trainers in session at different facilities. Photos by GLSL Training Team

Training in HCWM practices & IPC conducted in 36 health facilities covering: IPC focal persons, waste collection staff, hygienists, ward in-charges and administrators



Improved practices – waste segregation

8. Support (continued)

- Safe Collection, Transportation and Disposal of EVD related waste



From 04 October 2022 to 03 January 2023: A total of 388,348kgs of EVD related waste safely collected , transported and disposed of at the GLSL Iganga HCWM Plant

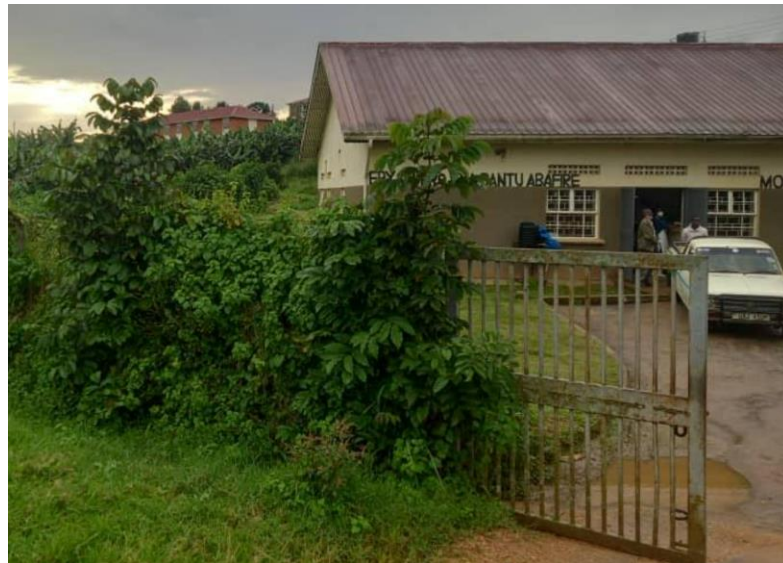
9. Fostering HCW Disposal self sustainability in selected EVD spread very high risk health facilities

Supply of incinerators that are compliant with WHO and NEMA standards and having emission control measures

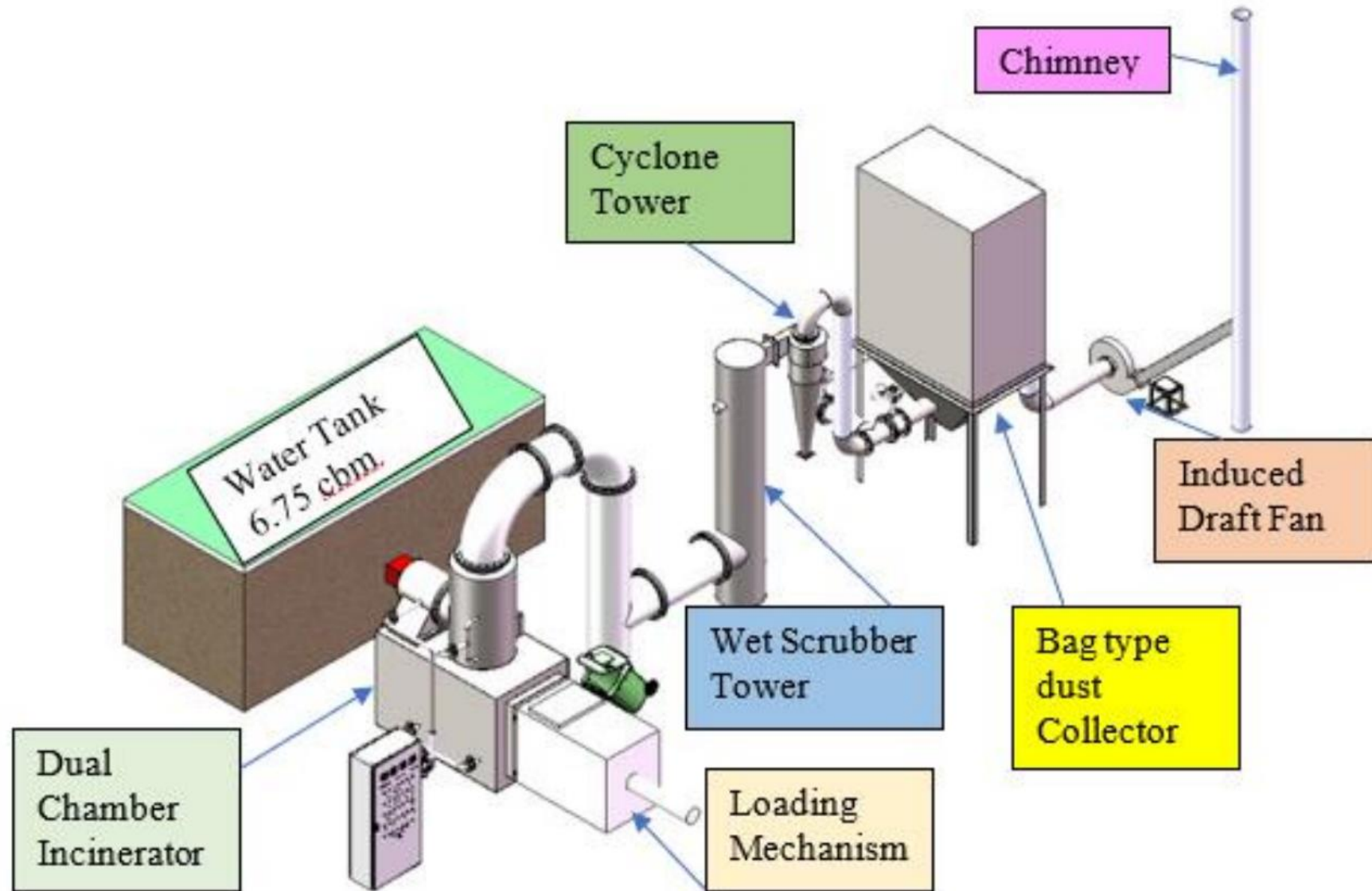
- GLSL Concept Note to USAID reviewed and approved
- **Letters of approval received** from MOH for assessment of incinerator shelter sites in Fort Portal RRH, Mubende RRH, Jinja RRH and Kassanda HCIV
- **Site assessments** completed
- **Architectural and engineering designs** of shelters done
- Remodeling of existing shelters to fit the new incinerators commenced on 02 January 2023
- **Shipping of 4 incinerators** started following obtaining of UNBS PVoC Certificate of Conformity Number UGN 2000011806.
- **Installation of incinerator** is planned for 20 January 2023



(Above) The state of few existing incinerators . (Below) Assessment of suitable sites for incinerator placement



New incinerators accessories layout



10. ACCOUNTABILITY (FUNDS COMMITTED/SPENT)

GLSL EVD related waste management activities financial summary is presented below.

| SNO. | ITEM | COST IN USD |
|------|---|-------------|
| 1 | 04 Incinerators cost | 427,212 |
| 2 | 04 Incinerators shipping | 28,800 |
| 3 | Remodeling existing structures to house incinerators | 111,860 |
| 4 | Waste management (3 months October, November and December 2022) | 432,258 |

THANK YOU.

National Accountability Forum

Agency: International Rescue Committee
(IRC)

Introduction

- . The IRC is the leading health implementing partner in five refugee settlements through a network of 36 settlement health facilities
- . The settlements include Bidibidi, Imvepi, Rhino Camp, Palabek and Kiryandongo
- . Ebola response activities were mainly conducted as part of preparedness and readiness for potential response

Funds received for response (by source, and expiry date)

| Donor/Budget | Donor 1 (expiry date) | Donor 2 (expiry date) | Donor 3 (expiry date) | Donor 4 (expiry date) | Donor 5 (expiry date) | Total Funds Mobilized |
|----------------------|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Case management | ECHO (30/4/2023) | | | | | 12,000 |
| CEHS | | | | | | |
| Community engagement | ECHO (30/04/2023) | | | | | 4,210 |
| Coordination | ECHO (30/4/2023) | | | | | 1,515 |
| IPC (and WaSH) | ECHO (30/4/2023) | Private funds (30/6/2023) | | | | 292,434 |
| Laboratory | ECHO (30/4/2023) | | | | | 1,020 |
| Logistics | | UNHCR (31/12/2022) | | | | 1,143 |
| Risk communication | ECHO (30/4/2023) | Private funds (30/6/2023) | | | | 69,543 |
| Research | | | | | | |
| SIRI | | | | | | |

Activities supported/Support provided

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|-----------------------------|--|-------------------|
| Case management | Training of Health Workers on case management | 12,000 |
| CEHS | <ul style="list-style-type: none"> Adaptation by use of PPEs to ensure the safe continuity of all health and nutrition activities | |
| Community engagement | <ul style="list-style-type: none"> Facilitated interactive radio talk shows to sensitize the members of the public | 4,210 |
| Coordination | <ul style="list-style-type: none"> Facilitation of selected members of the DTF to conduct joint support supervision to settlement health facilities, transit centres and POEs to evaluate the outbreak preparedness activities. | 1,515 |
| IPC (and WaSH) | <ul style="list-style-type: none"> Bi-weekly IPC assessments across all the supported health facilities Procurement of 2 MAKIV incinerators Rehabilitation and construction of waste management infrastructure in health facilities and POEs Procurement and prepositioning of PPEs and other IPC supplies | 192,089 |
| Laboratory | <ul style="list-style-type: none"> Facilitation of Laboratory teams to collect samples within the settlements | 1,020 |
| Logistics | <ul style="list-style-type: none"> Transportation of assorted PPEs to Kagadi District | 1,143 |
| Risk communication | <ul style="list-style-type: none"> Printing of IEC materials Orientation of VHTs on Ebola risk communication VHT allowances Road drives using the Boda Boda Talk Talks | 10,000 |
| Research | | |
| SIRI | | |
| Surveillance | <ul style="list-style-type: none"> Community based surveillance by the VHTS Active screening at all health facilities, transit centres and POEs | 31,938 |

Human resource deployed

| Donor/Location & Category | Location (District) | National | | International | Total Expenditure |
|-----------------------------|---|----------|----------------|---------------|--|
| | | MoH | Partner Agency | | |
| Case management | Kiryandongo, Yumbe, Terego, Madi Okollo and Lamwo | | 24 | | Deployed trained existing HR under UNHCR and ECHO |
| CEHS | Kiryandongo, Yumbe, Terego, Madi Okollo and Lamwo | | 792 | | Deployed trained existing HR under UNHCR and ECHO |
| Community engagement | Kiryandongo, Yumbe, Terego, Madi Okollo and Lamwo | | 17 | | Existing Community Health staff were selected and trained on EVD |
| Coordination | Kiryandongo, Yumbe, Terego, Madi Okollo and Lamwo | | 5 | | Existing teams supported coordination activities |
| IPC (and WaSH) | Kiryandongo, Yumbe, Terego, Madi Okollo and Lamwo | | 42 | 1 | Deployed trained existing HR under UNHCR and ECHO |
| Laboratory | Kiryandongo, Yumbe, Terego, Madi Okollo and Lamwo | | 10 | | Deployed trained existing HR under UNHCR and ECHO |
| Logistics | | | | | |

Summary of Unspent Funds

| Donor/Budget | Donor 1 (expiry date) | Donor 2 (expiry date) | Donor 3 (expiry date) | Donor 4 (expiry date) | Donor 5 (expiry date) | Total Unspent Funds |
|----------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|
| Case management | | | | | | |
| CEHS | | | | | | |
| Community engagement | | | | | | |
| Coordination | | | | | | |
| IPC (and WaSH) | Private funds – already committed for IPC/WASH Facility construction and rehabilitation | | | | | 100,345 |
| Laboratory | | | | | | |
| Logistics | | | | | | |
| Risk communication | Private funds – already committed for RCCE activities in Kiryandongo and Kampala | | | | | 59,543 |
| Research | | | | | | |

Plan for use of unspent funds

- **Indicate planned support for 90-day post-outbreak period, if any**
 - Continue with IPC infrastructural upgrades (construction of screening shades and rehabilitation of plumbing works) in Kiryandongo
 - Improve WASH and other IPC structural gaps in selected health facilities in Bidibidi, Imvepi, Rhino Camp and Palabek refugee settlements.
 - Conduct RCCE activities in Kiryandngo and Kampala
- **Indicate support, if any, for health/surveillance systems strengthening**
 - Continue to conduct facility and community-based surveillance and support timely transportation of all samples collected from alerts.
 - Preposition PPEs and IPC supplies in all the 36 supported health facilities, transit centres and POEs

National Accountability Forum

Agency:

Medical Teams International (MTI)

Introduction

- Medical Teams International (MTI) is humanitarian health implementing partner providing health services to refugees and host population in Adjumani, Obongi, Kikuube, Kyegegwa, Kamwenge, and Isingiro and emergency life saving health services to new arrivals/refugees at transit centers of Kisoro (Nyakabande transit, Bunagana PoE), Kanungu (Matanda), Bundibugyo (Bubukwanga), Kikuube (Sebigoro PoE, Kasonga Transit centre), Ntoroko (Kanara PoE), and Amuru (Elegu transit centre)
- Targeted refugees population 845,537 (57% of refugees in Uganda)
- MTI provides PHC, Nutrition, Emergency life saving care and health systems strengthening with funding from UNHCR, ECHO, PRM, WFP, CORE Group and Private Funding
- Supported Ebola Preparedness and Response in line with National Response plan

Funds received for response (by source, and expiry date)

| Donor/Budget | Donor 1 ECHO April 2023 | Donor 2 UNHCR Dec 2022 | Donor 5 IRISH AID (Tent) | Total Funds Mobilized |
|--------------------------------|-------------------------------|------------------------------|--------------------------------|-----------------------|
| Case management | | 52,800,000 | | 52,800,000 |
| CEHS | | | | |
| Community engagement | 28,828,800 | 21,600,000.00 | | 50,428,800.00 |
| Coordination | 9,240,000 | 11,110,000.00 | | 20,350,000.00 |
| IPC (and WaSH) | 574,623,485 | 54,284,000.00 | | 734,842,485.00 |
| Laboratory | 33,264,000 | | | 42,264,000.00 |
| Logistics- cost of fuel, tents | | | 11,500,000 | 11,500,000.00 |
| Risk communication | 72,072,000 | 3,500,000.00 | | 75,572,000.00 |
| Research | | | | |
| SIRI | | | | |
| Surveillance | 295,094,800 | 112,700,000.00 | | 407,794,800.00 |
| Overheads | 58,775,885 | | | 58,775,885 |
| Total | 1,071,898,970 | 264,994,000 | | 1,395,552,085 |

Activities supported/Support provided

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|-------------------------------|--|--------------------------|
| <p>Case management</p> | <ul style="list-style-type: none"> • Designated 1 ambulance to Kyegegwa district for Ebola response, 36 suspected cases were transported from Kyegegwa to Mubende ETU • Dedicated 1 Ambulance per District from regular programs to transport cases and samples in all other settlements of Adjumani, Palorinya, Rwamwanja, Nakivale, Oruchinga and transit centers- Nyakabande, Bubukwangwa, Sebigoro/Kasonga, and Matanda and entire district in coordination with DTF/RRT to MOH designated laboratories • Paid risk allowance for health workers conducting surveillance, patient evacuation, transporting laboratories samples to testing lab as per MOH rates • Provided feeding to cases quarantined and specialized investigations to refugees referred to regional and District Hospitals • Trained 33 Health workers and volunteers from Kyaka, Rwamwanja, Adjumani, Palorinya on safe dignified burial, case management of Ebola and simulation of Ebola case management and referral to ETUs • Provide psychosocial support to cases discharged from ETU and community integration of discharged clients | <p>62,503,000</p> |
| <p>CEHS</p> | <ul style="list-style-type: none"> • Essential Health services were maintained to refugees and host Community with support from Ministry of Health, UNHCR,ECHO,PRM, WFP, CGPP and MTI Private funding, across all locations. | |

Activities supported/Support provided

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|-----------------------------|---|-------------------|
| Community engagement | <ul style="list-style-type: none"> • Conducted sensitization on Ebola in 96 schools; Kyaka II (15), Nakivale (25), Palorinya (6), Rwamwanja (18), Adjumani (22), and Kyangwali (10). 250 Teachers were also reached and mentored on Ebola esp. on Ebola transmission, IPC and reporting alerts to health facilities • Conducted 72 community based sensitization meetings on EVD; Adjumani=35, Matanda=4, Nakivale=8, Palorinya=10. Kyaka(10), Kyangwali (5). By VHTs and health workers • Conducted 29 dialogue meetings to orient leaders (VHTs, LC.1, block leaders, Refugee welfare councilors, religious leaders , opinion leaders and political leaders at Subcounty & District level; Kyangwali (22), Kyaka (3), Adjumani (5) and Matanda (1) • Distributed 2000 Ebola IEC materials with support from UNHCR and ECHO | 29,790,000 |

Activities supported/Support provided

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|---------------------|--|-------------------|
| Coordination | <ul style="list-style-type: none"> • Facilitated 48 DTF meetings, Kyegegwa (16), Kamwenge (4), Kikuube (7), Bulisa (2), Kanungu (8), Adjumani (7), mentorship of DTF members were conducted during the meetings • In Adjumani, 45 DTFs, DRRT and sub-county task force members were trained in health emergency and disaster risk management framework and Facilitated 7 meetings to update Ebola response plan • Reactivated settlement rapid response teams, Village/block Task Forces in all settlements • Facilitated 15 Settlement Task force meeting, Palorinya (9), Kyaka (8) • Trained 648 (F=648, M=312) village Task force committee members on health emergency and disaster risk management, focusing on Ebola- community case definition, spread, IPC, surveillance esp. alert reporting, contact tracing to ensure active participation in Ebola preparedness and response • Facilitated district led joint border monitoring and supervision of Ebola response in ,Kanungu, Kikuube, and Bulisa District • Facilitated stakeholders in Kyegegwa, Kamwenge, Adjumani and Palorinya to supervise implementation of Response in the District | 32,250,400 |

Activities supported/Support provided

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|-----------------------|---|--------------------|
| IPC (and Wash) | <ul style="list-style-type: none"> • Procured 600 coveralls and distributed to all settlements for evacuation of suspected cases to ETUs • Procured examination gloves, surgical gloves, Disposal gowns, gum boots and janitorial for health facilities in settlement • Procured 40-foot operated hand washing facilities and distributed to health facilities in settlements • facilitated 7 safe dignified burial, Kyaka II (5), Palorinya (2) and Kanungu (1) • Distributed hand sanitizers and face masks to all VHTs in the settlement • Trained 1649 VHTs on Ebola case definition, surveillance, risk communication, • Supplied PPEs (gloves, coveralls) and IPC supplies to Kihihi ETU in Kanungu district • Trained 147 health workers on IPC; Rwamwanja (16), Kyaka (34), Adjumani (67) and Kyangwali (30) • In collaboration with Oxfam- trained 192 VHTs in Rwamwanja and 245 VHTs in Kyaka II settlements on IPC • Trained 220 VHTs in Kyangwali settlement in collaboration with Save the Children and Goal • Mentored VHTs in Adjumani (300), Palorinya (293) on IPC • Renovated screening shades at Kakoni HCIII, Kasonga HCIII, Agojo HCII, Ayiri HCIII and Maaji C HCII | 420,394,000 |

Activities supported/Support provided

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|---------------------------|---|-------------------|
| Laboratory | <ul style="list-style-type: none"> Ambulance support facilitated transportation of samples to MOH testing lab Facilitation of Perdiem during transportation of 44 Ebola samples to MoH designated laboratories- Mubende mobile lab and UVRI; Kyaka (7), Bubukwanga (1), Rwamwanja (3), Palorinya (6), Matanda (10), Adjumani (5) and Isingiro (11) | 11,830,000 |
| Logistics | <ul style="list-style-type: none"> Procured 3 Tents with funding from ECHO and IRISH Embassay to support screening and isolation at Matanda transit center, Kyangwali settlement and Bujubuli | 54,120,000 |
| Risk communication | <ul style="list-style-type: none"> Printed and distributed Ebola case definitions and presenting signs and symptoms to Health facilities and VHTs Engaged VHTs in settlements to conduct daily home visits, detect alerts and report to health facility Facilitated 14 radio talk shows on Ebola; Kyaka (3), Adjumani(5), and Kyangwali (6) Facilitated 3 days community drive in Palorinya settlement Using VHTs and Health assistants distributed IEC materials on Ebola | 23,214,000 |

Activities supported/Support provided

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|--------------|---|--------------------|
| Surveillance | <ul style="list-style-type: none"> • Responded to 164 community alerts, 85 met suspected cases were investigated, Kyaka (40), Kyangwali (15), Nakivale & Oruchinga (11), Adjumani (5), Rwamwanja (1), Bubukwanga (1), Nyakabande (1) and Matanda (10). Refugees were 48 and host population 37 • Transported 2 suspected cases who were contacts of a confirmed case from Kasule to Mubende ETU, both were confirmed Ebola cases on 21st Sept 2022 • Trained all the 1,635 VHTs on surveillance including investigation of cases, suspected cases, case follow-up of discharged cases and facilitated to conduct door- door surveillance • 26 alerts were quarantined at Nakivale (4), Kyangwali (15), Palorinya (7), all were investigated negative for Ebola, diagnosed with malaria, treated and recovered except 1 RVF case in Palorinya, 12 suspected cases from Kyaka II were evacuated to Mubende ETU, 1 from Rwamwanja to Fort portal ETU • Screened 22,270 new arrivals/refugees at the point of entries for EVD, Nyakabande=16,204, Bubukwanga=2,316, Sebigoro/Kyangwali=1,412, Adjumani=2,338 • Daily screening at all supported health facilities using screeners/triage assistants • Collected samples from 5 community deaths in Kyaka II settlements, all tested negative of EBV • Trained 61 health workers and mentored 781 health workers on Ebola Surveillance from Kyaka II, Nakivale, Nyakabande, Palorinya and Adjumani settlements • Deployed staffs from other settlements to Kyaka II to support surveillance activities | 262,604,000 |

Activities supported/Support provided

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|------------------|--|--------------------------|
| Research | Not supported | |
| SIRI | Not supported | |
| Overheads | Vehicle running cost, spar parts, maintenance service, airtime for health workers working in the community, supervision of service during Ebola response | |
| Total | | |

Human resource deployed

| Donor/Location & Category | Location (District) | National | | International | Total Expenditure |
|---------------------------|---------------------|----------|----------------|---------------|-------------------|
| | | MoH | Partner Agency | | |
| Case management | | | | | |
| CEHS | | | | | |
| Community engagement | | | | | |
| Coordination | | | | | |
| IPC (and WaSH) | | | | | |
| Laboratory | | | | | |
| Logistics | | | | | |
| Risk communication | | | | | |
| Research | | | | | |
| SIRI | | | | | |
| Surveillance | | | | | |
| Overheads | | | | | |
| Total | | | | | |

Summary of funds spent

| Pillar/District | Total ECHO | Total for District (name) | Total for District (name) | Total for District (name) | Total for District (name) | Total for District (name) |
|-----------------------------|-------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Case management | | | | | | |
| CEHS | | | | | | |
| Community engagement | | | | | | |
| Coordination | | | | | | |
| IPC (and WaSH) | | | | | | |
| Laboratory | | | | | | |
| Logistics | | | | | | |
| Risk communication | | | | | | |
| Research | | | | | | |
| SIRI | | | | | | |
| Surveillance | | | | | | |
| Overheads | | | | | | |
| Total | | | | | | |

Summary of Unspent Funds

| Donor/Budget | Donor 1 (ECHO) April 2023 | Donor 2 (expiry date) | Donor 3 (expiry date) | Donor 4 (expiry date) | Donor 5 (expiry date) | Total Unspent Funds |
|----------------------|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|
| Case management | | | | | | |
| CEHS | | | | | | |
| Community engagement | 20,638,800.00 | | | | | |
| Coordination | | | | | | |
| IPC (and WaSH) | 208,513,485.00 | | | | | |
| Laboratory | 30,434,000.00 | | | | | |
| Logistics | | | | | | |
| Risk communication | 52,358,000.00 | | | | | |
| Research | | | | | | |
| SIRI | | | | | | |
| Surveillance | 145,190,800.00 | | | | | |
| Overheads | 42,231,885.00 | | | | | |
| Total | 435,143,570.00 | | | | | |

Plan for use of unspent funds

- **Next priorities**
- Refurbish screening and isolation units at Kyeshero PoE, Busanga PoE and Bubukwanga Transit center
- Support community engagement and risk communication in settlements and Districts of Kyegegwa, Kamwenge, Isingiro, Kikuube, Adjumani and Obongi and transit centres of Matanda, Nyakabande, Elegu, Sebigoro, Kasonga
- Support community based diseases surveillance in all above settlements and transit centres including Laboratory sample transportation
- Provide and facilitate ambulance for evacuation of cases from community to designated ETUs
- Support DTF and RRT to conduct risk communication, community engagement, surveillance and supervision
- Procure and distribute IPC supplies to health facilities with focus on high risk District (Kyegegwa) and PoEs/transit centres

National Accountability Forum

Agency: African Field Epidemiology
Network (AFENET)

Introduction-2

- AFENET supported the EVD response from 2 sources; ACDC and its own overhead funds
- NRRT was supported to deploy 18 RRT members to Mubende for 11 days – 40.1m
- 2 AFENET Corpses of Disease Detectives (ACoDD) members with 1 vehicle were deployed by AFENET for 11 days in Mubende – 10m
- Deployed 5 ACoDD members incl. of 2 senior Epi at AFENET secretariat and 4 Epi (1 MakSPH, 1MoH and 2 RST) with 2 vehicles to Mubende, Kagadi and Kakumiro districts to support Surveillance pillar for 33 days -100m
 - Supported the establishment and running of the Alert management system at Mubende
 - Establishment of the DRRT at Kagadi and Kakumiro districts and coordination
 - Contact tracing and case investigation at Kagadi and Kakumiro districts
 - Participated in joint pillar enhanced field activity in Mubende district
 - Participated in RCCE in schools and community in Mubende, Kagadi and Kakumiro
 - Training HW on Community and Event based surveillance
 - Active case search in Kagadi, Kakumiro & Kassanda

Introduction-3

- Deployed 3 ACoDD members incl. of 1 senior Epi at AFENET secretariat and 2 Epi from MakSPH & RST with 1 vehicle for 2 months in Kassanda district to support surveillance pillar – 72m
- Deployed 2 Epi from AFENET secretariat & 1 ACoDD with 1 vehicle to Kampala metropolitan area to support surveillance pillar for 44 days - 24.1m
- Deployed 1 Epi from AFENET secretariat with 1 vehicle to Kibuku district for 2 weeks for contact tracing and active case search- 20m
- NRRT was supported to deploy 14 RRT members in Jinja district for 1 month – 12m
- **Key note;** for all the above activity support, AFENET had no external funding but utilised her overhead funds

Introduction-4

- The MoH requested ACDC to support the Ebola response
- AFENET has an ongoing collaboration with ACDC to support the public health functions on the continent for a healthier Africa
- ACDC AFENET partnership was utilised to support MoH build capacity of CHWs/VHTs to respond to PHEs utilising Ebola platform
- 3,000 VHTs were trained and retooled to perform their functions
 - 1,000 VHTs in each of the districts of Kassanda, Wakiso and Mukono incl.
 - 12 media practitioners in Kassanda
 - 16 SDB team members in Kassanda, 54 SDBs in Wakiso & 36 SDBs in Mukono
 - 975 VHTs in Kassanda, 920 VHTs in Wakiso and 964 VHTs in Mukono
- Note; Each of the VHTs was equipped with PPEs of T-Shirt, Flag Jacket, Gum boats, Umbrella, Back pack & Infra red temperature gun

Funds received for response (by source, and expiry date)

| Donor/Budget | Donor 1 (expiry date) | Donor 2 (expiry date) | Donor 3 (expiry date) | Donor 4 (expiry date) | Donor 5 (expiry date) | Total Funds Mobilized |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Case management | | | | | | |
| CEHS | | | | | | |
| Community engagement | ACDC | | | | | \$360,948.6 |
| Coordination | | | | | | |
| IPC (and WaSH) | | | | | | |
| Laboratory | | | | | | |
| Logistics | | | | | | |
| Risk communication | ACDC | | | | | \$120,316.2 |
| Research | | | | | | |
| SIRI | | | | | | |
| Surveillance | ACDC | | | | | \$721,897.2 |
| Overheads | | | | | | |
| Total | | | | | | \$1,203,162 |

Activities supported/Support provided

| Pillars | Activities (Include logistics provided e.g. vehicles, PPEs, printing, food etc.) | Total Expenditure |
|-----------------------------|---|-------------------|
| Case management | | |
| CEHS | | |
| Community engagement | 3 days training of VHTs, SDB & Media teams. Equipping the VHTs and payment of monthly allowances for 3 months | |
| Coordination | | |
| IPC (and WaSH) | | |
| Laboratory | | |
| Logistics | | |
| Risk communication | 3 days training of VHTs, SDB & Media teams. Equipping the VHTs and payment of monthly allowances for 3 months | |
| Research | | |
| SIRI | | |
| Surveillance | 3 days training of VHTs, SDB & Media teams. Equipping the VHTs and payment of monthly allowances for 3 months | |
| Overheads | | |
| Total | | |

Human resource deployed

| Donor/Location & Category | Location (District) | National | | International | Total Expenditure |
|---------------------------|---|----------|----------------|---------------|-------------------|
| | | MoH | Partner Agency | | |
| Case management | | | | | |
| CEHS | | | | | |
| Community engagement | | | | | |
| Coordination | | | | | |
| IPC (and WaSH) | | | | | |
| Laboratory | | | | | |
| Logistics | | | | | |
| Risk communication | | | | | |
| Research | | | | | |
| SIRI | | | | | |
| Surveillance | Mubende, Kassanda, Kagadi, Kakumiro, Kampala, Kibuku, & Jinja | 38 | 17 | 0 | 278,200,000/- |
| Overheads | | | | | |
| Total | | | | | |

Summary of funds spent -Ongoing

| Pillar/District | Total for District (Mubende) | Total for District (Wakiso) | Total for District (Mukono) | Total for District (name) | Total for District (name) | Total for District (name) |
|-----------------------------|-------------------------------------|------------------------------------|------------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Case management | | | | | | |
| CEHS | | | | | | |
| Community engagement | | | | | | |
| Coordination | | | | | | |
| IPC (and WaSH) | | | | | | |
| Laboratory | | | | | | |
| Logistics | | | | | | |
| Risk communication | | | | | | |
| Research | | | | | | |
| SIRI | | | | | | |
| Surveillance | | | | | | |
| Overheads | | | | | | |
| Total | | | | | | |

Summary of Unspent Funds

| Donor/Budget | Donor 1 (expiry date) | Donor 2 (expiry date) | Donor 3 (expiry date) | Donor 4 (expiry date) | Donor 5 (expiry date) | Total Unspent Funds |
|-----------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--------------------------------|
| Case management | | | | | | |
| CEHS | | | | | | |
| Community engagement | | | | | | |
| Coordination | | | | | | |
| IPC (and WaSH) | | | | | | |
| Laboratory | | | | | | |
| Logistics | | | | | | |
| Risk communication | | | | | | |
| Research | | | | | | |
| SIRI | | | | | | |
| Surveillance | ACDC | | | | | |
| Overheads | | | | | | |
| Total | | | | | | |

Plan for use of unspent funds

- Indicate planned support for 90-day post-outbreak period, if any
 - The funds still available for ACDC AFENET partnership is for payment of allowances to VHTs and supervisors for Jan and Feb 2023
- Indicate support, if any, for health/surveillance systems strengthening
 - Training, equipping and facilitation of VHTs for community based surveillance and event based surveillance. Active case search and contact tracing.
 - Districts of Kassanda, Wakiso and Mukono were supported.