

THE DANISH EMERGENCY RELIEF FUND

ALERT NOTE

Guide to submission of alerts

NB: Only Danish organisations with local presence either through partner organisations or own organisation in the affected areas can raise an alert.

Please read the Danish Emergency Relief Fund's Funding Guidelines before submitting an alert (the Funding Guidelines are available here: www.cisu.dk/derf)

Instructions:

An alert is raised and submitted through the online platform *Vores CISU*. When submitting an alert

- a) basic information must be submitted online.
- b) an Alert Note (this document) must be attached.

In the Alert Note, you must fill either of the three sections:

- section B for rapid onset humanitarian crisis, or
- section C for slow onset humanitarian crisis, or
- section D for spike in a protracted humanitarian crisis.

Please note that the alert note must be completed with as much information as possible. CISU will need comprehensive information in order to assess the alert. The information provided has to be verifiable.

Formalities regarding the alert text (section b, c or d):

- **NUMBER OF PAGES:** The text must not take up more than 1,5 pages (Arial, font size 11, line spacing 1.0, margins: top 3 cm, bottom 3 cm, right 2 cm and left 2 cm). Alerts exceeding this length will be rejected.
- **LANGUAGE:** The text can only be submitted to CISU in English.

Section A: Basic information

Organisation:	<i>Danish People's Aid</i>
Title of alert:	Ebola outbreak in DRC and Uganda
Type of crisis:	<input checked="" type="checkbox"/> <i>rapid onset humanitarian crisis (please fill out section B)</i> <input type="checkbox"/> <i>slow onset humanitarian crisis (please fill out section C)</i> <input type="checkbox"/> <i>spike in protracted humanitarian crisis (please fill out section D)</i>

Do only fill one of the following three sections, B, C, or D. You may delete the two which do not apply.

Section B: Rapid onset humanitarian crisis:

b.1 Where is the crisis? Describe the areas affected

The Ebola crisis in Central Africa remains deeply concerning, with nearly 676 confirmed cases in the Democratic Republic of Congo (DRC). The epicenter of the outbreak is concentrated in Bunia, Ituri Province and Beni, North Kivu Province, which are areas that border Uganda, placing the country at significant risk due to the high mobility of people across the region. While Uganda has not reported new cases since June 5, the situation is volatile, as secondary transmissions and imported cases have already been documented. Districts such as Kampala, Wakiso, and Ntoroko have reported cases, while border districts including Kikuube, Yumbe, Kasese, Hoima, Bullisa, and Nakivaale remain extremely vulnerable. Refugee-hosting districts are particularly at risk, given the constant movement of people between Uganda and Congo. These dynamics create urgent humanitarian challenges in a country that is already hosting over 1.9 million refugees with large funding gaps. This heightened exposure of communities in Uganda's western border zones requires immediate support to strengthen surveillance, prevention, and response efforts. 36 Districts have been flagged as high risk and require action to contain the risk of the Ebola Disease.

b.2 What is the nature of the crisis? Please describe the type of crisis (e.g. earth quake, other natural disaster occurring without warning) and describe potential local social and political implications (e.g. for specific target groups).

This is a health crisis due to an Ebola outbreak. The crisis has implications on life since it is highly fatal and is greatly affecting the districts and the country at large. The World Health Organisation (WHO) has categorized the outbreak as a public health emergency of international concern. While Uganda has made tremendous efforts in containing the spread, the risk is high, and any spikes could easily overwhelm Uganda's health systems. With only 64% of the population practicing proper hand hygiene with limited access to the critical hand hygiene facilities, the general population risk is heightened. This is worsened at the institutional level, with only 40% of schools and 43% of healthcare centers with functional hand hygiene facilities posing a great risk to learners, teachers, and frontline health workers. Within the refugee settlements that have already been faced with critical unmet needs, the outbreak poses another social economic burden affecting livelihoods. The disease is shrouded in stigma which affects the peaceful co-existence of refugees and host communities. It is therefore critical that Risk Communication and Community Engagement are intensified, and the community-based structures have the capacity to recognize and report suspected cases to the Authorities.

b.3 What information do you have about the situation? What is the source of that information?

Please provide available information on

- *affected populations including specific vulnerable groups and access to these*
- *urgent emergency and/or protection needs*
- *other actors responding and coordinating (including government, community structures, the UN, INGOs)*

Please insert link(s) and/or attach relevant documentation to the alert. Documentation may be found at UN OCHA, ACAPS, or other internationally recognised sources.

According to the Africa CDC¹ continental preparedness and response plan, DRC and Uganda are categorised as Priority 1 countries with an active outbreak. According to the Uganda Ministry of Health, out of the 146 districts in Uganda, 37 districts were classified as very high risk, 25 as high risk, and 84 as moderate risk. 19 cases has been reported, with 14 spillover cases and 5 cases from within. Kampala, Wakiso, and the Border districts remain high risk, with the most vulnerable including refugees and the host communities, mass transport drivers, market vendors, frontline health care workers, school children, and teachers all vulnerable. Uganda activated various Rapid Response Teams to lead on preparedness coordinated by the Ministry of Health. WHO, CDC, and

¹ <https://www.afro.who.int/sites/default/files/2026-06/Bundibugyo%20Virus%20Disease%20Continental%20Preparedness%20and%20Response%20Plan>.

UNICEF are some of the agencies that have responded, creating awareness and equipping the government to deliver on their response plan. The Ebola Response Pillars for case management, social behaviour change, WASH, and Prevention of Infection Pillars are all active. Community structures, including community health workers and village health teams, have been activated.

b.3.1. Describe as specific as possible when the crisis has started. Mention specific dates if possible. Provide documentation for this.

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The Ebola outbreak was confirmed by the WHO² in May 2026. On 5 May 2026, WHO received an alert regarding an unidentified illness with a high case fatality rate in Mongbwalu Health Zone, Ituri Province, including reports of four Health Workers who died within a four-day period. Bundibugyo Virus Disease (BVD), caused by the Bundibugyo strain of the Ebola virus, was confirmed on 15 May 2026. On 15 May 2026, Uganda also declared a BVD outbreak following laboratory confirmation of the country's index case.

b.3.2. How could DERF grants make a difference for the crisis affected population?

Please consider the following points:

- *Rapid disbursement*
- *Short intervention (0-9 month)(3 to 6 months)*

The DERF funding will help meet the needs of hard-to-reach populations not catered for by other donors by triggering community wide surveillance and alert through community listening. This will be done through a 3 to 6 months short-term intervention to:

- Equip schools and healthcare facilities for selected refugee hosting areas with hand hygiene facilities and Consumables such as soap, Jik, and temperature guns.
- Intensify risk communication and community engagement, empowering local structures to detect and report suspected cases through capacity building and equipment with relevant tools for data collection.

² <https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON607>