

www.ifrc.org
Saving lives,
changing minds.

Emergency appeal

Uganda: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

(Revised) Appeal n° MDRUG040	18,000 people to be assisted	Appeal launched January 2018
Glide n° OT-2018-000021-UGA	206,305 Swiss francs DREF allocated	Revision n° 1 issued September 2018
	2,382,533 million Swiss francs current Appeal budget	Appeal ends December 31, 2018
	(If revised Appeal) 1,428,549 Swiss francs funding gap	(If Appeal extended) Extended 3 months

This revised Emergency Appeal seeks a total of some 2.4 million Swiss francs, increased from 1.9 million Swiss francs, to enable the IFRC to support the Uganda National Red Cross Society to deliver assistance and support for 18,000 people for 12 months in shelter, health, WATSAN and Protection, Gender and Inclusion (PGI).

In June 2018, a shelter assessment was conducted with support from the Luxembourg Red Cross, with the objective to:

- identify shelter needs for People with Special Needs (PSN);
- finding semi-permanent shelter solutions for 3,000 people with special needs;
- identify solutions to improve the URCS base camp, including accommodation and office space;
- assessing URCS shelter response capacity.

Based on the assessment, it has been decided to add a shelter component to the Emergency Plan of Action (EPoA), including the construction of semi-permanent PSN shelters and improvement of living and working conditions in URCS basecamp.

This revised Emergency Appeal results in a funding gap of 1,428,549 Swiss francs based on an extended timeframe, a revision of the PGI component and the inclusion of an additional area of focus i.e. shelter. The planned response reflects the current situation and information available at this time of the evolving context and will be adjusted based on further development and more detailed assessments.

The disaster and the Red Cross Red Crescent response to date

December 2017: A period of inter-communal unrest and conflict in the Democratic Republic of Congo (DRC) Ituri and North Kivu Provinces prompts mass displacement movements with people fleeing violence and human rights abuses and seeking shelter and assistance in neighbouring Uganda. The refugees are being accommodated in Kyangwali and Kyaka II refugee settlements. With support from the IFRC, the URCS is providing assistance and scaling up its efforts to respond to the humanitarian needs of the affected population.

January 2018: 206,305 Swiss francs allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to respond to the humanitarian needs.

February 2018: the number of refugees entering Uganda escalates significantly, with on average 3,875 new arrivals per day. IFRC and URCS conduct a joint mission in the Mid-Western region to assess needs.



Uganda Red Cross volunteers conducting a hand washing session in Kyangwali refugee settlement

February 2018: A cholera outbreak was declared, causing 45 deaths, URCS rapidly mobilized a Kit5 and mobilized volunteers to conduct hygiene promotion

○ **March 2018:** IFRC Surge Capacity deployed a Field Assessment and Coordination Team leader (FACT), to support the development of the Emergency Appeal, identify gaps, mobilise resources, and support URCS and IFRC with in country coordination. The Netherlands Red Cross deployed WASH technical surge support.

○ **March 2018:** Responding to the humanitarian needs and based on a request from the National Society an Emergency Appeal was launched for 1,930,176 Swiss francs for 18,000 people.

April 2018: URCS received bilateral contributions for their DRC refugee response Plan of Action: i) Netherlands Red Cross supports WASH activities in Ntoroko landing site and Kyaka II refugee settlement, ii) Austrian Red Cross supports water production activities in Kyangwali refugee settlements and ICRC supports Restoring Family Links activities in all settlements and districts affected by the refugee crisis.

May 2018: The Uganda Refugee Response Plan (RRP) partners agree to revise the planning figure of expected number of Congolese refugees to arrive in Uganda in 2018, from 60,000 to 150,000 people.

August 2018: According to the latest UNHCR Inter-Agency Emergency update on the DRC situation, dated August 13, the total number of Congolese refugees in Uganda as of June 30, 2018 is 288,766. Of this total number 99,447 people arrived between January and June 2018.

September 2018: IFRC issues revised Appeal, revised to 2,382,533 Swiss francs and extended to 31 December 2018

The operational strategy

Overall objective: To provide lifesaving emergency services to 18,000 newly arrived Congolese Refugees (3,000 families¹), including women and children in Kyangwali Refugee Settlement for a period of 11.5 months.

Operational progress to date

Between January 1 and August 13, 2018, 99,447 people from the Democratic Republic of Congo (DRC) arrived in Uganda, fleeing from interethnic violence that erupted in the Ituri and North Kivu Provinces of the DRC. The main refugee settlements receiving DRC refugees in Uganda are: Rwamwanja (78,043 people), Kyangwali (59,134 people), Kyaka II (51,884 people) and Nakivale (48,061 people). The influx of DRC refugees is characterized by fluctuations but remains constant since January 2018.

In May 2018, Refugee Response Plan (RRP) partners in Uganda agreed to revise the planning figure for 2018 upwards, from 60,000 to 150,000 Congolese refugees expected to arrive in Uganda in 2018. Due to the continued influx, humanitarian actors continue to focus on life saving activities and are struggling to maintain basic services up to SPHERE standards.

Between January and March three new transit centers were opened, reception centres at Kyaka II and Kyangwali were expanded and six new settlement areas opened in Kyangwali and Kyaka II to reduce and prevent congestion at entry, transit and permanent settlements. RRP partners constructed 72 kilometers of access roads in Kyangwali and Kyaka II and rehabilitated another 43 kilometers of district roads in Hoima and Kyegegwa to ease relocation and settlement of new arrivals.

URCS operational strategy focuses mainly on Health, WASH and PGI, mainstreaming CEA in these sectors of intervention:

Area of Intervention	Focus
Health	Needs assessments and surveys; Disease surveillance though realization of sensitization sessions and creation of community structures;

¹ UNHCR estimates a 1/6 Household to family members ratio for the Congolese refugee population.

	<p>Safe identification and referral; Vaccination campaign in support to institutions and health partners; Provision of Psychosocial support; Community Based Health and First Aid (CBHFA); Minimal Mother, New-born and Child Health (MNCH) services and distribution of dignity kits for pregnant women.</p>
WASH	<p>Safe water production through water treatment unit management; Communal sanitary infrastructures construction during emergency phase; Household sanitary infrastructure construction; Environmental sanitation/cholera prevention (drainage, vector control and solid waste management at communal level); Hygiene promotion; WASH non-food items distribution.</p>
PGI	<p>Training for volunteers on Protection principles, Sexual and Gender based Violence (SGBV) and Child Protection (CP) Identify through community dialogues gathering places to be used as Child Friendly Space (CFS) and/or Women and Girls Safe Space (WGSS), upgrade and equip them; Establish Peer to Peer (P2P) youth programme to facilitate community awareness sessions; Realization and management of an inclusive Information Centre within Kyangwali refugee settlement that would work as a base for PGI/CEA/PSS/RFL activities. This is a multi-purpose centre to provide information about RC and non-RC humanitarian activities.</p>
CEA	<p>Conduct assessment on community information needs and preferred communication channels through focus group discussions and community meetings; Establish mechanism for sharing information with communities (i.e. mobile radio, notice boards); Conduct post-monitoring distribution assessments; Implement complaint and feedback mechanisms; Realize mobile cinema sessions.</p>

The IFRC Appeal focuses on Kyangwali refugee settlement. All Appeal activities that were planned for Ntoroko are now supported through the Netherlands Red Cross bilateral program and therefore removed from the EPoA. Austrian Red Cross supports Maratatu water treatment unit in Kyangwali bilaterally, through the provision of chemicals and fuel.

Summary of the current response

Main Achievements per Area of Focus

Health

- Rapid mobilization and response to the cholera outbreak declared in February 2018, including the deployment of Oral Rehydration Point (ORP) kits.
- Conducting of daily health sensitization sessions, approximately 40% of the total target population has been reached.
- Ten community structures have been set up to support health prevention and early detection activities.
- Psycho social support (PSS) is being provided to volunteers and staff and integrated in all areas of intervention.

WASH

- Sixty communal emergency latrines constructed and 100 communal bathing shelters.
- Set up and management of Water Treatment Unit (WTU) in Maratatu, providing 150-200 m³/day.

PGI

- A situation analysis for SGBV/CP and PGI assessment was conducted through a PGI surge support mission.
- 40 URCS staff and volunteers have been trained on minimum standards and protection principles, SGBV and CP.
- Referral pathways for SGBV and CP have been updated

Shelter

- A shelter assessment was conducted in June to identify shelter needs for people with special needs (PSN) and to assess URCS shelter response capacity.

Operational support

- IFRC Finance delegate and Operations Manager have been recruited to support the operation.
- Three NDRTs have been deployed since the start of the operation, to strengthen the operation and volunteer team on the ground.
- A PMER plan has been developed, including a revision of Emergency Appeal indicators, the development of KoboCollect monitoring tools and an indicator tracking table. Staff and volunteers have been trained on kobo collect mobile data collection software.
- Various Community Engagement & Accountability (CEA) mechanisms have been implemented, such as focus group discussion, post distribution assessments and feedback mechanisms.
- The operation actively involves community members, through volunteerism and the development of Sanitation Committees, Protection Committees and Peer to Peer groups.

Challenges

- The UNHCR appeal for the Congolese refugee crisis has only received 10% of the funding needed. Therefore, partners have limited capacity and resources to stabilize existing programmes and embark upon longer-term sustainable approaches.
- As of August 2018, the need in terms of water provision according to SPHERE standards, in Kyangwali refugee settlement is equal to 890 m³ /day. However, only 500 m³ is trucked daily, including 150 m³/day from URCS WTU. The main challenge is water availability: the volatility of ground water sources, the technical difficulties of seeking sustainable boreholes, as well as the constant influx of refugees put constraints on the availability of water and the development of more sustainable solutions. In this context, UNHCR requested URCS to extend the management of the WTU for an additional four months.
- Refugees from DRC continue to arrive in Uganda daily. In this context, partners continue to struggle to maintain basic services up to SPHERE standards, which challenges the development of longer-term solutions.
- The Ebola outbreak in neighboring areas in DRC puts further pressure on the already overstretched Humanitarian Actors on the ground and might trigger more people to flee to Uganda.

Revised strategy and plan

Due to the continued influx of refugees from DRC and high needs on the ground, IFRC and URCS intend to revise the Emergency Appeal, extending its timeframe up to 31 December 2018 in order to:

- Continue conducting water production activities through the management of a Water Treatment Unit (WTU) for an extended period;
- Continue responding to WASH and Health needs on the ground;
- Strengthen and broaden the PGI and CEA component with the development of an Inclusive information centre within Kyangwali refugee settlement that would work as a base for PGI/CEA/PSS/RFL activities, including information sharing, direct support and a place to gather and capture feedback;
- Respond to shelter needs through the realization of 100 semi-permanent shelters for People with Special Needs (PSN) and strengthening URCS shelter capacity;
- Improve URCS' staff and volunteers living and working conditions;

Coordination

The emergency response interventions outlined in the EPoA will continue to be coordinated within the existing refugee coordination structure established in Uganda. The response to the refugee influx from the DRC is led and coordinated by the Office of the Prime Minister (OPM) and UNHCR, in broad consultation with URCS, UN agencies and Non-Governmental Organisations (NGOs) involved in the response.

In addition to the mandate given to URCS in the National Disaster Preparedness and Management Policy by the GoU, Office of the Prime Minister and the UNHCR recognize URCS as a key Operational Partner (OP) in the provision of lifesaving humanitarian assistance during refugee influxes and other population movements.

At the country level, URCS partners as well with the IFRC, ICRC, and Partners National Societies (PNSs); including the Netherlands Red Cross, German Red Cross, Belgium Red Cross-Flanders, Austrian Red Cross, and most recently the Canadian Red Cross. In addition to refugee emergency operational support, the various PNSs also support emergency health, food security, livelihood as well as capacity building in various branches above in terms of disaster preparedness and response. As such it is worth mentioning the contribution provided by ICRC and Belgian-Flanders Red Cross in the realization of capacity building programmes in selected branches across the country. In particular, the implementation of trainings on WASH and Logistic in 2017 by Belgian-Flanders Red Cross allowed the constitution of a National Disaster Response Team (NDRT) whose members were mobilized in preparedness and response operations such as to prevent Cholera and Marburg outbreaks in 2017 and to respond to South Sudanese and Democratic Republic of Congo refugees' crisis. In line with it URCS currently implements preparedness activities both at central and district level supported by IFRC, through USAID funds, in the framework of the Community Pandemic and Preparedness Programme (CP3).

Proposed Areas for intervention

The revised Emergency Appeal includes the following four main changes on the operational strategies:

- 1) Timeframe extension from 9 to 12 months;
- 2) Water production activity, extended from 4 to 12 months,
- 3) Protection Gender and Inclusion component: the construction of an Inclusive Information Centre has been added to the EPoA, following recommendations of the PGI assessment; The information centre would work as a base for all PGI/CEA/PSS and RFL activities. The objective is to provide a central point where men, women, girls, boys and other at-risk groups could engage and connect with one another and with different initiatives and services such as: basic PSS support, access to safe protection referral information and direct referral, group discussions on PGI topics, mobile cinema and RFL services. An assessment of structure and costs of the information centre was done during the shelter mission;
- 4) Shelter component has been added to the Emergency Appeal. Following the recommendations of the shelter assessment conducted in June 2018, the construction of an initial 100 PSN pilot shelters have been added to the EPoA, as well as the improvement of Kyangwali base camp and office space.
- 5) All activities that have been funded through other partners, including the activities for Ntoroko landing site (funded by the Netherlands Red Cross) have been excluded from the EPoA.

All other activities have remained the same as per initial EPoA. Implementation of activities will be on basis of the available funding.

Areas of Focus



Shelter

People targeted: 500

Male: 390

Female: 110

Requirements (CHF): 127,114

Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions.

Output 1.1: Long-term shelter and settlement assistance is provided to affected households of People with Special Needs (PSN)

Proposed intervention

A shelter assessment was conducted between May and June 2018. Based on this assessment, the following key priority activities were identified to respond to existing needs on the ground, and included in the EPoA:

Activities:

- Construction of 100 PSN shelters and 100 PSN latrines and bathing shelter adapted to individual needs, with the adoption of local materials and manpower in order to respond to needs while boosting local market and social cohesion between host and refugee community;
- Realization of latrines and bathing shelters at URCS Kyangwali base camp as complementary infrastructures to be constructed with the aim to improve living conditions of field staff and volunteers;
- Organization of shelter trainings to strengthen URCS capacity;



Health

People targeted: 18,000

Male: 14,040

Female: 3,960

Requirements (CHF): 140,927

Proposed intervention

The refugee influx has placed a burden on the health systems, which is exacerbated by pre-existing conditions, poor living conditions and lack of information among the refugee population. There is a notable upsurge in numbers of refugees affected by respiratory tract infections, malaria, diarrheal diseases and psychosocial issues. There is limited capacity to manage this increased disease burden at primary health care level due to the increased caseloads of patients seeking care and therefore the treatment and care of chronic conditions, including diabetes, HIV, TB, etc. have been temporarily disrupted.

This operation aims at reducing the immediate risks to the health of 3,000 households (18,000 people) through community-based disease prevention and health promotion, epidemic prevention, as well as minimum initial maternal and neonatal health services. The activities will assist people in Kyangwali refugee settlement.

Outcome 1: ***The immediate risks to the health of affected populations are reduced***

Output 1.1: ***The health situation and immediate risks are assessed using agreed guidelines***

Activities implemented between January and July 2018:

- Rapid health needs assessment to identify most common diseases and available services;
- WASH and Health survey commissioned to KEITH Consulting Group;

Activities to be implemented between August and December:

- Mid-line and end-line assessments;

Output 1.2: *Community-based disease prevention and health promotion is provided to the target population*

Activities implemented between January and July 2018:

- Three-day training on Psychosocial support (PSS) in Emergencies; 40 volunteers participated;
- Daily health sensitization;
- Referral of health cases on the base of the referral pathways;
- Creation of 10 community structures (9 people/community structure) for diseases prevention and disease early detection (4 of which supported by UNICEF);
- Procurement of an infotainment kit for conducting mobile cinema activities and realization of 1 mobile cinema session;
- PSS for staff and volunteers including individual support counselling and monthly self-care sessions;
- Integration of PSS into all sectors on interventions as per PGI recommendation missions;
- Conduct of safe identification and referral activities of protection cases on the base of the referral pathways;

Activities to be implemented between August and December:

- Community Based Health and First Aid (CBHFA) training, 5 days, 40 volunteers;
- Development of ad hoc toolkits for volunteers in the field including CBHFA, cholera and ECV modules;
- Continuation of daily health sensitization sessions through community meetings, focus group discussions and one-on-one sessions;
- Procurement of 6,000 Long Lasting Insecticide Treated Mosquito Nets (LLINs) for 3000 HH (2/HH), including 500 PSN HH.

Output 1.3: *Epidemic Prevention and control measures carried out*

Activities implemented between January and July 2018:

- Five-day training on Epidemic Control for Volunteers (ECV); 40 volunteers participated;
- Identification and training of 90 community members in disease prevention and control;
- Deployment of Oral Rehydration Point (ORP) kits to support community during the cholera outbreak.

Activities to be implemented between August and December 2018:

- Mass media campaign via radio on prevention of priority diseases;
- Continuation of daily health sensitization sessions through community meetings, focus group discussions and one-on-one sessions;

Output 1.4: *Minimum initial maternal and neonatal health services provided to target population*

Activities implemented between January and July 2018:

- Participation in external trainings on Maternal and Child Health and communicable disease surveillance;

Activities to be implemented between August and December:

- Procurement and distribution of 500 dignity kits.



Water, sanitation and hygiene

People targeted: 18,000

Male: 14,040

Female: 3,690

Requirements (CHF): 1,127,585

Proposed intervention

The sudden influx of refugees has overwhelmed the structures at entry points and transit, while the infrastructure in settlements are not ready to accommodate the increased number of refugees. The bottleneck at reception centres has forced people to wait for several days prior to transfer. The lack of access to safe water has obliged people to drink water directly from the nearby water source, contaminated by the lack of sanitation facilities.

This operation aims at reducing the risk of waterborne and water related diseases by ensuring daily access to safe water, adequate sanitation as well as by carrying out hygiene promotion activities and hygiene-related goods distributions. It also aims at reducing the risk of waterborne and water related diseases in the recovery phase by setting up community managed water sources. The activities will assist the people in Kyangwali refugee settlement.

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

Activities implemented between January and July 2018:

- Participation in 70 House Hold (HH) survey tool training organized by the International Organization for Migration (IOM);
- On the basis of the HH survey tool training, URCS volunteers adopted the tool to conduct biweekly assessments to determine WASH conditions within URCS operational area;
- Kobo collect assessment tool has been developed. Including Appeal WASH indicators;
- Daily quality surveillance activities at HH and distribution points;

Activities to be implemented between August and December 2018:

- Mid-line and end-line evaluations of WASH situation in localities of intervention;
- Continuation of daily quality surveillance activities at HH and distribution points;

Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

Activities implemented between January and July 2018:

- Distribution of 1,140 jerry cans of 20 litres to 540 HH and 200 boxes of water purifiers containing 200 sachets of 10 litres each received by UNICEF.
- One hundred forty-four Sanitation Committee members trained on the use of water purification chemicals;

Daily management of the WTU in Maratatu, providing 150-200 m³/day;

Activities to be implemented between August and December 2018:

- Procurement and distribution of water purification for 500 PSN HH;
- Management of WTU in Maratatu;
- Procurement and installation of 2 T75 water tanks for water storage complete with connectors and taps stand for water distribution to community;
- Procurement of 2 - 4 Lombadine Osprey pumps complete with fittings and connectors to increase WTU capacity.

Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population

Activities implemented between January and July 2018:

- Sixty communal emergency latrines constructed and decommissioned 57 of them;
- One hundred communal bathing shelters constructed and decommissioned 94 of them;
- Environmental sanitation/cholera prevention activities such as drainage, vector control and solid waste management;
- Vector control activities through fumigation in identified high risk environments at HH where cholera cases were identified during the outbreak;
- Procurement and distribution of 200 handwashing facilities and provision of cleaning materials;
- Procurement and distribution of 20 sanitation tool kits;
- Sensitization of use of tippy taps at HH level (water + soap);
- Sensitization sessions on hygiene and sanitation in Early Childhood Development Centres;

Activities to be implemented between August and December 2018:

- Procurement of spray pumps for infection control activities;
- Provision of latrine digging kits to facilitate 3,000 HH latrines construction, including 500 PSN HH;
- Provision of construction materials to facilitate 3,000 HH latrines constructions, including 500 PSN HH;
- Provision construction materials to facilitate 3,000 HH bathing shelter constructions, including 500 PSN HH;

Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population

Activities implemented between January and July 2018:

- Procurement of megaphones to support community mobilization and sensitizations;
- Adoption of IEC materials developed by Ministry of water and WASH partners;

Activities to be implemented between August and December 2018:

- Procurement and distribution of hygiene and sanitation toolkits in schools;
- Conduct of PHASTER and ECV trainings for volunteers (4 days/52 participants);
- Procurement and distribution of PHASTER tool kits;
- Procurement and distribution of ECV tool kits;

Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population

Activities implemented between January and July 2018:

- Procurement and distribution of 18,000 litres of liquid soap for 3 months for communal sanitation facilities;
- Procurement of tippy tap materials (3 litres jerrycan and 12m rope) to promote HH handwashing facilities;
- Procurement of disinfection materials (JIK and IMO) for communal sanitation facilities;
- Procurement of ORP kits;

Activities to be implemented between August and December 2018:

- Procurement and distribution of hand washing facilities to 3,000 HH to promote hand washing practices after latrine use;
- Procurement of hygiene kits for 500 PSN HH;
- Procure and distribute 18,000 litres of liquid soap for 3 months for 3,000 HH sanitation facilities.
- Procurement and distribution of 3,000 Menstrual Hygiene Management (MHM) kits;

Outcome 2: Sustainable reduction in risk of waterborne and water related diseases in targeted communities in the recovery phase

Output 2.1: Community managed water sources giving access to safe water is provided to target population

Between May and July UNCHR and implementing partners equipped 4 motorized wells with the intention to realize a piping system which could have served different parts of the settlement. Unfortunately, the operation was unsuccessful due to low water table within Kyangwali refugee settlement. Therefore, sustainable solutions for water provision are still under discussion at WASH cluster level, such as the realization of a solar pumping system in Maratatu water treatment unit.



Protection, Gender and Inclusion

People targeted: 18,000

Male: 14,040

Female: 3,690

Requirements (CHF): 64,238

Proposed intervention

Displacement of DRC refugees tends to affect men, women and children in different ways, as people with specific needs (PSN) such as persons with disabilities and elderly. The structure of families and households can be altered, and gender roles changed. Often in conflict situations adult and adolescent males become separated from the family as they stay behind to secure family properties or in certain cases joining combats, becoming susceptible to go missing or be killed. Thus, the number of female-headed households increases placing a heavy burden on them as they become the sole supporters of their families. The urgency to escape also results in a significant number of unaccompanied minors or separated children in need of family reunifications services or family foster care.

Due to the sudden loss of family and communitarian structures, women, children, adolescents, and PSN face serious protection risks such as military recruitment, exploitation and neglect. Women and girls are particularly affected.

Sexual and gender-based violence (SGBV) is frequently present during conflict and continues into the emergency settings. Bereft of the protection provided by their homes and communities, women and adolescent girls are at greater risk of SGBV including physical and sexual attacks, rape, enforced prostitution and sale into marriage or slavery. In cases where the family unit remains intact, the stress of displacement often increases the incidence of domestic violence, including towards children, in addition to spousal abuse and marital rape. Consequently, large numbers of displaced children and women suffer from psychological and physical trauma and, together with PSN, need protection services to prevent the adoption of negative coping mechanisms for satisfying their basic needs.

This operation aims at identifying the needs of the most vulnerable and particularly disadvantaged and marginalised groups as well as addressing their distinct needs. To achieve this objective, the operation aims at improving equitable access to basic services (considering different needs) and at preventing and respond to sexual and gender-based violence and all forms of violence against children. The activities will assist the people in Kyangwali refugee settlement.

Outcome 1: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs

Output 1.1: NS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors

Activities implemented between January and July 2018:

- One day training on Minimum standards and Protection Principles for 40 volunteers;
- Three days training on Sexual and Gender Based Violence (SGBV) and Child Protection (CP) for 10 volunteers;
- Development of Plan of Action for protection, focusing on mainstreaming gender and diversity into existing activities;

- Development of PMER plan in cooperation with PGI surge, to ensure that sex and age disaggregated data is collected and analysed to inform the implementation;

Output 1.2: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children.

Activities implemented between January and July 2018:

- One day training on Minimum standards and Protection Principles for 40 volunteers;
- Three days training on Sexual and Gender Based Violence (SGBV) and Child Protection (CP) for 10 volunteers
- Revision of Protection indicators;
- Conduct of base line surveys on protection needs as per minimum standard commitments on gender and diversity;

Activities to conduct between August and December 2018:

- Reproduce protection manuals for staff and volunteers;
- Provide information on referral pathways for any CP and SGBV concerns through establishment of information points at CFS/WGSS
- Peer to Peer (P2P) youth programme for conducting awareness sessions within the community
- Participatory evaluation sessions on P2P intervention
- Provide children/person with disabilities with walking and movement devices;
- Identification of gathering places to be used as Child Friendly Space and/or Women and Girls Safe Space;
- Upgrading gathering places to be used as CFS/WGSS;
- Equipment of gathering places to be used at CFS/WGSS
- Realization and management of an Information Centre

Strategies for Implementation

Strategies for Implementation

Outcome SFI1.01: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform

Requirements (CHF): 499,327

Output S 1.1.4: National Societies have effective and motivated volunteers who are protected

Output S 1.1.6: National Societies have the necessary corporate infrastructure and systems in place

Progress towards outcomes

The following URCS staff and surge were deployed to the operation:

- 1 Operation manager;
- 1 PSS officer
- 1 Public Health officer
- 1 PMER/CEA officer
- 3 NDRT members
- 44 volunteers

Gum boots, rain coats and umbrellas have been procured for all volunteers. However, visibility of URCS operation needs to be strengthened further.

In the following months, URCS plans to construct a base camp in Kyangwali refugee settlement for staff and volunteers to be used as accommodation and office space.

Outcome SFI2.01: Effective and coordinated international disaster response is ensured**Requirements (CHF): 423,342****Output S2.1.6**

Coordinating role of the IFRC within the international humanitarian system is enhanced.

Progress towards outcomes

At the onset of the disaster, a FACT team leader was deployed to support in country coordination and the development of the EPoA.

Currently there are two IFRC staff deployed to support the operation:

- 1 IFRC Operations Manager
- 1 IFRC Finance delegate

Due to limited funding, a logistic delegate could not yet be recruited.

In May an IFRC PMER support mission was conducted with the objective to:

- Draft a PMER plan, including the development of monitoring tools, an indicator tracking table and PMER planning table;
- Training key people involved in the operation both at field level and head quarter level on KoboCollect/ODK mobile data collection software.

A kobo collect questionnaire has been developed, including all areas of focus, and tested in the field. Due to the temporary lack of mobile phones in the field, URCS staff and volunteers could only start using the tool in the month of July.

Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved through the integration of CEA approaches and activities

Progress towards outcomes

Between May and July, the following activities were implemented:

- Focus group discussions to evaluate jerry cans distribution activity;
- 4 mobile cinema sessions targeting 1,800 people at Kagoma reception centre on cholera prevention and adoption of good practices in overcrowded places;
- Soap post distribution monitoring survey.

Main feedback of the focus group discussions on jerry cans distribution was the preference of beneficiaries to receive 2 jerry cans of 10 litres instead of 1 of 20 litres to facilitate water transportation from water points to house hold, operation usually undertaken by women and children. The information will be presented by URCS at WASH working group level to influence stakeholders' choices in procuring and distributing NFIs. URCS will as well take into consideration beneficiaries' feedbacks in the realization of WASH activities.

Funding requirement

SHELTER	127,114
HEALTH	140,927
WATER, SANITATION AND HYGIENE	1,127,585
INCLUSION, GENDER AND PROTECTION	64,238
STRENGTHEN NATIONAL SOCIETY CAPACITIES	499,327
ENSURE EFFECTIVE INTER'L DISASTER MANAGEMENT	423,342
TOTAL FUNDING REQUIREMENTS	2,382,533

Elhadj As Sy
Secretary General

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

For further information, specifically related to this operation please contact:

In the Uganda National Society

- Secretary General Mr Robert Kwesiga; email: rkwesiga@redcrossug.org

In the IFRC

- **IFRC Regional Office for Africa:** Adesh Tripathee, Head of DCRPRR, adesh.tripathee@ifrc.org
- Khaled Masud Ahmed, Regional Disaster Management Delegate, Tel +254 20 283 5270, Mob +254 (0) 731 067 286, email: khaled.masud@ifrc.org
- **IFRC Country Cluster Support Team:** Andreas Sandin, Emergency Operations Coordinator; email; andreas.sandin@ifrc.org; phone; +254 732 508 060

In IFRC Geneva

- **Programme and Operations focal point:** Ruben Romero, Acting Lean Response and Recovery; email: roben.rumero@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- IFRC Regional Office for Africa, Kentaro Nagazumi, Head of Partnership and Resource Development, Nairobi, email: kentaro.nagazumi@ifrc.org; phone: +254 202 835 155

For In-Kind donations and Mobilization table support:

- **IFRC Africa Regional Office for Logistics Unit:** RISHI Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- **IFRC Africa Regional Office:** Fiona Gatere, PMER Coordinator, email. fiona.gatere@ifrc.org; phone: +254 780 771 139

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable healthy
and safe living.



Promote social inclusion
and a culture of
non-violence and peace.