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# Emergency Plan of Action Operation Update Uganda / Africa: Uganda DRC Population Movement Appeal

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency appeal n° MDRUG040</b>	<b>GLIDE n° EP-2018-000021-UGA</b>
<b>EPoA update n° 3: 28 May 2019</b>	<b>Time covered by this update: January 2018 – April 2019</b>
<b>Operation start date: 17 January 2018</b>	<b>Operation Time frame: 18 months. End date: February 2020</b>
<b>Appeal budget: CHF 3,200,000</b>	<b>DREF amount initially allocated: CHF 206,305</b>
<b>Project manager:</b> Lisa Zitman, overall responsible for planning, monitoring, evaluation, reporting and compliances.	<b>National Society contact:</b> Robert Kwesiga, Secretary General, Uganda Red Cross Society (URCS).
<b>N° of people being assisted:</b> 18,000 persons (3,000 families)	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> Uganda Red Cross Society (URCS), International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), the Belgian-Flanders Red Cross.	
<b>Other partner organizations actively involved in the operation:</b> Office of the Prime Minister (OPM, Department of Refugees), United Nations High Commission for Refugee (UNHCR), United Nations World Food Programme (WFP), United Nations Children's Fund (UNICEF), Action Africa Help (AAH), Samaritan's Purse, Uganda Police Marines Unit, African Initiatives for Relief and Development (AIRD), Médecins Sans Frontières (MSF).	

## Summary

The Uganda Red Cross Society (URCS) seeks the approval to extend the implementation period of the DRC Population Movement Appeal till 28th February 2020. Timeframe extension has been requested due to change of implementation modality of some of the activities for instance, Office of the Prime Minister (OPM) and United Nations High Commissioner for Refugees (UNHCR) have requested a change in latrine design as well as shelter design. There was also the continued influx of DRC refugees throughout the implementation timeframe and transition from emergency to longer term solutions has been delayed.

This timeframe extension is sought because it will allow to deal with issues of delay in implementation of certain activities owing to delayed procurement processes and financial reporting. Most importantly, the extension will facilitate a transition between emergency appeal into country operational plan.

Additional funding from Finnish Red Cross was also recently allocated, which allows the implementation of much needed activities which were initially underfunded.

Extension of this operations will not have any budgetary implications as 67% of the funding has been utilized while 63% of the budget required as of 30 April 2019 has been received.

## A. SITUATION ANALYSIS

### Description of the disaster

Over one million refugees have fled to Uganda in the last two and a half years, making it one of the largest refugee-hosting countries in the world<sup>1</sup>. As per the latest Office of Prime Minister (OPM) and UNCHR “Refugee and Asylum-Seekers in Uganda” document dated 30 April 2019, the total number of refugees and asylum-seekers in Uganda reached 1,25 million<sup>2</sup>. The total number of DRC refugees and asylum seekers in Uganda as per 30 April 2019 UNHCR is equal to 339,476 people, of whom 16,501 people arrived since the beginning of 2019<sup>3</sup>. The influx of DRC refugees remained constant as well in 2019.

According to the Uganda Refugee Response Plan (RRP) a total of 120,000 new arrivals from DRC are expected between 2019 and 2020. However, in the joint OPM – UNHCR Press Release dated 8 May 2019 it was communicated that this number might increase with an additional 40,000 people due to the deteriorating security conditions in the eastern part of DRC. Reports received from various sources indicate that recent hostilities among armed groups in the DRC’s North Kivu province have led to more than 100,000 people fleeing their homes in April. Of these, an estimated 60,000 people fled as a result of fighting around Kamango near the town of Beni in North Kivu. The situation is further complicated by the fact that a number of the newly displaced Congolese are fleeing Ebola-affected areas<sup>4</sup>.

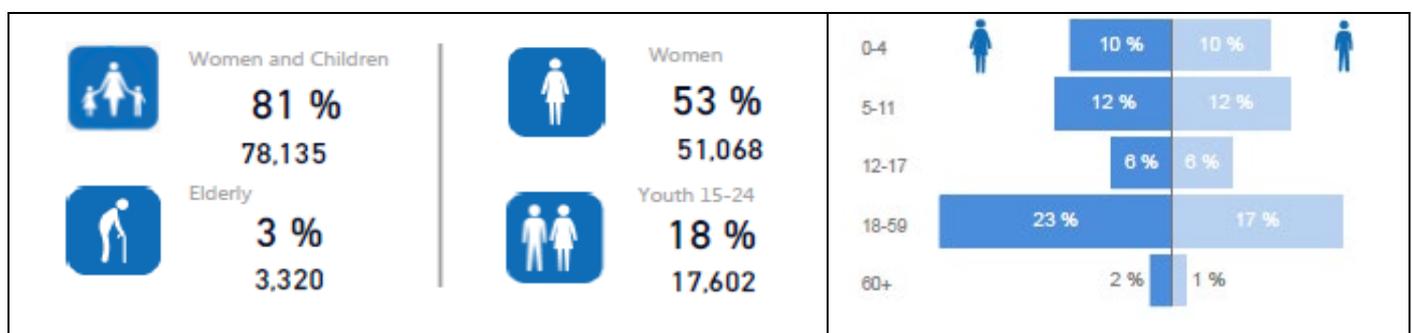
The main settlements receiving DRC refugees are: Nakivale (9%), Kyangwali (8%) Kyaka II (7%) Kiryandongo (5%), Rwamwanja (5%) and Oruchinga (0.6%). With reference to the new expected influx, not accounted for in the RRP, UNHCR and OPM are working on site development in Nakivale and Kyaka II respectively in Isingiro and Kyegegwa districts and on contingency measures to prepare to host the new arrivals, including:

- Additional capacities and resources for carrying out biometric registration at border points to ensure faster processing of the new arrivals and avoid congestion at the reception and transit centre;
- Additional core relief item (CRI) stocks (soaps, sanitary materials, blankets, mats, jerry cans, and kitchen sets) and shelter materials (plastic sheets, poles) which are worryingly low and require immediate replenishment.

IFRC and URCS are monitoring the situation at the border with DRC together with government actors and humanitarian stakeholders. URCS is actively taking part in Ebola and Population Movement preparedness discussions and continuous its Ebola preparedness activities in the districts bordering DRC, as well as in the refugee camps.

In respect to the ongoing Emergency Appeal as per OPM-UNHCR Settlement profile dashboard, dated 30 April 2019, the total population in Kyangwali refugee settlement is equal to 96,047 (36,630 HH) of whom 94,767 refugees and 1,280 asylum seekers. Figure 1 provides more information on the population in Kyangwali refugee settlement.

**Figure 1:** Population in Kyangwali refugee settlement categorized per age and gender.



<sup>1</sup> Uganda National Programme of Action to Implement the Global Compact on Refugees and its Comprehensive Refugee Response Framework (CRRF). Uganda’s revised CRRF Road Map 2018-2020.

<sup>2</sup> OPM-UNHCR Refugees and Asylum Seekers in Uganda, Uganda Refugee Response, 30 April 2019.

<sup>3</sup> OPM-UNHCR Refugees and Asylum Seekers in Uganda, Uganda Refugee Response, 30 April 2019.

<sup>4</sup> OPM – UNHCR Press Release, UNHCR, OPM prepare for possible surge in refugee arrivals from neighbouring DRC and South Sudan, 8 May 2019

Uganda continues to maintain its open-door policy in receiving refugees. Border and protection monitoring along the Ugandan borders ensures that new refugee arrivals are provided with reception assistance and transferred to settlements. No case of refoulment was reported in 2018 and 2019. In order to address growing concerns about the accuracy and reliability of refugee data in Uganda, OPM and UNHCR Jointly launched in March 2018 a biometric verification exercise of all refugees in the country. A Memorandum of Understanding (MoU) between UNHCR and the Government of Uganda (GoU), signed in July 2018 enabled OPM to use UNHCR's enhanced biometric systems such as Biometric Identity Management System (BIMS) and ProGres version 4 to verify the number of refugees. OPM continues to undertake registration and documentation of refugees. In late 2018, ProGres version 4 was made available to the Government as their main biometric refugee registration tool, contributing to effective individual case management and delivery of protection services and humanitarian aid (including targeted assistance for persons with specific needs) and the pursuit of durable solutions. In order to improve two-way communication with refugees and enhance accountability to affected populations in October 2018 partners launched an inter-agency Feedback, Referral and Resolution Mechanism (FRRM). As per the Regional Refugee Response Plan, End of Year 2018 Report, 2,012 people used the FRRM since its adoption<sup>5</sup>.



Photo 1: Disinfection of new arrivals at Kagoma Reception Centre. Photo credit: URCS.



Photo 2: Delivery of bicycle to Peers for the implementation of Gender, Protection and Inclusion activities. Photo credit: URCS.

### Summary of current response

The URCS DRC refugee response operation started 17 January 2018 with funds from the Disaster Relief Emergency Fund (DREF) with an initial budget of CHF 206,305. Through the DREF operation URCS facilitated the provision of emergency Water, Sanitation and Hygiene (WASH), Community Health as well as Community Engagement and Accountability interventions, targeting 6,000 persons in Malembo C zone (5 blocks) and Mombasa zone (6 blocks) within Kyangwali refugee settlement in Kikuube District.

<sup>5</sup> UNHCR, The Democratic Republic of Congo, 2018 Regional Refugee Response Plan (RRP), End of Year Report.

Between January and April 2018, as a direct consequence of the constant and increased number of Congolese refugees fleeing into Uganda, URCS moved from a DREF to an Emergency Appeal, expanding its scope of work in terms of localities of interventions (from 1 to 3 areas in Kyangwali refugee settlement), target (from 6,000 people to 18,000 people) and areas of interventions (Shelter, Health, WASH and Protection). URCS responded to urgent additional needs during the cholera outbreak, declared in mid-February 2018, that affected a total of 2,248 persons in both Kyangwali and Kyaka II settlements, causing 45 deaths (case Fatality Rate=2.0%) and is currently engaged in EVD sensitization activities as part of their wider EVD Preparedness operation implemented in 7 districts at the border with DRC.

Implementation of activities are focused on the areas of shelter, health, WASH and protection. Please see *section C* for a more detailed overview of ongoing activities.

### Overview of Host National Society

The URCS operates countrywide through 51 Branches located in all 112 districts. Kyangwali refugee resettlement, falls within the jurisdiction of Hoima Red Cross Branch. Hoima Branch has 165 active volunteers who can be rapidly mobilized and deployed. At national level URCS there are 30 trained WASH National Disaster Response Team (NDRT) members available for immediate deployment. In the DRC Population Movement Appeal there are 45 volunteers, 2 NDRT and 4 staff deployed to support the operation in Kyangwali refugee settlement.

Trained and experienced staff deployed to the URCS South Sudanese refugee operation in the West Nile region, closed in September 2018, can provide additional technical capacity in case of need, specifically in the area of WASH and in particular in safe water production and sanitation interventions both at reception centre and community levels Shelter, Community Based Health and Protection, including Restoring Family Links (RFL).

The legal mandate provided to the URCS through the Red Cross Act and National Disaster policies, including the Disaster Management Bill, currently under revision, facilitate their involvement in emergency response.

### Overview of Red Cross Red Crescent Movement in country

At the country level, URCS partners with the IFRC, ICRC, and Partners National Societies (pNSs) with presence in Uganda; including the Netherlands Red Cross, German Red Cross, Belgium Red Cross-Flanders, Austrian Red Cross, Canadian Red Cross and Icelandic Red Cross. Table 1 provides an overview of current Movement support to the DRC Population Movement operation:

**Table 1:** Overview of Movement support to the DRC Population movement Operation

Sn	PNS	Focus on refugee response
1.	IFRC	<ul style="list-style-type: none"> <li>Global coordination, resource mobilization and technical assistance to Emergency Operations.</li> <li>Supporting implementation of the DRC Population Movement Appeal.</li> <li>Supporting implementation of the EVD Preparedness Operation in high at-risk districts bordering DRC</li> <li>Disaster preparedness and epidemics preparedness in Kukuube, Kyegegwa and Isingiro districts</li> </ul>
2.	ICRC	<ul style="list-style-type: none"> <li>Restoring Family Links activities in all refugee reception centres and refugee settlements.</li> </ul>
3.	Belgium Red Cross (BRCS)	<ul style="list-style-type: none"> <li>National Society Disaster Preparedness capacity building and livelihood in 5 branches including Hoima and Kabarole.</li> </ul>

URCS maintains constant coordination with the in-country PNSs through monthly partners' operations meetings where updates on ongoing operations, including the DRC refugee response, are shared and discussed.

URCS staff and volunteers in Hoima branch implement the DRC Population Movement operation with technical support from URCS Headquarters, the IFRC Eastern Africa Cluster Office in Nairobi and in country staff in Uganda (Finance Delegate and Programme Coordinator), the ICRC country delegation and in country pNS delegates.

## Overview of non-RCRC actors in country

The OPM provides the over-arching policy and coordination framework of the refugee response in Uganda, with Comprehensive Refugee Response Framework (CRRF) serving as a whole-of-society approach to pursue and achieve an all-inclusive response. Operational coordination takes place within the framework of a refugee coordination structure dedicated specifically to refugee-hosting areas:

1. Leadership level: co-led by the Uganda Government (OPM), and UNHCR;
2. Inter-agency, country level (UN and development partner operational focal points, NGO country directors): co-led by the Uganda Government (OPM and MoLG) and UNHCR;
3. Technical sector level: co-led by Government, UN and NGO partners for each sector;
4. District/settlement level (inter-agency and sector structures): OPM, DLGs, and UNHCR co-chair.

Under the overall leadership of OPM, the role of line Ministries and district authorities in the coordination of the refugee response will be further strengthened in 2019-2020. Sector working groups of the refugee response will align with Government sector groups under the National Development Plan (NDP). The refugee Education, Health and WASH sector working groups have already piloted this approach and are co-chaired by line Ministries. This will ensure that refugees and refugee-hosting areas are increasingly integrated in the NDP.

The refugee response in Uganda is delivered by a total of 107 partners, including 21 national NGOs (NNGO), 73 international NGOs (INGO), 11 UN agencies, and two bilateral development.

In Kyangwali refugee settlement, the following partners are present:

**Table 2:** Organisations operating in Kyangwali Refugee Settlement

NO	ORGANIZATION	ALLEGIANCE	MAJOR ROLE
1	Office of the Prime Minister (OPM)	Government of Uganda	Coordination and monitoring
2	United Nations High Commissioner for Refugees (UNHCR)	UN Agency	General refugee protection
3	World Food Programme (WFP)	UN Agency	Providing food/nutrition
4	Uganda Red Cross Society (URCS)	Operation Partner	Tracing, WASH, Health, Shelter and Protection
5	United Nations Children's Fund (UNICEF)	UN Agency	Children health
6	United Nations Fund for Population (UNFP)	UN Agency	Health
7	Action Africa Help Uganda (AAHU)	Implementing Partner	WASH, Sanitation and Reception Centre
8	African Initiatives for Relief and Development (AIRD)	Implementing Partner	Logistics and Warehousing
9	International Aid Service (IAS)	Implementing Partner	Wash and sanitation
10	Action Against Hunger (AAH)	Implementing Partner	Nutrition
11	Lutheran World Federation (LWF)	Implementing Partner	Protection, Livelihoods, GBV and Environment
12	Norwegian Refugee Council (NRC)	Implementing Partner	Wash and Sanitation
13	Finish Refugee Council (FRC)	Implementing Partner	FAL and livelihoods
14	Kabarole Refugee council (KRC)	Implementing Partner	Child Protection and GBV
15	Agency for Cooperation And Research in Development (ACORD)	Implementing Partner	Reproductive Health and GBV
16	World Vision	Implementing Partner	Livelihood /Food distribution

17	International Organization for Migration (IOM)	UN Agency	Resettlement, WASH, Nutrition
18	Community Integrated Development Initiative (CIDI)	Implementing partner	Wash
19	Carry American Relief Everywhere (CARE)	Implementing Partner	GBV
20	Humanitarian in Just Relief Agency (HIJRA)	Implementing Partner	Protection, Community Services And Legal Support
21	Medical Teams International (MTI)	Implementing Partner	Health
22	Local Government Kikuube	Government of Uganda	Technical guidance
23	American Refugee Council (ARC)	Operational Partner	Protection And GBV
24	Windle Trust International (WTI)	Implementing partner	Education
25	Internews	Operational Partner	Communication
26	Catholic Relief Services (CRS)	Operational Partner	Infrastructure
27	Uganda police	Government of Uganda	Security
28	St. Patrick's Centre for Integral Development (SPACID)	Hospitality	Spiritual support
29	Netherland Development Organization (SNV)	Operational Partner	Livelihoods
30	Save the Children	Implementing Partner	Early childhood development & Child protection

Coordination with all stakeholders involved takes place at national, regional and local level, through the Office of the Prime Minister (OPM), UNHCR and Hoima District Local Government, to facilitate technical support and standardize the approaches.

## Needs analysis and scenario planning

### Needs analysis<sup>6</sup>

The Uganda 2018 Refugee Response Plan (RRP) for the DRC situation identifies key achievements and remaining gaps in the response for the DRC refugee crisis. The RRP is based on government sector response plans and the findings of the 2018 joint inter-agency Multi Sector Needs Assessment (MSNA). Below an overview of remaining gaps identified in the RRP for all DRC refugees' settlements and URCS contribution to address them specifically in Kyangwali refugee settlement through the implementation of the Emergency Appeal.

#### 1) Shelter, Settlement and NFIs

As of December 2018, 10 per cent of the entire refugee population still did not have access to adequate NFIs. The joint inter-agency MSNA revealed that an average of 41 percent of Congolese refugee households reported to lack any possession of tarpaulins, jerry cans, buckets, cooking pots, sleeping mats and torches.

Out of an estimated 5,555 persons with specific needs (PSNs), in 2018 only 558 households benefitted from the construction of a semi-permanent shelter. Partners endeavoured to maximise refugee and host community labour in these projects, employing over 700 refugees and host community members across Kyangwali, Rwamwanja, Kyaka II and Nakivale. The consequences of underfunding for the sector meant that not all extremely vulnerable newly arrived People with Special Needs (PSNs) were able to receive construction support for their initial shelters on settlement plots, as well as compromises the plan to transition from temporary to semi-permanent and permanent structures.

The Emergency Appeal will continue contributing with the provision of WASH and shelters NFI, as well as with construction of shelter for PSN. As per the latter activity, due to funding constraints to date it could not be implemented.

<sup>6</sup> UNHCR - UNHCR, The Democratic Republic of Congo, 2018 Regional Refugee Response Plan (RRP), End of Year Report

However, URCS recently signed a bilateral agreement with Kuwait Red Crescent for supporting this particular component including hardware and capacity building activities.

## 2) Health

With an increasing refugee population and anticipated refugee influxes through to 2019, the capacity and resources of primary healthcare institutions remain at a constant risk of being overstretched. Period stock outs of medicines and medical equipment affected the delivery of health services in settlements hosting Congolese refugees, leading to a high numbers of costly referrals to Kampala. This also caused insufficient access to emergency obstetric care for pregnant mothers, resulting in a high ratio of maternal deaths in Kyangwali settlement, equal to 197 every 100,000 live births.

The prevalence of Global Acute Malnutrition (GAM) remained within the acceptable standard of below 5 per cent in settlements hosting refugees from the DRC. However, a nutrition screening of Congolese new arrivals in 2018 through Mid-Upper Arm Circumference (MUAC) measurements showed that both GAM and Severe Acute Malnutrition (SAM) were above emergency thresholds, at 11.2 percent and 2.5 percent respectively.

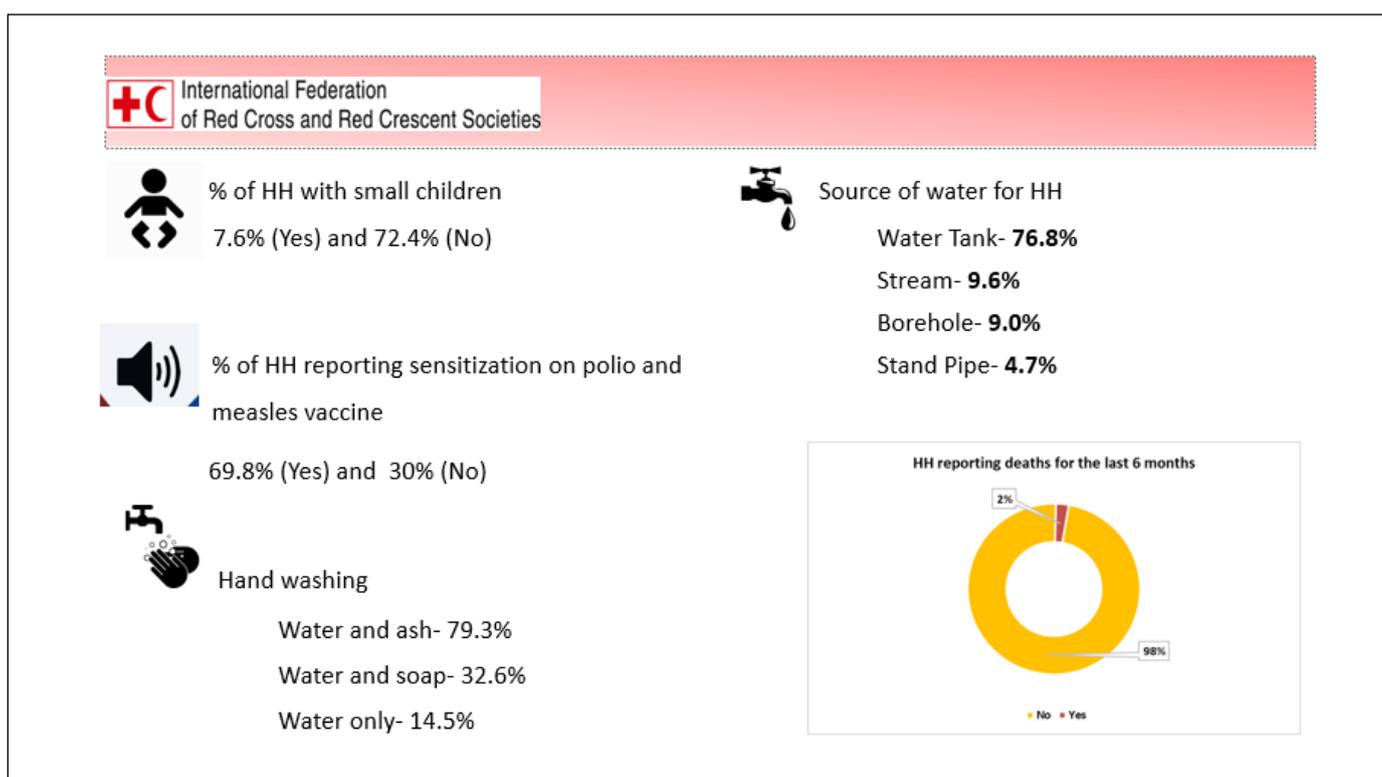
Anemia among children aged six to 59 months and non-pregnant women aged 15 to 49 years was reported as “medium” at 25 per cent and 30 per cent respectively, according to WHO classification.

URCS will continue contributing to address Health gaps through the adoption of a Community Based Health approach focusing in particular in strengthening refugees’ capacities in identifying epidemics and in preventing them through the adopting of good behaviours, as well as following the referral pathways.

## 3) WASH

Critical funding gaps continued to undermine the stabilization and optimization of existing water schemes and the plan to phase out water trucking. Costly water trucking continued to ensure that the refugees received a minimum of 15 litres per person per day.

In 2018, access to family latrines remained at 70 per cent, despite the construction of additional 10,653 family latrines. The new refugee influx from the DRC caused access to family latrines in Kyangwali and Kyaka II settlement to drop from 84 and 66 per cent to 39 and 51 percent, respectively. Despite improvements in sanitation coverage, the lack of adequate resources negatively impacted on the ability of partners to reach the desired household latrine coverage standard of above 80 percent.



URCS will continue contributing to the production of safe water through the management of its Water Treatment Unit (WTU) in Mombasa area, adopting a strategy which foresees the reduction of water production in line with the development of alternative and long-term water sources by WASH partners. URCS will also continue supporting the realization of household (HH) sanitary infrastructures (latrines and bathing shelters), through the adoption of a community-based approach and the provision of direct support to PSN HH. Sensitization sessions which continue to be realized with the involvement of community members and alongside the distribution of WASH NFI to further promote the adoption of good sanitation behaviours for the prevention of water borne diseases.

#### **4) Protection**

Limited funding and the constant need to reprioritize activities continued to undermine the ability of partners to adequately support prevention and response to Sexual and Gender Based Violence (SGBV), as well as the quality of child protection (CP) services. The number of protection staff in the settlement remained insufficient, with the child-to-caseworker ratio as high as 100:1, far beyond the international standard of 25:1.

In 2018, partners were able to support only a limited number of foster parents, increasing the risk of neglect, abuse and exploitation for children in unassisted foster care. Initiatives for adolescent and youth remained very limited in 2018, exposing these groups to risks of abuse and exploitation, and potentially leading them to petty criminality and dangerous behaviour.

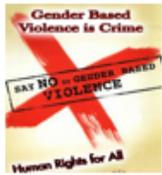
Refugees continued to face significant challenges in accessing justice, especially in remote areas where the presence of the judiciary and police is limited or non-existent. Of the 8,200 refugees in need of legal assistance and legal remedies, only 5,550 individuals could be supported in 2018. Resources were not available to construct additional safe houses for refugees facing security threats, including SGBV survivors.

In most settlements, the capacity and number of police officers continued to remain inadequate to effectively respond to the physical security needs of refugee and host communities. The small number of female police officers represented a barrier for female refugees to come forward and report SGBV incidents.

Mental Health and Psychosocial Support for refugees remained largely under-resourced.

URCS will continue implementing protection prevention interventions adopting a community-based approach and in particular leveraging on peers to peers. Awareness sessions with the involvement of community members and on topics identified by them will continue, as well as the dissemination of safe identification and referral pathways.

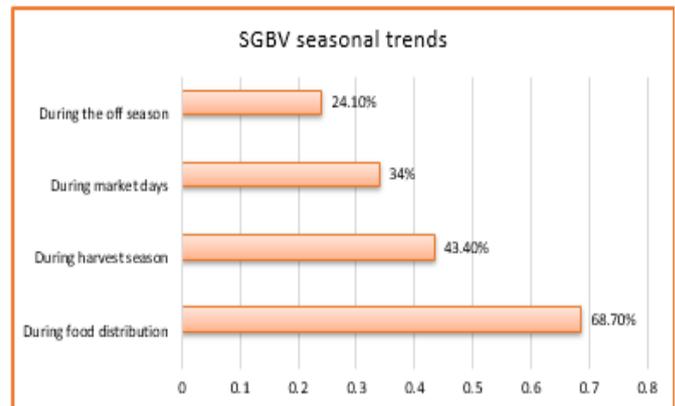
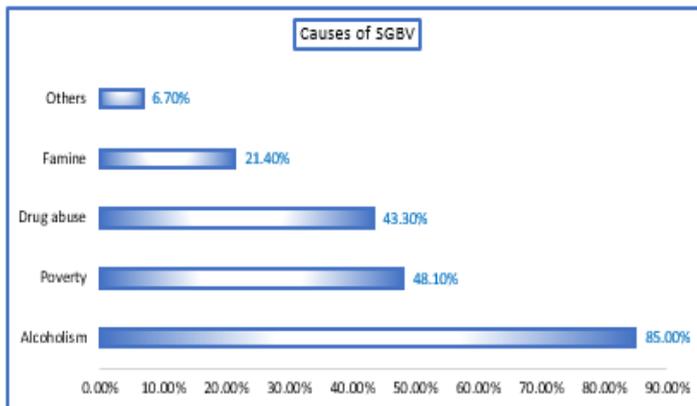
From the data collection, majority of the households' access water from water tanks (76.8%) and many reported not to have small children (72.4%) while slightly more than two thirds (69.8%) have been sensitized on polio and measles vaccine with many reporting to be handwashing with water and ash (79.3%)



% of people who have heard of **SGBV**  
25.8% (Yes) and 74.2% (No)

Actions needed to reduce SGBV

Report to authorities - **70.1%**  
General sensitization- **65.8%**  
Involve men- **40.2%**  
Others- **2.0%**



### Operation Risk Assessment

The influx of Congolese refugees in Uganda, although characterized by fluctuations, is constant since January 2018. Only between January and April 2019 16,501 new arrivals were registered. At the end of April 2019, Kyangwali refugee settlement is hosting 96,037 people<sup>7</sup>.

Due to proximity to the border with DRC and the continued influx of refugees in Kyangwali settlement, the district and area is categorized as a high-risk area for Ebola importation. Volunteers have been trained and sensitized on EVD and are supporting EVD risk communication in Kyangwali settlement.

UNHCR indicated in its participatory assessment the following main security concerns:

- existing cases of hostilities associated with host community especially at water sources;
- internal conflicts especially between two mayor ethnic groups of the DRC population;
- complaints from the community settled in Malembo C due to the remoteness of the zone characterized by limited presence of security personnel as well as access of services.

URCS is monitoring the security situation in Kyangwali closely. URCS' Operations manager is in charge of security and briefs all staff on URCS security protocol.

No major threats for Kyangwali refugee settlement were reported in the latest weekly UNDSS Security reports.

## B. OPERATIONAL STRATEGY

### Proposed strategy

**Overall objective:** To provide lifesaving emergency services to 18,000 newly arrived Congolese Refugees (3,000 families<sup>8</sup>), including women and children in Kyangwali Refugee Settlement for a period of 18 months. This Emergency Appeal targets 18,000 newly arrived refugees in Kyangwali settlement and focuses on WASH, Health, Shelter and Protection activities:

<sup>7</sup> OPM-UNHCR Refugees and Asylum Seekers in Uganda, Uganda Refugee Response 30 April 2019

<sup>8</sup> UNHCR estimates a 1/6 Household to family members ratio for the Congolese refugee population.

Shelter	Construction of PSN shelter and URCS basecamp.
Health	Disease surveillance, Community Based Health and First Aid (CBHFA). Minimal Mother, new-born and Child Health (MNCH) services and distribution of dignity kits for pregnant women.
WASH	<ul style="list-style-type: none"> <li>• Safe water supply with the deployment of two Kit5 (with a capacity of 5,000 pers./day each), distribution of water purification tablets in emergency phase, construction and/or rehabilitation of 10 wells for sustainability.</li> <li>• Sanitation, construction of sanitation facilities for 3,000 HH.</li> <li>• Hygiene promotion.</li> <li>• NFI distribution (jerrycan, soap, tools, MHM kit, mosquito nets).</li> </ul>
Protection, Gender and Inclusion	Peer to Peer (P2P) youth programme and awareness sessions on SGBV and child protection, child friendly places, and women and girls' safe spaces.
Strategies for Implementation 1	National Society operational capacity strengthening (volunteer management, gear, equipment and construction of an office)
Strategies for Implementation 2	Training of volunteers and staff on Community Engagement and Accountability (CEA), establish CEA mechanism,
Strategies for Implementation 3	Surge deployment, PMER planning and coordination.

The intervention takes a community-based approach, through identification, capacity building and involvement of community members. To guarantee the equal representation of interests of all segments of the population, the approach involves women, men and youth in the delivery of activities through the revitalization and creation of committees and groups, such as Sanitation Committees, Protection Committees and Peer to Peer groups.

The operation recruited refugees as part of the volunteer force assisting with community engagement and implementation. This initiative strengthens effective communication with the refugee community as the refugee volunteers speak in the local language/dialect of the affected population and effectively address behaviour change processes as they are part of and already understand local cultures and traditional norms of the refugees. Between July 2019 and February 2020 URCS aims at reducing the number of URCS' volunteers mobilized to support the operation, against a gradual handover of activities and systems established to community members.

The operation has integrated various Community Engagement and Accountability (CEA) mechanisms such as conducting CEA focus group discussion to understand current needs, post distribution assessment and feedback mechanisms, as well as realization of mobile cinema sessions.

The IFRC actively communicates with external audiences around the population movement crisis and the response, generating visibility around the ongoing humanitarian needs on the ground and the ongoing impact of the Red Cross response. Close collaboration is maintained between the regional communications unit, IFRC country office and the Uganda Red Cross to ensure a common communication approach is adopted that ensures that Movement partners speak with one voice.

A PMER plan has been developed with support from the IFRC PMER team. Data is being collected through mobile data collection/ Kobo collect. An evaluation of the tool will be conducted between June and July 2019, along with a general assessment of the operation by IFRC team based in Nairobi.

The IFRC team in Kampala conducts regular monitoring visit to the operation.

## C. DETAILED OPERATIONAL PLAN



### Shelter

People reached: 420

Male: 200

Female: 220

**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: Short, medium and long-term shelter and settlement assistance is provided to affected households of People with Special Needs (PSN)**

Indicators:	Target	Actual
# PSN HHs shelter constructed	100	0
#PSN HHs latrines and bathing shelters constructed	100	70
# shelter training conducted	1	0
# shelter strategy developed	1	0
# local market assessment and analysis	1	0

#### Progress towards outcomes

##### Activities conducted between January 2018 and February 2019:

- A shelter assessment was conducted with support from Luxembourg RC to assess URCS Shelter capacity and identify shelter needs
- A PSN assessment was conducted covering 61 households to assess: i) number of people per PSN HH; ii) type of sanitary infrastructures existing at the HH level; iii) existing shelters condition;
- Construction of 70 PSN HHs and bathing shelters in support of identified PSN HH. Considering the vulnerable conditions of the PSN HH, a full community-based approach could not be adopted. Therefore, a service agreement was signed with a company to undertake all construction related activities. However, URCS ensured the involvement of community members and URCS's volunteers in the realization of construction works to ensure the acceptance of the service provider by the community as well as the transfer of practical knowledge.

##### Activities conducted for the period March-April 2019 and planned activities:

- a validation exercise for the existing data on PSN in Kyangwali refugee settlement is scheduled in May 2019;
- due to funding limitations, the construction of 100 PSN HHs shelters, including latrines and bathing shelters could not yet be implemented, as well as capacity building activities. However, two URCS staff will take part in the IFRC Shelter Strategy Workshop organized by IFRC in Nairobi between 7 and 9 May 2019 and URCS signed a bilateral agreement with Kuwait Red Crescent for the construction in Kyangwali refugee settlement of 35 PSN shelters, including latrines and bathing shelters, along with the realization of trainings for URCS' staff and volunteers.



### Health

People reached: 21,525

Male: 8,610

Female: 12,915

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

Indicators:	Target	Actual
Crude mortality rate (per/10,000/day)	<1	>1
Under-five mortality rate (per/10,000/day)	<2	<2

<b>Output 1.1: The health situation and immediate risks are assessed using agreed guidelines</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
n° of assessments conducted based on standard IFRC and / or WHO assessment guidelines (URCS/Interagency assessment reports)	2	1
Progress towards outcomes		
<p><b>Activities conducted between January 2018 and February 2019:</b></p> <ul style="list-style-type: none"> <li>Rapid health needs assessment aimed at identifying most common diseases among refugees &amp; host communities and services available;</li> <li>An intervention strategy was developed on the base of the rapid health needs assessment results;</li> <li>A multidimensional assessment tool has been developed, including Health indicators aligned with Appeal indicators during the KoboCollect/ODK training.</li> </ul> <p><b>Activities and outlines for the period March-April 2019:</b></p> <ul style="list-style-type: none"> <li>URCS continues to conduct monthly data collection through its KoboCollect/ODK monitoring tool developed in May 2018 including monthly data on the most common causes of diseases. The tool and its implementation will be evaluated by IFRC and URCS PMER teams between June and July 2019.</li> </ul>		
<b>Output 1.2: Community-based disease prevention and health promotion is provided to the target population</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
n° of Red Cross volunteers trained on Community Based Health and First Aid	18	20
Progress towards outcomes		
<p><b>Activities conducted between January 2018 and February 2019:</b></p> <ul style="list-style-type: none"> <li>Training of 40 URCS' volunteers on Epidemic Control for Volunteers (ECV);</li> <li>Training of 20 URCS' volunteers on Psychosocial Support (PSS) in Emergencies;</li> <li>Provision of PSS counselling to volunteers and organization of self-care days;</li> <li>Identification and referral of cases (malnutrition, stunting, antenatal care) to specialized health agencies and health facilities;</li> <li>Realization of health sensitization sessions through community meetings, focus group discussions and one-on-one sessions, in addition to participatory activities such as drama shows and songs on Antenatal Care (ANC), immunization, Ebola prevention, Cholera prevention, menstrual hygiene, breastfeeding, nutrition and sexual education;</li> <li>Training of 20 participants to the Community Based Health and First Aid (CBHFA);</li> <li>Provision of a context specific toolkit with IEC materials, including CBHFA, cholera and ECV modules to all CBHFA' training participants.</li> </ul> <p><b>Activities and outlines for the period March-April 2019:</b></p> <ul style="list-style-type: none"> <li>The need for Long Lasting Insecticide Treated Mosquito Nets (LLINs) has been highlighted in the UNCHR WASH KAP survey conducted in November 2018. To respond to this need, starting from June 2019 URCS will distribute 4,200 LLINs which were received as in-kind support from Finnish Red Cross. The identification of beneficiaries will be conducted in collaboration with Health partners, giving priority to pregnant women and lactating mothers. Demonstrations on effective use of the nets and awareness sessions on malaria prevention will be carried out alongside distributions.</li> </ul>		
<b>Output 1.3: Epidemic Prevention and control measures carried out</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of cases of diseases for which a single case may indicate an outbreak	N/A	0
Malaria, watery diarrhea, Meningitis (x1.5 baseline), bloody diarrhea (x5 baseline)	N/A	Data not collected directly by URCS; data was not available from partners at time of reporting

## Progress towards outcomes

### Activities conducted between January 2018 and February 2019:

- participation in weekly health coordination meetings;
- creation of 10 Community structures for diseases prevention and disease early detection, 6 of which supported through UNICEF funds;
- identification and training of 90 community members (9 people/ Community structure) in disease prevention and control to conduct daily disease surveillance activities within their blocs;
- participation of URCS' health volunteers in a Communicable Disease Surveillance training organized by WHO in coordination with the Ministry of Health and the District Health Office;
- establishment of 3 Oral Rehydration Points (ORP) in Kagoma Reception Center, Maratatu and Marembo C for the provision of immediate support to 350 people from the refugee's community during the cholera outbreak;
- realization of mobile cinema sessions, focused on cholera, Ebola, immunization, HIV and personal hygiene in Kaoma reception center and at community level;
- realization of disinfection activities at Kagoma reception centre for new arrivals, along with orientation sessions on services available and Ebola prevention and sensitization;
- realization of daily health sensitization sessions;
- participation in mobilization for mass vaccination campaigns led by the Ministry of Health.

### Activities and outlines for the period March-April 2019:

- continuation of daily health sensitization sessions at HH and community level;
- continuation of mobile cinema sessions (10/month) both at Kagoma reception centre and community level;
- continuation of disinfection activities at Kagoma reception centre for new arrivals, along with orientation sessions on services available and Ebola prevention and sensitization. An average of 13,498 people/month, both visitors and new arrivals) were disinfected in March and April 2019;
- due to the fact that media campaigns are already being implemented by other partners, including radio spots and talk shows, this activity has been put on hold, prioritizing the realization of mobile cinema sessions.

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

Indicators:	Target	Actual
Number of volunteers trained on maternal and child health care	30	30
Number of dignity kits distributed, target: 500	500	206

## Progress towards outcomes

### Activities conducted between January 2018 and February 2019:

- Participation of URCS's health volunteers in the Maternal and Child Health training (immunization, deworming, Vitamin A supplement, child growth monitoring, PMTCT/MTCT and use of dignity kits);
- Participation of URCS's health volunteers in the Cholera vaccination training promoted by the MoH.
- Identification and referral to health structures of pregnant women/week;
- Realization of daily sensitization on maternal and neonatal topics involving both male and female;
- Participation in the celebration of African Child on 15 June 2018 presenting a drama on how to behave with children
- Procurement of 500 dignity kits and distribution of 117 kits to expectant mothers during their last 3 months of pregnancy (6-9 months pregnancy) in Mombasa (51 kits); Maratatu D (3 kits and Malembo C (30 kits).
- Realization of safe motherhood sessions through dissemination of messages focusing on i) the importance of prenatal care; ii) the need for enough rest; iii) balanced diet and iv) avoiding risk behaviours like smoking and drinking alcohol. In the month of February alone, 18 sessions were conducted by URCS Health officers and volunteers, reaching a total of 176 mothers

### Activities and outlines for the period March-April 2019:

The following activities have been conducted within the reporting timeframe:

- Distribution of additional 89 dignity kits (57 in March and 32 in April) to expectant mothers during their last 3 months of pregnancy (6-9 months pregnancy). Distributions were done based on antenatal cards where the expected date of delivery is registered. Awareness session on maternal and child health care in health facilities were organized along with the distribution of dignity kits and the explanation of their content (surgical gloves, laundry soap, cotton wool, baby towel, bathing soap, plastic basin, panties and carrier

bags). In order to encourage mothers to attend antenatal care and deliver in health facilities, URCS tested the distribution of dignity kits at health facility level, giving the priority to pregnant women coming from URCS zones of intervention. However, complaints were received from pregnant mothers outside URCS zones of intervention who felt discriminated as equally in need of dignity kits. Therefore, distributions were moved back to community level, continuing promoting services offered at health facilities.

- Continuation of safe motherhood sessions (targeting expectant and lactating mothers) through dissemination of messages focusing on i) the importance of prenatal care; ii) the need for enough rest; iii) balanced diet iv) avoiding risk behaviours like smoking and drinking alcohol v) family planning and vi) immunization. 46 sessions were conducted in March and 43 in April 2019, reaching respectively 385 and 257 mothers;
- URCS aims at procuring and distributing additional 400 kits adopting the same methodology as per above.



## Water, sanitation and hygiene

People reached: 15,643

Male: 7,508

Female: 8,135

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

Indicators:	Target	Actual
% of target population (10.000 people) has access to sufficient safe water – 15 litres/ person/day (Household survey and inspections).	55%	53 % (source: UNHCR WASH KAP survey)
% of target population (3.000 HH, meaning 18.000 people) is using adequate sanitation (HH latrines and HH bathing shelters) (Household survey & inspections)	100%	86 % (source: URCS data collection)
- % of target population (18.000 people) has increased knowledge of hygiene practices (Household survey and inspections).	100%	73 % (source: URCS data collection)

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

Indicators:	Target	Actual
n° of site assessments carried out & shared (rapid and comprehensive Assessment reports).	3	1

Progress towards outcomes

#### Activities conducted between January 2018 and February 2019:

- Participation of URCS' WASH volunteers on WASH assessment training organized by IOM;
- Training of 20 URCS' volunteers on 60 HH survey tool to be used for data collection and analysis;
- Conduction of biweekly assessments on the base of the 60 HH to determine WASH conditions within URCS zones of intervention;
- Development of a multidimensional assessment tool, including WASH indicators aligned with Appeal indicators in the framework of a KoboCollect/ODK training.

#### Activities and outlines for the period March-April 2019:

- URCS volunteers continue collecting data on a monthly basis on: i) main types of water sources being used by the target population; ii) distance between the HH and the water source; iii) numbers of liters of water collected from the water source per day; iv) existence and use of sanitary facilities; v) hygiene behaviors; vi) availability of WASH NFIs.

### 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

Indicators:	Target	Actual
N of m3 of liters of safe water produced per day at WTU	150	206
At least 15 liters of safe water distributed per person per day.	15 l/p/d	12.8
Number of people that have access to sufficient water storage containers (2 jerry cans of 20 liters/ HH * 500 HH)	3,000	1,200

Progress towards outcomes

**Activities conducted between January 2018 and February 2019:**

- Establishment of a WTU in Maratatu with a production capacity of up to 500 m<sup>3</sup> of water/day;
- Training of 144 community members for the 16 Sanitation committees (9 pp/Sanitation committee) on the use of water purification chemicals by URCS volunteers;
- Distribution of aqua tabs and pure sachets to 18,000HH (15 liters/pers/day\*1 month) in Mombasa, Maratatu and Marembo C along with realization of sensitization on their use by Sanitation committees' members and URC' volunteers;
- Distribution of 1,952 jerry cans of 20 litres to 976 HH procured through UNICEF funds;
- realization of daily quality surveillance activities at HH and distribution point level to maintain and guarantee the safe water chain;
- Distribution of 200 boxes of water purifiers, containing 200 sachets of 10 liters each received by UNICEF in Maratatu D particularly affected by scarcity of water;
- collaboration with Water User Committees (in charge of water tanks management) and sensitization of its members on cleaning of jerry cans and areas around water tanks.

**Activities and outlines for the period March-April 2019:**

- Continue provision of clean and safe water through the management of Maratatu WTU which completes other existing water sources. Between March and April 2019 UNHCR's motorized water supply systems started being operational. However, the quantity of water produced remains insufficient to cover all Kyangwali refugee settlement areas, especially Malebo C. Therefore, water production activities at Maratatu WTUs continue to be relevant to supply water for unserved areas and generate buffer quantities in case of structural breakdowns of alternative systems and major new influxes.
- In the month of April, water trucking was limited to an average of 25m<sup>3</sup>/ day against an average of 208m<sup>3</sup>/day recorded between January and March 2019. However, the reduction in the demand can be attributed to UNHCR hesitancy to renew third party agreements for water trucking rather than a satisfaction of it. A clearer picture on the future of water trucking will be available after UNCHR collection of evidences on motorized water supply systems functionality, approximately by the end of May. Despite progresses on motorized water supply systems, UNHCR expressed reliance on URCS water production activities for about 170m<sup>3</sup> /day until end of June and about 120m<sup>3</sup>/day between July and December 2019. As per consequence resources for chemicals, fuel and volunteers will be allocated in line with the expected reduction in water production.
- Procurement of additional 400 jerrycans of 20 liters were procured to be distributed between July 2019 and February 2020, giving the priority to HH which completed the construction of their sanitary facilities;
- Continuation of collaboration with Water User Committees.

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

Indicators:	Target	Actual
n° of people provided with excreta disposal facilities	18,000	7,284 (1,214 HH)
n people/ Communal latrines representing the average of n of people per communal latrine	60	67
n° of communal bathing facilities	100	0
Average n° of people per toilet	6	6
n° of households involved in one or more environmental sanitation interventions (solid waste management, drainage, vector control)	1,000	800

Progress towards outcomes

**Activities conducted between January 2018 and February 2019:**

- Construction and subsequent decommissioning of 60 communal emergency latrines for 6,000 people in Malembo C and Mombasa;
- Construction and subsequent decommissioning of 100 communal bathing shelters for 6,000 people in Malembo C and Mombasa and decommission of 94 of them;

- Environmental sanitation/cholera prevention activities such as drainage and solid waste management at communal level in Malembo C and Mombasa;
- Vector control activities through fumigation in identified high risk environments (sleeping places, toilets and garbage pits) at HH where cholera cases were identified during the outbreak;
- Equipment of 200 handwashing facilities and provision of cleaning materials to ensure their functionality;
- Construction of 147 HH latrines and distribution;
- Distribution of 471 tippy taps donated by UNICEF;
- Provision of 100 latrine digging kits by UNICEF as part of the cholera response;
- Distribution of 704 bars of soap, provided by UNICEF, in Maratatu D;
- Distribution of HH pit latrines construction materials, including 1 plastic slab, 6 poles, 4 logs, 1 vent and 1 plastic sheeting for the realization of 100 HH latrines in Maratatu (60), Mombasa (30) and Marembo C (10).

#### **Activities and outlines for the period March-April 2019:**

- Distribution of additional 98 tippy taps as part of the 400 procured in the framework of the Emergency Appeal. Criteria of distribution is the completion of sanitary infrastructures by HH which receive 2 jerricans of 20 litres, 1 tippy tap and 2 bars of soap;
- Distribution of hygiene kits for PSN including: 400 hard plastic brushes, 200 metallic rakes, 200 hoes, 50 (25kg) bags of hydrated lime, 37 wheelbarrows and 200 compound hard brooms;
- Continuation of environmental sanitation/cholera prevention sensitization activities;
- Continuation of vector control activities at HH level through fumigation in identified high risk environments (sleeping places, toilets and garbage pits);
- Continuation of sanitation and hygiene promotion sessions activities at HH level reaching an average of 1,280 HH/month. In order to ensure proper coverage and follow-up, volunteers were tasked to achieve in pair 13 sessions per day, for a total of approximately 300 sessions per month
- Continuation of disinfection activities at Kagoma reception centre for new arrivals, reaching over 10,000 people/month
- Participation in the World water day organized on 22nd March 2019. Beside awareness sessions and cleaning campaigns, the event was marked by the official opening of the new motorized water source in Maratatu D. During the event UNHCR and OPM appreciated efforts of all partners which supported activities aimed at providing safe water to communities;
- Owing to the nature of the soils in Kyangwali Refugee settlement and the post emergency phase, UNHCR and partners agreed to move from plastic slabs to dome slabs for the construction of HH latrines. As per consequence the higher costs of materials will impact on the number of latrines to be realized. For the construction of slabs, URCS will leverage on knowledge acquired in the South Sudanese operations, transferring knowledge to staff and volunteers in Kyangwali mobilizing trained volunteers from the West Nile region for the realization of an on-the-job training and the set-up of a dome slabs production site.

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

<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
n° of people reached by hygiene promotion activities	18,000	3,926
n° of volunteers involved in hygiene promotion activities	20	24
% of handwashing facilities which show evidence of use & regular maintenance	100	Data not available

#### **Activities conducted between January 2018 and February 2019:**

- Hygiene promotion activities through community meetings, focus group discussions and one-on-one sessions, in addition to participatory activities such as drama shows and songs;
- Sensitization sessions on hygiene and sanitation, especially on effective handwashing, in Early Childhood Development Centers;
- Adoption of IEC materials (toolkits, posters, leaflets on hygiene promotion) for the hygiene promotion session created in collaboration with UNICEF and the MoH;
- Sensitization sessions on good practices to adopted both at HH and communal levels, especially in overcrowded places in Kagoma reception center with the support of 1 infotainment
- Training of 40 URCS' volunteers on Epidemic Control for Volunteers (ECV) facilitated by URCS Hoima Branch Manager and 2 District Local Government officers;
- Training of 40 volunteers on PHAST and adoption of standard PHASTer toolkits;

- Creation and sensitization of 18 community groups for the transfer of Hygiene and Sanitation messages to community members.

**Activities and outlines for the period March-April 2019:**

- Further empowering of Community groups to completely handover responsibilities for the sensitization on hygiene and sanitation behaviors to community members;
- Continuation of hygiene promotion activities in the field through community meetings and focus group discussion, with an average of 75 sessions/month, and individual sessions at HH level, at an average of 1,276 HH per month (targeting 1 HH multiple times), in addition to participatory activities such as drama shows and songs for which were formed ad hoc groups. Focus was given to messages on personal and food hygiene, child to child hygiene promotion, safe water chain, protective health and effective handwashing. The topics were agreed between community members and volunteers. IEC materials (toolkits, posters, leaflets on hygiene promotion) were created in collaboration with UNICEF and the MoH;
- A mission from IFRC and URCS PMER teams will be realized between June and July 2019 to evaluate and revise the Kobo/collect tool adopted to track achievements. Volunteers involved in Hygiene and Sanitation activities will be involved in the exercise to provide feedback on data collection and reporting.
- Although needs on waste management were raised by community members, on the base of funds available URCS was only able to include waste management topics in sensitization sessions. However, leveraging on its expertise on the subject, URCS will engage UNHCR, OPM and Kikuube district local government on a garbage strategy to be implemented by URCS in collaboration with other stakeholders.

**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**

Indicators:	Target	Actual
n° of households provided with a set of essential hygiene items (MHM kits, water storage containers, soap, household water treatment, and cleaning kits)	3,000	MHM kits: 1,000 persons Tippy taps: 400 HH Soap: 1,572 HH

Progress towards outcomes

**Activities conducted between January 2018 and February 2019:**

- Distribution of 200 boxes of water purifier received by UNICEF;
- Distribution of 100 digging kits for HH sanitary infrastructure construction provided by UNICEF;
- Distribution of 704 bars of soap provided by UNICEF
- Distribution of 1,952 jerry cans of 20 litres to 976 HH provided by UNICEF;
- Distribution of 471 tippy taps provided by UNICEF;
- Procurement of additional tippy taps;
- Procurement and distribution of 200 litres of soap in addition to previous distributions made through UNICEF support reaching 1,527 HH;
- Distribution of 200 Menstrual Hygiene Management (MHM) kits received by Japanese RC as part of its support to IFRC-WASH cluster.

**Activities and outlines for the period March-April 2019:**

- Distribution of 98 tippy taps as part of the 400 procured in the framework of the Emergency Appeal;
- Procurement of 1,000 MHM kits to be distributed after the finalization of the beneficiary selection process.

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

Indicators:	Target	Actual
% of target population that has access to sufficient safe water (Household survey and inspections).	100	83
% of target population that is using adequate sanitation (Household survey & inspections).	100	91
% of target population that has increased knowledge of hygiene practices (Household survey and inspections).	100	81

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

Indicators:	Target	Actual
n° of site assessments carried out & shared (rapid and comprehensive Assessment reports).	2	1

## Progress towards outcomes

Sustainable solutions for water provision were implemented by UNHCR. The additional realization of a solar pumping system in Maratatu WTU is still under discussion at WASH cluster level.



## Protection, Gender and Inclusion

People reached: 4,840

Male: 2,323

Female: 2,517

**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**

Indicators	Target	Actual
# of URCS volunteers trained on Minimum standards and Protection Principles Target:	40	40

### Activities conducted between January 2018 and February 2019:

- Realization of a Minimum Standard Commitments and Protection Principles training in the framework of a surge support PGI mission;
- Inclusion of the protection component in the KoboCollect/ODK questionnaire in line with criteria selected from the minimum standard commitments on gender and diversity.

### Activities and outlines for the period March-April 2019:

- To address the gaps identified by the RRP on the inadequacy of police officers to effectively respond to physical security needs of refugee and host communities, as well as SGBV incidents, URCS aims between July and August 2019 to conduct a training for police officers on minimum standard and protection principles as well as on referral pathway. The initiative will be implemented in collaboration with Protection agencies.

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

Indicators	Target	Actual
N of URCS volunteers (5 M; 5 F) trained on Sexual and Gender Based Violence and Child Protection	10	10
# of gathering spaces identified and equipped	9	0
# of wonder bags distributed	360	0

### Activities conducted between January 2018 and February 2019:

- Realization of a Sexual and Gender Based Violence (SGBV) and Child Protection (CP) training in the framework of a surge support PGI mission;
- Conduction of daily sensitization sessions on protection topics reaching an average of 120 people/day;
- Dissemination of referral pathways;
- Identification of CP and SGBV cases and referral to case management agencies;
- sensitization activities with house to house visits and through the organization of focus group discussions and sensitization campaigns with focus on women rights, child rights, main forms of abuse against vulnerable groups including rape, defilement and early marriage and dangers for HH' members as a consequence of drugs and alcohol abuse;
- Installation of 3 boards in 3 strategic locations within Kyangwali refugee settlement displaying the referral pathways, as per UNCHR guidelines, translated in Swahili for easy understanding of both refugee and host community;
- Participation in the 16 days of Activism Against Gender Based Violence campaign which took place between November 25th and December 10th;
- Conduction of HH visits to PSN;
- Identification, training and mobilization of Peer to Peer.

### Activities and outlines for the period March-April 2019:

Continuation of sensitization sessions;

- Continuation of identification and referral of CP and SGBV cases;

- Participation in the Women's' day celebration for refugees organized in Kinakyeitaka primary school on 27<sup>th</sup> March 2019 under the theme "Think Equal, Build Much, Innovate for change". Main activities included: a march, recital of poems, realization of drama exhibitions and presentations, as well as prize of women considered to be role models from the settlement and outside. URCS provided its public address system used for conducting mobile cinema sessions and First Aid services;
- Supervision of community awareness sessions conducted by 30 trained youth Peer champions on SGBV, referral mechanism, drugs and petty crimes. To facilitate Peers' visibility and their movements, t-shirts with key messages and bicycle were distributed to each Peer. A request on additional visibility materials and protective gears (gum boots, umbrellas, raincoats) were made by Peers in the occasion of IFRC visit on 3rd April 2019 to ease the realization of activities during the raining season. On the base of positive evaluations of Peers' engagement, between May and December 2019 URCS aims at further strengthening protection knowledge of Peers volunteers, as well as their visibility among their communities. This will ensure a complete transition from URCS to community members for safe identification and referral of CP and SGBV cases.
- Due to budgetary constraints neither the identification and equipment of gathering places and the procurement and distribution of cooking items could be implemented.

## 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**

**Output S1.1.4: National Societies have effective and motivated volunteers who are protected**

Indicators	Target	Actual
% of volunteers are insured	100	100
# basecamps renovated	1	0
% of volunteers equipped with PPEs and visibility materials	100	100
# of review workshops conducted	2	1

Progress towards outcomes

The following URCS staff is deployed to the operation:

- 1 Operation manager;
- 1 PSS officer
- 1 Public Health officer
- 1 PMER/CEA officer
- 2 NDRT members (1 for water production activities and 1 for hygiene and sanitation activities)
- 45 volunteers

Gum boots, raincoats and umbrellas have been procured for all volunteers. However, URCS needs to strengthen visibility both for its staff and volunteers as well as for the supported infrastructures and distributed items.

The initial decision to procure 3 prefabricated containers to be used as office space, as well as to be mobilized for future operations, was put on hold. As per OPM new guidance, permanent structures have to be realized by partners on plots allocated to each humanitarian agency. Therefore, URCS has started working on drawings and bill of quantities for the realization of an office space on the base of the amount allocated for it.

A review workshop was conducted in the month of December 2018, to discuss challenges and solutions, especially in the area of finance and procurement. Periodic workplan and financial plan revisions are conducted by the operational teams to ensure their alignment versus expected targets.

A midterm review is planned for in June 2019.

**Outcome SFI2.01: Effective and coordinated international disaster response is ensured**

Progress towards outcomes

The IFRC Programme Coordinator supports the DRC Emergency Appeal as well as other IFRC initiatives in country. A Finance Delegate has been recruited and is supporting the operation since May 2019. The recruitment process for a logistic delegate was put on hold due to budget constraints.

<b>Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved</b>		
Progress towards outcomes		
Indicators	Target	Actual
# CEA RDRT deployed	1	1
# CEA assessments conducted	1	0
# of feedback and complaint system in place	1	1
<p><b>Activities conducted between January 2018 and February 2019:</b>  Training of 10 volunteers of on CEA (identification of community information priorities and needs and use of CEA approaches) by a CEA RDRT present in Uganda as surge support to the South Sudanese refugee operation;</p> <ul style="list-style-type: none"> <li>• Realization of focus group discussions to evaluate jerry cans distribution activity;</li> <li>• Conduction of a soap post distribution monitoring survey;</li> <li>• Installment of suggestion boxes within the settlement to collect feedbacks;</li> </ul> <p><b>Activities and outlines for the period March-April 2019:</b></p> <ul style="list-style-type: none"> <li>• An average of 12 mobile cinema sessions were conducted per month, with an average participation of 150 people per session;</li> <li>• Collection on of feedbacks during HH visit and focus group discussions, among which: <ul style="list-style-type: none"> <li>• discriminatory attitude of health workers towards Congolese refugees;</li> <li>• unreliability of ambulance services above all in remote locations;</li> <li>• lack of NFIs, including MHM kits, mosquito nets and soaps;</li> <li>• long distances to newly gazetted food distribution points and little rations;</li> <li>• diminishing confidence with the food distributed emanating from the rumour of poisoned food distributed in the North;</li> <li>• food distributed (maize grain) is not favourable for the young and elderly;</li> <li>• unfriendly means of transporting new arrivals from Sebagoro entry point to the Reception Center;</li> <li>• conditions of facilities at the Reception Center (no slashing, filled up latrines)</li> <li>• long waiting time at both Sebagoro and Kagoma Reception Centre</li> </ul> </li> </ul> <p>Feedback collected by URCS volunteers were discussed directly with communities to find common understanding and solutions. Whereas complaints were mainly related to services provided by other agencies. Complaints were shared with UNHCR, who collaborated with URCS in the realization of feedback sessions.</p> <ul style="list-style-type: none"> <li>• Levering on URCS presence in the community as well as its CEA role, volunteers were involved in the Refugee's leader elections. In particular URCS' volunteers were called to ensure the refugees' leaders rights to leadership through a system of fair elections.</li> <li>• A mission from IFRC CEA Senior officer is planned in the month of June 2019 to appreciate activities undertaken, as well as further strengthen capacities of URCS CEA's officers and volunteers.</li> </ul>		
<b>Outcome S3.2: The programmatic reach of the National Societies and the IFRC is expanded.</b>		
<b>Output S3.2.1: Resource generation and related accountability models are developed and improved</b>		
Progress towards outcomes		
Indicators	Target	Actual
# of baseline conducted	1	1
# of end line conducted	1	0
# of ODK training conducted	1	1
# of Lessons Learnt workshops conducted	1	0
<p><b>Activities conducted between January 2018 and February 2019:</b></p> <ul style="list-style-type: none"> <li>• Development of monitoring tools based on indicators and formulation of guiding questions per each indicator in order to facilitate data collection activity in the framework of a PMER mission from IFRC Africa Regional office;</li> </ul>		

- Development of an M&E plan including definition of indicators, data collection methodology for each indicator; frequency for data collection and responsible person in the framework of a PMER mission from IFRC Africa Regional office;
- Training key staff and volunteers on data collection through mobile phones and Kobo Collect including how to download kobo collect app, install the application, set the server, conduct data entry and view submitted forms in the framework of a PMER mission from IFRC Africa Regional office;

## D. BUDGET

The total expenditure is CHF 584,281 out of operating budget CHF 984,106. The overall expenditure reaches to 59%. The health expenses reach to 77% followed by WATSAN 67%.

## 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 Red Cross Society:**

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### For IFRC Resource Mobilization and Pledges support:

#### IFRC Africa Regional Office for resource Mobilization and Pledge:

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### 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](mailto:rishi.ramrakha@ifrc.org), phone: +254 733 888 022

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

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## 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.

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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**.

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