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Operations Update no. 4

Uganda: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRUG040	GLIDE n° EP-2018-000021-UGA
Operation update n° 4; 13 February 2020	Timeframe covered by this update: January 2018 – January 2020
Operation start date: 17 January 2018	Operation timeframe: 36 months and end date: 31 December 2020
Operational Budget (CHF): 3,200,000	Emergency Appeal operation, DREF amount initially allocated: CHF 206,305
N° of people being assisted: 18,000 persons (3,000 families)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: Uganda Red Cross Society (URCS), International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC) and the Belgian Red Cross- Flanders.	
Other partner organizations actively involved in the operation: Office of the Prime Minister (OPM, Department of Refugees), United Nations High Commissioner 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), American Refugee Council (ARC), Medical Teams International (MTI) and Lutheran World Federation (LWF).	

Summary of major revisions made to emergency plan of action:

Through this Operations Update number 4, Uganda Red Cross Society (URCS) seeks the approval to further extend the implementation period of the Population Movement Appeal for an end date on 31 December 2020. The extension is requested as the National Society (NS) has not been able to implement planned activities. The delays in implementation are due to internal challenges, which have since been analysed with mitigation measures identified. The main challenges which affected the implementation include;

- Financial reporting delays – due to reduced capacity/staffing issues in the NS;
- Delays in procurement of water, sanitation and hygiene (WASH) materials due to financial flow challenges;
- Delays in volunteer and supplier payments which affected the ability of the NS to implement activities.

Until September 2019, only URCS volunteers continued to implement community-based activities.

In addition to the above challenges, the initially planned transition from emergency appeal to the Country Operational Plan (COP) was not possible due to back donor conditions which did not allow the funds to be used in a COP. The expenditure rate for the operations is 83% with the URCS requesting timeframe extension to implement activities with the 17% balance.

The extension will allow the NS to implement activities in WASH; health; and protection, gender and inclusion (PGI). Due to funding limitations, the URCS is unable to implement outstanding activities under the shelter area of focus. While the operation has made significant impact, it is important to highlight that the needs continue to increase as some of the relief items and support provided to the households have been exhausted, making it difficult to adhere to Sphere standards, especially as the numbers of refugees are increasing weekly. The funding challenges have affected most agencies that were involved in the response, which has seen several agencies exiting and leaving significant humanitarian needs. Given this funding situation, IFRC and the NS through coordination meetings with the Office of the Prime Minister (OPM), UNHCR and other agencies operating in Kyegegwa refugee settlement have identified critical and targeted activities to implement until 31 December 2020.

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 the third largest refugee-hosting countries in the world¹ after Turkey and Pakistan. According to the [UNHCR² 44%](#) (397,638 people) of the total number of Democratic Republic of Congo (DRC) refugees and asylum seekers are in Uganda. As of December 2019, 116,636 refugees and asylum seekers hosted in Kyangwali. The camp continues to receive an average of 110 people per week (5 to 20 daily) with 503 people having been received and registered on 20 January 2020.

The refugees travel from DRC by boats and cross into Uganda through Lake Albert landing at Sebagoro landing site where they are screened by Medical Teams International before the UNHCR provides transportation to Kagoma Reception centre. As of the week ending on 25 January 2020, there were 700 people in the reception centre. While the influx is steadily decreasing compared to the situation in 2018/19, the humanitarian needs remain high, especially in areas of WASH; health; psychosocial support (PSS); shelter and PGI; livelihoods and basic needs, as well as environment. There has been seen a sharp decline in the number of humanitarian agencies responding to the refugee situation as they exit due to funding constraints.

The UNHCR and partners conducted a knowledge, attitudes and practice (KAP) survey in November 2019 within the refugee settlement, which indicated that the water supply is at 13 litres per person per day below the minimum Sphere standard. The same report highlighted that access and utilization of hand washing facilities (tippy taps) was at 26% and latrine coverage was at 56%, which posed a great risk of disease outbreaks. According to the American Refugee Council (ARC) that is managing the reception centre, the number of latrines currently is 1:60, which contrasts with the minimum Sphere standard of 1:20. The number of bathing facilities are inadequate with people having to wait in line to access the facilities.

The child-friendly spaces in the reception centre are not operational and PSS needs remain very high particularly among new arrivals. The limitations in energy sources within the settlement has resulted in de-forestation as woodfire is the only available option for cooking and heating in the refugee settlement. The OPM is also weary of the risk of importation of cases of the Ebola Virus Disease (EVD) as the new arrivals are coming from the DRC. This has resulted in continued needs for screening and disinfection activities within the camp. The URCS is supporting the operation with hygiene promotion, disinfection and handwashing activities in the reception centre in Kyangwali.

According to the UNHCR, 55.9% of the DRC refugee and asylum seeker population are children. 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 refoulement has been reported during this period.

Summary of current response

Overview of Host National Society

The URCS' DRC population movement operation was launched in January 2018 with funding from the Disaster Relief Emergency Fund (DREF) which released CHF 206,305. With the continuous influx of people an [Emergency Appeal](#) was launched on the 4 April 2018 and revised in September through [Emergency Appeal Revision 1](#) and December 2018, through [Emergency Appeal Revision 2](#), to capture the changing needs. Three Operations Updates were also published: [Operations Update 1](#), [Operations Update 2](#), [Operations Update 3](#). Through this operation, URCS has focused on provision of water, sanitation and hygiene; community health; PGI; and Community Engagement and Accountability (CEA) interventions, targeting populations in Malembo C zone (5 blocks) and Mombasa zone (6 blocks). The OPM in 2019 moved the population that was hosted in Malembo C zone relocating them to Kentome settlement. The relocation was compelled by the limited access to social services and water supply challenges within Malembo C.

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 focus (shelter, health, WASH and PGI). URCS responded to urgent additional needs

¹ 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.

² <https://data2.unhcr.org/en/situations/drc>

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 Ebola Virus Disease (EVD) sensitization activities as part of their wider EVD Preparedness operation implemented in seven districts at the border with DRC.

URCS, with support from the Belgian Red Cross, has been implementing livelihoods activities within the refugee settlements providing trainings, seeds and tools. The project has enabled the targeted households to establish backyard gardens for food consumption in the households.

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



URCS volunteers conduct disinfection activities at reception centre (IFRC/photo).



A URCS-provided Tippy Tap (IFRC/photo)

Overview of Red Cross Red Crescent Movement in country

The IFRC has a presence in Uganda with an Operations Manager and a Finance Delegate based in the URCS HQ. The two delegates provide technical support and capacity building to the NS in areas of disaster response, as well as financial management and reporting. The Operations Manager is supporting the NS in coordination with partners to ensure the visibility of the Uganda Red Cross Society.

The IFRC through the Country Cluster Support Team (CCST) provides support to URCS through resource mobilisation and facilitation of requests from URCS including DREF requests. Through the CCST, URCS is receiving financial support to implement an EVD Preparedness project in districts bordering DRC, an ECHO-funded disaster preparedness project, as well as a Community Pandemic Preparedness Project (CP3) funded by USAID in Kukube, Kyegegwa and Isingiro districts.

The ICRC provides support to URCS to implement Restoring Family Links (RFL) activities in all refugee reception centres and refugee settlements.

The NS also has support from Movement partners supporting the NS emergency response, disaster preparedness and NS capacity strengthening projects. The NSs with a presence in Uganda include; the Netherlands Red Cross, Belgium Red Cross-Flanders, Austrian Red Cross and the German Red Cross.

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

Overview of non-RCRC actors in country

The Office of the Prime Minister 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 Ministry of Local Government- 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, district local government- 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 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.

Currently the following actors are still operating in the Kyangwali refugee response;

Organisation	Role
Office of the Prime Minister (OPM)	Coordination and monitoring
United Nations Commissioner for Refugees (UNHCR)	Refugee protection
World Food Programme (WFP)	Food assistance
Uganda Red Cross Society	Tracing, RFL, WASH, Health, Shelter and Protection
Lutheran World Federation	Protection, Livelihoods, sexual and gender-based violence (SGBV)
CARE	SGBV
Medical Teams International	Health
American Refugee Council (ARC)	Management of Reception Centre, Protection
Oxfam	WASH

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

Needs analysis and scenario planning

Needs analysis

According to the Uganda [Country Refugee Response Plan](#) (CRRP) January 2019 – December 2020 that integrates the needs of DRC, Burundi and South Sudanese refugees situation, USD 1.03 billion is required to meet the refugee needs. Uganda is expected to receive a total 140,000 refugees and asylum seekers from DRC between 2019 and the end of 2020. The projected total number of refugees and asylum seekers from DRC, Burundi, South Sudan is 1.73 million. According to a UNHCR-led Kyangwali WASH KAP Survey released in November 2019 the continued influx of refugees continued to put pressure on basic social services including education, food, shelter and WASH infrastructure. Below is an outline of the major needs and gaps in Kyangwali refugee settlement;

1) Shelter, Settlements and Household Items (HHIs)

With the projected continued arrival of refugees and asylum seekers from the DRC there will remain a need to provide household items and emergency shelter support to all arrivals. The UNHCR provides all refugees with HHIs and emergency shelter support prior to departure from reception centres to allocated spaces within the settlements.

The reception centres will remain critical as they provide initial shelter to arrivals until they receive minimum support to enable them to be resettled.

The URCS has been unable to implement and deliver all the planned interventions in the shelter area of focus due to limited funding and capacities constraints for the NS. The URCS with funding from the Kuwait RC only was able to support 20 People with Special Needs (PSNs) with shelter support in November 2019.

In September 2019, refugees initially allocated land in Malebo were moved to Kentome. The OPM requested URCS to support the resettled populations with HHIs as Malebo was also previously URCSs' area of operation. The NS has however not been able to deliver the assistance due to non-availability of stocks. The URCS received an in-kind donation of HHIs from the Finnish RC to support Kyangwali refugee settlement. The items were however affected by delays in customs and clearance; once cleared the items will be distributed.

2) Health

Medical Teams International (MTI) has the lead role in provision of medical assistance to refugees including screening of new arrivals at landing sights as well as in the reception centre. The continued new arrivals continue to constrain and stretch the capacity of service providers as resources are limited.

The continued arrival of refugees and asylum seekers from the DRC further increases the risk of importation of EVD cases into the country. There is therefore a need to ensure vigilance in screening and monitoring new arrivals as well as ensuring Risk Communication and Community Engagement to educate people on signs and symptoms of Ebola.

URCS will therefore scale-up activities in Community Based Health to strengthen the capacities of refugees to identify epidemics as well as adoption of good behaviours that reduce the risk of disease outbreaks.

3) WASH

The UNHCR and OPM-led KAP survey conducted in the five zones where refugees have been settled in Kyangwali established that the population is accessing an average 13 litres of clean portable water per person per day, which is not only below the Post Emergency Standard of 20 litres per person per day, but, is less than the 15 litres per person per day which the population was accessing in 2018.

Only 17% of the population in Kyangwali have 10 litres of protected water storage capacity against a Post Emergency Standard which is $\geq 80\%$ of the population. The maximum distance from household to a water point is 549 meters against the recommended 200 metres. This can also pose a protection threat as it forces women and children to travel further distances to access water points.

A total of 28% of the families in the settlement reported using open defaecation. The sample also includes children under 5 years of age who defecate in the bush at night. Within the refugee reception centre, the ratio of people to latrines is 1:60, much higher than the recommended 1:20. Only 53% of households reported having access to bathing facilities. The ARC also reports that their number of bathing facilities available in the reception centre are not adequate, which forces people to queue to access bathing facilities.

Only 25% of households in the settlement are equipped with functional handwashing facilities exposing the population to disease outbreaks. The survey also observed that 45% of the households with handwashing facilities did not have soap placed next to the hand washing facilities whilst 33% of the handwashing facilities did not have water. The limited number of hand washing facilities within the refugee settlement also increases the risk of disease outbreaks in Kyangwali.

The preferred methods/channels for receiving hygiene messages are home visits (40%) and community meetings (36%).

4) Protection

The number of protection staff in the settlement has further declined from the 2019 child-to-caseworker ratio of 100:1 to 500:1. This ratio is far below the recommended 25:1 ratio.

Idleness by youths is attributed to an increase in drug and substance abuse. Some cases of sexual and gender-based violence are attributed to drug abuse.

According to the OPM, the limited options in fuel for cooking has not only resulted in environmental degradation due to cutting down of trees for wood fuel. The need to look for wood also poses a protection threat to women and children who have to travel distances from home.

According to UNHCR, psychosocial interventions for trauma survivors require significant investments, especially for refugees who were directly or indirectly exposed to extreme violence, lost family members or witnessed the destruction of their homes. Based on 2018 assessment reports, at least 22% of refugee households reported that at least one member was scared or in psychological distress.

Child protection is a critical need for refugees given that at least 60% of refugees in Uganda are children. The refugee children face protection risks including separation from families, physical, sexual and gender-based violence, and psychological distress among other forms of violence. According to the 2018 joint interagency MSNA, households in both refugee (12%) and host communities (14 %) reported having children who had experienced violence. A rapid assessment conducted by the IFRC and URCS in the reception centre established that the child-friendly centre within the refugee reception centre was no longer functional due to the exit of the agency previously providing the service.

URCS will continue protection prevention interventions adopting a community-based approach, in particular continuing with the peer-to-peer support model. 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.

The CEA team from the IFRC and URCS conducted a Focus Group Discussions (FGD) in Kyangwali in November 2019; the results highlighted the need for a feedback mechanism other than suggestion boxes (ideally a person with whom to talk). The participants in the FGD also pointed to limited knowledge and lack of information by communities on the Red Cross activities. The IFRC and URCS will work to ensure the information dissemination as well as establishing and operationalizing a broad range of channels for gathering community feedback.

Operational Risk Assessment

Between April and December 2019, a total 20,599 new arrivals from DRC were registered in Uganda. The CRRP anticipated the continued arrival of refugees and asylum seekers until the end of December 2020, which further overwhelm services being provided as well as humanitarian actors whose resources are limited. This situation could also lead to tensions between groups of refugees who are all sharing more limited resources. UNHCR already 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;
- conflict between the forest rangers and refugees continue to escalate as refugees encroach on the forest for land for cultivation, firewood and poles for construction

Complaints were already received from the community settled in Malembo C due to the remoteness of the zone, which has limited presence of security personnel as well as access of services. A solution was reached, and they were relocated to Kentome.

The active EVD outbreak in DRC also poses a risk to the staff, volunteers, refugees and host communities in Uganda. URCS has trained and sensitized its volunteers on EVD; these volunteers continue sensitisation activities within the refugee settlement.

The URCS operation has been affected by low implementation during 2018 and 2019 due principally to the following issues:

- Turnover of key staff members,
- Delays in financial reporting for a variety of internal reasons, which consequently affected the ability to transfer funds to the NS to implement subsequent planned activities.

Both the staffing and financial reporting challenges have since been addressed, with all pending reports submitted. The mitigation measures implemented by IFRC have resulted in an overall speeding up of the implementation. However, to ensure this continues, the IFRC will deploy a planning, monitoring, evaluation and reporting (PMER) delegate to support the NS Operations Manager in planning and monitoring of implementation of the activities. To ensure quality implementation of the operation the IFRC is also in discussions with the Finnish Red Cross that has committed to deploy a delegate to work with the IFRC and URCS in implementing the remaining activities.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall objective: To provide lifesaving emergency services to 18,000 newly arrived Congolese Refugees (3,000 families³), including women and children in Kyangwali Refugee Settlement for a period of 36 months. The operation focuses on WASH, Health, Shelter and Protection activities:

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"> • 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.

³ UNHCR estimates a 1/6 Household to family members ratio for the Congolese refugee population.

	<ul style="list-style-type: none"> Sanitation, construction of sanitation facilities for 3,000 HH. Hygiene promotion. Non-Food Item (NFI) distribution (jerrycan, soap, tools, Menstrual Hygiene Management-MHM kit, mosquito nets).
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, establish CEA mechanism,
Strategies for Implementation 3	Surge deployment, PMER planning and coordination.

The operation will re-activate volunteers who have been inactive due to low implementation of activities. The URCS and IFRC will conduct refresher trainings for the volunteers in hygiene promotion, CBHFA and PSS prior to the deployment of the volunteers to provide services in the reception centre and refugee settlements.

The priority activities to be implemented during the period March to December 2020 include;

- CBHFA refresher trainings
- A rapid health needs assessment
- Procurement of first aid kits
- Health surveillance by volunteers
- Mobile cinemas
- Printing and distribution of Information, Education and Communication (IEC) materials for communicable diseases
- Coordination with other actors
- Systematise feedback mechanisms
- Organise and conduct regular community meetings – clarifying the role of the Red Cross
- WASH rapid needs assessment,
- Procurement and distribution of latrine digging kits,
- Procurement and distribution of construction materials for latrine construction
- Procurement of spray pumps for vector control activities
- Procurement and distribution of handwashing facilities (tippy taps)
- Construction and rehabilitation of wells
- Provision of basic handpumps for wells
- Water quality assessment and testing
- Training on community management of water points
- Procurement and distribution of wonderbags
- Procurement and distribution of dignity kits.

The URCS will strengthen its collaboration and coordination with humanitarian actors operating in Kyangwali refugee settlement to ensure urgent needs are identified and responded to. The IFRC continues to engage and update the partners on progress in implementation as well as challenges and delays that the operation has faced.

C. DETAILED OPERATIONAL PLAN

	<p>Shelter</p> <p>People reached: 420 Male: 200 Female: 220</p>	
<p><i>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</i></p>		
<p>Output 1.1: Short, medium and long-term shelter and settlement assistance is provided to affected households of People with Special Needs (PSN)</p>		
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	1
Progress towards outcomes		
Activities conducted between May to December 2019:		
<ul style="list-style-type: none"> Following the last construction of PSN shelters in the last reporting period supported by the Appeal, there has been no other construction of PSN shelters during this reporting period due to internal challenges however the needs and gaps on ground remain high. Sensitisation and awareness creation sessions to project target of 18,000 people on the need for the communities to support each other in construction of shelter houses were conducted however due to lack of resources within the communities, this progress on this component has been slow. A date validation exercise on PSN in Kyangwali refugee settlement was scheduled for May 2019; however, his activity has not been completed due to internal challenges. URCS with support from Kuwait RC has acquired funds that will be used to facilitate the construction of 20 PSN shelters in Maratatu and Mombasa. Assessments were conducted and beneficiaries were identifies/selected to be supported. The procurement process is currently on going and the PASSA approach will be used during this construction process. 		
Due to funding constraints, no further shelter activities will be able to be implemented under the Appeal.		

 <p>Health People reached: 21,525 Male: 8,610 Female: 12,915</p>		
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
Output 1.1: The health situation and immediate risks are assessed using agreed guidelines		
Indicators:	Target	Actual
n° of assessments conducted based on standard IFRC and / or WHO assessment guidelines (URCS/Interagency assessment reports)	2	1
Activities conducted between January 2018 and December 2019:		
<ul style="list-style-type: none"> Basic health awareness was provided by volunteers on topical subjects and referrals were made on a daily basis - an average of 25 children/month for malnutrition and stunting and 6/7 pregnant women/week (about 30 a month) for antenatal care. Mass mobilizations and sensitizations on topical issues like EVD, cholera, immunization, etc. have been conducted in conjunction with the District Local Government and other actors in the settlement. Volunteers were provided with specific local adapted toolkits/IEC materials. 500 dignity kits were delivered for pregnant mothers and 500 have been distributed in the reporting period to expectant mothers between 6 to 9 months pregnant. 		
Activities planned		
<ul style="list-style-type: none"> URCS continues to conduct monthly data collection through its Kobo Collect/ODK monitoring tool developed in May 2018 including monthly data on the most common causes of diseases. Volunteers will conduct health promotion and health surveillance sessions for 18,000 refugees (4 volunteers * 300 sessions per month) Mobile cinema sessions (1 session/week *3 locations) Procure and distribute NFI for mobile cinema (e.g. soap and sanitary pads) in each session Participate in stakeholder epidemic preparedness and control coordination mechanisms Make referrals for further/appropriate management 		
Output 1.2: Community-based disease prevention and health promotion is provided to the target population		

Indicators:	Target	Actual
n° of Red Cross volunteers trained on Community-Based Health and First Aid	18	20
<i>Progress towards outcomes</i>		
Activities conducted between January 2018 to December 2019:		
<ul style="list-style-type: none"> • Training of 20 URCS' volunteers in Psychosocial Support in Emergencies • Provision of PSS counselling to volunteers and organization of self-care days • Identification and referral of cases (malnutrition, stunting, antenatal care) to specialized health agencies and health facilities • 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 • Training of 20 participants in CBHFA • Provision of a context specific toolkit with IEC materials, including CBHFA, cholera and epidemic control for volunteers- ECV modules to all CBHFA' training participants • Regular supervision of newly trained PSS volunteers (4) to ensure quality of services • Counselling session conducted: 387 people(male: 155 and female: 232) • Identification and referral of cases (malnutrition, stunting, antenatal care) to specialized health agencies and health facilities. 157 cases (Male: 59 and Female: 98) referred • Health sensitization sessions completed reaching 35,959 people 		
Activities Planned		
<ul style="list-style-type: none"> • Distribution of 4,200 Long-Lasting Insecticide Treated Mosquito Nets (LLINs) • CBHFA training to strengthen disease surveillance at community and health facility level • Disease surveillance by volunteers • Provision of PSS services • Procurement and distribution of IEC materials on communicable diseases 		
Output 1.3: Epidemic Prevention and control measures carried out		
Indicators:	Target	Actual
# of cases of diseases for which a single case may indicate an outbreak	N/A	0
Malaria, watery diarrhoea, Meningitis (x1.5 baseline), bloody diarrhoea (x5 baseline)	N/A	Data not made available to URCS
<i>Progress towards outcomes</i>		
Activities conducted between January 2018 and December 2019:		
<ul style="list-style-type: none"> • Training of 40 URCS' volunteers on Epidemic Control for Volunteers • Participation in weekly health coordination meetings • Creation of 10 community structures for disease prevention and 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 (ORPs) in Kagoma Reception Centre, Maratatu and Marembo C for the provision of immediate support to 350 people from the refugee communities during the cholera outbreak • Implementation of mobile cinema sessions, focused on cholera, Ebola, immunization, HIV and personal hygiene in Kaoma reception centre and at community level • Disinfection activities at Kagoma reception centre for new arrivals, along with orientation sessions on services available and Ebola prevention and sensitization (approximately 35,000 people were disinfected) • Daily health sensitization sessions • Participation in mobilization for mass vaccination campaigns led by the Ministry of Health. 		
Activities Planned		
<ul style="list-style-type: none"> • Continuation of health sensitization activities • 3 mobile cinema sessions at community level • Disinfection activities at Kagoma reception Centre for new arrivals and visitors to reception centre • Procure and distribute of ECV toolkits 		
Output 1.4: Minimum initial maternal and neonatal health services provided to target population		

Indicators:	Target	Actual
# of volunteers trained on maternal and child health care	30	30
# of dignity kits distributed	500	500
<i>Progress towards outcomes</i>		
Activities conducted between January 2018 and February 2019:		
<ul style="list-style-type: none"> 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 Implementation of daily sensitization on maternal and neonatal topics involving both male and female; participation in the celebration of African Child on June 15th, 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). Completion of distribution of dignity kits to reach the targeted 500 people (targeting pregnant women) Delivery 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 2,140 sessions on Maternal and Child Health activities with 157 referrals Conduct community mobilization sessions on maternal and child health (4 volunteers * 300 sessions per month) Training of 40 URCS' volunteers on Epidemic Control for Volunteers (ECV) facilitated by URCS Hoima Branch Manager and 2 District Local Government officers. 		
Activities Planned		
<ul style="list-style-type: none"> Assessment and registration of girls and expecting mothers for distribution of dignity kits Procurement of additional 400 dignity kits for girls and pregnant women 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. Awareness session on maternal and child health care in health facilities 		

Indicators:	Target	Actual
 <p>Water, sanitation and hygiene People reached: 15,643 Male: 7,508 Female: 8,135</p>		
Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities		
Indicators:		
% of target population (10,000 people) has access to sufficient safe water – 15 litres/person/day (Household survey and inspections).	55%	85% getting 13 litres per person per day (source: UNHCR WASH KAP survey 2019)
% of target population (3,000 HH, meaning 18,000 people) is using adequate sanitation (HH latrines and HH bathing shelters) (Household survey & inspections)	100%	80% (source UNHCR WASH KAP survey 2019)
% of target population (18,000 people) has increased knowledge of hygiene practices (Household survey and inspections)	100%	81% (source UNHCR KAP survey 2019)
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 December 2019:		
<ul style="list-style-type: none"> Participation by 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 Bi-weekly assessments 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 Kobo Collect. 		
Activities planned		
<ul style="list-style-type: none"> In coordination with UNHCR assess and explore water provision opportunities to meet minimum Sphere standards Continued provision of hygiene promotion services especially to new arrivals Support with construction of bathing facilities within the reception centres Support households and reception centre with materials for latrine construction 		
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
No. of m3 of litres of safe water produced per day at WTU	150	206
At least 15 litres of safe water distributed per person per day.	15l/pd	13
Number of people that have access to sufficient water storage containers (2 jerry cans of 20 litres/ HH * 500 HH)	3,000	1,200
Progress towards outcomes		
Activities conducted between January 2018 and February 2019:		
<ul style="list-style-type: none"> Establishment of a WTU in Maratatu with a production capacity of up to 500 m3 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 Following the PHAST training in December 2019, kits were delivered. 18 PHAST community groups were formed and have all been taken through the 7 steps of orientation/induction. Distribution of aqua tabs and pure sachets to 18,000HH (15 litres/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 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 litres 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 planned		
<ul style="list-style-type: none"> Conduct end line evaluation of the water, sanitation and hygiene situation in targeted communities Coordinate with other WASH actors on target group needs and appropriate response Distribute 500 filters for PSN household water purification Undertake water quality surveillance at HH level and communal distribution points Procure and distribute jerry cans of 20 litres to 750 HH for maintenance of safe water chain Rehabilitation of wells Equipping wells with handpumps Training of water point management committees Participation in the World Water Day organized every 22nd March 		
Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population		
Indicators:	Target	Actual
# of people provided with excreta disposal facilities	18,000	7,284 (1,214 HH)

# people/ Communal latrines representing the average of n of people per communal latrine	60	67
# of communal bathing facilities	100	0
Average # of people per toilet	6	12
# of households involved in one or more environmental sanitation interventions (solid waste management, drainage, vector control)	1,000	1,200

Progress towards outcomes

Activities conducted between January 2018 and December 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
- Reached 400 households with 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)
- Environmental sanitation/cholera prevention activities reaching 9,766 people
- Health and Hygiene promotion sessions conducted to 9,766 people
- An additional 70 latrine constructed, and 70 families receive accompanying NFIs in the form of 2 (20 litres) jerricans, a tippy tap and 2 bars of soap.

Activities planned

- 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 disinfection activities at Kagoma reception centre for new arrivals, reaching over 10,000 people/month
- Provide latrine digging kits (hoes, pickaxes, wheelbarrows, pangas, spades, etc.) to facilitate 3,000 HH latrines construction
- Provide construction materials (poles, treated logs, nails, tarpaulin sheet, plastic slabs, vent pipes, dome slabs, un-burnt bricks) to facilitate 3,000 HH latrines construction
- Procurement of spray pumps for vector control activities

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

Indicators:	Target	Actual
# of people reached by hygiene promotion activities	18,000	15,000
# of volunteers involved in hygiene promotion activities	20	24
% of handwashing facilities which show evidence of use & regular maintenance	100	15

Progress towards outcomes

Activities conducted between January 2018 and December 2019:

- 15,000 people reached with 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 Centres
- 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 centre with the support of 1 infotainment
- 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 planned:

- Further empowering of community groups to completely handover responsibilities for the sensitization on hygiene and sanitation behaviours to community members;
- Continuation of sanitation and hygiene promotion sessions activities at HH level reaching an average of 1,280 HH/month.
- Additional PHAST activities including continuation of hygiene promotion through community meetings and focus group discussion, drama shows and distribution of IEC materials (IEC materials will be provided by UNICEF)
- Conduct hygiene promotion activities in the community targeting 18,000 refugees (16 volunteers * 300 sessions per month)

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 <i>items (MHM kits, water storage containers, soap, household water treatment, and cleaning kits)</i>	3,000	MHM kits: 1,000 persons Tippy taps: 400 HH Soap: 1,572 HH.

Progress towards outcomes

Activities conducted between January 2018 and December 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 planned:

- 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	15%
% of target population that is using adequate sanitation (Household survey & inspections).	100	56%
% of target population that has increased knowledge of hygiene practices (Household survey and inspections).	100	85%

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

n° of site assessments carried out & shared (rapid and comprehensive Assessment reports).	2	1
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Progress towards outcomes

- Sustainable solutions for water provision were implemented by UNHCR.
- The additional installation 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	40	40

Activities conducted between January 2018 and December 2019:

- A Minimum Standard Commitments and Protection Principles training
- Surge PGI mission to support the operation and build staff capacity
- Inclusion of the protection component in the KoboCollect/ODK questionnaire in line with criteria selected from the minimum standard commitments on gender and diversity.
- 892 people: (male 342, female 550) reached during 40 session focussed on SGBV and Child Protection.

Activities planned:

- In order 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 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
No. 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 Wonderbags distributed	360	0

Progress towards outcomes

Activities conducted between January 2018 and December 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 PSNs;
- Identification, training and mobilization of Peer to Peer learning.

Activities planned:

- 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 27th March 2020. URCS will provide its public address system used for conducting mobile cinema sessions and First Aid services;

- Supervision of community awareness sessions which will be conducted by 30 trained youth peer champions on SGBV, referral mechanism, drugs and petty crimes.
- Additional visibility materials and protective gears (gum boots, umbrellas, raincoats) requested by Peers will be procured and distributed to volunteers
- URCS aims at further strengthening protection knowledge of Peer 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.
- Procurement and distribution of wonderbags

Strengthen National Society

Outcome 1: 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
# of basecamps renovated	1	0
% of volunteers equipped with PPEs and visibility materials	100	60
# 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 three 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. IFRC Logistics is also being consulted for potential solutions.

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 was planned for June 2019; however, this could not be implemented due to operational challenges.

Challenges

- The NS was in 2019 affected by staff turnover which saw recruited staff exiting the operation, the NS has been able to recruit new staff to ensure implementation of the staff
- The volunteers have also been in-active due to low implementation of activities and motivation – the NS has now addressed the gaps and will re-engage the volunteers including provision of trainings and refresher trainings as required
- The NS continues to operate in a tent which is now rundown – there is a need to find a durable solution for NS office space

International Disaster Response

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

The Operation was supported by the Programme Coordinator based in Kampala, a finance delegate in Kampala as well as the DM Delegate based in Nairobi, Kenya.

For the period 2020, the IFRC has an Operations Manager and Finance delegate working in Uganda with URCS. The Finance Delegate has successfully supported the NS to clear outstanding reports to ensure planned activities under the appeal will not be affected.

A PMER surge delegate will be deployed with support from the Finnish RC. The surge delegate will work with the NS in planning activities as well as monitoring and reporting on progress.

The EA CCST WASH coordinator will deploy to Uganda to support implementation of outstanding WASH activities in coordination with UNHCR and Oxfam.

Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved

Indicators:	Target	Actual
# CEA RDRT deployed	1	1
# CEA assessments conducted	1	0
# of feedback and complaint system in place	1	1

*Progress towards outcomes***Activities conducted between January 2018 and December 2019:**

- Training of 10 volunteers on CEA (identification of community information priorities and needs and use of CEA approaches) by a CEA RDRT deployed as surge support to the South Sudan refugee response but also able to support the Uganda refugee response in Uganda;
- Realization of focus group discussions to evaluate jerry cans distribution activity;
- Conduction of a soap post distribution monitoring survey;
- Instalment of suggestion boxes within the settlement to collect feedback;
- Community dialogues (8 conducted)
- Sessions to the new arrivals on hygiene and sanitation continued.
- An average of 16 mobile cinema sessions were conducted per month, with an average participation of 150 people per session;
- Collection on of feedbacks during HH visit and focus group discussions, among which;
 - discriminatory attitude of health workers towards Congolese refugees;
 - unreliability of ambulance services above all in remote locations;
 - lack of NFIs, including MHM kits, mosquito nets and soaps;
 - long distances to newly gazetted food distribution points and little rations;
 - diminishing confidence with the food distributed emanating from the rumour of poisoned food distributed in the North;
 - food distributed (maize grain) is not favourable for the young and elderly;
 - unfriendly means of transporting new arrivals from Sebagoro entry point to the Reception Centre;
 - conditions of facilities at the Reception Centre (no slashing, filled up latrines)
 - long waiting time at both Sebagoro and Kagoma Reception Centre
- 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.
- 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.
A mission from IFRC CEA team was conducted in November 2019 to appreciate activities undertaken, as well as further strengthen capacities of URCS CEA's officers and volunteers.

Activities planned;

- CEA needs assessment – to review community preferences on how to provide feedback
- Mobile cinemas
- Continued collection of feedback on services provided by URCS

- Develop and operationalize feedback mechanism – including community feedback collection mechanisms and analyses to improve quality of services
- Widely disseminate information on the role of the Red Cross as well as channels for provision of feedback by communities
- Organize and host community meetings to enable communities to share their priorities and concerns on the response

Outcome S3.2: The programmatic reach of the National Societies and the IFRC is expanded.

Output S3.2.1: Resource generation and related accountability models are developed and improved

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

Progress towards outcomes

Activities conducted between January 2018 and December 2019:

- 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;
- 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;

Activities Planned;

- Regular reports on progress in implementation of planned activities

Reference documents



Click here for:

- [Emergency Appeal](#)
- [Emergency Appeal Revision 1](#)
- [Emergency Appeal Revision 2](#)
- [Operations Update 1](#)
- [Operations Update 2](#)
- [Operations Update 3](#)

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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.

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.