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Emergency Plan of Action Operation Update Uganda / Africa: Refugee Influx from DRC

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRUG040	GLIDE n° EP-2018-000021-UGA
EPoA update n° 1; 14 May 2018	Time covered by this update; January 17 – April 30
Operation start date: 17 January 2018	Operation Time frame; 9 months. End date; September 2018
Appeal budget: CHF 1,930,176, of which DREF allocated: CHF 206,305	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), the Netherlands Red Cross (NLRC), the Belgium Red Cross (BRCS), and the Austrian Red Cross (AutRC) Society.	
Other partner organizations actively involved in the operation: 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).	

A. SITUATION ANALYSIS

Description of the disaster

Since January 1, 2018, 77,429 people fleeing from interethnic violence that erupted in the Ituri and North Kivu Provinces of the Democratic Republic of Congo (DRC) arrived in Uganda. According to the latest UNHCR Inter-Agency Emergency Update on DRC situation, dated April 30, the total number of Congolese refugees in Uganda as of February 28, 2018 is equal to 276,570. Out of this total number 43,908 people arrived between January and December 2017. The refugees reported an increased number of attacks against civilian population, killings, as well as looting, request of ransoms for usage of agricultural lands and destruction of private properties.

The newly arriving refugees are registered by the Ugandan Government in the Refugee Information Management System (RIMS). They are temporarily accommodated at the reception and transit centres where they are provided with food, basic package of Core Relief Items (CRIs) and basic services. When granted the refugee status, they are then allocated plots of land within refugee settlements, and supported with household items, shelter kits and farming implements. Health and WASH services, as well as education support are by various humanitarian agencies, including the Uganda Red Cross Society (URCS). The DRC influx constitutes one of the three major refugee emergencies that Uganda is currently provided responding to, in addition to the South Sudanese and Burundi influxes.

The Uganda Red Cross Society (URCS) refugee response started on January 17, 2018 through a Disaster Response Emergency Fund (DREF) with a budget of CHF 206,306. With 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 Hoima District, over a period of three months.

The increased arrival rates, with high levels of unmet needs necessitated the Uganda Red Cross response to extend to a new site in Kyangwali, Maratatu, and to increase the scale of the operation to support extra needs at Kagoma reception centre in the wake of a large cholera outbreak that affected a total of 2,248 persons in both Kyangwali and

Kyaka II since the outbreak was declared in mid-February 2018, causing 45 deaths (case Fatality Rate=2.0%). The outbreak has since been controlled with no new cases reported in Kyangwali for the past 11 days.

The dire hygiene and sanitation situation triggered by mass arrival in February, and the confirmation of Cholera cases among the refugee population prompted URCS to start the following activities:

- Cholera prevention and hygiene promotion activities in Sebagoro landing site, Kagoma reception center and the three settlement areas of Maratatu, Marembo C and Mombasa in Kyangwali
- Safe water production with the establishment of a water treatment unit (WASH Kit 5, up to 100,000 liters/day) in Kanara landing site (Ntoroko) and a second Kit 5 setup in Maratatu, Kyangwali settlement (this was started under URCS direct funding, to respond to the needs timely)
- Registration of new arrivals in Kanara and Kagoma reception center Sanitation improvement at transit site in Kanara and Kagoma reception center

With the support of UNICEF, URCS conducts community-based interventions for prevention and control of Cholera and Shigellosis affecting refugees in Kyaka II settlement, also extending to at-risk neighboring communities in Kyegegwa district.

Protection activities are implemented by URCS in collaboration with ICRC in all crossing points, reception and transit centers, as well as Refugees Settlement. URCS is involved in Child Protection services through the provision of tracing and reunification of unaccompanied and separated children and minors (UAMs), family reunion, telephone services and psychosocial support.

UNHCR is the lead agency in registration, camp management, and shelter (all shelter components, including NFIs for all new arrivals), with various implementing partners. URCS has currently no agreement with UNHCR in Kyangwali or Kyaka II settlements. URCS only recently started activities in these camps and is still in discussion with UNHCR for collaboration. Among the UN agencies, the current agreement is only with UNICEF. UNHCR, together with the Office of the Prime Minister (OPM) is leading the coordination between actors on the ground, which includes URCS operations.

The IFRC Emergency Appeal Operation supports the URCS activities in Kyangwali refugee settlement. The URCS operation in Kyaka II, Ntoroko landing site and Kagoma reception centre are funded by other partners, including UNICEF and the Netherlands Red Cross. The Austrian RC supports safe water production in Kyangwali and the Belgium RC supports preparedness activities and branch capacity building for the 4 branches supporting the URCS DRC refugee operation.



Figure 1: Uganda Red Cross volunteers receiving newly arriving refugees at L. Albert - Kanrara landing site, Ntoroko district.

Summary of current response

Overview of Host National Society

Uganda Red Cross Society (URCS) operates countrywide through 51 Branches spread out in all 112 districts. Kyangwali refugee resettlement, which hosts the Congolese refugees, falls within the jurisdiction of Hoima Red Cross Branch which already has activities related to Restoring of Family Linkage (RFL) among the old refugee caseloads in the main settlement. The Hoima Branch has adequate number of residual volunteers (165) who were previously engaged in European Union and Land Rover-funded WASH projects that concluded in Hoima and other neighboring districts who can be rapidly mobilized, oriented and deployed to support the operation. This is in addition to a national surge capacity of 30 WASH National Disaster Response Team (NDRT) roster members who are available for immediate deployment. On 30 December 2017, URCS deployed a team to support Hoima branch in assessing the trends of the influx, current situation, emerging needs and explore possible areas of intervention within the Red Cross mandate. Currently 40 Hygiene promoters have been mobilized with six staff and two National Disaster Response Team (NDRT) members are deployed to support the interventions in Kyangwali refugee settlement.

The URCS's involvement in the current South Sudanese Refugee operation in the West Nile region provides additional technical capacity, experience and leverage additional human and materials resources for response, especially in the field of WASH, reception centre management, shelter, livelihoods, community health and Restoring Family Links (RFL). The legal mandate provided to the URCS in the National Internally Displaced Persons (IDP) and National Disaster Policies will ably facilitate our involvement in this response.

The Uganda Red Cross Society (URCS) is involved in protection activities, providing Family Tracing services to the new arrivals at Kagoma RC. The tracing services includes phone lines to contact family members and registration of UAM with family tracing needs. The NS is also providing WASH services in Kyangwali settlement. The WASH intervention includes, Hygiene promotion and construction of communal sanitary facilities to reduce on the open defecation all over the settlement.

Overview of Red Cross Red Crescent Movement in country

At the country level, URCS partners with the IFRC, ICRC, and Partners National Societies (PNSs); including the Netherlands Red Cross, German Red Cross, Belgium Red Cross-Flanders, Austrian Red Cross, and most recently the Canadian Red Cross, of which all have delegates in country. In addition to refugee emergency operational support, the various PNSs also support emergency health, disaster preparedness and response as well as food security and livelihood projects in various branches.

Sn	PNS	Focus on refugee response
1.	International Federation of Red Cross & Red Crescent Movement (IFRC)	Global coordination, resource mobilization and technical assistance to the Emergency Operations
2.	International Committee of Red Cross (ICRC)	Restoration of Family Links in all refugee reception centres and refugee settlements
3.	Netherlands Red Cross	<ul style="list-style-type: none">- Community Based Health & First Aid (CBHFA) for the South Sudanese Refugee Operation in Rhino Camp, Arua Branch- Launched a bilateral support (Euro 340,000) to DRC refugee response in Ntoroko refugee entry point and Kyaka II refugee settlement in Kyegegwa district.
4.	German Red Cross	Food security and livelihood support to South Sudanese refugees in Mungula refugee settlement, Adjumani Branch
5.	Belgium Red Cross-Flanders	<ul style="list-style-type: none">- National Society Disaster Preparedness capacity building.- Currently mobilizing Euro. 900,000 to support capacity building for 4 branches in proximity to the DRC
6.	Austrian Red Cross	Support to safe water production in Kyangwali and newly launched sanitation intervention as part of South Sudanese Refugee Operation at Imvepi and Bidibidi refugee settlement, Arua Branch
7.	Icelandic Red Cross	Support to Psychosocial support intervention as part of South Sudanese Refugee Operation in Arua Branch
8.	Canadian Red Cross	Newly launched Community Based Health & First Aid (CBHFA) as part of South Sudanese Refugee Operation at Imvepi refugee settlement, Arua Branch

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

Through the MDRUG038 refugee response appeals, the IFRC has been facilitating the National Society with required financial and technical resources including deployment of emergency response tools that have enabled effective response to the South Sudanese Refugee operation since 2016. This is in addition to other development projects in WASH and public emergencies, including the recent outbreak of Marburg Viral Disease which was facilitated through DREF.

The overall management, monitoring and evaluation of this refugee response operation is done by the URCS Disaster Management team, with technical assistance from the Health team. Coordination is at national, regional and local levels with all other stakeholders, including the Government through the Office of the Prime Minister (OPM), UNHCR and Hoima District Local Government for technical support and standardization of approaches. URCS staff and volunteers in Hoima branch implement the operation with technical support from the Headquarters, the IFRC Eastern Africa Cluster Office in Nairobi and the ICRC country delegation. The URCS continues to attend coordination meetings, sharing information, experiences and best practices related to the operation as appropriate.

Overview of non-RCRC actors in country

The URCS has been implementing refugee response interventions in close partnership and coordination with Government of Uganda's Office of the Prime Minister (OPM), as well as Ntoroko, Hoima, and Kyegegwa District Local Governments. Other humanitarian partners involved in national level strategic coordination mechanism include the UNHCR, FAO, IOM, UNAIDS, UNFPA, UNHCR, UNICEF, UNOPS, WFP, WHO, Agency for Cooperation and Research in Development (ACORD), Africa Humanitarian Action (AHA), African Initiatives for Relief and Development (AIRD), American Refugee Committee (ARC), Care International, Care and Assistance for Forced Migrants (CAFOMI), Danish Refugee Council (DRC), Finn Church Aid (FCA), Food for the Hungry (FtH), Finnish Refugee Council (FRC), Handicap International (HI), Humanitarian Initiative Just Relief Aid (HIJRA), ICRC, IsraAID, Lutheran World Federation (LWF), Mercy Corps, MSF-France, Medical Teams International (MTI), Nsamizi Training Institute of Social Development (NSAMIZI), Norwegian Refugee Council (NRC), Save the Children (SCI), Samaritan's Pursue (SP), TUTAPONA, War Child Canada (WCC) and Windle Trust Uganda (WTU).

Sn	Agency	Sector	Interventions
1.	Office of the Prime Minister (OPM)	Coordination	Registration, attestation, camp management and general welfare
2.	United Nations High Commission for Refugees (UNHCR)	Coordination	Registration, attestation, general refugee welfare and partner agency coordination
3.	UNICEF	<ul style="list-style-type: none"> - Child Protection - Education - WASH - Health & Nutrition 	Support to IPs to provide child protection, education (ECD), WASH and Health/nutrition interventions
4.	Uganda Police Force	Protection	<ul style="list-style-type: none"> - Providing security in both Landing Site and the Settlement. - At Sebagoro landing site, Police Marine Unit ensures that the boat operators adhere to safety standards while using their boats on the lake, and preparedness for search and rescue in case of boating accidents.
5.	International Organization for Migration (IOM)	WASH	<ul style="list-style-type: none"> - Hygiene promotion - Sanitation improvement in Marembo C and Maratatu, Kyangwali refugee settlement
6.	United Nations World Food Program (WFP)	Food Security and Nutrition	Provision of high-energy biscuits, and hot meals to new arrivals as well as monthly food distribution rations

7.	Lutherans World Relief (LWF)	- WASH - Shelter	- Provision of core relief items to new arrivals, - Sanitation improvement, hygiene promotion,
8.	Action Africa Help (AAH)	Health	Curative health and nutrition services through static and outreach stations, and patient referrals
9.	Norwegian Refugee Council (NRC)	WASH	Sanitation improvement and hygiene promotion in Maratatu, Kyangwali refugee settlement
10.	Danish Refugee Council (DRC),	WASH, Protection	Hygiene Promotion, Camp management
11.	Médecins sans Frontières (MSF)	Health & WASH	Establishment and operation of Cholera Treatment Centres at Sebigoro and Kagoma reception centre in Kyangwali refugee settlement
12.	Save the Children International (SCI)	Protection	- Child protection - Early childhood education/child friendly spaces
13.	ICRC	Protection	Restoration of Family Links (RFL)
14.	Windle Trust	Education	Pupils registration for school, and provision of instructional materials

Partner coordination is facilitated through monthly Inter Agency Coordination meetings managed by OPM and UNHCR where the URCS and ICRC represent Red Cross movement partners. This is in addition to WASH, Protection, Health & Nutrition sectoral coordination mechanisms that take place more frequently. At field levels sectoral coordination meetings are convened on weekly basis.

In the wake of cholera outbreak in Kyangwali and Kyaka II, UNICEF provided direct support to URCS to respond to the cholera crisis in Hoima and Kyegegwa districts, with a total budget of USD 237,368.69 (USD 137,371.23 provided in in-kind/supplies and USD 99,997.47 provided in cash through a standing Partnership Corporation Agreement (PCA)). This support enabled the Uganda Red Cross Society to double efforts in the provision of assistance to meet the increased safe water, sanitation and hygiene needs that arose as the results of the large cholera outbreak, which facilitated effective control to the outbreak as well as indirectly contributing to meeting key WASH targets. By the time of reporting, no cholera cases were reported in Kyangwali since the past 11 days, the district is now qualified to be declared cholera-free.

Needs analysis and scenario planning

Needs analysis

An assessment was done the first week of February 2018 by URCS with the support of the IFRC Operations Manager. Access to clean and safe water is one of the most urgent needs identified by team, which was in line with the OPM and focus groups discussion conducted with refugees. Please find below an overview of main outcomes of this assessment:

Kwangwali Refugees Settlement		
Sector	Gap	Comment
WASH	Emergency safe water supply	The current water trucking system, managed by Action Africa Help (AAH) and African Initiatives for Relief and Development (AIRD), respectively managing safe water production and water trucking, is not able to supply adequate water to all areas of Kwangwali Refugee Settlement (current estimate below 5l./day/pers).
	Sustainable water supply	UNHCR conducted a hydrogeological study for 4 water production wells in Malembo C and Mombasa in Kyangwali, which hosts the old refugee case load, and Maratatu, which will be open once Malembo C and Mombasa will have reached their capacity. UNHCR plans the construction of a pipe water system, to be realized with the support of partners, for which the drill of boreholes has already started. However, the ground water potential has appeared to be limited, only 30% of the drills are successful. Therefore, URCS has been requested to extend the timeframe of the water production, while more sustainable solutions continue to be assessed.

	Coverage of sanitation facilities at institutional and HH levels	The current coverage both at institutional level and HH level of sanitation facilities remains low, with specific identified gaps of 473 latrines, 473 bathing shelters, 23 rubbish pits and 144 handwashing facilities in Mombasa.
	Hygiene promotion	The current number of hygiene promoters deployed to conduct sensitization sessions is insufficient (40 URCS volunteers, for more than 32,000 new arrivals, scattered on a large territory, with a vulnerable host community around the settlement).
	NFI	The number of hygiene kits distributed on arrival is insufficient. Menstrual Hygiene Management (MHM) kits were identified as a need for 6,081 women and girls of reproductive age (1,600 in Malembo C and 4,481 in Mombasa).
Health	Community health	- The operating community-based health system relies on a limited number of Village Health Teams (VHTs), who do not have capacities to provide intensive health promotion campaigns. - Community based reproductive health interventions including adolescent sexual reproductive health, family planning, SGBV, and HIV/AIDS prevention, care and support are inadequate.
	Curative services	The increasing number of people seeking health services from Government health facilities, whose services are free both for nationals as well as refugees, stresses health resources, particularly drugs and medical supplies, originally forecasted for nationals only.
	Psychosocial services	Psychosocial activities are identified as needed to respond to trauma as result of high level of violence experienced by refugees while in DRC
Protection	Community services	Sensitization activities on Child Protection (CP) and Sexual and Gender Based Violence (SGBV) principles are identified as lacking for preventing cases of violence, abuse and neglect.
Reception center	Reception center management	As per latest UNHCR Inter Agency humanitarian update on DRC situation (2 March): - over 2,000 people are currently sheltered at Kagoma Reception Center; congestion poses problems of WATER, health, protection; - over 1,000 people remain at Sebagoro border point waiting for relocation.
Camp Management	Resettlement	The identification of additional land and demarcation of plots are slower in comparison with the arrival rate of refugees.
	Community based structure	Refugees leadership structures in Malembo C, Mombasa and Maratatu are not yet established which affects coordination and targeted interventions.

- A new health assessment is planned for end of May. The assessment will take into consideration the increased number of refugees that arrived in Uganda in the months after January (numbers increased from 6.000 in January 2018 to 60,649 people in April 2018). With the increased influx, the number of humanitarian agencies providing support increased and Kyangwali refugee settlement expanded, resulting in a new subdivision of the areas of intervention between partners, led by OPM and UNHCR.
- A PGI surge mission is planned for in May (May 20-31) to conduct a situation analysis for SGBV/CP and PGI assessment of existing RC/RC activities including recommendations for improving the dignity, access, participation and safety of those most at risk
- In the initial EPoA, shelter was not an area of focus. However, shelter needs have been identified, specifically for vulnerable people with special needs (PSN). Luxembourg Red Cross will support URCS with a shelter assessment in May, to; identify shelter needs and issues for PSN, find a semi-permanent solution for 3000 identified PSN; looking at a community solution in reception centers for vulnerable people with special needs.

At interagency level, the UNHCR, OPM and partners too plan to revise the Integrated Refugee Response Plan (I-RRP) based on a new contingency planning scenario of 200,000 new refugee arrivals by the end of December 2018.

Operation Risk Assessment

The influx of refugees may continue due to worsening security situations in the country of origin. This has resulted into revision of the operational strategy, by launching an Appeal that will ensure that URCS is properly resourced and supported to provide life-saving operational activities for the Persons of Concern (PoC) beyond the DREF allocation.

To make matters worse, a wave of cholera outbreak was declared in Kyaka II and Kyangwali refugee settlements since mid-February 2018 that affected a total of 2,248 persons, causing 45 deaths, giving a Case Fatality Rate (CFR) of 2.0 percent. This affected the URCS operation as it necessitated redirection of efforts away from the official implementation sites of Mombasa & Marembo C, towards the highly congested Kagoma reception centre and Sebaogro landing site

which posed highest risks of cholera spread. It also required mobilization of extra resources for cholera outbreak response, which was provided by UNICEF. At the time of compiling this update, the cholera outbreaks in both Kyaka II and Kyangwali are well under control with only 2 cases reported in the preceding week. To limit future threats from cholera, the Ugandan Ministry of Health (MoH), with support of World Health Organization (WHO), United Nations Children's Fund (UNICEF) and other health partners, for the first time launched and introduced Oral Cholera Vaccine (OCV) on May 2, 2018 as a complementary intervention targeting cholera hotspot and other vulnerable communities; including refugee population. In Kyangwali, the five-day OCV campaign was completed, benefiting a total of 80,095 people (94% of the whole population) in the new and old settlements.

UNHCR confirms that limited access to land and natural resources has the potential to cause tensions among refugees and host community members. Major protection concerns mainly root from land allocation, as many refugees reported that the land initially given to them by OPM has been reallocated to new arrivals, causing social unrest. Additionally, access to livelihood opportunities is limited especially for persons with special needs and in particular, women and girls. Some members of these vulnerable group may engage in harmful coping mechanisms such as survival sex work.

While implementing the emergency operation, URCS has continued to assess the situation and continuously adjusted to come up with an appropriate response strategy. A PGI surge support mission is planned for in May, to further look into protection issues and strengthen URCS response in this area.

B. OPERATIONAL STRATEGY

Proposed strategy

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

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

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

This EPoA targets 18,000 persons among the newly arrived refugees in Kyangwali settlement. The operational strategy focuses on WASH and Health activities:

WASH	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 Sanitation, construction of sanitation facilities for 3,000 HH Hygiene promotion NFI distribution (jerrycan, soap, tools, MHM kit, mosquito nets)
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
Protection and PSS	Peer to Peer (P2P) youth programme and awareness sessions on SGBV and child protection, child friendly places, and women and girls' safe spaces.
Shelter	A shelter assessment will take place in May 2018, to identify shelter needs and solutions for 3,000 PSN

The intervention will take a community-based approach, through the identification, capacitation and involvement of community members. To guarantee the equal representation of interests of all segments of the population, the approach will involve women, man and youth in the delivery of activities through the revitalization or creation of committees and

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

groups, such as Protection Committees, Peer to Peer groups and Male in Action groups. Both mobile and static approaches will be adopted in the implementation of activities, with the collaboration of community members for the identification of already existing gathering places to be used as Child Friendly Spaces (CFS) and Women and Girls Safe Spaces (WGSS) to be upgraded and equipped.

As a means of local capacity building and empowerment of the affected population, the operation recruited and integrated some of the refugees as part of the volunteer force assisting with community engagement and delivering the operational interventions. This initiative is also assisting with effective communication with the beneficiary population as the refugee volunteers speak in the local dialogue 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 beneficiaries.

To align the planned interventions to meeting real needs of the beneficiaries, the operation has integrated various Community Engagement & Accountability (CEA) mechanisms such as conducting CEA focus group discussion to understand current needs, post distribution assessment and making volunteers available to listen to any feedback while conducting house-to-house hygiene and health promotions activities.

Capacity strengthening of the National Society is a key objective of URCS, and several steps have already been taken in this direction, most notably by Belgium Red Cross Flanders with DRR training. NDRT trainings have been conducted in the recent past, and more is planned by URCS. Belgium Red Cross has expressed strong interest in supporting these activities bilaterally and will conduct an assessment with all branches involved in Congolese refugees' response.

The Netherlands Red Cross is supporting the URCS DRC Refugee Response operation bilaterally in Ntoroko landing site and Kyaka II refugee settlement.

NAVISON financial system has been implemented at URCS HQ and is progressively being rolled out in the various branches. Hoima branch is one of the branches to have the system implemented. The Hoima branch manager is RDRT and Camp Management trained, and currently the only staff in the branch. Both him and the volunteer accountant assistant have received the NAVISON training.

Several NDRTs have already been deployed and will reinforce the teams of volunteers in all aspect of the operations, as many have been trained and are experienced in areas of WASH, Health, reporting, distributions. 1 RDRT CEA specialist is requested to strengthen URCS team.

To strengthen the operation, IFRC has recruited a Finance Delegate, who is supporting IFRC operations in both Tanzania and Uganda. Currently the in country IFRC Operations Manager supports both the South Sudanese and DRC refugee response operation. The recruitment of a logistic delegate is planned for as soon as funding allows.

In May 2018 a joint URCS and IFRC PMER mission is planned for, to roll out the ODK/KoboCollect mobile data collection system and develop the PMER plan (including indicator tracking table, planning and monitoring tools. Special attention will be given to the collection and analysis of data disaggregated by sex and age as per the IFRC Counting People Reached Technical Note. At this regard PMER staff and URCS staff will have the occasion to work in complementarity with the PGI Surge Support. Actuals on the indicators in the detailed operational plan will be updated after the PMER visit.


The IFRC will actively communicate 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 will be maintained between the regional communications unit, IFRC country office and the Uganda Red Cross to ensure a common communications approach is adopted that ensures that Movement partners speak with one voice.

Commonly agreed key messages and talking points will be produced together with Cross-Media materials. A proactive approach will be maintained regarding engagement with the international media so that the Red Cross response is well profiled and resource mobilization efforts are supported. Communications material will be actively promoted via IFRC communications platforms namely:

- Ensure that the situation regarding the population movement crisis and the work of the National Society is well documented and shared with media channels to profile the RCRC appropriately;
- Support the appeal and other major milestones throughout the operation using people-centred, community level compelling content, including web stories, blogs, video footage and photos with extended captions.

- Maintain a social media presence throughout the operation utilizing IFRC platforms such as Facebook and Twitter
- In collaboration with programmes, work on advocacy messages to address the different issues linked to the current situation

C. DETAILED OPERATIONAL PLAN

 <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	0.23%
Under-five mortality rate (per/10,000/day)	<2	0.23%
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
Progress towards outcomes		
<p>In January 2018 a rapid health needs assessment aimed at identifying most common diseases among refugees & host community and services available was conducted. On the basis of this assessment URCS designed its strategy of intervention. A second health assessment will be realized in the month of May 2018 which will take into consideration:</p> <ul style="list-style-type: none"> - increased number of refugees from DRC from January 2018 (6.000 people) to April 2018 (60,649 people) in Kyangwali refugee settlement; - increased number of humanitarian agencies providing support; - further expansion of Kyangwali refugees settlement including a new subdivision of the areas of intervention from OPM and UNHCR between partners. 		
Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators:	Target	Actual
At least 1 Community Health Worker (CHW)/Red Cross volunteer is available for every 500 persons	500	600
Progress towards outcomes		
<p>A 5 days training on Epidemic Control for Volunteers (ECV) adopting IFRC manual and tools on common diseases was conducted in February 2018 with the participation of 40 URCS' volunteers. The decision to prioritize the ECV training versus the Community Based Health and First Aid (CBHFA) training, planned as per project document, was based on the immediate needs to train URCS' volunteers in responding to the cholera outbreak. The CBHFA training will be conducted in the month of May 2018, focusing on the most common diseases identified through the health needs assessment, as per output 1.1. The newly revised CBHFA manual will be adopted as main tool of reference. A copy of it will be printed and distributed to each URCS health volunteer (30 in total) to facilitate sensitization sessions among community. Due to the increased population in Kyangwali refugee settlement, special attention will be given to the module on Road Safety to raise awareness between both riders and drivers, as well as pedestrians on road usage, vis-à-vis to the increased number of road accidents. On the basis of the health needs assessment as per output 1.1, URCS will take the decision either to maintain the purchase of 30 first aid kits (1 for each volunteer) decide to purchase a smaller number of more complete first aid kits to be placed in strategic points such as Kagoma Reception Center or in market places.</p> <p>To provide adequate emotional support to refugees from DRC, 20 URCS' volunteers were trained in the month of March in Psychosocial support (PSS) in Emergencies. PSS was also used by URCS' volunteers as entry point to sensitize the community on health, sanitation and hygiene, topics difficult to approach without previously having taken into consideration and managed post-traumatic stress conditions of refugees arriving from DRC. To guarantee a multiplier effect, URCS volunteers trained on PSS in Emergencies cascaded their knowledge to other URCS volunteers. This allowed to reach better results in terms of behavioural change, as well as in building trustful and long-term relationships between URCS' volunteers and community members.</p>		

Between March and April 2018 two cases of mental health were referred to AAH as per referral pathways. The other 85 cases identified (56 females and 29 males) were managed directly by URCS volunteers. Of them, 70% of female cases were single mother heads of HH in need of emotional support.

To guarantee an adequate level of PSS to community members and URCS volunteers, daily briefings between staff and volunteers, and monthly self-care sessions are organized as part of PSS support counselling.

The ratio 1 community health worker every 500 people, as per target set, is slightly higher (1: 600 people) due to the increased number of refugees from DRC. Health sensitization sessions are currently conducted by URCS volunteers through community meetings, focus group discussions and one-on-one sessions, in addition to participatory activities such as drama shows and songs. The procurement of an infotainment kit for the conduction of mobile cinema activities, currently ongoing, will guarantee a bigger impact at community level.

In the implementation of the above-mentioned activities URCS faced the following challenges:

- the cholera outbreak and the need to respond rapidly to the outbreak, delayed the implementation of activities planned as per project document;
- limited capacity of URCS in terms of staffing vis-à-vis partners' requests to cover additional zones with community sensitization activities, not included in the project document;
- capacity of URCS in terms of staffing vis-à-vis urgent partners' request to conduct disinfection activities at Kagoma Reception centre.

Output 1.4: 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	2.106 cases of cholera identified (23 rd Fed- 15 th April)
Malaria, watery diarrhea, Meningitis (x1.5 baseline), bloody diarrhoea (x5 baseline)	N/A	15 cases/day malaria and 29 bloody diarrhea /day

Progress towards outcomes

To harmonize health response in Kyangwali refugees' settlement, weekly Health coordination group meetings are organized, led by OPM and UNHCR, URCS acts as Secretary. Partners have agreed to:

- the creation of community structures for disease prevention and disease early detection through daily surveillance activities;
- the adaptation of clear referral mechanisms to be used both between partners and community members;
- the possibility of sharing resources (material, staff, etc) to respond to immediate needs, such as outbreaks;
- the harmonization of IEC materials;
- *promote knowledge exchange through joint trainings and information sharing platforms*

URCS created 10 Community structures for diseases prevention and disease early detection, 6 of which are supported through UNICEF funds which allowed URCS to operate in newly opened and unserved areas, such as Maratatu D. Between February and April 2018, URCS identified and trained 90 community members (9 people per Community structure) in disease prevention and control, allowing them to conduct daily disease surveillance activities within their blocs. To guarantee gender balance, and thus representation interests of all community members, the position of vice committee is assigned to a woman. For the time being, referrals are still made by community members to URCS' volunteers and not directly to health partners. This allows adequate follow-up by URCS and demonstrates the trustful linkages created between URCS and community members. This good relationship also facilitates other URCS activities, such as NFIs distribution and community mobilization for immunization and vaccination campaigns.

In addition to the ECV training, URCS health volunteers were trained by WHO, in coordination with the Ministry of Health and the District Health Office, on communicable disease surveillance in February 2018. IEC materials for sensitization sessions were provided by WHO and UNICEF.

In the response of the cholera outbreak, coordinated with health partners (MSF, MTI, AAH, WHO), URCS established as well 3 Oral Rehydration Points (ORP) in Kagoma Reception Center, Maratatu and Marembo C providing immediate support to 350 people from the refugee's community, before referring them to health centres for further management of cholera. An ORP kit training is planned for in May in Hoima and other cholera affected districts, ORP kits will be prepositioned in case of future outbreaks.

As per the output 1.3, the procurement of an infotainment kit for the conduction of mobile cinema activities is currently ongoing. This will guarantee a bigger impact at community level in diseases prevention and control, in addition to mass media campaign to be realized through radio talk shows. The content of the campaigns and shows will be designed based on the findings of the health needs assessment as per output 1.1.

URCS did not face any major challenge in the realization of activities included in this output, with exception to the challenges mentioned in output 1.3: the capacity of satisfying partners' expectations on URCS ability of social mobilization in areas not targeted as per project document.

Output 1.8: Minimum initial maternal and neonatal health services provided to target population

Indicators:	Target %	Actual
100% of births assisted by skilled attendant	100	Data not yet available
100% of pregnant women have access to complete Ante-Natal Care (ANC)	100	Data not yet available
At least 95% of children aged 0-6 months and 15yrs have received polio and measles vaccination	95	Data not yet available
At least 95% of children aged 6-59 months have received an appropriate dose of Vitamin A	95	Data not yet available
At least 90% of children aged 0-12 months have received 3 doses of DPT/Pentavalent vaccine	90	Data not yet available

Progress towards outcomes

Between February and April 2018, URCS volunteers attended the following trainings:

- maternal and child health including immunization, deworming, Vitamin A supplement, child growth monitoring, PMTCT/MTCT and use of dignity kits (2 days training);
- cholera vaccination (1-day training) promoted by the MoH.

The trainings allowed URCS volunteers to support health partners in community mobilization for immunization campaigns.

URCS is currently including sessions on maternal and child health in the framework of CBHFA activities.

The procurement of the 500 dignity kits for pregnant women has been initiated, with the distribution planned for in the month of June 2018.



Water, sanitation and hygiene

People reached: 37,500

Male: 15,000

Female: 22,500

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

Indicators:	Target	Actual
% of target population that has access to sufficient safe water (Household survey and inspections).	90	Data not yet available
% of target population that is using adequate sanitation (Household survey & inspections).	85	Data not yet available
% of target population that has increased knowledge of hygiene practices (Household survey and inspections).	100	Data not yet available

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

A 2 days training on Water, Sanitation and Hygiene assessment, informing on i) source of water/HH; ii) quantity of water available/HH and iii) typology and conditions of sanitation facilities/HH was conducted by IOM on March 2018. 20 URCS' volunteers were trained on the 60 HH survey tool to be used both for collection and analysis of data.

Gaps and needs are identified by URCS, as well as other partners on the base of additional weekly assessments.

In the realization of WASH needs assessments, URCS faced the following challenges:

- difficulty in conducting WASH assessments in areas where other needs were identified by URCS and other partners, but not yet attended to.

- delays in conducting assessments due to ongoing activities targeting the entire community, such as the verification exercise, immunization campaigns and food distributions.

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 people provided with safe water at the point of distribution & at the point of use.	18,000	37500
n° of liters OF safe water distributed at the point of distribution and at the point of use	Data not yet available	Data not yet available
At least 15 liters of safe water distributed per person per day.	15 l/p/d	8 l/p/d
% of people practicing good water handling practices which includes use of sufficient water storage container	100	Data available after survey

Progress towards outcomes

The main sources of water in Kyangwali refugee settlement are represented by motorized wells and the URCS water treatment unit in Maratatu, from which water is trucked.

Currently the need in terms of water in Kyangwali refugee settlement is equal to 861 m³/day, but only 500m³ are trucked daily, including 150 m³ / day from URCS Water Treatment Unit (WTU). The main challenge in guaranteeing adequate levels of water available per person as per SPHERE standard in emergency, is linked to the water availability. In the event of wells dryness, the only source of water is the URCS WTU, which could produce up to 300 m³ / day if:

- further supported with consumables for water production (aluminum Sulphate, chlorine, DPD 1 and Phenol red tablets) as well as fuel and engine oil for water pumps, which is currently being provided by the Austrian Red Cross as result of a bilateral engagement with URCS. Due to the fact that the Austrian Red Cross is supporting the WTU, additionally to the budget reserved for the WTU in the appeal, the remaining budget from the IFRC Appeal for WTU will be to further support with consumables and engine oil.
- further developed with the purchase of two T75 water tanks for water storage, in addition to the 6X10 m³ tanks already procured and installed, complete with connectors and taps stand for water distribution to community.

Due to the increased influx and the limited capacities on the ground, the total number of people reached with the provision of safe water is much higher than targeted for, however, the total amount of liters of safe water distributed per person is limited to 8l/p/d instead of the targeted 15l/p/d

Even though WASH partners are aware of the hazard linked to the continuation and expansion of water trucking activity, nowadays this represents the only possibility in the provision of water, above all due to the poor results in terms of water availability from the boreholes drilled by other partners, as part of the water supply chain master plan developed by OPM and UNHCR. Therefore, URCS proposes to further expand its capacity in terms of water production at Maratatu WTU though the abovementioned measures, rather than conduct direct water trucking activities as per original project document.

URCS WASH volunteers trained 144 members of the 16 Sanitation committees (9 pp/Sanitation committee) in February and March on the use of water purification chemicals. After this training, Sanitation committee members supported URCS' volunteers in the distribution of aqua tabs and pure sachets to 18,000HH (15 liters/pers/day*1 month) in Mombasa, Maratatu and Marembo C and in the sensitization of community members of their use.

Due to the challenges faced in water availability linked to low productive wells in Maratatu, and the significant distance from URCS WTU combined with unsuitable road conditions, the next distributions of WASH NFIs will prioritize this specific area. NFIs distributed so far were provided by UNICEF. Considering the needs, additional procurements of water purification chemicals will be launched.

In addition to the water purification chemicals, URCS distributed in the month of January 2 jerrycans of 20 liters to 3,000 HH. URCS volunteers are engaged in daily quality surveillance activities at HH and distribution point level in order to maintain and guarantee the safe water chain.

URCS is currently engaged with WASH partners, as well as OPM and UNCHR, to identify PSN HH for the distribution of 200 filters. A final list of PSN HH will be made available by OPM in the month of May.

The WASH activities planned for in the initial EPoA in Ntoroko district, will be funded bilaterally by the Netherlands Red Cross. Current activities in Ntoroko include:

- Receiving refugees in Kanara town council started on 7th Feb 2018 and more are still coming. These refugees come from Democratic Republic of Congo from different villages like Kafe kakwa, Zoo, Gobu, Mboga, Racho, Bunia, Fichama, kyengovu, Nyankovu, Nyamamba, Nana, chomia, Kasenyi and many other villages in Ituri province of Democratic Republic of Congo. The total numbers of refugees registered by the URCS team since

7th Feb 2018 to date is 6,245, with a total of 5,938 refugees so far relocated by UNHCR to Kyaka II refugee settlement in Kyegegwa district.

- The URCS WASH kit 5 deployed in this location has since produced 1,220,200 liters of safe water and distributed a total of 1,132,000 liters of water to the local host community members and refugee population who have been temporarily camping at a local church in this area.

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	6,882
Average n° of people per toilet	6	6 for HH, 67 for communal
n° of households involved in one or more environmental sanitation interventions (solid waste management, drainage, vector control)	3,000	147

Progress towards outcomes

Between the months of February and March 2018, URCS implemented the following activities as part of the DREF intervention:

- construction of 60 communal emergency latrines for 6,000 people in Malembo C and Mombasa;
- construction of 100 communal bathing shelters for 6,000 people in Malembo C and Mombasa;
- environmental sanitation/cholera prevention activities such as drainage, vector control 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.

Both communal latrines and communal bathing shelters will be decommissioned mid-May. This brings the need to further accelerate the construction of sanitation facilities. The current level of implementation is affected by the lack of construction materials, above all poles and treated logs. To date 147 out of 3,000 HH latrines planned for in the appeal were constructed between February and April 2018. The 147 HH latrines were constructed with local materials. However, OPM has banned the cutting of any trees as a measure to protect the environment.

URCS initiated the process for the procurement of construction materials (poles, treated logs, nails, tarpaulin sheet, plastic slabs and vent pipes) for latrines, bathing shelter and 300 digging kits. HH latrines and bathing shelter construction activities will be delayed due to the need to procure the materials. In the meantime, URCS sanitation volunteers will continue to sensitize sanitation committees' members to promote the construction of HH latrines and bathing shelter construction.

UNICEF supported URCS with 100 latrine digging kits as part of the cholera response. Nevertheless, the procurement of 300 digging kits as per earlier planned in the EPoA will be maintained due to the increasing number of arrivals in Kyangwali. The distribution ratio will be 8 households per kit, as opposed to the ratio usually applied (10 HH / 1 KIT). This allows to expedite household latrines construction process. URCS looking into the possibility to secure additional support to ensure that the operation reaches an even lower and more effective ratio of 5 HH / 1 kits.

As mentioned at output 1.2 URCS is currently engaged with WASH partners, as well as OPM and UNCHR, to identify PSN HH with a final list made available by OPM in the month of May. Based on this, URCS will ensure that toilets are cleaned and maintained by community members through procurement of hygiene kits for 200 PSN HH (hard brush, liquid soap, brooms, hoe, rake, laundry soap).

In the following months, through the procurement of spray pumps, vector control activities will be continued.


Sanitation activities planned for in the initial EPoA will be implemented through the Netherlands Red Cross bilateral project in Ntoroko.

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
n° of people reached by hygiene promotion activities	18,000	Data not yet available
n° of volunteers involved in hygiene promotion activities	20	20
% increase in 3-5 aspects of personal hygiene knowledge	100	Data not yet available

% of handwashing facilities which show evidence of use & regular maintenance	100	Data not yet available
Progress towards outcomes		
<p>Hygiene promotion activities in the field are currently conducted by URCS volunteers through community meetings, focus group discussions and one-on-one sessions, in addition to participatory activities such as drama shows and songs. The procurement of an infotainment kit for the conduction of mobile cinema activities, currently ongoing, will guarantee a bigger impact at community level, along with the purchase of supplementary megaphones, in addition to the 7 in use.</p> <p>IEC materials (toolkits, posters, leaflets on hygiene promotion) created in collaboration with UNICEF and the MoH, are used for the hygiene promotion sessions. In addition to that, URCS volunteers will be equipped with PHASTER toolkits at the completion of the PHASTER training, to be conducted in the month of May 2018.</p> <p>Special attention is given to children in hygiene promotion activities, as they are the most affected by hygiene related diseases.</p> <p>To date URCS:</p> <ul style="list-style-type: none"> - conducted sensitization sessions on hygiene and sanitation, especially on effective handwashing, in Early Childhood Development Centers; - Collaborated with Windle Trust and Save the Children, the main Education partners, in the identification of schools for the distribution of hygiene and sanitation toolkits, which procurement is currently ongoing. <p>The procurement of (and training of volunteers on) Oral Rehydration Point (ORP) kits is planned for, as a cholera preparedness measure.</p> <p>In Ntoroko, all hygiene promotion activities that were initially planned for in the EPoA, are funded by the Netherlands Red Cross bilateral project with URCS.</p>		
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	773
Progress towards outcomes		
<p>Following the EPoA, URCS will procure the following NFIs of which will be accompanied by hygiene promotion and sensitization sessions:</p> <ul style="list-style-type: none"> - 18,000 liters of liquid soap for 3 months for communal sanitation facilities (2litres*3000HH*3months, jerrycan of 20litres); - 3,000 Menstrual Hygiene Management (MHM) kits; - 6,000 Long Lasting Insecticide Treated Mosquito Nets (LLINs) for 3000 HH (2/HH); - tippy tap materials (3 liters jerrycan and 12m rope) to promote HH handwashing facilities; - Disinfection materials (JIK and EMO) for communal sanitation facilities. 		
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).	90	Data not yet available
% of target population that is using adequate sanitation (Household survey & inspections).	85	Data not yet available
% of target population that has increased knowledge of hygiene practices (Household survey and inspections).	100	Data not yet available
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).	3	1
Progress towards outcomes		
Due to the continued influx of refugees from the DRC and the protraction of the emergency phase, no activity was conducted to achieve long term/durable solutions for water provision. Exploration of sustainable solutions for water provision are discussed at WASH cluster level. To date, OPM discourages well construction, as it could affect the water table, and looks at possibilities for drilling and motorization of all wells to more sustainable supply.		

	<h2 style="color: red;">Protection, Gender and Inclusion</h2> <p>People reached: 0 Male: 0 Female: 0</p>
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	
Progress towards outcomes	
<p>A 15 days PGI surge support mission will take place in May. The main purpose of the visit is to provide expert technical operational and strategic support to URCS staff and volunteers. The following activities are part of the Terms of Reference for the mission:</p> <ul style="list-style-type: none"> - situation analysis for SGBV/CP and PGI assessment of existing RC/RC activities including recommendations for improving the dignity, access, participation and safety of those most at risk; - development of a basic ½-1-day PGI training module for RC/RC staff and volunteers focusing on minimum standards and protection principles; - 2-3-days training on SGBV and child protection for RCRC staff and volunteers; - meet with American Refugee Committee and Save the Children to update referral pathways for SGBV and child protection; - collaborate with PMER team to ensure that sex and age disaggregated data as per the IFRC Counting People Reached Technical Note is gathered and analysed. 	
Output 1.2: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children.	
Progress towards outcomes	
<i>The strategy of implementation of Protection activities will be defined during the PGI surge support mission</i>	

<h2>Strategies for Implementation</h2>
Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved
Progress towards outcomes
<p>In the month of March, a 4-day training, including focus group discussions, was facilitated by the CEA RDRT, present in Uganda as surge support to the South Sudanese refugee operation. The training focused on identifying community information priorities and needs and the use of CEA approaches that can be used. To guarantee the implementation of CEA principles in all sectors of intervention, 10 volunteers health, wash and protection volunteers participated in the training.</p> <p>In the focus group discussions 27 women and 18 men participated.</p> <p>The focus group discussions focused on:</p> <ul style="list-style-type: none"> - perception of the services provided by URCS and other partners; - preferred feedback mechanisms by beneficiaries; <p>The focus group discussions enabled URCS to understand; the levels of knowledge that community members had of Red Cross and its interventions their community; the existing information needs and most preferred and trusted channels; knowledge of health risks and risky behaviors plus understanding existing feedback options, challenges in giving feedback and understanding community's preferred feedback channels.</p> <p>To date the following CEA activities have been implemented after the training and initial FGDs:</p> <ul style="list-style-type: none"> - Focus Group Discussion on soap and jerry cans distribution;

- Community dialogue on available services.

To ensure continued feedback mechanisms between community members, volunteers, and URCS staff, ad hoc feedback sessions are being organized.

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

Progress towards outcomes

In line with the initiative already undertaken in the West Nile in the response to the South Sudanese Crisis in terms of data analysis and collection, a training on the koboCollect/ODK platform will be organized in the month of May by IFRC regional offices to strengthen capacities of URCS managers and officers involved in the Congolese response. Furthermore, in order to ensure a punctual report on indicators, a special session will be organized on qualitative and quantitative monitoring tools to be used for data collection.

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

Progress towards outcomes

Since the onset of the disaster 4 NDRT members have been deployed: 1 URCS operations manager and 3 WASH NDRTs. Gum boots, rain coats and umbrellas have been procured for all volunteers. Urgent current needs are the improvement of the volunteer base camp and a Red Cross office space within Kyangwali refugee settlement.

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

Progress towards outcomes

The IFRC Operations Manager for the South Sudanese refugee population is currently supporting both the DRC and South Sudanese refugee population. A finance delegate has been recruited and has been in country since May. The recruitment process for a logistic delegate will be finalized in June. A PMER support mission from the IFRC Africa region is currently ongoing, with the objective to set up a data collection system through koboCollect/ODK platform.

D. BUDGET

The overall budget for this operation remains CHF 1,930,176, as this operation update did not request for a budget revision.

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 In-Kind donations and Mobilization table support:

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

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

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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.

Disaster Response Financial Report

MDRUG040 - Uganda - Population Movement

Timeframe: 17 Jan 18 to 30 Sep 18

Appeal Launch Date: 04 Apr 18

Interim Report

Selected Parameters

Reporting Timeframe	2017/1-2018/4	Programme	MDRUG040
Budget Timeframe	2017/1-2018/4	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		857,856				857,856	
B. Opening Balance							
Income							
Cash contributions							
<i>British Red Cross</i>		66,913				66,913	
<i>Japanese Red Cross Society</i>		63,700				63,700	
<i>Swedish Red Cross</i>		230,021				230,021	
<i>The Canadian Red Cross Society (from Canadian Government*)</i>		53,964				53,964	
C1. Cash contributions		414,599				414,599	
Other Income							
<i>DREF Allocations</i>		206,305				206,305	
C4. Other Income		206,305				206,305	
C. Total Income = SUM(C1..C4)		620,904				620,904	
D. Total Funding = B + C		620,904				620,904	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		620,904				620,904	
E. Expenditure		-201,714				-201,714	
F. Closing Balance = (B + C + E)		419,189				419,189	

Disaster Response Financial Report

MDRUG040 - Uganda - Population Movement

Timeframe: 17 Jan 18 to 30 Sep 18

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Interim Report

Selected Parameters

Reporting Timeframe	2017/1-2018/4	Programme	MDRUG040
Budget Timeframe	2017/1-2018/4	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			857,856			857,856		
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	314,175						314,175	
Medical & First Aid	53,107						53,107	
Teaching Materials	3,318						3,318	
Utensils & Tools	2,400						2,400	
Other Supplies & Services	5,778						5,778	
Total Relief items, Construction, Sup	378,777						378,777	
Land, vehicles & equipment								
Land & Buildings	4,444						4,444	
Computers & Telecom	3,978						3,978	
Office & Household Equipment	1,778						1,778	
Total Land, vehicles & equipment	10,201						10,201	
Logistics, Transport & Storage								
Transport & Vehicles Costs	44,542						44,542	
Total Logistics, Transport & Storage	44,542						44,542	
Personnel								
International Staff	104,444						104,444	
National Staff	2,629						2,629	
National Society Staff	101,580						101,580	
Volunteers	50,188						50,188	
Total Personnel	258,841						258,841	
Consultants & Professional Fees								
Professional Fees	6,667						6,667	
Total Consultants & Professional Fees	6,667						6,667	
Workshops & Training								
Workshops & Training	13,067						13,067	
Total Workshops & Training	13,067						13,067	
General Expenditure								
Travel			727			727	-727	
Office Costs	1,000						1,000	
Communications	11,577						11,577	
Financial Charges	828		3			3	825	
Other General Expenses	80,000						80,000	
Total General Expenditure	93,405		730			730	92,675	
Operational Provisions								
Operational Provisions			188,673			188,673	-188,673	
Total Operational Provisions			188,673			188,673	-188,673	
Indirect Costs								
Programme & Services Support Recover	52,357		12,311			12,311	40,046	
Total Indirect Costs	52,357		12,311			12,311	40,046	
TOTAL EXPENDITURE (D)	857,856		201,714			201,714	656,142	
VARIANCE (C - D)			656,142			656,142		

Disaster Response Financial Report**MDRUG040 - Uganda - Population Movement**

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Appeal Launch Date: 04 Apr 18

Interim Report

Selected Parameters

Reporting Timeframe	2017/1-2018/4	Programme	MDRUG040
Budget Timeframe	2017/1-2018/4	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster management	857,856		620,904	620,904	201,714	419,189	
Subtotal BL2	857,856		620,904	620,904	201,714	419,189	
GRAND TOTAL	857,856		620,904	620,904	201,714	419,189	