

www.ifrc.org
Saving lives,
changing minds.

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

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRUG040	GLIDE n° EP-2018-000021-UGA
EPoA update n° 2:	Time covered by this update; September 2018 – February 2019
Operation start date: 17 January 2018	Operation Time frame: 18 months. End date: 30 June 2019
Appeal budget: CHF 3,200,000	DREF amount initially allocated: CHF 206,305
Project manager: Lisa Zitman, overall responsible for planning, monitoring, evaluation, reporting and compliances.	National Society contact: Robert Kwesiga, Secretary General, Uganda Red Cross Society (URCS).
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

Over one million refugees have fled to Uganda in the last two and a half years, making it one of the largest refugee-hosting countries in the world, with 1.19 million registered refugees by the end of December 2018.¹ Between 01 January 2018 and February 2019, 128,197 people fleeing from interethnic violence that erupted in the Ituri and North Kivu Provinces of the Democratic Republic of Congo (DRC) arrived in Uganda². The total number of DRC refugees and asylum seekers in Uganda as per 28 February 2019 UNHCR Refugee Response Update, is equal to 326,383 people³. The influx of DRC refugees continued as well in 2019, with 8,278 people arrived only between January and February 2019 (UNHCR Refugee Influx Dashboard Uganda, 28th February 2019).

The number of people crossing the border daily from the DRC into Uganda increased from 120 in January to 163 in February 2019. The Uganda Refugee Response Plan (RRP) estimates a total of 120,000 new arrivals from DRC, between 2019 and 2020.

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 Source: UNHCR refugee influx dashboards 2018 and 2019 at <https://data2.unhcr.org/en/working-group/173>

³ OPM – UNHCR Refugees and Asylum-Seekers in Uganda, Uganda Refugee Response, 28 February 2019.

The main settlements receiving DRC refugees are: Nakivale (10%), Kyangwali (7%) Kyaka II (7%) Kiryandongo (5%), Rwanmwanja (5%) and Oruchinga (0.6%). Newly arriving refugees continue to report ongoing attacks against civilian population, killings, lootings, ransom requests for usage of agricultural lands and destruction of private properties in the DRC.

Border and protection monitoring along the Ugandan borders ensured that new refugee arrivals were provided with reception assistance and transferred to settlements. No case of refolement was reported in 2018. In order to address growing concerns about the accuracy and reliability of refugee data in Uganda, OPM (the Office of the Prime Minister) and UNHCR Jointly launched in March 2018 a biometric verification exercise of all refugees in the country. A Memorandum of Understanding (MoU) between UNHCR and the Government of Uganda (GoU), signed in July 2018 enabled OPM to use UNHCR's enhanced biometric systems such as Biometric Identity Management System (BIMS) and ProGres version 4 to verify the number of refugees. OPM continues to undertake registration and documentation of refugees. In late 2018, ProGres version 4 was made available to the Government as their main biometric refugee registration tool, contributing to effective individual case management and delivery of protection services and humanitarian aid (including targeted assistance for persons with specific needs) and the pursuit of durable solutions.



Photo: Uganda Red Cross volunteers conducting handwashing sessions.



Photo: Verification sedimentation process at Maratatu Water Treatment Unit

Summary of current response

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

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

Implementation of activities in the area of shelter, health, wash and protection. Please see *section C* for a more detailed overview of ongoing activities.

Overview of Host National Society

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

URCS is implementing an EVD Preparedness Operation in districts in the Western Region, close to Kyangwali. Trained and experienced staff deployed to the URCS South Sudanese refugee operation in the West Nile region can provide additional technical capacity in case of need, specifically in the area of WASH, reception centre management, shelter, Community Health and Restoring Family Links (RFL).

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

Overview of Red Cross Red Crescent Movement in country

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

Sn	PNS	Focus on refugee response
1.	IFRC	<ul style="list-style-type: none">- Global coordination, resource mobilization and technical assistance to Emergency Operations.- Supporting implementation of the DRC Population Movement Appeal.- Supporting implementation of the EVD Preparedness Operation in high at-risk districts bordering DRC.
2.	ICRC	<ul style="list-style-type: none">- Restoring Family Links activities in all refugee reception centres and refugee settlements.
3.	Netherlands Red Cross (NLRC)	<ul style="list-style-type: none">- Emergency WASH for DRC refugees in Kyaka II refugee settlement, Kyegegwa district.
4.	Belgium Red Cross (BRCS)	<ul style="list-style-type: none">- National Society Disaster Preparedness capacity building and livelihood in 5 branches along DRC border.

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

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

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

Overview of non-RCRC actors in country

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

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

Under the overall leadership of OPM, the role of line Ministries and district authorities in the coordination of the refugee response will be further strengthened in 2019-2020. Sector working groups of the refugee response will align with Government sector groups under the National Development Plan (NDP). The refugee Education, Health and WASH

sector working groups have already piloted this approach and are co-chaired by line Ministries. This will ensure that refugees and refugee-hosting areas are increasingly integrated in the NDP.

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

In Kyangwali refugee settlement, the following partners are present:

NO	ORGANIZATION	ALLEGIANCE	MAJOR ROLE
1	Office of the Prime Minister (OPM)	Government of Uganda	Coordination and monitoring
2	United Nations High Commissioner for Refugees (UNHCR)	UN Agency	General refugee protection
3	World Food Programme (WFP)	UN Agency	Providing food/nutrition
4	Uganda Red Cross Society (URCS)	Operation Partner	Tracing, WASH, Health, Shelter and Protection
5	United Nations Children's Fund (UNICEF)	UN Agency	Children health
6	United Nations Fund for Population (UNFP)	UN Agency	Health
7	Action Africa Help Uganda (AAHU)	Implementing Partner	WASH, Sanitation and Reception Centre
8	African Initiatives for Relief and Development (AIRD)	Implementing Partner	Logistics and Warehousing
9	International Aid Service (IAS)	Implementing Partner	Wash and sanitation
10	Action Against Hunger (AAH)	Implementing Partner	Nutrition
11	Lutheran World Federation (LWF)	Implementing Partner	Protection, Livelihoods, GBV and Environment
12	Norwegian Refugee Council (NRC)	Implementing Partner	Wash and Sanitation
13	Finish Refugee Council (FRC)	Implementing Partner	FAL and livelihoods
14	Kabarole Refugee council (KRC)	Implementing Partner	Child Protection and GBV
15	Agency for Cooperation and Research in Development (ACORD)	Implementing Partner	Reproductive Health and GBV
16	World Vision	Implementing Partner	Livelihood /Food distribution
17	International Organization for Migration (IOM)	UN Agency	Resettlement, WASH, Nutrition
18	Community Integrated Development Initiative (CIDI)	Implementing partner	Wash
19	Carry American Relief Everywhere (CARE)	Implementing Partner	GBV
20	Humanitarian in Just Relief Agency (HIJRA)	Implementing Partner	Protection, Community Services and Legal Support
21	Medical Teams International (MTI)	Implementing Partner	Health
22	Local Government Kikuube	Government of Uganda	Technical guidance
23	American Refugee Council (ARC)	Operational Partner	Protection And GBV
24	Windle Trust International (WTI)	Implementing partner	Education
25	Internews	Operational Partner	Communication

26	Catholic Relief Services (CRS)	Operational Partner	Infrastructure
27	Uganda police	Government of Uganda	Security
28	St. Patrick's Centre for Integral Development (SPACID)	Hospitality	Spiritual support
29	Netherland Development Organization (SNV)	Operational Partner	Livelihoods
30	Save the Children	Implementing Partner	Early childhood development & Child protection

Table 2: Organisations operating in Kyangwali Refugee Settlement

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

Needs analysis and scenario planning

Needs analysis

The Uganda Country Refugee Response Plan (RRP) identifies the existing humanitarian needs. The RRP is based on government sector response plans and the findings of the 2018 joint inter-agency Multi Sector Needs Assessment (MSNA). Below an overview of needs identified in the RRP, in URCS sectors of operation:

1) Shelter, Settlement and NFIs

According to Refugee Response Plan for Uganda and the Multi Sector Needs Assessment (MSNA), about 197,000 new refugee arrivals expected through to 2020 will need household NFI and emergency shelter support, as well as accommodation on shelter and livelihoods plots in settlements once registered. The facilitation of sustainable, eco-friendly material support is crucial to avoid continued deforestation, water trucking and depletion of treated drinking water supplies.

Despite a lack of comprehensive data, it is evident that many extremely vulnerable People with Special Needs (PSN) families are yet to receive the external labour support they require to build either emergency or upgrade to semi-permanent shelters. Humanitarian actors need to avoid perpetuating dependency for shelter support by mobilising community safety nets for ongoing repairs and maintenance.

The Emergency Appeal will contribute to the construction of shelter for PSN. The activity could not yet be implemented due to funding constraints.

2) Health

With an increasing refugee population and anticipated refugee influxes through to 2020, the capacity and resources of primary healthcare institutions remain at a constant risk of being overstretched.

There is a need to strengthen reproductive health services across the refugee response to increase the number of deliveries attended by skilled health workers. As of December 2018, 80 maternal deaths were reported in average every 100,000 live births. There is need to expand family planning, adolescent sexual and reproductive health (ASRH), cervical cancer screening and comprehensive HIV/AIDS services. The need for HIV/AIDS prevention and response interventions is extensive, given poor knowledge and awareness about HIV, sociocultural factors of HIV/AIDS-related stigma, inadequate provision and low uptake of HIV prevention and treatment services. Refugee-producing countries neighbouring Uganda and refugee-hosting areas inside Uganda are vulnerable to communicable disease outbreaks due to cross border movement, congestion, inadequate sanitation and geographic location of settlements. As part of the preparedness and response to cholera, meningitis and measles outbreaks and risk of Ebola.

URCS will address these topics through a Community Based Health approach.

3) WASH

In November 2018, UNHCR conducted a WASH Knowledge, Attitude and Practice (KAP) survey in Kyangwali refugee settlement to assess and measure achievements in water, sanitation and hygiene intervention compared with set targets. The KAP survey presented the following findings:

Water supply: The average water supply (lpd) in Kyangwali is 14.2 lpd. A big proportion of the population (47%) still received water below the acceptable minimum emergency standard (15lpd). There exists a great disparity, with 15% of the community receiving less than survival water need (7.5 lpd) while 39% of the community collects over 20 lpd. Among the main reasons given by the respondents who reported not to have collected adequate water are; lack of adequate containers (48%); shortage of water (23%); far distance of water points (16%) and long waiting times (13%). Looking at water sources, 54% of the respondents uses water trucking as their main water source while 36% uses hand pumps. With regards to household's water storage capacity, 36% of the respondents have less than the minimum 10lit/person storage capacity (below Sphere standard) while the remaining 64% meets the minimum requirement.

Data collected by URCS in February 2019 from 599HH within the target population through Kobocollect show the following findings:

- **water sources:** 17 HH collect water from boreholes; 48 HH from steams and 534 HH depend from water trucking activity;
- **distance from water points:** 147 HH responded 1 hour; 451 HH less than 30 minutes and only 1 HH reported more than 2 hours;
- **availability water containers;** 10 HH reported using buckets; 582 HH jerry cans and 7 HH pots of different dimensions.

Sanitation: While 63.3% of the households interviewed reported to have family latrines, 70.6% reported defecating in a latrine. Whereas this represents an achievement of the UNHCR minimum emergency standard of 60% population defecating in a latrine, there also exists a huge open defecation practice in the settlement (60.7%), particularly with children under 5 years old. Fifteen percentage of the households interviewed also reported that adult members of their family practice open defecation mainly due to darkness in the night (33%), lack of latrine (25%), far distance of latrine (33%) and other reasons (9%). From 203 households who reported to have children under the age of 5 years, 108 families (53%) informed that their children practice open defecation.

Data collected by URCS in February 2019 from 599HH within the target population through Kobocollect show that: 12 HH were practicing open defecation practice; 21 reported using communal latrines; 551 HH reported having their own pit latrines and 15 HH reported using other locations or sanitation facilities.

Waste management: As per the survey, the percentage of households with access to waste disposal facilities stands at 21.1%. A big percentage of the families (58%) dispose their solid waste at undesignated open area while others (14%) uses designated open area. Whereas, solid waste is not as such a major issue [due to the type and solid waste generation rate of waste], the areas need attentions in terms of establishing a proper solid waste collection, transport and disposal system.

Data collected by URCS in February 2019 from 599HH within the target population through Kobocollect show that: 278 HH dispose their refuse in gardens; 23 HH on open ground and 298 HH on refuse pits.

Hygiene: From the households interviewed, 48% replied to have bathing shelters. Similarly, 43% of the respondents indicated to own handwashing facilities. These are low coverages compared to the emergency standard of 70%. But what is most worrying is the significantly low knowledge of the critical times of handwashing; only 32.3% of the respondents could was able to mention 3 of the 5 most critical moments of handwashing against an emergency minimum standard of 60%.

Absence of soap has also been reflected as limiting factor to handwashing. Among the families interviewed, only 53% of them could present soap. This again is much behind the minimum emergency standard of 70% soap coverage.

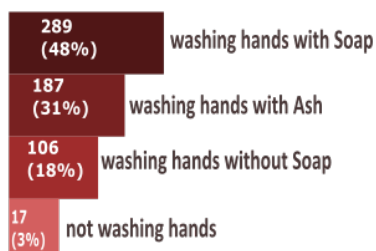
Data collected by URCS in February 2019 from 599HH within the target population through Kobocollect show the following findings:

- **availability of bathing shelter at HH level:** 144 HH (24%) responded negatively, 455 HH (76%) positively;
- **critical times of handwashing** through 3 questions:
- **materials used for handwashing:** 257 HH (43%) reported to use water and ash; 109 water and soap (18%); 115 soap and ash and water (19%); 13 HH (2%) only water;
- **capacity to effectively adopt a handwashing technique:** URCS volunteers observed 599 HH while handwashing, of which 491 HH (82%) were conducting handwashing correctly, while 108 HH (18%) were not.

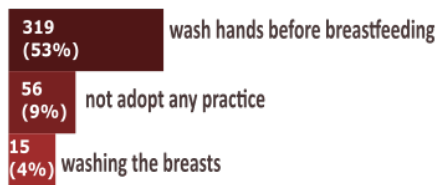
Critical times of handwashing through 3 questions

Target HouseHolds 599

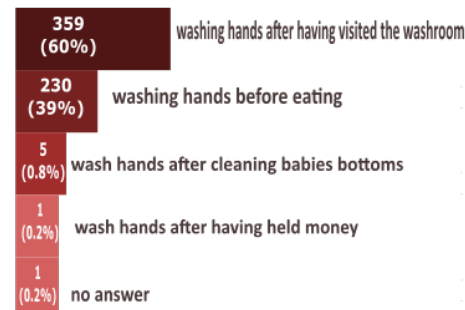
1) what do you do after visiting the washroom?



2) what do you do before breastfeeding?



3) what do you think are the critical times for handwashing?



4) Protection

Despite Uganda's favourable refugee environment, refugees are faced with numerous protection challenges due to the magnitude of displacement and growing vulnerabilities, compounded by diminishing resources and strained social services in refugee-hosting districts.

Persons with Specific Needs

Of the total refugee population in Uganda, 115,000 refugees have been identified as persons with specific needs (PSN). Among them are unaccompanied and separated children, women, children and older persons at risk, persons with disabilities and serious medical conditions, and persons carrying trauma. PSN represents the most at-risk category due to their limited access to standard services provided by humanitarian organizations when not tailored to their needs. Moreover, PSNs' capacity of self-reliance is most of the time undermined by their conditions, requiring additional attention for the satisfaction of their basic needs.

Coexistence between communities

Tensions exist between the host communities, long-term refugees and new arrivals due to competition over decreasing resources (firewood, water, land) and the real or perceived belief of unequal access to services. Inter-ethnic tensions among refugee communities are also a concern and reflect the configuration of group power back in their countries of origin.

Child Protection (CP)

Children represent 62 percent of refugees and asylum seekers in Uganda. Before, during and after flight refugee children face serious protection risks, including family separation, physical, sexual and gender-based violence, psychosocial distress, child labour and other forms of violence.

Sexual and Gender Based Violence (SGBV)

With significant numbers of women and children, the refugee populations in Uganda are highly vulnerable to SGBV, including (PSNs. In DRC, sexual violence has been used as a weapon of war, including rape. Many have experienced sexual abuse, torture and separation from family members before or during flight.

SGBV also occurs in Uganda, affecting both new refugee arrivals and long-term refugees. Intimate partner violence is the prevailing form of SGVB amongst the incidents occurred in Uganda. Denial of resources (e.g. food, household items, money), limited access to post-primary education and livelihood opportunities act as aggravating factors in the incidence of SGVB. Scarcity of food remains a key cause for intimate partner violence. Women and children are at heightened risk of assault when travelling to remote and isolated areas for collection of firewood and water or walking through communal areas with inadequate lighting.

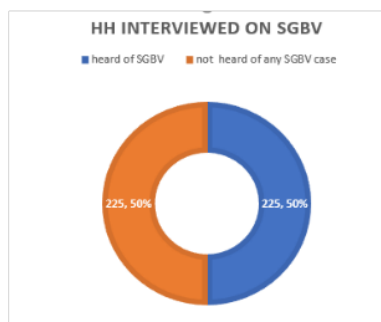
Underreporting of SGBV cases remains a major concern, due to a variety of factors including fear of stigma, shame, family reaction and dissolution, perception of SGBV as a private matter, or lack of confidence in reporting channels.

In February 2019 URCS interviewed 450HHs within the target population on SGBV through Kobocollect, with the following findings:

Key figures: SGBV Kobocollect







Interviewed HH 450



Sexual and gender-based violence

182	Violence against women (beating)
23	Sexual Violence
33	Child trafficking
99	Early marriage

Entities identified by respondents as Primary actors to whom to report to

	385	Local actors
	308	NGOs
	250	Police
	165	Health Centers

Respondents identified the following Actions to undertake to reduce the incidence of SGBV cases



454	General sensitizations
432	Reporting cases to authorities in charge
210	Involving men in concrete action to spot SGBV violence

The following main causes of SGBV were identified by the target population in order of prevalence: **alcoholism; drug abuse; poverty; famine and other causes.**

Environment and Energy

Refugees and host communities are mostly dependent on natural resources to meet their basic needs for cooking energy, materials for shelter and agricultural land. Some also generate income by selling biomass and non-wood forest

products. In addition to leading to environmental degradation and reduced groundwater recharge and supply, these demands contribute to increased risk of SGBV for women and children whilst collecting fuel wood, to reduced food and nutrition security and to depleted sources of cooking fuel.

The recent influx from the DRC has placed significant pressure on forest resources, especially around Kyaka II and Kyangwali settlements. Access to sustainable energy for sufficient and clean cooking, lighting and power remain key challenges in the refugee settlements and in Uganda at large. Energy for productive uses to support livelihood activities and appropriate technology for food preservation are scarcely available.

Operation Risk Assessment

The influx of Congolese refugees in Uganda, although characterized by fluctuations, is constant since January 2018. Only between January and February 2019⁴, 8,278 new arrivals were registered. At the end of February 2019, Kyangwali refugee settlement is hosting 91,071 people⁵.

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

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

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

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

B. OPERATIONAL STRATEGY

Proposed strategy

Overall objective: To provide lifesaving emergency services to 18,000 newly arrived Congolese Refugees (3,000 families⁶), including women and children in Kyangwali Refugee Settlement for a period of 18 months. This Emergency Appeal targets 18,000 newly arrived refugees in Kyangwali settlement and focuses on WASH, Health, Shelter and Protection activities:

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. - Sanitation, construction of sanitation facilities for 3,000 HH. - Hygiene promotion. - NFI distribution (jerrycan, soap, tools, 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 (CEA), establish CEA mechanism,
Strategies for Implementation 3	Surge deployment, PMER planning and coordination.

⁴ OPM-UNHCR Uganda Refugee Influx Dashboard, Joint Border Monitoring, 28 February 2019.

⁵ UNHCR Excel sheet, Active population by settlement, February 2019.

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

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


The operation recruited refugees as part of the volunteer force assisting with community engagement and implementation. This initiative strengthens effective communication with the refugee community as the refugee volunteers speak in the local language/dialect of the affected population and effectively address behaviour change processes as they are part of and already understand local cultures and traditional norms of the refugees.

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

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

A PMER plan has been developed with support from the IFRC PMER team. Data is being collected through mobile data collection/ Kobo collect. The IFRC team in Kampala conducts regular monitoring visit to the operation.

C. DETAILED OPERATIONAL PLAN

 <p>Shelter People reached: 420 Male: 200 Female: 220</p>		
Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions		
Output 1.1: Short, medium and long-term shelter and settlement assistance is provided to affected households of People with Special Needs (PSN)		
Indicators:	Target	Actual
# PSN HHs shelter constructed	100	0
#PSN HHs latrines and bathing shelters constructed	100	70
# shelter training conducted	1	0
# shelter strategy developed	1	0
# local market assessment and analysis	1	0
Progress towards outcomes		
<p>A shelter assessment was conducted with support from Luxembourg RC to assess URCS Shelter capacity and identify shelter needs. Based on the assessment, shelter was added to the EPoA through the first Emergency Appeal revision.</p> <ul style="list-style-type: none"> In the month of January 2019, a simple PSN assessment covering 61 households was conducted to assess: i) the number of people per PSN HH; ii) type of sanitary infrastructures existing at the HH level; iii) existing shelters condition. The following observations were made: <ul style="list-style-type: none"> over 40% of the head of PSN HHs had 5 or more dependents; 38 out of 61 PSN HH (62%) had either no household latrine or an incomplete one; 40 PSN HH (66%) had semi-structures for shelter (23 HH from refugee community and 17 form Ugandan host community), while 21 HH (34%) had superstructures; Only 7 PSN HH out of 61 (11%) qualified to be considered as model homes. 		

- One of the main needs identified in the assessment was the need for support to newly arrived PSN, and PSN located in remote areas.

Due to funding limitations, the construction of 100 PSN HHs shelters, including latrines and bathing shelters, could not yet be implemented. However, considering the gaps in terms of sanitation facilities at PSN HHs level and the high risk of waterborne diseases and spread of infection for elderly, disables and lactating women, latrine construction materials including logs, poles, plastic sheeting, nails, vent pipes and concrete slabs, were provided to 70 PSN HHs to support the realization of latrines. Considering the vulnerable conditions of the PSN HH, a full community base-approach could not be adopted. Additional labour support was provided to allow the construction of latrines, together with volunteers and community members.

Priority activities in this area of focus is the realization of the remaining 30 PSN HH latrines, and the construction of the bathing shelters. Other activities are not yet planned for due to funding limitations.



Health

People reached: 21,525

Male: 8,610

Female: 12,915

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

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

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

A baseline assessment was conducted at the start of the operation.

Data on crude mortality rate and under-five mortality rate are collected by UNCHR implementing partners at district level and disseminated among stakeholders.

URCS continues to conduct monthly data collection through its KoboCollect/ODK monitoring tool developed in May 2018 collecting, among others, monthly data on the most common causes of diseases.

The continuous monitoring of activities allows URCS to adjust its Health strategy in line with needs on the ground. An end line survey will be conducted in June 2019.

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

Progress towards outcomes

During the reporting period, the following activities have been conducted:

- A 5-day training on Community Based Health and First Aid (CBHFA) was conducted between 12 and 16 November 2018, with 20 participants: 13 male and 7 female. A context specific toolkit with IEC materials, including CBHFA, cholera and ECV modules was provided to all participants at the completion of the training. The toolkit supports volunteers with the realization of daily health sensitization sessions though

community meetings, focus group discussions and one-on-one sessions, following a workplan developed in the training.

- PSS activities for staff and volunteers have been ongoing throughout the reporting period including daily briefings between staff and volunteers, monthly self-care sessions and group and individual support counselling sessions with the PSS officer. In June 2018, URCS started integrating PSS into all its sectors of intervention, following the plan of action which was developed as part of the PGI mission.
- Daily health sensitization on Antenatal Care (ANC), immunization, Ebola prevention, Cholera prevention, menstrual hygiene, breastfeeding, nutrition and sexual education. Topics are identified jointly by URCS volunteers and community members and focus on prevention. The sexual health education sessions target specifically youth, identified as the most at-risk population. On average, 400 HHs are reached monthly with sensitization activities.
- Referral of health cases following the established referral pathways. URCS volunteers reported good health seeking behaviors in the communities. An average of 40 cases per month are referred to health facilities during URCS routine HH visits and activities within the settlement and reception center.

The need for Long Lasting Insecticide Treated Mosquito Nets (LLINs) has been highlighted in the UNCHR WASH KAP survey conducted in November 2018, however, budgetary constraints did not allow to initiate the procurement of this item. In the month of January URCS volunteers supported AAH-U in the distribution of 200 LLINs in Maratatu D to pregnant women and lactating mothers. Demonstrations on effective use of the nets were carried out before distributions.

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 diarrhea, Meningitis (x1.5 baseline), bloody diarrhea (x5 baseline)	N/A	Data not collected directly by URCS; data was not available from partners at time of reporting

Progress towards outcomes

The following activities have been conducted within the reporting timeframe:

- URCS is participating in weekly coordination meetings with health partners aimed at harmonizing health response in Kyangwali refugees' settlement chaired by UNHCR and OPM, including epidemic preparedness;
- daily health sensitization sessions are ongoing;
- realization of mobile cinema sessions, focused on cholera, Ebola, immunization, HIV and personal hygiene;
- realization of disinfection activities at Kagoma reception centre for new arrivals, along with orientation sessions on services available and Ebola prevention and sensitization.

Due to the fact that media campaigns are already being implemented by other partners, including radio spots and talk shows, this activity has been put on hold.

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

Indicators:	Target	Actual
Number of volunteers trained on maternal and child health care	30	30
Number of dignity kits distributed, target: 500	500	117

Progress towards outcomes

The following activities have been conducted within the reporting timeframe:

- 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). Distribution is done based on antenatal cards where the expected date of delivery is

registered. The content of the kits includes surgical gloves, laundry soap, cotton wool, baby towel, bathing soap, plastic basin, plastic shitting, panties, carrier bags;

- realization of safe motherhood sessions through dissemination of messages focusing on i) the importance of prenatal care; ii) the need for enough rest; iii) balanced diet and iv) avoiding risk behaviours like smoking and drinking alcohol.

In the month of February 18 safe motherhood sessions were conducted reaching a total of 176 mothers.



Water, sanitation and hygiene

People reached: 15,643

Male: 7,508

Female: 8,135

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

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

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

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

Progress towards outcomes

An initial rapid assessment was conducted at the start of the operation. The additional assessments have not yet been conducted as URCS relies on the KAP survey which was conducted by UNHCR in November 2018 and on data collected on a monthly base through the mobile data Kobocollect/ODK monitoring tool developed in May 2018.

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

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

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

Progress towards outcomes

The following activities have been conducted within the reporting timeframe:

Water production through the management of the Water Treatment Unit in Maratatu:

URCS continues to provide clean and safe water through the management of Maratatu WTU, complementing other existing water sources. UNHCR's motorization of water supply systems in Kyagwali settlement is in advanced stages. Full motorization was planned to be finalized between January and February 2019; however, this was not achieved as result of a number of unsuccessful tests. Therefore, the continuous operation of URCS WTU is still needed and is expected to continue to be needed after the realization of motorized systems, as a buffer source in case of structural breakdowns or major new influxes. To date no clear indication is given by WASH partners in terms

of timeframe for water trucking phase out and decrease of water production. Therefore, URCS continues to prioritize the water production activity for the short and medium term.

Below an overview of water produced and people reached between September 2018 and January 2019:

	2018				2019	
	September	October	November	December	January	February
Monthly water produced in m3	4,206	4,746	5,460	6,007	6,120	5,770
# monthly litres pro capita /day	12.8	12.8	12.8	12.8	12.8	12.8
# people reached	10,953	12,359	14,219	15,643	15,937	15,026

Procurement and distributions of Jerrycans, water purifiers and filters

Four hundred jerry cans were procured during the reporting period with Appeal funds. In addition, 1,952 jerry cans were procured and distributed with support from UNICEF funds. Due to budgetary constraints, no more items will be procured and the total target of 1,000 jerry cans will not be reached. URCS will rely on WASH items provided by other donors, including the items supported by UNICEF.

The procurement and distribution of water purification for 500 PSN HH is planned for, the final list of PSN HH for distribution has yet to be published by OPM.

Water User Committees

URCS staff and volunteers continued collaborating with Water User Committees (in charge of water tanks management) and sensitizes its members on cleaning of jerry cans and areas around water tanks.

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

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

Progress towards outcomes

The following activities have been conducted within the reporting timeframe:

- 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);
- distribution of 471 tippy taps donated by UNICEF;
- procurement of 400 tippy taps.
- continuation of environmental sanitation/cholera prevention sensitization activities;
- continuation of vector control activities at HH level through fumigation in identified high risk environments (sleeping places, toilets and garbage pits);
- continuation of sanitation and hygiene promotion sessions activities at HH level reaching an average of 1,280 HH/month;
- continuation of disinfection activities at Kagoma reception centre for new arrivals;

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	7,680
N° of volunteers involved in hygiene promotion activities	20	24
% of handwashing facilities which show evidence of use & regular maintenance	100	TBC
Progress towards outcomes		
<p>The following activities have been conducted within the reporting timeframe:</p> <ul style="list-style-type: none"> A 3-day training on Epidemic Control for Volunteers (ECV) has been conducted for 40 volunteers, facilitated by URCS Hoima Branch Manager and 2 District Local Government officers. A 4 days PHASTER trainings has been conducted for 40 volunteers. Standard PHASTER toolkits were used. <p>Between September 2018 and February 2019 URCS continued conducting hygiene promotion activities in the field through community meetings and focus group discussion, with an average of 75 sessions/month, and individual sessions at HH level, at an average of 1,276 HH per month (targeting 1 HH multiple times), in addition to participatory activities such as drama shows and songs for which were formed ad hoc groups. Focus was given to messages on personal and food hygiene, child to child hygiene promotion, safe water chain, protective health and effective handwashing. The topics were agreed between community members and volunteers. IEC materials (toolkits, posters, leaflets on hygiene promotion) were created in collaboration with UNICEF and the MoH.</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	MHM kits: 1,000 persons Tippy taps: 400 HH Soap: 1,572 HH
Progress towards outcomes		
<p>The following activities have been conducted within the reporting timeframe:</p> <ul style="list-style-type: none"> distribution of 471 hand washing facilities (tippy taps) donated by UNICEF; procurement of 400 handwashing facilities (tippy taps) temporarily stored awaiting the completion of sanitary infrastructures for distribution; procurement and distribution of 200 litres of soap in addition to previous distributions made through UNICEF support reaching 1,527 HH; distribution of 800 Menstrual Hygiene Management (MHM) kits received by Japanese RC; procurement of 1,000 MHM kits to be distributed after the finalization of the beneficiary selection process. 		
Outcome 2: Sustainable reduction in risk of waterborne and water related diseases in targeted communities in the recovery phase		
Indicators:	Target	Actual
% of target population that has access to sufficient safe water (Household survey and inspections).	100	83
% of target population that is using adequate sanitation (Household survey & inspections).	100	91
% of target population that has increased knowledge of hygiene practices (Household survey and inspections).	100	81
Output 2.1: Community managed water sources giving access to safe water is provided to target population		
Indicators:	Target	Actual
N° of site assessments carried out & shared (rapid and comprehensive Assessment reports).	2	1

Progress towards outcomes

During the month of February 2019 Maratatu water treatment unit served 15,026 people with 12,8 litres/water/day representing 83% of the total population.

Sustainable solutions for water provision are still under discussion at WASH cluster level, including the realization of a solar pumping system in Maratatu water treatment unit.



Protection, Gender and Inclusion

People reached: 4,840

Male: 2,323

Female: 2,517

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

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

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

No activities to report in this reporting period.

A minimum standard and protection principles training was conducted during a PGI surge mission in May 2018, involving 40 volunteers.

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

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

The following activities have been conducted within the reporting timeframe:

- 550 HH are reached per month with sensitization activities and 100 HH per month with house to house visits, which is 3,250 people a month. However, as many of the same HH are targeted with this activity on a monthly basis, we did not double count, but only counted total number of people reached with these activities.
- sensitization activities at HH level 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. An average of 550 HH/month were targeted with this activity.
- safe identification and referral of Protection cases from volunteers to competent agencies for further attention and management.
- 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 100 HH visits to PSN per month. Through the HH visits 2 main concerns have been identified; i) difficulty of access to food distributions due to distances to food distribution points and long queues; ii) limited access to adequate health care services due to the limited services provided in the one health centre present in Kyangwali;
- supervision of community awareness sessions conducted by the previously identified youth Peer champions. The peer champions address topics specifically for youth including referral mechanism, drugs and petty crimes;
- procurement and distribution of bicycles for Peer champions to facilitate their movement within the settlement.

Due to budgetary constraints neither the identification and equipment of gathering places and the procurement and distribution of cooking items could be implemented.

Strategies for Implementation

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

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

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

Progress towards outcomes

The following URCS staff is deployed to the operation:

- 1 Operation manager;
- 1 PSS officer
- 1 Public Health officer
- 1 PMER/CEA officer
- 2 NDRT members
- 45 volunteers

Gum boots, rain coats 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 procurement process for the purchase of 3 prefabricated containers to be used as office space was initiated in February 2019. The decision to procure temporary structures rather than permanent facilities was based on the possibility mobilize the containers for future operations.

A review workshop was conducted in the month of December, to discuss challenges and solutions, especially in the area of finance and procurement.

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

Progress towards outcomes

The IFRC Programme Coordinator supports both the DRC and South Sudanese Population Movement Appeals. A Finance Delegate has been recruited and is supporting the operation since May 2019. The recruitment process for a logistic delegate was put on hold due to budget constraints.

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

Progress towards outcomes

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

During the reporting period the CEA team carried out home visits as well as focus group discussions involving the target population, including children, adolescents, adults and PSN. Three suggestion boxes were installed within the settlement to collect feedbacks.

Main issues that have been raised, mainly during home visit and focus group discussions were related to:

- inadequate water provision;

- 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.

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.

An average of 12 mobile cinema sessions are being conducted per month, with an average participation of 150 people per session.

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

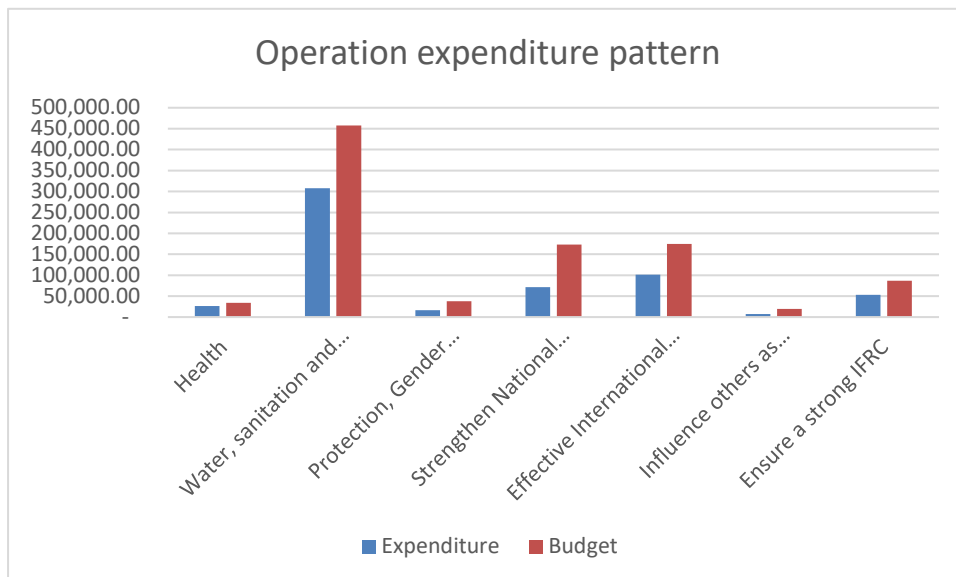
Progress towards outcomes

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

No new activities to report on within this reporting period

D. BUDGET

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



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:**

Uganda Red Cross Society:

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

IFRC EAIO CCST Office:

- Lisa ZITMAN, Disaster Management Delegate, email: Lisa.ZITMAN@ifrc.org, phone: + 254 733 203 004
- Andreas Sandin, Emergency Operations Coordinator, email: andreas.sandin@ifrc.org, phone; +254 732 508 060

IFRC office for Africa Region:

Khaled Masud, Regional Operations Coordinator; Email: Khaled.masud@ifrc.org phone; +254 731 067 286

Adesh Tripathee, Head of Africa DCPRR, Email: adesh.tripathee@ifrc.org, phone: +254 731 067 489

In IFRC Geneva :

Nicolas Boyrie, Senior Officer - Operations Coordinator (Africa); phone: +41 79 152 5147; email: nicolas.boyrie@ifrc.org

For IFRC Resource Mobilization and Pledges support:

IFRC Africa Regional Office for resource Mobilization and Pledge:

Franciscah Kilel, Senior Partnership and Resource Development Officer, Nairobi, email: franciscah.kilel@ifrc.org, phone: +254 202 835 275

For In-Kind donations and Mobilization table support:

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

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

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

How we work

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

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



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



Enable **healthy**
and **safe** living.



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

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/01-2019/03	Operation	MDRUG040
Budget Timeframe	2018/01-2019/06	Budget	APPROVED

Prepared on 29 Apr 2019

All figures are in Swiss Francs (CHF)

MDRUG040 - Uganda - Population Movement

Operating Timeframe: 17 Jan 2018 to 30 Jun 2019; appeal launch date: 04 Apr 2018

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	177,000
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	183,000
AOF5 - Water, sanitation and hygiene	1,232,000
AOF6 - Protection, Gender & Inclusion	133,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	847,000
SFI2 - Effective international disaster management	628,000
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	0
Total Funding Requirements	3,200,000
Donor Response* as per 29 Apr 2019	979,579
Appeal Coverage	30.61%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	0	0	0
AOF3 - Livelihoods and basic needs	0	0	0
AOF4 - Health	34,102	26,582	7,521
AOF5 - Water, sanitation and hygiene	457,972	307,734	150,238
AOF6 - Protection, Gender & Inclusion	37,804	16,768	21,036
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	173,174	71,533	101,641
SFI2 - Effective international disaster management	175,025	101,431	73,594
SFI3 - Influence others as leading strategic partners	19,184	7,469	11,715
SFI4 - Ensure a strong IFRC	86,845	52,765	34,080
Grand Total	984,106	584,281	399,825

III. Operating Movement & Closing Balance per 2019/03

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	979,579
Expenditure	-584,281
Closing Balance	395,298
Deferred Income	0
Funds Available	395,298

IV. DREF Loan

* not included in Donor Response	Loan :	206,305	Reimbursed :	206,305	Outstanding :	0
----------------------------------	--------	---------	--------------	---------	----------------------	----------

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/01-2019/03	Operation	MDRUG040
Budget Timeframe	2018/01-2019/06	Budget	APPROVED

Prepared on 29 Apr 2019

All figures are in Swiss Francs (CHF)

MDRUG040 - Uganda - Population Movement

Operating Timeframe: 17 Jan 2018 to 30 Jun 2019; appeal launch date: 04 Apr 2018

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	74,222				74,222		
British Red Cross	66,913				66,913		
European Commission - DG ECHO	108,166				108,166		
Icelandic Red Cross	99,000				99,000		
Icelandic Red Cross (from Icelandic Government*)	201,000				201,000		
Japanese Red Cross Society	89,295				89,295		
Red Cross of Monaco	17,401				17,401		
Swedish Red Cross	224,067				224,067		
The Canadian Red Cross Society (from Canadian Gov	53,391				53,391		
The Netherlands Red Cross (from Netherlands Govern	46,123				46,123		
Total Contributions and Other Income	979,579	0	0	0	979,579	0	
Total Income and Deferred Income					979,579	0	