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# Emergency Plan of Action Final Report

## Uganda: Population Movement

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency Appeal n°</b> MDRUG038	<b>Glide number:</b> OT-2016-000087
<b>Date of Issue:</b> 14 May 2019	<b>Date of disaster:</b> July 2016
<b>Operation start date:</b> 26 August 2016	<b>Operation end date:</b> 24 <sup>th</sup> September 2018
<b>Host National Society:</b> Uganda Red Cross Society	<b>Operation budget:</b> CHF 4,503,319
<b>Number of people affected:</b> 1,035,326	<b>Number of people assisted:</b> 216,666 people
<b>N° of National Societies involved in the operation:</b> The International Committee of the Red Cross (ICRC), Austrian Red Cross (ARCS), German Red Cross (GRC), the Netherland Red Cross (NLRC) and Belgium Red Cross Flanders (BRCS) are in country.	
<b>N° of other partner organizations involved in the operation:</b> The Government of Uganda - Office of the Prime Minister (OPM), UNHCR, OXFAM, AIRD, UNICEF, UNFPA, World Food Program (WFP), IRC, ACF, MSF, World Vision, Welt hunger Life among others.	

As per the financial report attached, this operation closed with a balance of CHF **132,590**. The International Federation seeks approval from its donors to reallocate this balance to the East Africa Cluster to support ongoing operations in East Africa. Partners/Donors who have any questions in regards to this balance are kindly requested to contact Lisa Zitman at [lisa.zitman@ifrc.org](mailto:lisa.zitman@ifrc.org) within 30 days of publication of this final report. Pass this date the reallocation will be processed as indicated.

## A. SITUATION ANALYSIS

### Description of the disaster

**July 2016:** In the month following an escalation of violence in South Sudan, **80,354 people** cross into Uganda at a rate of approximately **2,592 people** per day.

**27 July 2016:** An inter-agency meeting is held where the Office of the Prime Minister (OPM) and UNHCR call upon agencies to urgently mobilize resources and capacities to respond to the refugee humanitarian situation in West Nile.

**2 Aug 2016:** Bidibidi settlement opens in Yumbe District to alleviate overcrowding in other settlements. The IFRC is supporting Uganda Red Cross Society (URCS) to focus its response efforts in Bidibidi. Services and facilities in Bidibidi settlement are extremely under-resourced and are not sufficient to meet the basic needs of the current and projected population. The URCS, UNHCR and other agencies working in Bidibidi settlement are helping to address urgent basic needs in terms of water, sanitation and health.



Angalia-Achini Water Treatment Unit, Palorinya refugee's settlement. URCS

- **24 August 2016:** The IFRC issues an [Emergency Appeal](#) for **658,782** Swiss francs, targeting 40,000 refugees in Bidibidi Settlement.
- **1 November 2016:** The IFRC publishes [Operations update 3](#) to announce an increase in budget to **690,325** Swiss francs to assist 30,000 refugees (reduced from 40,000 refugees). Between August and November 2016 refugees in Bidibidi increased in population from 8,982 to 160,681.
- **February 2017:** The IFRC publishes an [Operations update 4](#) after a significant increase in daily refugee arrivals. There are now **272,206 people in Bidibidi settlement, 123,795 people in Palorinya settlement and 86,770 people in Rhino settlement.** A **WASH Emergency Response Unit (M40)** is deployed to address the urgent WASH needs in Rhino settlement and the newly opened Imvepi settlement.
- **April 2017:** With a total of 816,041 South Sudanese refugees and asylum seekers, and 176,033 new arrivals since the 1<sup>st</sup> of January 2017 (UNHCR 27 March 2017). A **Mass Sanitation Module (MSM 20)** is deployed to address the urgent sanitation needs in the newly opened Imvepi settlement. The IFRC issues revised Emergency Appeal for **2,670,638** Swiss francs to now target 136,666 refugees in Bidibidi, Imvepi and Rhino settlement. [The revised appeal](#) includes an Emergency Response Unit (ERU) bilateral component valued at CHF 1,026,632.
- **June 2017:** The IFRC publishes [Operations update 5](#), to provide up to date information on increasing number of South Sudanese refugees. Moreover, the appeal time frame has been extended until the end of December 2017, to ensure the completion of all the activities.
- **December 2017:** [Revised emergency appeal](#) is issued with an increased budget of **4,503,319** Swiss francs and an extended timeframe until June 2018.
- **June 2018:** IFRC publishes [Operations update 6](#) extending the Appeal timeframe for 3 months from June 24<sup>th</sup> to September 24<sup>th</sup> to complete remaining activities and continue to support URCS South Sudanese refugee operation in the West Nile to transition from the emergency operation to a longer term response, in line with URCS Plan of Action.

## Summary of response

### Overview of Host National Society

Uganda has been hosting refugees since the early 1990s. As per March 2019 UNHCR-OPM Statistical Dashboard Uganda hosts 1,239,912 from South Sudan, Democratic Republic of Congo, Rwanda, Tanzania, Somalia, Ethiopia, Eritrea, Burundi and Kenya. The latest OPM-UNHCR update on Refugees and Asylum Seekers, dated March 2019, shows that Uganda is currently hosting 808,554 South Sudanese refugees and asylum seekers throughout the country. As per UNHCR Position on Returns to South Sudan, Update II, dated April 2019, there are reports of over 124,000 South Sudanese refugees having returned spontaneously mostly to areas hosting Internal Displaced People (IDPs) in South Sudan. Since the Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS) was signed on 11 September 2018, the permanent ceasefire is being upheld in most parts of the country and there is a marked reduction in violence, however, conflict remains and egregious human rights violations continue to be perpetrated by parties to the conflict with near complete impunity. As a consequence, humanitarian actors in Uganda are called to continue supporting old and new refugee caseloads with programmes tailored to their needs.

Between August 2016 and September 2018, the URCS provided humanitarian support to refugees in the West Nile region and specifically in Rhino camp, Bidibidi, Imvepi and Palorinya refugee settlements in Arua and Yumbe districts. The operation focused on the following intervention areas: emergency WASH, distribution of non-food items, food security, psychosocial support, health, restoring family links and peace and conflict management. Main activities were:

- ensuring daily access to safe water which meets SPHERE and WHO standards in terms of quantity and quality;
- ensuring adequate sanitation which meets Sphere standards in terms of quantity and quality
- providing hygiene promotion activities which meet SPHERE standards in terms of the identification and use of hygiene items;
- providing community-based health promotion activities;
- conducting epidemic prevention and control measures;
- improving wellbeing of staff, volunteers and beneficiaries.

IFRC and URCS organized a Red Cross Movement partnership meeting in November 2017 to present the ongoing operations (including the Appeal and bilateral support) and the long-term needs for support to the South Sudanese refugee response crisis. As a result, Austrian, German, Netherlands, Canadian and Icelandic Red Cross extended their bilateral programs with URCS and/or established new programs to implement mid to long term actions in Rhino camp, Imvepi, Bidibidi and Palorinya refugee settlements. These actions provide continuity to the operation initiated through

the Emergency Appeal, leveraging on achievements and relationship established with communities, institutions and stakeholders.

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

At country level, URCS partners with IFRC, ICRC and the following Partner National Societies (PNS): Netherlands Red Cross, German Red Cross, Belgium Red Cross-Flanders, Austrian Red Cross, Canadian Red Cross and Icelandic Red Cross. The table below provides an overview of RC Movement support to the URCS South Sudanese refugee operation in the West Nile region over the past 2 years:

	Project / Programme title	Sector of intervention	Locality of intervention	Implementation period
<b>Austrian RC</b>				
1	Safe water for refugees	WASH (Water supply)	Rhino camp	08.17 - 09.18
2	LIFT – Living Conditions in Imvepi fostered together	WASH / Sanitation Environment Livelihood	Imvepi	01.18 – 06.20
3	Pilot project Water boxes	WASH / Water supply	Imvepi and Palorinya	06.18 – 10.18
4	Sky bird – Innovation and Collaboration in WASH	WASH	branches across the country, including one in the West Nile	12.18 – 11.23
5	Construction of a motorized pipe system	WASH	Bidibidi	01.19 – 06.20
<b>Belgian – Flanders Red Cross</b>				
1	Disaster Preparedness in the Great Lakes Region	Disaster Preparedness	National - 23 hotspot districts prone to disasters, including West Nile region)	02.17 – 12.18
<b>Canadian / Icelandic Red Cross</b>				
1	Integrated Community Health and Epidemic Control Readiness in West Nile	Health and Care	Bidibidi, Imvepi and Rhino	06.18 – 05.19
<b>German Red Cross</b>				
1	Increasing the refugee response capacity of URCS	Emergency- refugee response	Bidibidi, Imvepi, Palorinya	07.18 – 09.20
2	Settlement and integration of South Sudanese Refugees in Adjumani District	Emergency – refugee response	Adjumani	09.15 – 08.19
<b>Netherlands Red Cross</b>				
1	Improving the health of South Sudanese Refugees	Health	Rhino	03.17 – 02.20
2	Innovative Approaches in Response Preparedness	Disaster Risk Reduction	National	01.18 – 12.22
<b>ICRC</b>				
1	Restoration of Family Links (Reunion)	Protection	Adjumani, Bidibidi, Imvepi, Palorinya and Rhino	01.13 – ongoing

### Overview of non-RCRC actors in country

URCS has been responding to the South Sudanese refugee crisis in close partnership and coordination with the Government of Uganda's Office of the Prime Minister (OPM), as well as District Local Governments. A coordination mechanism based on working groups organized at district, settlement and village levels allowed URCS and other humanitarian partners, including UN agencies, international and national non-governmental organizations to coordinate the response ensuring complementarities, filling gaps and avoiding duplications. In the West Nile the following stakeholders, have been present in the field.

<b>Site Management</b>	OPM (with support by UNHCR, AIRD)
<b>Site planning and infrastructures</b>	UNHCR, AIRD
<b>Shelter</b>	UNHCR, AIRD

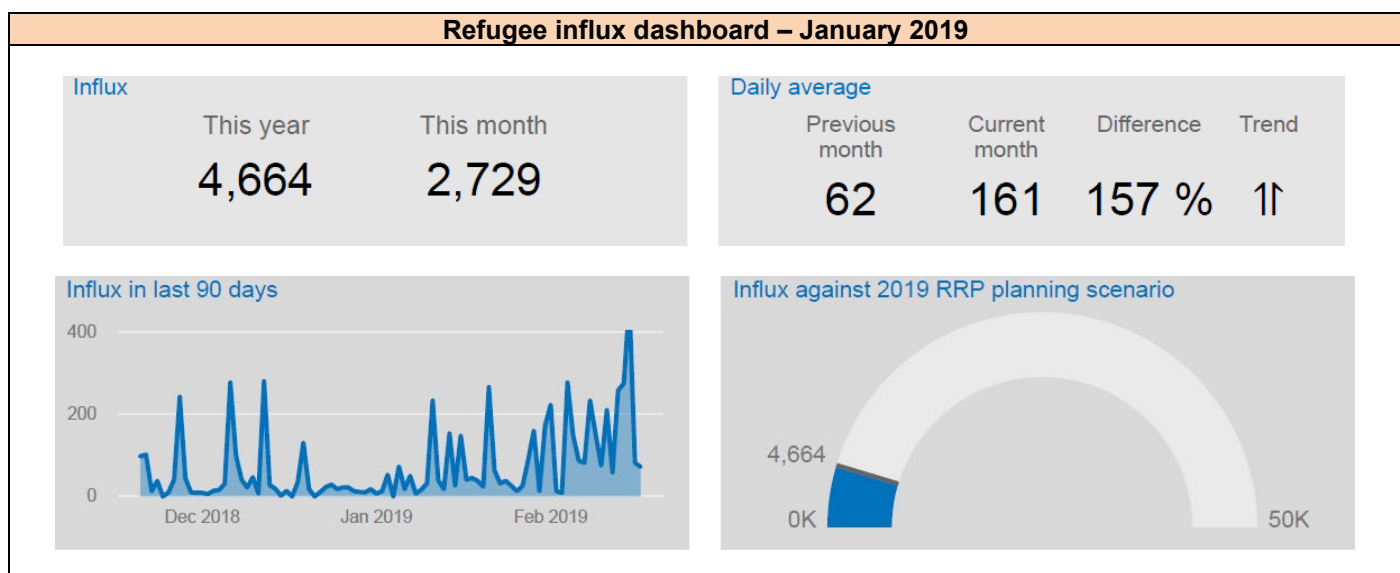
<b>Water, Hygiene and Sanitation (WASH)</b>	UNHCR, ACF, ADRA, CEFORD, DRC, HIL, MI, MSF, NRC, OXFAM, PWJ, PLAN, SP, URCS, UNICEF, WMI, WHH, WRU, WVI)
<b>Protection and community services</b>	OPM, UNHCR, URCS, UNFPA (GBV), UNICEF, PLAN, Save the Children (CP), World Vision (CP) ARC, DCA, IRC, OPM
<b>Health</b>	UNHCR, CWW, GSS, IRC, MSF, MTI, OPM, RMF, TPO, UNFPA, UNICEF and WHO
<b>Food security and nutrition</b>	UNHCR, ACF, CWW, DCA, SP, UNICEF, WFP and WVI
<b>Food distribution</b>	WFP, World Vision (wet feeding at RC, and ration distribution)
<b>Non-food items distribution</b>	UNHCR, World Vision
<b>Logistic</b>	UNHCR, AIRD
<b>Education</b>	UNICEF, UNHCR, AAR, OPM, TPO, WTU, PLAN, FCA
<b>Community empowerment and self-reliance</b>	UNHCR, WFP, WVI, DCA, OXFAM, IRC, URDMC, Caritas, SP, WTU, Plan International, MUPC

OPM field offices are currently in the process of revising partnership lists for each settlement of intervention, adding new sectors in line with field developments.

## Needs analysis and scenario planning

The conflict in South Sudan, which began in December 2013, has affected many people in the country. The latest figures of UNHCR (see <https://ugandarefugees.org>) give daily insights in the number of refugees and UNHCR scenario planning. The UNHCR Position on Returns to South Sudan document, dated April 2019, show that in spite of the signed Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS) on 11 September, the humanitarian situation in South Sudan has not seen any marked improvement and remains dire with continued internal and external displacements. The Central African Republic (CAR), the Democratic Republic of the Congo (DRC), Ethiopia, Kenya, Sudan and Uganda jointly host a total of 2.28 million refugees from South Sudan. In addition, there are some 1.87 internally displaced persons (IDPs) inside South Sudan, bringing the total number of persons of concern to UNHCR to 4.15 million people. As per latest UNHCR update dated March 2019, Uganda hosts 808,554 South Sudanese.

Although between September 2018 and March 2019 the overall scale and frequency of clashes has remained low, fighting between warring parties, intercommunal violence and cattle-raiding, remains a cause of civilian casualties, abduction of civilians, looting and displacement into neighbouring countries, including Uganda. As per the Refugee Response Plan, Uganda expects to receive an additional 50,000 people from South Sudan throughout 2019. The below graphics show how influx varies between months, but remains positive up to the first trimester of 2019:



Refugee influx dashboard – February 2019				Refugee influx dashboard – March 2019			
Influx		Compared to 2019 RRP		Influx		Compared to 2019 RRP	
This year	This month			This year	This month		
6,570	4,635			10,671	4,101		
Daily average				Daily average			
Previous month	Current month	Difference	Trend	Previous month	Current month	Difference	Trend
62	166	165 %	↑	161	132	-18 %	↓

Although the 2019 planning figures of refugee arrivals from South Sudan were revised from 300,000 to 50,000, the situation in South Sudan remains unpredictable. As such, UNCHR officially stated in the document “Position on Returns to South Sudan”, published in April 2019, that although political changes are underway in South Sudan, the impact of these changes on the ground are not yet such as to make return conditions of safety and dignity feasible. Therefore, UNCHR cannot facilitate, promote or otherwise organize returns to South Sudan.

The emergency appeal predominantly focused on:

- Bidibidi and Imvepi Refugee Settlements with a multi-sector intervention on WASH, Health, and Protection;
- Rhino Refugee Settlement with multi-sector intervention on WASH and Protection;
- Palorinya with a WASH intervention.

Needs in terms of WASH, Health, Protection, Food security and Nutrition remained nearly unchanged throughout the Emergency Appeal implementation period. Whereas needed, modifications on activities and modality of interventions were made in line with field developments and communicated through Operation Updates and Appeal revisions.

The document of reference for the entire humanitarian community to implement activities to respond to still existing gaps and new identified needs is the Comprehensive Refugee Response Framework (CRRF) and in particular the Refugee and Host Population Empowerment Strategy (ReHoPe), which represents one of the CRRF key components.

Humanitarian organizations aim at bridging humanitarian interventions to longer term development programs, to work towards an integrated refugee management model. Long term programs and initiatives promoting community self-resilience has been started up. URCS, with the support of Austrian, Canadian and Icelandic, German and Netherlands Red Cross, contributes to this model implementing mid to long terms programmes focusing on areas of intervention where URCS has demonstrated its added value during the emergency phase.

### Risk Analysis

As per the latest UN Safety and Security report dated 26 April 2019 the situation is generally calm and peaceful. No major security situation hindered the implementation of activities throughout the Emergency Appeal implementation timeframe.

## B. OPERATIONAL STRATEGY

### Proposed strategy

In line with the strategy defined as per the Revised Emergency Plan of Action, between January and June 2018, IFRC supported URCS in its gradual transition from an emergency operation to longer-term programming to respond to the protracted South Sudanese Refugee crisis, in line with URCS Plan of Action. Between January and May 2018 long term bilateral programs were renewed or started up with support from in country PNS. The bilateral programs from the Austrian, Canadian-Icelandic, German and Netherlands Red Cross scale up activities in ongoing operations and take over components of the IFRC Emergency appeal in the West Nile as well as adding new approaches in line with long term objectives. The revised URCS Plan of Action for the South Sudanese refugee response, provides a broad picture of all URCS activities in the West Nile (funded by Movement and external partners) and identifies activities that need additional internal and external support.

In line with new objectives and modalities of implementation, IFRC piloted a Household Green Energy Project with funding from the Norwegian Red Cross, during the implementation timeframe of the Appeal. The project aimed at testing sustainable lighting and cooking items to reduce energy consumption and create livelihood opportunities. This pilot has been included in long term Green Energy and Livelihoods projects funded by IFRC, Austrian RC and German RC.

## C. DETAILED OPERATIONAL PLAN



### Health

People reached: 136,666

Male: 64,233

Female: 72,433

Indicators:	Target	Actual
<b>Outcome 2: The immediate risks to the health of affected populations are reduced</b>		
% of people with improved knowledge on epidemic diseases	30%	30%
<b>Output 2.1: Target population is provided with rapid medical management of injuries and disease</b>		
# of staff and volunteers trained on First Aid	46	48
# of First Aid procured	3	33
<b>Output 2.2: Community-based disease prevention and health promotion is provided to the target Population</b>		
# staff and volunteers trained on Community Based Health and First Aid (CBHFA)	20	113
# volunteers and focal persons trained on Reproductive health	50	48
# reproductive health referral and follow-up made/month	50	120
<b>Output 2.3: Epidemic prevention and control measures carried out</b>		
# of Long-lasting insecticidal nets distributed, including awareness raising on their use	700	9,000
# volunteers and focal persons trained on Epidemic control	50	49
# of common diseases referral and follow-up made	50	80

### Narrative description of achievements

#### Output 2.1: Target population is provided with rapid medical management of injuries and disease

Throughout the Appeal implementation period, URCS observed an increased knowledge on epidemic diseases from community members. Direct observations allowed to appreciate the adoption of good behavioural practises, as well as an increased tendency to report cases. These observations have been confirmed by data collected at health facilities. An initial assessment was conducted with technical support from the Netherlands RC. However, due to the late start of the health activities, no baseline was conducted and therefore the indicator '% of people with improved knowledge on epidemic cases' could not be reported on. However, observations indicate that the target of 30% has been reached.

##### 1) Training on First Aid

A total of 48 staff and volunteers, against a set target of 46, took part in three 5 days First Aid trainings organized between 2016 and 2017. Selection of participants was based on their roles and exposure to risks. Priority was given to staff and volunteers involved in life saving activities in Bidibidi transit centre and Imvepi Reception Centre as well as at Water Treatments Units.

##### 2) Procurement of First Aid kits

33 small first aid kits were purchased instead of the planned 3 elaborate kits planned to be prepositioned at the Water Treatment Units (WTUs). The planned 3 kits were already provided through other funding sources. The 33 kits were distributed among volunteers who took part in the CBHFA training to provide immediate support at community level.

#### Output 2.2: Community-based disease prevention and health promotion is provided to the target population

##### 1) Training on Community Based Health and First Aid (CBHFA)

A 7 days CBHFA training was conducted between 27 September-1 October 2017 with the participation of 65 volunteers in Imvepi and 48 in Bidibidi. To ensure synergies and complementarities between the Health and WASH interventions, WASH volunteers took part in the training in addition to Health volunteers (5 for Imvepi and 5 for Bidibidi), At the end of the training, a comprehensive workplan for WASH and Health activities was created.

## **2) Training on Reproductive Health (RH)**

A two-day training on Reproductive health for volunteers, Village Health Team members (VHTs) and community focal persons was organized in Imvepi and Bidibidi refugee settlements, respectively between 28 February-1 March and 2-3 March, for a total of 48 participants (20 from Bidibidi and 28 in Imvepi). To guarantee sustainability of the action URCS volunteers engaged in Health activities (10 in Bidibidi and 10 in Imvepi), VHTs and community focal persons, equally divided in terms of gender and village of provenience, took part in the training.

The training aimed at achieving the following objectives:

- to equip volunteers VHTs and community focal persons with appropriate skills to conduct reproductive health promotion among refugee and host communities;
- to promote good health seeking behaviours among the refugee and host communities;
- to create a community-based platform for disease prevention and referrals.

Due to the different social and academic backgrounds of participants, various methodologies were employed, including presentation, group discussions, experience sharing, field visits, role plays and practical demonstrations.

The agenda consisted of the following topics:

- introduction to Sexual and Reproductive Health (SRH), including factors affecting reproductive health and risk and consequences of reproductive health;
- SRH for adolescents: life skills and coping mechanisms;
- prevention and treatment of common Sexual Transmitted Infections (STIs) / Sexual Transmitted Diseases (STDs) including HIV/AIDS;
- family planning services in emergency settings;
- sexual and gender-based violence (SGBV) in emergencies;
- antenatal care, delivery and postnatal care in emergency setting;
- new-born care and child nutritional interventions in emergency settings;
- volunteer roles and responsibilities in promoting reproductive health in communities.

## **3) Community-based disease prevention and health promotion including referrals and follow-up**

Following the realization of the CBHFA and RH trainings, URCS volunteers conducted the following disease prevention and health promotion activities together with VHT' members as well as community focal persons:

- sensitization sessions on family planning with main focus on different family planning methods, including access and the importance of child spacing. Special attention was given to youth and teenage pregnancies which account for 30% of all pregnancies the region;
- awareness raising on SGBV, including safe identification and referral, with engagement of local leaders to ensure a wider impact;
- awareness raising on proper breastfeeding with special emphasis on exclusive breastfeeding
- for children under 6 months and breastfeeding up to 2 years;
- sensitization sessions on the importance of antenatal care (ANC) aimed at ensuring that the women, as well as men prioritize ANC for a safe delivery to reduce maternal and child mortality.
- referral (at a rate of 120 cases/month against an initial target of 50 cases/month) to health facilities and humanitarian stakeholders including organisations and facilities implementing nutrition interventions (e.g. ACF) for Severe Acute Malnutrition (SAM) cases. The increased numbers of referral were achieved through the network of community-based volunteers and an increased tendency of community members to support referral to health facilities and stakeholders.

Throughout the implementation of these activities IFRC-URCS noticed, through direct observation and individual and group sessions, a behavioural change from community members in particular in relation to use of family planning methods as a way of spacing children and reducing unwanted pregnancies, as well as referral practices to health centres for ANC services.

The involvement of community members and in particular local leaders facilitated the dissemination of information and the realization of discussions on topics still considered as sensitive. In the realization of the activities IFRC-URCS recorded the need to strengthen referrals and sensitization on safe delivery in health centres due to the high number of home deliveries.

As a member of the Health working groups, IFRC-URCS adopted Infection Control for Volunteers (ICV) and Information, Education and Communication (IEC) materials provided mainly by UN agencies and the Ministry of Health.

Collaborations aiming at complementarity of actions, sharing of information and materials in the field was established and managed through working groups with other Health partners, including MTI, MSF, ACF, RMF and both Arua and Yumbe District Health Offices. Yumbe district specifically collaborated with URCS on the provision of condoms and their distribution by URCS volunteers, VHT' members and community focal persons.

## **Output 2.3: Epidemic prevention and control measures carried out**

### 1) Distribution of long-lasting insecticidal nets (LLINs)

9,000 LLINs, donated by American Red Cross (ARC) as in-kind contribution to the Appeal, were distributed starting from July 2017. The donation allowed IFRC-URCS to reach out more beneficiaries than initially targeted, set at 700, mitigating the risk of malaria to which refugees and host community were particularly exposed to in the area of intervention. Awareness sessions on the use of LLINs and on methods to prevent malaria were organized during distribution.

### 2) Training on Epidemic Control for Volunteers (ECV)

A 2-day training on ECV for volunteers and focal persons was organized in Bidibidi and Imvepi refugee settlements, respectively between 28 February-1 March and 2-3 March. The total of 49 participants (20 in Bidibidi and 29 in Imvepi) were the same who took part in the RH training.

The IFRC manual, designed with support from National Societies and approved by the World Health Organization (WHO) as a community-based training manual, was used to conduct both the trainings and subsequent activities.

The training aimed at achieving the following objectives:

- to acquire knowledge and skills on Epidemic Control to prevent and respond to epidemic outbreaks in the refugee settlements;
- to understand and effectively apply ECV principles;
- to define volunteers' roles and responsibilities during epidemic control operations;
- to share experiences on community work.

Due to the different social and academic backgrounds of participants various methodologies were employed, including lecture/teaching, experience sharing, group works and practical demonstrations.

With the aim of achieving the above-mentioned objectives the following topics were discussed:

- Day 1: Introduction to Epidemic Control to Volunteers; What is an Epidemic? Infection Cycle; The spread of diseases; What accelerates diseases to spread and become epidemic?; Vulnerability and Epidemics; Water related diseases and how to control infections; Diseases that cause epidemics and Disaster and Epidemics;
- Day 2: Principles of Epidemics (Assessment); Epidemic Response Cycle (Preparedness, Alert, Action and Evaluation); Understanding Risks; Volunteers and Epidemics (Importance of Volunteers, Role of Volunteers); Actions in Epidemic control and Epidemic Control Tool Kit.

Considering strong IFRC-URCS intervention in the WASH sector, special attention was given to water related diseases.


### 3) Community-based disease prevention and health promotion including referrals and follow-up.

Following the realization of the ECV training, URCS volunteers engaged in the following Health activities alongside VHT' members and community focal persons:

- awareness sessions on malaria prevention and control. Malaria accounted for 17% of morbidity in the area of intervention.
- demonstration on the use of mosquito nets following observations on their improper and incorrect use during door to door visits and community consultations;
- awareness sessions on personal hygiene aimed at reducing poor hygiene related infections such as skin infections, common among children, and candidiasis, common among women;
- awareness sessions on food hygiene aimed at reducing diarrheal diseases, which accounted for 5% of morbidity in the area of intervention and food poisoning;
- community dialogue on control and prevention of Sexual Transmitted Diseases (HIV/AIDs, Syphilis, Gonorrhoea, Hepatitis B, herpes and Candidiasis) focusing especially on youth and women, being the most vulnerable and affected population;
- community/ health facility-based surveillance as a way of curbing disease outbreaks through continued identification and reporting of suspected cases through disease surveillance forms at a rate of 80 cases/month against a target set at 50 cases/month.

The increased numbers of referrals was achieved through the network of community based volunteers deployed in the field who directly identified cases, as well as an increased tendency of community members to support referrals health facilities and stakeholders. Throughout the implementation of the above-mentioned activities IFRC-URCS noticed through direct observation and data analysis of data collected at health facilities a behavioural change from community members in particular related to the use of mosquito nets and to the referral to health centres for testing and treating STIs. On the other note IFRC-URCS low level of immunization uptake was registered, the majority of mothers requested for immunization services only when children were already sick. URCS' volunteers supported the Ministry of Health, in the realization of immunization campaigns.

<b>Challenges</b>
<ul style="list-style-type: none"> <li>• Due to funding limitations Health and Care activities could only start at community level the 2<sup>nd</sup> year of Appeal implementation;</li> <li>• Limited number of CBHFA manuals vis-à-vis the number of volunteers trained and implementing health sensitization sessions in Imvepi and Bidibidi. It was decided to train 113 people instead of 20, therefore, the budget did not allow to distribute 1 toolkit per volunteer, but only 1 toolkit per village.</li> <li>• Limited number of volunteers undertaking health sensitization sessions, partially solved with the involvement of WASH volunteers in the CBHFA training and in the subsequent realization of joint sensitization programmes;</li> <li>• Limited funding available for the establishment of condom distribution points in spite of the acceptance of the idea by community members;</li> <li>• Limited funding available to procure facilitation materials for VHT's members and community focal persons which negatively affected their motivation in continuing conducting sensitization sessions and referrals.</li> </ul>
<b>Lessons Learned</b>
<ul style="list-style-type: none"> <li>• A joint assessment was conducted by IFRC Health delegate, supported by Netherlands RC, at the beginning of the Appeal implementation, which allowed to identify needs and propose suitable measures to respond to them;</li> <li>• Involvement of community members and in particular local leaders has been key to the operation. Their involvement facilitated the dissemination of information and the realization of discussions on RH topics, still considered as sensitive;</li> <li>• Realization of a partnership meeting in November 2017 specific to the Appeal has been good practice as it allowed IFRC and URCS to present long terms plans of URCS in support to the protracted South Sudanese refugee response crisis. As an example, starting from May 2018, Canadian-Icelandic Red Cross took over the IFRC Appel Health and Care activities in Imvepi refugee settlement.</li> </ul>

<b>Water, sanitation and hygiene</b>		
	<b>People reached: 393,100</b> Male: 184,757 Female: 208,343	
Indicators:	Target	Actual
<b>Outcome 1: Immediate reduction in risk of waterborne and water related diseases in the targeted communities</b>		
# people provided with 15 litres of water/person/day	160,000	393,100
<b>Output 1.1: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population</b>		
# of Water Treatment Unit managed for the provision of safe water in Bidibidi, Imvepi and Palorinya refugee settlements	3	4
# of 20 litres jerry cans distributed in Imvepi and Bidibidi refugee settlements	17,273	12,000
# of study conducted to perform well yell testing and assessment for the realization of a motorized system at Kochi Water Treatment Unit, Bidibidi refugee settlement	1	1
<b>Output 1.2: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population</b>		
# of HH latrines realized adopting a community-based approach in Imvepi and Bidibidi refugee's settlement	3,005	3,002
# of PSN latrines realized in Bidibidi and Imvepi refugee settlements	300	109
<b>Output 1.3: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population</b>		
# of MHM kits procured and distributed in Bidibidi and Imvepi refugee Settlements	3,894	3,885
# of schools' hygiene clubs formed in Bidibidi and Imvepi refugee settlements	8	0

# of Global WASH events attended	2	3
<b>Narrative description of achievements</b>		
<b>Output 1.1: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population</b>		
1) <u>Management of Water Treatment Units (WTUs) for the provision of safe water in Bidibidi, Imvepi and Palorinya refugees' settlements</u>		
The following WTUs were managed by URCS in the implementation timeframe of the IFRC Appeal:		
<ul style="list-style-type: none"> <li>• <u>Kamu-Kamu surface WTU</u>, Rhino refugee settlement. The WTU, with a capacity of 1.400 m<sup>3</sup>/day (1.400.000 litres/day) and serving up to 82.000 people/day was managed from February to May 2017 by the M40 Swedish, Austrian and German Red Cross Emergency Response Unit (ERU) joint deployment (4 rotations). The WTU was handed over to Austrian Red Cross which managed it through bilateral contributions to URCS between May 2017 and September 2018.</li> <li>• <u>Kochi underground WTU</u>, Bidibidi refugee settlement, with a capacity of 650 m<sup>3</sup>/day (650.000 litres/day) and serving up to 48.000 people/day was managed by URCS between August 2016 March 2018 with Appeal funding and between April and September 2018 with URCS and UNHCR funds.</li> <li>• <u>Enyau surface WTU</u>, Imvepi refugee settlement, with a capacity of 850 m<sup>3</sup>/day (850.000 litres/day) and serving up to 86.700 people/day was managed by URCS between September 2016 and March 2018 with Appeal funding and between April and September 2018 with a combination of URCS and UNHCR funds.</li> <li>• <u>Angalia-Achini surface WTU</u>, Palorinya refugee settlement, with a capacity of 2,400 m<sup>3</sup>/day (2.400.000 litres/day) and serving up to 176,400 people/day. The WTU was taken over from MSF-Holland in December 2017 and included into the Appeal, bringing to 4 the total number of WTUs managed by URCS against an initial target set at 3. URCS managed it up to June 2018, mainly with Swedish Red Cross support which pledge for it in the framework of the Appeal and up to September thanks to URCS and UNHCR funds.</li> </ul>		
<p>Between January and June 2018, IFRC-URCS aimed at implementing a strategy with focus on gradually decreasing the level of water production in line with the expected decrease in water trucking and development of alternative sources of water supply by WASH partners. However, in the first trimester of 2018, as a direct consequence of the dry season, the collapse of a certain number of boreholes and the limited functionality of new piping systems, caused for WTUs to increase production instead of decreasing, leading to increased running costs to respond to the increased demand of safe water. This situation led to an earlier depletion of Appeal resources and per consequence the impossibility for IFRC to continue supporting Kochi and Enyau WTUs beyond March 2018. The two WTUs could partially continue their activities with UNHCR up to their complete demobilization in October 2019. Similarly, Angalia-Achini WTU was funded through the Appeal up to June 2018 and from July to December 2018, continued production with URCS internal funds and UNHCR funding.</p>		
<p>Up to date, data on water availability pro capita in the West Nile remains contradictory., Currently, a combination of ground water supply options largely replaced water trucking from WTUs managed by URCS. Although WASH partners continue to work on new water supply system, a minimum level of water trucking continues for the provision of water in extremely stressed zones of West Nile settlements.</p>		
<b>2) Distribution of 20 litres jerry cans, soaps and bars of laundry soap</b>		

A total of 12,000 20 litres jerricans against a target of 17,273 and bars of laundry soap were distributed in Imvepi and Bidibidi, along with the realization of hygiene and sanitation sensitization sessions on water related topics by URCS' volunteers, including safe water chain and water conservation. The difference between target and actual was due to the high number of humanitarian agencies involved in the distribution of the same items. Therefore, IFRC-URCS decided to reallocate the amount for additional jerrycans to other WASH related NFIs.

A post monitoring distribution survey aimed at investigating use, quality and purpose of use of distributed non-food items (NFIs) was conducted by the Community Engagement and Accountability (CEA) team in the month of October 2017, using a simple size of 851 Household.



*20 litres jerry cans distribution, Imvepi refugee's settlement. URCS*

### **3) Conduction of a study to perform well yell testing and assessing feasibility of realization of a motorized system at Kochi WTU**

Considering the fact that the source of Kochi WTU is an artesian well with a very high yield which sustained the demand of water both during dry and wet seasons with minimal variations, IFRC-URCS contracted a consultant to:

- conduct a feasibility study of the artisan well to ascertain its suitability for realizing a piped water supply system reaching Zone 2 in Bidibidi refugee settlement, where in 2017 the demand was overwhelmingly high, and no sustainable solutions were proposed to improve service delivery. Beneficiaries of the infrastructures would be neighbouring host communities as well as refugees living along the proposed route for the pipeline;
- conduct pump testing of the artisan well to establish its actual characteristics though a continuous pumping for 72 hours. The well, drilled to 28m depth, gave as results a sustainable yield of 42 m<sup>3</sup>/hr, Dynamic Water Level (DWL) of 18 m and Static Water Level of -01 m. Water samples from the well were taken to the nationally authorized laboratory for quality analysis which were confirmed in line with the national standards for human consumption;
- conduct a socio-economic study of the proposed service areas to generate the actual demand and respective projections for the entire design horizon. An Environment Impact Assessment (EIA) was also carried out to establish and mitigate effects of the piped water supply system construction. On the base of these findings, measures and actions were proposed by the consultant for consideration during the design, pre and post construction stages of the system.

The final document prepared by the consultant included:

- design of the piped water supply system with the proposed sources of energy on the base of its capacity and reliability (hybrid system – solar and genset, grundfos type of pump - 13A01926 SP 30-26);
- measurement on pipe sizing for transmission, intake works (reservoirs & pipe work), overhead storage tanks and distribution network (types of tank materials, stands, pipe type, sizes, connectors and fittings);
- design of all the hydraulic system structures and respective drawings.

### **Output 1.2: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population**

#### **1) Realization of WASH emergency activities in Imvepi through the deployment of an MSM20**

Between March and June 2017 British RC deployed an MSM20 team allowing the realization of the following activities:

- Construction of communal sanitation facilities (latrines and bathing shelters) for a total of 420 stances in Imvepi refugee settlement (400 stances) and at Imvepi Reception centre (20 stances), serving a total of 21,000 people;
- Realization of a PHAST trainings with the participation of 80 volunteers;

- Realization of hygiene promotion activities in Imvepi refugee settlement and Reception centre for a period of 4 month, reaching a total of 40.000 people/month;
- Realization of a training on dome slabs construction with the participation of 20 volunteers;
- Casting and distribution of 500 dome slabs for the promotion of household latrines construction.

## **2) Realization of 3.005 Household (HH) latrines adopting a community-based approach**

A total of 3.002 HH latrines (1.785 in Imvepi, of which 7 emergency PSN latrines, and 1.217 in Bidibidi) were realized partially through the adoption of a community based approach consisting of purchasing and distributing construction materials (plastic sheets, nails, poles and treated logs) to each HH, along with digging kits equipment (rakes, hoes, pick-axe, wheel-barrow, panga, spade, nylon rope, metallic bucket) distributed to every 50r 10 HH. In January 2018 UNCHR and OPM requested partners to shift from emergency to semi-permanent / permanent HH latrine structures. This implied a revision in the allocation of resource as well as in IFRC-URCS modality of intervention. The higher cost of permanent structures in comparison with emergency ones entailed a decrease of the total target of HH latrines set at 3.050 (2.000 in Imvepi and 1.050 in Bidibidi), to 3,002. Moreover, whereas the construction of emergency HH latrines was conducted directly by community members, the realization of semi-permanent/permanent one required the involvement of casual labours and/or the signature of service contract with construction companies due to the typology of structures and materials. Also, additional efforts in terms of sensitization and hygiene sessions with beneficiaries were needed to guarantee their appropriation of infrastructures. Selection of beneficiaries was conducted in collaboration with OPM-UNHCR and WASH partners on the base of specific criteria aimed at prioritizing most in need categories and HH, such as women and children head of HH.

## **2) Realization of 300 People with Special Needs (PSN) latrines**

Following the request of OPM and UNHCR to shift from emergency to permanent structures, IFRC-URCS were able to sign a service contract for 124 permanent PSN HH latrines out of 300 emergency PSN HH latrines budgeted for. This target was reached at 88%, with the construction of 109 permanent PSN HH latrines. The non-respect of contractual terms of implementation timeframe by the service provider led to a cancellation of the service contract and the non-completion of works.

## **4) Construction of 3 child-friendly latrines and rehabilitation of 10 communal bathing shelter in Imvepi Reception Centre**

Since the beginning of the refugee crisis URCS conducted hygiene and sanitation promotion activities in Imvepi reception centre. Due to continue influx of refugees throughout 2017 and expected new comers in 2018, as a consequence of renewed accessibility of roads from South Sudan and the possibility of a renewed escalation of the conflict, the construction of 3 child-friendly latrines and the rehabilitation of 10 communal bathing shelter in Imvepi reception centre were added to the Appeal in December 2017. The activities were conducted between February and March 2018, and have to be considered as a mid to long term investment to guarantee adequate hygiene and sanitation conditions to new comers during their transition. Although Imvepi Refugee Settlement reached in early 2018 almost its full capacity and a very low number of people have resettled there, its Reception Center was still fully functioning as remained one of the main hubs in West Nile where to resettle refugees in newly opened settlements, such as Rhino Extension (Omugo Refugee Settlement) and Okollo.

## **Output 1.3: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population**

### **1) Training of 30 women volunteers as focal persons for Menstrual Hygiene Management activities**

Under the technical guidance of a Regional Disaster Response Team's (RDRT) member, mobilized in support of the Appeal during the first semester of 2017, 30 women volunteers took part in a 2 days MHM training focused on: i) Community health education and MHM promotion; ii) cultural/ religious beliefs and values on MHM; iii) relationship between menstrual flows, hygiene, water and sanitation; iv) challenges associated with menstrual flows and menstrual management in emergency settings. The same volunteers conducted focus group discussions (FDGs) on MHM for groups of women, involving a total of 60 women, to validate selection criteria for MHM kits distribution and organization of MHM sensitization sessions and distribution campaigns. Although MHM has not been considered as a women-related issue only, man volunteers were involved in general sensitization campaigns where MHM was part of the hygiene sensitization curriculum, while demonstrations were conducted by women volunteers only.

### **2) Procurement and distribution of 3,894 Menstrual Hygiene Management kits**

3,885 MHM kits composed of reusable pads (3 maxi and 1 supermaxi), 7 litres plastic bucket, rope, pegs, laundry and bathing soaps, 2 underwear, Information Education and Communication materials and a storage bag were procured and distributed. Priority was given to adolescent girls and women of the reproductive age group 18-34 years. Particular importance was given to adolescent girls at school due to the high number of school drops out due to challenges in MHM, in addition to unavailability of appropriate sanitation facilities (latrines separate per gender and changing rooms). Therefore, out of 3,885 kits purchased, 528 were distributed in 3 schools in Bidibidi and 957 in Imvepi where URCS conducted hygiene and sanitation activities involving teachers, parents' committees and students. A post monitoring distribution survey aimed at investigating use, quality and purpose of use of distributed non-food items (NFIs) was conducted by the Community Engagement and Accountability (CEA) team in the month of September 2017 using a sample size of 775 people. Demonstration on MHM kit use and awareness sessions were conducted along with distribution campaigns. Selection of beneficiaries was based on OPM-UNHCR criteria, set together with WASH and Protection partners. Complementarity of actions was created with actors present in the field in order to respond to still existing needs avoiding overlapping in distribution of items.



*Menstrual Hygiene Management kits distribution, Bidibidi refugee's settlement.*

#### **4) Training of teachers, parents' associations, health teachers on PHAST and PHASE and establishment of 8 school hygiene clubs**

UNHCR and OPM delayed the validation of schools (5 in Imvepi and 3 in Bidibidi) identified by IFRC-URCS to implement WASH interventions, which led to the impossibility to conduct formal training to teachers, parents' associations members and health teachers and to establish school hygiene clubs within the timeframe of the Appeal. Nevertheless, URCS did conduct hygiene and sanitation sensitization sessions at schools in which teachers, children and adolescents were participating. Due to the cancellation of these activities, funds were reallocated to the procurement and installation of 800 bill boards in 8 schools and health facilities in Bidibidi and Imvepi with health, hygiene and sanitation messages to increase awareness on personal hygiene, household hygiene, safe water conservation and food manipulation such as: "Dispose used pads in the waste bins", "Wash hands before collecting water", "Do not defecate or urinate in the latrines flow" and "Wash fruits before eating".

#### **5) Conduct hygiene and sanitation awareness sessions**

Daily sensitization sessions on hygiene and sensitization topics were conducted by URCS's volunteers in Imvepi Reception Centre, at HH level and institutional level, including schools and health facilities and gathering places, including distribution points and marketplaces both in Imvepi and Bidibidi. In order to integrate WASH activities into Health activities and vice versa, an action plan was developed after the realization of the CBHFA training. On the job trainings for volunteers on WASH related topics and methodologies (i.e. PHAST) were organized by URCS staff and National Disaster Response Team' (NDRT) members.

#### **6) Participation in World Water day**

IFRC-URCS participated in World Water Day events in collaboration and coordination with WASH partners, including different initiatives such as: provision of WASH NFIs for Model homes; participation in mass sensitization campaign including cleaning campaign, presentation water treatment processes to UNHCR, OPM and other WASH partners, organization of community theatres and drama groups shows. IFRC-URCS visibility was guaranteed through the display of logos and banners as well as NFIs.

### **Challenges**

- Uncertainty around ground water sources, dry season conditions, functionality of sustainable and alternative water supply systems and potential new influx, coupled with unclear water trucking phase-out plans from OPM-UNHCR made it difficult for IFRC-URCS to properly plan WTU activities, with continued revisions of budgets and reallocation of resources previously assigned for the implementation of other activities;

- Lack of funds to realize the piped water supply system in Kochi as proposed in the feasibility study and assessment;
- Delays in realization of HH latrines due to i) delay from OPM-UNHCR in the allocation of areas to IFRC-URCS where to promote the construction of new HH latrines; ii) typology of terrain of new areas allocated, hard rocky which entailed a longer period to dig pits (1 week vs 1-2 days) or sandy which resulted in the collapse of pits in the rainy season; iii) consistent difference between official population vs actual population in all areas allocated which resulted in the need to look for new areas / HH to meet targets; iv) difference between HH and homesteads which means a higher number of people in a single homestead (50 pp vs 5 pp) and per consequence a decreased number of latrines to build as well as a higher risk of diseases; v) double allocation of same sites by UNHCR and OPM to several stakeholders; vi) delays in internal procurement process and in the timely delivery of materials (poles and treated logs);
- Delay in the realization of PSN HH latrines due to:
  - difficulties encountered in the identification of suppliers which resulting in the repetition of the tendering procedure for 3 times, with a signed service contract only in June 2018;
  - repetition in June 2018 of the need's assessment conducted in January 2018 due to assignment of PSN HH previously identified by IFRC-URCS to other stakeholders already present in the field;
  - long validation process of new identified PSN HH by UNHCR;
  - unexpected extremely rocky area in Imvepi which affected the speed of construction works;
  - resistance from a local community in one village in Bidibidi for the construction of latrines by an external supplier, solved only with the involvement of community members as manpower.

HH PSN latrines were budgeted as emergency structures. Therefore, as mentioned above, with the request of OPM and UNHCR to shift from emergency to permanent structures, IFRC-URCS were able to sign a service contract for 124 permanent PSN HH latrines out of 300 emergency PSN HH latrines. This target was reached at 88%, with the construction of 109 permanent PSN HH latrines out of the planned 124 latrines.

- Adoption of a different approach to the community-based one for the realization of HH PSN led to the direct involvement of URCS' volunteers in the construction of superstructures due to the recognized disability conditions of beneficiaries;
- The distance between villages and water distribution points, the limited numbers of water distributions points and the inadequacy of water collection containers negatively impacted hygiene and sanitation conditions of community members and hampered the successful realization of hygiene promotion activities by URCS's volunteers;
- Limited number of water points obliged women and children to walk long distances to provide water to their families and to line-up at the water distribution points for long hours, even during the night, bringing along serious protection concerns and limits time to invest in livelihood opportunities;
- Limited number of MHM kits available against the high demand;
- Limited impact of hygiene and sanitation session conducted at Imvepi Reception centre due to the high turn-over of refugees;
- Limited number of volunteers conducting hygiene promotion activities vis-à-vis to the number of people in Imvepi reception centre.

## Lessons Learned

- Importance to take part in high level discussions on the development of alternative water supply systems in order to plan exit strategies;
- Possibilities to promote to external stakeholders the comprehensive community-based approach adopted for the construction of HH sanitation facilities;
- Partnership meeting specific to the operation was good practice and resulted in Austrian and German red Cross to take over part of the IFRC Appel WASH activities in Imvepi and Bidibidi refugee settlements including new activities with a long-term approach.
- Low number of MHM kits distributed against the number of young girls and women in need which puts a strain on the success of sensitization sessions on menstrual hygiene management and subsequent adoption of good hygiene practices;



## Protection, Gender and Inclusion

People reached: 136,666

Male: 64,233

Female: 72,433

Indicators:	Target	Actual
# of complaint and feedback mechanism established and functional	1	1
<b>Output 3.1: PSS activities for staff and volunteers carried out in Imvepi, Bidibidi and Rhino Refugee Settlement</b>		
# of PSS trainings for ToT conducted	2	2
# of PSS sessions conducted by trained PSS ToT volunteers	N/A	272
# of individual and collectives counselling sessions for volunteers and staff conducted by PSS officer	N/A	21
<b>Output 3.2: PSS activities for beneficiaries</b>		
# of gathering places identified through community dialogues to be used as Child Friendly Spaces in Bidibidi and Imvepi refugees' settlement	15	15
# of Child Protection Committees' members trained on Child Protection Principles	120	0
# of awareness sessions on Psychosocial support, Child Protection and Sexual and Gender Based Violence conducted in Bidibidi, Imvepi and Rhino refugee's settlements	72	21

### **Narrative description of achievements**

#### **Output 3.1: PSS activities for staff and volunteers carried out in Imvepi, Bidibidi and Rhino Refugee Settlement**

##### 1) Training of trainer and refresher sessions on protection: Psychosocial Support (PSS), Child Protection (CP) and Sexual and Gender Based Violence (SGBV)

A five days refresher training targeting 13 PSS volunteers was conducted in Arua between February and March 2018 covering PSS, CP and SGBV with the support of two delegates from Icelandic Red Cross. The training represented the second phase of a capacity building intervention undertaken by Icelandic Red Cross in the framework of the Appeal. While the first training organized in 2017 targeted mainly URCS staff and volunteers at HQ level, the training in 2018 was aimed to capacitate field personnel on:

- further strengthening the understanding of SGBV, its consequences and how to identify potential victims, along with referral possibilities;
- developing monitoring tools for Community Based Psychosocial Support (CBPS) and testing them in the field for validation and reliability check;
- orienting staff and volunteers on Core Humanitarian Standards in humanitarian operations and on the Do No Harm approach;
- provide practical tips on the implementation of PSS activities for beneficiaries, staff and volunteers.

Three orientation sessions to develop and/or revise plans of actions in each refugee settlement of intervention and enhance PSS skills of ToT trained were organized after the training of trainers.

##### **2) Realization of PSS sessions by trained PSS ToT volunteers**

Starting from December 2018, 272 psycho education sessions were conducted by the 13 PSS ToT volunteers with the technical support of URCS PSS officer in favour of their peers in Bidibidi, Imvepi and Rhino. Main topics included psychological distress, indicators of stress and burn out. The sessions enabled volunteers to learn how to cope with stress and where to seek for help when there is no positive recovery. No target was set at the beginning of the intervention as sessions were organized on the base of needs.

##### **3) Realization of individual and collectives counselling sessions for volunteers and staff conducted by PSS officer**

In addition to group sessions, individual counselling sessions for staff and volunteers were conducted by URCS PSS officer through face to face or phone calls sessions, for a total of 21 sessions between December 2017 and April 2018. No target was set at the beginning of the intervention as sessions were realized on the base of needs.

##### **4) Implementation of protection feedback and complaint mechanism**

An internal feedback and complaint mechanism was tested and established by URCS PSS officer. Staff and volunteers supported in its dissemination and functioning.

##### **5) Realization of Self Care Days**

In the month of November 2017 and February 2018 two self-care days were organized as a way for stress releasing for staff and volunteers. A total of 80 people took part in football matches as well as other teams activities.

### Output 3.2: PSS activities for beneficiaries

#### 1) Identification through community dialogues, upgrading and equipment of gathering places to be used as Child Friendly Spaces (CFS).

15 gathering places to be used as CFS were identified across the three settlements of intervention thanks to the involvement of 307 (75 male and 232 female) People of Concerns (PoC) through community dialogues. As per the focus groups discussion conducted, community members welcome the idea of establishing a common space for children within their community inclusive of education and recreation equipment, essential to promote psychosocial wellbeing through sports activities. Due to budget constraints no, gathering space was equipped within the Appeal implementation timeframe. However, mobile life skills and recreation activities were conducted by PSS volunteers at community level.

#### 2) Revive and conduct refresher training for Child Protection Committee

Parallel to the assessment of gathering spaces, URCS volunteers identified 60 people (42 male and 18 female) to be part of child protection committees. Due to budget constraints no, formal trainings were organized to capacitate them on protection topics. However, their involvement facilitated in the dissemination of referral pathways and sensitization of community members in safe identification and referral of protection cases.

#### 3) Conduct PSS Activities (Life Skills: education, recreational and counselling) for children, adolescents and adults

URCS volunteers conducted mobile life skills and recreation activities involving 620 children focusing in particular on peer resistance, self-awareness, self-esteem, assertiveness and communication skills.

#### 4) Conduct awareness sessions on protection (PSS, GBV and CP), identification, referral and follow up

On the base of knowledge acquired during the refresher training on PSS, CP and GBV, URCS PSS volunteers conducted 21 awareness sessions in Imvepi, Bidibidi and Rhino refugee reaching 1,630 people (690 male and 940 female). The activity allowed to increase community awareness on psychosocial problems, CP issues and the effects of SGBV. The additional timeframe needed for ensuring a certain level of knowledge from volunteers delivering sessions allowed to organize only 21 sessions against the 72 set as target.

### Challenges

- Delay in implementation of the Inclusion and Protection component due to the recruitment of a PSS officer at the second year of the Appeal, as well as dedicated volunteers;
- Limited human resource (1 PSS officer and 13 volunteers) to implement PSS activities as opposed to the target population being served in the areas of intervention;
- Lack of IEC materials translated into Arabic to be used during sensitization sessions which entailed the involvement of translators, with consequent loss of information and/or complete understanding of concepts;
- Difficulty for people with special needs to participate in community activities as opposed to high expectations placed on volunteers;
- Weaknesses in the structure of the Planning, Monitoring, Evaluation and Reporting (PMER) department both at field level and head quarter level which hampered data collection, monitoring, evaluation and reporting for PSS activities.

### Lessons Learned

- Importance of identifying and mobilizing dedicated volunteers to conduct PSS activities Initially Health and WASH volunteers were assigned PSS responsibilities. However, this strategy was not successful, and the need for PSS volunteers was identified to ensure good PSS knowledge and implementation as well as supporting protection activities.
- Partnership meeting specific to the operation was good practice and resulted in Canadian-Icelandic Red Cross to start a bilateral project in May 2018 building on the IFRC Appel Protection activities in Imvepi refugee settlement.

## Strengthen National Society

Indicators:	Target	Actual
Outcome 5: Capacity of the Ugandan Red Cross Society to respond to the emergency and needs of the affected population is strengthened		
# of National Disaster Response Team' members deployed	8	14
# of financial system rolled out (Navision)	1	1

Imvepi base camp infrastructures (accommodation and office space) improved	1	1
<b>Narrative description of achievements</b>		
<p>The following activities were implemented throughout the timeframe of the Appeal:</p> <ul style="list-style-type: none"> <li>• Deployment of MSM20 to implement hygiene and sanitation activities at community level in Imvepi and at Imvepi Reception Centre;</li> <li>• Deployment of M40 ERU to support provision of safe water;</li> <li>• Deployment of 5 Regional Disaster Response Teams' (RDRT) members in support of WASH and CEA activities;</li> <li>• Deployment of 14 NDRT' members in support of WASH activities, against an initial target of 8, as technical support to staff and volunteers;</li> <li>• Realization of trainings on WASH, Health and Protections topics and on-the job follow-up sessions to enhance volunteers' capacities;</li> <li>• Procurement of infotainment equipment for conducting mobile cinema sessions on WASH, Health and Protection topics at community level and in the Imvepi reception centres;</li> <li>• Realization of post-monitoring distribution surveys, establishment of complaint systems and organization of feedback sessions as part of CEA intervention;</li> <li>• Procurement of PSS items (indoor and outdoor games) to conduct PSS activities for staff, volunteers and beneficiaries;</li> <li>• Support to the implementation of the Navision system, including in URCS Arua branch;</li> <li>• Refurbishment of Arua branch and Yumbe sub-branch offices;</li> <li>• Improvement of Imvepi base camp infrastructures trough the realization of accommodations and an office space for staff and volunteers, including sanitary infrastructures;</li> <li>• Procurement of mobile phones for data collection and organization of training on Kobo/ODK data collection;</li> <li>• Procurement of IT materials (Laptops, tables) for staff;</li> <li>• Procurement of two motorcycles and protective gears;</li> <li>• Procurement of visibility materials and protective gears for staff and volunteers;</li> <li>• Realization of institutional capacity building initiatives from IFRC to support Finance and Supply chain processes.</li> </ul>		
<b>Challenges</b>		
<ul style="list-style-type: none"> <li>• Delays in procurements for goods and services due to the high level of URCS internal controls, justified by the need for ensuring transparency and accountability to donors and partners;</li> <li>• Delays in the in funds transfer delayed implementation of activities against workplans;</li> <li>• Delays in decision-making process on the design of infrastructure, as well as choice of material to use for the realization of accommodation and office space in Imvepi base camp;</li> <li>• Difficulty in measuring impact of the intervention due to the fact that no baseline surveys were conducted, and activities were modified during the implementation timeframe to respond to needs without conducting additional ad hoc surveys.</li> </ul>		
<b>Lessons Learned</b>		
<ul style="list-style-type: none"> <li>• Deployment of RDRT, NDRT and WASH delegates contributed to the reinforcement of URCS' staff and volunteer capacities in the implementation of sanitation, hygiene and CEA interventions, and their readiness for future emergency deployments;</li> <li>• Mobilization of community-based volunteers ensured easy access to communities and guaranteed sustainability of actions;</li> <li>• Good practice: Realization of capacity building activities in collaboration with PNS and other stakeholders as a way for enhancing mutual capacities and adopting common approaches;</li> <li>• Good practice: With support from IFRC URCS developed a resource mobilisation plan to support the 2018 URCS Plan of Action led to the involvement of PNS to support the URCS South Sudanese refugee response with long term interventions.</li> </ul>		

## D. THE BUDGET

### Explanation of Variances

- **Health:** An under-expenditure of **CHF 32,011** (77%%) was caused by health activities being coded as Water, Sanitation & Hygiene.
- **SFI3- Influence others as leading strategic partners:** An under expenditure of **CHF 69,641** (100%) was caused by the fact that costs budgeted under this output were incurred under SFI4 as Delegate costs.
- **SFI4- Ensure a strong IFRC:** An over expenditure of **CHF 24,482** (20%) was caused by costs budgeted under SFI3 being charged under SFI4.

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## Contact information

### Contact information

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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.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace

# Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2016/8-2019/10	Operation	MDRUG038
Budget Timeframe	2016-2019	Budget	APPROVED

Prepared on 18 Nov 2019

All figures are in Swiss Francs (CHF)

## MDRUG038 - Uganda - Population Movement

Operating Timeframe: 26 Aug 2016 to 24 Sep 2018; appeal launch date: 26 Aug 2016

### I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	126,132
AOF5 - Water, sanitation and hygiene	1,144,404
AOF6 - Protection, Gender & Inclusion	0
AOF7 - Migration	0
SFI1 - Strengthen National Societies	968,752
SFI2 - Effective international disaster management	50,569
SFI3 - Influence others as leading strategic partners	157,506
SFI4 - Ensure a strong IFRC	510,875
<b>Total Funding Requirements</b>	<b>2,958,238</b>
<b>Donor Response* as per 18 Nov 2019</b>	<b>2,348,280</b>
<b>Appeal Coverage</b>	<b>79.38%</b>

### 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	47,299	15,288	32,011
AOF5 - Water, sanitation and hygiene	1,683,250	1,650,334	32,916
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	341,217	333,156	8,060
SFI2 - Effective international disaster management	84,697	77,803	6,894
SFI3 - Influence others as leading strategic partners	69,641	0	69,641
SFI4 - Ensure a strong IFRC	120,676	145,157	-24,482
<b>Grand Total</b>	<b>2,346,780</b>	<b>2,221,740</b>	<b>125,041</b>

### III. Operating Movement & Closing Balance per 2019/10

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	2,354,330
Expenditure	-2,221,740
<b>Closing Balance</b>	<b>132,590</b>
Deferred Income	0
Funds Available	132,590

### IV. DREF Loan

* not included in Donor Response	Loan :	Reimbursed :	<b>Outstanding :</b>
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# Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2016/8-2019/10	Operation	MDRUG038
Budget Timeframe	2016-2019	Budget	APPROVED

Prepared on 18 Nov 2019

All figures are in Swiss Francs (CHF)

## MDRUG038 - Uganda - Population Movement

Operating Timeframe: 26 Aug 2016 to 24 Sep 2018; appeal launch date: 26 Aug 2016

### 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	4,511	75,447			79,957		
Austrian Red Cross	86,887				86,887		
British Red Cross	287,693		19,613		307,306		
China Red Cross, Hong Kong branch	25,152				25,152		
Icelandic Red Cross	254,142				254,142		
Icelandic Red Cross (from Icelandic Government*)	172,425				172,425		
Japanese Red Cross Society	109,346				109,346		
Norwegian Red Cross	162,772				162,772		
Red Cross of Monaco	10,667				10,667		
Swedish Red Cross	151,676		10,787		162,463		
The Canadian Red Cross Society	826		29,632		30,458		
The Canadian Red Cross Society (from Canadian Gov	148,665				148,665		
The Netherlands Red Cross	738,579				738,579		
The Netherlands Red Cross (from Netherlands Govern	65,510				65,510		
<b>Total Contributions and Other Income</b>	<b>2,218,852</b>	<b>75,447</b>	<b>60,032</b>	<b>0</b>	<b>2,354,330</b>	<b>0</b>	
<b>Total Income and Deferred Income</b>					<b>2,354,330</b>	<b>0</b>	