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Final Report

Uganda: Floods and Landslides

 International Federation
of Red Cross and Red Crescent Societies

DREF operation:	Operation n° MDRUG042
Date of Issue: 24 February 2021	Glide number: --
Operation start date: 20 June 2019	Operation end date: 20 September 2019
Host National Society: Uganda Red Cross Society	Operation budget: CHF 151,041
Number of people affected: 129,928 people (63,601 males & 66,327 females)	Number of people assisted: 73,442 (10,281 HH) – Direct recipients: 2,618 (503 HH) – Indirect recipients: 70,824 individuals (9,778 HH)
Red Cross Red Crescent Movement partners currently actively involved in the operation: Belgium Red Cross – Flanders, German Red Cross, Netherlands Red Cross and the International Federation of Red Cross and Red Crescent Societies (IFRC)	
Other partner organizations actively involved in the operation: The Uganda People's Defense Forces (UPDF), The Ministry of Disaster Preparedness and Refugees in the Office of the Prime Minister (OPM), Mobile Telephone Network (MTN Foundation) and South African cellular service provider.	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation and other corporate and private donors. DG ECHO and the Canadian Government contributed to replenishing the DREF for this operation. On behalf of Uganda Red Cross Society (URCS), the IFRC would like to extend gratitude to all for their generous contributions.

A. SITUATION ANALYSIS

<Please click [here](#) for the final financial report and [here](#) for the contacts>

Description of the disaster

Heavy rainfalls experienced in the Eastern parts of Uganda in the months of May and June 2019 caused flooding and landside disasters within the Elgon region, directly affecting 569 households (2,845 individuals) in four districts of Bududa, Sironko, Mbale and Butaleja. The landslides in Bududa district caused six (6) deaths, and injuries to 27 persons who were all treated and recovered. Please refer to the [EPoA](#) for details on impact per affected district.

As anticipated, an outbreak of cholera was later confirmed by the Ministry of Health in Bududa district two weeks after the launch of this DREF operation, which affected the same community affected by the landslides. A total of 72 cholera cases, with 3 deaths were recorded (Case Fatality Rate=4.17%). The operation therefore refocused its strategy towards provision of safe water, improved sanitation, and hygiene behaviours among the affected and other at-risk communities in Bududa, Sironko, Butaleja and Mbale districts. The Ministry of Health later launched Oral Cholera Vaccine (OCV) campaign in Bududa where the operation supported with community mobilization that increased uptake of the vaccine among all at-risk individuals. All these efforts led to rapid interruption of the cholera outbreak spread in Bududa



Figure 1: Landslide survivors receiving Non-Food household Items in Bududa district. ©URCS

that prevented it from affecting other at-risk areas in neighbouring Manafwa, Namisindwa, Butaleja, Sironko, Mbale and Bulambuli districts.

On 20 June 2019, IFRC launched a [DREF operation](#) worth CHF 151,041 to support Uganda Red Cross Society respond to humanitarian needs of 2,845 people affected by landslides and floods disasters in Bududa, Mbale, Butaleja, and Sironko district. The emergency operation successfully ran from June to September 2019, although the heavy rainfall situation was still widespread, which caused fresh flooding events in completely new areas around November 2019, just two months after closure of this operation.

Summary of response

Overview of Host National Society

Uganda Red Cross Society (URCS) deployed 45 volunteers from its Bubulo (Bududa district), Sironko, Mbale and Tororo Branches who worked with the Uganda Police rescue team to conduct search and rescue, provide first aid to the injured as well as psychosocial support to bereaved families. Over 243 people trapped in the landslides, floods waters and inside their flooded houses were rescued by the team. URCS also carried out hygiene and health promotion interventions to stop the spread of the cholera outbreak. At the start of the operation, the NS distributed an initial stock of HHIs kits to 100 families in the first days of the emergency from its prepositioned stock.

The URCS Headquarter deployed a relief officer to support Bududa Branch in conducting more detailed needs assessment, reaching deep into remote areas that the Branch volunteers could not access with motorcycles at the onset of the disaster. The team in Tororo (Butaleja district) and Mbale Branches continued to access remote villages that were affected and conducted more detailed needs assessments of the after-effects of flooding disaster in the low-lying plains of Butaleja and Mbale districts. The URCS HQ dispatched a technical team to support the local Branch in Bududa to conduct more detailed assessment as well as assist in distribution of 100 Household Items (HHI) kits donated by MTN Foundation Uganda.

URCS maintained strong presence in all the districts affected by landslide and floods. The branches received technical support from the HQ through deployed NDRT surge team. Uganda Red Cross Society (URCS) provided humanitarian assistance, in collaboration with local Government strictures and involvement of leaders of the affected areas.

Overview of Red Cross Red Crescent Movement in country

The partner National Societies present in Uganda remain as described in the [EPoA](#). URCS ensured that all the Movement partners remained fully informed about this emergency operation through sharing of updates and needs assessment reports, which facilitated the following complementary interventions:

- Initial stock of HHIs distributed in the first days of the emergency was part of the available pre-positioned stock funded through the Belgium Red Cross-Flanders' bilateral disaster preparedness project.
- The German Red Cross provided Euro 1,000 which supported part of the initial operational needs to conduct a detailed assessment.

The IFRC in-country delegates (one Programme Coordinator and one Finance Delegate) provided technical support and guidance to the operation which contributed to its success.

Overview of other actors' actions in country

The Government developed a 10-year resettlement plan in 2013 for people living in at-risk areas in the Elgon region, where it had already acquired 2800 acres of land to construct the 900 houses as part of the plan. In 2018, cabinet approved allocation of 32 billion Uganda shillings for relocation of 6,300 residents in risky areas in Bududa. However, the Ministry of Relief and Disaster Preparedness confirms that over 120,000 people are still living in at-risk areas. Different partners further urged the local population and Government to intensify efforts to preserve the environment that contributes towards addressing such disasters that arise because of environmental degradation.

The Office of the Prime Minister also delivered food aid to all the affected districts that were subsequently distributed by the respective DDMCs.

In Sironko district, UNICEF provided 12 boxes of Aqua tabs, 199 boxes of soap in Sironko district, in addition to 12 latrine stances which were made available in 3 schools in the newly affected sub-county of Nazalazala. This is in addition to 1 box of Aqua tabs and 19 boxes of soap delivered to Bududa district.

URCS also shared operation updates and needs assessment reports with external in-country stakeholders and corporate bodies, which made MTN Foundation to provide support in terms of household items (HHIs) kits that helped to support 100 HHs in Bududa district.

The Uganda DG ECHO country program team conducted a field mission in the DREF operation area of Mbale, Butaleja, Bududa and Sironko to assess the impacts of the operation to the targeted households as well as establish how the operation ensured effective coordination with the respective DMMCs and other partners involved.

Needs analysis and scenario planning

Please see [EPoA](#) for needs analysis at the time of the launch of this operation.

Two weeks after the launch of the DREF operation, the Ministry of Health confirmed an outbreak of cholera in Bulucheke sub-county of Bududa district which was first reported on 19 June 2019 two weeks after the occurrence of multiple landslides and flash floods events. This outbreak was attributed to inadequate sanitation facilities and safe water supply as all wells and rivers which were likely contaminated with faecal matter from the destroyed latrines. Since the onset of the outbreak in June till September 2019 when it was controlled, the cumulative number of suspected and confirmed cholera cases tremendously increased to 72 (41 males and 31 females). All the suspected cases were isolated and treated at the established Bukigai Cholera Treatment Centre (CTC), and Bukigai HC III. The patients' response to medication was very positive with many getting cured and discharged. There were three (03) death cases registered since the cholera epidemic broke out. Besides, it was suspected that the Bududa epidemic could spread to the neighbouring districts of Mbale, Butaleja, and Sironko which also got affected by the flood's disasters. The highest risk was expected in Bulambuli district where people from Bududa were recently resettled. Since activating this DREF operation, a series of community-based disease prevention interventions were initiated by the respective Branch Managers and district health offices, which facilitated effective control measures against the spread of the disease to a wider community.

Continued assessment conducted in Butaleja during the implementation revealed that:

- Parts of the school compounds of Doho Primary school, Namahere and Namulo were soaked with stagnant water. The compounds of Lubembe and Namulo health centres were also waterlogged.
- The Latrine of Namulo health centre collapsed due to a weakened wall.
- The borehole water sources of Namulo and Namehere were producing creamish brown water and some earth worm threadlike items which emerged as water was being pumped out.
- The bridge at Lelesi connecting Butaleja to Nabiganda became slightly submerged in water although the water was struggling to maneuver its way through to the larger Namulo bridge towards where the warning alarm system that was installed, though now remain vandalized.
- Although EVIDENCE ACTION had some chlorine dispensers at the borehole points, these cans were often found to be empty leaving communities with no chemical to protect their waters at sources.
- Accessibility route to the schools of Lumbebe and DOHO was marshy and impassable, so was Lubembe Health centre and Doho.
- There was relatively huge amount of water flowing down stream to low lying villages in these three sub-counties.
- According to the patients' records at Lubembe, Namulo, Kangalaba, Kanyenya Health Centres, there was a high increase of reported cases of cough, fever and stomach aches amongst the children.

Risk Analysis

Please, refer to the [EPoA](#) for risks highlighted at the time of this disaster and mitigation measures which were carried out to ensure implementation.

In addition, the rains increased affecting the target operational areas within Mt. Elgon region and beyond, causing extra needs in Bukedea, Kumi, Bulambuli districts as well as other parts of the country, especially in the Rwenzori and Lake Victoria regions as predicted in the weather outlook for June, July and August released by The Greater Horn of Africa Climate Outlook Forum (GHACOF). This created operational challenges; including limited access from the flooded road networks as well as creating extra burden of humanitarian needs outside the operation areas targeted by the EPoA. These extra needs were managed by ensuring an integrated programming between Areas of Focus, especially emphasising on hygiene promotion roles of community-based volunteers that greatly contributed to the rapid control of the cholera outbreak thus preventing it from spreading out of Bududa onto other neighbouring districts. These efforts were made possible by the fact that URCS engaged and utilised efforts of residual number of Community Based Disaster Risk Reduction (CBDRR) group members who were previously engaged by a phased-out DRR project recently implemented in Butaleja, Bududa, Sironko, Bukedea and Mbale districts.

B. OPERATIONAL STRATEGY

Objective of the operation:

The overall objective of this DREF operation was **to meet the immediate Shelter, WASH and Health related needs of 569 households (2,845 people)** affected by the impact of heavy rain and ensuing floods and landslides in Bududa, Sironko, Mbale and Butaleja districts.

Proposed strategy


At the onset of the emergency, rapid needs assessments were conducted by respective Branches, with the data validated and used as secondary information to conduct a more detailed assessment. This later assessment documented the extent of the landslides and floods situations in Bududa, Mbale, Butaleja and Sironko districts, underlying factors, coping mechanisms as well as the then and forecasted priority needs, in addition to the operational environments in the affected communities. It also provided strategic framework for initial interventions for saving and sustaining lives of the affected and at-risk population. Just like the rapid needs assessment had predicted, the effects of this floods that destroyed safe water and sanitation facilities later triggered an outbreak of cholera in Bududa district.

It was envisaged that in case of a cholera outbreak, URCS would deploy four (04) ORP kits available in stock and prepositioned under the Belgian Red Cross Disaster Preparedness project. However, the cholera situation was minimal and ably managed by the health care systems not warranting deployment of ORP kits. Some 80,280 tablets of water purifiers and 24 boxes of laundry soap available in URCS warehouse in Kampala were distributed to provide immediate needs of safe water and sanitation in the targeted communities. The Aqua tabs and laundry soap bars that were issued in initial phases of the emergency were later replenished through this DREF operation. Additional items were procured for direct distributions. Considering the elevated level of water table and the loose soil texture of the landslide areas, which entailed challenges in constructing new latrines, URCS attempted to engage with UNICEF for the provision of Effective micro-organism (EMO) to be used in permanent latrines, but these chemicals were found to have expired and no longer effective.

Details on proposed strategies per area of focus can be found in the [EPoA](#) here.

URCS visibility was maintained through logos placed on all procured items, protective clothing for 45 volunteers involved in this operation, as well as media coverage of field activities. Continued assessments and monitoring were also integrated in the operation to ensure that the operation was in line with the evolving situation on the ground. At the end of the operation, a lessons learnt workshop that was organized by URCS with IFRC and other stakeholders of this operation to reflect on implementation, did not take place as a new episode of landslide was experienced within the same areas that required immediate extension of the operation.

C. DETAILED OPERATIONAL PLAN

	<p>Shelter People reached: 2,618. Male: 1,126 Female: 1,492</p>		
Indicators:	Target	Actual	
Shelter Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and short-term recovery through shelter and settlement solutions			
# of households provided with emergency shelter assistance (family tents & Household items) which meet sphere standards	569 HH	503 HH	
Output 1.1: Short, medium and long-term shelter and settlement assistance is provided to affected households			
% of targeted households living in shelters meeting Sphere and National emergency shelter standards	100%	88.4%	
# people/households who received distributed household items	2,845 persons (569 households)	2,618 persons (503 households)	
# shelter assessments conducted	01	01	
Narrative description of achievements			
Activity 1.1.1: Assessment of shelter needs, capacities and gaps			

During the detailed assessment conducted, it was established that the Government of Uganda, through the Office of the Prime Minister started implementing the Resettlement Master Plan for people living landslide prone areas around Mt Elgon whereby 2,800 acres of land was secured in a safer zone in Bunambutye, Bulambuli District and used to relocate and resettle about 7,200 people out of 100,000 landslide victims. The government resettled these families in 241 housing units constructed by the Uganda Police Construction unit. This relocation plan therefore prevented the DREF operation from undertaking an improved shelter plan in Mt Elgon areas, as this would discourage households from complying with the Government relocation plan.

Activity 1.1.2: Identification of caseloads and verification of beneficiaries in different target groups – inclusion factors integrate gender, diversity and disability in the response

Target families who received household items and other hygiene supplies were registered as per current assessment and registration tools, which segregated data by gender, and age. However, the tool did not collect data related to disabilities. In total, 2,618 persons (1,494 females and 1,126 males) were registered and assisted with emergency shelter and household items in Bududa and Bulambuli districts.

Activity 1.1.3: Procurement and distribution of 469 HH kits and replenishment of 100 HH kits

Out of the total kits procured, 503 HH kits were distributed in Bududa & Bulambuli district benefiting a total population of 2,618 individuals. Some 200 HHI kits were distributed to families resettled in Bulambuli district, while 302 HHI Kits, were distributed in Bulambuli district.



Figure 2: Landslide survivors receiving Non-Food household Items in Bulambuli districts. ©URCS

The kit content, with respective quantities distributed is as detailed in the table below:

Table 1: Household kit content and quantities distributed in Bududa district:

Sn	ITEM	QTY PER HH	TOTAL HHS	TOTAL QTY PER ITEM
1.	Jerry cans, 20lit with lid	2	203	406pcs
2.	Tarpaulins;	1	203	203pcs
3.	Blankets; woven	3	203	609pcs
4.	Mosquito nets, square (LLITN)	3	203	609pcs
5.	Bars of laundry soap, 1kg perfumed	3	203	609pcs
6.	Cups, aluminium	6	203	1,218pcs
7.	Plates, aluminium	6	203	1,218pcs
8.	Cooking pots, with lid	2	203	406pcs
9.	Serving ladles	1	203	203pcs
10.	Kitchen knife	1	203	203pcs

Activity 1.1.4: Coordination with government and other stakeholders for integrated programming

The four Branch Managers duly participated in respective District Disaster Management Committee (DDMC) meetings where shelter needs were discussed, and approaches harmonized. In addition, the URCS headquarters participated in the national coordination meetings at the Office of the Prime Minister (OPM) where relocation plans of the affected and at-risk families to Bunambutye, Bulambuli district was discussed. The URCS was assigned the role of ensuring that families targeted for relocation received the required household items while OPM provided complete housing units.

Activity 1.1.5: Monitoring of the use of distributed shelter and household items

The day after relief distribution, the team made a post relief assessment at Bubiita sub-county and recorded that the host families were using 90% of the relief items received. However, the tarpaulins had not been used due to lack of construction materials in place.

Challenges

- a) The original budget allocated in the EPoA for procurement of household kits became inadequate due to changes in the inflationary and fiscal regimes adopted in the new financial year that started in July 2019. This led to top-up of the extra costs from monies saved from other budget lines.
- b) The OPM strategy to relocate people living in landslide-prone areas to Bulambuli district does not any more favour any shelter improvement plan in those landslide environments, thus need to reconsider support at the relocation site instead.
- c) Continued rains made the roads impassable thus affecting access for relief distribution in remote communities affected.
- d) Some humanitarian partners, religious groups and corporate bodies did not participate in DDMC coordination meetings going straight to the field, thus ended up duplicating tasks especially distribution of NFIs and other items that URCS and other partners had already implemented.



Figure 3: A relief delivery truck maneuvering through the muddy road to access landslide-affected communities in Bulambuli

Lessons Learned

There is need to revise the current beneficiary registration tools to align it to take consideration of disability characteristics too.



Health

People reached: 70,824

Male: 34,704

Female: 36,120

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

Indicators:	Target	Actual
# of people reached with community-based epidemic prevention and control activities	129,928	70,824

Health Output 1.5: Psychosocial support provided to the target population

# of people reached by psychological first aid assistance	36	225
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Narrative description of achievements

Activity 1.5.1: Orient volunteers in Psychological First Aid (PFA) & other Community Based Psychosocial Support skills

Some 210 volunteers (97 males and 113 females) in Bududa were trained in basic community-based psychosocial support for three days. The facilitators are graduates of the IFRC's reference centre for Psychosocial support and ensured that the training followed the reference centre's PSS in emergency curriculum and materials. The district mental health staff from Bududa hospital were involved to provide technical presentations and share about the existing referral pathways for complicated cases identified by volunteers.


Activity 1.5.2: Provide Psychological First Aid & referral to bereaved families, the injured and those who lost properties during the floods disaster

All the families affected by cholera; including the people who sustained injuries from the landslide as well as those families who lost relatives in the two events were reached by the trained volunteers and offered psychosocial support in all the 8 affected sub-counties of Bududa District.

A total of 210 people (97 males and 113 females) benefited from psychosocial support services. The services enabled bereaved families and others to positively cope and recover from the trauma hence a success as far as psychosocial support was concerned.



Figure 4: URCS volunteer providing bedside psychological First Aid to a survivor of landslide upon admission in Bududa Health Centre IV

Challenges		
<ul style="list-style-type: none"> The PSS officer who was the only expert available was committed to closing out refugee response activities in the South Sudanese refugee operation in West Nile and could not be available in short notice to support the training activities in Eastern Uganda. Lack of technical partners who could provide professional psychosocial support and mental health interventions for individuals seriously affected by the disaster. 		
Lessons Learned		
Integrating all forecast and predicted information about the evolution of the cholera outbreak into the DREF operation would have assisted in effective response which would have mitigated the impacts of the outbreak.		
 <p>Water, sanitation and hygiene People reached: 70,824 Male: 34,704 Female: 36,120</p>		
Indicators:	Target	Actual
WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities		
% of target population that has access to sufficient safe water	60%	59.4%
% of target population that has increased knowledge of hygiene practices	80%	N/A ¹
WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities		
# of site assessments carried out and shared (rapid and detailed assessment reports)	2	0
Narrative description of achievements		
<p>As the floods caused lots of water logging, this increased mosquito breeding sites thus posed a risk of spread of vector-borne diseases, especially Malaria, in the affected areas. The areas, which are vulnerable to annual cholera outbreak occurrence reported a confirmed outbreak in Bududa district, which fortunately did not get exported transfer to other locations. The operation therefore instituted epidemic prevention actions that assisted to manage and control the spread of cholera and malaria cases among the affected and at-risk households that kept the disease incidences and case fatality low.</p> <p>The following activities were successfully implemented:</p>		
WASH 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		
# of monitoring visits of water storage conducted	2	3
# household water quality tests conducted	2	2
Narrative description of achievements		
<p>Activity 1.2.1: Procure and distribute 64,012 tablets of household water treatment products to 2,845 people sufficient for 30 days.</p> <p>After securing water purifiers from the district, volunteers distributed them to individual households and institutions. However, they were advised to always boil water as a sustainable way purifying water.</p> <p>A total of 35,014 sachets of water purifiers (PUR type) were distributed providing 700,280 litres of emergency safe water that served 1,556 persons for a period of 30 days. This means 59.4% of the target population were reached with safe water. The distribution involved demonstrations on how household members could properly use the chemicals to ensure effective purification and observance of safe water chain within the households that ensured the water remained safe for use.</p>		

¹ By close of the operation, no end-line assessment was conducted that could provide the level of change of knowledge in the targeted communities
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Figure 5: volunteers distributing water purifiers and creating awareness on safe Water chain in Namabasa sub-county, Mbale district.

Activity 1.2.2: Monitor treatment and storage of water through household surveys and household water quality tests.

Monitoring of household water quality was not routinely conducted due to lack of required equipment, including Pool Tester and reagents like DPD3 and Phenol red.

However, volunteers in Butaleja supported the District Health Inspector to collect water samples from borehole sources in affected villages of Namulo and Namehere that were found producing creamy brown water with some earthworm threadlike items identified in the water pumped out.

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

Proportion of target population that are practicing good hygiene.	40%	N/A
# of people reached with hygiene promotion activities.	129,928	70,824
No of volunteers involved in hygiene promotion activities	30	45
# of MHM kits distributed	810	810

Narrative description of achievements

Activity 1.4.1: Conduct training of 45 volunteer in PHASter approach (45 volunteers*3 days)

A total of 45 volunteers (28 males, 15 females), most of whom were members of the CBDRR groups previously trained and engaged in the DRR project in the three districts of Bududa, Butaleja, Mbale and Sironko were rapidly mobilized and oriented over 3 days in Participatory hygiene and Sanitation Transformation in emergency response (PHASter) skills, mostly integrating on cholera prevention and control strategies. These skills were effectively utilized to facilitate successful health risk communication and hygiene promotion campaigns in the affected and at-risk communities that facilitated the expected positive behaviour change for rapid control of cholera.

No	Branch	Total # of volunteers	# Males	# Females
1.	Sironko	10	8	2
2.	Mbale	10	6	4
3.	Tororo/Butaleja district	10	5	5
4.	Bubulo/Bududa district	15	9	6
	Total	45	28	17

The trained volunteers were later deployed to conduct intensive integrated community-based health and hygiene promotion campaigns in the floods/landslides affected and at-risk areas whose efforts assisted in boosting public awareness about the disasters, as well as how to prevent the spread of cholera, malaria and other associated diseases.

Activity 1.4.1: Procurement and distribution of 810 MHM kits

After registration of the target families who included women and girls of reproductive age equally affected by floods and landslides in the four affected districts, 810 Menstrual hygiene management (MHM) kits were procured and distributed to part of these beneficiaries that helped to support them to meet their reproductive health needs and thus lived in the displacement sites with dignity and free of urinary tract infections.

Activity 1.4.1: Conduct one day orientation/training of 15 female volunteers on Menstrual Hygiene Management (MHM) approaches

Six (06) females out of the 15 volunteers originally trained in PHASter approach in Bududa district, including 11 other volunteers and Village Health team (VHT) members were oriented on how to identify beneficiaries, sensitize them, distribute the MHM kits and follow up their use among the beneficiaries. The VHTs were integrated due to the gap in number of female volunteers among the group originally trained, as it is best suited for MHM matters to be managed by fellow females. The major challenge with this activity was the higher-than-expected number of beneficiaries who could not be served due to limited supply of the kits.

Activity 1.4.1: Procure and install 120 handwashing facilities/kits in schools, places of worship, markets, and health facilities as well as encourage construction and maintenance of handwashing facilities in those targeted communities.

This was done by volunteers who demonstrated to households on how to construct tippy taps in communities of implementation within Namabasa Sub County. They demonstrated how to construct 222 tippy taps and how to wash hands with soap and water.

Demonstration of effective hand-washing techniques was conducted hand in hand with tippy-tap construction where after the demonstration, community members were sensitized on proper hand washing. This was also done during advocacy meetings with civic leaders, religious leaders and schoolteachers.



Figure 6: Volunteers construct tippy-taps demonstration stations to facilitate replication and improved hand-washing practices in Bududa and Namabasa, Mbale districts

WASH Output 2.4: Hygiene promotion activities are provided to the entire affected population.

# of people reached with hygiene promotion messages	129,928	70,824
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Narrative description of achievements

Activity 1.4.1: Conduct baseline survey to define hygiene issues and assess capacity to address the problem.

Volunteers conducted informal assessment at the start of the operation which indicated that majority of the affected households were not practicing hand washing as they lacked the facilities and safe water. In addition, reports of field monitoring missions to families displaced at the sub-county headquarters in Bududa revealed that many lived in congested office spaces with no supply of essential hygiene supplies like soap, hand washing facilities, menstrual hygiene management kits, etc. thus, were not able observe effective personal hygiene practices. These findings guided the blanket, rather than targeted distribution of the required hygiene kits to the beneficiaries, as well as engagement with community-based hygiene promotion interventions by use of PHASter approach that helped to facilitate effective behaviour change towards handwashing and maintenance of clean home. This led to increase in number of ideal homes in Bududa to 400 as per counts made at the close of the operation.

Activity 1.4.2: Trained volunteers conduct community hygiene promotion activities (3 days a week for 3 months in 4 branches) by use of interpersonal strategies including PHASter approaches, door-to-door, community dialogue sessions and mass campaigns.

The 45 trained volunteers were deployed to conduct community-based health & hygiene promotion campaigns for a period of 36 days throughout the 3 months of the operation July – September 2019. These sessions reached 70,824 persons (34,279 males, 43,043 females) in 9,778 households from the 45 villages in the 9 targeted sub-counties in the three districts of Bududa, Butaleja, Mbale and Sironko. These sessions reached 52% of the total population of the affected sub-counties. The sensitization team used multiple effective approaches to reach people including:

- **Household Visit Approach** where household members in the affected Sub Counties were reached and sensitized accordingly while at their homes. This involved the deployed 15 volunteers under the BM's close

supervision moving from one household to the other while delivering health messages as well as distributing aqua tablets/sachets of P&G purifiers to the target households.

- **Community Meeting Session Approach** where community members were gathered in one place and sensitized by volunteers. The same content of information and supplies as earlier stated were given out to community members during the meetings. A total of 60 community meetings were conducted reaching 2,495 community members (1,172 males and 1,323 females).
- **Demonstrations sessions** during house-to-house sensitization drives and community meetings on Cholera prevention, volunteers practically demonstrated on how to wash hands, construct hand washing facilities (tippy taps).

These approaches were effective simply because they enabled the sensitization team to reach multiple audiences within the shortest time possible.



Figure 7: URCS Volunteer demonstrates to community members about how to make a tippy-tap hand washing facility

Table 2: Showing cumulative number of persons directly reached with health & hygiene promotion messages in four districts in eastern Uganda

Operation area/District	Crisis events	Sub-counties affected	# of villages affected	# households reached	Total # of persons reached			Target pop.	Proportion of pop. reached
					# Males	# Females	Total		
1. Sironko	Floods	Buyobo	11	4,519	11,466	13,571	25,037	27,114	92%
2. Mbale	Floods	Nakaloke	2	196	5,514	6,217	11,731	22,694	52%
3. Butaleja	Floods	Mazimasa, Himutu & Namulo	11	712	7,210	12,397	13,109	47,560	28%
4. Bududa	Landslide	Buwali, Bukalasi/Bundesesi, Bumayoka & Bubiita	21	4,351	10,089	10,858	20,947	38,989	54%
TOTAL			45	9,778	34,279	43,043	70,824	136,357	52%



Figure 8: URCS Volunteer conducting house-to-house health & hygiene promotion campaign in Bududa



Figure 9: volunteers conduct home visits to sensitize family members on safer hygiene and health practices that could prevent disease spread.

These campaigns were conducted at village levels and schools. The trained volunteers under supervision of the respective Branch Managers, carried out risk communication in high-risk communities in Mbale (Namabasa sub-county), Bududa, Butaleja, and Sironko districts reaching out to 1,196 households with a population of 11,731 people with the cholera epidemic prevention messages.

These campaigns encouraged target population to adopt proper hygiene and sanitation practices which every household embraced. There was a tremendous improvement in the level of hygiene and sanitation in all the visited households. Community members after engagement have been taking clean and safe water treated with aqua tablets/P&G purifiers given to each household by the Red Cross team. The activity has equipped the affected households with relevant knowledge on Cholera prevention and control measures. This knowledge has been put into practice and yielded the required results within the stipulated period. It also helped to reduce on the level of water contamination at community level by 90% as majority (over 90%) of the reached households had adopted the practice of treating their drinking water with aqua tablets and P&G water purifiers hence increase in the level of water safety at household.

In Mbale alone, 305 new latrines were recorded as having been constructed as the results of the volunteers' hygiene promotion intervention. In addition, 716 Hand Washing demonstration sessions were held, which subsequently led to households constructing 222 tippy-tap hand washing facilities in their homes.

The acquired knowledge has enabled the reached households in all the affected Sub Counties to take all the necessary precautions in preventing further transmission Cholera, dysentery and other waterborne diseases which was conformed in Bududa District from being exported to Butaleja, Mbale, and Sironko districts, despite the high rate of population movement.

The volunteers also supported community-level detection of suspected Cholera cases and sent the alerts to the respective supervising health facilities that facilitated rapid verification and investigation when warranted. This was integrated into the home visits, community meetings, school outreaches and visit to religious gatherings within the target communities.

Activity 1.4.3: Procurement and distribution of other HP IEC materials (20,000 Leaflets & 10,000 posters)

10,000 cholera posters and 20,000 cholera leaflets printed from the standard MoH IEC materials which were already translated in Lumasaba/Lugisu and Lunyole were procured and distributed to the four districts of Bududa, Butaleja, Mbale and Sironko. In addition, 2,000 child friendly posters received from UNICEF were distributed alongside the ones procured by URCS.



Figure 10: Volunteers using cholera posters to communicate transmission risks & preventive messages in target villages in Sironko district.

Besides distributing to community members, Red Cross volunteers also put posters on walls, and institutions within the community especially in trading canters.

Activity 1.4.4: Procure accessories for mobile cinema equipment and maintenance of the equipment

These were not procured by the time the operation was launched as all mobile cinema equipment were already issued out to support the risk communication and community engagement activities during the Ebola preparedness operation in the Western Uganda.

Activity 1.4.5: Procurement and distribution of 48 boxes of laundry soap as incentives during mobile cinema sessions.

These supplies were not procured as no mobile cinema sessions were conducted in the operation areas.

Activity 1.4.6: Conduct 12 mobile cinema sessions (2 sessions/week*3 months) in the affected and at-risk Communities.

No mobile cinema sessions were conducted as all mobile cinema equipment were already issued out to support the risk communication and community engagement activities during the Ebola preparedness operation in the Western Uganda.

Activity 1.4.7: Orient 100 local leaders on hygiene and sanitation improvement as well as epidemics prevention

A total of 100 civic leaders (Local Council 1 Chairpersons) were engaged in a one-day advocacy meeting about floods control as well as cholera control and prevention (25 in Butaleja, 25 in Sironko, 25 in Mbale and 25 in Bududa). This was successfully conducted and action plan was drafted so as to effectively preach cholera control and prevention message in various gatherings.

Activity 1.4.8: Orient 200 school teachers on hygiene and sanitation improvement as well as epidemics prevention (CHAST approach)

Overall, 180 schoolteachers from both primary and secondary schools in Bududa (50), Sironko (50), Mbale (50) and Butaleja (30) districts were oriented on floods safety as well as cholera prevention and control which messages were supposed to be subsequently propelled to the other schoolteachers and pupils/students in their respective schools. The expectation is that the children eventually propagated the messages to their peers and parents which helped to broaden safety and prevention messages to a wider community, thus contributing to increased public awareness about the floods and its impacts; including cholera prevention and control strategies. This helped to limit the spread of cholera disease in other districts.



Figure 11: volunteers work with trained teachers to propagate the learned safer health and hygiene skills to pupils in Mbale district

Activity 1.4.9: Orient 100 religious' leaders on hygiene and sanitation improvement as well as epidemics prevention

100 religious leaders mobilized from the 4 implementing districts of Bududa (25), Sironko (25), Mbale (25) and Butaleja (25) were engaged in a one-day advocacy meeting about floods control as well as cholera control and prevention. This was successfully conducted leading to action plans, majorly related to how they would disseminate the same messages to respective places of worships and congregation would be done. The religious leaders also agreed to routinely preach cholera control and prevention messages in various public gatherings, including funerals etc.

Activity 1.4.10: Dissemination of cholera and diarrheal disease prevention information through 240 radio-spot (2 spot/day * 20 days * 3 radio station) in 4 districts

- 490 radio spot messages on cholera prevention in English, Lumasaba and Lunyole languages were aired over 4 radio stations (Radio Maria - 101.8fm, Islamic University in Uganda (IUIU) radio – 93.1fm, Elgon radio 101.4fm & BIG Radio 97.6fm). Each day, four spot messages were aired in 3 radio stations for 20 days.
- However, since this was over costed from the budget, we managed to secure 490 spot messages for the month of September 2019 for the 4 radio stations in addition to 6 radio talk shows.

Activity 1.4.11: Dissemination of cholera and diarrhoeal disease prevention messages through 12 radio - talk show (4 talk show * 3 radio stations)

- Four (4) combined radio talk shows were conducted in Mbale which involved all target districts of Bududa, Sironko, Butaleja and Mbale which reached an estimated number of 10,000,000 listeners across the target communities within the entire Elgon and Bukedi sub-regions with cholera prevention and landslide/floods safety messages
- The Radio talk shows were held in Mbale district with panellists drawn from the target District Health offices of Bududa, Sironko, Buteleja and Mbale.
- Each radio talk show lasted an hour but in IUIU FM 93.1 and Big FM 97.6 FM we secured 2 hours radio talk shows each.

Radio Station	Geographical Coverage	Listenership (persons reached)	Talk shows	# Radio Spot messages
1. IUIU FM 93.1	Entire Mbale District	2,000,000	1 talk Show for 2 hours	130
2. Elgon FM 101.4	Mbale and Sironko	2,500,000	1 talk show for 1 hour	120
3. Big FM 97.6	Entire Mbale & Buteleja districts	2,500,000	1 talk show for 2 hours	120
4. Radio Maria FM 101.8	Mt. Elgon Region	3,000,000	1 talk show for 1 hour	120
	Total	10,000,000	4 talk shows for 6 hours	490

- The radio spot messages and talk shows were booked on 4 radio stations and the panelists came from the District Health Office from Buteleja, Sironko, Mbale and Bududa districts. The talk shows were all held from 7:00 pm to 8:00 pm in the night except that of Big FM 97.6 which took place from 3:00 pm to 5:00 pm. The DHO s office was accompanied by the respective BMs of Tororo, Bududa, Sironko and Mbale. Though Mbale BM would represent the BMs from Tororo, Bududa and Mbale.
- A media agency assisted in managing the enormous tasks of booking the talk shows in 4 radio stations in a short period of time, recording the proceedings, securing the radio spot messages from UNICEF and the district and URCS head office, programming with the 4 radio stations as well as monitoring and reporting on the output.



Figure 12: Mbale Branch Manager (Extreme Left) participating in a radio talk show on cholera prevention with Mbale District Health Team

- There was need to ensure the messages on the radio spots and radio talk shows reach communities of different walks of life. People speaking Lunyole were reached through Big on FM 97.6, Lumasaba through Elgon FM on 101.4, 93.1 and FM IUIU, as well as English language through Radio Maria on 101.8 FM.
- For the different religious denomination; Radio Maria 101.8 FM Christian, IUIU FM 103.4 FM Moslem community and for the Bamasaba cultural fans Elgon FM 101.4 and Bunyole Cultural fans Big FM 97.6.
- For those in Western Mbale speaking Bamasaba were reached through Elgon FM on 101.4 and those in the Eastern Mbale through IUIU FM on 103.4.

Activity 1.4.12: Design cholera and diarrheal disease messages/380 radio spots messages and dissemination through community radios

A new translation was done for only Lunyole local language as the previously produced messages in English were already translated in Lugisu with sponsorship of UNICEF.

Challenges

- The lack of pre-recorded Cholera Radio spot messages in Lunyole local language that is understood by target beneficiaries in Butaleja delayed the process of contracting the radio program as the District Health Officials were yet to translate the materials for use in the local context.
- No independent professional media monitoring activity was conducted and thus the claims about radio listenership as provided by the radio stations is unverified.
- As people were displaced in communal places for a brief period and immediately returned to their affected villages, interventions to encourage construction of household latrines was very challenging in this context because:
 - a. Affected households did not have appropriate latrine digging and construction materials, thus could not rapidly adopt to the plan to rebuild latrines destroyed by the floods and landslides disasters.
 - b. The floods-affected areas had very highwater table that could no longer be suitable for construction of ordinary pit latrines.
- Poor weather conditions as the rains continue un-abated. This makes accessibility of the area difficult.
- High community expectations and in many cases, they expect handouts not skills to build tippy taps and knowledge on the risks of cholera infection.
- In Butaleja, the URCS team engaged a partner agency (Evidence Action) who were supposed to replenish chlorine in water dispensers at all boreholes but found this was impossible.

Lessons Learned

- Despite the fact that this did not appear as priority needs during the initial assessment period, It would have been important for the EPoA to consider supporting the affected communities with digging kits, hygiene kits as well as tippy tap jerry-cans to enable them rapidly construct family latrines with ease.
- In future, the operation should consider planning for adoptable latrines like Ecological Sanitation (ECOSAN) models which are more suitable for contexts of highwater tables.
- Key action points/way forward for schoolteachers, religious and civic leaders' advocacy meeting on cholera prevention and control. The participants together with facilitators and Branch Manager resolved and agreed on the following:

- Sensitize/educate the masses in church/mosque, schools and communities on Cholera prevention and control measures.
- Improve hygiene and sanitation in homes, churches/mosques, schools and communities.
- Identify Cholera cases and make referrals.
- Report any Cholera cases in communities to community health workers/concerned authorities

Strategies for Implementation

SFI 1: Strengthen National Society

S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform

Indicators:	Target	Actual
# of volunteers receiving appropriate protection and briefing	45	45

Output S1.1.4: Uganda Red Cross Society has effective and motivated volunteers who are protected

# of volunteers insured	45	45
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Narrative description of achievements

Activity S1.1.4.1: Ensure that 45 volunteers are insured.

Insurance premium for forty-five (45) community-based volunteers engaged in the operation (15 in Bududa, 10 in Sironko, 10 in Mbale and 10 in Bulambuli district) were all paid through the IFRC insurance systems. Fortunately, they all observed high safety practices thus none was injured or exposed to any infection while at work and thus no insurance was activated. Provision for this insurance left volunteers highly motivated and devoted to their work.

Activity S1.1.4.2: Provide complete briefings on volunteers' roles and the risks they face

All volunteers were briefed on their roles during the technical training as hygiene promoters, psychosocial support providers and relief distribution work. As a standard practice, these roles were clearly documented in the volunteers' engagement contract/terms of reference for which they all signed. This gave them clear insight into the scope of work and linked to their competencies.

Activity S1.1.4.3: Provide psychosocial support to 45 volunteers.

All 45 volunteers deployed in the operation were often briefed on risk factors for cholera, as well as engaged in social activities that prevented them from developing stress and psychological trauma while involved in the search and rescue, evacuation, health and hygiene promotion as well as community meetings in the target areas of operations.

Activity S1.1.4.4: Ensure volunteers' safety and wellbeing.

Volunteers' safety was ensured through procurement and distribution of protective gears, which included raincoats, gumboots, hard-hat (for those involved in digging up the mud to search for and evacuate victims) and umbrellas. These items kept the volunteers protected from the harsh environments and heavy rainfall and muddy terrains that continued to rage havoc in the communities.

Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place

# of volunteers are deployed, oriented, equipped and remain well-motivated to perform the tasks assigned in support of the operation.	45	45
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Narrative description of achievements

Activity S1.1.6.1: Protective gears for volunteers (gumboots, raincoats, heavy duty gloves, umbrellas, red cross jacket)

Each of the 45 volunteers was provide with Red Cross jacket that facilitated effective identification; in addition to other protective gears like raincoats, gumboots, and umbrellas that assisted to shield the deployed volunteers from the wet and rainy weather conditions that was limiting their community outreach activities. These supplies also provided additional motivation to the beneficiary volunteers.



Figure 13: well protected and clearly identified volunteers spraying a house where a cholera-suspect patient was identified and referred from ass part of infection prevention and control interventions

Activity S1.1.6.2: Provide for office stationery and admin costs to meet clerical needs of the operation

The four Branches were facilitated with funds that assisted them to locally procure assorted office stationery: including printer tonner, printing papers, file folders, and manuscript books. This helped them to effectively manage the clerical needs of the operations, including printing volunteer reporting tools.

Activity S1.1.6.4: Driver (1 person) - Day allowance

A driver was deployed to support the operation in Bududa, Mbale, Butaleja and Sironko districts for a period of three months. The deployed driver was fully facilitated as per URCS allowances rates and thus remained motivated to support field transport needs.

Activity S1.1.6.5: Daily allowances for Mbale, Bubulo, Sironko and Tororo Branch managers (1 person) - providing day to day operational implementation.

The four Branch Managers responsible for the operation areas of Bududa, Mbale, Butaleja and Sironko districts remained fully engaged in the implementation of the EPoA for a period of three months. The Branch Managers costs were fully considered with day allowances as per URCS allowances rates and thus, they remained motivated to support the operational and supervise work of community volunteers.

Activity S1.1.6.6: Daily allowances for WASH and DM Programme officers (2 people) providing oversight and technical assistance to the field operations.

A National Disaster Response Team (NDRT) member was deployed in the operational areas to provide technical assistance. Managers responsible for the operation areas of Bududa, Mbale, Butaleja and Sironko districts remained fully engaged in the implementation of the EPoA for a period of three months.

Activity S1.1.6.7: Communication and media relations

The URCS Communication team was mobilized for media coverage which was effectively conducted during the distribution of relief supplies in Bududa district². In addition, internal communication through URCS website³, as well as social media handles (Twitter and Facebook) were conducted. These assisted to heighten public awareness about the state of floods and landslide events in the affected districts, the plight and pending humanitarian needs of the affected persons and showcased the response actions URCS was implementing through this DREF operation.

Activity S1.1.6.8: Participation in coordination mechanisms

Respective Branch Managers actively participated in District Disaster Management Committee (DDMC) meetings that reviewed trend of floods and landslides situation and guided on appropriate interventions strategies. When cholera outbreak was later confirmed in Bududa district, the Branch Managers joined in the respective District cholera task force coordination and advocacy coordination mechanisms in Butaleja, Bududa, Mable and Sironko districts, where other partner agencies like World Vision International, Catholic Relief Services (CRS), Plan International, Evidence Action and

Rights E also participated. These coordination mechanisms assisted to harmonize approaches and avoid duplication of services.

Activity S1.1.6.9: Conduct Post distribution monitoring/assessments

This was not conducted as planned due to increased occurrence of rainfall that disrupted the formal means of accessing the beneficiary communities who were by then scattered in various safer parts of the affected districts.

Activity S1.1.6.10: Conduct Lessons learnt workshop after the operation.

This activity was not conducted as it was designed to be jointly planned for under the guidance of the IFRC operations support team who were not present in country by then.

Effective, credible and accountable IFRC

Outcome S2.1: Effective and coordinated international disaster response is ensured

Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained

# of IFRC monitoring visits	1	1
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Narrative description of achievements

Activity S2.1.1.1: IFRC Monitoring

The IFRC Operations Coordinator for Uganda conducted a three-day field monitoring visit in Bududa and Mbale at the height of renewed heavy rainfall that resulted into fresh episodes of floods and landslide events during the month of November 2019. This field mission assisted to understand progress in implementation of planned activities as well as identify operational challenges and gaps. In addition, ECHO country team also conducted a field mission in the four operational areas of Bududa, Mbale, Butaleja and Sironko.

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

# of feedback and complaint mechanisms setup	1	3
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Narrative description of achievements

Activity S2.1.3.1: Setup feedback and complaints mechanism

In addition to the presence of community-based volunteers who made themselves available to listen to and provide direct feedback to persons with enquiries, community feedback and complaints desks were established at all relief distribution points. Key issues enquired related to those not originally registered to benefit from the HHIs distributed. In addition, families enquired whether they could be included in the list of beneficiaries for the Government relocation plan as they have heard about benefits of new houses constructed.

Challenges

- The process of acquiring a toll-free telephone number to facilitate effective beneficiary feedback and complaint mechanism was proved to be too long and tedious to be achieved within the short period of implementing this operation since it requires approval from the Uganda Communications Commission (UCC).
- There was delayed transfer of funds from the IFRC to URCS which affected delivery of scheduled field activities.

Lessons Learned

- Teamwork is key to success. The Ns had a good collaboration with the Mbale District Local Government who participated in the training of the volunteers on PHASTER approach, orientation of the religious and civic leaders and the schoolteachers on cholera issues.
- URCS to consider acquiring and subscribing for a toll-free telephone number that will be dedicated to collecting feedback from the affected and targeted communities on URCS work.

² <https://www.youtube.com/watch?v=mrJR7FFfAK4>

³ <https://www.redcrossug.org/publications/443-aid-relief-comes-to-budududa-after-disastrous-landslides>
<https://www.trtworld.com/africa/six-dead-dozens-missing-in-uganda-landslides-red-cross-27289>

D. Financial Report

Overall budget allocated for this operation was CHF 151,041, out of which CHF 130,438 (86%) were spent. A balance of CHF 20,603 will be returned to the DREF pot.

Explanation of variances:

- **Clothing & Textiles:** This budget line remained unspent because the procurement of protective gears for volunteers that had been budgeted for was never done.
- **Medical & First Aid:** This budget line also remained unspent because the cost budgeted here were correctly expensed but reported under Water, Sanitation and Hygiene.
- **Utensils & Tools:** This budget line remained unspent because the cost budgeted under this were correctly expensed Procured and booked under Water, Hygiene and Sanitation.
- **Storage:** Budget line underspent by 99% because cost budgeted for storage of NFI were not incurred.
- **Information & Public Relations:** This budget line was overspent by CHF 15,520 (1,461%) as it includes costs planned under workshops and training which were booked and reported under information & public relations.
- **Office Costs:** This budget line was over sent by CHF 1,559 (93%) because the cost was under budgeted at planning stage.
- **Financial Charges:** Budget line over spent by CHF 1,081 (67%) because the of under budgeting at planning stage.

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/06-2020/12	Operation	MDRUG042
Budget Timeframe	2019/06-2019/09	Budget	APPROVED

Prepared on 01/Feb/2021

All figures are in Swiss Francs (CHF)

MDRUG042 - Uganda - Floods and Landslides

Operating Timeframe: 20 Jun 2019 to 20 Sep 2019

I. Summary

Opening Balance	0
Funds & Other Income	151,041
DREF Allocations	151,041
Expenditure	-130,438
Closing Balance	20,603

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter	26,999	57,175	-30,176
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	2,121		2,121
AOF5 - Water, sanitation and hygiene	76,851	56,700	20,151
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	105,971	113,875	-7,904
SFI1 - Strengthen National Societies	39,726	9,526	30,200
SFI2 - Effective international disaster management	2,545	7,036	-4,491
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC	2,799		2,799
Strategy for implementation Total	45,070	16,563	28,508
Grand Total	151,041	130,438	20,603

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/06-2020/12	Operation	MDRUG042
Budget Timeframe	2019/06-2019/09	Budget	APPROVED

Prepared on 01/Feb/2021

All figures are in Swiss Francs (CHF)

MDRUG042 - Uganda - Floods and Landslides

Operating Timeframe: 20 Jun 2019 to 20 Sep 2019

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	80,743	73,403	7,340
Clothing & Textiles	4,922		4,922
Water, Sanitation & Hygiene	40,342	36,110	4,232
Medical & First Aid	392		392
Teaching Materials	12,426	3,726	8,700
Utensils & Tools	22,661		22,661
Other Supplies & Services		33,566	-33,566
Logistics, Transport & Storage	20,438	4,029	16,409
Storage	7,184	47	7,137
Transport & Vehicles Costs	13,254	3,982	9,273
Personnel	11,277	9,708	1,570
National Society Staff	2,246	898	1,348
Volunteers	9,031	8,810	221
Workshops & Training	19,169	10,067	9,102
Workshops & Training	19,169	10,067	9,102
General Expenditure	10,195	25,271	-15,076
Travel	3,717	794	2,923
Information & Public Relations	1,062	16,582	-15,520
Office Costs	1,673	3,231	-1,559
Communications	2,151	1,990	160
Financial Charges	1,593	2,674	-1,081
Indirect Costs	9,218	7,961	1,257
Programme & Services Support Recover	9,218	7,961	1,257
Grand Total	151,041	130,438	20,603

Contact information.

Reference documents



Click here for:

- [Emergency Plan of Action](#)

For further information, specifically related to this operation please contact:

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- **IFRC Africa Regional Office for resource Mobilization and Pledge:** Franciscah Cherotich Kilel, Senior Officer Partnership and Resource Development, Nairobi, email: franciscah.kilel@ifrc.org ;

For In-Kind donations and Mobilization table support:

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

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How we work

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

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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