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Final Report

Uganda: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal	Operation n° MDRUG040
Date of Issue: 25 August 2021	Glide number: EP-2018-000021-UGA
Operation start date: 17 January 2018	Operation end date: 31 December 2020
Host National Society: Uganda Red Cross Society	Operation budget: CHF 3,200,000
Number of people affected: 48,500	Number of people assisted: 18,000 people
Red Cross Red Crescent Movement partners currently actively involved in the operation: Uganda Red Cross Society (URCS), International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), Finnish Red Cross, Icelandic Red Cross and Belgian Red Cross- Flanders.	
Other partner organizations actively involved in the operation: Office of the Prime Minister (OPM, Department of Refugees), United Nations High Commissioner for Refugee (UNHCR), United Nations World Food Programme (WFP), United Nations Children's Fund (UNICEF), Action Africa Help (AAH), Samaritan's Purse, Uganda Police Marines Unit, African Initiatives for Relief and Development (AIRD), Médecins Sans Frontières (MSF), American Refugee Council (ARC), Medical Teams International (MTI) and Lutheran World Federation.	

As per the financial report attached, this operation closed with a balance of CHF 15,400.37. IFRC seeks approval from its donors to move the balance to the general Appeal to support the ongoing COVID-19 interventions. Partners or Donors who may have any questions regarding this balance are kindly requested to contact Daniel Mutinda daniel.mutinda@ifrc.org within 30 days of publication of this final report. Pass this date the reallocation will be processed as indicated.

Please click [here](#) for the Final Financial Report and [here](#) for the Contacts

A. SITUATION ANALYSIS

December 2017: A period of inter-communal unrest and conflict in the Democratic Republic of Congo (DRC) Ituri and North Kivu Provinces prompts mass displacements movements with people fleeing violence and human rights abuses and seeking shelter and assistance in neighboring Uganda. The refugees were being accommodated in Kyangwali and Kyaka II refugee settlements. With support from IFRC, the URCS provided assistance, scaling up its efforts to respond to the humanitarian needs of the affected population.

17 January 2018: 206,305 Swiss francs allocated from the IFRC's [DREF](#) to respond to the humanitarian needs.

February 2018: The number of refugees entering Uganda escalated significantly, with on average 3,875 new arrivals per day. IFRC and URCS conducted a joint mission in the Mid-Western region to assess needs.



Water Treatment Unit. Photo Credit URCS

February 2018: A cholera outbreak was declared, causing 45 deaths. URCS rapidly mobilized a Kit5 and volunteers to conduct hygiene promotion.

March 2018: IFRC Surge Capacity deployed a Field Assessment and Coordination Team leader (FACT), to support the development of the Emergency Appeal, identify gaps, mobilize resources, and support URCS and IFRC with in-country coordination. The Netherlands Red Cross deployed WASH technical surge support.

4 April 2018: Responding to the humanitarian needs and based on a request from the National Society an [Emergency Appeal](#) was launched for 1,930,176 Swiss francs for 18,000 people.

29 May 2018: The Uganda Refugee Response Plan (RRP) partners agreed to revise the planning figure of expected number of Congolese refugees to arrive in Uganda in 2018, from 60,000 to 150,000 people. This was captured in [Operations Update 1](#)

August 2018: According to the UNHCR Inter-Agency Emergency update on the DRC situation, dated 13 August 2018 the total number of Congolese refugees in Uganda as of June 30, 2018, was 288,766. Of this total number 99,447 people arrived between January and June 2018.

14 September 2018: IFRC issues [Emergency Revision 1](#), revised to 2,382,533 from 1.9 million Swiss francs, and extended the time frame to 31 December 2018.

20 December 2018: IFRC issues [Emergency Appeal Revision 2](#), revised to 3,201,596 Swiss francs, and extended to 30 June 2019 to enable URCS and IFRC handover and phase out water treatment activities to other actors and donors and to mobilize for extra resources to complete pending activities.

May 2019: In order to address growing concerns about the accuracy and reliability of refugee data in Uganda, OPM (the Office of the Prime Minister) and UNHCR Jointly launched in March 2018 a biometric verification exercise of all refugees in the country

May 2019: [Operations Update 2](#) and [Operations Update 3](#) were launched to extend the implementation timeframe to allow the Ns to deal with issues of delay in implementation of certain activities.

February 2020: [Operations Update 4](#) was launched to further extend the implementation period of the Population Movement Appeal with an end date of 31 December 2020 due to internal challenges, which had since been analyzed with mitigation measures identified

Description of the disaster

Uganda Red Cross was granted funds to respond to refugees' humanitarian needs in 2018 after the country recorded one million refugees in 2016 and 2017. The number of refugees continued to increase through 2018/19, with an average of 110 people per week (5 to 20 daily). The refugees travelled from DRC by boats and crossed into Uganda through Lake Albert arriving at Sebagoro landing site where they were screened by Medical Teams International before UNHCR provided transportation to Kagoma Reception Centre. The number of refugees entering Uganda decreased in 2020 in the wake of Covid-19 when the country closed its borders. Besides the restrictions that followed the Covid-19 pandemic limiting the movement of refugees, the pandemic caused a sharp decline in the number of humanitarian agencies responding to the refugee situation due to funding constraints as more resources were channelled to combating the spread of Covid-19. While the influx of refugees steadily decreased compared to the situation in 2018/19, the humanitarian needs remained high, especially in areas of WASH; health; psychosocial support (PSS); shelter and PGI; livelihoods and basic needs, as well as environment.

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

Child-friendly spaces in the reception centres were not operational and PSS needs remained very high particularly among new arrivals. The limitations in energy sources within the settlement resulted in de-forestation as woodfire was the only available option for cooking and heating in the refugee settlement. The Office of the Prime Minister (OPM) was also weary of the risk of importation of cases of the Ebola Virus Disease (EVD) as the new arrivals were coming from the DRC. This resulted in continued needs for screening and disinfection activities within the camp under which URCS supported with hygiene promotion, disinfection, and handwashing activities in the reception centre in Kyangwali.

According to the UNHCR, 55.9% of the DRC refugee and asylum seeker population were children. Uganda continued to maintain its open-door policy in receiving refugees. Border and protection monitoring along the Ugandan borders ensured that new refugee arrivals were provided with reception assistance and transferred to settlements with no case of refolement reported.

Based on these needs, URCS requested support to provide humanitarian assistance to refugees and asylum seekers hosted at Kyangwali settlement. This report accounts for activities conducted by the Uganda Red Cross (URCS) on Wash, health, PGI and PSS. However, in 2020, implementation of planned activities saw adjustments as a result of COVID-19 pandemic prompting revisions for both the work plan and budget. This not only affected RCRC movement activities but also all other organizations' humanitarian interventions in the refugee camps. Covid-19 restrictions made it difficult to achieve 100% of the planned activities and an 80% overall achievement was realized. The underachievement was coupled also with high Uganda Red Cross implementing staff turnover specifically in 2020.

Summary of response

Overview of Host National Society

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

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

Key planned activities were achieved including the provision of safe drinking water through water trucking and construction of two boreholes in both the settlement and host community, support to the construction of latrines, distribution of MHM and dignity kits, shelter construction through the provision of household items. The distribution of the household items and the sharing of key messages on health and hygiene promotion, capacity building for handpump mechanics and water user committees as a sustainability measure strengthened community resilience. This response was timely and met the needs of the refugees as established through instituted feedback and complaint mechanism.

COVID-19 directly affected Kyangwali settlement, which put it in a lockdown for two months causing high mental health issues for the community members and neighbours that were affected, as there was a lot of stigmatization for those suspected of contracting Covid-19. URCS responded with the following PGI activities:

- Training of staff and Volunteers on minimum standard commitments and protection principles.
- Training on SGBV and Child Protection.
- Peer-to-Peer awareness sessions conducted.
- Peer-to-Peer evaluation sessions conducted.
- Training of local leaders on PSS.
- Making accessible information on referral pathways.
- Providing PSS trainings to staff and volunteers.
- Training and community demonstration on use of wonder bags procured by Icelandic RC.

URCS, with support from the Belgian Red Cross, implemented livelihoods activities within the refugee settlements providing trainings, seeds and tools. The project enabled the targeted households to establish backyard gardens for food consumption in the households. Through its Hoima branch and with support from the national office staff, URCS responded to offer humanitarian needs of refugees in Kyangwali settlement. 165 volunteers were mobilized and deployed to support activities with support of 30 trained wash national disaster response team members.

Overview of Red Cross Red Crescent Movement in-country

During the implementation period IFRC had presence in Uganda with an Operations Manager and a Finance Delegate based in the URCS HQ. The two delegates provided technical support and capacity building to the NS in areas of disaster response, as well as financial management and reporting. The Operations Manager supported the NS in coordination with partners that ensured the visibility of the Uganda Red Cross Society. The IFRC through the Country Cluster Support Team (CCST) provided overall coordination and technical support to the operation.

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

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

Sn	PNS	Focus on refugee response
1.	IFRC	<ul style="list-style-type: none"> Global coordination, resource mobilization and technical assistance to Emergency Operations. Supporting implementation of the DRC Population Movement Appeal. Supporting implementation of the EVD Preparedness Operation in high at-risk districts bordering DRC Disaster preparedness and epidemics preparedness in Kikuube, Kyegegwa and Isingiro districts
2.	ICRC	<ul style="list-style-type: none"> Restoring Family Links activities in all refugee reception centres and refugee settlements.
3.	Belgium Red Cross (BRCS)	<ul style="list-style-type: none"> National Society Disaster Preparedness capacity building and livelihood in 5 branches including Hoima and Kabarole.
4.	Finish Red Cross	<ul style="list-style-type: none"> Shelter and settlements and basic household items assistance Community-based disease prevention and health promotion Epidemic Prevention and control measures Minimum initial maternal and neonatal health services Continuous assessment of water, sanitation, and hygiene situation Hygiene-related goods (NFIs) Respond to sexual- and gender-based violence and all forms of violence against children.
5.	Icelandic Red Cross	<ul style="list-style-type: none"> Improve equitable access to basic services Prevent and respond to sexual and gender-based violence and all forms of violence against children. The training for local authorities on protection principles and PSS. Training volunteers on minimum protection standards. Training on PSS for volunteers, as well as PSS services for volunteers and affected population The development and printing of protection manuals
6.	Swedish Red Cross	<ul style="list-style-type: none"> Training of 40 volunteers on Epidemic prevention and control measures Mobilization and instalment of a WASH Kit5 Contributed to the management of Maratatu Water Treatment Unit Construction and management of communal bathing shelters Procurement of megaphones to support community mobilization and sensitizations

URCS maintained constant coordination with the in-country PNSs through monthly partners' operations meetings where updates on ongoing operations, including the DRC refugee response, were shared and discussed. URCS staff and volunteers in Hoima branch implemented the DRC Population Movement operation with technical support from URCS Headquarters, the IFRC Eastern Africa Cluster Office in Nairobi and in-country staff in Uganda (Finance Delegate and Programme Coordinator), the ICRC country delegation and in-country PNS delegates.

Overview of non-RCRC actors in-country

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

- Leadership level: Co-led by the Uganda Government (OPM), and UNHCR.

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

Under the overall leadership of OPM, the role of line Ministries and district authorities in the coordination of the refugees' response was further strengthened in 2019-2020. Sector working groups of the refugee response was aligned with Government sector groups under the National Development Plan (NDP). The refugee Education, Health and WASH sector working groups piloted this approach and were co-chaired by line Ministries. This ensured that refugees and refugee-hosting areas were increasingly integrated into the NDP.

In total, at the implementation of this funding, the refugee response in Uganda was delivered through the support of 107 partners, including 21 national NGOs (NNGO), 73 international NGOs (INGO), 11 UN agencies, and two bilateral developments. In Kyangwali refugee settlement, the following partners were present:

Organization	Role
Office of the Prime Minister (OPM)	Coordination and monitoring
United Nations Commissioner for Refugees (UNHCR)	Refugee protection
World Food Programme (WFP)	Food assistance
Uganda Red Cross Society	Tracing, RFL, WASH, Health, Shelter and Protection
Lutheran World Federation	Protection, Livelihoods, sexual and gender-based violence (SGBV)
CARE	SGBV
Medical Teams International	Health
ALIGHT	Management of Reception Centre, Protection
Oxfam/HIJRA	WASH
United Nations Fund for Population	Health
African Initiatives for Relief and Development (AIRD)	Logistics and warehousing
International Aid Service (IAS)	Wash and Sanitation
Action Against Hunger (ACF)	Nutrition
Norwegian Refugee Council (NRC)	Wash and Sanitation
Agency for Cooperation and Research in Development (ACORD)	Reproductive health and GBV
Hunger Fighters Uganda (HFU)	Livelihoods/Food distribution
International Organization for Migration (IOM)	Resettlement
Community Integrated Development Initiative (CIDI)	WASH
Carry American Relief Everywhere (CARE)	GBV
Windle Trust International	Education
Inter news	Communication
Catholic Relief Services	Infrastructure
Uganda Police	Security
St. Patrick centre for Integral Development (SPACID)	Hospitality
Save the Children	Early childhood development
Humanity and Inclusion	Psychosocial support
TPO	Health, Psychosocial support
Refugee Law Project	Legal Aid

Needs analysis and scenario planning

Needs analysis

URCS response was informed by projection of refugees and asylum seekers continued influx from DRC, Burundi, and South Sudan. The influx had already started to be realized by the time URCS was requesting for support with UNHCR projecting a more increased number for the coming period then. It was evident that the influx would put pressure on basic social services including education, food, shelter, and WASH infrastructure. URCS identified basic needs including those on shelter, food, WASH, and protection for refugees arriving in Kyangwali settlement for this response.

Operational Risk Assessment

CRRP anticipated an influx of refugees, and it was not certain on the number of refugees who would be arriving and were fears that resources would be depleted. This was projected to bring about hostilities between the refugees and host community more so on water sources. Even further, there were fears that there was to be a collision between the refugees and forest rangers suspected to encroach on forest for land cultivation, firewood, and poles for construction. URCS analyzed these risks to programme its response interventions. The operation also faced a high staff turnover at the national society level under which IFRC responded by deploying a Planning, Monitoring, Evaluation, and Reporting (PMER) surge profile to support the NS Operations Manager in planning and monitoring of implementation of the activities.

Risk Analysis

Please refer to [EPoA](#) operation updates for details on operation risk assessment.

B. OPERATIONAL STRATEGY


Response strategy

Overall objective: The overall objective of this response was to provide lifesaving emergency services to 18,000 newly arrived Congolese Refugees (3,000 families), including women and children in Kyangwali Refugee Settlement for a period of 36 months.

To meet the immediate needs of the refugees and objectives, URCS through the Appeal support, conducted refresher trainings for volunteers in implementing host branch on hygiene promotion, CBHFA and PSS. Refugees who travelled for long distances were desperate to find safety, encountering difficult situations. With this fact, URCS identified PSS as an urgent need, and it was expected that most of the refugees would be injured on the way and so the NS equipped responding volunteers with basic first aid skills. Hygiene promotion was a priority to URCS even as the refugees settle in a bid to avoid the spread of diseases.

The URCS strengthened its collaboration and coordination with humanitarian actors operating in Kyangwali refugee settlement that ensured urgent needs were identified and responded to. The IFRC continued to engage and update partners on progress in implementation as well as challenges and delays that the operation faced.

C. DETAILED OPERATIONAL PLAN

 <p>Shelter People reached: 420 Male: 200 Female: 220</p>		
Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions		
Output 1.1: Short, medium, and long-term shelter and settlement assistance is provided to affected households of People with Special Needs (PSN)		
Indicators:	Target	Actual
# PSN HHs shelter constructed	100	17
# PSN HHs latrines and bathing shelters constructed	100	70
# Shelter training conducted	1	1
# Shelter strategy developed	1	1
# Local market assessment and analysis	1	1
Progress towards outcomes		
Summary of activities conducted <ul style="list-style-type: none"> A shelter assessment was conducted with support from Luxembourg RC to assess URCS Shelter capacity and identify shelter needs. A PSN assessment was conducted covering 61 households to assess: Number of people per PSN HH, type of sanitary infrastructures existing at the HH level and existing shelters condition. Construction of 70 PSN HHs and bathing shelters in support of identified PSN HH. Considering the vulnerable conditions of the PSN HH, a full community-based approach could not be adopted. Therefore, a service agreement was signed with a company to undertake all construction-related activities. However, URCS ensured the involvement of community members and URCS's volunteers in the realization of construction works to ensure the acceptance of the service provider by the community as well as the transfer of practical knowledge. 		

- The construction of 70 PSN latrines and bathing shelters were finalized. The construction of PSN shelter was decided to be supported through financial support from the Kuwait Red Crescent (KRCS). With funding from the KRCS, URCS finalized 17 PSN shelters. The target of 100 shelters could not be reached due to the settlement lockdown after the COVID-19 outbreak in Uganda. A beneficiary verification exercise was conducted, and selection criteria were agreed upon with the communities, for the selection of PSN households.
- URCS volunteers have been conducting awareness sessions to the general population, advocating for a participatory and community approach to building back safe shelter.
- PASSA approach was used in the construction of PSN shelter houses with support from Kuwait RC. The community was sensitized on the approach, and they identified the most vulnerable individuals and were willing to support the construction, 17 structures have been put up by the community themselves, On the other hand, 386 shelters houses were constructed with support from the tarpaulins that were provided by Finnish RC
- IFRC Shelter team in Nairobi organized shelter technical trainings for NS senior management as well as technical staff to increase the capacity of the NS to implement quality shelter programs and mobilise resources for this effort. URCS Disaster Manager coordinator and shelter focal point participated in the training in Nairobi in May 2019. Their participation was supported by KRCS, cascading of training techniques at the field level was supported by Finnish RC.
- The NFIs donated by Finnish RC were delivered to URCS central warehouse in the first quarter of 2020. Due to COVID-19 lockdowns as well as newly introduced SOPs for distributions during COVID times, reducing the number of people that can be gathered, there were significant delays in the distribution exercise. Volunteers were trained on the new SOPs and distributions started. The full 100% of donated items was distributed before the IFRC Appeal end date, December 2020.

Challenges

- Tarpaulins used in shelter construction kept blowing off and getting destroyed due to the weather conditions, this posed a protection risk to the vulnerable groups.

Lessons Learnt

- In bid to provide solution, URCS supported the tarpaulins with straps as an emergency solution and engaged with other shelter actors in the settlement to support with more permanent shelter structures.



Health

People reached: 183,876

Male: 46,557

Female: 137,319

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

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

Output 1.1: The health situation and immediate risks are assessed using agreed guidelines

Indicators:	Target	Actual
n° of assessments conducted based on standard IFRC and/or WHO assessment guidelines (URCS/Interagency assessment reports)	2	2
Progress towards outcomes		

Summary of activities conducted

- Rapid health needs assessment aimed at identifying most common diseases among refugees & host communities and services available.
- An intervention strategy was developed on the basis of the rapid health needs assessment results.
- A multidimensional assessment tool was developed, including Health indicators aligned with Appeal indicators during the Kobo Collect/ODK training.
- The ECV/CEA/PSS were conducted with other financial contributions. Finnish RC pledge contributed to continue on-job trainings and refresher sessions in the field. Medical Team International (MTI) and International Rescue Committee (IRC) established a CBS system in Kikuube district, including Kyangwali, with ECHO support. URCS volunteers were trained in CBS by WHO and supported with community surveillance
- A separate Knowledge, Attitudes, and Practices (KAP) study was not conducted. A health baseline was conducted at the start of the operation (January/February 2018) and monitoring of indicators continued

throughout the operation using the Kobo collect tool developed. Finnish RC provided support to data collection activities.

- EVD sensitization sessions were integrated into the general health sensitization activities.
- A total of 18,497 health promotion sessions have been conducted, reaching a total of 183,876 people (46,557 male, 137,319 female). The methodology of health sensitization sessions included community meetings, group discussions, one-on-one sessions as well as drama sessions and songs. Topics that have been discussed during the sessions include Antenatal Care (ANC), immunization, Ebola prevention, Cholera prevention, menstrual hygiene, breastfeeding, nutrition, sexual education, psychosocial support and protection.
- The radio campaigns were replaced by mobile cinema sessions, as the radio campaigns had been planned by other stakeholders. One mobile cinema session per week in three different locations and the sessions focused on: cholera, Ebola, immunization, HIV and personal hygiene. The sessions included distribution of procured soap and sanitary pads in both Kagoma reception centre and Kyangwali refugee settlement.

Output 1.2: Community-based disease prevention and health promotion is provided to the target population

Indicators:	Target	Actual
No. of Red Cross volunteers trained on Community Based Health and First Aid	18	40
Progress towards outcomes		

Summary of activities conducted:

- Training of 40 URCS' volunteers (22 male and 18 Female) on Epidemic Control for Volunteers (ECV).
- Training of 20 URCS' volunteers on Psychosocial Support (PSS) in Emergencies.
- Provision of PSS counselling to volunteers and organization of self-care days.
- Identification and referral of cases (malnutrition, stunting, antenatal care) to specialized health agencies and health facilities.
- Realization of health sensitization sessions through community meetings, focus group discussions and one on-one sessions, in addition to participatory activities such as drama shows and songs on Antenatal Care (ANC), immunization, Ebola prevention, Cholera prevention, menstrual hygiene, breastfeeding, nutrition and sexual education.
- Training of 20 participants to the Community Based Health and First Aid (CBHFA).
- Provision of a context-specific toolkit with IEC materials, including CBHFA, cholera and ECV modules to all CBHFA' training participants.
- Capacity building with Trainings on CBHFA (30 participants 18 Male & 12 Female), Epidemic preparedness have also been conducted with each 40 participants (22M and 18F), Training of PHAST with 40 participants (24M & 16F)
- Distribution of 4,200 Long-Lasting Insecticide Treated Mosquito Nets (LLINs) was done to 2,100 households
- Identification and training of 90 community members (9 people/community structure) in disease prevention and control to conduct daily disease surveillance activities within their blocs
- Participation of URCS' health volunteers in a Communicable Disease Surveillance training organized by WHO in coordination with the Ministry of Health and the District Health Office
- Establishment of 3 Oral Rehydration Points (ORPs) in Kagoma Reception Centre, Maratatu and Marembo C for the provision of immediate support to 350 people from the refugee communities during the cholera outbreak
- Participation of URCS's health volunteers in the Maternal and Child Health training (immunization, deworming, Vitamin A supplement, child growth monitoring, PMTCT/MTCT and use of dignity kits)
- Participation of URCS's health volunteers in the cholera vaccination training promoted by the MoH.
- A total of 18,497 health promotion sessions were conducted, reaching a total of 183,876 people (46,557 male, 137,319 female). The methodology of health sensitization sessions included community meetings, group discussions, one-on-one sessions as well as drama sessions and songs. Topics that have been discussed during the sessions include Antenatal Care (ANC), immunization, Ebola prevention, Cholera prevention, menstrual hygiene, breastfeeding, nutrition, and sexual education.
- During health sensitization sessions, identified cases were referred to specialized health facilities.
- A total of 10,800 sessions on maternal and child health have been conducted, reaching a total population of 108,117 people.
- With the outbreak of COVID-19, volunteers have been trained on Risk Communication and Community Engagement (RCCE) and the new URCS COVID-19 SOPs. Volunteers have been conducting COVID-19 RCCE activities in the camp at community and household level.
- Volunteers have been provided with personal protective equipment (PPEs).
- Finnish RC pledge contributed specifically to the deployment of volunteers to conduct health promotion as well as COVID-19 RCCE activities, as well as the procurement of PPE for volunteers.

- IEC materials have been printed and distributed during the health promotion sessions. Volunteers have been equipped with toolkits and IEC materials adapted to the local context. Finnish RC contributed to printing costs as well as dissemination activities.
- The ECV toolkits have been procured and distributed to volunteers.
- The CBHFA toolkits have been procured and distributed to volunteers. A total of 30 volunteers were trained on CBHFA before the start of the Finnish RC support. Finnish RC supported the continued on-job training of new volunteers and refresher trainings in the field.
- The radio campaigns were replaced by mobile cinema sessions, as the radio campaigns had been planned by other stakeholders. The mobile cinema sessions focused on: cholera, Ebola, immunization, HIV and personal hygiene and were conducted in both Kagoma reception centre and Kyangwali refugee settlement.
- The 500 planned dignity kits have been procured and distributed to expectant mothers during their last three months pregnancy in Mombasa, Maratatu D and Malembo C zones.
- The dignity kits were procured with other funding sources
- The major role of URCS in the PSS sphere has been case identification, mitigation, sensitizations and referrals
- The project conducted both baseline and end-line surveys using KOBO collect tool that volunteers used to capture the needed information, targeting direct beneficiary
- The referral pathways for both Sexual and Gender Based Violence as well as Child protection were updated and are being used by the peer-to-peer champions in the communities.
- 40 URCS staff and volunteers were trained on minimum standards of protection as well as the protection principles.
- Supported in the identification of child protection and SGBV cases to the case management agencies in the settlement in order to have minimal number of cases in the settlement.
- Volunteers conducted house to house visits reaching out to 550 HHs per month on different topics including SGBV and child protection.
- URCS participated on all the annual 16 days of activism that usually run from 25th November to 10th December. Participation has majorly been through sensitizations on the importance of the days, SGBV awareness as well as providing first aid services during the commemorations.
- Three notice boards were put up in the settlement in the areas that UGRC has been operating in. The notice boards are used to pin up information regarding the referral pathway in the local languages that the community understands.
- The program managed to identify 30 (22M & 8F) youths who are now active peer to peer champions in the communities they are located. The identified youths were taken through the basics of protection principles that would guide their work in the communities allocated
- Procurement and distribution of 30 bicycles to the peer champions that they use to reach communities for key messages.
- Staff and volunteers have also been supervising the awareness sessions that the champions have been conducted through reporting templates that have been filled by the peer champions.
- The peer champions were facilitated through communication and provision of materials used during communities' sensitizations.
- 3,031 (1417 male & 1614 female) people were visited for specific needs by the identified and trained champions.
- 40 (26 male & 14 female) URCS staff and volunteers were trained on minimum standards of protection as well as the protection principles
- 30 (24M & 6F) people including local leaders and host community members were trained on protection principles & Psychosocial Support. As leaders, the trained participants throughout the project period have been reaching out to their communities.
- A refresher training on protection principles was done for the peer champions in the settlement so as to be updated on the latest trends on protection.
- The training on the use of wonder bags was done in November 2020. This training had 40 participants from both the refugee settlement and host community. The participants were trained as TOTs so as to train the rest of the community members in their locations before distribution.

Output 1.3: Epidemic Prevention and control measures carried out

Indicators:	Target	Actual
# of cases of diseases for which a single case may indicate an outbreak	N/A	Data not collected
Malaria, watery diarrhea, Meningitis (x1.5 baseline), bloody diarrhea (x5 baseline)	N/A	directly by URCS ¹

¹ data was not available from partners at time of reporting

Progress towards outcomes

Activities conducted:

- Participation in weekly health coordination meetings.
- creation of 10 Community structures for diseases prevention and disease early detection, 6 of which supported through UNICEF funds.
- Identification and training of 90 community members (9 people/ Community structure) in disease prevention and control to conduct daily disease surveillance activities within their blocks.
- Participation of URCS' health volunteers in a Communicable Disease Surveillance training organized by WHO in coordination with the Ministry of Health and the District Health Office.
- Establishment of 3 Oral Rehydration Points (ORP) in Kagoma Reception Center, Maratatu and Marembo C for the provision of immediate support to 350 people from the refugee's community during the cholera outbreak.
- Realization of mobile cinema sessions, focused on cholera, Ebola, immunization, HIV and personal hygiene in Kagoma reception center and at community level.
- Realization of disinfection activities at Kagoma reception centre for new arrivals, along with orientation sessions on services available and Ebola prevention and sensitization.
- Realization of daily health sensitization sessions.
- Participation in mobilization for mass vaccination campaigns led by the Ministry of Health.
- Distribution of Finnish NFI Donation; Tarpaulin 4*6m 3,110 Pcs, Tarpaulin roll 4*60m 20rolls, Mosquito Nets LLIN 4,200PCs, Mosquito Net, round 128Pcs, Mosquito net, roll for windows 1PCs, Bathing soap 40,800Pcs

Water, sanitation and hygiene



People reached: 15,643

Male: 7,508

Female: 8,135

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

Indicators:	Target	Actual
% of target population (10.000 people) has access to sufficient safe water – 15 litres/person/day (Household survey and inspections).	55%	85 % (source: UNHCR WASH KAP survey)
% of target population (3.000 HH, meaning 18.000 people) is using adequate sanitation (HH latrines and HH bathing shelters) (Household survey & inspections)	100%	86 % (source: UNHRCR KAP survey)
% of target population (18.000 people) has increased knowledge of hygiene practices (Household survey and inspections).	100%	90 % (source: UNHRCR KAP survey)

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

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

Progress towards outcomes

Activities conducted:

- Participation of URCS' WASH volunteers on WASH assessment training organized by IOM.
- Training of 20 URCS' volunteers on 60 HH survey tool to be used for data collection and analysis.
- Conduction of biweekly assessments on the base of the 60 HH to determine WASH conditions within URCS zones of intervention.
- Development of a multidimensional assessment tool, including WASH indicators aligned with Appeal indicators in the framework of a Kobo Collect/ODK training.
- In coordination with UNHCR, URCS assessed and explored water provision opportunities in bid to meet the minimum Sphere standards
- Finnish RC supported the procurement and distribution of latrine digging kits (hoes, pickaxes, wheelbarrows, pangas, spades, etc.) to facilitate 3,000 households latrines construction and the procurement and set up of the handwash facilities as well as volunteer deployments to support the construction process. In addition, the Appeal supported with the following sanitation facilities throughout the Appeal implementation timeframe:

- Construction and subsequent decommissioning of 60 communal emergency latrines for 6,000 people in Malembo C and Mombasa
- Construction and subsequent decommissioning of 100 communal bathing shelters for 6,000 people in Malembo C and Mombasa.
- Equipment of 200 handwashing facilities and provision of cleaning materials to ensure their functionality.
- Construction of 147 households' latrines and distribution
- Distribution of 1,471 tippy taps
- Provision of 100 latrine digging kits by UNICEF as part of the cholera response.
- Distribution of households' pit latrines construction materials, including 1 plastic slab, 6 poles, 4 logs, 1 vent and 1 plastic sheeting for the realization of 100 households' latrines in Maratatu (60), Mombasa (30) and Marembo C (10)
- An additional 70 latrines were constructed and 70 families receive accompanying NFIs in the form of 2 (20 litres) jerricans, a tippy tap and 2 bars of soap.

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

Indicators:	Target	Actual
No. of m3 of liters of safe water produced per day at WTU	150	206
At least 15 liters of safe water distributed per person per day.	15 l/p/d	13
Number of people that have access to sufficient water storage containers (2 jerry cans of 20 liters/ HH * 500 HH)	3,000	2,928

Progress towards outcomes

Activities conducted:

- Establishment of a WTU in Maratatu with a production capacity of up to 500 m3 of water/day.
- Training of 144 community members for the 16 Sanitation committees (9 pp/Sanitation committee) on the use of water purification chemicals by URCS volunteers.
- Distribution of aqua tabs and pure sachets to 18,000HH (15 liters/pers/day*1 month) in Mombasa, Maratatu and Marembo C along with realization of sensitization on their use by Sanitation committees' members and URC' volunteers.
- Distribution of 1,952 jerry cans of 20 litres to 976 HH procured through UNICEF funds.
- Realization of daily quality surveillance activities at HH and distribution point level to maintain and guarantee the safe water chain.
- Distribution of 200 boxes of water purifiers, containing 200 sachets of 10 liters each received by UNICEF in Maratatu D particularly affected by scarcity of water.
- Collaboration with Water User Committees (in charge of water tanks management) and sensitization of its members on cleaning of jerry cans and areas around water tanks.
- Training of 15 Hand Pump Mechanics in both the settlement and host community (13M & 2F)
- Training of 18 Water User committee members i.e., two groups, each supporting one water source
- The borehole constructed in the host community (Nabisojjo) will serve 98 households with approximately 588 individuals, while the one in the refugee settlement (Kyangwali) will serve 213 households, with a population of approximately 1278.
- Coordinating with other WASH actors on target group needs and appropriate response
- Distributed 500 filters for PSN household water purification
- Undertook water quality surveillance at HH level and communal distribution points
- Procured and distributed jerry cans of 20 litres to 750 HH for maintenance of safe water chain
- Rehabilitation of wells and equipping the wells with handpumps
- Training of water point management committees
- Participation in the World Water Day organized every 22nd March

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

Indicators:	Target	Actual
n° of people provided with excreta disposal facilities	18,000	18,858 (3,143HH)
n people/ Communal latrines representing the average of n of people per communal latrine	60	67
n° of communal bathing facilities	100	60

Average n° of people per toilet	6	18
n° of households involved in one or more environmental sanitation interventions (solid waste management, drainage, vector control)	1,000	3,000
Progress towards outcomes		
Activities conducted:		
<ul style="list-style-type: none"> Construction and subsequent decommissioning of 60 communal emergency latrines for 6,000 people in Malembo C and Mombasa; Finnish RC supported the procurement and distribution of latrine digging kits (400 hard plastic brushes, 200 metallic rakes, 200 hoes, 50 (25kg) bags of hydrated lime, 37 wheelbarrows and 200 compound hard brooms.) to facilitate 3,000 households latrines construction and the procurement and set up of the handwash facilities as well as 46 volunteers (29 male/ 46 female) deployed to support the construction process. Construction and subsequent decommissioning of 100 communal bathing shelters for 6,000 people in Malembo C and Mombasa and decommission of 94 of them. Environmental sanitation/cholera prevention activities such as drainage and solid waste management at communal level in Malembo C and Mombasa. Vector control activities through fumigation in identified high-risk environments (sleeping places, toilets, and garbage pits) at HH where cholera cases were identified during the outbreak. Equipment of 200 handwashing facilities and provision of cleaning materials to ensure their functionality. Construction of 147 HH latrines and distribution. Distribution of 471 tippy taps donated by UNICEF. Provision of 100 latrine digging kits by UNICEF as part of the cholera response. Distribution of 704 bars of soap, provided by UNICEF, in Maratatu D. Distribution of HH pit latrines construction materials, including 1 plastic slab, 6 poles, 4 logs, 1 vent and 1 plastic sheeting for the realization of 100 HH latrines in Maratatu (60), Mombasa (30) and Marenbo C (10). Environmental sanitation/cholera prevention activities reaching 9,766 people Health and Hygiene promotion sessions conducted to 9,766 people Distribution of 100 digging kits for HH sanitary infrastructure construction provided by UNICEF. Distribution of additional 98 tippy taps as part of the 400 procured in the framework of the Emergency Appeal with each household receiving 2 jerrycans of 20 litres, 1 tippy tap and 2 bars of soap 		
Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population		
Indicators:	Target	Actual
n° of people reached by hygiene promotion activities	18,000	18,000
n° of volunteers involved in hygiene promotion activities	20	24
% of handwashing facilities that show evidence of use & regular maintenance	100	15
Progress towards outcomes		
Activities conducted:		
<ul style="list-style-type: none"> Over 18,000 people reached with hygiene promotion activities through community meetings, focus group discussions and one-on-one sessions, in addition to participatory activities such as drama shows and songs. Sensitization sessions on hygiene and sanitation, especially on effective handwashing, in Early Childhood Development Centers. Adoption of IEC materials (toolkits, posters, leaflets on hygiene promotion) for the hygiene promotion session created in collaboration with UNICEF and the MoH. Sensitization sessions on good practices to be adopted both at HH and communal levels, especially in overcrowded places in Kagoma reception center with the support of 1 infotainment Training of 40 URCS' volunteers on Epidemic Control for Volunteers (ECV) facilitated by URCS Hoima Branch Manager and 2 District Local Government officers. Training of 40 volunteers on PHAST and adoption of standard PHASTER toolkits. Creation and sensitization of 18 community groups for the transfer of Hygiene and Sanitation messages to community members. 		
Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population		
Indicators:	Target	Actual

n° of households provided with a set of essential hygiene items (MHM kits, water storage containers, soap, household water treatment, and cleaning kits)	3,000	MHM kits: 1,000 persons Tippy taps: 400 HH Soap: 1,572 HH
Progress towards outcomes		
Activities conducted:		
<ul style="list-style-type: none"> • Distribution of 200 boxes of water purifier received by UNICEF. • Distribution of 100 digging kits for HH sanitary infrastructure construction provided by UNICEF. • Distribution of 704 bars of soap provided by UNICEF • Distribution of 1,952 jerry cans of 20 liters to 976 HH provided by UNICEF. • Distribution of 471 tippy taps provided by UNICEF. • Procurement of additional tippy taps. • Procurement and distribution of 200 liters of soap in addition to previous distributions made through UNICEF support reaching 1,527 HH. • Distribution of 200 Menstrual Hygiene Management (MHM) kits received by Japanese RC as part of its support to IFRC-WASH cluster. • Aqua tabs and pure sachets to 18,000 households (15 litres/per/day for 1 month) in Mombasa, Maratatu and Marambo C along with the realization of sensitization sessions • Distribution of 1,952 jerry cans of 20 litres to 976 households procured through UNICEF funds • Distribution of 200 boxes of water purifiers, containing 200 sachets of 10 litres each received by UNICEF in Maratatu D particularly affected by the scarcity of water • Distribution of 200 boxes of water purifier received by UNICEF. • Distribution of 704 bars of soap provided by UNICEF • Procurement and distribution of soap donated by UNICEF and Finnish RC • Distribution of 200 Menstrual Hygiene Management (MHM) kits received from Japanese RC • Finnish RC supported procurement of aqua tabs and sachets, soap and 1,000 jerry cans as well as with distribution costs. • Distribution of 98 tippy taps as part of the 400 procured in the framework of the Emergency Appeal. • Procurement and distribution of 1,000 MHM kits 		
Outcome 2: Sustainable reduction in risk of waterborne and water related diseases in targeted communities in the recovery phase		
Indicators:	Target	Actual
% of target population that has access to sufficient safe water (Household survey and inspections).	100	83
% of target population that is using adequate sanitation (Household survey & inspections).	100	91
% of target population that has increased knowledge of hygiene practices (Household survey and inspections).	100	88
Output 2.1: Community managed water sources giving access to safe water is provided to target population		
Indicators:	Target	Actual
n° of site assessments carried out & shared (rapid and comprehensive Assessment reports).	2	1
Progress towards outcomes		
Activities conducted:		
<ul style="list-style-type: none"> • Sustainable solutions for water provision were implemented by UNHCR. The additional realization of a solar pumping system in Maratatu WTU is still under discussion at WASH cluster level. • Finnish RC pledge contributed to the running costs of the Water Treatment Unit (WTU) in Maratatu, with a production capacity of up to 500m³ of water per day. Running costs include fuel for generator, consumables, and volunteer allowances. In addition to the WTU, the Finnish RC supported with the construction of two boreholes, one in the refugee settlement in Maratatu and one in the host community in Kyangwali. 		



Protection, Gender and Inclusion

People reached: 9,469

Male: 2,341

Female: 7,128

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

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

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

Progress towards outcomes

Activities conducted:

- During the course of the project, baseline and hand line surveys have been conducted in order to identify the protection needs of individuals in the zones allocated. These were carried out with the help of the KOBO collect tool that the volunteers would use to capture this information. The referral pathways for both Sexual and Gender Based Violence as well as Child protection have been updated and are being used by the peer-to-peer champions in the communities
- Identification of child protection and SGBV cases to the case management agencies in the settlement in order to have minimal number of cases in the settlement
- Volunteers have been doing house to house visits with a target of 550 HH per month with the main aim of having information on different topics for example SGBV, child protection known to the people of concern in the communities that they have been working. This activity has been done together with the Peer-to-peer champions who know the community members better than anyone else
- As URCS, we have been participating on the 16 days of activism that usually run from 25th November to 10th December every year. Our participation has majorly been through sensitizations on the importance of the days, SGBV awareness and on the climax of the celebrations we offer first aid services
- Three notice boards have been put up in the settlement in the areas that we have been operating in. the notice boards are used to pin up information regarding the referral pathway in the local languages that the community understands
- The program managed to identify 30 youths to actively become peer champions in the communities they are located. The identified youths were taken through the basics of protection principles that would guide their work in the communities allocated (22Male & 8 Female)
- Procurement and distribution of 30 bicycles to the peer champions that they use to reach the communities with important messages. A total of 1,062 individuals segregated (706Female & 356 Male) were reached by the peer-to-peer educators with child protection and SGBV prevention and response messages.
- Staff and volunteers have also been supervising the awareness sessions that the champions have been conducted. This is through reporting templates that have been filled by the peer champions.
- A total of 982 (608Female & 374Male) persons with specific needs (PSNs) and individuals with various protection concerns were identified and referred to the different service points by the URCS Volunteers. (Source: carbonated referral books on file)
- The peer champions have been facilitated through communication and provision of materials to be used during the sensitizations in the communities
- With a work plan target of visiting at least 100HH of People with Specific Needs. The volunteers with the help of the peer champions were able to reach at least 3,031 HH during this period (1417 male & 1614 female)
- 40 URCS staff and volunteers were trained in minimum standards of protection as well as the protection principles (26 male & 14 female)
- A training on protection principles & Psychosocial Support for the local leaders in the settlement and host community for 30 participants, these leaders in turn will pass on the message to their communities (24M & 6F)
- A refresher training on protection principles was done for the peer champions in the settlement so as to be updated on the latest trends on protection
- Conducted training for police officers on minimum standard and protection principles as well as on referral pathway. This was done in collaboration with protection agencies.

Output 1.2: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children.

Indicators	Target	Actual
#URCS volunteers (5 M; 5 F) trained on Sexual and Gender Based Violence and Child Protection	10	10

# of gathering spaces identified and equipped	9	9
# of wonder bags distributed	360	0
Progress towards outcomes		
Activities conducted:		
<ul style="list-style-type: none"> The training on the use of wonder bags was done in November 2020. This training had 40 participants from both the refugee settlement and host community. The participants were trained as TOTs and will train the rest of the community members in their locations before distribution. 		
Challenges		
<ul style="list-style-type: none"> The planned procurement and distribution of 1,500 pieces of wonder bags could not be completed in 2020 but were procured and distributed in the first quarter of 2021 through other funding channels. The procurement was not possible within the implementation timeframe caused by delayed procurement process and approval due to the fact that a special process needed to be followed for single sourcing as there was only one supplier available to supply the goods 		
Strategies for Implementation.		
Outcome SFI1.01: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform		
Output S1.1.4: National Societies have effective and motivated volunteers who are protected		
Indicators	Target	Actual
% of volunteers are insured	100	100
# base camps renovated	1	1
% of volunteers equipped with PPEs and visibility materials	100	100
# of review workshops conducted	2	1
Progress towards outcomes		
Activities conducted:		
<ul style="list-style-type: none"> The following URCS staff were deployed to the operation: <ul style="list-style-type: none"> 1 Operation manager. 1 PSS officer 1 Public Health officer 1 PMER/CEA officer 2 NDRT members 45 volunteers Gum boots, raincoats and umbrellas have been procured for all volunteers. However, URCS needs to strengthen visibility both for its staff and volunteers as well as for the supported infrastructures and distributed items. The procurement process for the purchase of 3 prefabricated containers to be used as office space was initiated in February 2019. The decision to procure temporary structures rather than permanent facilities was based on the possibility mobilize the containers for future operations. 		
Outcome SFI2.01: Effective and coordinated international disaster response is ensured		
Progress towards outcomes		
Activities conducted:		
<ul style="list-style-type: none"> The IFRC Programme Coordinator supports both the DRC and South Sudanese Population Movement Appeals. A Finance Delegate has been recruited and is supporting the operation since May 2019. The recruitment process for a logistic delegate was put on hold due to budget constraints. 		
Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved		
Indicators	Target	Actual
# CEA RDRT deployed	1	1
# CEA assessments conducted	1	1
# of feedback and complaint system in place	1	1
Progress towards outcomes		

Activities conducted:

- CEA as an approach was intended to have the community share their ideas and experiences about how activity implementation was going as well as give feedback on the different activities those other implementing agencies in the settlement were handling. Through these different activities, it was possible to see the needs of the most vulnerable were met through different modes for example mobile cinema where we would convey different messages that were useful to the community, 04 notice boards that were placed in the zones of Malembo C, Mombasa, Maratatu D as well as the reception center through which messages were pinned that included the referral pathways and suggestion boxes where the community would write on papers and place in the suggestion boxes which were opened at the end of the week. These suggestion boxes (03) were placed in Mombasa village at the Health facility, Kagoma Reception Center and Maratatu D trading center.
- The information that has been provided by the community through the different methods has been vital in tailoring the services for the people of concern. Through the mobile cinema sessions, the POCs were always given chance to present their views on how best the organization can extend the services better to them and the information got was always used to have better services extended to them, for instance, they requested URCS to increase the number of mobile sessions conducted a week which was adjusted, they requested OPM to intervene in their land wrangles and MTI to better their health services, as URCS we used to liaise with the relevant partners to deliver the feedback from the communities.

Summary of activities conducted

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

Challenges

- The multiple hazards that URCS was confronted with overstretched NS capacity, including Population Movement, Floods, EVD and then COVID19. In addition, the NS also recorded a high staff turnover over the last two years specific to this operation, including exit of Finance Director, Project Accountant, Project Manager and Disaster Management director who were key in steering implementation of this specific operation. Early this year the NS launched their strategic Plan for 2021/2025 which focuses heavily on strengthening the Internal NS capacities, including financial management and PMER capacity.

Lessons Learnt

- The above challenges have been discussed at length internally in IFRC as well as with URCS and lessons learnt are taken from this experience, to ensure a closer up monitoring of activities and expenditures during implementation timeframe.

D. Financial Report

The overall funding requirement for this Appeal was CHF 3,200,000. The Appeal coverage was at CHF 1,705,669 representing 53.3% including bilateral support. The expenditure against the budget was at 1,669,841 representing 98%. There is an under expenditure in health as some of the activities were booked under WASH section creating an over-expenditure under WASH. Under SFI, there is an over-expenditure under strengthening National Societies as some of the activities under the other SFIs were booked here thereby creating under expenditures in other SFIs.

Contact information

Reference documents



Click here for:

[Previous Operation Updates and Appeals](#)

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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

Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/1-2021/9	Operation	MDRUG040
Budget Timeframe	2018/1-2020/12	Budget	APPROVED

Prepared on 14 Oct 2021

All figures are in Swiss Francs (CHF)

MDRUG040 - Uganda - Population Movement

Operating Timeframe: 17 Jan 2018 to 31 Dec 2020; appeal launch date: 04 Apr 2018

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	177,000
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	183,000
AOF5 - Water, sanitation and hygiene	1,232,000
AOF6 - Protection, Gender & Inclusion	133,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	847,000
SFI2 - Effective international disaster management	628,000
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	0
Total Funding Requirements	3,200,000
Donor Response* as per 14 Oct 2021	1,705,387
Appeal Coverage	53.29%

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	168,727	85,890	82,837
AOF5 - Water, sanitation and hygiene	643,248	721,482	-78,234
AOF6 - Protection, Gender & Inclusion	98,616	79,781	18,835
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	257,465	385,103	-127,638
SFI2 - Effective international disaster management	308,819	259,046	49,773
SFI3 - Influence others as leading strategic partners	42,950	30,136	12,814
SFI4 - Ensure a strong IFRC	183,828	108,403	75,424
Grand Total	1,703,652	1,669,841	33,811

III. Operating Movement & Closing Balance per 2021/09

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	1,685,242
Expenditure	-1,669,841
Closing Balance	15,400
Deferred Income	0
Funds Available	15,400

IV. DREF Loan

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

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/1-2021/9	Operation	MDRUG040
Budget Timeframe	2018/1-2020/12	Budget	APPROVED

Prepared on 14 Oct 2021

All figures are in Swiss Francs (CHF)

MDRUG040 - Uganda - Population Movement

Operating Timeframe: 17 Jan 2018 to 31 Dec 2020; appeal launch date: 04 Apr 2018

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	74,222				74,222		
British Red Cross	66,913				66,913		
European Commission - DG ECHO	108,166				108,166		
Finnish Red Cross	3,718	62,859			66,576		
Finnish Red Cross (from Finnish Government*)	520,035				520,035		
Icelandic Red Cross	122,810				122,810		
Icelandic Red Cross (from Icelandic Government*)	296,241				296,241		
Japanese Red Cross Society	89,295				89,295		
Red Cross of Monaco	17,401				17,401		
Swedish Red Cross	224,067				224,067		
The Canadian Red Cross Society (from Canadian Gov	53,391				53,391		
The Netherlands Red Cross (from Netherlands Govern	46,123				46,123		
Total Contributions and Other Income	1,622,383	62,859	0	0	1,685,242	0	
Total Income and Deferred Income					1,685,242	0	