



*Thousands are fleeing the fighting in DRC with just a few belongings.*

Appeal No: <b>MDRUG045</b>	To be assisted: <b>100,000 people</b>	Appeal launched: <b>24/06/2022</b>
Glide No: <b>CE-2022-000195-UGA</b>	DREF allocated: <b>409,293 CHF</b>	Disaster Categorisation: <b>Orange</b>
Operation start date: <b>13 April 2022</b>	Operation end date: <b>30/06/2023</b>	

**IFRC Secretariat funding requirement: 3 million CHF**  
**Federation-wide funding requirement: 5 million CHF**

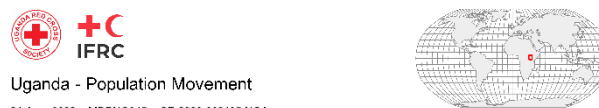


Refugees boarding transport from Bunagana border crossing, Democratic Republic of the Congo (DRC), to a hosting centre in Kisoro, Uganda.

## TIMELINE

- 28 March:** Fighting erupts between government forces and rebels in northern Kivu and Ituri Regions, eastern DRC.
- 13 April:** CHF 185,223 allocated from the IFRC Disaster Relief Fund (DREF) targeting 4,500 people in: Kisoro town, Kisoro district; Mpondwe, Kasese district; and Busunga, Bundibugyo district, all in Uganda.
- 30 April:** UNHCR launches an emergency appeal for 47 million USD targeting 60,000 people.
- 20 May:** Fighting in DRC escalates, forcing over 24,000 people to flee across the border into Uganda.
- 24 May:** DREF increases allocation from CHF 185,223 to CHF 409,283 and increases target from 4,500 people to 14,500 people.
- 10 June:** Fighting renews, driving more people across the border into Uganda.
- 14 June:** M23 rebels capture the eastern DRC town of Bunagana on the Ugandan border. Authorities in Kisoro close the border amid more clashes.
- 27 June:** IFRC issues Emergency Appeal for 5 million CHF targeting 50,000 people for one year.

# DESCRIPTION OF THE EVENT



Families fleeing violence in DRC are arriving in Uganda having experienced extreme hardship, hoping to reach safety. However, they're finding the hardship compounded by insufficient shelter, water shortage, and lack of sanitation, forcing them to camp in the open.

Conflict in northern Kivu and Ituri provinces, eastern DRC, has been intensifying since late March 2022, triggering large-scale displacement of refugees into Uganda. By 26 May 2022, Uganda had received [more than 49,332](#) new arrivals fleeing the violence.

Since 10 June, IFRC has seen further increases in people crossing the border due to escalation. Families have been forced to flee with limited or no possessions and are forced to camp on the streets, in schools, in markets and on open ground in the border towns of Bundibugyo and Bunagana.

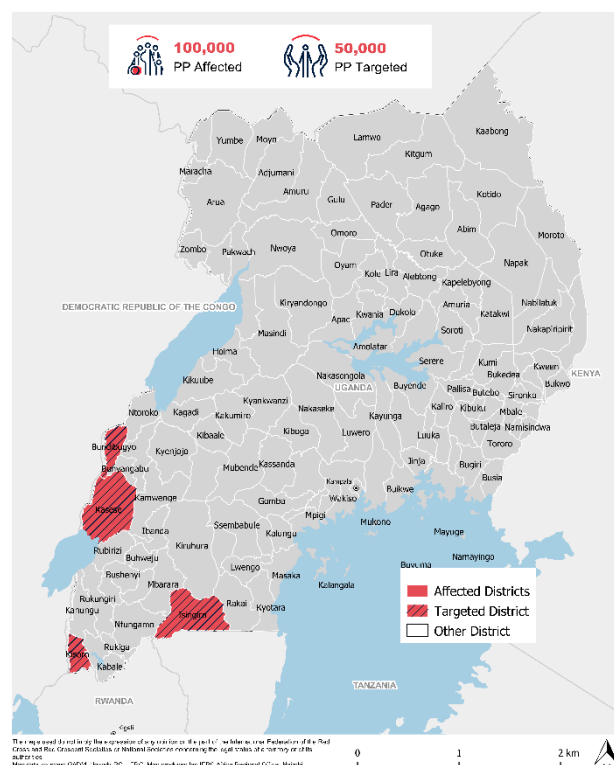
Due to the sudden influx, not all arrivals have been registered as well, and although not confirmed, it is estimated they could number more than 100,000. This rapid influx has put tremendous pressure on basic social services in settlements where refugees are hosted, impacting education, food, shelter, health and nutrition centres, and water-sanitation-hygiene (WASH) infrastructure.

Incoming refugees are received at several 'collection' points, transit centres and reception centres across the country. They are registered and provided with basic protection services and humanitarian assistance pending their relocation to refugee settlements. And in addition to those registered at the camps, there are also many other refugees still living with host communities in Bundibugyo and Bunagana.

## Severity of humanitarian conditions

### 1. Impact on accessibility, availability, quality, use, and awareness of goods and services

Refugees are mainly coming from Rutshuru territory in northern Kivu and are mainly camped at holding centres and transit centres at Nyakabande, in Kisoro district, Bubukwanga (Bundibugyo district), and Bwera (Kasese district). The Office of the Prime Minister (OPM) has also been forced to use a transit centre at Nyakabande, along the Kisoro-Kabale Road, that had been closed for renovations.



These transit centres are designed to host refugees for a maximum of five days only, and this situation has forced longer stays. There is thus an urgent need for emergency shelter and essential household items (EHIs). The transit centre in Nyakabande is equipped with basic toilet facilities, bathing booths, water points, and a common shelter for 500 people only: this influx has seen 30,000. In response, UNHCR and WFP have erected temporary tents, and food is being prepared twice per day.

### 2. Impact on physical and mental well-being

The transit centres and camps are already congested and lack sufficient health, water and sanitation facilities, raising the risk of disease outbreaks if no immediate action is taken. Basic shelter and WASH infrastructure need to be upgraded to comply with minimum standards, and there are still no health facilities in the centres, which hampers treatment of chronic and non-communicable diseases, and risks morbidity and mortality from other health issues.

Refugees face numerous protection issues too, including sexual and gender-based violence (SGBV), inadequate referral services for survivors, separation of families, and unaccompanied minors, all due to the magnitude of the displacement. Trauma is high and additional psychosocial

assistance is needed as well. Some families have been displaced three or four times, leading to a continuous cycle of displacement in settlements.

### 3. Risks & vulnerabilities

The number of refugees is exceeding the capacity of local governments and agencies to provide basic humanitarian assistance. UNGCR has registered a total of 37,052 refugees at Kisoro holding/transit in Bundibugyo, and at Kasese, Nakivale settlement. And Uganda Red Cross Society (URCS) estimates that there could be up to 62,948 arrivals still not registered and/or living in makeshift shelters in Kisoro and Bundibugyo districts. The most

vulnerable groups are women (44.2 per cent), children under 4 (20.1 per cent) and the elderly.

Also, according to URCS, about 1 per cent of the refugees crossed with their livestock, which poses a risk of clashes with host communities over animal fodder and zoonosis, as the asylum seekers live close to livestock and pets. These arrivals are sharing water and health facilities with host communities.

There is a risk of more violence in DRC and a further increase in the number of families fleeing to Uganda. These families' health and protection risks will increase without appropriate humanitarian assistance.

## CAPACITIES AND RESPONSE

### 1. National Society response capacity

#### 1.1 National Society capacity and ongoing response

The Uganda Red Cross Society (URCS) was established in 1964 and is an auxiliary to the Government in providing humanitarian assistance to people affected by natural disasters and conflict throughout the country. URCS enjoys a strong working relationship with the Government, made possible by a network of 51 branches, over 450,000 volunteers, and 220 staff coordinated through its headquarters in Kampala.

URCS can mobilise volunteers quickly around the country to provide rapid support to vulnerable and marginalised groups. Its neutrality has won its strong community acceptance and made it the partner of choice for UNHCR on the provision of safe water and sanitation in all transit centres. URCS has unlimited access to border sites as well, working with security forces to evacuate those fleeing conflict, including the injured.

In the larger scope of operations, URCS has engaged mainly in providing shelter, WASH, and Protection, including restoring family links (RFL). On 13 April, IFRC launched DREF funding of CHF 409,293 over six months to provide URCS with the resources to meet the immediate shelter, health, WASH, and protection needs of 14,500 refugees through an integrated package of services in Kisoro, Kasese, and Bundibugyo districts, as well as in host communities experiencing refugee influx.

URCS coordinates with the Government, stakeholders, and other agencies to ensure that there are no gaps or duplication of interventions, and has deployed 60 volunteers, including 46 WASH personnel, 10 RFL personnel, 2 Shelter volunteers, and 2 WASH volunteers, as well as 5 staff to support operations in Kisoro, Kasese and Bundibugyo. It has already distributed 400 household kits and activated the 'crisis modifier' from the existing ECHO project at the onset of the crisis.

URCS is also a core member of the WASH and Protection sector for refugee operations in Uganda together with the local NGO Care and Assistance for Forced Migrants (CAFOMI), which implements UNCHR-funded projects and along with URCS and is a partner of choice on WASH and RFL.

Since 28 March 2022, URCS has provided water treatment for 12,145 individuals daily and has carried out hygiene promotions at water storage facilities. Other activities include the construction of 60 bathing shelters and 60 toilets, as well as a T95 tank supplying 95,000 litres of water to 30,000 people in Kisoro. They have also installed six (6) 10,000-litre tanks in the area, filled from lorries.

URCS has been conducting daily health promotion activities in camps as well and has thus far reached over 10,000 people with health promotion messages to prevent outbreaks. Some 800 mosquito nets were also

distributed to pregnant and lactating women, and to families with small infants, as part of the 400 kits with household items.

These activities also include strengthening epidemic preparedness and response capacity through the Community Epidemic and Pandemic Preparedness Program (CP3) in Bundibugyo, Kamwenge, Kitangwenda, and Kabale districts. Through Red Cross volunteers, communities are being sensitised on common diseases, and are empowered to detect and report these diseases to local authorities through community-based surveillance (CBS) and to take part in the response. For this particular intervention, in Bundibugyo, URCS will leverage 157 CP3-trained volunteers located in the 5 cross-border sub-counties for community health activities including CBS and reporting. In Kisoro and Kasese, URCS's EPIC and CBS expert trainers will train 50 volunteers currently engaged in response activities as well.

The National Society is also providing daily situation reports to in-country partners, Partner National Societies (PNSs), ICRC, and IFRC, reflecting the situation and activities.



URCS volunteers helping to clean Kisoro hosting Centre.



URCS helping refugees board transportation.



Erecting water tanks at Kisoro Holding Centre.



Tracing services @ICRC



## 1.2 Capacity and response at the national level

Within the Uganda Country Refugee Response Plan (UCRRP), the Office of the Prime Minister (OPM) and UNHCR lead the coordination of partners for the humanitarian refugee response in the southwest of the country. Coordination takes place at several levels, under which URCS participates as a member:

- leadership level, co-led by OPM, Ministry of Local Government (MOLG) and UNHCR
- inter-agency level, co-led by OPM, MOLG, and UNHCR with the participation of UN and development partner operational focal points, NGO country directors of both national and International NGOs
- Inter-sectoral Working Group, sector leads, INGOs, and national NGO focal points
- 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

(Note: The Uganda Country Refugee Response Emergency Appeal of 47.8 million USD that should cover urgent lifesaving needs from April to June 2022 is still only 8 per cent funded.)

## 2. International capacity coordination in the response

### 2.1 Red Cross Red Crescent coordination and cooperation

#### IFRC membership coordination

Several Partner National Societies (PNSs) are active in Uganda, including **the Netherlands Red Cross, Belgium Red Cross-Flanders, Austrian Red Cross, and the German Red Cross**. Other PNSs provide bilateral support to ongoing programmes and operations managed by the URCS, including Kuwait Red Crescent, Swedish Red Cross, and Turkish Red Crescent.

The IFRC Secretariat plays an essential role in ensuring effective coordination with member National Societies operating in Uganda or supporting remotely, with a focus on coordinated operations management, logistics, finance, planning, and reporting as well as technical and financial support to URCS through the IFRC Juba Country Cluster Delegation. The IFRC disaster management delegate provides operational, technical, and strategic advice together with health and finance delegates in-country. IFRC has also provided a surge operations manager to oversee the implementation process.

For this Emergency Appeal, a surge operations delegate will be based in Kisoro and an Operations Manager/Planning, Monitoring, Evaluation, and Reporting (PMER) lead will be based in Kampala to ensure streamlining of all multilateral and bilateral support. To ensure accountability, the IFRC secretariat will deploy a Community Engagement and Accountability (CEA) expert to support URCS on engagement with the community. A PMER surge will be deployed to enhance the PMER capacity for the National Society, with systems strengthening activities. IFRC Regional Security will also deploy security staff (surge) to support security management.

#### Movement coordination

In this response, **ICRC** will advise on overall safety and security support to Movement partners. Since the beginning of this crisis, ICRC has been working with URCS in the areas of Protection/Restoring Family Links (RFL) and evacuation of war-wounded and plans to maintain this, including for water and sanitation. The IFRC Country Cluster Delegation is in regular coordination with the ICRC Country Delegation for Uganda, Rwanda and Burundi as well. Also for this response, operations coordination meetings are held every two days - although the frequency may change with the situation - and are attended by IFRC, ICRC and in-country PNSs. This platform ensures

strong coordination and effective technical support to URCS, and complementarity, as well as ensuring a harmonised response plan.

## 2.2 Participation in the in-country International Humanitarian coordination system

As an auxiliary to the public authorities, URCS is working with national and local officials in delivering its emergency interventions. URCS is also a core member of the WASH sector for refugee operations, together with Care and Assistance for Forced Migrants (CAFOMI), a national NGO. In this response, URCS is taking the lead on the provision of safe water and the installation of sanitation facilities.

There are daily coordination meetings with UNHCR and external partners in this response, too, and UNHCR, alongside the Government of Uganda, is coordinating all responding agencies. 19 agencies, including the Kisoro District Local Government, UNHCR, and NGOs, are responding. Since the first influx of refugees there have been emergency coordination meetings chaired by UNHCR and held at the transit centres and district offices, attended by the Regional Disaster Officer, district officials, URCS, ICRC, IFRC, CAFOMI, Save the Children, OPM, and government security teams.

CFS Services, Save the Children, and War Child Holland are providing psychosocial support (PSS) to children and youths through structured play and games as well, while Medical Teams International (MTI) and Médecins Sans Frontières (MSF) are providing cholera vaccination, with 23,586 individuals having received their first dose and 2,964 their second dose of the oral cholera vaccine since the start of the campaign. WFP is also coordinating a blanket supplemental feeding programme.

## 3. Gaps in the response

URCS assessments, a multi-agency assessment, and analysis of secondary data have found the following gaps in the response:

Sector	Analysis
<b>Integrated services</b>	<ul style="list-style-type: none"> <li>• The influx of refugees makes it difficult for partners to have a planned figure for service provision.</li> <li>• Most refugees are staying in the host communities and have only limited support compared to those at the holding and transit centres gazetted by the Government.</li> <li>• Because many arrivals are not registered and not sheltering in centres, they lack access to water and are using inadequate bathing facilities and latrines, generating conflict and increasing tension with host communities. There has been an increase in open defecation, for example.</li> <li>• Reception centres and holding areas are currently overcrowded with no infection prevention, thus risking disease outbreaks and other protection concerns. Basic shelter and WASH infrastructure must be upgraded and complemented with emergency facilities to comply with minimum humanitarian standards at receiving locations.</li> <li>• Overcrowding and poor lighting are contributing to increased cases of gender-based violence (GBV) in holding centres. Settlements are already congested as well and cannot absorb new arrivals within existing zones. Limited hosting capacity combined with aging/inadequate basic infrastructure also requires new investment in land preparation, shelter, and WASH to open new zones where new arrivals will be relocated. Refugees are reluctant to move to the camp at Nakivalle, for example, and would prefer to stay closer to the border to continue monitoring the situation in DRC as well as to keep going back during the daytime to cultivate, check on the elderly back home, and look after cattle, returning to the Uganda side in the evening.</li> <li>• There is increasing malnutrition among refugees too, and Save the Children and MTI are leading in this area. Weekly situation reports have now shown that while there have been no cases of severe acute malnutrition (SAM), there have been four cases of moderate acute malnutrition (MAM) among the new arrivals. All malnutrition cases have been enrolled in nutrition programmes and as of 27 June, there were 444 people enrolled in these.</li> </ul>

	<ul style="list-style-type: none"> <li>Approximately 1 per cent of refugees are fleeing with livestock and need support with animal fodder and animal vaccination and should be targeted with One Health messaging to create awareness on zoonotic diseases, how they spread from animals to humans, how they present, what to do if someone is suspected of having had zoonosis event and linkage to healthcare.</li> </ul>
WASH	<ul style="list-style-type: none"> <li>In WASH there is an urgent need to respond to current gaps and to anticipate the worsening of the situation from increased numbers of refugees, including threats from ongoing rains. Limited water and sanitation facilities leave the refugee population at risk of water-related diseases such as diarrhoea.</li> <li>Refugees living in the host community and schools around the border collect their water from streams and rivers, which is a very high risk for diarrhoeal disease among both the host community and refugees in the holding centres.</li> <li>Poor sanitation in the holding and transit centres, and stagnant pools of water, provide an environment for mosquito breeding that could increase incidence of malaria and waterborne diseases such as cholera.</li> <li>Refugees have been sensitised on how to use latrines, and open defecation has been reduced. However, it is still widely practiced by children and women, who fear using the latrines at night. There are still complaints of open defecation in the areas surrounding the holding centres, creating tension with host communities.</li> <li>Existing latrines have no lighting, and this makes it hard for women and children to use them at night out of a fear of sexual and gender-based violence (SGBV), causing them to defecate elsewhere. There is thus a need for more overhead lights in latrines, at water collection points, as well as in the middle of the latrine stands field.</li> <li>With the growing number of arrivals, there is a need to improve waste management with more composite waste pits and waste bins.</li> <li>Refugees may not have access to dignity kits for menstrual hygiene management (MHM) and may lack the know-how on how to dispose of them.</li> <li>It is necessary to connect with the relevant Ministry to ensure vector control at the transit centres.</li> </ul>
Health & Care	<ul style="list-style-type: none"> <li>Due to overcrowding and limited access to basic sanitation facilities, there is an increased risk to health, hygiene, access to water, access to shelter, and access to protection during the long rainy season. This further poses a risk of disease outbreak if no immediate action is taken. There is an increased risk of malaria, cholera, acute watery diarrhoea (AWD), water-borne disease, and skin infections such as scabies.</li> <li>Refugees are screened and tested for COVID-19, and there has been a significant increase in cases, with 114 individuals currently in isolation. The ongoing pandemic might worsen the situation, given its impact on healthcare systems and the economy. There have been efforts to vaccinate refugees, however, not all are willing to be vaccinated.</li> <li>Health facilities have insufficient capacity to provide quality services to the existing populations in settlements, there is insufficient health staff, there is a lack of medical equipment and supplies, and the current system cannot absorb or meet the basic needs of an increased refugee population.</li> <li>Assessments have identified psychosocial support (PSS) as an urgent need.</li> <li>There is a need to continue health promotion in the affected areas.</li> <li>First aid remains vital for the refugees crossing hence there is a need to conduct refreshers for volunteers and NDRT, as well as to provide first aid kits.</li> </ul>

Protection	<ul style="list-style-type: none"> <li>• Refugees face numerous protection issues including SGBV, risks encountered when families are separated, and risks faced by unaccompanied minors.</li> <li>• The level of trauma is high among the current refugee population and more psychosocial assistance is needed. Some families have been displaced three or four times, leading to a continuous cycle of upheaval.</li> <li>• There are designated pit latrines for people with disabilities (PWDs), but latrines are not all equipped to accommodate the elderly, children, and people with special needs. And there are few accessibility features in place in general for persons with disabilities.</li> <li>• As of 24 June, ICRC had reported 800 children who had lost contact with their parents. This may be just an indication of a much larger caseload and there could be many other unaccompanied children, older persons, women, and people with disabilities among those fleeing the violence.</li> </ul>
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## OPERATIONAL CONSTRAINTS

Sector	Analysis
<b>Conflict context</b>	<ul style="list-style-type: none"> <li>• The situation along the Kisoro border remains unpredictable and there continue to be reports of fighting in the Bunagana area. Congolese nationals are also still camped within Bunagana and surrounding areas.</li> </ul>
<b>Lack of funding</b>	<ul style="list-style-type: none"> <li>• The main operational constraint is the general lack of funding. Initial resources across the humanitarian sector have been depleted, while there are notable increased needs for refugees in the host centres and the host communities.</li> <li>• This Emergency Appeal will create expectations for action, but considering ongoing global challenges including the war in Ukraine and COVID, the operation will likely have to contend with limited funding.</li> <li>• Reduced funding will put pressure on URCS to fill the gap in providing humanitarian services.</li> </ul>
<b>Security</b>	<ul style="list-style-type: none"> <li>• Security in, and access to, the operational areas remain concerns, considering that some of the thousands of people crossing into Uganda may be secretly armed, which may cause risks of crime, communal violence, and tension in host communities. URCS is demonstrating its role as an auxiliary to the government in humanitarian activities and local authorities and OPM have granted it unlimited access to the border while other organisations are restricted, apart from UNCHR. There is thus a need to maintain regular contact with public authorities.</li> </ul>
<b>Capacity</b>	<ul style="list-style-type: none"> <li>• There will be a need to scale up support to the National Society in terms of human resources (PMER, operations, finance), infrastructure, and logistics. However, given the current situation with the Ukraine crisis and the African hunger crisis, there is a large demand for Surge resources, which is overwhelming the available capacity.</li> </ul>
<b>Outbreaks</b>	<ul style="list-style-type: none"> <li>• There have been new confirmed cases of Ebola in DRC, risking cross-border infection.</li> <li>• Increased cases of COVID-19 may also force the Uganda government to lock down some areas, affecting the movement of people and affecting service delivery.</li> </ul>

## FEDERATION-WIDE APPROACH

This Emergency Appeal is part of a Federation-wide approach based on the response priorities of the operating National Society and in consultation with all IFRC members contributing to the response. The approach, reflected in this Operational Strategy will ensure linkages between all response activities (including bilateral activities and activities funded domestically) and will help to leverage the capacities of all members of the IFRC network in the country, to maximise the collective humanitarian impact.

The Federation-wide funding requirement for this Emergency Appeal comprises all support and funding to be channeled to the Operating National Society in the response to the emergency. This includes the operating

National Society's domestic fundraising ask, the fundraising ask of supporting Red Cross and Red Crescent National Societies, and the funding ask of the IFRC Secretariat.

In this Operational Strategy, the overall Federation-wide funding required to support the Uganda Red Cross Society is CHF 5 million. It details the targets and budget allocation of the IFRC Secretariat's support to the URCS plan of CHF 3 million, for which the Federation has already allocated CHF 409,283. The balance required will be mobilised through bilateral fundraising with partner National Societies or directly with donors, and by URCS domestic fundraising.

There are currently four participating National Societies present in Uganda, Belgian-Flanders, Netherlands, Germany, and Austria, providing a wide range of essential humanitarian services under the framework of the current response. The IFRC cluster delegation is engaging these in-country PNSs in bi-weekly coordination meetings even beyond this operation.

Belgium Red Cross–Flanders and the Austrian Red Cross have provided additional WASH support as part of the Humanitarian Protection (HP1) project. Shelter support was also provided through the ECHO Humanitarian Implementation Plan (HIP) as a consortium led by Netherlands Red Cross. ECHO HIP project consortium members (Netherlands, Austria, and IFRC) also activated the 'crisis modifier' in that budget that enabled URCS to quickly respond to the very urgent needs of the first 400 refugee households. Belgian-Flanders have mobilised a total of 46,000 euros to support URCS interventions in WASH through the Austrian Red Cross too and this support will complement the DREF. Netherlands Red Cross, with support of the ECHO project, has also allocated 5,000 euros to support the transportation of pre-positioned WASH items to Kisoro to support the URCS response.

Below is a summary:

Partner	Location	Activity
Austrian Red Cross	West Nile and select branches in the eastern, central, and western regions.	Climate change, health, and migration
Belgium Red Cross	Countrywide with a priority focus on disaster-prone branches.	Crises and disaster, health and migration
German Red Cross	West Nile Region, Arua, Moyo	Climate change, crises, disaster, health, and migration
Kuwait Red Crescent	Country-wide	Health, first aid services
Netherlands Red Cross	Country-wide with a priority focus on disaster-prone branches.	Climate change includes FbF, crisis and disaster, health and migration
Swedish Red Cross	West Nile, Moyo Branch	Climate change, crises, and disaster and health
IFRC	Countrywide	disaster management, health, WASH and NSD

## OPERATIONAL STRATEGY

### Vision:

To meet the immediate humanitarian needs of 100,000 people, refugees in Uganda fleeing the violence in eastern DRC and also host families.

### Anticipated risks and adjustments in operation

The crisis in DRC remains complex and evolving, and the IFRC Secretariat and IFRC membership under this Emergency Appeal will support URCS with readiness planning so that the response can be adapted as necessary, and service delivery sustained. The response areas for this scale-up through the Emergency Appeal will be in the provision of shelter and essential household items, water, and sanitation. These core areas of responsibility will

also be complemented with health and hygiene promotion, protection, and migration activities. A provision has also been made to safeguard livelihoods where families have crossed the border with livestock.

The Appeal will support the development of scenario-based contingency plans, analysing the potential humanitarian consequences. This will result in projected scenarios and budgets that will support URCS with the implementation of preparedness and readiness efforts, including strengthening the capacity of branches working in the refugee camps. This operation will also consider the local environmental context and adapt activities as much as possible to reduce the impact on the environment. URCS will distribute fuel-efficient cook stoves to reduce the need for wood for cooking and thus reduce the potential for deforestation.

## Targeting

### 1. People to be assisted

The situation continues to evolve, and the number of refugees is increasing. Registration continues in Kisoro, Kasese, and Bundibugyo, with over 100,000 people estimated to have crossed as of 15 June 2022 with 43,500 officially recognised by UNHCR as of 2 June. Out of these current figures, there are 37,052 refugees registered by UNHCR (in the Kisoro holding/transit centre, and Bundibugyo, Kasese, and Nakivale settlement). From URCS assessments and reports by district government offices, there could be up to 62,948 people still not registered and/or living either in makeshift shelters within host communities or in the host communities themselves in Kisoro and Bundibugyo districts.

Area	Registered	Appx refugees not registered
Kisoro holding/transit centre	31,052 (UNHCR)	33,948 (URCS assessment)
Bundibugyo	-	29,000 (per district govt.)
Kasese	1,000 (UNHCR)	-
Nakivale settlement	6,000 (UNHCR)	-
<b>Total</b>	<b>37,052</b>	<b>62,948</b>

Based on this analysis, the operation will target an estimated 50,000 people with essential household items (EHIs), and up to 100,000 people through the provision of WASH resources and health programming. Target populations will be those currently hosted in transit camps in Kasese, Kisoro, and Bundibugyo, and those at Nakivale settlement, as well as those staying with host communities. As the situation evolves URCS will continue to support the target groups as they move from transit camps to Nakivale settlement camp or others. Below is a target matrix:

Sector	Target
Shelter - EHIs	<ul style="list-style-type: none"> <li>10,000 households (50,000 people)</li> </ul>
WASH	<ul style="list-style-type: none"> <li>100,000 people reached through hygiene promotion</li> <li>25,500 people reached with sanitation services (510 toilets and 309 bathing booths serving 50 persons each)</li> </ul>
Health	<ul style="list-style-type: none"> <li>10,000 households (50,000 people) reached with community health promotion and community-based surveillance</li> </ul>
Integrated services - CEA, protection, psychosocial support (PSS)	<ul style="list-style-type: none"> <li>100,000 people reached through public campaigns and integrated activities</li> </ul>



Unregistered refugees camped at Bunagana market in Kisoro, Uganda, 21 June 2022.

## **2. Considerations for protection, gender, and inclusion (PGI) and Community Engagement and Accountability (CEA)**

### **Protection, Gender, and Inclusion (PGI)**

According to URCS assessments, 70 per cent of the refugees in this current operation are women and children. Acknowledging that women, girls, men, and boys of diverse ages with varied disabilities and backgrounds have very different needs, risks, and coping strategies, the operation will pay particular attention to the protection and inclusion of vulnerable groups based on gender and diversity analysis. Gender roles will be considered when setting up distribution times and dates as well as in health promotion activities. All staff and volunteers in the response will be trained on Prevention and Response to Sexual Exploitation (PSEA) and SGBV and will be required to sign a code of conduct.

### **Community Engagement and Accountability (CEA)**


CEA is being mainstreamed throughout the intervention to guarantee maximum, meaningful engagement of the affected communities. A "Feedback & Complaint" desk has been put in place for recipients of distributed items to provide direct feedback on the exercise. For clarity and seamless flow of information, clear roles and responsibilities have also been agreed upon with representatives, community leaders, and committees. The beneficiary selection process is communicated to all affected through community radio at Nyakabande Holding Centre as well. Television and radio show on hygiene and health promotion have also proved instrumental in collecting feedback and responding to community concerns. Radio sessions will also be offered in target communities to disseminate information on flood risk and safety measures for households, as well as disease prevention. This will include interviews with key informants and news of actions by volunteers.


# PLANNED OPERATIONS

## INTEGRATED ASSISTANCE


	<b>Shelter, Housing and Settlements</b>	Female > 18: 17,500	Female < 18: 17,500	1,061,000 CHF
		Male > 18: 7,5000	Male < 18: 7,500	Total target: 50,000
<b>Objective:</b>	Safety and well-being in disaster-affected and crisis-affected areas are restored and strengthened through emergency shelter and settlement assistance.			
<b>Priority actions:</b>	<ol style="list-style-type: none"> <li>1. Distribution of essential household items (EHIs) to 10,000 households (50,000 people): Through this response, URCS aims to ensure that 10,000 households of severely vulnerable refugees can live in safety and dignity through access to ESIs/shelter services, thereby strengthening their self-reliance and positive coping mechanisms. URCS leads the distribution of these items in coordination with local actors in the respective areas and the kits will be distributed to those refugees willing to move from transit centres to the established UNCHR camps. The EHI kits include plastic sheets, mosquito nets treated with insect repellent, kitchen sets, sleeping mats, blankets, buckets, water purifiers, soap, and MHM kits, which are a combination of WASH and Shelter items and are based on the recommended SPHERE standards. Before distribution, identification and verification of beneficiaries will be done in consultation with local authorities and community-level project steering committees, who will support the identification of the most vulnerable. During the distribution of supplies, URCS will also ensure that its volunteers and staff adhere to basic humanitarian principles, including “DO NO HARM” by serving the most vulnerable and establishing distribution sites in a secure environment that is easily accessible by beneficiaries. Post-distribution monitoring will be carried out to gather community feedback and enhance accountability to the affected populations. URCS will also determine if the context would allow the use of cash and voucher assistance (CVA).</li> <li>2. Procure and provide 100 emergency shelter/family shelter tents for extremely vulnerable households at the reception centre in Isingiro.</li> <li>3. Support the establishment of communal shelters for those transferred for resettlement at reception centres within Nakivaale settlement in the Isingiro district.</li> <li>4. One thousand households will be provided with energy-saving stoves, which reduce the need for firewood, as a way of preserving the environment, for refugees moving from the transit centres to the Nakivale settlement camp.</li> <li>5. Solar lamps/torches will be provided to 800 women and girls, to avoid having to move about in the dark and thus avoid the risk of gender-based violence.</li> </ol>			
	<b>Livelihoods</b>	Female > 18: 875	Female < 18: 875	22,000 CHF
		Male > 18: 375	Male < 18: 375	Total target: 2,500
<b>Objective:</b>	Communities in targeted areas can protect their livelihoods			
<b>Priority Actions:</b>	<ol style="list-style-type: none"> <li>1. URCS will support an estimated 1,500 animals (cows, goats, and sheep) belonging to refugees who crossed the border with them, with 500 barrels of fodder while at the transit centre. It will also link households with livestock to veterinary services for vaccinations. The estimated target is 500 households.</li> </ol>			

# HEALTH & CARE INCLUDING WATER, SANITATION, AND HYGIENE (WASH)

	<b>Water, Sanitation, and Hygiene (WASH)</b>	Female > 18: 35,000	Female < 18: 35,000	1,209,000 CHF
		Male > 18: 15,000	Male < 18: 15,000	Total target: 100,000
<b>Objective:</b>	Sustainable reduction in risk of waterborne and water-related diseases in targeted communities.			
<b>Priority actions:</b>	<ol style="list-style-type: none"> <li>1. Improving access to clean and safe drinking water for 50,000 households: URCS will enhance access to clean water for refugees at the hosting centres in Kisoro, Bundibugyo, and Kasese through the provision of water treatment chemicals, distribution of clean water, and water trucking for two months before the proper supply is established. This will include buckets for water collection and storage. URCS will also consider the installation of T95 water tanks in all transit centres. It will also strengthen the capacity of host communities to ensure adequate management of water points by establishing and training water management committees composed of 12 to 15 members per water point, to oversee minor operations and maintenance. Some of the WMCs already exist but where facilities are non-functional or damaged, the WMC will require reorganisation and capacity strengthening. This will be done in close collaboration with other partners if present.</li> <li>2. Provision of sanitation facilities to 25,500 refugees in host centre: This operation will support construction of 510 latrine stances, and desludging and construction of 309 bathing booths at the transit centres. URCS will also procure and distribute latrine digging tools that will be owned and managed by the local community sanitation committees, supported by the branch staff and volunteers.</li> <li>3. Promoting safe hygiene, health, and sanitation knowledge, attitudes, and practices (KAP) to 100,000 people: URCS will provide refresher trainings to 60 volunteers in Kasese, Bundibugyo, and Kisoro to carry out hygiene awareness among the targeted communities with an anticipated high-risk of diarrhoeal diseases; URCS will use participatory methods and approaches such as Participatory Hygiene and Sanitation Transformation in Emergency Responses (PHASTER) in the communities and schools combined with a knowledge-attitudes-practices (KAP) survey.</li> <li>4. Provision of soap to 50,000 people to support the promotion and sustain hygiene practices for three months to prevent diarrhoeal diseases as well as infections. This will complement the three bars of soap provided in EHI kits.</li> <li>5. 100,000 people reached through health and hygiene promotion, also targeted support through first aid, psychological first aid, and menstrual hygiene management of women and girls.</li> <li>6. Promoting safe hygiene and sanitation KAPs to 50,000 households in transit centres: URCS will carry out refresher training for one hygiene promoter per 50 households, for volunteers to carry out hygiene awareness among target communities with an anticipated high risk of diarrhoea, and to distribute hygiene items. URCS will also train volunteers on MHM.</li> <li>7. URCS will distribute household water treatment and hygiene items (buckets, jerricans, filter cloth, PUR sachets, and 450 grams of soap/person/month) alongside EHIs, in addition to bulk treatment through tanks. This will be accompanied by education sessions on the proper use of the items distributed.</li> <li>8. Provision of 2,000 MHM kits to ensure that women and girls of reproductive age live with dignity.</li> <li>9. Provide camp drainage channels and waste collection and disposal.</li> <li>10. Link with the relevant government Ministry for vector control.</li> </ol>			

	<b>Health &amp; Care</b>	Female > 18: 1,500	Female < 18: 1,500	27,000 CHF
		Male > 18: 1,000	Male < 18: 1,000	Total target: 5,000
<b>Objective:</b>	The immediate risks to the health of the affected population are reduced and the psychosocial impacts of the emergency are lessened.			
<b>Priority Actions:</b>	<ol style="list-style-type: none"> <li>1. Train 15 Red Cross volunteers in Kasese and 35 in Kisoro on Epidemic Preparedness in Communities (EPIC) and Community-based Surveillance (CBS), to equip them with knowledge and skills for early detection, early action, and reporting on priority diseases with the potential to become epidemic/pandemic. URCS will also procure and distribute CBS booklets to these volunteers; it has also established internal capacity for community epidemic preparedness and response through the Community Epidemic and Pandemic Preparedness Programme (CP3) in Bundibugyo, Kamwenge, Kitangwenda, and Kabale districts. Through these Red Cross volunteers, communities are sensitised to common diseases with the potential to become epidemic, are empowered to report these diseases to local authorities through CBS volunteers, and take part in response activities. For this intervention in Bundibugyo, URCS will also leverage 157 CP3-trained volunteers in the five cross-border sub-counties for community health activities, including CBS and reporting. In Kisoro and Kasese, EPIC and CBS expert trainers will train 50 volunteers currently engaged in the response activities as well.</li> <li>2. URCS will strengthen pre-hospital care for refugees by deploying two ambulances with trained emergency medical technicians (EMTs) to facilitate transportation of the injured and the ill from the Bunagana border point or the resettlement site to primary health care facilities.</li> <li>3. Provision of first aid and ambulance referral for war-wounded and critically ill.</li> <li>4. URCS will deploy volunteers to provide first aid to those in need before ambulance teams take over.</li> <li>5. Daily household visits by trained RC volunteers for community health education and health promotion sessions with asylum seekers on common epidemic-prone and priority zoonotic diseases.</li> <li>6. Psychosocial support (PSS) to refugees and URCS volunteers is part of the duty of care to volunteers.</li> <li>7. While continuing to expand RFL to cover the increased need with the support of ICRC, URCS will further ensure deeper integration of both RFL and PSS to families who have lost, or who are missing, loved ones in the conflict. This will be supported and guided by a protection NDRT member, who will provide technical support to Kisoro, Kasese, and Bundibugyo branches. URCS will train 30 staff and volunteers on the minimum standards for protection in emergencies as well, and a refresher will be conducted for volunteers on psychological first aid (PFA) in all three locations.</li> </ol>			

## PROTECTION AND PREVENTION

	<b>Protection, Gender, and Inclusion (PGI)</b>	Female > 18: 1,500	Female < 18: 1,500	19,000 CHF
		Male > 18: 1,000	Male < 18: 1,000	Total target: 5,000
<b>Objective:</b>	Communities become more peaceful, safe, and inclusive by meeting the needs and rights of the most vulnerable.			

<b>Priority actions:</b>	<ol style="list-style-type: none"> <li>1. IFRC will deploy a PGI officer to train volunteers and staff on PGI, SGBV prevention, and prevention of, and response to, sexual exploitation and abuse.</li> <li>2. A detailed analysis of gender and diversity will be conducted to understand and respond to both individuals and groups based on their specific risks, needs, and concerns, and the report will be used for decision-making.</li> <li>3. Establishing protection services, especially for the most risk-exposed groups, and ensuring their safety and access to opportunities.</li> <li>4. Mapping out referral services to which staff and volunteers can refer survivors of SGBV or children who reveal an incident of violence.</li> <li>5. Offer refresher briefings for staff and volunteers on the Code of Conduct, PSEA, and child protection policies, and ensure that attendees have signed off that they participated.</li> <li>6. Provision of psychological first aid to survivors of SGBV, and those who witnessed tragic human rights abuses.</li> <li>7. Protection of Family Links (PFL) services, including phone calls, cross-border and in-country tracing, family reunification, and promotion of prevention of separation, will continue to be provided for those in holding centres and refugee settlements, as well as to those in Bunagana border area, with the support of ICRC.</li> </ol>
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	<b>Community Engagement and Accountability (CEA)</b>	Female > 18: 35,000	Female < 18: 35,000	11,000 CHF
		Male > 18: 15,000	Male < 18: 15,000	Total target: 100,000

<b>Objective:</b>	Develop and deploy standardised approaches for community engagement, collection, and use of qualitative community feedback data to better understand community perspectives.
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<b>Priority actions</b>	<ol style="list-style-type: none"> <li>1. A “feedback &amp; complaint” desk has been put in place for recipients of distributed items to provide direct feedback on the distribution exercise. For clarity and good flow of information, clear roles and responsibilities have been agreed upon with representatives, community leaders, and committees.</li> <li>2. The use of television and radio shows on hygiene and health promotion has been instrumental in collecting feedback and responding to community concerns. Radio sessions will be conducted in target communities to disseminate information on flood risks and safety measures for households, as well as on disease prevention.</li> </ol>
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## Enabling approaches


	<b>National Society Strengthening (NSS)</b>	Female > 18: 2,000	Female < 18:	298,000 CHF
		Male > 18: 2,000	Male < 18:	Total target: 2,000

<b>Objective:</b>	Support National Society Development activities including preparedness and response capacity.
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<b>Priority actions:</b>	<ol style="list-style-type: none"> <li>1. <b>National Society Development (NSD) is a key priority for URCS:</b> Ensure a fulfilled and principled humanitarian response by strengthening URCS leadership to collectively position URCS alongside the local authorities in their auxiliary role with Humanitarian Diplomacy. This includes governance engagement activities and the participation of governance members in operations.</li> </ol>
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- 2. National Society preparedness and response capacity:** Through this appeal, NSD will be embedded in the process as coordination and management structures are strengthened. This will include (1) Branch Development through consolidation of existing CB-DRTs, activation of contingency plans at the branch level and support to enhance branch capacity to conduct assessments and develop response plans, and (2) building capacity for local volunteers and communities on DRR components, including early warning systems and setting up a regional Rubb hall for Kisoro branch.
- 3. Volunteer management:** The appeal will also support volunteer development and ensure duty of care to volunteers with the provision of appropriate training, PPE, and psychological support.

	<b>Coordination and Partnerships</b>	Female > 18: 35,000	Female < 18: 35,000	4,000 CHF
		Male > 18: 15,000	Male < 18: 15,000	Total target: 100,000
<b>Objective:</b>	Strengthen coordination and partnerships within the Movement and with relevant external actors.			
<b>Priority actions:</b>	<p><b>1. Membership coordination:</b> Uganda has a well-established mechanism for membership coordination, and the IFRC Country Cluster Delegation has mapped out all in-country PNS projects, to maximise opportunities to tap resources both financially and technically.</p> <p><b>2. Engagement with external partners:</b> Through its branches, URCS participates with partners in OPM-led cluster meetings at the national and district levels. IFRC and PNSs will also support URCS to develop sustainable partnerships to enhance the capacity and reach of the National Society.</p> <p><b>3. Movement coordination and cooperation:</b> As part of Strengthening Movement Coordination and Cooperation (SMCC), URCS, PNSs, IFRC and ICRC will coordinate via established Operational Coordination meetings every two days (frequency may change with the situation). This is to set up formalised coordination platforms such as Technical Committees, Movement Operational Committees, and a Movement Strategic Platform. And as this crisis is a result of a conflict situation, ICRC will provide situational analysis and advice to ensure Red Cross Red Crescent principles throughout the action.</p>			

	<b>IFRC Secretariat Services</b>	Female > 18: 35,000	Female < 18: 35,000	349,000 CHF
		Male > 18: 15,000	Male < 18: 15,000	Total target: 100,000
<b>Objective:</b>	Strengthen secretariat services.			
<b>Priority Actions:</b>	<p><b>1. Human Resources:</b> HR support will be needed to scale up operations while maintaining business continuity across the organisation, and URCS management and technical staff will manage operations. This will include Surge capacity that will be deployed on an as-needed basis to augment Branch capacity. An IFRC cluster delegation will provide support to URCS with logistics, HR, finance, PMER, Security, and other sectors, and URCS volunteers will be engaged for up to 12 months.</p> <p><b>2. Planning, Monitoring, Evaluation &amp; Reporting (PMER):</b> With support from the IFRC Juba Cluster Delegation, URCS' PMER unit will provide tools to monitor the implementation and progress of this response. This includes guiding the team in distribution and post-distribution monitoring, rapid needs assessment as well as knowledge management including documentation of best practices and lessons learnt. This unit will also be key in</p>			

developing a Monitoring, Evaluation, Reporting & Learning (MERL) framework and Indicator tracking table (ITT), which will be updated quarterly. This unit will also develop data collection tools, data analysis, and reporting procedures for the assessments with support from the Information Management (IM) unit. There will also be quarterly monitoring visits to track performance and provide timely feedback to the Operations team to guide them in decision-making. There will be a final evaluation as well, per the IFRC evaluation framework.

- 3. Information Technology (IT) and Information Management (IM):** URCS' IM capacity will be expanded and 3G/4G portable devices will be distributed to facilitate coordination and reporting.
- 4. Logistics:** Local procurement will be carried out in accordance with IFRC and National Society standard procedures, with support from the IFRC Regional Logistic Unit in Nairobi. Fleet assets will be deployed where requested and assessments of logistics capacity and systems (including procurement, transport, warehousing, and fleet management) will be carried out where possible to enhance National Society logistics on hardware, software, and preparedness.
- 5. Finance and Administration:** The IFRC cluster delegation will assist in reviewing and validating budgets and bank transfers and will provide technical assistance to the National Society on expense justification and review and validation of invoices.
- 6. Communications and advocacy:** This operation will include support to the National Society to increase its outreach and advocacy. At the regional level, the Communications team will continue to engage media and use social media to position IFRC as a key player in the response. To date, international media have only focused on the conflict itself and have given limited coverage to the human impact.
- 7. Security:** IFRC will deploy surge security, with orientation and briefing for all teams prior to deployment. Standard security protocols on general norms, cultural sensitivity, and code of conduct will be put in place, and minimum-security requirements will be maintained. Security and contingency plans will be updated as well and all National Society and IFRC personnel will be required to complete IFRC e-learning, including Level 1: Fundamentals, Level 2: Personal and Volunteer Security, and Level 3: Security for Managers. IFRC security will apply to all staff and area-specific security risk assessments will be conducted, with risk mitigation measures identified and implemented. The Regional Security Unit (RSU) has also been extending security support to the Cluster Delegation and has been monitoring the situation. ICRC will provide safety and security advisories, as well as support to MVT partners whenever needed, and has been conducting Safer Access sessions for volunteers and staff.

## Risk management

Systematic risk management will be integrated into this operation, allowing early and continuous identification of risks inherent in the activities and proactive implementation of preventive measures. A risk management plan will be developed to guide the identification of risk, assessment, and management according to the context, legal and compliance requirements, operations, programme delivery, organisational reputation, safeguarding, and strategy.

Risk	Likelihood	Impact	Mitigating actions
<b>Security</b> Issues with security in the intervention area could present potential risks that could block implementation and impact staff safety.	Medium	High	<ul style="list-style-type: none"> <li>• regular monitoring of the security situation through the National Society's logistics office and IFRC security, sensitisation of staff on Safer Access principles</li> <li>• security assessments to be conducted prior to implementation of programmes</li> <li>• strict observation of minimum-security requirements</li> <li>• maintaining updated security and contingency plans</li> <li>• establishing Field Movement procedures and appropriate means of communication</li> </ul>

			<ul style="list-style-type: none"> <li>• providing security training and briefing to staff and volunteers</li> <li>• ensure staff and volunteers have insurance</li> <li>• extensive liaison with authorities, ICRC and other agencies</li> </ul>
<b>Fraud, corruption and integrity</b>	Medium	High	<ul style="list-style-type: none"> <li>• targeted support and capacity building of NS</li> <li>• robust operational and financial oversight</li> <li>• staff code of conduct</li> <li>• training on fraud and corruption</li> <li>• monitoring missions</li> <li>• Post-distribution Monitoring (PDM) survey</li> <li>• lessons learnt analysis and sharing</li> <li>• framework funding agreement</li> </ul>
<b>Safeguarding risk</b>	Medium	High	<ul style="list-style-type: none"> <li>• "Do No Harm" approach</li> <li>• PSEA policy</li> <li>• PGI training sessions</li> <li>• PGI integration, assessments, and technical support</li> </ul>
<b>Programme delivery risks: -Delayed implementation -Sub-standard quality</b>	Medium	High	<ul style="list-style-type: none"> <li>• operational support from regional and cluster office on monitoring and reporting</li> <li>• monitoring and evaluation visits</li> <li>• work plans, targets, budgets M&amp;E plans</li> <li>• integration/sharing of past/present lessons learnt</li> <li>• surge deployments</li> </ul>
<b>HR capacity constraints</b>	Medium	High	<ul style="list-style-type: none"> <li>• staff coaching and training on operations, PMER, procurement, and information management.</li> <li>• surge support</li> <li>• technical support from region/cluster</li> <li>• succession planning/ Business Continuity Planning</li> </ul>
<b>Outbreaks</b>	Possible	Medium	<ul style="list-style-type: none"> <li>• Volunteers will be trained on proper handwashing and use of alcohol-based sanitisers to keep safe while carrying out activities, to minimise the risk of COVID-19 infection. Face masks and other PPE will also be provided to volunteers, including rubber boots and gloves for use during chemical spraying for vector control with Ministry of Health (MOH) support to destroy mosquito breeding sites and clear drainage.</li> </ul>

## Quality and accountability

Lessons from the [Uganda 2018 population Emergency Appeal MDRUG040](#) have been incorporated into the development of this Operational Strategy and Federation-wide reporting mechanisms will be developed to ensure linkages between the Secretariat and bilateral support to the Emergency Appeal. This will act as a model for coordination in presenting the collective impact of the Red Pillar in Uganda for this response. Benchmarking and lessons learnt from previous Federation-wide operations will be considered to ensure all reporting tools are appropriate to the needs of stakeholders, and the process will also be led by URCS with support from IFRC. A Monitoring, Evaluation, Reporting, and Learning (MERL) plan and framework will be developed as well, and both financial and narrative reporting tools, as well as an Indicator tracking table (ITT), will be developed and updated against an agreed set of indicators and timelines, to inform standard operations reports and donor reports.

Additionally, Federation-wide operations updates will be provided per IFRC minimum reporting standards, against the Operational Strategy and indicators, and will be published on the IFRC Appeals Database, with Issue #1 within the first 14 days after the launch of this Operational Strategy, Issue #2 within the first 30 days, and a six-month summary issued within 30 days of the initial 6-month point. A final report will then be issued within 30 days of the end of the appeal.

Federation-wide assessments led by URCS will be conducted as the situation evolves with support from IFRC and PNSs. These will include mid-term evaluations, end-term evaluations and KAP surveys. Assessment results and monitoring of the situation will then ensure that the response remains appropriate to the needs of the affected population, and to gauge the resources needed. This will be based on (1) humanitarian analysis of the situation, (2) scenario-based contingency plans, (3) priorities of the host National Societies and affected populations, and (4) funding coverage. This will also be complemented by workshops conducted with other partners involved in the response within the country to inform a coordinated, immediate and medium-to-longer-term approach to address the underlying drivers, including integration of interventions into a Federation-wide unified country plan.

Quarterly monitoring visits to support and track performance will be jointly conducted by URCS and other key stakeholders as well, and timely feedback will be provided to the operations team to guide them in decision-making and for learning purposes. Mid-term and after-action reviews will be held on progress made through the response too, and a final evaluation and audit will be conducted at the end of the Emergency Appeal. As part of Federation-wide reporting, the following indicators will be monitored by IFRC, and the stakeholders involved in the response:

Planned operations	Indicators	Targets
<b>Integrated Assistance</b>	Number of Households supported with EHIs	10,000
	% of target population living in transitional shelter that is safe and adequately enables essential household and livelihoods activities to be undertaken with dignity	20%
	Number of communal shelters established	2
<b>Livelihoods</b>	Number of households supported with fodder for livestock	500
<b>Water, Sanitation and Hygiene (WASH)</b>	Number of safe, accessible, and private bathing facilities that are culturally appropriate	309
	Number of households with access to clean and safe drinking water	10,000
	% of communal toilets that have handwashing stations with evidence of use in the response period	100%
	% of target population who, during the response phase, state they are satisfied with their access to water and sanitation facilities	50%
	Number of girls, female adolescents and women reached by information dissemination sessions on menstrual hygiene management (MHM)	800
	Number of people (and households) provided with household items that support the restoration and maintenance of health, dignity, safety and the undertaking of daily domestic activities in and around the home	50,000
	Number of constructed sanitation facilities that are adapted for use by the frail elderly and those with physical disabilities (older people and people with disabilities have safe and dignified access to sanitation facilities)	819 (510 toilets and 309 bath booths)
<b>Health and Care</b>	Number of people reached with community health activities (Note: the same people can be counted multiple times)	50,000
	Number of people reached with integrated emergency health services	50,000
	# of Red Cross volunteers trained on epidemic and pandemic preparedness (EPIC and CBS packages)	20
	# of CBS-trained Red Cross volunteers who routinely submit timely CBS reports	20
	% of CBS alerts verified as 'true' alerts (correctly match the Community Case Definition)	50%
	% of CBS alert reports investigated by MOH/MOA within 48 hours	50%
	Number of missing persons reunited with their families	5,000
<b>Protection, Gender and Inclusion (PGI)</b>	Number of Red Cross Red Crescent staff and volunteers who can demonstrate sufficient skills to refer, or skills and equipment to provide services for, SGBV survivors	60
	Number of people (and households) offered protection assistance specifically related to displacement and migration	5,000
	Number of volunteers trained on minimum standards for protection, gender and inclusion (PGI)	60

	Number of volunteers and staff trained on basic SGBV awareness and survivor-centred response	60
	Number of girls and women of reproductive age reached with dignity kits	800
	Number of PGI assessments conducted on the specific needs of the affected population	1
<b>Community Engagement and Accountability (CEA)</b>	% of community members, including marginalised and at-risk groups, who know how to provide feedback or make a complaint about the operation	50%
	Number of complaints received through feedback mechanisms	100
	Number of engagement and involvement sessions conducted (with stakeholders)	6
	Number of feedback mechanisms/systems established	1
<b>Enabling approaches</b>	<b>Indicator(s)</b>	
<b>National Society Strengthening (NSS)</b>	Number of National Society preparedness, readiness and response plans developed	1
	Number of strategically located branches in conflict-affected regions offered capacity building	3
	Number of volunteers mobilised and trained on PGI Minimum Standards	60
	Number of volunteers and staff involved in the operation who received briefings on PSEA	60
	Number of volunteers and staff deployed on minimum CEA actions	60
<b>Coordination and Partnership</b>	Number of Movement coordination meetings organised, with updates have been provided to Movement partners	12
	Strategic Partnerships Communication and humanitarian diplomacy conducted	6
	Number of sessions conducted on Strengthening Movement Cooperation and Membership Coordination	6
<b>IFRC Secretariat Services</b>	Number of IFRC monitoring and support missions	6
	Number of personnel deployed to support the National Society in the response	6
	Number of strategic partnerships and coordination sessions conducted	3

A key area in Quality and Accountability will be to note what safeguarding measures are in place and what actions will be taken to meet requirements for Protection from Sexual Exploitation and Abuse (PSEA), including Child Safeguarding. Actions can include: completing the Child Safeguarding Risk Analysis; having in place screening, briefing, and reporting systems; mapping and testing referral pathways; ensuring community feedback mechanisms and child-friendly information and participation. URCS can also ensure that the Minimum Protection Approach is integrated into NDRTs' annual training as well as in every training curriculum.

# FUNDING REQUIREMENT

## Federation-wide funding requirement\*

<b>Federation-Wide Funding Requirement</b> including the National Society domestic target, IFRC Secretariat and the Partner National Society funding requirement  <b>5 million CHF</b>	<b>IFRC Secretariat Funding Requirement</b> in support of the Federation Wide funding ask  <b>3 million CHF</b>
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\*For more information on Federation-wide funding requirement, refer to section: Federation-wide Approach

## Breakdown of the IFRC secretariat funding requirement



## OPERATIONAL STRATEGY

**MDRUG045 - Uganda**  
**Red Cross Society**  
**Population movement**  
**from DRC**

### FUNDING REQUIREMENTS

<b>Planned Operations</b>	<b>2,349,000</b>
Shelter and Basic Household Items	1,061,000
Livelihoods	22,000
Health	27,000
Water, Sanitation & Hygiene (WASH)	1,209,000
Protection, Gender and Inclusion (PGI)	19,000
Community Engagement and Accountability (CEA)	11,000
<b>Enabling Approaches</b>	<b>651,000</b>
Coordination and Partnerships	4,000
Secretariat Services	349,000
National Society Strengthening (NSS)	298,000
<b>TOTAL FUNDING REQUIREMENTS</b>	<b>3,000,000</b>

All amounts in Swiss francs (CHF)

# Contact information

## Reference documents

Click here for:

- [DREF Emergency Plan of Action](#)
- [Operations Update no.1](#)

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