<table>
<thead>
<tr>
<th>Appeal: MDRUG051</th>
<th>Country: Uganda</th>
<th>Hazard: Population Movement</th>
<th>Type of DREF: Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Category: Yellow</td>
<td>Event Onset: Slow</td>
<td>DREF Allocation: CHF 432,353</td>
<td></td>
</tr>
<tr>
<td>Glide Number: -</td>
<td>People Affected: 106,996 people</td>
<td>People Targeted: 61,824 people</td>
<td></td>
</tr>
<tr>
<td>Operation Start Date: 06-07-2024</td>
<td>Operation Timeframe: 3 months</td>
<td>Operation End Date: 31-10-2024</td>
<td>DREF Published: 09-07-2024</td>
</tr>
</tbody>
</table>

Targeted Areas: Western Region
**Description of the Event**

**Date when the trigger was met**

20-06-2024

---

UNHCR map of settlements in Uganda @UNHCR https://reliefweb.int/map/uganda/uganda-population-dashboard-annex-ii-map-refugees-and-asylum-seekers-31-may-2024

---

**What happened, where and when?**

Following the escalation of the Sudan crisis in April 2023, migrants and asylum seekers from Sudan have sought refuge in neighboring countries. Since the onset of the crisis, thousands of fleeing individuals have been on the move, seeking essential support, with many transiting through South Sudan into Uganda. In response, the Government of Uganda opened the Kiryandongo refugee settlement, located in the mid-western region of the country, to host and accommodate the Sudanese asylum seekers.

Kiryandongo refugee settlement had been largely inactive until it was designated as the official reception center for Sudanese refugees in April 2024. Since then, the number of arrivals has surged daily, resulting in dire living conditions and unmet needs for thousands of new arrivals. According to the Office of the Prime Minister (OPM) and UNHCR, at least 1,400 new arrivals enter the settlement weekly, either directly from Sudan or from the West Nile reception center via UNHCR convoys. The settlement's existing infrastructure, established for the reception of refugees in 2014, has not been updated, leading to significant shortages in clean water, sanitation, and healthcare services to accommodate the increasing population.

On June 20th, a report from the Uganda Red Cross Society (URCS) highlighted the deteriorating humanitarian conditions and critical gaps in Water, Sanitation, and Hygiene (WASH), health, shelter, and protection services for the thousands of new arrivals. The URCS emphasized the need to combine resources with ongoing efforts by the government and partners, which are currently limited due to the steady influx of refugees. Joint efforts by the government, UNHCR, and other partners have been made to assist the families, but the escalating numbers have overwhelmed the situation, necessitating an urgent scale-up of existing resources and capacity, especially in light of the increasing risk of epidemics.
Scope and Scale

The Kiryandongo refugee settlement is located 224 kilometers (approximately 139.4 miles) north of Uganda’s capital, Kampala. Covering a 70 square kilometer area, it was originally established in 1990. Until 2018, Kiryandongo hosted up to 60,000 refugees and displaced communities, primarily from South Sudan, with a smaller number from the Democratic Republic of Congo (DRC), Rwanda, Burundi, and Sudan.

Following the escalation of the Sudan crisis a year ago, the settlement received thousands of additional displaced people, assisted by active partners and the government. As of January 31, 2024, Kiryandongo was home to 83,023 people. The settlement, which had been largely dormant, was reopened in April 2024 by the Office of the Prime Minister (OPM) and the UN Refugee Agency (UNHCR) to accommodate new asylum seekers from Sudan. By the end of May 2024, UNHCR data indicated that 106,996 individuals, comprising 23,116 households, had resettled in Kiryandongo. This figure includes both the old caseload, primarily from South Sudan, and new arrivals from Sudan, as well as internally displaced persons relocated from Bududa District in Eastern Uganda.

The settlement registers about 200 new asylum seekers daily from Sudan, with an additional 1,000 arriving weekly from the Nyumanzi reception center in Adjumani via UNHCR convoys, totaling approximately 1,400 new arrivals weekly. This influx has overwhelmed the settlement’s capacity, which has not been updated since 2014, leading to significant shortages in clean water, sanitation, and healthcare services.

As of May 31, 2024, a UNHCR and government assessment identified an 18% gap in response efforts at Kiryandongo. This gap is expected to widen due to increasing needs compared to available humanitarian capacity. The influx exceeds Uganda’s capacity to provide adequate reception facilities without extraordinary support. The OPM and UNHCR predict that, due to ongoing conflicts in Sudan, the number of new arrivals at Kiryandongo will reach between 42,000 and 55,000 individuals by year’s end.

The risk posed by inadequate services threatens both the new arrivals and the host community of 734,700 individuals, including Kenyan migrants from the 2007 Post-Election Violence and 3,000 internally displaced persons from Bududa District. The fluid security situation in Sudan, despite peace efforts, continues to drive displacement to neighboring countries, including Uganda.

The increasing influx is straining the response capacity of OPM, UNHCR, and other humanitarian actors. Uganda is not included in the Sudan Regional Refugee Response Plan (RRP), and reduced funding for refugee response has further affected the ability to meet the needs of new arrivals from Sudan. More investment is required to enhance reception capacity and address life-saving and protection needs, as well as to support long-term self-reliance and resilience.

With adequate funding, the Uganda Red Cross Society will be better positioned to provide additional services in WASH, community health, and protection sectors, helping to address these humanitarian gaps.

Source Information

<table>
<thead>
<tr>
<th>Source Name</th>
<th>Source Link</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Previous Operations

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a similar event affected the same area(s) in the last 3 years?</td>
<td>No</td>
</tr>
<tr>
<td>Did it affect the same population group?</td>
<td>-</td>
</tr>
<tr>
<td>Did the National Society respond?</td>
<td>-</td>
</tr>
<tr>
<td>Did the National Society request funding from DREF for that event(s)?</td>
<td>-</td>
</tr>
<tr>
<td>If yes, please specify which operation</td>
<td>-</td>
</tr>
</tbody>
</table>

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

- 

**Lessons learned:**

[https://reliefweb.int/report/uganda/uganda-refugee-statistics-january-2024-settlement-urban-profiles?gclid=CjwKCAjw4f6zBhBVEiwATEHFVuQVBldPe7lnZRcxKzFkESMjXoQ26vxy1kYqVYShldTP]ZJirahOCOGgQAvD_BwE


Main learning from previous intervention are first the critical considerations for an impactful intervention in this type of context. Population movement being a protracted slow on-set crisis often requires sustainable response actions that could benefit the settlement hosted communities beyond the 3 to 6 months emergency when feasible. This implies first to consider a strategy design that take into account the early recovery, sustainable approach and strong coordination that could leverage potential additional funding or at least consolidate the ongoing efforts. This also implies that this operation is launched, there is need to consider strong collaboration with alternative funding streams as well as continuously updating the operations with possibility of expanding into an Emergency Appeal (EA). This helps the EPoA to successfully transition from emergency response towards stabilization and finally early recovery phases of the population movement. Similar learnings were made under the Population Movement Appeal MDGUG045 which started as a DREF operation and evolved to an EA. Through that appeal, URCS forward planning for evolving emergency (population movement) enabled anticipation of growing and future needs, thus prepositioning relevant emergency relief stock for timely response. It also confirmed that part of the planning for the population movement in Uganda must always integrate a good exit strategy for any type of operation being launched.

With the growing needs, it became clear that no single source of emergency response funding was sufficient for an evolving crisis. Effective coordination and complementary efforts among partners and humanitarian actors are crucial for providing impactful interventions, despite limited resources. A combined effort under strong coordination and a complementary approach aid in early planning for phase-out without negatively impacting the supported communities.

For instance, long-term programming through the ECHO-PPP Project extended beyond the emergency phase, ensuring reliable support throughout and beyond the operation. Similar involvement with ECHO is being continued through the support of the PNSs.

From previous interventions with similar approaches, the URCS learned that investing in response preparedness is crucial for an effective response. Through past DREF and Emergency Appeal operations for population movements and other disasters, the National Society has enhanced its institutional readiness. Capacity building for Red Cross Action Teams (RCATs), National Surge Teams, National Society staff, and members of the District Disaster Management Committees (DDMCs) has enabled swift responses without the need to wait for external support. This readiness facilitates quick and efficient assistance when required.

### Current National Society Actions

**Start date of National Society actions**

**12-06-2024**

<table>
<thead>
<tr>
<th>National Society Readiness</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- The National Emergency Task Force was activated on 06.06.2024.</td>
<td></td>
</tr>
<tr>
<td>- Validated the prepositioned stock capacity and conditions.</td>
<td></td>
</tr>
<tr>
<td>- Re-activated the National surge team and put members on notice ready for deployment.</td>
<td></td>
</tr>
<tr>
<td>- Conducted refresher training on Hygiene Promotion in emergencies for National Response Team.</td>
<td></td>
</tr>
<tr>
<td>- The URCS through Masindi Branch and community-based volunteers in Kiryandongo are closely monitoring the evolution of the crisis and is using this information to update its contingency planning.</td>
<td></td>
</tr>
<tr>
<td>- Updates about this event were uploaded on the IFRC Go platform and this will be frequently updated in line with the evolution of the situation.</td>
<td></td>
</tr>
</tbody>
</table>

**Assessment**

The Uganda Red Cross Society conducted a needs assessment in Kiryandongo Refugee settlement between 12th and 17th June 2024 that established critical humanitarian gap related to this emergency especially in the Water Sanitation and Hygiene (WASH), Health, Shelter and settlement as well as protection sectors.

**Other**

URCS has always maintained presence in refugee reception centres and settlements through the ICRC-funded Restoring/ Protection of Family Links (RFL/ PFL). Limited resources in recent weeks have greatly limited that support.
The IFRC Juba cluster delegation team is providing technical guidance on health, logistics, PMER, finance and the Disaster management delegate is working with URCS in preparing for the response. To ensure proper monitoring of this operation and support to URCS, IFRC Disaster Management Delegate will increase monitoring visits throughout the operation.

The IFRC is closely monitoring the refugee situation in the country and stands ready to mobilize additional surge personnel to support the operation if the need arises. Through the IFRC GO platform and using the various channels, URCS ensures that all Movement partners are informed about all disaster/ emergency events and emergency operations being implemented in Uganda.

Partner National Societies

Partner National Societies (PNS) active in Uganda include the Netherlands Red Cross, Belgium Red Cross-Flanders, Austrian Red Cross, and the German Red Cross. These organizations provide technical and financial assistance to the Uganda Red Cross Society (URCS) for various humanitarian and development projects, including those targeting refugee populations.

Joint Assessment: In preparation for the ECHO-PPP Project, the Consortium supported a needs assessment in Kiryandongo. The data from this assessment informed the drafting of the current plan.

Coordination and Resource Planning: Since the escalation of the crisis, RCRC members have actively participated in coordination meetings to explore response actions and funding options.

On July 2, 2024, during a joint meeting with ECHO-Uganda, IFRC, Belgian Red Cross, and Austrian Red Cross, URCS presented its crisis response approach. This approach was based on lessons learned and priorities identified in the needs assessment report and through the Technical Working Group (TWG). The following support was agreed upon as part of the comprehensive package for URCS to support the government in this crisis:

ECHO-PPP Project Year 3 Funding will be activated to address the needs. The following roles and responsibilities were agreed upon:

Austrian Red Cross: Lead WASH Consortium partner
Netherlands Red Cross (NLRC): Consortium Lead
Belgian Red Cross, IFRC, URCS: Implementation and coordination

The ECHO-PPP will support:

Motorization of water wells being drilled by Living Water International NGO
Support for RFL programming when Year 3 starts formally after project approval
Belgian Red Cross will activate the Crisis Modifier to support:

Procurement and deployment of temporary (200-capacity) sleeping tents
Monitoring and evaluation of the shelter support provided
Conducting two blood mobilization sessions in schools, markets, churches, and other public places in Kiryandongo refugee settlement
Procurement and installation of a high-performance tent at Nyakadot HCIII to serve as an outpatient facility
Procurement and distribution of 50 5-liter bleach (JIK) bottles to two health centers
Deployment of a mobile clinic and ambulance for three months, including mileage, per diems, and SDA for healthcare workers
Procurement and distribution of menstrual hygiene management kits for GWRAs (one-off additional contribution to IFRC DREF)
Training of water committees in the management of water supplies and operation and maintenance of infrastructure (water user committees)
Medical supplies for equipping the mobile clinic and ambulance
Deployment of RFL services after the emergency phase when Year 3 funding becomes available. This includes costs for volunteers (additional contribution beyond the DREF stage), procurement of megaphones and accessories, RFL airtime (additional
contribution), contributions for significant celebrations related to protection, visibility items for the RFL team, and skills enhancement training for the RFL team. Procurement and deployment of a Disaster Mobile Post in the operations area. Installation of floodlights around the reception center, latrines, and water sources. Staff support.

The above measures, funded through the upcoming ECHO funding, will enable URCS to conduct a comprehensive intervention that addresses both the emergency phase through the DREF and the transition to medium/long-term support with ECHO and country partners. This is critical, especially at the reception center. An ECHO monitoring visit highlighted these needs, and ECHO specifically requested URCS to continue with RFL services.

ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) is actively present in Uganda, collaborating with the Uganda Red Cross Society (URCS) to facilitate Emergency Preparedness & Response (EPR) services, implement Safer Access Frameworks (SAF), and address the Restoration of Family Links (RFL) needs of the refugee population. Additionally, the ICRC promotes International Humanitarian Law (IHL) and Communications. However, limited resources and increasing needs have restricted their usual support activities, necessitating a scale-up in response to the ongoing trend.

The ICRC also directly conducts detention visits for political detainees through its Kampala and sub-regional delegations. Recently, reduced funding led the ICRC and URCS to cease RFL services in the Kiryandongo refugee settlement, despite the growing humanitarian needs.

For this DREF operation, URCS will engage the ICRC for technical support to reinstate tracing in emergency services in Kiryandongo, promote SAF orientation for deployed volunteers and staff, and strengthen the capacity of the Uganda Red Cross Society.

Other Actors Actions Related To The Current Event

| Government has requested international assistance | Yes |
| National authorities | The Ministry of Disaster Preparedness and Relief in the Office of the Prime Minister (OPM) is leading the coordination of all actors working in the Kiryandongo Refugee Settlement, facilitated by the deployment of the settlement commandant and his technical and administrative team. |
| | Aligned with Uganda’s refugee response framework’s Transition Agenda, the Kiryandongo District Local Government is actively involved in planning and implementing refugee response activities through their respective structures. |
| | The government has designated the Kiryandongo Refugee Settlement as the primary site for Sudanese refugees. The OPM, with sectoral guidance from UNHCR and partners, has developed the Sudanese Refugee Response Contingency Plan, which is being used to mobilize the necessary resources to address needs identified across all sectors. |
| UN or other actors | The UNHCR field office in Kiryandongo continues to offer technical guidance to the OPM, other UN agencies such as UNICEF, FAO, and WFP, as well as humanitarian partners present in the field, to ensure the safe reception and settlement of refugees and asylum seekers. The Lutheran World Federation (LWF) serves as the technical lead partner for WASH, protection, and community-based services, while the International Rescue Committee (IRC) leads in providing health and nutrition services. |

Are there major coordination mechanism in place?

At the national level, the OPM and UNHCR facilitate inter-agency coordination through monthly meetings, routine sectoral meetings, and harmonized information sharing via the UNHCR Refugee Portal. At the regional level, the Refugee Desk Office, in collaboration with UNHCR, convenes quarterly inter-agency coordination meetings for
all refugee response actors in Kiryandongo and Kyangwali refugee settlements. These meetings aim to share experiences, best practices, and identify existing humanitarian gaps in each operational area. It was through this forum that the current humanitarian gaps related to the new influx of Sudanese refugees in Kiryandongo were highlighted, and authorities emphasized the need for support.

URCS engages in coordination with RCRC partners and other actors present in the settlement. Coordination occurs through meetings and joint activities, supported by cluster working groups. The URCS Emergency Needs Assessment (ENA) was conducted in consultation with OPM, UNHCR, LWF, and other field humanitarian actors. Gaps and priorities are being discussed with relevant stakeholders. On 11 June 2024, there was a Refugee and Humanitarian Partners Group (RHPG) visit by ECHO in Kiryandongo Refugee Settlement, with participation from URCS, OPM, UNHCR, and other partners. A call was made to all partners to urgently support the growing needs and gaps in various sectors. The insights from these joint visits and coordination meetings prompted discussions involving URCS, IFRC cluster office, and partners, leading to a decision to secure additional resources to address the growing gaps.

Among the various funding leveraged by URCS, coordination within the movement also extends to ECHO. Following a meeting held on 2 July 2024, further steps were taken to address the needs identified.

Needs (Gaps) Identified

Shelter Housing And Settlements

By 31 May 2024, Uganda was hosting over 1,688,803 refugees and asylum seekers across twelve refugee settlements nationwide, with 13% being new arrivals from the Sudan crisis currently settled in Kiryandongo. The new arrivals primarily consist of South Sudanese and Sudanese nationals, with detailed information available in the ENA report for the Kiryandongo refugee settlement.

The increasing number of daily and weekly arrivals of Sudanese refugees and asylum seekers at Kiryandongo refugee settlement is straining the capacity of the reception center, leading to prolonged stays and delays in plot allocations. This situation heightens protection risks for the persons of concern.

The insufficient shelter capacity exposes new arrivals to harsh weather conditions while they stay in overcrowded spaces, increasing vulnerability to respiratory infections and communicable diseases such as malaria, especially among children, the elderly, and those with chronic illnesses. As the rainy season approaches, the health risks for vulnerable individuals, including the elderly, children under five, persons living with disabilities, and those with chronic illnesses, remain critically high.

Although the government and various partners are working to assist the new arrivals, urgent intervention is required. This includes providing temporary shelter kits, constructing houses for persons with specific needs (PSNs) who have received plot allocations, and deploying tents with a capacity of 200 people to expand the living space at the reception center.

Multi purpose cash grants

Upon arrival and confirmation of prima facie asylum status, refugees receive a one-time cash grant of Shs. 260,000 (70.27 CHF) per household to address their shelter and resettlement needs. Additionally, they are provided with four core relief items: tarpaulin, blankets, jerry cans, and sleeping mats. Households with Women and Girls of Reproductive Age (WGRA) receive an extra Shs. 280,000 (75.67 CHF) to support their menstrual hygiene management needs.

This cash assistance is intended to help refugees procure other necessary items such as soap, basins, mosquito nets, solar lanterns, poles, ropes, kitchen sets, and menstrual hygiene management materials. However, the cash assistance is generally insufficient to meet the basic needs of the new arrivals due to the unique circumstances of Sudanese refugees and the high prices of commodities in the local market.

Health

Kiryandongo refugee settlement, with a catchment population of 106,996 people comprising the host population, long-term refugees, and new arrivals from Sudan, is served by only three health facilities: HC II, HC III, and HC IV. The district hospital is located 57 kilometers away from the settlement. These health facilities are understaffed, frequently experience drug shortages, and lack diagnostic capacity for complex diseases beyond malaria.
Data from the needs assessment and health records from these three facilities indicate that the top causes of morbidity among the refugees, including the new arrivals, are malaria, respiratory tract infections (RTIs), and diarrhea. Additionally, many refugees suffer from non-communicable diseases such as hypertension, diabetes, and asthma.

The incidence of malaria is particularly high among the new arrivals from Sudan due to low ownership and use of mosquito nets, as well as a lack of experience with malaria in their countries of origin.

The uptake of immunization is also very low among the new arrivals, increasing the risk of outbreaks of vaccine-preventable diseases such as measles, which has recently been detected among the long-term refugee population.

**Water, Sanitation And Hygiene**

The recent influx of approximately 200 refugees per day from Sudan has significantly strained the existing WASH infrastructure in the Kiryandongo settlement. This population increase has led to a severe decline in both water and sanitation services, presenting significant health and hygiene challenges.

Per capita water consumption has alarmingly dropped from 16 liters per person per day to 8.5 liters, far below the Sphere standard of a minimum of 15 liters per person per day for basic needs. This decrease is primarily due to overburdened water sources and insufficient capacity to meet the rising demand.

Sanitation coverage has also drastically reduced, from 79% to 36%, well below the Sphere standard of 100% coverage of appropriate sanitation facilities to prevent public health risks. The construction of communal latrines has not kept pace with the influx, and the supply of latrine construction kits is inadequate. This reduction in sanitation coverage poses a high risk of disease outbreaks such as cholera and dysentery, exacerbated by the inadequate water supply.

Immediate improvement of WASH services is urgently required for the well-being of the displaced communities. Previous interventions in Uganda's population movement context have shown that constructing new wells or latrines can be more challenging than rehabilitating existing facilities. In Kiryandongo, building new wells has required extensive geological surveys due to the area's geology, with several failed attempts by other partners as noted by UNHCR, OPM, LWF, and other actors.

The viable alternatives include the drilling and motorization of existing wells and immediate access to water through water trucking. These priorities, identified and harmonized with the WASH working group and active partners, will benefit from previous projects that have supported well setup and drilling and existing systems for water trucking. Motorizing one of the wells being drilled by a local NGO has been heavily emphasized by the working group. Given the soil conditions and geological challenges, the URCS plan focuses on complementing existing structures or solutions that integrate these challenges while remaining impactful. With ECHO covering the motorization, the immediate gap to be addressed is access to water through water trucking in the coming months.

**Protection, Gender And Inclusion**

The refugee influx into Uganda involved a lengthy and challenging journey that subjected migrants to serious traumatic experiences. At the beginning of June 2024, the Uganda Red Cross Society (URCS) and the International Committee of the Red Cross (ICRC) ceased providing Restoration of Family Links (RFL) services in the Kiryandongo refugee settlement. Since then, the number of cases involving Unaccompanied and Separated Children (UASC), as well as phone call and tracing needs among the new arrivals, has more than doubled compared to previous caseloads. These needs currently remain unmet, posing significant psychosocial risks for the Persons of Concern (PoCs). Data from household interviews during needs assessments revealed that up to 26% of households included unaccompanied minors or children separated from their families.

**Migration And Displacement**

The increasingly volatile crisis in Sudan, driven by the ongoing civil war between the Military Government of Sudan, the Sudanese Armed Forces (SAF), and the paramilitary Rapid Support Forces (RSF), has led to a significant rise in Sudanese refugees fleeing to Uganda. As of January 9, 2024, the Government of Uganda has designated the Kiryandongo refugee settlement as the primary reception and registration point for Sudanese refugees, including the provision of land plots if needed. This policy aligns with the government’s stance on prima facie consideration for all refugees. While this is a positive step towards increasing asylum access, there is an urgent need to enhance the capacity of the government and its partners to address the needs of the newly arriving refugees, as the influx is expected to
It is important to contextualize migration and displacement in Uganda. The migration context in Uganda is not characterized by permanent displacement or transient situations. The majority of arrivals are refugees from other countries who tend to remain in the settlements. This pattern was observed from previous displacements. In Kiryandongo, refugees, who constitute the majority of the displaced population, tend to stay for extended periods. Based on current arrival trends, the number of Sudanese refugees could reach 55,000 by the end of the year. Sudanese refugees now account for 40% of the total new arrivals in Uganda in 2024, with 22,633 having crossed into Uganda since the beginning of the year, according to UNHCR.

Policies and systems for refugee management and coordination are well established in Uganda. Based on these policies and defined roles, the mandate of the Uganda Red Cross Society (URCS) and the Red Cross and Red Crescent (RCRC) network is clearly defined. The RCRC’s focus and lead roles pertain to WASH, Restoration of Family Links (RFL), and addressing humanitarian needs within the camps/settlements for refugees. This context shapes the URCS’s priorities, emphasizing the needs within the settlements, addressing emergency needs, and supporting medium and long-term requirements.

Community Engagement And Accountability

Despite the presence of community management structures, such as refugee welfare committees, and the availability of information and service points for various sectors within the refugee settlement, the primary limitation for Persons of Concern (PoCs) seeking guidance and effective consultations is the language barrier. English, the official language in Uganda, is widely used by humanitarian actors and service managers. However, Sudanese refugees predominantly speak, read, and understand Arabic, their mother tongue and official language. This language disparity significantly hampers effective community engagement efforts by humanitarian actors.

Any identified gaps/limitations in the assessment

The Uganda Red Cross Society (URCS) had ceased operations in the Kiryandongo Refugee Settlement, making it challenging for the assessment team to gain entry due to the lack of an operational structure on the ground. Considering the assistance already provided and the positioning of other actors, the following gaps have been identified as top priorities:

Water distribution in the settlement needs to be addressed by supporting the motorization of an existing well. One well, already drilled by another partner, lacks motorization materials due to limited resources and the overstretched needs arising from continuous displacement.

There are active partners managing the settlement, including local NGOs, the government, UNHCR, and other international organizations. The opening of the settlement to Sudanese refugees in April 2024 has brought a new dynamic of continuous arrivals, overstretching existing efforts. As of May 31, 2024, there was an 18% gap in humanitarian assistance in Kiryandongo, while other settlements in the country have an average gap of less than 6%. With the current trend and overstretched resources, gaps are expected to grow in WASH, housing capacity, and the provision of basic needs.

According to the UNHCR Sudan Regional Response Plan 2024, Uganda is projected to be a key destination for Sudanese refugees fleeing the year-long conflict in Sudan, with 37,843 Sudanese refugees already in the country. Given that UNHCR leads data collection, this information underscores the importance of prioritizing needs and interventions that benefit the post-emergency stage and integrate into the existing structure. However, resource availability must be considered, and all available support must be coordinated to address current and anticipated gaps.

Assessment Report

Operational Strategy

Overall objective of the operation

The primary aim of this operation is to provide immediate relief and bridge gaps in humanitarian assistance by enhancing the living conditions of 12,365 households (61,824 people) of newly arriving refugees and asylum seekers in the Kiryandongo refugee settlement. Over a period of three months, URCS will work to improve their health and restore dignity by providing adequate safe water supply, sanitation, hygiene promotion interventions, community health, and child protection services. This effort will be in alignment with assessment findings and existing systems to ensure sustainability and continuity, while also engaging medium-term support through country partners.
Operation strategy rationale

The DREF operation addresses the surge in needs following the Government’s decision in April 2024 to reopen the Kiryandongo settlement for Sudanese refugees. This decision introduced a new dynamic, with the majority of arrivals being Sudanese, but also including South Sudanese and Kenyans primarily coming from transit centers through South Sudan. The influx has created significant gaps in humanitarian assistance, with 22,000 people arriving since the decision, and more expected. Existing facilities and services are overwhelmed, particularly in WASH, and cannot safely accommodate the influx. The Government and active partners’ resources are stretched thin, and the settlement facilities are inadequate to meet minimum humanitarian services.

According to UNHCR’s report on May 31, 2024, and the NS assessment released on June 20, gaps in assistance are high. In response to the Government’s call for support and the expressed needs from active partners, URCS has mobilized movement partners and ECHO to find additional resources to address the situation before it deteriorates further. This DREF operation will provide immediate support to cover emergency needs for the new arrivals, with a focus on urgent WASH services and access to water. The three-month operation may include transitional approaches such as cash assistance but prioritizes addressing the emergency needs and gaps resulting from the continuous influx and the overstretched capacity of the settlement and stakeholders. After the initial three months, URCS will receive additional resources from ECHO and movement partners for more sustainable actions.

All proposed actions under this DREF and anticipated support from movement partners are harmonized with existing response structures, the overall contingency plan for the settlement, and the priorities identified by the working group. The actions also aim to meet the needs and gaps identified in the joint assessment report of June 20.

Proposed Actions:

a) Multipurpose Cash and Voucher Assistance for 200 Households:

Unconditional multipurpose cash assistance will be provided to 1,000 individuals (approximately 200 households) to address non-food basic needs at a transfer value of 56,000 UGX (13 CHF) per person per household, based on the National Cash Working Group’s Minimum Expenditure Basket.

This approach, chosen based on rapid assessment findings and coordinated with local actors, empowers beneficiaries to address their most basic needs and promotes financial inclusion.

Continuity will be ensured through referral pathways for cash plus services, such as financial literacy and VSLA, with post-distribution monitoring conducted two weeks after encashment to gauge impact and inform future programs.

b) Water, Sanitation, and Hygiene:

Due to the high demand for water supply and the inadequate capacity of existing systems, the operation will provide water through trucking for three months while motorizing the drilled well with ECHO funding.

Interim measures include deploying the prepositioned WASH Kit 5 to provide up to 75 cubic liters of potable water per day until the sustainable piped water system is established.

New institutional drainable latrines will be constructed at the reception center, distribution center, and selected schools, and household latrines will be facilitated through additional latrine digging kits and the casting of dome-shaped ferro-cement latrine slabs by skilled beneficiaries.

c) Protection:

The operation will reactivate the Restoring Family Links (RFL) services in Kiryandongo, deploying technical staff and volunteers to support the increasing tracing needs, with guidance from the ICRC and child protection partners.

Protection needs, including GBV awareness, community-based psychosocial support, and youth empowerment services, will be provided with technical guidance from the IFRC PGI desk in Nairobi and the Ministry of Gender, Labour, and Social Development.

d) Shelter and Settlement:

Special consideration will be given to new arrivals without shelter, providing family tents for the most vulnerable 600 families and two 100-capacity tents for others.

e) Health:

To address the high congestion and acute medical needs, the operation will temporarily deploy the URCS mobile clinic at the reception center, providing basic clinical care and health screening services.

Weekly medical outreaches will be conducted in remote clusters, with required drugs and medical supplies sourced from government stocks.

Community-based Red Cross volunteers will be recruited, oriented, and deployed to work alongside VHTs to deliver preventive and promoting health services.

f) Integrated Migration and Displacement Approach:

The strategy integrates migration and displacement considerations into sectoral emergency gaps, aligned with URCS’s mandate and
existing contingency plans, without creating specific HSP or structures.
Activities in protection, RFL, and humanitarian services will be conducted through existing setups and NS structures, with advocacy and standard migration and displacement priorities covered by partners.

g) Community Engagement and Accountability (CEA) & Protection, Gender, and Inclusion (PGI):

CEA and PGI activities will be integral to the intervention, ensuring active participation of the target population. Volunteers from the Sudanese refugee community will be recruited to facilitate effective communication, with IEC materials translated into Arabic.
CEA kiosks and help desks will collect feedback, complaints, and concerns from POCs, addressed promptly by Red Cross Action team members.
URCS will reactivate RFL services in Kiryandongo, providing support for tracing needs and assisting families and individuals throughout the emergency, stabilization, and recovery processes, in collaboration with UNHCR, OPM, and protection partners.

**Targeting Strategy**

**Who will be targeted through this operation?**

This response will target a total of 61,824 newly arriving asylum seekers and refugees (12,365 households) most affected and continue to be vulnerable due to the inadequate social services. Target population of 61,824 will be focused on displaced communities who have currently arrived including those predicted to come in by end of year. This represents approximately 58% of the total refugee population of Kiryandongo refugee settlement that will be assisted by URCS receiving protection, awareness, health services, WASH services and facilities but also access to water.

The specific relief support such as cash and in-kind distribution will prioritize families that will match the vulnerability criteria harmonized with communities and respective sectors leads. Priority criteria identified as of now are as follow:
- Primarily targeting only new arrivals from Sudan and particularly refugees who were physically injured during the conflict in the country of origin,
- The elderly, child-headed households, orphans, persons living with disabilities, individuals living with chronic illnesses.
- Single parent households.

Vulnerability criteria are harmonized further with partners in the respective sectors and considering the ongoing assistance to avoid overlapping and ensure complementarity. The targeting was based on numbers from discussions during ENA with sectoral partners.

For the CVA, beneficiaries will be selected subject to a vulnerability selection exercise together with key stakeholders including UNHCR, the Office of the Prime Minister, district local government and referrals from operating partners and cash implementing partners using jointly developed targeting criteria, ensuring accuracy and fairness. Beneficiaries and partners alike will be oriented in CVA fostering ownership and coordination.

**Explain the selection criteria for the targeted population**

In line with the Fundamental Principles of the Red Cross and Red Crescent Societies and the Uganda Red Cross Society (URCS) core values, assistance is prioritized for the most vulnerable individuals. These vulnerability criteria, used by UNHCR, OPOM, and all humanitarian partners, help identify Persons with Special Needs (PSNs) and establish targeting criteria for food rationing implemented by the World Food Program (WFP). During the comprehensive needs assessment, involving community-based volunteers, operating partners in refugee response, and local authorities, URCS conducted a thorough process to consult, identify, and profile these vulnerable households and individuals for targeted support. These special groups are particularly vulnerable as their ability to survive current challenges and quickly recover is limited.

To ensure fairness and transparency in beneficiary selection, rigorous verification processes are implemented at various levels to prevent duplication or exclusion.
## Total Targeted Population

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>15,066</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls (under 18)</td>
<td>16,827</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>12,150</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys (under 18)</td>
<td>17,781</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People with disabilities (estimated)</td>
<td>2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total targeted population</strong></td>
<td>61,824</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Risk and Security Considerations

### Please indicate about potential operation risk for this operations and mitigation actions

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due to the fairly favorable refugee and migration policy and reception framework for asylum seekers in Uganda, there is a risk that the number of new arrivals from Sudan as well as those transiting or transferring from camps in other neighboring first countries where they sought asylum. This number might be overwhelming the scope of this DREF.</td>
<td>The DREF shall be updated and if warranted, the EPoA shall be upgraded into an emergency Appeal so that additional resources are mobilized to meet the extra needs arising from the increasing influx.</td>
</tr>
<tr>
<td>Community access and acceptance based on learnings from the assessment . Strict Cultural and religious beliefs which altered the assessment planning especially where the team needed to hold FGDs with mixed sexes. Communication with multiple languages that may be a barrier. High assessment fatigue as many people have carried out several assessment and the POCs do not receive feedback</td>
<td>PGI approach will incorporate actions to mitigate any risk of non acceptance and access.</td>
</tr>
<tr>
<td>Risk of increased SGBV Cases due to the shelter congestions within the reception Centre communities</td>
<td>URCS in this response will complement other partners in addressing shelter needs while offering adequate referrals</td>
</tr>
<tr>
<td>Possible outbreak of water-borne diseases, including Cholera, Typhoid fever as well as upsurge of malaria cases due to increased vector. Given the context, there is a very high risk of the spread of water-borne diseases consisting of Faeacal-oral diseases, water-related diseases and aquatic diseases. Destroyed or flooded water points and latrines increase the inadequacy supply of potable water in the targeted departments. This exposes the affected population to epidemics and oral-Faeacal diseases, including cholera</td>
<td>URCS will deploy WASH kit 5 to facilitate emergency water supply in the interim of construction and motorization of additional piped water supply system; distribute water treatment tablets as well as conduct hygiene and health promotion sessions. URCS will review the operational strategy based on epidemiological monitoring in coordination with the authorities</td>
</tr>
<tr>
<td>Risk of intensification of internal conflicts among Sudanese of various ethnic background as well as with the South Sudanese with whom they all lived in the same geographical environment before.</td>
<td>To mitigate this potential risk, Uganda Red Cross Society (URCS) will collaborate with other Protection partners and identify early warning signs of such internal conflicts and facilitate activities that promote peaceful co-existence among the persons of concern.</td>
</tr>
</tbody>
</table>

### Please indicate any security and safety concerns for this operation

Apart from the recent measles outbreak in September 2023, which saw six confirmed cases among the refugees, the general security situation in Kiyandongo is currently stable, with low security concerns anticipated in the operation areas. However, the settlement hosts individuals from various ethnic backgrounds, including Sudanese refugees, the old caseload of South Sudanese, and the host population...
of Bududa IDPs, which raises the potential for internal conflicts. Nevertheless, ongoing community dialogue and related activities aimed at promoting peaceful coexistence among the refugees are expected to mitigate this risk.

<table>
<thead>
<tr>
<th>Has the child safeguarding risk analysis assessment been completed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

**Planned Intervention**

**Shelter Housing And Settlements**

**Budget:** CHF 123,808  
**Targeted Persons:** 3,600

**Indicators**

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of NDRT deployed</td>
<td>5</td>
</tr>
<tr>
<td># of shelter kits procured and distributed</td>
<td>600</td>
</tr>
<tr>
<td># of temporary (100 capacity) sleeping tents deployed</td>
<td>2</td>
</tr>
</tbody>
</table>

**Priority Actions**

- Monitoring and Evaluation of adoption of technical guidance.
- Deploy Relief National Disaster Response Teams (NDRTs) to support the operational requirements.
- Deploy (100-capacity) sleeping tents to support temporary accommodation of new arrivals at the reception centre.
- Coordination with government and other stakeholders.
- Identification and mobilization of volunteers for shelter intervention.
- Identification, assessment and analysis of appropriate and safe local building techniques/practices.

**Multi Purpose Cash**

**Budget:** CHF 24,841  
**Targeted Persons:** 1,200

**Indicators**

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of households that received multipurpose cash</td>
<td>200</td>
</tr>
<tr>
<td># of PDMs conducted</td>
<td>1</td>
</tr>
<tr>
<td>% of families that confirmed the cash has supported access to basic needs and food</td>
<td>90</td>
</tr>
<tr>
<td>% of families that have used the cash to access more than food</td>
<td>70</td>
</tr>
</tbody>
</table>
Priority Actions

• Multipurpose cash to 200 most vulnerable households to support their basic needs and livelihoods (UGX260,000/= per household equivalent to CHF 67.8 per household and CHF 11.3 person). This is as per the current settlement practice.
• Conduct Post Distribution Monitoring of the impact of the encashment to Households and the local economy.
• Market assessment to confirm the transfer mechanism that suits the context.

Health

Budget: CHF 19,037
Targeted Persons: 61,824

Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people reached with health literacy messages</td>
<td>61,824</td>
</tr>
<tr>
<td>% of the volunteers and VHTs submitting weekly zero reports</td>
<td>75</td>
</tr>
<tr>
<td>% reduction in people reporting with malaria disease in the hospitals</td>
<td>50</td>
</tr>
<tr>
<td>% increase in immunization coverage among POCs of Kiryandongo refugee settlement</td>
<td>95</td>
</tr>
<tr>
<td>% increase in number of pregnant women attending ANC and PNC visits</td>
<td>70</td>
</tr>
<tr>
<td># of volunteers trained on EPiC</td>
<td>70</td>
</tr>
</tbody>
</table>

Priority Actions

• Sensitize 61,824 people of concern in over 12,365 households in community-based health: Through volunteers and community health workers, communities / POCs will be supported to improve their health seeking behaviors, take their children for immunization, improve nutrition, antenatal and post-natal care practices among others.
• Procure and install 1(one) high performance tent at Nyakadot H/C 111 to work as outpatient’s department
• Work with the headquarters and the regional blood bank to organize and conduct 2 blood mobilization sessions in schools, markets, churches and other public places in Kiryandongo refugee settlement
• Procure and distribute 50 5lts bottle of JIK to the 2 health facilities of Panyandoli HCIV and Nyakadot H/C 111 to support infection prevention and control.
• Train 40 village health teams and 30 volunteers in epidemic preparedness and response in communities (EPiC) and Community based surveillance (CBS) strategies for 7 days and deploy them to implement the same for 20 days (about 3 weeks) each month.
• Organize and celebrate through awareness creation, the world malaria day, global handwashing day, world toilet day and global menstrual hygiene awareness day.
• Recruit, train and deploy 30 community-based volunteers to support community health work for about 10days (about 1 and a half weeks) a month.
• Conduct weekly health promotion campaigns targeting all 12,365 households to improve cleanliness, promote nutrition, mobilize for vaccination programs and educate communities on disease preventions.

Water, Sanitation And Hygiene

Budget: CHF 184,245
Targeted Persons: 61,824
Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># maintenance Kits for construction of latrines</td>
<td>100</td>
</tr>
<tr>
<td># of hygiene kits procured and distributed</td>
<td>1,000</td>
</tr>
<tr>
<td># of piped water supply system constructed</td>
<td>1</td>
</tr>
<tr>
<td># of latrine construction and maintenance Kits</td>
<td>45</td>
</tr>
<tr>
<td># of kit 5 deployed</td>
<td>1</td>
</tr>
<tr>
<td># of people reached with wash activities</td>
<td>61,824</td>
</tr>
<tr>
<td># of toilet slabs procured and installed</td>
<td>500</td>
</tr>
<tr>
<td># month covered with the water trucking</td>
<td>3</td>
</tr>
<tr>
<td># cubic Liters of water provided to communities</td>
<td>-</td>
</tr>
</tbody>
</table>

Priority Actions

• Deploy WASH kit 5 to produce and supply 75,000 liters of safe water per day for first months.
• Water trucking to be covered for 3 months for the communities.
• Procure and install latrine, include maintenance Kits.
• To conduct technical assessment and rehabilitation of damaged water systems.
• To boost the capacity of safe drinking water by motorizing drilling new boreholes, sources water treatment tanks.
• Building toilets and hygiene facilities.
• Distributing menstrual hygiene management (MHM) kits to support needs of Girls and Women of reproductive Age (GWRA).
• Carry out community hygiene promotion activities to prevent potential outbreak of cholera, and other diarrheal diseases as well as facilitate effective operations and maintenance of the WASH facilities.
• Train water committees in management of water supplies and operation and maintenance of infrastructure (water user Committees).
• Technical support from headquarters to the field emergency response structures.
• Procure and distribute 100 additional latrine digging kits to facilitate construction of household latrines.
• Construct 500 dome-shaped Ferro-cement latrine slabs and distribute to target households.

Protection, Gender And Inclusion

Budget: CHF 7,322
Targeted Persons: 2,300

Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of assessments conducted</td>
<td>1</td>
</tr>
<tr>
<td># of volunteers oriented on PGI and SGBV</td>
<td>100</td>
</tr>
<tr>
<td># of volunteers deployed for RFL activities</td>
<td>10</td>
</tr>
<tr>
<td># of referrals done</td>
<td>240</td>
</tr>
<tr>
<td># of people reached with SGBV sessions</td>
<td>2,300</td>
</tr>
<tr>
<td># of CFS centre constructed</td>
<td>1</td>
</tr>
</tbody>
</table>
Priority Actions

• Re-establishment of RFL services to provide phone calls services, tracing of missing persons and re-unionification of Unaccompanied and Separated Children (UASC) services especially for the newly arriving refugees and asylum seekers.
• Establishment of youth systems through equipping with band and musical instruments to facilitate their talents and provide psychosocial support to refugees through music shows.
• Supporting Unaccompanied minors, separated children and children at risk with school kits to enable them to enroll and remain in school more especially to the new arrivals.
• Support girl child in the reproductive age with sanitary kits to improve their hygiene and dignity.
• Support the most vulnerable POCs with shelter construction.
• Construction of the child friendly space at the reception Centre (CFS) to create a conducive environment for the children.
• Construction of the GBV protection house to enable GBV victims to have a safer place to escape as protection partners look for alternative durable solutions.

Migration And Displacement

Budget: CHF 2,663
Targeted Persons: 380,000

Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Priority Actions

While this intervention focuses on sectoral needs, a migration and displacement approach is integrated into the design of activities across sectors. The following activities are included:

Specific spaces for children related to Humanitarian Service Points (HSP).
Deployment of a mobile clinic.
Coordination with the Migration Technical Working Group (TWG) for the entire response.
Identification and harmonization with existing referral pathways.
Establishment of child-safe spaces as part of the protection approach in the displacement context.
In coordination with existing systems, dissemination of messages across various sectors, emphasizing protection, cohesion with local and settlement communities, and wellbeing risks, including health prevention and WASH.

Community Engagement And Accountability

Budget: CHF 5,991
Targeted Persons: 12,144

Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of CEA kiosks established</td>
<td>14</td>
</tr>
<tr>
<td># of people reached with RCCE</td>
<td>12,144</td>
</tr>
</tbody>
</table>

Priority Actions

• Establish CEA kiosks and help desks will facilitate timely collection of feedback, complaints.
• Conduct targeted Risk communication and community engagement sessions through Community Dialogue meetings, Focus group discussions, KILs and other relevant channels.
• Orient 100 Volunteers on CEA.
• Strengthen interactive community feedback and referral mechanism.
• Produce IEC materials for targeted messages on social behavior change communication
• Documentation of human impact stories for social cohesion and co-existence.

**Secretariat Services**

**Budget:** CHF 10,384  
**Targeted Persons:** 100

**Indicators**

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of monitoring missions conducted.</td>
<td>2</td>
</tr>
<tr>
<td># of financial spot check conducted.</td>
<td>1</td>
</tr>
</tbody>
</table>

**Priority Actions**

• Conduct monitoring missions.  
• Conduct financial spot checks.  
The missions include costs for flights for three staff (operations, PMER and logistics) from their duty stations in Nairobi and Juba and their perdiem, accommodation, in country travel costs and communication costs.

**National Society Strengthening**

**Budget:** CHF 54,065  
**Targeted Persons:** 12,144

**Indicators**

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of volunteers insured</td>
<td>100</td>
</tr>
<tr>
<td># of visibility materials procured</td>
<td>100</td>
</tr>
<tr>
<td># of monitoring missions conducted</td>
<td>6</td>
</tr>
<tr>
<td># of lessons learnt sessions conducted</td>
<td>1</td>
</tr>
</tbody>
</table>

**Priority Actions**

• Support communication costs.  
• Procurement of visibility materials.  
• Deploy WASH Officer, Public Health Officer, Protection/PGI Officer, 2 Drivers and 4 National response Teams (NRTs) to support Operations (2 Field vehicles + 1 Truck driver).  
• Conduct field monitoring and oversight.  
• Provide for Volunteer insurance.  
• Procure office equipment and supplies.  
• Conduct lesson learnt workshop.
About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

Using the available skilled in-country human resources, URCS deployed 10 volunteers, 6 staff to Kiryandongo refugee settlement to conduct the needs assessment. These and additional technical staff and volunteers will be deployed to support field activities in the areas of WASH, Health and Protection/RFL these teams for a period of three months once this request is approved.

In summary, 5 field-based technical staff, 2 support staff (drivers) and 100 community-based volunteers will be required to establish the operations team. These will be supporting the 5 National response Team (NRT) members who will support the technical staff in supervising community-based volunteers to effectively deliver the WASH (software & hardware components), Health, CEA/PGI and CVA interventions; while 5 Headquarter staff will be occasionally taking field missions to provide the required technical support to the field teams.

If there is procurement, will it be done by National Society or IFRC?

Local procurement will be carried out in accordance with the IFRC and URCS standard procurement procedures. Current procurement plans will include procurement of service providers with the requisite technical and financial abilities to construct the piped water supply system, the PSN shelters, the CFS at the reception centre and other technical works, while others will procure the non-food WASH, Health and hygiene kits. The CVA shall be contracted through a Financial Service Provider (FSP) with capability to deliver the cash assistance through Mobile Money transfer. URCS will work closely with pre-qualified and experienced suppliers and the IFRC Juba Delegation to ensure quality and value for money. A procurement plan to be developed to ensure timely support to the operation. URCS has warehouse capacity for temporary storage of the supplies if needed, while at field level, the UNHCR and WFP warehousing capabilities could be utilized.

How will this operation be monitored?

Two approaches to monitoring implementation and data collection shall be used to measure the progress and effectiveness of the DREF; at the community level and headquarter level (the efficiency of the internal processes). While the National Society shall ensure bi-monthly monitoring missions from relevant URCS HQ and Mid-Western Regional operational staff, the IFRC will conduct monthly field missions by DM and Finance delegates. In addition, given the workload relating to procurement, the Cluster logistics & procurement officer will also conduct field support travel.

Please briefly explain the National Societies communication strategy for this operation

URCS has a Directorate of Communication and Resource Mobilization and therefore will oversee the communication needs of the operation through field-based NRT for communication.

This action shall be undertaken in close collaboration and partnership with the communications strategy of the OPM, UNHCR and other partner agencies in the operation areas and in line with the National Policy regarding data privacy and the relevant Communications regulations applicable.
**Budget Overview**

**DREF OPERATION**

MDRUG051 - Uganda Red Cross Society
Population Movement

### Operating Budget

<table>
<thead>
<tr>
<th>Planned Operations</th>
<th>Amount (CHF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter and Basic Household Items</td>
<td>123,806</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>0</td>
</tr>
<tr>
<td>Multi-purpose Cash</td>
<td>24,841</td>
</tr>
<tr>
<td>Health</td>
<td>19,037</td>
</tr>
<tr>
<td>Water, Sanitation &amp; Hygiene</td>
<td>184,245</td>
</tr>
<tr>
<td>Protection, Gender and Inclusion</td>
<td>7,322</td>
</tr>
<tr>
<td>Education</td>
<td>0</td>
</tr>
<tr>
<td>Migration</td>
<td>2,663</td>
</tr>
<tr>
<td>Risk Reduction, Climate Adaptation and Recovery</td>
<td>0</td>
</tr>
<tr>
<td>Community Engagement and Accountability</td>
<td>5,991</td>
</tr>
<tr>
<td>Environmental Sustainability</td>
<td>0</td>
</tr>
</tbody>
</table>

### Enabling Approaches

<table>
<thead>
<tr>
<th>Enabling Approaches</th>
<th>Amount (CHF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination and Partnerships</td>
<td>0</td>
</tr>
<tr>
<td>Secretariat Services</td>
<td>10,384</td>
</tr>
<tr>
<td>National Society Strengthening</td>
<td>54,065</td>
</tr>
</tbody>
</table>

### TOTAL BUDGET

**432,353**

*all amounts in Swiss Francs (CHF)*

Click here to download the budget file
Contact Information

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

National Society contact: Robert KWESIGA, Secretary General, rkwesiga@redcrossug.org, 256414258 701
IFRC Appeal Manager: Papa Moussa Tall, head of delegation, papemoussa.tall@ifrc.org, 211912179511
IFRC Project Manager: Daniel Kyalo Mutinda, Delegate, disaster management, Daniel.MUTINDA@ifrc.org, 254725599105
IFRC focal point for the emergency: Brian Kanaahe, DM Director, bkanaahe@redcrossug.org, 256782926851
Media Contact: Susan Nzisa Mbalu, Communications Manager, susan.mbalu@ifrc.org, 254733827654

Click here for the reference