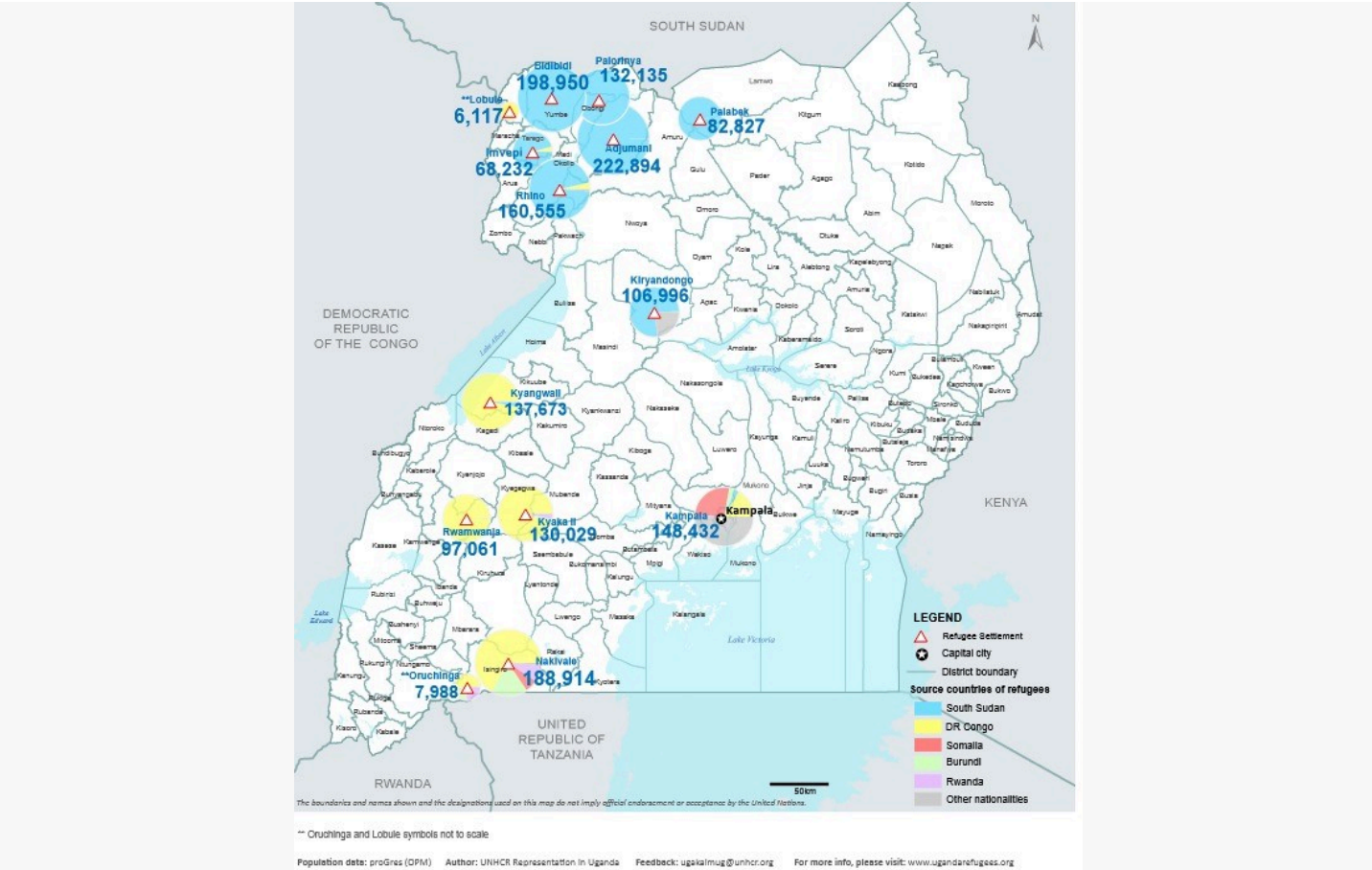




Sudanese refugee accessing safe water at one of the reservoir tanks established at Cluster B, Kiryandongo settlement; Photo Credit URCS.

Appeal: MDRUG051	Total DREF Allocation: CHF 500,000	Crisis Category: Yellow	Hazard: Population Movement
Glide Number: -	People Affected: 106,996 people	People Targeted: 106,996 people	
Event Onset: Slow	Operation Start Date: 06-07-2024	New Operational End Date: 31-12-2024	Total Operating Timeframe: 5 months
Reporting Timeframe Start Date: 06-07-2024		Reporting Timeframe End Date: 28-02-2025	
Additional Allocation Requested: 67,647		Targeted Areas: Western Region	

Description of the Event



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>

Date when the trigger was met

20-06-2024

What happened, where and when?

Since April 2023, Sudan has been grappling with a severe humanitarian crisis, now recognized as the world's largest displacement crisis. The armed conflict in Sudan has forced millions to flee, creating the fastest unfolding humanitarian emergency globally. As of September 26, 2024, 25 million people in Sudan require humanitarian assistance, with 10.8 million internally displaced and 2.1 million seeking refuge in neighboring countries, including Uganda.

Uganda has become a major destination for Sudanese refugees, particularly at the Kiryandongo refugee settlement in northern Uganda. According to the latest UNHCR report, there are now 119,103 Sudanese refugees registered in Uganda, with 96% of them residing in Kiryandongo. The settlement, which had been largely inactive, was re-designated as a reception center for Sudanese asylum seekers in April 2024 following the escalation of the conflict in Sudan.

The influx of refugees has increased rapidly, with the number of Sudanese arrivals rising from 8,600 two months ago to 57,017 by 10th October—already surpassing the expected 55,000 by the end of 2024. This surge has overwhelmed the settlement's capacity, resulting in deteriorating living conditions and creating urgent unmet needs for basic services such as shelter, healthcare, and sanitation. The continuous daily arrivals highlight the ongoing severity of the Sudan conflict and the growing pressure on Uganda's humanitarian infrastructure.





Newly arriving Sudanese asylum seekers waiting at the reception centre of Kiryandongo refugee settlement for their refugee status to be processed. Photo by Uganda Red Cross, June 2024



URCS Officer assessing WASH conditions and gaps at Kiryandongo reception Centre. Photo by URCS (June 2024)

Scope and Scale

As of the end of August 2024, the Kiryandongo refugee settlement in Uganda hosts a registered refugee population of 119,103, with 96% living within the government-designated settlement and 4% maintaining records in Kampala. The settlement continues to receive an average of 750 new arrivals per week, either directly from Sudan or via the West Nile reception center through UNHCR convoys. This steady influx is placing immense pressure on the already overstretched infrastructure.

The settlement’s infrastructure, originally established in 2014, has not been updated to meet the growing needs of the expanding population, resulting in severe shortages in clean water, sanitation, and healthcare services. Latrine coverage stands at only 45%, while water availability is critically low at 10.2 liters per person per day, far below the recommended minimum. The increased population has led to overcrowding at the three health centers, exacerbating gaps in healthcare provision, and raising concerns about the risk of epidemics.

A needs assessment conducted by the Uganda Red Cross Society (URCS) in June 2024 highlighted critical shortages in Water, Sanitation, and Hygiene (WASH), health, shelter, and protection services. With the influx of refugees continuing, the assessment stressed the urgent need for a scaling up of resources and collaborative efforts with government and humanitarian partners, which are currently insufficient to meet the growing demand.

The settlement is also at high risk of disease outbreaks due to poor living conditions. There is an active cholera outbreak in Sudan’s Kassala State, with 352 cases and seven deaths reported, which could spread to Kiryandongo as refugees flee conflict zones. Additionally, a suspected Mpox case has been reported in a Sudanese refugee, heightening concerns about the health situation. With the lack of adequate shelter and poor sanitation, the potential for widespread disease transmission remains a significant threat.

Moreover, critical gaps in shelter infrastructure for Persons with Special Needs (PSNs) leave many vulnerable to adverse weather, respiratory infections, and malaria. Institutions such as the reception center, schools, and health facilities face inadequate toilet facilities, intermittent water supply, and challenges with solid waste management. The reception center, already overwhelmed by the volume of arrivals, is also experiencing overstays due to delays in screening, registration, and plot allocation, posing protection risks and further compounding the humanitarian crisis.

In conclusion, the growing population at Kiryandongo has overwhelmed the settlement’s capacity, necessitating an urgent scale-up of humanitarian aid, including the expansion of WASH, health, and shelter services. Without immediate intervention, the situation risks further deterioration, with heightened risks of family separation, protection issues, and disease outbreaks among this vulnerable population

Summary of Changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	Yes



Are you changing the target population of the operation	Yes
Are you changing the geographical location	No
Are you making changes to the budget	Yes
Is this a request for a second allocation	Yes
Has the forecasted event materialize?	Yes

Please explain the summary of changes and justification:

In response to the operational challenges in Kiryandongo refugee settlement, modifications to the original WASH intervention plan were necessary. Initially, the deployment of WASH Kit5 aimed to provide water through surface water access, but logistical difficulties, particularly the distance from the River Nile, required adjustments. Instead, water is now being sourced from an existing deep well constructed earlier in Kiryandongo, eliminating the need for trucking water over long distances.

To adapt to this new context, the following changes were implemented:

Partial Deployment of WASH Kit5: Modifications were made to use the deep well, which required diesel procurement to increase the well's pumping capacity.

Extension of the Water Supply Network: The water distribution was expanded to a nearby village that previously lacked access, ensuring a broader reach of clean water.

Procurement and Installation:

10 cubic plastic tanks were procured.

Two OXFAM tanks (T70 and T11) were installed along with their respective tap stands to improve water distribution.

These changes were made under the technical guidance of the UNHCR WASH team, in collaboration with Lutherans World Federation (LWF), the official WASH implementing partner of UNHCR.

Justification for Extension and request additional Funding allocation

Due to the increasing influx of refugees from Sudan, there is an urgent need to complete these critical WASH interventions to ensure access to clean water and prevent potential health crises. As such, the implementation period of the DREF (Disaster Response Emergency Fund) operation needs to be extended until December 2024, with a request for additional funding to cover these unplanned modifications and ensure the success of the WASH initiatives in the settlement.

The rapid and continuous influx of refugees into Kiryandongo, has led to severely deteriorating conditions that urgently require additional funding to address critical needs. The camp's existing water, sanitation, shelter, and healthcare systems are overwhelmed by the rising population, leading to inadequate access to basic services. Low water supply (10.2 liters per person per day) and only 45% latrine coverage pose significant health risks, increasing the likelihood of outbreaks like cholera and M-pox. Overcrowded health centers are struggling to cope with rising demand, compounded by drug shortages, limited staff, and inadequate diagnostic capacities, leaving refugees vulnerable to disease outbreaks and inadequate medical care. Insufficient shelter and protection services for vulnerable groups, including Persons with Special Needs (PSNs), expose them to harsh weather conditions, protection risks, and mental health concerns.

Without immediate funding to scale up resources and infrastructure, the living conditions and health risks will worsen, jeopardizing the well-being of thousands of vulnerable refugees. These modifications are essential in addressing the rapidly evolving needs of the refugee population and ensuring sustainable access to safe water in Kiryandongo. Therefore, the following additional activities are proposed

- Procurement of 50 ltrs plastic waste bins for the reception center
- Deployment of hygiene promotion volunteers
- Deployment of WASH NDRT
- Conduct community empowerment sessions on SGBV/PGI of refugee welfare committees
- Conducting community awareness sessions on PGI, CEA, SGBV, using drama approach
- Support to working group meetings
- Procurement of PPE for community-based volunteers
- Conduct Post Distribution Monitoring of the cash support
- deployment of CVA NDRT
- Conduct market assessments, beneficiary identification and selection, process and PDM

Current National Society Actions

Start date of National Society actions

12-06-2024



Medical support at mobile clinic



Water Tracking at Cluster B

Shelter, Housing And Settlements	Through the ECHO-PPP emergency response budget line, URCS activated the program team to install 02 sleeping tents of 100 people 200 capacity for use by Male and female PoCs at the Reception centre.
Multi Purpose Cash	URCS plans to support 980 individuals with multipurpose cash. A Prioritization meeting for the cash beneficiaries was held with OPM and UNHCR and in collaboration with UNHCR, 15 URCS Volunteers were trained on how to identify Persons with Special Needs (PSN). the trained volunteers have conducted a verification exercise for the beneficiaries and transfer of cash using the mobile money modality has been planned to be disbursed in the third week of September.
Health	URCS has deployed a disaster mobile clinic with an ambulance at the reception centre. This initiative alleviates the strain on the camp's health facilities and ensures timely referrals to the Health Centre IV (HCIV) or regional referral hospital using our standby ambulance. This disaster mobile clinic has treated and provided health education services to 2,983 individuals. In addition, 38 community health workers were thoroughly trained on Epic and Community based surveillance(CBS) after which they were deployed to the community do CBS and Health promotion activities. 8,732 people have reached with Health literacy through House hold visits and communal gatherings.
Water, Sanitation And Hygiene	URCS has reached 14,332 people with WASH activities. We are tracking water to cluster B from the Kiryandongo water source, delivering 70,000 litres of water weekly to approximately 1200 households. Additionally, we have extended water to cluster C by providing fuel to pump water at Kiryandongo II and Karamoja water systems to increase water production. We procured 100 digging kits and distributed them to 2000 people. Hygiene promotion activities are ongoing in all clusters of the Kiryandongo settlement.
Protection, Gender And Inclusion	The refugees in Kiryandongo come from various countries, such as Sudan and South Sudan. Sudanese make up the majority of new arrivals registered in the settlement in 2024. These individuals have diverse cultures and require cultural and gender sensitivity. URCS is integrating gender-sensitive approaches into its response strategy to address the unique challenges of different genders within the community while respecting their cultural norms. All the community volunteers deployed have been trained on protection, gender, and inclusion aspects, focusing on issues like child labor, domestic violence, sexual and gender-based violence (SGBV), and the rights of children and people with disabilities.



Community Engagement And Accountability	<p>URCS has deployed volunteers at humanitarian service points and within communities to gather feedback from PoCs. The feedback is collected using a Kobo tool and then analyzed thematically. The feedback mainly consists of suggestions, complaints, questions, or praise for the work done. This feedback is usually relevant across all sectors and partners, not just limited to URCS. After analyzing the data, any sensitive feedback is shared with other partners during the monthly sector meetings. URCS volunteers are consistently trained to respond to complaints, make referrals to other partners, and provide basic psychosocial support. During health promotion and education activities, community members are educated about the importance of vaccinations, attending antenatal care, and sleeping under mosquito nets to prevent malaria through our risk communication and engagement strategy (RCCE).</p>
Environment Sustainability	<p>Through our WASH interventions, we consider climate change and the environment. 100 latrine-digging kits were distributed to 100 groups of 20 people per group to support PoCs' access to acceptable faeces disposal facilities. The kits will be used to excavate round-shaped pits for latrine construction, and then dome-shaped ferro-cement latrine slabs will be distributed to ease the construction of latrines and a cleanable slabs. Further, URCS has oriented 100 groups of 2000 individuals about the benefits of using round-shaped pits instead of square ones, avoiding over exploitation of using local reforestation and eliminating the need to cut down trees for logs, as the round-shaped pits only require a concrete slab. We believe these 2000 trained individuals will lead the change by inspiring others to understand the importance of preserving trees and transitioning to more environmentally sustainable lifestyles.</p>
Coordination	<p>At National level, the URCS activated the task Force chaired by the Secretary General, with DRM being the secretariat and other departments i.e. Health and social services, supply Chain Management, Human resources, Administration & Digital transformation, Communication, Public Relations and Partnership as well as Membership and Institutional Development.</p> <p>At field level, URCS, through the operation team in Kiryandongo is actively engaged in partner coordination and inter agency meetings to share updates on implementation and harmonize our work with other sector leads in WASH, Protection and Health. These meetings provide fora for URCS to share contributions of the Red Cross movement in the settlement, to stay updated with other partners' work, share experiences and strategies, identify what worked well, address gaps, and identify new evolving humanitarian needs.</p>
National Society Readiness	<p>The Uganda Red Cross Society conducted a needs assessment in Kiryandongo refugee settlement between in June 2024 and established critical humanitarian gaps in provision of safe water and sanitation coverage that especially affected the new arrivals from Sudan. Other key needs identified were in the areas of protection with increasing number of individuals and families seeking tracing services that until recently closed out from this settlement due to funding gaps experienced by the ICRC.</p> <ul style="list-style-type: none"> • The URCS National Emergency Task Force was activated on 06.06.2024. • Validated the pre-positioned stock capacity and conditions. • Re-activated the National surge team and put members on notice ready for deployment. • Conducted refresher training on Hygiene Promotion in emergencies for National Response Team. • 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. • Updates about this event were uploaded on the IFRC Go platform
Assessment	<p>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.</p>



Resource Mobilization	<p>URCS is in negotiation with the Qatar Red Crescent Society (QRCS) to secure funds from the Qatar Fund for Development (QFFD) to support additional needs especially for Non-food Household items, shelter kits and other life-saving interventions</p> <p>As part of their Corporate Social Responsibility (CSR), a donation of milk 154,490 kgs of powdered milk was received from Brookside Limited that was distributed to support nutritional needs of extremely vulnerable refugees, including persons living with disability, single mother, child-headed households, etc. This was undertaken in close collaboration with the Office of the Prime Minister and the UNHCR, with technical support for warehousing provided by the World Food Program.</p>
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.

IFRC Network Actions Related To The Current Event

Secretariat	<p>The IFRC Juba cluster delegation team is providing technical guidance on health, logistics, Planning Monitoring, Evaluation and Reporting (PMER), and finance alongside the Disaster management delegate is working with URCS in responding. 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 population movement operation 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.</p>
Participating National Societies	<p>Partner National Societies (PNS) present in the country include the Netherlands Red Cross, Belgium Red Cross-Flanders, Austrian Red Cross, and German Red Cross, which are directly providing technical and financial assistance to URCS' humanitarian and development projects which target various kinds of beneficiaries in various parts of the country, including the refugee population.</p> <p>ECHO PPP Project consortium partners under the leadership of The Netherlands Red Cross and other members, the Austrian Red Cross, Belgium Red Cross Flanders and the IFRC</p> <p>The Belgium Red Cross Flanders (BRC-FL) activated the crisis modifier worth Euros.152,096 under the Humanitarian Protection (HP2) project being implemented through funding from the Belgium Development Agency for provision of 2 sets of 200-sleeper emergency Shelter to accommodate new arrivals at the reception centre, provision of Water, Sanitation & Hygiene (WASH)-software interventions, deployment of mobile clinic to provide emergency medical and Health interventions as well as Re-establishment of Restoration of Family Links (RFL) and other Protection services to support critical needs of the asylum seekers and refugees settling at Kiryandongo reception center and the newly opened clusters over a period of four months, as well as supporting the URCS to establish a field operation base at Kiryandongo</p> <p>The proposed activities shall be implemented in the response to this crisis, in collaboration with other actors, and in complementarity to the IFRC's DREF that is yet to be issued. These activities include rapid deployment of mobile medical clinic to support medical care and screening of new arrivals at the reception centre, procurement and distribution of Menstrual Hygiene (MHM) kits to support unique needs of Women & Girls of Reproductive Age (WGRA), deployment of emergency communal shelter at the reception centre as well as at the Health centre</p> <p>Austrian RC is the lead WASH Consortium partner, NLRC is the Consortium Lead, and Belgian RC, IFRC, and URCS are in the implementation and coordination.</p>

ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) is physically present in the country, working with the URCS to provide technical guidance for the protection of Family Links (RFL) needs of the refugee population settled in Uganda as well as promoting International Humanitarian Law (IHL) and Communications. Limited resources with increasing needs restricted the usual support for that activity, which needs to be scaled up again with the ongoing trend. The ICRC also provides direct delivery of detention visits for Political detainees through its Kampala and sub-regional delegations. However, the reduced funding has recently led ICRC and URCS to cease operating RFL services in Kiryandongo refugee settlement despite this new humanitarian needs. For this DREF operation, the URCS engages ICRC for technical support in the proposed areas of reinstatement of the tracing in Emergency services in Kiryandongo and promoting SAF orientation of deployed volunteers and staff and capacity strengthening of Uganda Red Cross Society.

For over a month now, the ICRC introduced and started running a new service, the connectivity that offers WIFI internet services to facilitate refugees to create linkage to their separated families through WhatsApp voice calls and email communication services. This service has helped to bridge the gap

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>To help mobilize resources to address these growing humanitarian gaps, the Office of the Prime Minister (OPM) and United Nations Refugee Agency, the UNHCR drafted a Contingency Plan targeting Sudanese refugee influx in Uganda in March 2024 but the response to this appeal is quite slow that leaves many partners very limited response capacities. This appeal is currently under revision.</p> <p>OPM - allocation of plots of land for families to settle in</p>
UN or other actors	<p>UNHCR - coordination, provision of shelters, water supply, sanitation and protection services through Implementing Partner the Lutherans World Federation (LWF)</p> <p>UNICEF - WASH, constructed 3 new drainable pit latrines and rehabilitated bathing shelters at the reception centre</p> <p>WFP - supporting provision of hot meals for new arrivals at the reception centre and facilitating monthly distribution of food aid through cash-based intervention for both new arrivals and old caseload of refugees as they settle in own plots of land.</p>
Are there major coordination mechanism in place?	
At regional level, the OPM and UNHCR are organising quarterly	
Monthly Inter Agency Coordination meetings chaired by OPM, with UNHCR as co-chair	
Monthly TWGs - Protection, WASH, Health, Livelihoods, Energy and Environment,	

Needs (Gaps) Identified



Shelter Housing And Settlements

According to the UNHCR protection report, the resources to support PSNs upon arrival to receive shelter construction support are limited to a few selected households who receive shelter construction support.

Similarly, PSNs who have stayed in the settlements for a protracted period live in dilapidated shelters. Heavy rains and flooding in August 2024 damaged some of the shelters. On Average, 750 refugees are received at the reception centre every week. These new arrivals are registered and relocated to de-congest them from the reception centre for resettlement. So, there is a need for adequate infrastructure



in relocation areas, including shelters, communal latrines, and lighting, to reduce the risk of GBV. Also, rehabilitation of shelters for the old caseloads should be considered to improve their quality of living.



Multi purpose cash grants

Many of the Sudanese refugee families are highly education and professionals who held high-paying jobs back in the country of origin. Generally, Sudanese nationals are normally business oriented and not necessarily agriculturalists like their counterpart refugee population displaced from South Sudan. Besides, there are many female headed households where women may not have previous employment experiences. Therefore need for support structures that help women begin to find employment and skills training for that job sector is anticipated.

The recommendation is for the IFRC to deploy a Livelihoods Surge personnel to support the URCS in the development of a strategic approach to address livelihoods needs of Sudanese in particular



Health

For a catchment population of 119,103 people, including the host population, the old caseload of refugees, as well as new arrivals from Sudan, Kiryandongo refugee settlement has only three (3) health facilities at the levels of Health Centre II, III, and IV (HC II, HC III and HC IV) with the district hospital located 57 kilometers away from the settlement. These health facilities do not have an adequate number of healthcare workers, frequently experience drug stock-outs and generally lack diagnostic capacity for complicated diseases beyond Malaria.

The mobile clinic attends an average of 373 patients weekly, with one medical worker providing care. The top causes of morbidity among the treated refugees include 1041 cases of Respiratory Tract Infections (RTIs), 391 cases of Malaria, and 203 cases of Diarrhoea, in addition to other morbidity such as non-communicable diseases, including hypertension and diabetes.

The incidence of Malaria is very high among new arrivals from Sudan and even among the old caseloads due to the low usage of mosquito nets. Most PoCs have reported a fear of using mosquito nets because they find them suffocating and uncomfortable. Therefore, there is a need to intensify malaria campaigns in the settlement to encourage greater use of mosquito nets.

The uptake of Antenatal services and immunization is also reported to be very low, especially among new arrivals, due to rumours around the vaccination of children, pregnant women and teenage girls, which increases the risk of outbreaks of vaccine-preventable diseases such as Measles.

The threat of an Mpox outbreak in overcrowded refugee settlements, such as Kiryandongo, poses a serious health risk due to inadequate sanitation and healthcare facilities. To address this risk, the following health needs are critical. Urgent improvements to WASH infrastructure to reduce transmission risks, including increased access to clean water and latrines, handwashing stations, and better waste management are crucial. These interventions are vital to preventing a large-scale Mpox outbreak, particularly in camps with poor sanitation and limited healthcare access



Water, Sanitation And Hygiene

The influx of refugees from Sudan has not reduced, and an average of 150 are received in Kiryandongo daily, which has significantly strained the existing WASH infrastructure in the settlement. The per-capita water consumption is 10.2 litres, which is far below the Sphere standard, which recommends a minimum of 15 litres per person per day for basic needs, due to the overburdened water sources and insufficient capacity to meet the rising demand. Some clusters in the settlement, such as Karamoja and Clusters B and C, are clusters without a sustainable water source; currently, URCS is water trucking in Cluster B, providing Fuel to pump water to Cluster C, necessitating the need for a more scalable solution, so there is need for construction and motorisation of production wells to extend the piped water system to Cluster B.

With the increase in new arrivals daily, there has been an increase in the number of teenagers going to school. LWF, with funding from UNICEF, assessed mapping SGBV, PSEAH and domestic violence in the Kiryandongo settlement and findings from the assessment indicate that 35% of girls in school miss classes whenever they undergo periods, which calls for interventions for the creation of awareness on Menstrual hygiene management and supply of menstrual hygiene management materials to the increasing number of new female arrivals in the reproductive age.



Protection, Gender And Inclusion

As of September 2024, 35,729 new arrivals have been registered at the Kiryandongo refugee settlement. Among these, 765 individuals are from South Sudan, while 34,964 are from Sudan. The Sudanese refugees make up the largest group of new arrivals in 2024, leading to increased protection needs and placing pressure on services at humanitarian service points. The ongoing influx of Sudanese refugees necessitates additional support for the new arrivals.

a) Psychosocial support needs: Some key partners in the protection sector, such as TPO, have ceased their intervention as of August 1st, 2024, due to funding constraints, resulting in a gap in psychosocial support and overall protection. Furthermore, Save the Children is scheduled to close its operations on December 1st, 2024, despite being a crucial partner in child protection.

b) Protection House for victims of SGBV. Under-reporting or delayed reporting of GBV incidents remains a major concern, with no safe place to accommodate victims of these violence who put their lives at higher risks as they continue to live with the suspected perpetrators. The ideal practice is that each of the refugee settlements in Uganda should have constructed a protection house where such victims are safely accommodated a the period when the authorities are legally handing the matter until the perpetrators are detailed. However, no such facility currently exists in Kiryandongo settlement thus exposing and increasing vulnerability of women and girl children at even higher risks of double jeopardy and serious harm. There is

c) Women's centre. Through Our intervention a gap has been identified in addressing the increasing demand for a women's centre where women of reproductive age can go to discuss issues affecting them. Additionally, the funding allocated for constructing a child-friendly space was insufficient to create a fully-fledged unit. As new arrivals are relocated to their plots, there has been a rise in reported safety concerns within the settlement, particularly in clusters D and G. This has raised insecurity issues, highlighting the need to provide more solar lamps for lighting.

Engagement with the PoCs aims at raising awareness/disseminating information on available services or referral pathways and addressing root causes to prevent violence in the first place, so there is a necessity to empower the beneficiary leadership through community engagement to support the promotion of preventing sexual and gender-based violence (SGBV), protection of gender inequality (PGI), and the prevention of sexual exploitation, abuse, and harassment (PSEAH). By training them, they can become ambassadors and champions for disseminating the prevention of SGBV and sexual harassment and promoting inclusion.



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 continue.

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

To address the specific challenges faced by People of Concern (PoCs), URCS will implement a comprehensive intervention tailored to the community's needs. This includes establishing 14 CEA kiosks to collect and address feedback, ensuring concerns about protection, water,



sanitation, and hygiene (WASH), health, and sexual and gender-based violence (SGBV) are addressed, and making referrals to handle reported cases promptly. Additionally, URCS will continue collaborating with local authorities in the clusters to develop practical strategies to address SGBV and protection concerns.

However, more funds are needed to procure more 11 kiosks as the available funds can only facilitate the procurement of 03 CEA kiosks instead of the planned 14 CEA kiosks. These kiosks are very important because they help provide a platform for community engagement and feedback collection, gathering input from the PoCs about improving service delivery.

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, overstressing 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.

Operational Strategy

Overall objective of the operation

The primary aim of this operation is to deliver immediate relief and bridge the gaps of the humanitarian assistance by enhancing the living conditions of 12,365 households (61,824 people) of newly arriving refugees and asylum seekers from Sudan settling at Kiryandongo refugee settlement in mid-western region of Uganda.

URCS aimed to help to improve their health and restore dignity by provision of adequate safe water supply, sanitation, hygiene promotion interventions, community health and child protection services over a period of three months while engaging further medium term support through country partners. In alignment with the assessment findings and existing system for sustainability and continuity

Operation strategy rationale

The strategy is developed for an assistance that covers the basic needs of the newest arrivals from Sudan. This intervention presents a response structure that is aligned with the partners and working group priorities, meets the needs and gaps identified under joint assessment report of 20th June and complements the planned additional support from movement partners through ECHO PPP.

The strategy tends to address sectoral emergency gaps identified and agreed with partners with a direct integration of a migration/displacement consideration in each sector approach while remaining aligned with URCS mandate and existing contingency planning followed by all actors. Hence, intervention structure comes as a complement to existing set-up and efforts instead of creating a parallel path. In that sense, the key priorities covered under this DREF are for the WASH services and access to water, empowering new arrivals communities to access their priority basic needs through the cash and in-kind distribution, support the protection and health assistance by strengthening the existing system and bridging the gaps to the ongoing effort from other partners.

This 3 months operation may include some transitional approach such as cash but it remains focused on coverage of emergency and gaps that arise from the continuous influx in a context of overstretched capacity of the settlement and the stakeholders.

a) Multipurpose Cash and Voucher Assistance 200 HH

The Cash and Voucher Assistance (CVA) support will be unconditional Multipurpose for families to cater for items not provided for under the support in kind. URCS will implement an approach to address non-food basic needs of most vulnerable Sudanese refugees targeting 1000 individuals of approximately 200hh for a two month one off payment to support them address their needs at a transfer value of 56,000UGX(13CHF) per person per household as per the National Cash Working Group current existing Minimum Expenditure Basket of



basic non- food sectoral needs.

This approach, chosen based on rapid assessment findings and coordinated with local actors with the aim to empower beneficiaries to address their most basic needs as per their priorities and give the new arrivals opportunities for financial inclusion. Continuity will be ensured through use of referral pathways for provision of cash plus services such as financial literacy and VSLA operating partners as well as recommendations to the district for linkages to social protection schemes. Post Distribution Monitoring will be conducted two weeks after encashment to gauge impact of assistance and informing decision-making for future program improvement.

b) Water Sanitation and Hygiene:

Due to the current high demand of water supply, which is associated with rapid increasing population that is putting pressure on the available water supply schemes, and since the water potential on the existing systems are not very adequate, the operation will undertake provision of water through water trucking for 3 months while the motorization of the drilled well is put in place through ECHO fundings. Alongside this, the required structures to facilitate operations and maintenance shall be established thereafter a functional scheme will be handed over to UNHCR who will do the continued management of the scheme. Since the technical aspects of procuring and execution of the works normally takes a longer time and yet the PoCs will be expecting to be served with adequate water supply, the operation will in the interim and on temporary measure deploy the currently prepositioned WASH Kit 5 that will provide up to 75 cubic liters of portable water per day. When the Sustainable piped water system is finally established, the WASH kit 5 will be decommissioned and pre-positioned back into the warehouse awaiting future deployments. This WASH kit 5 will be replenished under this DREF.

To facilitate improvements in the low sanitation coverage, the operation will construct new institutional drainable latrines at the reception center, distribution center and in selected schools. In addition, construction of household latrines will be facilitated through procurement of more latrine digging kits to add on to the few that LWF has so far distributed. The operation will further engage skilled members of the target beneficiaries to cast dome-shaped Ferro-cement latrine slabs that will be distributed to target beneficiaries to facilitate improvement in household latrine coverage.

c) Protection:

The operation will reactivate the Restoring Family Links (RFL) services in Kiryandongo and deploy technical staff and volunteers to support the increasing tracing needs. This re-established system will continue to solicit the technical guidance and support of the ICRC and other child protection partners. The already trained volunteers will be re-deployed to continue providing the RFL services.

Other protection needs including GBV awareness, community based psychosocial support (PSS) and youth empowerment services shall be provided through technical guidance of the IFRC PGI desk in Nairobi as well as Ministry of Gender, Labour and Social Development that will be delivered through the involvement of the respective line department in Kiryandongo District Local Government.

d) Shelter and settlement:

Special consideration will be accorded to new arrivals who do not have shelter. These will be provided with family tents targeting the most vulnerable 600 families while other families will be hosted in two tents (100 capacity tents).

e) Health:

Due to the high congestion of the health facilities as well as large number of people seeking medical assistance from acute cases, the operation will temporarily deploy the URCS mobile clinic to operate at the reception center providing basic clinical care and health screening services among the new arrivals. Besides, the URCS operation team running the mobile clinic in collaboration with health worker from IRC and the District Health Office will run weekly medical outreaches in remotely located clusters that are far away from the health facilities. While the URCS will procure some of the required drugs and medical supplies to run the clinic, most of it will be obtained from the government stock allocated to the various health facilities.

Those clinically diagnosed with complicated conditions will be referred to the existing health care system within the settlement.

To beef up the efforts of the existing community health structures (VHTs) currently overwhelmed by the increasing population, the operations will recruit, orient and deploy Community based Red Cross Volunteers who will work alongside VHTs to deliver preventive and promoting health services in line with the National Health strategy.

When the Sustainable health system is finally established, the mobile clinic will be redeployed back to Nakivaale refugee settlement where it has been providing routine health services.

f) An integrated migration and displacement

Policies and systems already exist for the settlement, include structures for humanitarian services, data collection, registrations etc. Following NS mandate and area of co-leading for this settlement, the migration and displacement consideration are integrated to the design of the intervention in each sectors. Furthermore, it is important to consider that the settlement targeted is not new, it exist for long and has system in place. The DREF only come to cover gaps arising from the continuous arrivals and overstretched capacity of actors and the existing facilities. Covering the growing gaps of needs resulting from that. Hence, activities of protection, RFL, medical support through mobile clinic align with Migration and displacement priorities but are integrated to the different sectors.

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

CEA and PGI activities are integral parts of the proposed strategy. CEA will be seamlessly integrated throughout the intervention to

ensure active participation of the target population. The operation will recruit, orient and deploy volunteers who are part of the Sudanese refugee community who will help in facilitating effective communication because they have a better understanding of the context of the target beneficiary population. All Information Education and Communication (IEC) materials shall be translated into Arabic to effectively reach the target beneficiaries.

The CEA kiosks and help desks will facilitate timely collection of feedback, complaints, and concerns from the POCs, allowing them to express their issues freely. The Red Cross Action team members will promptly address these concerns, with sensitive feedback handled through approved URCS referral channels. Clear roles and responsibilities will be delineated in collaboration with community representatives and leaders, ensuring transparent communication about the beneficiary selection process. Community radios and public address systems will disseminate life-saving information, including psychosocial support, First Aid, and protection services.

Additionally, URCS will re-activate the Restoring Family Links (RFL) services in Kiryandongo and deploy technical staff and volunteers in the settlement, providing support for tracing needs and assisting families and individuals with tracing needs as needed throughout the emergency, stabilization and recovery processes. In collaboration with the UNHCR, OPM and Protection partners on ground, the ICRC will constantly be involved to provide technical guidance and support in all matters related to Restoration of Family Links (RFL) services. URCS under this response, working with other like-minded partners will establish or follow a commonly identified referral systems established within the settlement.

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

The above is In line with the Fundamental Principles of the Red Cross and Red Crescent Societies and the Uganda Red Cross Society (URCS) core values of prioritizing assistance to the most vulnerable individuals.

These vulnerability criteria are the ones generally being used by UNHCR, OPOM and all humanitarian partners to identify Persons with Special Needs (PSNs) and targeting criteria for the food rationing that the World Food Program (WFP) is currently implementing.

During the comprehensive needs assessment undertaken with involvement and consultation with community based volunteers, other operating partners providing refugee response actions, and local authorities, the URCS undertook a comprehensive process to consult and identify and profile these vulnerable households and individuals for targeted support. These special groups are more vulnerable as their ability survive the current challenge, to bounce back quickly 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

Women	26,074	Rural	100%
Girls (under 18)	29,122	Urban	0%
Men	21,028	People with disabilities (estimated)	2%
Boys (under 18)	30,772		
Total targeted population	106,996		

Risk and Security Considerations

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

Risk	Mitigation action
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	PGI approach will incorporate actions to mitigate any risk of non acceptance and access.
Risk of increased SGBV Cases due to the shelter congestions within the reception Centre communities	URCS in this response will complement other partners in addressing shelter needs while offering adequate referrals
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 Faecal-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-Faecal diseases, including cholera	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
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.	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.
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.	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.

Please indicate any security and safety concerns for this operation

The general security situation in Kiryandongo is currently very stable, with low security concerns expected in the operation areas. However, the fact that the settlement is hosting individuals from various ethnic backgrounds from within Sudan, with the old caseload of South Sudanese as well as with the host population of Bududa IDPs, there is potential occurrence of internal conflicts among the refugees. However, the continuous community dialogue and related activities being implemented to promote peaceful co-existence

among the refugees are believed to help reduce this risk.

However, the URCS will integrate Safer Access Framework (SAF) and ensure the IFRC Minimum Security requirements are applied to all RC movement personnel throughout the operation. A Security Risk Assessment will be conducted for the operational areas if needed, and risk mitigation measures will be identified and implemented. All RC Movement staff and volunteers will be encouraged to complete the IFRC Stay Safe e-learning courses, i.e. Stay Safe 2.0 Global Edition Levels 1-3 in addition to the Safety and security awareness sessions held with staff and volunteers in the field.

Has the child safeguarding risk analysis assessment been completed?

Yes

Planned Intervention



Shelter Housing And Settlements

Budget: CHF 123,806

Targeted Persons: 3,600

Indicators

Title	Target	Actual
# of NDRT deployed	5	5
# of shelter kits procured and distributed	600	0
# of temporary (100 capacity) sleeping tents deployed	2	2

Progress Towards Outcome

Five (05) National response team members have been deployed to support the operation in the delivery of WASH, Protection, and Health services through the Mobile clinic. However, there has been a gap in the WASH hardware capacity, thus the operation often sought technical support from WASH Engineers deployed in other project areas to provide technical inputs and guidance in the construction and other hardware activities required in Kiryandongo,

Shelter is more than providing a roof over People of Concern (PoCs). URCS installed two sleeping tents with a capacity of 100 people each at the reception centre. One tent is being utilized by males and the other by females. The tents have provided comfort, security, human dignity, and privacy for the PoCs. The installed tents have been designed with full-sized netted windows for proper ventilation, and the team has sandbagged them on the side-lines and created trenches to prevent flooding.

The 600 shelter kits are currently still under procurement and will be distributed during 3rd week of October 2024



Multi Purpose Cash

Budget: CHF 28,835

Targeted Persons: 1,200

Indicators

Title	Target	Actual
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# of households that received multipurpose cash	200	0
# of PDMs conducted	1	0
% of families that confirmed the cash has supported access to basic needs and food	90	0
% of families that have used the cash to access more than food	70	-
# of assessments conducted	1	0

Progress Towards Outcome

URCS will support 930 most vulnerable individuals with Multi-Purpose Cash Assistance to enable them meet their most basic needs at a transfer value of 56,000ugx per person per household. This will be a one-off transfer to complement existing interventions. 90% of targeted individuals will come from the most vulnerable new arrivals and 10% will come from the old caseload among those with recurring vulnerabilities. 15 protection volunteers have been trained on how to identify and validate Persons with Special Needs (PSNs) and the verification activity is on-going.



Budget: CHF 49,068

Targeted Persons: 61,824

Indicators

Title	Target	Actual
# of people reached with health literacy messages	61,824	8,732
% of the volunteers and VHTs submitting weekly zero reports	75	78
% reduction in people reporting with malaria disease in the hospitals	50	0
% increase in immunization coverage among POCs of Kiryandongo refugee settlement	95	0
% increase in number of pregnant women attending ANC and PNC visits	70	0
# of volunteers trained on EPiC	70	38
# of volunteers trained on PSSiE	30	0
# of suspected Cases and confirmed cases in the camp.	2	2

Progress Towards Outcome

To ensure that people of concern (PoCs) can access outpatient healthcare, a mobile disaster clinic has been set up at the reception centre. This clinic provides interventions for non-communicable diseases and various primary healthcare services, complementing government healthcare facilities in the settlement and IRC.

Through the deployment of the mobile medical clinic at the reception centre, the operation has so far provided medical support to 2,983 individuals (1,489 males & 1,494 females) treated for conditions such as Malaria, Respiratory Tract Infections (RTIs), and diarrheal diseases.

A stand-by ambulance stationed at the reception centre alongside the mobile clinic has been providing real-time referral of complicated cases seen at the reception centre thus facilitating time medical care and improved coordination with other healthcare providers and higher levels of health care facilities. The ambulance aids referrals for critical cases requiring emergency and urgent medical support beyond the URCS' curative healthcare services. In response, 37 referrals have been made using the ambulance from the reception centre to healthcare facilities within Kiryandongo district.

Through an integrated, holistic approach, community-based surveillance (CBS) and health education services have been incorporated into the services offered within the mobile clinic. Training on EPiC and CBS was conducted for 38 Village Health Team (VHT) members (15 males & 23 females) selected from each cluster in the Kiryandongo refugee settlement, focusing on the most at-risk host communities. Only 38 were trained instead of the targeted 70 due to budget constraints, as the training curriculum was contextualised to integrate a comprehensive VHT training package. The training that was jointly facilitated by the URCS health department, the Ministry of health and Kiryandongo District health department enhanced their abilities to detect, report, and respond to disease outbreaks within the 7-1-7 framework.

The trained Village Health Team (VHTs) were deployed as volunteers to conduct CBS on notifiable diseases following the training. The CBS zero reporting rate is 78% in the settlement, with one false Mpox alert.

A total of 8,732 people at the reception centre have received health literacy messages, falling short of the target of 61,824. The target within the settlement has not been met yet because volunteers had to undergo comprehensive training on EPiC and CBS, which took place in late August.

The high patients load seen by the mobile clinic at the reception centre and outreaches have been overwhelming the few number of medical workers (2 medical clinical officer, one nurse, one dispenser and 5 interpreters) deployed to run the clinic..There is need to recruit and deploy additional medical workers, especially one medical officer and 1 Medical Clinical officer to support this high patient load.



Water, Sanitation And Hygiene

Budget: CHF 197,037

Targeted Persons: 61,824

Indicators

Title	Target	Actual
# maintenance Kits for construction of latrines	100	100
# of hygiene kits procured and distributed	1,000	0
# of piped water supply system constructed	1	0
# of latrine construction and maintenance Kits	45	30
# of kit 5 deployed	1	1
# of people reached with wash activities	61,824	10,274
# of toilet slabs procured and installed	500	0
#month covered with the water trucking	3	1
# cubic Liters of water provided to communities	10,000	0
# of plastic waste bins procured	15	0

Progress Towards Outcome

To prevent the outbreak of public health emergencies, URCS has taken immediate and appropriate action using both software and hardware WASH approaches. A WASH kit 5 was deployed, with modifications made to some components, such as the motorization of a living well to enable water trucking and providing Fuel for pumping water. In collaboration with UNHCR and LWF, URCS was permitted to truck water from a motorized water well called Kiryandongo 2.

The operation is trucking 70,000 litres of water weekly to Cluster B, home to approximately 1,200 households inclusive of newly resettled PoCs in the cluster with only one borehole on the host community's side. The provision of fuel for water pumping at the Karamoja and Kiryandongo 2 water sources has increased water production for clusters MR, L, and K. Additionally, Cluster D, which was previously hard to reach and lacked access to sufficient water, can now benefit from the provision of fuel, ensuring that the people in that area have access to an adequate and safe water supply.

Additionally, 2,000 refugees have benefited from 100 latrine digging kits procured. Groups of 20 households were formulated/registered, and each group received one digging kit (1-wheel barrow, 1Fork, 1 hand hoe, 1 spade, 1 panga, 1 slasher, 1 metallic bucket, 1 crowbar, 1 pick axe, and 1 rake). The digging kits will support PoCs in the excavation of pits and the construction of household latrines.

Two (02) T11 and T70 OXFAM water tanks were procured and delivered to the settlement. The T11 water tank has been installed in Cluster B and supporting the distribution of safe water trucked through the water bowser. However, the T70 tank and the dome slabs have not yet been installed due to delays in procurement.

Hygiene promotion sessions conducted by community-based volunteers have reached 14,332 individuals against a target of 61,824.

All 1,000 hygiene kits have been procured and pre-positioned at the central warehouse, ensuring they are ready for distribution.



Protection, Gender And Inclusion

Budget: CHF 7,322

Targeted Persons: 2,300

Indicators

Title	Target	Actual
# of assessments conducted	1	1
# of volunteers oriented on PGI and SGBV	100	73
# of volunteers deployed for RFL activities	10	7
# of referrals done	240	91
# of people reached with SGBV sessions	2,300	1,291
# of CFS centre constructed	1	0

Progress Towards Outcome

URCS has incorporated gender-sensitive approaches into its response strategy to address the unique challenges faced by different individuals, including children, adults of both genders and people with disabilities. All 73 community volunteers deployed across various sectors received orientation on Protection, Gender, and Inclusion (PGI) aspects; however, training has been planned for the first week of October to fully train 100 volunteers, including staff. Additionally, 8 volunteers were assigned to protect family links services. 91 external referrals have been made for PoCs to receive protection, psycho-social support, and other assistance based on their needs and cases to partners.

URCS is currently carrying out protection activities across the entire settlement. This involves selecting and training gender committees,

which serve as our main point of contact with the communities. Through the group of volunteers, the operation helps to raise awareness through household visits, focus group discussions (SGBV sessions in our context), community meetings, and one-on-one interactions with support from local cluster leaders. During the reporting period, the operation has provided information on types of SGBV, sexual consent, and reporting procedures reaching out to 1,291 individuals (587 males, 704 females, and 66 persons with disabilities) against a target of 2,300.

Plan to construct one Child-Friendly Space (CFS) is still being hampered by lack of space on where to locate the CFS within the Reception centre, as well as budget constraints which will only be able to construct temporary CHF infrastructure without the play facilities. The operations team have been planning a CFS design that fits the available budget, through collaboration with Save the Children for support with technical guidance on an ideal CFS design. This activity shall be completed during 3rd week of October and handed over to Save the Children or other Child Protection partner to manage



Migration And Displacement

Budget: CHF 2,663

Targeted Persons: 12,144

Indicators

Title	Target	Actual
# of migration working group meetings attended	6	3
# of referral systems supported	1	0

Progress Towards Outcome

URCS has attended 3 migration working group meetings



Community Engagement And Accountability

Budget: CHF 11,169

Targeted Persons: 12,144

Indicators

Title	Target	Actual
# of CEA kiosks established	14	0
# of people reached with RCCE	12,144	1,291
# of volunteers equipped with PPE	50	0
# community empowerment sessions on SGBV/PGI of refugee welfare committees done	1	0

Progress Towards Outcome

15 volunteers were trained and deployed to support Protection activities, conduct Community Engagement and Accountability (CEA), Risk Communication and Community Engagement (RCCE), and Protection Gender and Inclusion (PGI).

Six volunteers are stationed at complaint desks within the settlement to collect feedback using a Kobo tool and take action based on the sensitivity and urgency of the feedback. The other nine volunteers conduct monitoring and household visits to provide RCCE and share information on SGBV. We currently use service points from other partners.

The plan was to establish 14 kiosks, but due to budget constraints, only 3 kiosks are currently under procurement due to budget limitation and will be established during the 2nd week of October 2024.



Secretariat Services

Budget: CHF 17,040

Targeted Persons: 100

Indicators

Title	Target	Actual
# of monitoring missions conducted.	3	2
# of financial spot check conducted.	1	0

Progress Towards Outcome

No monitoring mission has so far been conducted. however, a financial spot check was conducted on the 23rd of September 2024.

Field monitoring missions by IFRC PMER team is scheduled for 16th October 2024



National Society Strengthening

Budget: CHF 63,058

Targeted Persons: 12,144

Indicators

Title	Target	Actual
# of volunteers insured	100	87
# of visibility materials procured	100	50
# of monitoring missions conducted	6	0
# of lessons learnt sessions conducted	1	0

Progress Towards Outcome

One (01) internal monitoring mission was conducted by the DRM Director in August 2024 that helped to provide strategic guidance of the operation. Two (02) IFRC monitoring missions are planned for October 2024.

50 reflector jackets and 02 pull-up banners were procured and distributed, and more Visibility materials are still being procured. 87 volunteers have been insured.

A lessons-learned workshop is planned at the end of the DREF operation.



The following additional activities will be integrated to strengthen capacity of the URCS to receive and effectively manage refugees and other migration emergencies:

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

Planned Operations	367,904
Shelter and Basic Household Items	123,806
Livelihoods	0
Multi-purpose Cash	24,841
Health	19,037
Water, Sanitation & Hygiene	184,245
Protection, Gender and Inclusion	7,322
Education	0
Migration	2,663
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	5,991
Environmental Sustainability	0
Enabling Approaches	64,449
Coordination and Partnerships	0
Secretariat Services	10,384
National Society Strengthening	54,065
TOTAL BUDGET	432,353

all amounts in Swiss Francs (CHF)



Contact Information

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

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