



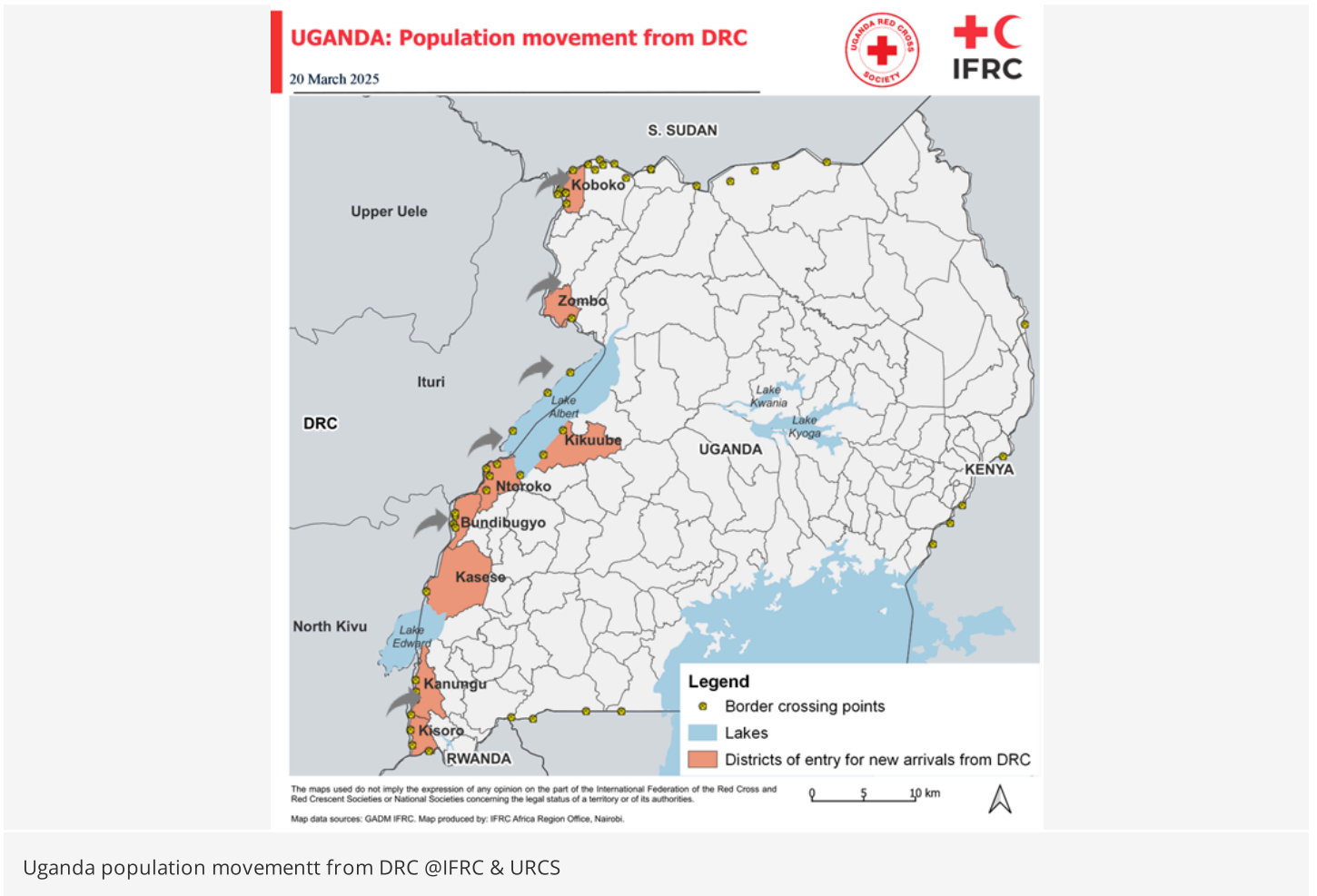
NFI beneficiaries from Kanungu District

Appeal: MDRUG056	Total DREF Allocation: CHF 574,552	Crisis Category: Orange	Hazard: Population Movement
Glide Number: -	People Affected: 30,083 people	People Targeted: 22,500 people	People Assisted: 34,425 people
Event Onset: Slow	Operation Start Date: 08-04-2025	Operational End Date: 31-08-2025	Total Operating Timeframe: 4 months

Targeted Regions: **Western Region**

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event



Date when the trigger was met

20-03-2025

What happened, where and when?

A severe escalation of the protracted conflict in the eastern Democratic Republic of Congo (DRC), beginning in December 2024 around Goma City in North Kivu province, has unleashed a devastating humanitarian crisis. The violence rapidly spread south towards Bukavu in South Kivu and intensified in other North Kivu towns such as Masisi, Rutshuru, and Katale, displacing half a million people in a single month.

This surge in fighting, driven notably by the merger of the CODECO and M23 rebel groups alongside atrocities from numerous other armed factions, forced a massive exodus. While many fled to Rwanda and Burundi, a very sharp increase in Congolese asylum seekers entered southwestern Uganda in the first half of 2025. They arrived through specific transit centres, with over 63,500 individuals registered at Nyakabande, Matanda, and Ssebagaro between January and July 2025. Upon arrival, these refugees were relocated to established settlements, with Nakivale and Kyangwali receiving the majority.





Participants of Lessons Learnt Workshop



Shelter Kit distribution in Kyangwali settlement



Emergency bathrooms and latrines constructed in Nakivaale



Handwashing facility in Kisoro

Scope and Scale

The disaster's scope and scale as of late March 2025 was severe and rapidly escalating, characterized by a massive and accelerating cross-border refugee crisis that was overwhelming Uganda's humanitarian response capacity.

The scale of the disaster was defined by a significant and unexpected surge in human displacement. By March 20, 2025, the number of new arrivals from the Democratic Republic of Congo (DRC) into Uganda had already reached 30,083 individuals since the beginning of the year. This figure had already surpassed half of the total 56,250 new arrivals that UNHCR had projected for the entire period up to September 2025, indicating the crisis was unfolding at a much faster and more severe rate than anticipated. This influx compounded an already massive pre-existing refugee population of 575,961 Congolese nationals who were already being hosted in Uganda. The affected population was highly vulnerable, with a majority being women and children, and a significant proportion expected to be Persons with Special Needs.

In terms of scope, the disaster had a profound geographical and systemic impact. Geographically, it spanned conflict zones in the DRC's Nord Kivu and Ituri provinces, through Ugandan border points in the Kisoro, Kanungu, and Kikuube districts, and into transit centres and established refugee settlements within Uganda. The crisis comprehensively overwhelmed critical services. Transit centres like Nyakabande and Matanda were severely congested, operating beyond capacity and forcing refugees to sleep in open spaces. In settlements like Nakivale and Kyangwali, the infrastructure for basic services was critically strained. Access to safe Water, Sanitation, and Hygiene (WASH) was dangerously low, with latrine coverage below 50% and water access falling below international standards, creating a high risk for disease outbreaks. Health services were overstretched, facing drug shortages and overwhelmed staff, while educational facilities were unable to accommodate thousands of refugee children. The protection situation was dire, with inadequate shelter, heightened risks of gender-based violence, and family separation, leading to secondary displacement as refugees sought better conditions elsewhere. Thus, the disaster's scope extended beyond mere numbers to encompass a full-spectrum collapse in humanitarian conditions for the new and existing refugee populations.

Source Information

Source Name	Source Link
1. Al Jazeera TV	https://www.aljazeera.com/news/2025/3/13/people-need-a-break-drc-conflict-reignites-dark-memories-of-congo-wars
2. Relief Web	https://reliefweb.int/report/democratic-republic-congo/eastern-drc-displacement-overview-12-march-2025



3. Al Jazeera TV	https://www.aljazeera.com/news/2025/3/17/dr-congo-and-m23-rebels-confirm-participation-in-angola-peace-talks
4. New Vision Uganda	https://www.newvision.co.ug/category/report/congolese-refugees-overwhelm-kyangwali-settle-NV_207081
5. UN Refugee Agency (UNHCR) data as of March 2025	https://data.unhcr.org/en/dataviz/68?sv=0&geo=220

IFRC Network Actions Related To The Current Event

<p>Secretariat</p>	<p>The IFRC Juba cluster delegation team provided technical guidance on health, logistics, PMER, and finance. The Disaster Management Delegate worked with URCS in preparing for the response. An Operation Manager Surge was in the country to support the EVD response and also supported this operation. To ensure proper monitoring of the operation and support to URCS, the IFRC Disaster Management Delegate increased monitoring visits throughout its duration.</p> <p>The IFRC closely monitored the refugee situation in the country and stood ready to mobilize additional surge personnel to support the operation if the need arose. Through the IFRC GO platform and using various channels, URCS ensured that all Movement partners were informed about all disaster and emergency events and the emergency operations being implemented in Uganda.</p> <p>The IFRC Juba cluster worked closely with the URCS to organize weekly operation meetings, which took place virtually every Wednesday with the participation of the ICRC and Partner National Societies (PNSs). This population movement operation was also included and discussed within the same Movement coordination mechanism. At the regional level, the IFRC coordinated similar response actions for Congolese refugees who had fled southwards into Burundi, Rwanda, Tanzania, and Northern Zambia through an integrated response strategy. This strategy also ensured that the Uganda refugee response was linked into one coordinated regional operation.</p>
<p>Participating National Societies</p>	<p>Netherlands Red Cross, Austria Red Cross, and Belgium Red Cross, through the ECHO-PPP project, had been working with the Uganda Red Cross Society on implementing a disaster preparedness and response project in the affected areas. This project availed start-up funds which were utilized to conduct a needs assessment. The funds also supported the desludging of latrines at the Nyakabande transit centre and the distribution of start-up Non-Food Items (NFIs) to at least 500 people in the initial stages of the emergency.</p> <p>Through the same framework of action, URCS implemented social cohesion activities in the Kisoro host communities, which included supporting the installation of rainwater harvesting tanks and latrines in schools. The PPP project had also supported the Kisoro and Kanungu district disaster management committees (DDMCs) to operationalize their multi-hazard district contingency plans, in which population movement was highlighted as one of the hazards. As part of the consortium, the Belgian Red Cross trained a number of RCATs from the affected areas in first aid for first responders; this training became instrumental in providing effective first aid as asylum seekers entered the country.</p> <p>Through funding from the Belgium Red Cross Flanders, the Humanitarian Protection II project, which was implemented in Kyangwali, had since supported new arrivals and Persons with Special Needs (PSNs) in the areas of Cash for Livelihood, Shelter, and awareness of Communicable diseases, among others. The project recently launched a business centre where women and youth were encouraged to exhibit and foster more vocational skills that promoted the sustainability of the refugee response operations.</p> <p>However, the Nakivale, Kayak II, and Kyangwali refugee settlements had all been receiving new arrivals from the DRC in large numbers, and similarly, this required</p>



support. This influx strained the gains that the Humanitarian Protection and ECHO PPP projects had been supporting, due to the evolving needs in the settlements.

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 facilitate Emergency Preparedness & Response (EPR) services, Safer Access Frameworks (SAF), providing Protection of Family Links (PFL) needs of the refugee population settled in Uganda as well as promoting International Humanitarian Law (IHL) and Communications. The ICRC also provides direct delivery of detention visits for Political detainees through its Kampala and sub-regional delegations. For this DREF operation, in addition to the routine RFL and EPR program, ICRC allocated extra funds to supplement the response.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>The Government of Uganda, led by the Office of the Prime Minister (OPM), was the primary coordinator. It implemented the Comprehensive Refugee Response Framework (CRRF), focused on including refugees in national systems for education, health, and livelihoods. The OPM was also directly responsible for the registration of asylum seekers and the decision to grant them refugee status.</p> <p>The Local Governments of the affected districts (Kisoro, Kanungu, Bundibugyo, and Kikuube) collaborated directly with the OPM and UNHCR to manage the initial reception of new arrivals at the border crossing points.</p>
UN or other actors	<p>UNHCR played a critical support role by tracking all refugee arrivals. It assisted the Government and other partners in providing life-saving interventions, which included distributing emergency shelters at transit centres and delivering protection and health services.</p> <p>The World Food Programme (WFP) was responsible for addressing food insecurity by providing food aid. This aid was specifically used to prepare hot meals for the new arrivals at the various transit and reception centres.</p>

Are there major coordination mechanism in place?

At national level, the Department of Refugees in the Ministry of Disaster Preparedness and Refugee Affairs of the Office of the Prime Minister (OPM) and the UNHCR facilitate monthly inter-agency coordination mechanisms through a well as routine sectoral meetings to share asylum seekers and refugee arrival trends, harmonize approaches. The UNHCR and OPM also operates an active refugee Portal through which technical data and gap analysis information shared with partners. (<https://data.unhcr.org/en/country/uga>).

At the regional levels, the Refugee Desk Offices (RDOs) in Mbarara and Hoima work in collaboration with UNHCR to convene quarterly Inter-Agency coordination meetings covering all refugee response actors within the two regions where refugee response experiences, best practices and humanitarian and operational gaps are shared.

In each of the affected districts, the District Disaster Management Committees (DDMCs) are actively involved in coordinating initial actions to support the reception of asylum-seekers at border crossing points and later they hand over to OPM and UNHCR. The DDMCs still remain relevant in ensuring quality standards are adhered to in line with Government policies and regulations. The DDMC roles also help to ensure peaceful co-existence between the refugees and the host population.

At the settlement levels, weekly meetings are held to review updated information on new arrivals and humanitarian needs that help partners in operational planning and resource mobilization efforts.



Needs (Gaps) Identified



Shelter Housing And Settlements

The primary need was for decisive action to decongest the transit and reception centres (Nyakabande, Matanda, and Buhuka). This was required due to over-stretched capacity, prolonged stays, and delays in plot allocations, all of which heightened protection risks.

A critical and immediate need was for adequate shelter. The lack of sufficient shelters exposed new arrivals to harsh weather and increased their vulnerability to disease. The existing communal shelters were overcrowded, and the standard shelter kits provided (often just two tarpaulins) were inadequate, forcing refugees to resort to harmful improvisation.

Specifically for Persons with Special Needs (PSNs), such as the elderly, people with disabilities, and those with chronic illnesses, there was an identified need for specialized support and assistance. These individuals were unable to construct their own shelters and required dedicated help that was not available.

Finally, there was a fundamental need for increased resources, including more core relief items and available land for relocating refugees. The shortage of these basic resources was the underlying cause of the prolonged stays in the overcrowded transit centres.



Livelihoods And Basic Needs

The most immediate needs were for life-saving basic necessities, as asylum seekers arrived without personal items or productive assets. This included a critical need for food, clothing, and household items.

A significant and specific need was for measures to prevent zoonotic disease outbreaks. This was required because many asylum seekers arrived with domestic animals, and there was a complete lack of animal screening and quarantine centres at the transit and reception facilities.

There was a fundamental need for adequate land in the settlements. This was a two-fold problem: existing refugees lacked sufficient land for sustainable livelihoods, and the settlements themselves were becoming overfull, unable to handle the continuous influx of new arrivals.

Finally, a looming need was for sustainable food and nutrition support. The current system, which reduced food aid after the first three months, was identified as inadequate and likely to lead to food shortages and negative coping mechanisms, indicating a need for longer-term or more substantial food security interventions.



Multi purpose cash grants

Below were the needs identified under Multi-Purpose Cash.

1. The need for financial infrastructure and literacy: Recipients required support to access and understand the financial system, as many lacked mobile phones, SIM cards, bank accounts, and a basic understanding of the local currency.
2. The need for market stability and analysis: To ensure the cash provided had sufficient purchasing power, there was a need to monitor and mitigate risks from market fluctuations, price volatility, and inflation.
3. The need for robust protection measures: Specific, dedicated measures were required to protect vulnerable groups, particularly women and unaccompanied minors, from gender-based violence, exploitation, and theft that could result from carrying or receiving cash.
4. The need for improved coordination and inclusive registration: There was a critical need to strengthen coordination among aid agencies to prevent both the duplication of aid and the exclusion of the most vulnerable groups, such as undocumented refugees, persons with disabilities, and elderly-headed households.



Health

The identified needs were critical and multifaceted, focusing on overwhelming gaps in healthcare, sanitation, and nutrition that created a high risk for a widespread public health crisis. The key needs identified were:

1. Urgent Healthcare System Strengthening: The three health facilities in the holding centres were severely overstretched. There was a critical need for more medical staff, a consistent supply of essential drugs and commodities, and enhanced diagnostic capacity to handle the massive patient load and complicated diseases.



2. **Disease Prevention and Control:** There was an urgent need to control the high rates of Malaria, Respiratory Tract Infections, and acute diarrhoeal diseases. This required targeted interventions like the distribution and promotion of mosquito nets, especially for vulnerable groups (pregnant women, children under five, the elderly). There was also a pressing need for preparedness and prevention measures against potential outbreaks of dangerous diseases like cholera, MPOX, and Ebola, which the severe congestion facilitated.
3. **Immediate Decongestion of Holding Centres:** The most fundamental need was to reduce the extreme overcrowding in the three holding centres. This congestion was the root cause of many health risks, facilitating the rapid transmission of communicable diseases.
4. **Improved Hygiene, Sanitation, and Behavior Change:** There was a clear need to address poor hygiene and sanitation conditions in the centres. This had to be coupled with culturally sensitive hygiene promotion to overcome the challenges posed by diverse cultural backgrounds and encourage the adoption of safe practices to prevent the spread of diarrheal diseases.
5. **Emergency Nutrition Intervention:** A severe need existed to address acute malnutrition, which was already affecting 10% of new arrivals. Without immediate external support, a sharp rise in Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) was foreseen, requiring urgent nutritional screening and feeding programs.



Water, Sanitation And Hygiene

The following critical needs in the Water, Sanitation, and Hygiene (WASH) sector were identified:

1. **Urgent Need for Increased Water Supply:** There was a critical need to immediately increase the volume of available water. The average water consumption had dropped to a life-threatening 6.5 litres per person per day, which was far below the 15-litre minimum standard. This required repairing or expanding existing water sources and installing new ones to meet the soaring demand.
 2. **Immediate Need for Sanitation Infrastructure:** There was a severe and urgent need to construct a large number of new latrines. Sanitation coverage had collapsed from 76% to 36%, creating a high risk of disease outbreaks. This required a massive and rapid distribution of latrine construction kits and the building of communal latrines to catch up with the population growth.
 3. **Need for Effective Solid Waste Management:** The escalating amount of solid waste generated by the dense population required immediate attention. There was a identified need for systems and capacity to manage and dispose of solid waste effectively to prevent the spread of vector-borne diseases.
- The overarching need was for a rapid and massive scale-up of the entire WASH infrastructure to prevent a severe public health crisis, as the existing systems were completely overwhelmed by the refugee influx.



Protection, Gender And Inclusion

The key needs identified were:

1. **Urgent Need for Child Protection:** There was a critical need to address the soaring number of separated and unaccompanied minors. This required services to prevent abduction, trafficking, and sexual and physical violence, as well as the establishment and support of functional child-friendly spaces with basic infrastructure and learning aids.
2. **Need for Family Reunification Services:** A specific and urgent need was identified for Protection of Family Links (PFL) services at all locations, especially the Ssebagaro Transit Centre where it was missing, to help refugees reconnect with separated family members.
3. **Need for Specialized Support for Women and Girls:** There was a clear need to provide menstrual hygiene kits for reproductive-age girls and school kits for school-going children, as the lack of these items was identified as a key challenge exposing them to protection risks.
4. **Need for Strengthened Community Structures and Inclusive Programming:** There was a need to strengthen weak community-based protection structures and develop mechanisms to ensure child participation in program activities to prevent their exclusion.
5. **Overarching Need for Stable Funding:** Underpinning all other gaps was the critical need for stable and reliable funding. The suspension of funds from key donors had crippled protection partners, leading to shut-down operations, constrained services, and broken referral pathways, which in turn exposed migrants to traumatic experiences and increased dangers.



Education

The following critical needs in the education and child welfare sector were identified:

1. **Need for Expanded Educational Infrastructure and Materials:** There was an urgent need to scale up the physical capacity for education by constructing more classroom blocks and child-friendly spaces and providing essential furniture (desks and chairs) and scholastic materials to accommodate the overwhelming number of school-aged children.
2. **Need for Increased Teaching Staff and Language Support:** A critical need existed for more qualified teaching staff. Furthermore, specific support was required to address the language barrier for French and Lingala-speaking students and to navigate the differences in curriculum between the DRC and Uganda to ensure educational continuity.
3. **Need for WASH Facilities in Learning Environments:** It was essential to equip all learning spaces with basic Water, Sanitation, and Hygiene (WASH) infrastructure, including a safe water supply, latrines, and solid waste management facilities, to protect children from water-borne diseases.
4. **Need for Menstrual Hygiene Management:** A specific and vital need was identified for safe and dignified menstrual hygiene materials



for adolescent girls. The lack of these materials was a leading cause of school absenteeism and dropouts and exposed girls to health risks like urinary tract infections.



Migration And Displacement

The following critical needs were identified:

1. **Immediate Need for Trauma and Medical Care:** There was an urgent need for physical and psychological trauma care to address the wounds, injuries, and severe stress experienced by asylum seekers from the conflict and their arduous journeys.
2. **Need for Safe Transport and Humanitarian Service Points (HSPs):** A critical gap was identified in the provision of safe and dignified transit. There was a need to establish more Humanitarian Service Points (HSPs) along the routes and, specifically, to address the dangerous lake crossings by providing safer transport options across Lake Albert to prevent drowning.
3. **Urgent Reinforcement of Health Posts at Transit Centers:** The existing health facilities at transit points were completely overwhelmed. There was a severe need to strengthen these health posts by increasing the number of medical staff and ensuring a consistent supply of medicines and equipment to handle the high volume of patients efficiently.



Risk Reduction, Climate Adaptation And Recovery

The identified needs fell into two interconnected categories: Risk Reduction and Climate Adaptation & Recovery.

In Risk Reduction, the needs were:

1. **Strengthened Early Warning and Preparedness:** There was a critical need for functional early warning mechanisms to forecast refugee movements, allowing humanitarian agencies to plan and mobilize resources effectively instead of being consistently overwhelmed.
2. **Decongestion and Essential Shelter Support:** A major need was to alleviate severe overcrowding in transit centres and settlements. This required a massive scale-up in the provision of emergency shelters and the distribution of essential household items like blankets and cooking utensils to protect refugees from harsh weather.
3. **Robust Public Health and Sanitation Infrastructure:** There was an urgent need to address the root causes of disease outbreaks by improving access to clean water, implementing effective waste management, and building adequate sanitation facilities to prevent the spread of typhoid, malaria, and measles.
4. **Reinforcement of Health Systems:** A critical need existed to strengthen overstretched and under-resourced health facilities by increasing medical staff, ensuring a consistent supply of drugs, and improving diagnostic capacity to make services efficient and effective.

In Climate Adaptation and Recovery, the needs were:

1. **Environmental Protection and Sustainable Resource Management:** There was a clear need to address environmental degradation by promoting sustainable land use, combating deforestation and soil degradation, and implementing measures to prevent water scarcity.
2. **Climate-Resilient Infrastructure:** A key need was the construction of climate-resilient shelters and infrastructure in transit centres and settlements to protect refugees from extreme weather events like heavy rains and strong winds.
3. **Sustainable Water Supply Systems:** The critical challenge of water scarcity required solutions that went beyond emergency tinkering, needing the development of sustainable and climate-resilient water supply systems to meet the high demand.
4. **Planned Settlement Expansion and Erosion Control:** There was a need for planned and regulated settlement expansion to mitigate environmental hazards such as erosion and flooding, which would also help conserve biodiversity and natural resources for both refugees and host communities.



Community Engagement And Accountability

The following needs in communication, community engagement, and accountability were identified:

1. **Reinforcement of Overstretched Communication Structures:** There was a critical need to strengthen and support the existing District Local Government (DLG) and community-based disaster risk reduction groups. These structures, essential for the flow of risk information and community engagement, were overwhelmed and could no longer function effectively due to the scale of the crisis.
2. **Need for Enhanced Feedback and Accountability Mechanisms:** The systems for receiving and addressing community feedback had broken down. There was a specific need to decongest and reinforce the registration and feedback desks, which were overwhelmed by the sheer number of people, to ensure that the concerns and questions of asylum seekers were being heard and addressed.
3. **Need for Psychologically Aware Communication:** The communication efforts needed to account for the psychological trauma and distress within the community, particularly among those with missing family members. Standard communication was ineffective, indicating a need for more sensitive and tailored approaches to community engagement that addressed these mental health challenges.





Environment Sustainability

The identified needs were centred on environmental protection and sustainable resource management to mitigate the crisis's negative impact on the ecosystem and ensure long-term viability for both refugees and host communities. The specific needs were:

1. **Need for Sustainable Energy Solutions:** There was a critical need to reduce dependence on firewood for cooking. This required providing alternative, cleaner energy sources (like fuel-efficient stoves or solar cookers) to stop rapid deforestation and the resulting land degradation.
2. **Need for Proper Waste Management Systems:** A clear need existed to establish structured waste management systems in settlements and reception centers to address the unhygienic accumulation of waste and pollution from plastics and other materials.
3. **Need for Reforestation and Soil Conservation:** To combat erosion and land degradation, there was a need to implement organized tree planting and soil conservation programs to restore vegetation cover and stabilize the land.
4. **Need for Sustainable Water Resource Management:** The immense pressure on water sources created a need for sustainable water conservation programs to manage rivers, lakes, and groundwater reserves responsibly and prevent worsening water scarcity.

Operational Strategy

Overall objective of the operation

The overall objective of the operation was to deliver immediate relief and facilitate early recovery actions to enhance the living conditions of 3,750 households (22,500 individuals) of newly arriving refugees and asylum seekers from the Democratic Republic of Congo. The operation aimed to help improve their health and restore dignity through the provision of humanitarian service points, safe shelters, adequate safe water supply, sanitation, hygiene promotion interventions, community health, and child protection services over a period of four months.

Operation strategy rationale

The overall operational strategy focused on delivering humanitarian assistance that complemented existing services to meet the basic needs of affected populations. The approach emphasized scaling up and completing delayed or underfunded activities within priority sectors, rather than introducing new interventions.

a) Multipurpose Cash Assistance (MPCA)

The objective of the MPCA intervention was to address urgent non-food basic needs among the most vulnerable refugees through an unrestricted cash transfer. This modality enabled households to self-prioritize expenditures while promoting autonomy and financial inclusion. The operation targeted 4,000 individuals for a one-time cash distribution, guided by a jointly agreed vulnerability assessment. Post-distribution monitoring (PDM) was planned to evaluate the effectiveness of the assistance and inform programmatic adjustments for future responses.

b) Water, Sanitation and Hygiene (WASH)

The WASH strategy responded to critically low sanitation coverage and elevated hygiene-related risks in reception areas. Immediate actions focused on constructing communal latrines and bathing shelters as a temporary mitigation measure. To accelerate the transition toward durable household sanitation solutions, the operation also procured and distributed latrine digging kits and locally manufactured ferro-cement slabs to support household-level latrine construction.

c) Protection

The protection strategy prioritized the substantial influx of new arrivals, with specific emphasis on family reunification needs. Protection of Family Links (PFL) services were reoriented to expedite tracing and reunification processes. Additionally, free Wi-Fi services were introduced to complement traditional phone-based communication channels. The operation further delivered critical protection services including gender-based violence (GBV) awareness sessions and psychosocial support, facilitated through trained staff and volunteers.

d) Shelter and Settlement

Shelter interventions targeted urgent accommodation gaps, particularly for individuals and households unable to construct shelters independently. Standard shelter kits were distributed at border points, while low-cost, culturally appropriate shelters for Persons with Specific Needs (PSNs) were constructed within settlements. Participatory approaches ensured that designs were safe, dignified, and responsive to the needs of the most vulnerable groups.

e) Health

The health strategy addressed significant congestion in existing health facilities. To reduce patient load and improve service flow, first aid posts were deployed as Humanitarian Service Points (HSPs) at border crossings to provide initial screening and stabilization. Community-based volunteers played a critical role in health promotion and community surveillance, enabling early detection and prevention of potential disease outbreaks, including cholera, MPOX, and Ebola.



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

The CEA and PGI approach ensured that the response remained accountable, inclusive, and community driven. Volunteers from the refugee community were recruited to support information dissemination, translation of materials, and facilitation of two way communication. Feedback mechanisms were established, and community radio platforms were used to deliver timely, lifesaving information and strengthen community trust.

g) Migration and Displacement

Migration related support focused on maintaining and enhancing services for refugees in transit. The operation continued to operate Humanitarian Service Points, conduct advocacy with relevant stakeholders, and train staff and volunteers on migration policies. These actions collectively ensured a consistent, informed, and well-coordinated response across transit locations.

h) Education in Emergencies (EiE)

The Education in Emergencies intervention aimed to restore normalcy and continuity in learning for children whose schooling was disrupted by conflict and displacement. Activities focused on creating safe, supportive learning environments that also provided psychosocial support, enabling children to cope with trauma and continue their developmental and educational progress.

Targeting Strategy

Who was targeted by this operation?

This operation targeted a total of 22,500 newly arriving asylum seekers and refugees who were most affected and vulnerable due to inadequate social services at the border crossing points, reception, transit and refugee settlements. This represented approximately 58% of the total refugee population of Kyangwali and Nakivaale refugee settlements. In line with the Fundamental Principles of the Red Cross and Red Crescent movement and the Uganda Red Cross Society (URCS) core values of prioritizing assistance to the most vulnerable individuals, the operation primarily targeted new arrivals in Siwagoro, point of entry in chekube district.

Explain the selection criteria for the targeted population

In particular, the targeted beneficiaries were refugees who had been physically injured during the conflict or during their flight, the elderly, child-headed households, orphans, separated and unaccompanied children, persons living with disabilities, individuals living with chronic illnesses, and single-parent households.

These vulnerability criteria were the ones generally used by UNHCR, OPM, and all humanitarian partners to identify Persons with Special Needs (PSNs), as well as the targeting criteria for the food rationing that the World Food Program (WFP) was implementing. These special groups were considered more vulnerable, as their ability to survive the current challenges and to bounce back quickly to their normal lives was very limited. Targeting these particular vulnerable groups was also intended to prevent them from being exposed to other adverse protection risks, including but not limited to potential Sexual Gender-Based Violence (SGBV), rape, early marriages, early pregnancy, and other forms of exploitation.

To ensure fairness and transparency in beneficiary selection, rigorous verification processes were implemented at various levels to prevent the duplication or exclusion of rightful beneficiaries.

Total Assisted Population

Assisted Women	11,475	Rural	100%
Assisted Girls (under 18)	6,559	Urban	0%
Assisted Men	11,025	People with disabilities (estimated)	4%
Assisted Boys (under 18)	5,366		
Total Assisted Population	34,425		
Total Targeted Population	22,500		



Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Possible outbreak of water-borne diseases, including Cholera and typhoid fever as well as upsurge of malaria cases due to increased vector and spread of Mpox and Ebola Virus Disease (EVD) that is currently detected in Uganda. Given the context, there is a very high risk of the spread of water-borne diseases consisting of Faecal-oral diseases, water-related and water-stressed 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 deployed WASH kit 5 to facilitate emergency water supply in the interim of construction and motorization of additional piped water supply system. URCS distributed water treatment tablets as well as conduct hygiene and health promotion sessions.
Due to the fairly favourable refugee and migration policy and reception framework for asylum seekers in Uganda, there is a risk that the number of new arrivals from DRC and other countries, as well as those transiting or transferring from camps in other neighbouring first countries where they sought asylum. This number might be overwhelming the scope of this DREF.	The DREF was extended for one month to accommodate the activities that had not been completed.
Due to the media reports about escalating violence in South Sudan, there is potential of increasing number of new arrivals who might run into the Northern part of Uganda for safety. This new influx will increase the burden of migrants to be cared for by the National Society as well as divert the much needed financial and human resource capacities to manage a larger than normal operation.	The IFRC URCS continued monitoring the South Sudan situation and the needs of newly arriving South Sudanese were integrated into this DREF operation.

Please indicate any security and safety concerns for this operation:

There were no security concerns during the implementation period.

Has the child safeguarding risk analysis assessment been completed?	Yes
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Implementation



Shelter Housing And Settlements

Budget: CHF 111,958
Targeted Persons: 5,000
Assisted Persons: 5,000
Targeted Male: 2,450
Targeted Female: 2,550

Indicators

Title	Target	Actual
No. of PSN houses constructed	30	30
No. of shelter kits procured and distributed	200	200
No. of pre-fabricated shelters deployed at selected transit centers	2	3
No. of technical shelter assessments conducted	1	1

Narrative description of achievements

To enhance emergency shelter capacity and provide dignified living conditions for the FDSPs, URCS implemented a range of shelter interventions including deploying prefabricated shelter tents, distributing shelter kits and construction of Low cost PSN shelters.

Deployment of Prefabricated Shelters: Two prefabricated tents, each with a capacity to accommodate 100 people, were deployed at Nyakabande Transit Centre, while an additional 200-person capacity prefabricated shelter was installed at the Bunagana Point of Entry. These shelters have provided immediate relief for new arrivals from DRC and served as temporary facilities where first responders could deliver essential services, including first aid and psychosocial support.

Shelter Kit Distribution and Construction Support: A total of 200 shelter kits were distributed to new arrivals; 120 in Nakivale (Kabazana B) and 80 in Kyangwali (Bukinda) enabling households to construct temporary shelters upon arrival. Each kit contained essential materials such as tarpaulins, nails, machetes, spades, ropes, and poles. Additionally, 50 volunteers were deployed to assist vulnerable households, including persons with disabilities (PWDs), in setting up their shelters to ensure timely and safe construction.

Construction of Low-Cost PSN Shelters: In coordination with the Protection lead partner in Nakivaale, URCS conducted a rigorous beneficiary identification process targeting the most vulnerable groups, including PWDs, pregnant mothers, child-headed families, foster parents, and GBV survivors. Following verification, 30 low-cost, two-roomed PSN shelters with household latrines were constructed in Nakivale (Juru, Kankingi A) and Kyangwali, providing safe and dignified housing for at-risk families.

Shelter Assessment: A comprehensive shelter assessment was conducted in Kyangwali and Nakivale refugee settlements using the Participatory Approach for Safe Shelter Awareness (PASSA) methodology. The assessment covered 600 households, key informant interviews, and partner consultations to evaluate shelter conditions, risks, and community priorities, with a particular focus on Persons with Specific Needs (PSNs).

Key findings revealed persistent shelter gaps, with over 90% of households in Nakivale relying on emergency shelters, while Kyangwali showed modest progress, with 64% of households occupying semi-permanent structures. Most shelters remain highly vulnerable to strong winds and heavy rains due to poor construction materials and designs, and they lack adequate privacy, accessibility, and gender-sensitive features, particularly for PSNs.

Despite these challenges, households and partners expressed strong interest in transitioning to permanent, hazard-resistant shelters. However, funding gaps, fragmented standards, and weak inter-agency coordination were identified as major barriers.

The assessment recommended prioritizing vulnerable groups such as PWDs for durable shelter solutions, mainstreaming gender,



protection, and accessibility considerations in all shelter designs, and scaling up community-based construction training while supporting local artisans to enhance shelter quality and sustainability.

Lessons Learnt

- The shelter tents were set up on time, providing immediate and comfortable shelter to FDSPs who had been crowded at reception centres with no safe place to rest.
- Close collaboration with partners and early beneficiary identification helped ensure that the most vulnerable groups, such as persons with disabilities and child-headed households, were prioritized for shelter support, improving equity and impact.

Challenges

- The number of PSN shelters constructed was insufficient compared to the overwhelming demand from vulnerable households, leaving many families without adequate shelter support.
- Lack of uniformity in shelter designs among partners created inconsistencies, while beneficiaries reported that the small size of shelters could not fully accommodate larger families.
- Prolonged procurement processes and slow construction planning timelines delayed the start of shelter construction and distribution, affecting timely support for new arrivals.



Livelihoods And Basic Needs

Budget: CHF 97,980
Targeted Persons: 3,500
Assisted Persons: 4,000
Targeted Male: 1,960
Targeted Female: 2,040

Indicators

Title	Target	Actual
No. of households supported with Core Relief Items (CRIs)/Household Item (HHI) kits.	799	800
No. of Livelihoods assessment conducted	1	1

Narrative description of achievements

Distribution of Core Relief Items / Non-Food Items (NFIs): URCS supported 800 households with essential core relief items to address immediate needs and enhance the well-being of displaced families. At Matanda Transit Centre, 420 individuals were provided with standard IFRC Non-Food Item (NFI) kits. Similarly, at Nyakabande Transit Centre, 380 newly arrived households, comprising 800 individuals (220 males and 580 females) received the same support. Each NFI kit contained household items such as soap, cooking pots, blankets, solar lanterns, sleeping mats, mosquito nets, and basic kitchen utensils (spoons, forks, plates, and serving ladles). The distribution of these items supported FDSPs to meet their basic needs upon arrival, restore their dignity, and promote a sense of safety and stability.

Food Security and Livelihood (FSL) Needs Assessment: To guide ongoing and future interventions, a comprehensive food security and livelihood assessment was conducted in Nakivale and Kyangwali settlements by 20 trained volunteers oriented in data collection methodologies. The assessment examined household food security status, livelihood activities, coping mechanisms, vulnerabilities, and drivers of food insecurity to inform both immediate humanitarian responses and long-term livelihood strategies.

Some of the Key Findings included:

- **Livelihoods and Income:** In Kyangwali, nearly half of households relied on casual labour, 24% on farming, and 29% had no income source. In Nakivale, casual labour and humanitarian assistance dominated, with only a minority engaged in small businesses, while 22% had no income at all. Average household income was low, with over one-third earning below UGX 200,000 per month.
- **Food Insecurity:** About 69.4% of households consumed only one meal per day, and 96% reported difficulty accessing food. Coping strategies included skipping meals, reducing portions, prioritizing children, or borrowing food or money. Monthly household food expenditure remained below UGX 100,000 for most families.



Recommendations:

- Introduce vocational training, small-scale agriculture, and income-generating activities to reduce overreliance on casual labour.
- Establish savings groups, improve access to microfinance, and conduct financial literacy training targeting female-headed households, youth, and other vulnerable groups.
- Provide conditional cash/voucher transfers, support household-level kitchen gardens, and strengthen community-based food distribution mechanisms.

Lessons Learnt

The findings from the FSL assessment highlight that interventions must integrate both immediate food assistance and long-term livelihood resilience strategies. Addressing income instability through skills training, microfinance access, and small-scale farming will not only improve food security but also reduce dependency on humanitarian aid in the long run.

Challenges

The number of new arrivals far exceeded the available NFIs that URCS had in stock. As a result, distribution efforts prioritized the most vulnerable groups such as the elderly, child-headed and female-headed households, and persons with disabilities despite the fact that all FDSPs were in need of these essential items.



Multi Purpose Cash

Budget: CHF 68,959
Targeted Persons: 4,000
Assisted Persons: 4,342
Targeted Male: 2,127
Targeted Female: 2,215

Indicators

Title	Target	Actual
Number of beneficiaries who received financial literacy training.	4	1,150
Percentage of complaints and feedback resolved within the set timeframe.	80	85
Percentage of beneficiaries who report satisfaction with Cash transfer process	80	97
Percentage of households who report being able to meet the basic needs of their households, according to their priorities	80	94
Number of people provided with unconditional cash assistance.	4,000	4,342

Narrative description of achievements

MPC Disbursement: URCS disbursed multipurpose cash to 1,150 households in Nakivaale refugee settlement, benefiting a total of 4,342 individuals, including persons with special needs, children at risk, women at risk, and chronically ill individuals. Beneficiary lists were provided by partners such as UNHCR and ALIGHT and later verified by URCS to ensure transparency and accountability. Each household received a one-off cash transfer of 50,000 UGX, with the amount adjusted according to household size, enabling families to meet immediate basic needs with flexibility and dignity.

Financial Literacy Sessions: Before cash disbursement, financial literacy sessions were conducted with representatives from each household, ensuring 1,150 FDSPs against a target of 4000 were equipped with essential skills in managing and prioritizing the use of funds. Only 01 household representative was trained due to funding constraints. The Financial literacy sessions focused on; Budgeting



and Prioritization, Savings and Future Planning, Avoiding Exploitation and Debt and Promoting Financial Inclusion and as a result, households were not only able to meet immediate needs but were also empowered with knowledge and skills to make informed financial decisions.

Post Distribution monitoring (PDM); Following the cash disbursement, a PDM exercise was carried out to assess the effectiveness of the cash assistance in meeting the basic needs of the FDSPs and to identify any challenges that might have limited its optimal use. The survey findings revealed that out of the 315 respondents interviewed, an overwhelming 95% (n=299) reported utilizing the cash primarily to address immediate and essential household needs such as purchasing food, accessing medical care, buying clothes, and settling debts, among others. Additionally, 97% (n=307) of the respondents expressed satisfaction with the cash transfer process delivered through the mobile money system, highlighting that the transfers were timely and that they encountered no difficulties in accessing their funds. 114 respondents made complaints and of these 97 (85%) reported that their complaints had been resolved by URCS staff and volunteers.

Lessons Learnt

Harmonised Coordination with other partners allowed URCS to swiftly obtain a list of targeted beneficiaries from UNHCR and ALIGHT, helping to avoid any duplication of services. By working together, we were able to ensure that the right beneficiaries received support, as partners provided a list of those in need who had not yet received cash assistance from other partners.

Challenges

Obtaining beneficiary lists from partner organizations took longer than anticipated (3 weeks) which in turn delayed the verification process, scheduling of financial literacy sessions, and eventual cash disbursement to the households.



Budget: CHF 34,187
Targeted Persons: 24,000
Assisted Persons: 17,208
Targeted Male: 8,432
Targeted Female: 8,776

Indicators

Title	Target	Actual
Number of people reached with health literacy messages	24,000	17,208
Percentage reduction in people reporting with malaria disease in the hospitals	20	0
Proportion of the volunteers and VHTs submitting weekly zero reports	75	82

Narrative description of achievements

To strengthen holistic health for Forcefully Displaced Stateless Persons (FDSPs) and host communities in Kyangwali and Nakivale Refugee Settlements, Matanda, Nyakabande, and Sebagoro Transit Centres, URCS implemented a package of health interventions. These included cross-border surveillance and screening to prevent the spread of infectious diseases, extensive community health awareness and promotion activities, training and deployment of Community-Based Volunteers (CBVs) on Community-Based Surveillance (CBS), provision of first aid response at border points, and distribution of mosquito nets to new arrivals.

Community-Based Surveillance (CBS) Training: A total of 60 CBVs and Village Health Team (VHT) members (36 males, 24 females) from Kyangwali, Kisoro, and Nakivale were trained on CBS, strengthening their capacity to identify and report health threats. The CBS training covered Integrated Disease Surveillance and Response (IDSR), recordkeeping, and identification of notifiable and epidemic-prone diseases. Post-training evaluations indicated an average knowledge gain of 40% among participants. Following the training, all VHTs developed actionable community implementation plans for July and August 2025. The trained VHTs and CBVs have since been deployed to conduct CBS on notifiable diseases, with a current reporting rate of 82 % and 11 confirmed Mpox alerts reported from Kyangwali Refugee Settlement.



Community Health Awareness and Promotion: URCS volunteers conducted household visits and community gatherings across Kyangwali Refugee Settlement, Kanungu (Matanda TC), Kisoro (Nyakabande TC), and Nakivale Refugee Settlement reaching 17208 FDSPs, including 8,092 males and 8854 females and 78 PWDs, achieving 72% of the target. They delivered culturally sensitive health education using IEC materials and live demonstrations, covering topics on NCDS and VPDs such as Mpox and malaria prevention, maternal health, child immunization and hygiene, and youth engagement on substance abuse prevention. During health awareness sessions, 21 health referrals were made (15 females, 6 males), including pregnant women needing antenatal care, individuals with Mpox symptoms, and critically ill persons.

Distribution of Mosquito Nets: To mitigate malaria risks among FDSPs living in poor shelter conditions at reception and transit centres, 1,000 long-lasting insecticidal mosquito nets were distributed; 700 in Nyakabande TC, Kisoro, and 300 in Matanda TC, Kanungu. The main goal was to reduce mosquito bites and, consequently, malaria cases among vulnerable groups, especially children and pregnant women.

However, measuring a 20% reduction in malaria cases at hospitals proved unrealistic because most new arrivals from DRC entered Uganda already infected with malaria. Moreover, mosquito nets were distributed only at reception centres, while recipients were later relocated to other settlements.

Cross-Border Disease Surveillance and Screening: URCS strengthened cross-border disease surveillance through ongoing collaboration with border authorities and health teams at Buhuka-Nsonga, Sebagoro, Nyakabande, and Matanda transit centres. Activities included screening new arrivals from the Democratic Republic of Congo (DRC), monitoring for infectious disease symptoms (notably Mpox), referring suspected cases for medical management, and coordinating with VHTs in border communities to enhance disease reporting. In total, 2,137 FDSPs (949 males, 1,188 females, and 7 PWDs) were reached through cross order surveillance and screening activities.

First Aid for First Responders (FAFR) Refresher Training: URCS conducted practical refresher trainings in Nakivale, Kyangwali, and Kanungu, focusing on first aid skills, psychological support, patient transportation, and management of injuries. A total of 57 volunteers (5 in Kanungu, 42 in Kyangwali, and 10 in Kisoro) were trained, thereby strengthening local emergency response capacity.

First Aid Response at Border Points: At border entry points in Kyangwali Refugee Settlement and Matanda TC in Kanungu, URCS first aid teams provided timely and lifesaving support to the FDSPs. The teams responded to various emergencies, including nosebleeds, fainting, fractures, burns, fatigue, and a tragic drowning incident. In total, 262 casualties (130 females and 132 males) received first aid care. A total of 21 patients were referred to health facilities for advanced medical attention. Following the drowning incident at Nsonga and Sebagoro border communities where two individuals unfortunately lost their lives the URCS team collaborated closely with the rescue unit to manage the emergency. Additionally, URCS conducted safety awareness sessions targeting fishermen and community members living near Lake Albert to prevent future incidents. These sessions reached 65 individuals (28 males and 37 females).

Lessons Learnt

- Proactive measures, such as regular health screenings, disease surveillance, and public health education, are essential for preventing and quickly addressing outbreaks. A well-coordinated emergency response is key to minimizing the impact of disease outbreaks and epidemics in such settings.
- The National Society shall explore opportunities to acquire another First Aid and Disaster Mobile Clinic for the region.

Challenges

- The reporting rate among volunteers remained low, primarily because some volunteers across the four districts lacked smartphones to submit daily reports in real time.
- Referring patients to health facilities was difficult due to the absence of an operational URCS ambulance on the ground. Instead, referrals relied on ambulances from other organizations, which often delayed response times, and in some cases, failed to arrive.
- Inability to timely access high at risk communities with first aid services.



Water, Sanitation And Hygiene

Budget: CHF 76,680

Targeted Persons: 15,000

Assisted Persons: 30,520

Targeted Male: 14,955

Targeted Female: 15,565

Indicators

Title	Target	Actual
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Number of women and girls with access to decent and adequate menstrual hygiene materials	6,000	1,200
Quantity of water (cubic litres) produced and supplied	1,350	140,000
Number of people reached with hygiene message	20,083	30,520
No. of Household latrines constructed	75	75
# of bathing shelters constructed	100	100

Narrative description of achievements

Distribution of Menstrual Hygiene Materials: URCS supported 1,200 women and girls of reproductive age at Nyakabande Transit Centre in Kisoro and Nakivaale refugee settlement with adequate and dignified menstrual hygiene management (MHM) kits. The kit contained Soap, underwear, reusable pads, pegs, wrapper, bucket and a string enabling beneficiaries to manage their menstrual periods safely and hygienically, reducing health risks and promoting dignity for female FDSPs.

Hygiene Promotion and Soap Distribution: URCS volunteers conducted hygiene promotion campaigns across Kyangwali Refugee Settlement, Nyakabande Transit Centre, and Matanda Transit Centre, reaching 30,520 FDSPs (15,142 females, 15,378 males, and 81 PWDs). Practical messages focused on safe water use, personal hygiene, proper sanitation, safe waste disposal, and the risks of sharing shelters and utensils with animals. To reinforce handwashing at critical moments, 933 bars of soap were distributed to PSNs across six villages in the Juru zone of Nakivale and also in Kyangwali.

Construction of Emergency Sanitation Facilities: 75 communal latrines (30 in Kyangwali and 45 in Nakivale) and 100 bath shelters (30 in Kyangwali and 70 in Nakivale) were constructed in Kabazana B of Nakivaale and Bukinda in Kyangwali refugee settlements where new arrivals were settled. The emergency sanitation facilities were built using poles, tarpaulins, slabs for latrines, among other materials and these temporary facilities are intended for communal use for three months before they are decommissioned while households work towards constructing their own permanent latrines and bathrooms.

Prepositioning of Water Storage Facility: To address water needs for new arrivals in Kabazana B, Nakivale Refugee Settlement, URCS prepositioned a 10,000-liter water tank connected to the main service line supplying Rubondo camp. Over 140,000 litres of water were distributed, benefiting approximately 573 FDSPs resettled in the area.

Lessons Learnt

- Targeting women, girls, persons with disabilities (PWDs), and other at-risk groups for interventions such as menstrual hygiene kits and soap distribution ensured equitable access to critical WASH services and promoted dignity and inclusivity.
- The use of communal latrines and bath shelters built with simple, temporary materials (poles and tarpaulins) effectively met urgent needs while allowing time for households to transition to permanent facilities.
- The National Society will explore opportunities to upgrade the Regional WASH Facility in Kabarole to support timely delivery of emergency WASH equipment and prepositioning.

Challenges

- The demand for menstrual hygiene kits among female FDSPs was overwhelming, with many continuously approaching the URCS information desk requesting additional reusable pads beyond the initial distributions.
- After constructing emergency communal latrines and bathing facilities, the absence of clearly established management committees led to poor maintenance, misuse, and rapid deterioration of the facilities.
- Limited access to safe water in areas where new arrivals were relocated undermined the effectiveness of hygiene promotion activities, as communities lacked sufficient water for proper hygiene practices.
- There were delays in deploying emergency WASH equipment arising from unavailability but also some were not prepositioned within the region because the infrastructure at the Regional Warehouse in Kabarole hadn't been upgraded.



Protection, Gender And Inclusion

Budget: CHF 14,644



Targeted Persons: 22,500
Assisted Persons: 30,520
Targeted Male: 14,954
Targeted Female: 15,566

Indicators

Title	Target	Actual
No. of volunteers oriented on PGI and SGBV	195	124
No. of people reached with SGBV prevention information	22,500	30,520
No of referrals for protection services done	3,375	2,091
No of assessments conducted	1	1

Narrative description of achievements

URCS continues to mainstream gender-responsive and inclusive approaches across all interventions, ensuring the collection of sex-disaggregated data, including information on Persons with Disabilities (PWDs) reached. Activities in the Health, WASH, Livelihood, MPC and Education sectors are deliberately designed to be inclusive, addressing the specific needs of girls, boys, women, men, and PWDs to promote equity and leave no one behind.

Orientation of Volunteers on PGI and Sexual and Gender-Based Violence (SGBV): 124 volunteers were oriented on PGI and Sexual and SGBV prevention, against a target of 195. This orientation equipped volunteers with the knowledge and skills necessary to recognize, prevent, and respond to protection and SGBV concerns within their areas of operation.

Dissemination of SGBV Prevention Information: URCS, through Restoring Family Links (RFL) volunteers stationed at reception and transit centres, conducts targeted SGBV awareness sessions for new arrivals. These sessions provide information on the nature of SGBV, reporting procedures, and available hotlines. 30,520 individuals were reached with SGBV prevention messages 15,142 F, 1537 M and 81 PWDs.

Protection Referrals: A total of 2,091 protection referrals were made to partner organizations providing specialized protection services, ensuring that vulnerable individuals received timely and appropriate support. URCS volunteers played a huge role in this process by actively identifying persons in need such as survivors of gender-based violence (GBV), unaccompanied minors, persons with disabilities (PWDs), and individuals with heightened psychosocial or legal needs and linking them to relevant partners.

Lessons Learnt

- Mainstreaming PGI considerations across Health, WASH, Livelihood, MPC, and Education sectors ensured interventions were inclusive from the start, leading to broader reach and equity for women, men, children, and Persons with Disabilities (PWDs).

Challenges

- Limited availability of printed referral books at humanitarian service points, coupled with volunteers in remote entry locations lacking smartphones to use Kobo for reporting, made timely and accurate data reporting difficult.



Education

Budget: CHF 3,328
Targeted Persons: 14,000
Assisted Persons: 15,000
Targeted Male: 7,350
Targeted Female: 7,650



Indicators

Title	Target	Actual
Number of school going children supported with education material on EBOLE, MPOX, Menstrual hygiene (in a local language i.e French, Lingala)	14,000	15,000

Narrative description of achievements

15000 IEC materials were produced and shared at reception centre; schools like in Nakivaale secondary school.

Lessons Learnt

Education in emergencies is vital, it enhances awareness of refugees and contributes to the prevention of diseases, CBV while creating a safe environment for the community.

Challenges

Delayed procurement of IEC material.



Migration And Displacement

Budget: CHF 57,718

Targeted Persons: 32,420

Assisted Persons: 30,520

Targeted Male: 14,955

Targeted Female: 15,565

Indicators

Title	Target	Actual
# Needs assessments conducted	2	1
# of Humanitarian Service Points that provided services to refugees/displaced people	4	4
# of people reached at URCS Humanitarian Service Points established	12,420	30,520
# of advocacy meetings conducted	5	3
No. of staff & volunteers trained on HSP and IFRC Migration strategy	210	210

Narrative description of achievements

URCS conducted one out of the two planned needs assessments, providing a partial understanding of the needs of displaced populations. All four planned Humanitarian Service Points (HSPs) have been established and are currently operational.

URCS successfully established and operationalized all four planned Humanitarian Service Points (HSPs), which collectively reached 30,520 individuals. These HSPs provided critical services to refugees and displaced persons, demonstrating strong community demand and



effective service delivery.

Although only one out of two planned needs assessments were conducted, it provided valuable insights into the urgent priorities of displaced populations, guiding the design and targeting of humanitarian interventions.

As part of coordination and advocacy efforts, three advocacy meetings were organized out of the five planned, engaging humanitarian actors and government stakeholders to highlight the needs and protection concerns of displaced populations. In addition, URCS supported the development of key humanitarian diplomacy messages, which were shared through coordination platforms to strengthen collective advocacy and ensure that the voices and priorities of displaced communities were represented at decision-making levels.

A lessons-learned workshop was also conducted to review achievements, identify gaps, and refine approaches for future programming.

Lessons Learnt

- Regular and comprehensive needs assessments are essential to ensure that interventions remain responsive and relevant.
- Humanitarian Service Points proved highly effective and should be scaled up or replicated in other high-demand locations.
- Stronger coordination with government and humanitarian partners enhances advocacy impact and resource mobilization.
- Flexibility in programming allows timely adjustments to meet the evolving needs of displaced populations.

Challenges

- Limited resources constrained the completion of all planned needs assessments.
- High demand for services at Humanitarian Service Points stretched available staff and supplies.
- Logistical challenges and access restrictions in certain areas delayed timely service delivery.
- Advocacy targets were not fully met due to competing priorities among partners and limited availability of decision-makers.



Community Engagement And Accountability

Budget: CHF 6,443

Targeted Persons: 22,500

Assisted Persons: 30,520

Targeted Male: 14,956

Targeted Female: 15,565

Indicators

Title	Target	Actual
# of volunteers trained and deployed in dissemination of essential themes	30	35
# of new asylum seekers reached with information on essential themes, PDGI, CEA and feedback mechanism information	10,000	30,520
# of feedback channels established at HSPs	10	4
# of community feedback/ complaints/ compliments received and documented	4,500	4,629
Percentage of feedback handled/ managed	80	87

Narrative description of achievements

Essential Themes Training: A total of 35 volunteers (29 males, 6 females) were trained on essential themes, including CEA, PGI, Safer Access Framework (SAF), and Restoring Family Links (RFL) at Rubondo Community Centre in Nakivale. The participants, primarily volunteers supporting DREF operations and core URCS activities, also received an orientation on the Kobo feedback data collection tool, which they



are utilizing during field activities. Following the training, these volunteers were deployed across the settlement supporting WASH, Health, and Protection interventions.

Dissemination of Information on Essential Themes: During cross-border surveillance and screening activities, trained volunteers are actively disseminating information on PGI, reporting mechanisms, URCS services, and protection services. This is achieved through the distribution of IEC materials and oral communication in the community. 30,520 individuals were reached with information on essential themes.

Establishment of Feedback Channels: Currently, four feedback channels have been established to facilitate the collection of community feedback from FDSPs. These include: Community-Based Volunteers (CBVs) utilizing Kobo to collect and share feedback from the community, transit, and reception centres, Humanitarian Service Points/Information Desks, The URCS toll-free hotline; and URCS offices in operational areas.

Community Feedback and Response: During the reporting period, URCS received feedback from 4629 FDSPs across all operational districts, comprising 2872 females, 1757 males, among these 116 were persons with disabilities. Feedback was collected from Kanungu (Matanda Transit Centre), Kyangwali Refugee Settlement, Nyakabande Transit Centre in Kisoro, and Nakivale Refugee Settlement through household visits and community gatherings. The feedback included:

- 288 requests for support with latrine construction, cash assistance, MHM kits, latrine digging kits, tarpaulins, water, medical care, shelter kits, mosquito nets, and increased food rations.
- 101 suggestions aimed at improving service delivery at reception centres and within the settlement.
- 133 messages of appreciation, commending URCS for ongoing support to refugees and vulnerable groups.
- 63 inquiries about available humanitarian services; and
- 43 reports and complaints related to water scarcity, thefts and more.

87% of feedback was addressed, with priority given to urgent and sensitive issues. Additionally, 189 cases requiring specialized support were referred to partner organizations, including Medical Teams International (MTI), Nsamizi, Action Against Hunger, and Alight, for further action.

Lessons Learnt

- Engaging communities through interactive sessions fosters a better understanding of rights and available support services.

Challenges

None



Environmental Sustainability

Budget: CHF 0

Targeted Persons: 0

Assisted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of people trained in alternative fuels	500	0
# of assessments conducted	1	0

Narrative description of achievements

The activities were not done.





Coordination And Partnerships

Budget: CHF 0

Targeted Persons: 120

Assisted Persons: 120

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
No. of EoCs supported	1	1
No. of movement coordination meetings held	16	6
No. of sector working group and settlement coordination meetings held	36	45

Narrative description of achievements

URCS has successfully supported 1 Emergency Operations Centre (EoC) as planned.

45 sector working group and settlement coordination meetings have been held across all implementation areas.

During the URCS–RRC exchange visit, a movement coordination meeting was held with the Rwanda Red Cross, where both URCS and RRC discussed and agreed to finalize and sign the URCS–RRCS Pre-Crisis Bilateral Agreement on Cross-Border Disaster and Pandemic Preparedness and Response.

During the reporting period, URCS actively participated in 45 interagency and sector-specific meetings covering WASH, Health, and Protection. In these forums, URCS shared activity reports, highlighted key achievements, and presented work plans for the upcoming period to partners.

Lessons Learnt

None

Challenges

None



Secretariat Services

Budget: CHF 7,748

Targeted Persons: 100

Assisted Persons: 101

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
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No. of monitoring missions conducted	2	3
No. of financial spot check conducted	1	1

Narrative description of achievements

During the reporting period, three monitoring missions were carried out. These missions provided timely technical backstopping to field teams, ensured adherence to approved implementation plans, and offered practical guidance on emerging operational challenges. They also helped to strengthen coordination between headquarters and field teams and enabled faster problem-solving in real time.

Lessons Learnt

None

Challenges

None



National Society Strengthening

Budget: CHF 99,908

Targeted Persons: 15,000

Assisted Persons: 15,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
No. of volunteers insured	195	195
No. of visibility materials procured	100	99
No. of monitoring missions conducted	4	3
No. of lessons learnt sessions conducted	1	1

Narrative description of achievements

To ensure a sustained and effective humanitarian response in refugee settlements and transit centres, Uganda Red Cross Society also focuses on strengthening the National Society's institutional capacity, volunteer protection, and enhanced operational visibility.

Volunteer Insurance: As part of National Society, Uganda Red Cross Society insured 195 volunteers, achieving 100% of the target. This critical risk protection measure safeguards frontline staff and volunteers engaged in high-risk emergency and health response operations.

Procuring Visibility Materials: Uganda Red Cross Society has also fully met its target for organizational visibility, with 100 visibility materials (including jackets, banners, flags, and stickers) procured and distributed across operational sites. Enhanced visibility has improved recognition and credibility among both communities and humanitarian partners, reinforcing trust and facilitating access in complex settings.



Below is the summary of the lessons learnt workshop

Key Findings:

Successes: The response was largely successful, timely, and relevant. Key achievements included providing life-saving shelter for the most vulnerable, cash assistance for flexibility and dignity, and constructing water and sanitation facilities to reduce disease outbreaks. The use of trained volunteers and digital tools was highly effective.

Challenges:

- **Inclusivity:** Infrastructure like toilets was not accessible for people with disabilities or the elderly.
- **Volunteer Support:** Volunteers lacked basic first aid training and essential protective equipment.
- **Coordination:** Delays occurred due to coordination challenges with partner organizations.
- **Sustainability:** Some outcomes were at risk, such as beneficiaries selling distributed assets to meet other needs, and there was no long-term sustainability plan.

Core Recommendations:

1. **Enforcing Standards:** Ensure all infrastructure meets accessibility and quality standards (e.g., Sphere standards).
2. **Better Equipping Volunteers:** Provide mandatory first aid training and proper protective gear.
3. **Improving Coordination:** Establish formal frameworks with partners to prevent delays.
4. **Adopting a Holistic Approach:** Integrate mental health support, plan for longer-term needs, and ensure distributions are safe and equitable.

Lessons Learnt

None

Challenges

None



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2025/4-11	Operation	MDRUG056
Budget Timeframe	2025	Budget	APPROVED

Prepared on 14/Jan/2026

All figures are in Swiss Francs (CHF)

MDRUG056 - Uganda - Population movement

Operating Timeframe: 08 Apr 2025 to 31 Aug 2025

I. Summary

Opening Balance	0
Funds & Other Income	574,552
DREF Response Pillar	574,552
Expenditure	-569,227
Closing Balance	5,325

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	306,962	289,568	17,393
AOF2 - Shelter	97,500	95,806	1,694
AOF3 - Livelihoods and basic needs	90,000	87,734	2,266
AOF4 - Health	3,750	33,001	-29,251
AOF5 - Water, sanitation and hygiene	60,000	53,400	6,600
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	558,212	559,508	-1,297
SF11 - Strengthen National Societies	9,065	8,364	701
SF12 - Effective international disaster management			0
SF13 - Influence others as leading strategic partners			0
SF14 - Ensure a strong IFRC	7,275	1,355	5,920
Strategy for implementation Total	16,340	9,718	6,622
Grand Total	574,552	569,227	5,325

[Click here for the complete financial report](#)

Please explain variances (if any)

The remaining balance of CHF 5,325 will be refunded back to the DREF pot.



Contact Information

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

National Society contact: Robert KWESIGA, Secretary General, rkwesiga@redcrossug.org

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