



Asylum seekers from Eastern DRC arriving at Sebagoro landing site in Kikuube District. Photo Courtesy of URCS

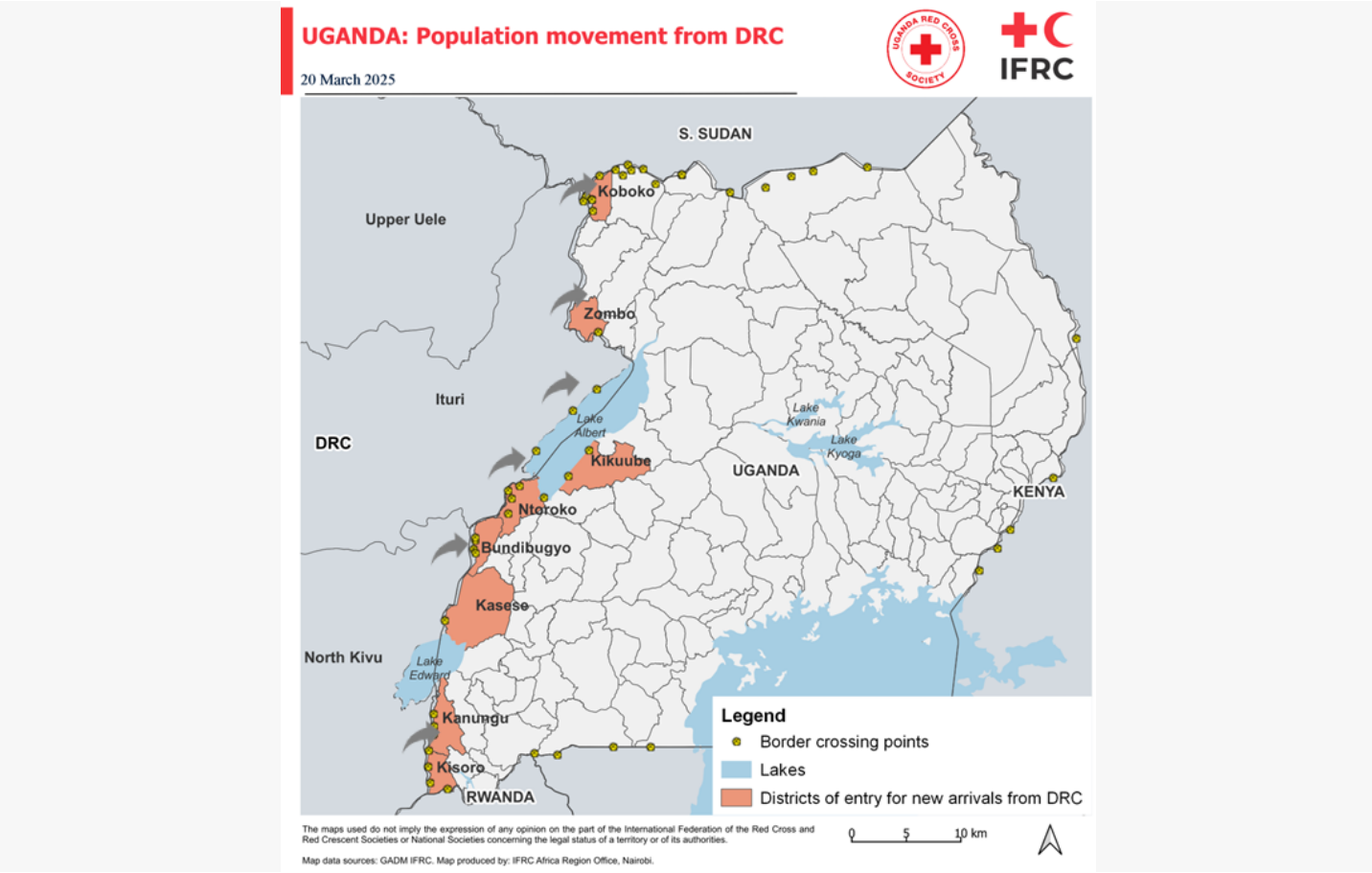
Appeal: MDRUG056	Country: Uganda	Hazard: Population Movement	Type of DREF: Response
Crisis Category: Orange	Event Onset: Slow	DREF Allocation: CHF 574,552	
Glide Number: -	People Affected: 30,083 people	People Targeted: 22,500 people	
Operation Start Date: 08-04-2025	Operation Timeframe: 3 months	Operation End Date: 31-07-2025	DREF Published: 10-04-2025

Targeted Areas: **Western Region**

Description of the Event

Date when the trigger was met

20-03-2025



Uganda population movementt from DRC @IFRC & URCS

What happened, where and when?

The latest bout of fighting that initially started in North Kivu Province, around Goma City in December 2024 has steadily escalated towards Bukavu in the South Kivu, and other small towns of Masisi, Rutsuru, and Katale in North Kivu displacing half a million people in just a month, most of whom ran into neighbouring Rwanda, Burundi and others into Southwest and Western Uganda. Further, most of the asylum seekers entering Uganda through Lake Albert into Kikuube district during the month of February 2025 state that they are all coming as a result of continuous attack due to merging of the Cooperative for the Development of Congo (CODECO) and M23 rebels, in addition to atrocities caused by several dozen armed groups operating in the Eastern DRC.

The risk of further displacement is high as conflict and insecurity continue to dominate the region, with people affected coming from as far as Djugu-Ituri areas of Tchomia, Mungwalu, Dala, Joo, Gbii, Mabanga among others. Protection needs are spiraling as cyclical violence prevents displaced populations from returning to their homes and livelihoods, while conditions in sites where they have spontaneously settled deteriorate. This new influx is compounding the hardships already faced by refugees being hosted in Uganda, including the current outbreak of Mpox disease that started in 2024 and is continuing to spread, including among refugee population in Uganda. The new asylum seekers and refugees too are at greater risk of exposure to Sudan Ebola Virus Disease (SDV) that has so far infected 12 people causing 3 deaths in Uganda. The nearest case detected in Kyegegwa and Ntoroko districts that host DR Congo refugees in Kyaka II settlement and entry point for new refugees respectively places this risk a reality. In addition, there is a marked increase in gender-based violence (GBV) cases purportedly perpetrated against vulnerable women and girls, which will continue to expose the new arrivals if no intervention to protect them against these risks is put in place.





PFL Volunteer conducting dissemination to new arrivals at Kagoma. SOURCE: URCS



Awareness session to the new arrivals. SOURCE: URCS

Scope and Scale

Data from the UN Refugee Agency, UNHCR shows that the current number of new arrivals from the DRC into Uganda from January 2025 to 20th March 2025 has reached 30,083 people bringing the average monthly new arrivals from the DRC to 10,028, who have fled the escalating fresh violence in the Nord Kivu and Ituri provinces of the Democratic Republic of Congo (DRC), seeking safety in the neighbouring Kisoro & Kanungu districts of Southwestern Uganda as well as Kikuube district in Western Uganda. Most of those fleeing are women and children. Prior to this crisis, Uganda had already been a host to 575,961 DRC refugees which formed 31.5% of the total hosted refugees as of 28 February 2025.

There are indicators of possible escalation with various SADEC and EAC regional blocks to broker peace that are in effect and have proved futile while inside the DRC reports indicate that the fighting continues to intensify spreading to wider geographical areas.

The UNHCR planning figures of potential new arrivals from the DRC into Uganda is 56,250 by September 2025, with a projection of 53% categorized as children below the age of five, 3% as elderly, and 8,438 (15%) expected to be Persons with Special needs (PSNs). However, more than half of this target has already been received as early as March 2025 with the current number of new arrivals from the DRC alone since January 2025 currently standing at 30,083 individuals, which could also be under-reported as more people enter the country from the various porous border points. This number is expected to grow rapidly due to the increasing daily arrival numbers from the various border points and the continued volatility of the situation inside the DR Congo.

Media reports indicate that the security situation in the whole of Eastern part of DRC remains volatile and unpredictable. Clashes between the M23 and other armed groups, including the FARDC, have caused significant displacement in and from eastern DRC. Most displacement remains internal, with nearly 5.7 million people displaced within the DRC. The humanitarian situation is deteriorating, with limited access to essential services.

With ongoing hostilities in North Kivu and South Kivu, people continue to flee into Uganda, as well as neighbouring countries. The main drivers of displacement, as reported by new arrivals, include the kidnapping of civilians for ransom, ongoing fighting between M23, militias, and government forces, arbitrary killings by unknown militia groups, night-time attacks and theft of property, widespread human rights abuses resulting from the ongoing conflict, hunger caused by insecurity preventing farming, and limited cases of family reunification. New arrivals are arriving in more vulnerable conditions, with higher rates of malnutrition and often with aggravating illnesses such as malaria.

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

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	No
Did the National Society respond?	Yes
Did the National Society request funding form DREF for that event(s)	Yes
If yes, please specify which operation	DREF No. MUDRUG045, 2022,

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

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Lessons learned:

Uganda Red Cross Society is actively supporting a series of activities in reception and settlement of refugees while working closely with Host District Local Governments, OPM, UNHCR, and other partners in the areas of Kisoro, Nakivale, Kyangwali, Kiryandongo, Imvepi, Palorinya, Bidibidi and Palebek Refugee settlements, implementing integrated projects in WASH, Food Security & Livelihood, CVA, Health, Protection as well as engagement for social cohesion and existence. From these engagements, URCS has picked and documented best practices that include the need to undertake a comprehensive needs assessment right at the start of the crisis event to guide the most appropriate and suitable course of action, involvement of affected people in the implementation of some less technical deliverables such language interpretation and hygiene promotion to mention but a few.

In addition, population movement being a protracted slow on-set crisis often requires sustainable response actions beyond the initial three-month period. This calls for activities that incorporate some sustainable solutions but also could serve as a transition to early recovery. In another hand, the slow onset such as this population movement has been learnt to require strong collaboration with alternative funding streams as well as continuously updating the operations with the possibility of expanding into an Emergency Appeal (EA). This helps the Operations Strategy (OS) to transition from emergency response towards stabilization successfully and finally early recovery phases of the population movement. This intervention will work toward these learnings, ensuring the propose intervention gives room for stakeholders engagement but also allow for some key activities that could be more sustainable for the

communities.

The URCS has also learned that investment in response preparedness including; Contingency Planning, prepositioning of essential kits, stock and funds (crisis modifier), capacity building for Red Cross Action Team (RCATs), National Surge Teams, National Society staff and members of the District Disaster Management Committees (DDMCs) enables swift response without necessarily waiting for external support.

Currently, URCS is implementing an Emergency Appeal targeting Sudanese refugees at Kiryandongo settlement. This operation started as a DREF and was transitioned into the regional EA for Sudan crisis. A lesson learned workshop was conducted and identified high beneficiary numbers exceeding initial forecasts as a major issue as it stretched resources and limited-service coverage. In addition, consideration of cultural and religious barriers, particularly with male participation in sexual and gender-based violence (SGBV) awareness sessions was identified as a key lesson to integrate in future operations.

Current National Society Actions

Start date of National Society actions

21-03-2025

Water, Sanitation And Hygiene	The ECHO PPP Project is supporting the procurement of 4 plastic tanks of 10,000 litres capacity as well as fittings to boost rainwater harvesting and storage at Nyakabande and Matanda holding centers. In addition, the project has already deployed 10 volunteers to support comprehensive Hygiene Promotion campaigns at Nyakabande reception centre that will help to facilitate a reduction of open defecation and prevention of potential outbreak of diarrheal disease outbreaks. This is in addition to laundry Soap that will be transported from Kabarole regional warehouse where it was pre-positioned as well as procurement of MHM Kits for distribution in Matanda & Nyakabande transit centres. It is expected that this DREF will replenish this pre-positioned stock of laundry soap to maintain all-time preparedness stock for the National Society to respond to other emergencies.
Protection, Gender And Inclusion	In collaboration with ICRC, URCS is providing child protection services through the delivery of Prevention of Family Separation (PFS): protection of family links including identification of unaccompanied children, unaccompanied and separated families, reunification, telephone, tracing services, and connectivity services. NS is collaborating with UNHCR at registration desks and the operation teams are ensuring that asylum seekers' data is disaggregated in terms of age, and sex. During this process, persons with special needs (PWSN) including unaccompanied minors, PWSN, widows, elders, and other forms of vulnerability are being identified and fast-tracked for support.
Migration And Displacement	Red Cross Action Teams (RCATs) in Kisoro, Kanungu, Bundubugyo, and Hoima Branches are working with the respective District Disaster Management Committees (DDMCs), Office of the Prime Minister (OPM), and UNHCR at the border crossing points, transit centres and reception centres supporting reception and manual documentation of newly arriving asylum seekers as well as identification of Unaccompanied and Separated Minors (UAMs) requiring tracing and reunification services.
Community Engagement And Accountability	The ECHO PPP project has re-aligned its budget to facilitate provision of information to the newly arriving asylum seekers through procurement & Installation of 2 communal radio kits at Nyakabande & Matanda Transit centres.
Coordination	Respective branch managers, field officers, and project staff are actively participating in settlement coordination meetings co-chaired by OPM and UNHCR. It is through weekly settlement coordination meetings and daily sector working group meetings especially for life-saving interventions like shelter, protection, health food, and security, that the data is being collected. The national Task Force, where the SG is a member, with

	participation of IFRC, ICRC, and PNS- German, Austria, Netherlands, Belgium Red Cross Societies.
National Society Readiness	In collaboration with different DDMCs of Kisoro, Kanungu, and Kibuuube, URCS in collaboration with OPM has strengthened preparedness efforts through development and activation of DCP in respective districts. This has facilitated the engagement of RCATs in supporting assessment, distribution of core relief items, collaboration on warehouse management. URCS has prepositioned 150 sleeper tents in Kabarole warehouse that support the affected locations and 2 sets of WASH kit 5. Installed 8 10 cubic water tanks in Kisoro to support the host community and new arrivals crossing from DRC at Nyakabande RC. Trained PFL teams and volunteers on RFLiE supported under Belgian RC Flanders. The NS has a manager assigned to EPR, Operations, and WASH who are trained and have led previous operations in response to population movement. A total of 12 additional staff recently completed an operations and response TOT training and can be activated to support population response. RFL has a total of 5 staff that are deployed to support in restoring family links in Nyakabande, Matanda, Kyangwali, and Nakivale.
Assessment	Despite no formal assessment being conducted, the RFL field teams supporting in identification and reunification of unaccompanied minors have been supporting in identification of needs in collaboration with OPM, UNHCR, and other partners in all cross-border points, transit points, and reception centers in Kisoro, Kanungu, Bundibugyo and Kikuube Further, URCS continues to monitor media news reports to understand the level at which conflict is flaring inside the DC and observing the impact of migration.
Resource Mobilization	URCS is updating stocks and kits in all regional warehouses readying them for deployment. The ECHO PPP project has already re-aligned budgets to support initial and start-up activities esp. in Nyakabande, in Kisoro district, and Matanda in Kanungu district.
Activation Of Contingency Plans	Activation of DCPs has been ongoing in Kisoro and Ntoroko where DDMC coordination meetings are ongoing weekly. The operations management team, Branches, and operations areas continue to monitor the evolution of the crisis especially around the border district, transit centers, and refugee settlements, using the information to update the respective district DCP activations and SOPs strategy. The IFRC, ICRC & NS are still working on the Movement Contingency Plan, but the NS is part of the IFRC-led strategic engagements on DRC involving Rwanda, Burundi, DRC, and Uganda. Updates on this crisis are being updated on the IFRC Go platform and this will be frequently updated in line with the evolution of the situation.
National Society EOC	Operationally URCS has established an operations management team that is monitoring and collecting field data, compiling strategies, mobilizing resources, and representing the NS in different forums. This team is closely coordinating with respective PNS project delegates and IFRC country cluster office. At National level, the emergency is being discussed and monitored jointly with other ongoing operations especially SDV/EBOLA appeal, Sudanese refugees and the floods response operations for harmonisation of approaches and aligning strategies. The URCS has deployed an Emergency Operations Manager to coordinate field activities at Nyakabande reception centre in Kisoro district.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC Juba cluster delegation team is providing technical guidance on health, logistics, PMER, finance, and the Disaster management delegate is working with URCS in preparing for the response. An Operation Manager Surge is in country to support the EVD
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	response and is also supporting this response. To ensure proper monitoring of this operation and support to URCS, IFRC Disaster Management Delegate will increase monitoring visits throughout the operation. The IFRC is closely monitoring the refugee situation in the country and stands ready to mobilize additional surge personnel to support the operation if the need arises. Through the IFRC GO platform and using the various channels, URCS ensures that all Movement partners are informed about all disaster/ emergency events and emergency operations being implemented in Uganda. IFRC Juba cluster is closely working with the URCS to organize weekly operation meetings that take place virtually every Wednesday with the participation of the ICRC, and PNSs. This population movement operation will also be included to be discussed in the same movement coordination mechanism. At the regional level, the IFRC is coordinating similar response actions for Congolese refugees that ran southwards into Burundi, Rwanda, Tanzania, and Northern Zambia through an integrated response strategy, that too will ensure the Uganda refugee response is linked into to make one coordinated operation.
Participating National Societies	Netherland Red Cross, Austria Red Cross, Belgium Red Cross consortium Through the ECHO -PPP project, Uganda Red Cross Society is working on implementing a disaster preparedness and response project in affected areas. This project has startup funds that have been utilized to conduct needs assessment and will support desludging of latrines at Nyakabanda transit centre and distribute start-up NFIs to at least 500 people. Through the same frame of action, URCS implemented social cohesion activities in Kisoro host communities including supporting the installation of rainwater harvesting tanks and latrines in schools. The PPP project supported Kisoro and Kanungu district disaster management committees (DDMCs) to operationalize their multi-hazard district contingency plans in which population movement is highlighted as one of the hazards. As part of the consortium, Belgian Red Cross has trained a number of RCATs from affected areas in FAFR (first aid for first responders) which has become instrumental in providing effective first aid as asylum seekers enters the country. Through funding from the Belgium Red Cross Flanders, the Humanitarian Protection II project implemented in Kyangwali has since been supporting new arrivals and PSNs in areas of Cash for livelihood, Shelter, and awareness on Communicable diseases among others. Recently the project launched a business centre where Women and Youth are encouraged to exhibit and foster more vocational skills that promote sustainability of the refugee response operations. However Nakivaale, Kayak II and Kyangwali refugee settlements have all been receiving new arrivals from DRC in large numbers and similarly this would need support, which is straining down the gains that the Humanitarian protection and ECHO PPP projects have 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, the URCS will continue to engage the ICRC for technical support and capacity strengthening of Uganda Red Cross Society. In Kisoro, IFRC constructed a 200,000-litre reservoir water tank at Bunagana to boost safe water for the host community and the new arrivals before they are taken to the transit centers.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	Uganda implements the Comprehensive Refugee Response Framework (CRRF) and Global Compact on Refugees (GCR), emphasizing the inclusion of refugees into national systems, particularly in the education, health, and livelihood sectors. Through the Office of the Prime Minister (OPM), Government of Uganda is providing coordination mechanisms towards a Comprehensive Refugee Response as well as heading the registration of asylum seekers and making a decision to grant or not asylum statuses. UNHCR is keeping track of all the numbers coming in and assisting the Government and other humanitarian partners to; provide life-saving interventions, including emergency shelters at the Transit and reception centres, protection, and health services. The World Food Program (WFP) is providing food aid that is being used to prepare hot meals for new arrivals at the Transit and Reception centres. Respective Local Governments in Kisoro, Kanungu, Bundibugyo, and Kikuube districts in collaboration with the Office of the Prime Minister and UNHCR are supporting the initial reception of new arrivals at respective border crossing points.
UN or other actors	UNHCR is present in the operation areas of Kisoro, Kanungu, and Kikuube and continues to provide technical guidance to the OPM, other UN agencies i.e. UNICEF, WFP among others, and other humanitarian partners present in the field to ensure safe reception and settlement of refugees and asylum seekers. the UNHCR leads efforts to provide shelter, Protection, and Settlement services with emphasis on the needs of vulnerable groups such as women, children, the elderly, and People with Specific Needs (PSNs). The Medical Team International (MTI) is the lead for Health and Nutrition services. UNHCR is keeping track of all the numbers coming in and assisting the Government and other humanitarian partners to; provide life-saving interventions, including emergency shelters at the Transit and reception centres, protection, and health services. In close coordination with the Office of the Prime Minister and other UN Agencies and partners, the UNHCR leads efforts to provide Shelters, Protection, and Settlement services with emphasis on the needs of vulnerable groups such as women, children, the elderly, and People with Specific Needs (PSNs).

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 increasing number of daily and weekly arrivals of Congolese refugees and asylum seekers at Nyakabande, Matanda, and Buhuka transit causing an over-stretched capacity of the reception center, resulting in prolonged stays and delays in plot allocations, which heightens protection risks for the persons of concern. The lack of sufficient shelters exposes new arrivals to harsh weather conditions while they stay in overcrowded spaces, increasing the vulnerability of individuals, especially children, the elderly, and those with chronic illnesses, to respiratory infections and communicable diseases such as malaria. As the MAM (March, April, May) rainy season approaches and a vast population of new arrivals remains at the reception Centre as well as living in makeshift shelters, the risk of serious health impacts especially on vulnerable individuals including the elderly, children under the age of 5, persons living with disability and those living with chronic illnesses remains very high. Currently, UNHCR provides communal shelters for new arrivals at transit and reception centers which are overcrowded due to the increasing numbers of asylum seekers. The limited availability of core relief items and land for relocating refugees is making them stay longer than the required time at reception centers. For those who get relocated, persons with special needs (PSNs) including the elderly, people living with chronic illness, persons with disability, and children among others, find it difficult to construct their own shelter hence requiring special support that isn't available. The available shelter kits are inadequate mainly consisting of 2 tarpaulins, leaving beneficiaries with limited options including harmful practices of improvisation of local materials from the environment. There is a great need for prefabricated shelters (rub halls)



Livelihoods And Basic Needs

These asylum seekers often arrive without personal items and any productive asset to support their livelihood due to the sudden onset nature of the conflict. This leaves them in dire need of life-saving basic needs including food, clothing, and household items among others. Some of the asylum seekers ran barehanded, some households ran with their domestic animals like goats, cows, and sheep as well as poultry, especially ducks and chickens. The challenge is that this presents possible risk of transmission of zoonotic diseases due to lack of animal screening and quarantine centres at transit and reception centres. Many of the settlements are grappling with the challenge of limited land to enable existing occupants to sustainability engage in activities of livelihood. This is exacerbated by the increasing number of asylum seekers who are transferred to settlements that are fast becoming extremely full to handle the increasing numbers. The prioritization approach by WFP which provides food aid to vulnerable individuals including new arrivals at 100% support for only the 1st 3 months and later reduces the percentage, will subsequently leave asylum seekers grappling with food and nutrition challenges leading to negative coping mechanisms to fill the gaps in food aid.



Multi purpose cash grants

Providing Multi-Purpose Cash Assistance (MPCA) to newly displaced DRC refugees in Uganda faces key challenges, including limited financial infrastructure, where many lack mobile phones, SIM cards, or bank accounts coupled with limited understanding of currency making digital cash transfers difficult. Market uncertainties, price fluctuations, and inflation risks may reduce the purchasing power of cash assistance, while protection risks such as GBV, exploitation, and theft remain concerns, particularly for women and unaccompanied minors. In some instances, coordination gaps lead to duplication and/or exclusion of vulnerable groups like undocumented refugees, persons with disabilities, and elderly-headed households.



Health

The three holding centres of; Nyakabande in Kisoro district, Matanda in Kanungu district and Kagoma in Kyangwali, have a catchment population of about 60,000 people of concern from DR Congo, Rwanda and Tanzania. This number is far beyond their holding capacity. The holding centres each have one health facility where the new arrivals get health care services. The 3 health facilities are overstretched to serve the huge number of POCs because they have limited number of staff, stock out of essential commodities including drugs and limited diagnostic capacity for complicated diseases.

Available data from the 3 health facilities indicate the topmost causes of morbidity among the POCs are; Malaria, Respiratory Tract Infections and acute diarrhoeal diseases. Hypertension and diabetes are included among the non-communicable diseases causing illness, especially among the elderly POCs. The congestion in the 3 holding centres, is feared, can easily facilitate the transmission of monkeypox, Ebola and other diseases due to contact.



Incidences of malaria were reported to be high among pregnant women, children below 5 years, the elderly and POCs with compromised immunity. This is attributed to among others, disrupted health systems in DR. Congo that could not meet the health care needs of the affected persons and, lack of and inconsistent use of mosquito nets which pre-disposed them to mosquito bites. Health record from Medical Teams International (MTI) shows that malaria causes the highest burden of morbidity among asylum seekers seeking health care at these peripheral health posts followed by respiratory tract infections and diarrhoeal diseases. Additionally, fear of potential importation of cholera from the current active outbreak in the eastern part of DRC will exacerbate these conditions coupled with poor hygiene and sanitation conditions in the reception centers and settlements. This could fuel a wider outbreak in the host communities and other neighbouring districts due to the high mobility of refugees. The diverse cultural background of the DRC asylum seekers negatively affects adoption of hygiene practises and behaviours which further places them at high risk of contracting and rapid spread of diarrhoeal disease.

Many refugees and asylum seekers recount fleeing their homes hastily with majority arriving while looking hungry and emaciated as they claim to have remained trapped indoors in the DRC for days for fear of abduction. The Nile Post Online Newspaper recently reported that at least 10% of refugees arriving at the Nyakabande transit centre in Kisoro District are suffering from malnutrition as food shortages worsen. This situation is the same for all other areas that are receiving asylum seekers and is foreseen to worsen with increased state of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) if no external support is provided.



Water, Sanitation And Hygiene

The recent influx of refugees from DRC, estimated daily arrivals of approximately 700 people, has significantly strained the existing WASH infrastructure in the settlement. The population increase has led to a severe decline in both water and sanitation services, presenting significant health and hygiene challenges. The per capita water consumption has alarmingly dropped from 16 liters per person per day to average 6.5 liters in Kisoro, Kanungu, and Kyangwali. This is far below the Sphere standard, which recommends a minimum of 15 liters per person per day for basic needs. The decrease in water availability is primarily due to the overstretched water sources and insufficient capacity to meet the rising demand.

Similarly, sanitation coverage has drastically reduced from an average of 76% to 36% in Kisoro, Kanungu, and Kyangwali. This figure is significantly lower than the Sphere standard, which aims for 100% coverage of appropriate sanitation facilities to prevent public health risks. The construction of communal latrines has not kept pace with the increasing number of daily arrivals, and the supply of latrine construction kits is inadequate to meet the current demand. It is critical to note that the reduction in sanitation coverage poses a high risk of disease outbreaks such as cholera and dysentery, exacerbated by inadequate water supply.

The high number of asylum seekers at reception centers and settlements is leading to increased generation of solid waste with limited capacity for effective management. This poses an increased risk of vector population, that subsequently predisposes the refugees to nuisance and vector borne diseases.



Protection, Gender And Inclusion

Despite the collection points getting overwhelmed, the reception Centres are equally stressed with big numbers beyond their capacities, and it's predicted the numbers to increase more than this due to the continuing attacks and tension in DRC, Uganda Red Cross under the funding of ICRC offer Protection of Family links services in all Transit Centres and Reception Centres except at Sebagoro and Ntoroko Transit Centres where it is missing but due to shrinking funding, there is a constrain of services in addition to the current wave where most protection partners have been affected with Trump declaration of suspending the funding, and this has exposed the migrants into traumatic experiences.

According to the status report from UNHCR and OPM, there is an increase in the number of separated children and Unaccompanied minors, with many of them having run for safety without any personal effects or belongings, including clothing. This increases the risk of possible abduction, trafficking and exploitation, and physical and sexual violence. SGBV does not only affect unaccompanied minors since there is an increased risk of adults being exposed to the dangers of violence. Besides, screening activity at the Nsonga border entry point is affected by a lack of space and safe shelters, while the few available child-friendly spaces at Sebagoro transit centre lack basic infrastructures and required learning aid. Many asylum seekers reported having one or two members of their households separated with many seeking avenues of how to connect to and reunite with their missing families.

In addition to that, among the key highlighted challenges among school-going children and reproductive-age girls is limited access to school kits and menstrual hygiene kits since most of them are vulnerable and partners in child protection and education sector are struggling with funding and others shut down operations, that has grossly affected the referral pathway thus putting these vulnerable children at further protection risks.

Partners and stakeholders that have been supporting child protection sector have been affected by US funding orders which has resulted in huge gaps in supporting child-friendly and protection spaces among others both at transit and reception centers upon entry and

refugee settlements.

Limited information on mechanisms to support child participation in program activities, leading them to being exposed to the risk of exclusion in programming.

Community-based protection structures among the refugees and host communities are weak leading to increased gaps in coordination among the existing structures.



Education

UNHCR data indicates that the majority of asylum seekers are children of school-going age, whose continuity of education is disrupted due to the conflict in the country of origin. The already large number of children among the asylum seekers and refugees under the care of different humanitarian actors, is overwhelming the limited capacity of child-friendly spaces, classroom blocks, and necessary infrastructure (desks and chairs), scholastic materials, and teaching staff.

Newly arriving numbers of asylum seekers are from French and Lingala speaking which affects the refugees' ability to continue their education in the places of refugees. This is further compounded by the difference in curriculums to facilitate continued education for children of school-going age in the host communities.

The few available child friendly spaces and education centers lack the required WASH infrastructure including safe water supply, latrines, solid waste management facilities among others exposes the children to potential risk to diarrhoea and water-borne diseases.

In addition, the adolescent girls, accompanied or unaccompanied, lack safe materials to maintain their menstrual hygiene which exposes them to a loss of dignity and increased cases of Urinary Tract Infections (UTI). This gap is one of the leading causes of dropout cases and absenteeism in learning centers.



Migration And Displacement

The asylum seekers arriving and entering Uganda from various points of Nyakabande, Ishasha, and Sebagoro after walking long distances, many of whom are presenting with physical and psychological trauma and evidenced stresses from the effects of war that impacted them negatively. There are limited numbers and capacities of Humanitarian Service Points (HSPs) that could provide safe and dignified transit for these asylum seekers.

Some minors arrive unaccompanied with many severely injured. Others arriving through Sebagoro in Kikuube district experience a rough journey on overloaded boats and canoes via a turbulent Lake Albert that are prone to capsizing leading to drowning injuries and potential loss of lives.

The existing health post at transit centers are stretched thin, under-staffed and under-stocked to handle the large numbers entering the country. This further compound the limited capacities of the health posts making them inefficient to handle the high number of outpatients received.



Risk Reduction, Climate Adaptation And Recovery

Risk Reduction

The absence of early warning mechanisms limits preparedness for the rising refugee influx from the DRC, making it difficult for humanitarian agencies to plan effectively. This lack of foresight leads to an overstretched response system, delaying essential support for displaced populations.

Overcrowding in transit centers and settlements remains a major challenge, with limited emergency shelters and household materials. Many refugees arrive without essentials like blankets and cooking utensils, exposing them to harsh weather conditions. The strain on infrastructure further worsens their vulnerability.

Health concerns in IDP settlements continue to grow due to poor sanitation and overcrowding. Limited access to clean water and poor waste management increases the spread of diseases like typhoid, malaria, and measles. The increased strain on the understaffed under stocked health facilities and services makes medical services inefficient further exacerbating the crisis, making disease prevention and treatment difficult.

Environmental degradation in refugee settlements is a growing concern due to the increasing pressure on local ecosystems. High refugee arrivals have led to deforestation, soil degradation, and water shortages, as land use practices remain unsustainable.

Refugee shelters and transit centers lack proper climate-resilient designed shelters, making new asylum seekers highly vulnerable to extreme weather events like heavy rains and strong winds. Without adaptation measures, these structures offer little protection against climate-related hazards.

Water scarcity remains a critical challenge, especially in transit and reception centers like Nyakabande and Matanda. The high demand for water strains existing supply systems, leading to poor sanitation and hygiene concerns among refugees.

Unplanned settlement expansion contributes to environmental hazards such as erosion, flooding, and biodiversity loss. The rapid and unregulated growth of these settlements also affects host communities and depletes natural resources.



Community Engagement And Accountability

There are existing DLG structures that support the flow of risk information and URCS has built the capacity of community-based disaster risk reduction groups that give information to communities on time. However, since the crisis, both these structures have been stretched to the limit and as such there are gaps in delivering information that has been shadowed by the overwhelming needs of the community members. This is greatly affecting community engagement and accountability which is exasperated by the psychological issues that the communities with missing family members.

Further, the registrations that double as feedback desks are overwhelmed due to handling increasing number of persons of concern, there is limited feedback being received by the asylum seekers.



Environment Sustainability

1. Deforestation and Depletion of Natural Resources: Cooking in holding centers, reception centers, and settlements heavily relies on firewood, leading to rapid deforestation in host communities. The continuous demand for fuelwood depletes forests at an unsustainable rate. Unsustainable harvesting of forest resources for construction further accelerates land degradation. This practice increases climate vulnerabilities, making the environment more susceptible to extreme weather events.

2. Waste Management and Pollution: Refugee settlements and reception centers in the South West generate large amounts of waste, yet proper waste management systems are lacking. This leads to unhygienic conditions and environmental pollution. Poor disposal of plastics and other non-biodegradable materials contributes to environmental hazards. Without adequate waste management, pollution worsens, affecting both refugee and host communities.

3. Erosion and Land Degradation: The increasing number of displaced persons leads to extensive land clearing, making areas highly vulnerable to soil erosion. Without vegetation cover, the land becomes unstable and prone to degradation. There are no organized tree-planting or soil conservation programs in refugee-hosting areas. The absence of such initiatives worsens environmental damage and reduces long-term sustainability.

4. Water Resource Management: The rising demand for water in refugee settlements and reception centers places immense pressure on natural water sources. Rivers, lakes, and underground water reserves are depleting at an unsustainable rate. There is a lack of sustainable water conservation programs to manage these resources. Without intervention, water scarcity will continue to worsen, affecting both refugees and host communities.

Operational Strategy

Overall objective of the operation

The overall objective of this operation is 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 Democratic Republic of Congo that will help to improve their health and restore dignity by 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 three months. This DREF operation will target the following areas: Nakivale (rubondo, reception centre within Nakivale), Kyangwali, Nyakabande, Matanda (Kanungu), Siwagoro (point of entry-chekube district), Bunagana (point of entry in Kisoro), Ishasha (Kanungu).

Operation strategy rationale

Operation strategy Rationale

The operation is designed to provide humanitarian assistance that supplements on the existing services to meet basic needs in the Health, Shelter and Settlement, WASH, Multipurpose cash assistance, as well as Protection sectors (Protection of Family Links, PFL, Protection Gender and Inclusion, PGI as well as integrated Community Engagement & Accountability, CEA. These life-saving interventions will specifically target new arrivals from DRC as primary beneficiaries.

a) Multipurpose Cash Assistance

URCS will implement an unconditional Multipurpose Cash and Voucher Assistance (CVA) approach to address non- food basic needs of most vulnerable DRC refugees targeting 4,000 individuals of approximately 570hh for one month, one-off payment to support them address their basic needs at a transfer value of 15CHF per person per household as per the National Cash Working Group's current Minimum Expenditure Basket (MEB) for basic non- food sectoral needs.

The CVA support will be unconditional for families to cater for items not provided for under the support in kind. This approach, chosen based on rapid assessment findings, will empower beneficiaries to address their most basic needs as per their priorities and give the new arrivals opportunities for financial inclusion. Beneficiaries will be selected subject to vulnerability selection criteria jointly agreed upon by cash working group partners including URCS, UNHCR, OPM, etc. Beneficiaries and partners alike will be oriented on the CVA process fostering ownership and coordination. 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 (PDM) will be conducted two weeks after encashment to document the impact of the cash assistance and inform decisions for improved response in future operations.

b) Water Sanitation and Hygiene:

There is currently a high demand for water supply, with per capita availability decreasing daily—falling well below Sphere and UNHCR standards. This is largely due to the growing population from new arrivals, which is placing increasing pressure on existing water supply systems. In response, the operation will deploy WASH kits to provide emergency water access during the initial phase of the population movement. These interventions will serve as a stopgap measure until more sustainable water supply solutions can be established. 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 operation will be running during the rainy season, a low-cost method of rainwater harvesting shall be established at the reception centers to provide temporary local solutions to the water supply needs for the Persons of Concern (PoCs). This need is already being undertaken under the ECHO PPP project being implemented in the same operational area.

To address low sanitation coverage, the operation will construct communal latrines and bathing shelters at reception centers and in resettlement villages/zones. These facilities will serve as temporary solutions for fecal waste containment and drainage management while refugees settle in and begin constructing their own household latrines. Once no longer needed, these communal facilities will be professionally and safely decommissioned.

To accelerate household latrine coverage, the operation will procure additional latrine digging kits to supplement the limited supply currently provided by other WASH partners. Furthermore, dome-shaped ferro-cement latrine slabs will be produced locally and distributed to targeted beneficiaries, supporting the construction of durable household latrines.

These activities will be led by in-house technical WASH officers, with support from National Response Teams deployed across the respective operational areas.

c) Protection:

The operation has already re-aligned the Protection of Family Links (PFL) services in Kisoro, Nakivaale, Kyangwali, and Matanda by re-focusing on the new arrival situation as a top priority so as to concentrate efforts towards the increasing tracing needs. This re-alignment was jointly agreed upon between the URCS and the ICRC. The already trained volunteers have been deployed to continue providing the PFL routine services, while connectivity that offers free WIFI internet facility for refugees as a new range of services already piloted in Kiryandongo settlement will be introduced in this operational area too, to complement on the Phone call services traditionally offered in all refugee settlements and reception centers across the country.

Other protection needs including GBV awareness, community-based psychosocial support (PSS), and youth empowerment services shall be provided through technical guidance of the URCS PGI Officer, in consultation with the IFRC PGI desk in Nairobi as well as the respective district Gender/Community Development Offices. The PGI unit will render support to the operation, to ensure the gender

needs identified in the assessment are adequately supported.

The operation team will conduct an assessment to establish gaps in relation to protection, gender, and inclusion. The results will be used to inform tailored interventions to assist the asylum seekers and host communities.

d) Shelter and settlement:

Due to the critical gap in communal shelter for newly arriving asylum seekers at the border crossing points/holding centers and reception center, the operation will support the establishment of 2 pre-fabricated shelters of 180 sleeper capacity each ensuring that at least 360 Persons of Concern (PoCs) are safely accommodated at these communal shelters before being transferred to the refugee settlements. Normally, these communal shelters are made of large tents, without separate cubicles but are allocated to support specific gender and age groups (males, females, girls & boys) separately so that they stay with dignity. Special consideration will be accorded to households who do not have the ability to construct their own shelter and latrines. These will be provided with shelter kits as per the IFRC's kit packaging. In addition, the intervention will support the construction of 30 low-cost 2-roomed PSN houses/shelters in Nakivale and Kyangwali settlements. The PSN shelters will be constructed using the IFRC's Participatory Safer Shelter Approach (PASSA) where community members will be mobilized to support the construction which design is aligned to what the local contexts look like and also alignment to the uniform Shelter design standards set by the UNHCR and Shelter and settlement working group. This support will assist the unique challenges faced by Persons with Specific Needs (PSN), the construction of tailored facilities ensures their safety, well-being, and access to essential services. This dedicated infrastructure fosters inclusion and upholds the dignity of all individuals within the settlement.

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 first aid posts, with an ambulance along the border crossing points to provide basic clinical care and health screening services as essential Humanitarian Service Point (HSP) to help serve the new arrivals and provide safe and dignified pathways. Besides, the URCS will deploy community-based volunteers to facilitate health promotion campaigns and community-based surveillance activities to prevent disease spread and rapidly detect occurrence of communicable diseases, including Mpox, cholera, Ebola Viral Disease (EVD), and Measles among priority reportable diseases; thus averting their outbreak potentials. Specifically, the Mpox and EVD activities are integrated as part of the ongoing operation in Uganda which already mapped all refugee hosting districts as priority at-risk areas; and once cases are detected among these new asylum seekers and refugees, these cases will be managed under this same framework. While the URCS will procure some of the required drugs and medical supplies to run the clinics/medical outposts, 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 systems within the settlement/reception center/holding centers.

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

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

g) Migration and Displacement

As a key component of this operation, the Uganda Red Cross Society (URCS) is establishing Humanitarian Service Points (HSPs) at critical entry and transit locations, including Nyakabande, Ishasha, Sebagoro, and Busungu. These HSPs serve as vital first points of contact, providing immediate support to refugees upon arrival. Services at these hubs include triage, first aid, and medical screening, with referrals available for more complex health needs. To address urgent and trauma-related cases, URCS is deploying ambulances and First Aid for First Responders (FAFR) volunteers. Additionally, mobile health clinics are being sent to remote and underserved areas to ensure equitable access to care.

In response to the public health risks associated with mass displacement, URCS is distributing clean drinking water and emergency WASH kits, while also constructing temporary latrines in and around transit and reception centers. These interventions are designed to prevent the spread of waterborne diseases and promote hygiene in crowded settings.

Complementing its health response, the operation places strong emphasis on protection—particularly in restoring and maintaining family links disrupted by displacement. In collaboration with the International Committee of the Red Cross (ICRC), URCS has realigned its Protection of Family Links (PFL) services in priority areas such as Kisoro, Nakivale, Kyangwali, and Matanda. These services focus on tracing unaccompanied minors, reuniting separated family members, and enabling contact with loved ones during this difficult time.

Trained volunteers will be stationed at border and transit points to support these activities. Restoring Family Links (RFL) desks and help centers have been established to provide tracing services, family messaging, and free internet access to facilitate communication. URCS is also working closely with district authorities and protection partners to manage sensitive cases, including child protection and family reunification.

Through this comprehensive response to migration and displacement, URCS continues to uphold its humanitarian mandate—delivering lifesaving assistance, restoring hope, and safeguarding the rights and dignity of refugees fleeing the Democratic Republic of Congo.

h) Education in Emergencies

Provision of Education in Emergencies during a refugee crisis is crucial in addressing the immediate and long-term needs of the affected population to guarantee continuity of learning for children whose education in the country of origin was disrupted by the conflict, as well as facilitating early childhood growth & development for younger children who require conducive environment to learn social skills and developing their childhood learning. Provision of EiE for DR Congo refugees will also help provide the needed Psychosocial Support (PSS) since many of these displaced children and adolescents have witnessed and experienced various traumatic events and atrocities, including child abuse, torture, killings, and other human rights violations that continue to traumatize them despite running to safety. Later on, the operation will endeavor to establish child-friendly spaces (CFS) equipped with facilities that ensure children receive play therapy to help them cope with the emotional and psychological challenges of conflict and displacement. In addition, provision of these CFSs will serve as safe spaces, protecting the displaced children from potential exploitation, abuse, and harm. These CFS also offer opportunities for disseminating critical health and safety information, such as positive hygiene behaviours like effective hand washing, personal & environmental hygiene, etc that help protect them, from getting exposed to infectious highly diseases like cholera MPOX, Eola Viral Disease, etc. The EiE activities will also help the children maintain and develop study skills that help to lay a firm foundation for future opportunities for conflict resolution and promoting community resilience.

The EiE shall be conducted in a way that fosters inclusion in national education system of Uganda, ensuring sustained access to learning and promoting social cohesion. In a nutshell, provision of EiE ensures that the Red Cross and Red Crescent movement facilitates access to education as a fundamental right thus supporting living with dignity for the DRC asylum seekers and refugee population living in Uganda.

Targeting Strategy

Who will be targeted through this operation?

This operation will target a total of 22,500 newly arriving asylum seekers and refugees |who are most affected and continue to be vulnerable due to the inadequate social services at the border crossing points, reception and transit centers as well as refugee settlements. This represents 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 will primarily target new arrivals from the current conflict in the DRC.

Targeted areas for this intervention are

- Matanda (Kanungu),
- Siwagoro (point of entry-chekube district),
- Bunagana (point of entry in Kisoro),
- Ishasha (Kanungu).
- Nakivale (rubondo, reception centre within nakivale),
- Kyangwali,
- Nyakabande,

Both point of entry and centers are the main target considering the type of information provided.

Explain the selection criteria for the targeted population

In particular, targeted beneficiaries will be refugees who are physically injured during the conflict or during the flight from the country of origin, the elderly, child-headed households, orphans, separated and un-accompanied children, persons living with disabilities, individuals living with chronic illnesses, and single parent households.

These vulnerability criteria are the ones generally being used by UNHCR, OPM and all humanitarian partners to identify Persons with

Special Needs (PSNs) as well as targeting criteria for the food rationing that the World Food Program (WFP) is currently implementing. These special groups are more vulnerable as their ability to survive the current challenge as well as to bounce back quickly to their normal lives is very limited. Targeting these particular vulnerable groups will also prevent them from being exposed to other adverse protection risks; including but not limited to potential Sexual Gender Based Violence (SGBV), including rape, early marriages, early pregnancy and other forms of exploitation.

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

Total Targeted Population

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

Risk and Security Considerations

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

Risk	Mitigation action
Due to the conflict, there is a likelihood of increased sexual and gender-based violence among asylum seekers as they make their way to safety. This can further be worsened by inter-tribal conflict that could erupt in transit centers and refugee settlements which can result in early pregnancy, especially among girls of school going age and spread of disease.	To mitigate this risk, URCS will train volunteers in PSEA, SGBV, CEA, and PGI who will be deployed to raise awareness around these thematic areas. Further, the volunteers will continue to engage with asylum seekers during the DREF to support in strengthening referral pathways that will enable quick and timely responses to arising issues
Asylum seekers are coming from DRC which has multiple cultures and languages, some of which are not understood by the host communities in Uganda. URCS volunteers might find it difficult to conduct effective communication while engaging them in activities	The operation will ensure that the process of recruiting and engaging local volunteers, refugees who understand DRC local context will assist in effective community engagement and communication. Printed materials will be translated into local dialects for refugees i.e. Lingala, French, Swahili
Risk of intensification of internal conflicts among Congolese of various ethnic backgrounds as well as with the host population with whom they all live in the same geographical environment.	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 DRC and other countries, 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
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	The IFRC and the URCS will continue monitoring the South Sudan situation and consider integrating needs of newly arriving South Sudanese into this DREF operation and if the context evolves beyond the capacity of this DREF, consideration to scale up into an Emergency Appeal (EA) through an Operations Update will be looked into.

and human resource capacities to manage a larger than normal operation

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.

Besides, there is potential risk of a flare of Mpox infections among the new arrivals that would compound their pre-existing vulnerabilities. UNHCR health records show that currently, there are 4,342 mpox cases detected among refugees in all settlements around the country, with 1,386 active cases with 2,925 discharges and 31 deaths so far recorded. The current outbreak of Ebola Sudan Virus (SDV) in Uganda might also pose a risk of cross-infection towards refugees due to population mobility.

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

The UNHCR and health partners are undertaking health screening at the border entry points and at all reception centers so that those detected with or suspected of these infectious diseases, including M-pox, SDV, measles, etc are rapidly detected, isolated, and managed according to the existing protocol. In addition, the URCS volunteers who will be deployed will undertake aggressive community-based disease surveillance that will ensure early detection and risk communication campaigns that will avert potential spread of such epidemics among the Persons of Concern (PoC).

Please indicate any security and safety concerns for this operation

There could be concerns related to internal conflicts among the Congolese refugees as they come from various ethnic backgrounds as well as with the host population within Uganda with whom they all live in the same geographical environment. Such security threats might affect our access to the target communities and out volunteers and operational staff at risk. To mitigate this, the URCS will closely work with OPM, UNHCR, and other partners to ensure activities that facilitate peaceful co-existence are enhanced. Also. checking with security personnel who are supporting with the security screening of new arrivals will be integrated as part of the protocol for our work. In addition, the URCS will intensify adherence to the internal Safety & Security Protocol/Guideline by all operational staff and volunteers as well as integrate Safer Access Framework (SAF), with technical advice from the ICRC.

Has the child safeguarding risk analysis assessment been completed?

Yes

Planned Intervention



Shelter Housing And Settlements

Budget: CHF 111,958

Targeted Persons: 5,000

Indicators

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

Priority Actions

Monitoring and Evaluation of adoption of technical guidance.

Identification, assessment and analysis of appropriate and safe local building techniques/practices.

- Identification and mobilization of 50 volunteers for shelter intervention.
- Coordination with government and other stakeholders.
- Deploy 2 prefabricated shelters at selected transit centers.
- Procure and distribute 200 standard shelter kits for new arrivals.
- Construction of 30 PSN houses/shelters in Nakivaale and Kyangwali settlements.



Livelihoods And Basic Needs

Budget: CHF 97,980

Targeted Persons: 3,500

Indicators

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

Priority Actions

- Procure and distribute 800 standard Core Relief Items (CRIs)/Household Item (HHI) kits for resettling new arrivals.
- Conduct integrated Livelihoods assessment to inform further programming.



Multi Purpose Cash

Budget: CHF 68,959

Targeted Persons: 4,000

Indicators

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

Priority Actions

- Conduct market assessments, register vulnerable households, and verify beneficiaries using digital or community-based validation.
- Provision of MPCT to 4,000 individual select beneficiaries.
- Conduct Post Distribution Monitoring exercise.
- Conduct financial literacy training and linkage of beneficiaries to long term sustainable programs.



Health

Budget: CHF 34,187

Targeted Persons: 24,000

Indicators

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

Priority Actions

- Procure and distribute 1,000 treated mosquito nets to children and pregnant women in the holding centres (each holding centre will receive 500 nets).
- Re-orient 60 CBVs (20 at each holding centre) to support community health work.
- Deploy 60 CBVs to support community health work for at least 10 days in a month.
- Establish screening desks for infectious diseases at entry points to Strengthen cross border surveillance and work with district authorities to evacuate suspects to designated isolation centers.
- Print and distribute flyers with health information on MPOX, EBOLA and other infectious diseases to asylum seekers and host communities.



Water, Sanitation And Hygiene

Budget: CHF 76,680

Targeted Persons: 15,000

Indicators

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

Priority Actions

- Deployment of standard WASH Kits 5 to conduct emergency water treatment in transit centers and refugee settlements.
- Construct 75 stances of emergency latrines (Nakivale & Kyangwali).
- Construct 100 emergency bath shelters (Nakivale & Kyangwali).
- Procure Latrine 60 cleaning Kits (VIM, Heavy duty gloves, liquid soap).
- Procure latrine decommissioning chemicals/equipment's including Chlorine and Spray pumps.
- Recruit, Train, equip and deploy 30 Hygiene promoters.
- Conduct a WASH Technical Needs Assessment.
- Procure IEC materials for Sanitation and Hygiene promotion.

- Procure and distribute 1200 Menstrual Hygiene Management Kits.
- Procure and distribute 600 boxes (20 bars of 1000 grams –non pork) of laundry soap.
- Procure & Install 5 Plastic tanks (10,000 liters) to boost rainwater harvesting and storage that will serve for water. availability in the centers and address water disruptions. Water being critical for hygiene and health risk prevention.
- Set up 20 organic waste collection points and plastic waste collection points and train refugees on waste segregation



Protection, Gender And Inclusion

Budget: CHF 14,644

Targeted Persons: 22,500

Indicators

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

Priority Actions

- Conduct a PGI risk analysis to identify vulnerabilities (e.g., women, children, persons with disabilities, displaced groups).
- Recruit 75 volunteers at 5 Reception Centres and Transit Centres to be aligned based on the current needs.
- Training 195 volunteers on PGI, SGBV prevention and PFL in Emergency (RFLiE) in areas receiving new arrivals to identify and respond to child protection risks, provide referral support for survivors of gender-based violence (GBV), and ensure access to safe spaces and psychosocial support.
- Establish RFL desks at entry points and transit centers to support family tracing and reunification efforts, particularly for unaccompanied minors, separated families and protection concerns.
- Establish feedback desks at transit and reception centers (3) to ensure safe referral pathways for SGBV, PSEAS, PGI related concerns.
- Map and update existing GBV/ CP referral pathways in (3) transit and reception centers
- Participate in weekly and month coordination activities with protection and GBV partners
- Deploy volunteers to conduct awareness on PGI, GBV, PSEA in transit and reception centers, and settlements
- Utilize the child safeguarding policy and risk analysis conducted on child safeguarding and protection to further ensure safeguarding of children who are being reached too directly and indirectly.



Education

Budget: CHF 3,328

Targeted Persons: 14,000

Indicators

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

Priority Actions

- Refresher training for volunteers on education in emergency (30 volunteers for 5 days).
- Develop education material that is child friendly to support learning of school going children in child friendly spaces (print 200 IEC

materials on EBOLA, MPOX, Hygiene and sanitation in languages that is understood by asylum seekers i.e French, Lingala).



Migration And Displacement

Budget: CHF 57,718

Targeted Persons: 32,420

Indicators

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

Priority Actions

- Conduct needs assessment at border crossings, transit centers, and reception areas to identify and address gaps in humanitarian services, protection risks, and access challenges for both displaced persons and host communities. This will inform targeted interventions, including protection, legal aid, shelter, health, and social inclusion efforts.
- Set up and equip four (4) First Aid Posts at strategic entry and transit points—Sebagoro, Bunagana, Ishasha, and Busungu. These posts will offer immediate triage, stabilization, and referral services for newly arriving asylum seekers, with special attention to trauma care, women's health, and child-specific needs.
- Conduct refresher training and deploy 40 First Aid for First Responders (FAFR) volunteers to deliver emergency medical services, psychosocial support, and protection monitoring for newly arriving populations. Volunteers will also serve as community focal points for referrals and information sharing.
- Deploy four (4) ambulances to border points and refugee settlements to facilitate emergency medical referrals for trauma cases and other critical health conditions. Referral pathways will include linkages to government and humanitarian health facilities, with support for continuity of care.
- Establish animal health screening and holding centers at four (4) border/transit points to manage cross-border movement of livestock, reduce risks of zoonotic disease outbreaks, and safeguard livelihoods among pastoralist and agro-pastoralist communities.
- Develop and disseminate key humanitarian diplomacy messages to promote the protection and dignity of asylum seekers, communicate the Movement's asks to decision-makers, and foster public understanding and solidarity with displaced populations.
- Engage with five (5) District Disaster Management Committees (DDMCs) on the protection and humanitarian needs of migrants and refugees. These discussions will focus on access to basic services, legal documentation, prevention of exploitation, and child protection.
- Facilitate URCS participation in the East African Migration Network (EAMN) and other regional forums to enhance cross-border coordination, advocacy for migrant rights, and shared learning on inclusive, rights-based humanitarian responses.
- Conduct (1) community meeting at selected refugee settlements to promote the integration of refugees and asylum seekers into host communities through community dialogues, inclusion activities, and culturally sensitive programming.



Community Engagement And Accountability

Budget: CHF 6,443

Targeted Persons: 22,500

Indicators

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

Priority Actions

- Train and deploy volunteers on Essentials themes to disseminate sector specific targeted information. (30 volunteers for 3 days).
- Track, visualize and analyse feedback received and acted upon including receipt and referral of sensitive feedback (PSEA, fraud and safety/security) for 3 months.
- Activate feedback channels to boost feedback collection including through the short code and CEA toll free lines that feed into the URCS Digital feedback mechanism so as to generate report to inform decision making,
- Develop IEC materials to strengthen dissemination of sector specific messages including risk communication to the wider communities.
- Document impact-based stories to foster social existence and continuity.



Environmental Sustainability

Budget: -

Targeted Persons: -

Indicators

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

Priority Actions

- Training on alternative fuels for the use of households.
- Incorporate environmental sustainability into the assessments to inform community led solutions that can be implemented in the centers and host communities for sustainable impact while preserving the environment.



Coordination And Partnerships

Budget: CHF 0

Targeted Persons: 120

Indicators

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

Priority Actions

- Strengthen URCS EoC capacity.
- Hold weekly movement coordination meetings, involving participation of IFRC, ICRC and PNS' with in-country presence.
- Participate in weekly sector working group meetings, monthly settlement and regional coordination mechanisms.



Secretariat Services

Budget: CHF 7,748

Targeted Persons: 100

Indicators

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

Priority Actions

- Conduct monitoring missions.
- Conduct financial spot checks.



National Society Strengthening

Budget: CHF 99,908

Targeted Persons: 15,000

Indicators

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

Priority Actions

- Support communication costs.
- Procurement of visibility materials.
- Conduct field monitoring and oversight.
- Provide for Volunteer insurance.
- Procure office equipment and supplies.
- Conduct lesson learnt.
- Deployment of 2 NDRTs for Hardware and Software for 3 months.
- Engagement of 30 casual laborers for 2 months.
- Train URCS finance and operational staff on IFRC DREF financial guidelines and reporting.
- Train URCS Operations staff and volunteers on establishment and management of Humanitarian Service Points (HSP) & IFRC Migration strategy



About Support Services

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

195

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

Procurement activities shall be jointly facilitated by both the URCS' Supply Chain Management department as well as IFRC procurement team at the Juba cluster. While the URCS will conduct all goods solicitation processes and follow up until last mile deliveries of orders, the IFRC will only support in the direct payment of those high-value procurements above threshold of CHF 5,000. All other payments shall be directly managed by the National Society.

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:

1). At field and URCS Headquarter levels. This will focus on operational efficiency and accomplishment of the internal processes. The Uganda Red Cross Society shall ensure bi-monthly field monitoring missions from PMER unit at the HQ and the 2 regional operational staff, covering Western and MidWestern regions.

2). IFRC field monitoring. The IFRC country operations team will conduct monthly field monitoring missions while the Juba cluster DM and Finance delegates will conduct spot-check missions at the start and towards the close of the operation. In addition, the IFRC PMER team based at the regional office in Nairobi will work with the NS PMER colleagues to plan and undertake joint field monitoring, that will involve in-country PNS delegates' and the ICRC team as well as organise a Lessons Learned meeting to document successes and lessons for future operations.

Given the workload relating to procurement of required supplies, works and equipment, including the kits replenishments, the Cluster logistics & procurement officer will also conduct field support missions to facilitate this technical support to the National Society Supply Chain team.

Please briefly explain the National Societies communication strategy for this operation

URCS has a Directorate of Communication, Partnership and Resource Mobilization and therefore will be responsible for overseeing the communication and visibility needs of the operation through deployment of a field-based National response Team (NRT) for communication as well as provision of direct support and occupational field missions by the headquarter team to undertake documentation of best practices, human interest stories and lessons learned. The communications team will provide real-time update of activities being undertaken through the URCS social media channels to facilitate external communication with stakeholders. All communication and visibility activities will be aligned to the URCS Communications strategy and Government Policy.

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 Protection legal framework as well as in line with the Data sharing Agreement signed with UNHCR and other relevant Communications regulations applicable



Budget Overview



DREF OPERATION

MDRUG056 - UGANDA RED CROSS SOCIETY UGANDA-POPULATION MOVEMENT OF DRC

Operating Budget

Planned Operations	466'896
Shelter and Basic Household Items	111'958
Livelihoods	97'980
Multi-purpose Cash	68'959
Health	34'187
Water, Sanitation & Hygiene	76'680
Protection, Gender and Inclusion	14'644
Education	3'328
Migration	52'718
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	6'443
Environmental Sustainability	0
Enabling Approaches	107'656
Coordination and Partnerships	0
Secretariat Services	7'748
National Society Strengthening	99'908
TOTAL BUDGET	574'552

all amounts in Swiss Francs (CHF)

Internal

08/04/2025

#V2022.01

[Click here to download the budget file](#)



Contact Information

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

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

IFRC Appeal Manager: Mohamed Babiker, Head of Cluster Delegation, mohamed.babiker@ifrc.org

IFRC Project Manager: Daniel Kyalo Mutinda, Coordinator, Programs & Operations, IFRC Delegation, daniel.mutinda@ifrc.org

IFRC focal point for the emergency: Daniel Kyalo Mutinda, Operations Coordinator, Daniel.MUTINDA@ifrc.org

Media Contact: Irene Nakasiita, Communications Director, inakasiita@redcrossug.org, 0774382583

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