

DREF Operational Update

UGANDA_Population movement from DRC

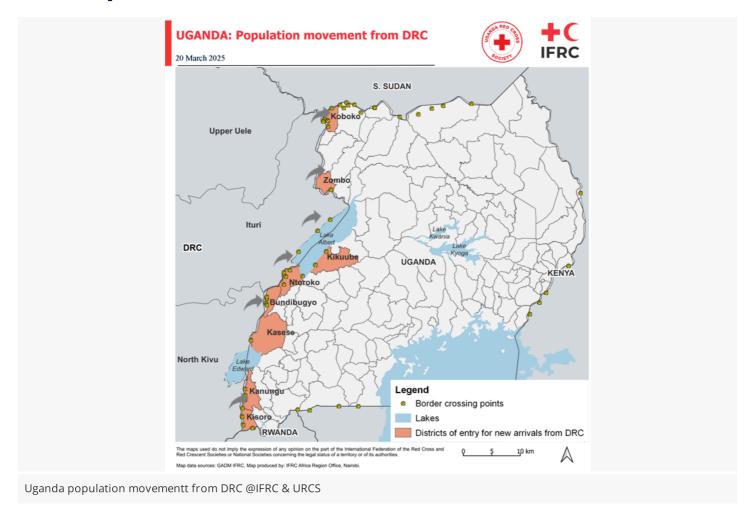


Asylum seekers on arrival at Nyakabande transit centre

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	
Event Onset: Slow	Operation Start Date: 08-04-2025	New Operational End Date: 31-08-2025	Total Operating Timeframe: 4 months
Reporting Timeframe Start Date: 08-05-2025		Reporting Timeframe End Date: 15-07-2025	
Additional Allocation Requested -		Targeted Regions: Western Region	



Description of the Event



Date when the trigger was met

20-03-2025

What happened, where and when?

Now among the most protracted and complex displacement crises in Africa, the humanitarian situation in the Democratic Republic of Congo (DRC) continues to drive large-scale displacement across the region. As of 20-March 2025, Uganda had recorded a very sharp increase in the number of Congolese asylum seekers fleeing escalating violence and insecurity in eastern DRC, particularly from the North Kivu and Ituri provinces. The continuing armed conflict, widespread human rights abuses, and lack of access to basic services have forced millions to flee, with hundreds of thousands crossing into Uganda seeking safety and protection.

According to the UNHCR update of 3rd July 2025, a total of 63513 individuals in 38978 Households have been received and registered through Nyakabande, Matanda and Ssebagaro transit centres. In Kisoro, Nyakabande Transit Centre, a total of 42,551 individuals of 26,092 households received and registered through level one at the transit centre since 1st January 2025. In Kanungu district, Matanda Transit Centre, a total 16,618 individuals of 10,879 Households received and registered through level one at the transit centre since 1st January 2025. In Kikuube district, Ssebagaro transit canter a total of 2,007 Households comprising of 4344 individuals have been received and registered through level one since 1st January 2025.

New arrivals from Matanda and Nyakabande are being relocated to Nakivale refugee settlement whereas those from Ssebagaro are relocated to Kyangwali refugee settlement.





First Aid respondent volunteer providing first aid to the injured asylum seeker

Scope and Scale

As of January 2025, Uganda continues to experience a sharp increase in refugee arrivals fleeing the escalating conflict and insecurity in eastern Democratic Republic of Congo (DRC). The majority of these new arrivals are entering the country through the South Western border points of Bunagana and Ishasha, as well as Ssebagaro on Lake Albert, before being received at Matanda, Nyakabande, and Ssebagaro transit centres', and subsequently relocated to established refugee settlements such as Nakivale and Kyangwali.

The transit and reception facilities, particularly at Nyakabande and Matanda had exceeded their intended capacity with refugees sleeping in overcrowded shelters, open spaces, or makeshift arrangements, with limited access to safe water, sanitation, and hygiene (WASH) services. These sites were designed for short-term transit and not for prolonged stays, and were severely overstretched, resulting in growing backlogs in screening, registration, and relocation processes. Great efforts to decongest these transit centres' have been achieved by organising periodic convoys to re-locate refugees to refugee settlements.

In the settlements of Nakivale and Kyangwali, the situation remains critical. The steady influx has significantly strained infrastructure and basic services, which were already operating under pressure. Shelter support remains inadequate, especially for Persons with Specific Needs (PSNs) such as the elderly, persons with disabilities, female-headed households, and survivors of sexual and gender-based violence. Many PSNs are unable to construct their own shelters or latrines, leaving them exposed to the elements and reliant on overburdened communal facilities.

WASH coverage across both transit centres and settlements remains dangerously low. In Nakivale and Kyangwali, average latrine coverage is below 50%, while access to safe water has fallen to as low as 10–12 litres per person per day, below the SPHERE standard. Refugees in settlements are often forced to share a single water source among hundreds, while open defecation, inadequate waste disposal, and limited hygiene promotion are increasing the risk of communicable disease outbreaks, including cholera, typhoid, acute watery diarrhoea, and skin infections.

Health services are under severe pressure. Key health facilities such as Nakivale Health Centre IV and Kyangwali Health Centre III are overwhelmed by the increased patient load. In the transit centres, especially at Matanda and Ssebagaro, the absence of sufficient medical staff, supplies, and diagnostic tools has hindered the provision of essential care. Drug stock outs, shortages of skilled health workers, and limited medical outreach are leaving many without the treatment they urgently need. The risk of malaria, respiratory infections, and undiagnosed chronic illnesses continues to grow.

Educational facilities are similarly overstretched. Thousands of refugee children remain out of school, or are enrolled in overcrowded and under-resourced classrooms, many lacking latrines, water points, or teaching materials.

Compounding the situation, limited land for settlement and delayed allocation of plots are prolonging stays in transit and reception centres. Overstays increase the risk of gender-based violence, child separation, and exploitation. Refugees are also exposed to harsh



weather, particularly those without proper shelter, leading to higher rates of respiratory illnesses and worsening protection conditions. The deteriorating humanitarian environment is further contributing to secondary displacement, as some refugees self-relocate to urban centres in search of better conditions, increasing the risk of family separation, protection violations, and loss of humanitarian assistance. Given this complex and worsening situation, the Uganda Red Cross Society (URCS), in coordination with the Government of Uganda, UNHCR, and other partners, is scaling up its response efforts in Nakivale and Kyangwali settlements, and at the Matanda, Nyakabande, and Ssebagaro transit sites. Prioritized interventions for scaling up include shelter and household items, WASH infrastructure and hygiene promotion, healthcare services, protection for PSNs, and multi-purpose cash assistance for the most vulnerable new arrivals. Without urgent scale-up of resources and coordination among humanitarian actors, the risk of a major public health and protection crisis will continue to escalate throughout the early months of 2025.

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

Summary of Changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	No
Are you changing the target population of the operation	No
Are you changing the geographical location	No
Are you making changes to the budget	No
Are you requesting an additional allocation?	No

Please explain the summary of changes and justification:

Due to operational constraints such market-driven price fluctuations that significantly affected the pace of procurement, internal structural changes within key partner institutions namely the Office of the Prime Minister (OPM) and UNHCR including the replacement and realignment of technical staff that led to delays in technical approvals required for both shelter and WASH interventions. These institutional delays have greatly affected the level of implementation of response activities. Given these operational changes and contextual realities on the ground, the Uganda Red Cross Society (URCS) proposes an extension of the DREF operation until 31st August 2025.

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 entire operations through a DM Delegate, PMER Officer and		
	Finance Delegate. An Operation Manager Surge has been in country supporting the EVD		
	response, though ended his mission, he extended his support to 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

Netherlands Red Cross, Austria Red Cross, Belgium Red Cross consortium, through the ECHO-PPP project, Uganda Red Cross Society, has been working on implementing a disaster preparedness and response project in affected areas. This project availed start-up funds that have been utilized to conduct needs assessment and will support desludging of latrines at Nyakabande transit centre and distribute start-up NFIs to at least 500 people in the initial stages of the emergency. 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 first aid for first responders which has become instrumental in providing effective first aid as asylum seekers enter 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, Nakivale, 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, the 200,000-litre reservoir water tank constructed at Bunagana initially is able to boost safe water for the host community and the new arrivals before they are taken to the transit canters. In addition to the routine RFL and EPR program, ICRS has allocated extra funds to supplement the ongoing response.



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 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
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 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 canter, 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.

Currently, UNHCR provides communal shelters for new arrivals at transit and reception centres 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 canters.

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 hence the need to support FDSPs with shelter kits.



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. Through this action URCS has procured and distributed 800 NFI kits, however the gap remains so high especially in the refugee settlements.



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 MPOX, 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 litters per person per day to average 6.5 litres in Kisoro, Kanungu, and Kyangwali. This is far below the Sphere standard, which recommends a minimum of 15 litres 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 centres 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 nuance 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 reported intention of DRC army re-taking the Goma Town and other surrounding areas occupied by M23, Uganda Red Cross under the funding of ICRC offer Protection of Family links services in all Transit Centres and Reception Centres except at Ssebagaro Transit Centre 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. Child-friendly spaces at in refugee settlements 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 canters 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 centres 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.

Climate Adaptation and Recovery

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 centres 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

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.

Waste Management and Pollution: Refugee settlements and reception centers in the Southwest 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 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.

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 four months.

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.

No new activities have been introduced therefore, the strategy outlined below focuses exclusively on delayed and incomplete activities that will be implemented.

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:

To address low sanitation coverage, the operation will construct communal latrines and bathing shelters at reception centres and in resettlement villages/zones. These facilities will serve as temporary solutions for faecal 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 refocusing on the new arrival situation as a top priority so as to concentrate efforts towards the increasing tracing needs. This realignment 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 centres 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 continue to render support to the operation, to ensure the gender needs identified in the assessment are adequately supported.

d) Shelter and settlement:



Due to the critical gap in communal shelter for newly arriving asylum seekers at the border crossing points/holding centres and reception centre, the operation will support 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 PSN; the construction of tailored facilities ensures their safety, well-being, and access to essential services. This dedicated infrastructure fosters inclusion and upheld 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 along the border crossing points to provide basic 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.

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

URCS will continue to offer support to FDSPs at the established HSPs, Conduct Advocacy meetings and train volunteers and staff on HSP and IFRC Migration strategy.

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.

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 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 in Kyangwali and Nakivale 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 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 (including "management")

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

Risk	Mitigation action
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 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 and human resource capacities to manage a larger than normal operation.	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.



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 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.

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

Targeted Male: Targeted Female: -

Indicators

Title	Target	Actual
No. of PSN houses constructed	30	0
No. of shelter kits procured and distributed	200	0
No. of pre-fabricated shelters deployed at selected transit centers	2	3
No. of technical shelter assessments conductd	1	0

Progress Towards Outcome

Uganda Red Cross Society is committed to ensuring that Displaced Persons, particularly Persons with Specific Needs, have access to safe, dignified, and adequate shelter in transit centres, reception centres, and within host communities. Under the Shelter sector, planned interventions included the construction of PSN shelters, distribution of emergency shelter kits, and installation of prefabricated shelters at strategic entry points and reception centres.

Deployment of Prefabricated Shelters: To improve immediate shelter capacity for new arrivals, two prefabricated tents (each with a 100-person capacity) were deployed at Nyakabande Transit Centre, while an additional 200-person capacity prefabricated shelter was



installed at the Bunagana Point of Entry. These facilities are accommodating new arrivals from Reception Centre, providing temporary shelter and space for first responders to deliver essential first aid and support services.

Progress on Shelter Kit Distribution and Construction: To date, beneficiary identification has been completed, but no PSN shelters have been constructed, and no emergency shelter kits have been distributed. Delays in procurement processes and construction planning have hindered the commencement of these activities. Furthermore, the lack of technical shelter assessments, which were scheduled as part of the response, has contributed to the delay in shelter construction and distribution of materials.

Beneficiary Identification for Shelter Distribution: In Kyangwali Refugee Settlement, Uganda Red Cross Society in close coordination with the Protection lead partner, conducted a comprehensive beneficiary identification exercise targeting PSNs who are most at risk and in need of emergency shelter and household latrines. This exercise included a review of existing PSN data, door-to-door assessments, verification of current living conditions, and rigorous cross-checking against established vulnerability criteria to ensure equitable selection. During this initial phase, a total of 317 individuals were identified (112 males, 190 females, and 15 persons with disabilities). The data collected will guide further beneficiary verification and ensure that shelter and sanitation assistance is effectively targeted to those with the most urgent needs.



Livelihoods And Basic Needs

Budget: CHF 97,980 **Targeted Persons:** 3,500

Targeted Male: -Targeted Female: -

Indicators

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

Progress Towards Outcome

Distribution of Core Relief Items / Non-Food Items (Non-Food Item (NFI)s): Uganda Red Cross Society 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 Non-Food Item (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 Non-Food Item (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 Displaced Persons 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 inform ongoing and future interventions, a comprehensive livelihood assessment was conducted in Nakivale and Kyangwali settlements. A team of 20 trained volunteers, oriented in data collection methodologies, facilitated the assessment. The assessment aimed to Assess the current food security status and coping mechanisms of refugees and host communities, review ongoing livelihood activities, identify associated challenges, and understand the vulnerabilities facing the most at-risk populations, identify key drivers of food insecurity and household vulnerability and recommend short-term emergency responses and long-term livelihood strategies tailored to the unique settlement and host community contexts. Data collection for the FSL assessment was completed and report compilation is under way. The findings will provide actionable insights to inform the design and implementation of targeted food security and livelihood programs, ensuring that interventions effectively address both immediate needs and long-term resilience for refugees and host communities.



Multi Purpose Cash

Budget: CHF 68,959



Targeted Persons: 4,000

Targeted Male: Targeted Female: -

Indicators

Title	Target	Actual
Number of beneficiaries who received financial literacy training.	4	0
Percentage of complaints and feedback resolved within the set timeframe.	80	0
Percentage of beneficiaries who report satisfaction with Cash transfer process	80	0
Percentage of households who report being able to meet the basic needs of their households, according to their priorities	80	0
Number of people provided with unconditional cash assistance.	4,000	0

Progress Towards Outcome

As of the reporting period, the beneficiary selection process is still ongoing, which has consequently delayed the implementation of all other planned activities under the cash assistance component. To date, no beneficiaries have received cash assistance, and progress on key indicators, including financial literacy training, satisfaction monitoring, and complaints resolution, remains at 0%. Uganda Red Cross Society is working on the completion of the beneficiary selection process to rollout cash transfers and all related interventions.



Budget: CHF 34,187 **Targeted Persons:** 24,000

Targeted Male: -Targeted Female: -

Indicators

Title	Target	Actual
Number of people reached with health literacy messages	24,000	6,935
Percentage reduction in people reporting with malaria disease in the hospitals	20	0
Proportion of the volunteers and VHTs submitting weekly zero reports	75	65

Progress Towards Outcome

To strengthen holistic health for Displaced Persons and host communities in Kyangwali and Nakivale Refugee Settlements, Matanda, Nyakabande, and Sebagoro Transit Centres, Uganda Red Cross Society 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 (Community-Based Surveillance (CBS)), provision of first aid response at border points, and distribution of mosquito nets to new arrivals.



Community-Based Surveillance (Community-Based Surveillance (CBS)) Training: A total of 60 CBVs and Village Health Team (Village Health Team (VHT)) members (36 males, 24 females) from Kyangwali, Kisoro, and Nakivale were trained on Community-Based Surveillance (CBS), strengthening their capacity to identify and report health threats. The Community-Based Surveillance (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 Village Health Team (VHT)s developed actionable community implementation plans for July and August 2025. The trained Village Health Team (VHT)s and CBVs have since been deployed to conduct Community-Based Surveillance (CBS) on notifiable diseases, with a current reporting rate of 65%. To date, 11 confirmed Mpox alerts have been reported from Kyangwali Refugee Settlement.

Community Health Awareness and Promotion: Uganda Red Cross Society volunteers conducted household visits and community gatherings across Kyangwali Refugee Settlement, Kanungu (Matanda Transit Centre), Kisoro (Nyakabande Transit Centre), and Nakivale Refugee Settlement. They delivered culturally sensitive health education using Information, Education and Communication (IEC) materials and live demonstrations, covering topics such as Mpox and malaria prevention, maternal health, child immunization and hygiene, and youth engagement on substance abuse prevention. To date, 6,935 Displaced Persons (3,382 females, 3,553 males, including 58 Persons with Disabilities (PWDs)) have been reached. 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. While the target was to reach 24,000 people, progress was slowed by delays in volunteer training and logistical challenges in reaching dispersed populations.

Distribution of Mosquito Nets: To mitigate malaria risks among Displaced Persons facing poor shelter conditions at reception and transit centres, 1,000 long-lasting insecticidal mosquito nets were distributed (700 in Nyakabande Transit Centre, Kisoro and 300 in Matanda Transit Centre, Kanungu). The primary objective was to reduce mosquito bites and subsequent malaria cases, especially among vulnerable groups such as children and pregnant women. However, an assessment of reduction in malaria incidence among beneficiaries is still pending to ascertain the Percentage reduction in people reporting with malaria disease in the hospitals.

Cross-Border Disease Surveillance and Screening: Uganda Red Cross Society 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, monitoring for infectious disease symptoms (notably Mpox), referring suspected cases for medical management, and coordinating with Village Health Team (VHT)s in border communities to enhance disease reporting. In total, 1,351 Displaced Persons (592 males, 759 females, and 3 Persons with Disabilities (PWDs)) were reached through these activities.

First Aid for First Responders (First Aid for First Responders (FAFR)) Refresher Training: Uganda Red Cross Society 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: First aid teams in Kyangwali Refugee Settlement and Matanda Transit Centre provided prompt first aid at border entry points, responding to incidents including nosebleeds, fractures, fainting, and other injuries. Safety awareness sessions were also conducted for fishermen and community members near Lake Albert, with a total of 65 individuals (28 males, 37 females) reached and 10 cases referred for further medical care.



Water, Sanitation And Hygiene

Budget: CHF 76,680 **Targeted Persons:** 15,000

Targeted Male: Targeted Female: -

Indicators

Title	Target	Actual
Number of women and girls with access to decent and adequate menstrual hygiene materials	6,000	800
Quantity of water (cubic lires) produced and supplied	1,350	0



Number of people reached with hygiene message	20,083	18,620
No. of Household latrines constructed	75	0
# of bathing shelters constructed	100	0

Progress Towards Outcome

To promote safe water access, improved hygiene practices, and dignified sanitation for the Displaced Persons, Uganda Red Cross Society implemented activities aimed at enhancing emergency water supply, constructing sanitation facilities, and strengthening menstrual hygiene management (Menstrual Hygiene Management (MHM)) for women and girls of reproductive age on the move. From the suite of planned WASH interventions, Uganda Red Cross Society has so far distributed Menstrual Hygiene Management (MHM) kits and deployed hygiene promoters to deliver sanitation and hygiene awareness in the community.

Distribution of Menstrual Hygiene Materials: To support effective menstrual hygiene management, Uganda Red Cross Society provided 800 women and girls in Nyakabande Transit Centre with adequate and dignified Menstrual Hygiene Management (MHM) materials, achieving 67% of the planned target. These kits enabled beneficiaries to manage their menstrual periods safely, comfortably, and hygienically, thereby reducing associated health risks and promoting dignity among female Displaced Persons.

Hygiene Promotion: Uganda Red Cross Society deployed volunteers across Kyangwali Refugee Settlement, Nyakabande Transit Centre, and Matanda Transit Centre in Kisoro to lead hygiene and sanitation promotion activities. Through household visits and targeted group sessions, volunteers delivered practical messages on safe water, sanitation, and personal hygiene practices. These efforts reached 18,620 individuals (9,024 females, 9,596 males, and 44 Persons with Disabilities (PWDs)) out of the targeted 20,083, representing a 93% achievement. Messaging emphasized the importance of drinking boiled or treated water, routinely cleaning water storage containers, and practicing hand hygiene at critical times. Additional topics included the dangers of poor hygiene and sanitation, proper use of latrines and safe faecal disposal, and the risks of sharing shelter or utensils with animals.

Despite these achievements in hygiene education and Menstrual Hygiene Management (MHM), there has been no progress on the hardware component of the emergency WASH response. Delays in procurement processes and pending field-level approvals for technical specifications from relevant authorities have hindered the construction of the planned sanitation facilities.



Protection, Gender And Inclusion

Budget: CHF 14,644 Targeted Persons: 22,500

Targeted Male: - Targeted Female: -

Indicators

Title	Target	Actual
No. of volunteers oriented on PGI and SGBV	195	124
No. of people reached with SGBV prevention information	22,500	18,328
No of referrals for protection services done	3,375	92
No of assessments conducted	1	1

Progress Towards Outcome

Uganda Red Cross continues to mainstream gender-sensitive and inclusive approaches throughout its humanitarian response to ensure the unique needs and vulnerabilities of all individuals including children, adults of all genders, and Persons with Disabilities (PWDs) are



effectively addressed. All activities across Health, WASH, Livelihood, and Education sectors are intentionally designed to be inclusive, with a deliberate focus on reaching the most vulnerable Displaced Persons.

Orientation of Volunteers on Protection, Gender and Inclusion (PGI) and Sexual and Gender-Based Violence (Sexual and Gender-Based Violence (SGBV)): 124 volunteers were oriented on Protection, Gender and Inclusion (PGI) and Sexual and Sexual and Gender-Based Violence (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 Sexual and Gender-Based Violence (SGBV) concerns within their areas of operation.

Dissemination of Sexual and Gender-Based Violence (SGBV) Prevention Information: Uganda Red Cross Society, through Restoring Family Links (RFL) volunteers stationed at reception and transit centres, conducts targeted Sexual and Gender-Based Violence (SGBV) awareness sessions for new arrivals. These sessions provide information on the nature of Sexual and Gender-Based Violence (SGBV), reporting procedures, and available hotlines. To date, approximately 18,328 individuals have been reached with Sexual and Gender-Based Violence (SGBV) prevention messages, achieving 81% of the target population.

Protection Referrals: 92 referrals for protection services have been made, against a target of 3,375. While volunteers have actively identified and referred individuals in need of specialized protection support, the overall number of reported referrals remains low. This is primarily due to the shortage of printed referral books at humanitarian service points and among volunteers, which has hampered systematic documentation and reporting. Uganda Red Cross Society is working to address this gap to ensure effective referral pathways for the Displaced Persons.



Education

Budget: CHF 3,328

Targeted Persons: 14,000

Targeted Male: - Targeted Female: -

Indicators

Title	Target	Actual
Number of school going children supported with education material on EBOLE, MPOX, Menstral hygiene (in a local language i.e French, Lingala)	14,000	0

Progress Towards Outcome

Uganda Red Cross Society is closely working with other partners working on a joint design and approval of education emergency materials. However, delays in the on the agreement about the joint design have impacted the timely printing and distribution of these Information, Education and Communication (IEC) materials, consequently hindering the commencement of related outreach activities. Implementation of distribution and outreach will proceed as soon as the materials are finalized and printed.



Migration And Displacement

Budget: CHF 57,718

Targeted Persons: 32,420

Targeted Male: -Targeted Female: -

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	9,000
# of advocay meetings conducted	5	0
No. of staff & volunteers trained on HSP and IFRC Migration strategy	210	0

Progress Towards Outcome

Uganda Red Cross Society 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 (Humanitarian Service Point (HSP)s) have been established and are currently operational.

To date, 9,000 individuals have been reached through these Humanitarian Service Point (HSP)s, representing 72% of the overall target of 12,420. This demonstrates steady progress, with ongoing efforts to expand outreach and ensure more individuals receive essential services.

However, no advocacy meetings have been conducted against the planned five, and no staff or volunteers have been trained on the Humanitarian Service Point (HSP) model and IFRC Migration Strategy, out of a target of 210. These gaps are primarily attributed to delays in scheduling and coordination.

Going forward, Uganda Red Cross Society will focus on completing the second needs assessment, scaling up outreach through the Humanitarian Service Point (HSP)s, and prioritizing training and advocacy initiatives to strengthen migration support services and enhance impact.



Community Engagement And Accountability

Budget: CHF 6,443 **Targeted Persons:** 22,500

Targeted Male: -Targeted Female: -

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	1,351
# of feedback channels established at HSPs	10	4
# of community feedback/ complaints/ compliments received and documented	4,500	587
Percentage of feedback handled/ managed	80	70



Progress Towards Outcome

Essential Themes Training: A total of 35 volunteers (29 males, 6 females) were trained on essential themes, including Community Engagement and Accountability (CEA), Protection, Gender and Inclusion (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 Uganda Red Cross Society 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 Protection, Gender and Inclusion (PGI), reporting mechanisms, Uganda Red Cross Society services, and protection services. This is achieved through the distribution of Information, Education and Communication (IEC) materials and oral communication in the community. To date, a total of 1,351 Displaced Persons (592 males, 759 females, and 3 Persons with Disabilities (PWDs)) have been reached with information on essential themes. Dissemination efforts are ongoing and will be scaled up to include older caseloads within the settlements.

Establishment of Feedback Channels: Currently, four feedback channels have been established to facilitate the collection of community feedback from Displaced Persons. 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 Uganda Red Cross Society toll-free hotline, and Uganda Red Cross Society offices in operational areas.

Community Feedback and Response: During the Reporting Period, URCS Received Feedback From 587 displaced persons across all Operational Districts, Comprising 349 Females, 238 Males, And 43 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:

- 275 requests for support with latrine construction, cash assistance, Menstrual Hygiene Management (MHM) kits, latrine digging kits, tarpaulins, water, medical care, shelter kits, mosquito nets, and increased food rations.
- 111 suggestions aimed at improving service delivery at reception centres and within the settlement.
- 50 messages of appreciation, commending Uganda Red Cross Society for ongoing support to refugees and vulnerable groups.
- 57 inquiries about available humanitarian services; and
- 42 reports and complaints related to water scarcity and theft.

Approximately 70% of feedback was addressed, with priority given to urgent and sensitive issues. Additionally, 19 cases requiring specialized support were referred to partner organizations, including Medical Teams International (MTI), Nsamizi, Action Against Hunger, and Alight, for further action



Environmental Sustainability

Budget: CHF 0
Targeted Persons: 0
Targeted Male: Targeted Female: -

Indicators

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

Progress Towards Outcome

The activities yet to be done.





Budget: CHF 0

Targeted 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 coordation meetings held	36	11

Progress Towards Outcome

Uganda Red Cross Society has successfully supported 1 Emergency Operations Centre (EoC) as planned. So far, 6 out of 16 movement coordination meetings and 11 out of 36 sector working group and settlement coordination meetings have been held.

While coordination structures are functional, limited progress is attributed to competing operational priorities and scheduling challenges. Continued efforts are needed to increase meeting frequency and ensure full engagement across coordination platforms.



Budget: CHF 7,748

Targeted Persons: 100

Targeted Male:
Targeted Female: -

Indicators

Title	Target	Actual
No. of monitoring missions conducted	2	1
No. of financial spot check conducted	1	0

Progress Towards Outcome

As of the reporting period, one monitoring mission and no financial spot checks have been conducted. And are both scheduled for 30th and 31st of July 2025.



National Society Strengthening

Budget: CHF 99,908 **Targeted 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	0

Progress Towards Outcome

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.

Progress in knowledge management and oversight has been limited the planned lessons learnt session is yet to take place but is scheduled for 30th and 31st July 2025.

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 UIFRC 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 Mid0western 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 activate 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



Contact Information

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

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Click here for the reference

