


www.ifrc.org
Saving lives,
changing minds.

Disaster relief emergency fund (DREF) Uganda: Population movement

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRUG034
GLIDE n° [OT-2013-000079-UGA](#)
18 July 2013

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

CHF 220,502 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the Uganda Red Cross Society (URCS) in delivering immediate assistance to some 6,744 families (66,139 beneficiaries) displaced by the fighting in DRC. Unearmarked funds to repay DREF are encouraged.

Summary:

Fighting in Buwisa, Butalinga and Bahumu in the Democratic Republic of Congo since 9 July has resulted in a sudden surge in population movement towards Bundibugyo district in Uganda from 11 July onwards. The number of people displaced reach upwards of 66,139 people as of 14 July, with the Ugandan government as well as international and national non-governmental organizations mobilizing resources to respond to the needs of both displaced people as well as the host communities. Uganda Red Cross, in coordination with the government, other agencies and partners, quickly responded with a limited distribution of food and non-food relief items while conducting a rapid assessment. This DREF operation aims to support up to 1,000 of the most vulnerable families with non-food item kits (which include cutlery, blankets and tarpaulins) and reach the entire affected population (currently standing at 66,139 people) with hygiene promotion messages, water purification sachets and the set-up of temporary latrines in the transit centre, in close coordination with all partners involved. With the situation evolving rapidly and assessments ongoing, this plan may be revised in the coming weeks.



Refugees stream through the Busunga border post into Bundibugyo. Photo: URCS

This operation is expected to be implemented over 3 months, and will therefore be completed by 17 October, 2013; a Final Report will be made available three months after the end of the operation (by 16 January, 2014).

[<click here for budget, or here for contact details. A map of the affected areas will be provided as soon as possible>](#)

The situation

The Bundibugyo district in Uganda shares common boundaries with the Democratic Republic of Congo (DRC) to the West and North and witnessed an influx of population movement from DRC. According to interviews conducted, the population movement was reportedly triggered by fighting within the areas of Buwisa, Butalinga and Bahumu in DRC beginning 9 July. Up to 600 people were reported to have arrived from Bubandi, Bundinamandi, Buhula, Nyakasohe, Busunga and Busula, mainly through the Busunga border post beginning 11 July, with the numbers increasing steadily to 66,139 people as of 14 July to Bubandi and Kisuba sub-counties in Bundibugyo district.

Since 14 July, with the large increase in people arriving in Bundibugyo, the government decided to establish a transit centre in the sub-county of Bubukwanga, approximately five kilometres from Bundibugyo town towards Fort Portal. Existing infrastructure includes three unfinished but roofed communal shelters, a Health Centre III in the vicinity and a gravity flow waterline with 50,000 and 20,000 litre tanks in need of minor repair. The movement of refugees from the current location to the new site began on 14 July itself, with an estimated 10,000 people having reached the transit camp as of 16 July, while transportation for the others continue. In coordination with other partners and international agencies in the country, the first line of temporary latrines were constructed, with over 250 tents erected and an additional 10,000 litre water tank installed. Repair work on existing water facilities is ongoing.

Current location of people displaced:

<u>Location</u>	<u>Available resources</u>
Bunbanda Primary School	It has one block latrine of 4 stances, and one 10,000 litre water tank which is non-functional. The road access to this school is in good condition.
Karela Primary School	It has two latrine blocks with three stances on each and two 10,000 litre water tanks that are non-functional. The road access to this location by truck is difficult.
Busaru Primary School	It has one latrine block with three stances and no water tank.
Butogo border area	It has two latrine blocks with three stances each and two 10,000 litre water tanks that are non-functional.
Isonga Primary school	It has one block latrine with three stances and no water tank.
Bubandi sub-country headquarters' land	Estimated to be able to accommodate up to 10,000 people

The influx of people displaced continues from the DRC side and a number of people are also reportedly arriving from the Semuliki river area of Ntoroko district. The figures have not yet been verified and assessments continue to be made in these areas by joint UNHCR-URCS-OPM teams.

Rapid assessments were carried out initially by URCS and later jointly with UNHCR, UNICEF, and the Office of the Prime Minister (OPM). Information has also been collected from the community leaders and the urgent needs identified include nutrition, shelter, sanitation, clean water and health and care. Information to each of the sectors are as below:

Food security and nutrition

Crucial among these is the need for nutrition for the population of 66,139 people camped in Bubandi, Bundinamandi, Buhula, Nyakasohe, Busunga, Busu primary schools. Since arrival of the refugees on 11 July, URCS in coordination with WFP started to prepare and provide hot meals which include maize and beans from food delivered by WFP to support the urgent needs.

Shelter

66,139 new arrivals require shelter as most of them are camped under trees and such places as shades in the respective areas in which they are camped. Although the new arrivals are camped at primary schools, their numbers ideally have overwhelmed the basic infrastructure in these schools hence majority are settled in open areas exposed to sunshine, the cold weather and in case of rains. The transit center that has been identified urgently requires communal and household tents.

Sanitation

The available sanitation facilities in the areas where the refugees have temporary settled have been over stretched beyond their capacities. Rapid reports from the WASH committee show that on average each of the primary schools had about one block of latrines with 3 stances available for use hence about 40% access to sanitation facilities as per the WASH committee report. As the refugees resort to open defecation in the areas they are camped, there is need for immediate measures to be put in place to ensure proper

disposal of fecal material so as to avert possible outbreak of sanitation related diseases. The transit centre also needs emergency sanitation facilities to be established to ensure the refugees have basic sanitation facilities.

Health and care

There is need for health services to be provided to the refugees ranging from clinical services, first aid and maternal health services. Overall there were 9,240 persons that needed special attention with 8,040 children under five years and 2,000 pregnant women that all needed attention that was not available within the areas that the refugees have camped in. Although the district has been able to provide its human resource and ambulance, these are too thin compared to the needs on ground.

Water

Access to clean water is limited. Although the refugees are camped at primary schools, the limited infrastructure to provide water has been completely overwhelmed. Two schools have water tanks that are non-functional but currently under repair. In the meantime, the only water being used by the refugees is from streams and wells with no treatment or purification, leading to a risk of high susceptibility to water borne diseases.

Coordination and partnerships

Following reports of the population movement, two stakeholder coordination meetings were held to initiate and coordinate response. Owing to the absence of the District Disaster Management Committee (DDMC), the district leadership coordinated these responses with support of other stakeholders such as Uganda Red Cross and OPM.

Two other coordination meetings were held by the district and committees were established to manage the respective sectors: community services committee, water and sanitation committee, health committee, food and NFI committee, Child Protection Committee, Security Committee, Communication and Coordination committee were created with UNHCR, OPM and URCS nominated to all the committees except security committee where URCS is co-opted as an observer.

Arising from the initial efforts several stakeholders have responded to the humanitarian appeal. These include Bundibugyo District Local Government, URCS, UNHCR, OPM, WFP, LWF, MSF France, World Harvest Mission, Danish Refugee Council, Oxfam, IOM, UPDF, Uganda Police Forces and the local host communities. The World Harvest Mission has supported the operation with a 10,000 litre storage tank, Save the Children is supporting protection and MSF supporting the local health centre III and will establish an emergency health unit at the transit centre to address the emergency treatment needs of the refugees.

The Bundibugyo District Local Government initially undertook coordination and mobilization of agencies to respond to the influx. The local government has provided its technical staff (water engineer, community services and Health services) to support the operations in Bundibugyo. To facilitate the movement of refugees to the transit centre the local government has availed three trucks to be fueled by UNHCR. In addition the local government through the Uganda peoples' defense forces (UPDF) and Police is providing security to the team. However the role of coordination previously initiated by the district leadership has now been handed over to OPM who are coordinating the response efforts.

The UN agencies (WFP, UNHCR, and UNICEF) who are present in-country are also responding to the situation. As part of their response, WFP has delivered 54.5 metric tonnes of food to Bundibugyo ready for distribution. WFP also has confirmed food availability for 8,000 people for 3 months.

UNICEF has identified and made the commitment to provide a water storage tank (10,000 litre) and bladder tank (8,000 litre) available for the transit centre to be set up in addition to water treatment and purification facilities. UNICEF is coordinating the WASH committee and has equally provided technical personnel to support WASH efforts.

Meanwhile, UNHCR delivered 20 cartons of plates and cups that will support 3,500 families in addition to commitment to providing fuel to support transportation of the refugees to the transit centre. UNHCR also supported in the provision of fuel to the district ambulance to support referral services for the new arrivals and commitment has been made to support URCS for camp management at the transit centre.

Lastly the local community has provided custody, land and in some cases food and shelter to some of the new arrivals.

Within the Red Cross Red Crescent Movement, URCS has been working with IFRC, partner national societies (PNS) in-country and the ICRC Uganda delegation to support the operation. A coordination meeting was held on 16 July with Danish Red Cross, Belgian Red Cross, German Red Cross, American Red Cross, the ICRC and IFRC (by tele-conference) in Kampala to update the partners and seek support. The Danish Red Cross and Belgian Red Cross have made commitments to support the operation in relief and water and sanitation activities. ICRC is already supporting the tracing needs in collaboration with URCS teams in Bundibugyo.

Although the new arrivals have camped at the various schools in the district, a transit centre has been opened up at Bubukwanga Sub County in Bundibugyo about 26 kilometres from the border.

Red Cross and Red Crescent action

Since ,13 July, URCS has carried out the following:

- Mobilized and deployed a total of 50 volunteers for the response and has another 50 on standby, and carried out rapid assessment of the situation. The volunteers have been also registering the refugees.
- Identification of unaccompanied minors and setting up rapid tracing services (RFL phone services). So far, 15 unaccompanied minors have been identified and URCS has linked them with the other agencies working in protection.
- Dispatched 300 non-food item kits (300 tarpaulins, 300 jerry cans, 900 blankets, 600 cooking pots, 900 bars of soap, 600pcs of mosquito nets, 1,500pcs of cups and plates) from the URCS emergency stocks
- Dispatched 10 first aid kits, 5 stretchers, 36,000 water purification sachets and 200 family tents.
- Deployed its national disaster response team for the operations (WASH, Camp Management, Psychosocial, Coordination, and RFL) and is assisting in the set-up of the transit centre (erection of tents, kitchen, latrine construction, registration, preparation of hot meals).
- Constructed 30 temporary pit latrines (6 blocks, with 5 latrines in each block) and 6 bathing shelters at the transit centre. The latrines are constructed with tarpaulins forming the super structure.
- Cleared the site for the centre, erected 180 tents, constructed 1 communal shelter in coordination with UNHCR who are providing the materials for construction.
- 5 volunteers have been oriented on psychosocial support and deployed to support the affected families.
- Mobilizing volunteers to assist in the preparation and delivery of hot meals to the affected households from food delivered by WFP.



URCS volunteers were quickly mobilized to respond to the needs of the affected communities. Assistance from the National Society ranged from emergency shelter, relocation to the designated transit centre, restoring family links/tracing as well as the provision of hot meals to those affected. With this DREF operation, the National Society plans to continue and scale up its support in close coordination with other actors in the country. Photos: URCS

The needs

As the relocation to transit centre commences, the following were identified as immediate needs:

- Volunteer training in relief and camp management (60), psycho social support (20), first aid (20). The 20 volunteers to be trained in PHAST-ER (Participatory Hygiene and Sanitation Transformation in Emergency Response) will be supported by the Belgian RC.
- Camp set-up/organization, firewood and saucepans for preparation of hot meals
- Water trucking, setting up water storage facilities at the transit centre and distribution of water storage facilities for the households. This will be supported by UNHCR.
- Non-food items kits for approximately 2,000 households (Each kit consisting of 3 blankets, 2 saucepans, 3 bars of soap, 5 cups, 5 plates, 2 mosquito nets, 1 jerry can and 1 bucket).
- Hygiene and sanitation promotion, as well as general disease prevention sensitization and active communicable disease surveillance. Methods for solid waste management in the camp are currently being discussed with UNICEF and UNHCR.
- Treatment of drinking water at household level due to lack of availability of safe drinking water
- Construction of an adequate number of latrines are required at the transit site for the 66,139 people. While the ideal number according to SPHERE Standards is 50 people per latrine (first phase of emergency), due to timeframe and resource limitations it is planned for the emergency phase to construct 200 temporary communal latrines. Coordination will continue to determine what role other actors can play in sanitation.
- Construction of family tents for 66,139 people. While a total of 6,744 family tents would be required but due to limited space, it is planned to erect 500 family tents and the rest will be communal shelters. The communal shelters are large structures constructed with poles, ropes and tarpaulin and each shelter accommodates approximately 300 people. These are being supported by UNHCR.
- Establishing an emergency health tent to attend to health emergencies. This is being undertaken by MSF.
- Maternal healthcare arrangements for 2,000 pregnant women, including referral services are required, as well as personal dignity kits for women of reproductive age (these are being supported by MSF and UNHCR).
- Meeting the nutritional needs of the 66,139 people displaced.

Beneficiary selection:

The criteria for selection of beneficiaries are people who have been displaced from their original homes in DRC by the violence and have settled in the designated reception centre. For the non-food items kits, this will be provided to the most vulnerable families (for example, families with pregnant women, single-headed households, the elderly) to supplement UNHCR general distributions. It has been agreed with the authorities that URCS activities as well as those of other partners will focus on the transit centre that has been set up in Bubukwanga sub-county.

The proposed operation

The operation will be managed under the overall URCS Disaster Management Directorate that has wide experience in the management of disasters of similar and larger magnitude. Operational cooperation will be maintained with all the actors on the ground including UNHCR, Office of the Prime Minister, local governments, ICRC and other civil society actors operational in the areas. Bi-monthly updates on the progress of the operation will be provided to all partners.

This plan supported by DREF will be complementary to the national appeal launched by URCS which includes other interventions, some of which will also provide assistance to host communities such as its tree-planting initiative, designed to help recover the environment as a result of the temporary increase in deforestation as trees may be cut down for fuel. The DREF allocation will support the response activities already carried out by URCS since the onset of the population movement, including the non-food items distributed to date, rapid refresher training for volunteers and the ongoing assessment in progress by the National Society with the other partners. URCS is working very closely with all actors in-country to ensure that the needs of the affected communities are met with minimal overlap. The National Society will provide emergency first aid and psychosocial support under health and care, with the lead in this sector being taken by MSF. Similarly, food and nutrition activities planned are complementary to WFP efforts, while camp management activities will be in support of UNHCR. In water and sanitation, as mentioned, due to timeframe and resource limitations it is planned for the emergency phase to construct 200 temporary communal latrines. Coordination will continue to determine what role other actors can play in sanitation.

A robust monitoring and supervision system will be employed to track the outputs and outcomes of

interventions. The operation is planned for three months and it is hoped that at the end of this period, the situation will have normalized and thus not warrant emergency interventions and that resettlement activities will be in place with OPM and UNHCR taking on the overall responsibility for this. However, with the rapidly evolving situation, further revisions to this plan of action may take place in the near future. URCS will be UNHCR's implementing partner in the transit centre.

UNHCR has provided initial construction materials and URCS has mobilized its volunteers to assist in the construction of the temporary shelters and latrines at time of reporting.

Food and nutrition

Outcome: The risk of the deterioration of the nutritional status of the 6,744 households affected are reduced.

Outputs (expected results)

- Affected families are provided with hot meals in coordination with WFP in the transit centre.
- High energy biscuits are procured and distributed to the most vulnerable individuals such as unaccompanied minors, pregnant women and the elderly at the border.

Planned activities

- Mobilize volunteers to assist in the preparation and delivery of hot meals to the affected households.
- Procure and distribute high energy biscuits to the most vulnerable individuals identified according to criteria.

Emergency shelter, settlement and non-food items

Outcome: The vulnerability of up to 1,000 affected families is reduced through the provision of basic non-food items.

Outputs (expected results):

- Needs of the affected population are assessed and most vulnerable families are identified.
- Volunteers are trained in camp management (relief distribution, first aid, registration, protection, tracing etc.)
- Beneficiary targeting strategy and registration system to deliver intended assistance is developed
- Local procurement of 1,000 tarpaulins, 5,000 cups and plates, 2,000 jerry cans, 2,000 mosquito nets, 2,000 blankets and 2,000 cooking pots is conducted.
- Non-food item kits consisting of 1 tarpaulin, 5 cups, 5 plates, 2 jerry cans, 2 mosquito nets, 2 blankets and 2 cooking pots are distributed to 1,000 of the most vulnerable families

Activities planned

- Conduct rapid emergency needs and capacity assessments.
- Train volunteers in camp management to complement UNHCR and government efforts.
- Develop beneficiary targeting strategy and registration system to deliver intended assistance.
- Procure 1,000 tarpaulins, 5,000 cups and plates, 2,000 jerry cans, 2,000 mosquito nets, 2,000 blankets and 2,000 cooking pots.
- Identify 1,000 of the most vulnerable families and distribute relief supplies.
- Control supply movements from point of dispatch to end user.
- Monitor and evaluate the relief activities and provide reporting on relief distributions.
- Develop an exit strategy.

Emergency health and care

Outcome: Access to emergency health services and support to reduce the risk of diseases for up to 6,744 households in Bubukwanga sub-county over a period of 3 months.

Planned activities

- Mobilize and conduct training in first aid and psychosocial support for 20 volunteers.
- Deploy volunteers to provide appropriate and necessary support and referrals in the transit centre to health and MSF-supported facilities
- Provide health promotion and disease surveillance support to health and MSF-supported facilities if required

- Monitor and evaluate the first aid and psychosocial support activities and report on progress.
- Develop an exit strategy.

Water, sanitation, and hygiene promotion

Outcome: Improved access to safe drinking water, sanitation and hygiene promotion to reduce the risk of water and sanitation related diseases for up to 6,744 households in Bubukwanga sub-county over a period of 3 months.

- Outputs (expected results)**
- Adequate access to safe drinking water is provided to targeted displaced people in the transit centre.
 - Appropriate sanitation facilities are provided to targeted displaced people in the transit centre.
 - Increased knowledge on good hygiene practice and maintaining a clean and healthy environment in the transit centre.
 - Assistance and equipment are provided to maintain the emergency latrines.

- Planned activities**
- Rapid assessment and KAP (knowledge, attitudes and practices) survey of water, sanitation and hygiene knowledge and practices, as a baseline indicator and to guide the focus of hygiene promotion activities.
 - Train 20 volunteers in the PHAST-ER (Participatory Hygiene and Sanitation Transformation in Emergency Response) approach.
 - Conduct PHAST-ER sessions in the transit camp for hygiene and sanitation promotion, including operation and maintenance of latrines as well as sensitization on household water purification.
 - Construction of 200 temporary latrines as an initial provision for excreta disposal in the emergency phase.
 - Distribution of 100,000 water purification sachets/PUR, including training component on use of sachets through PHAST-ER volunteers.
 - Procure and distribute 15,000 brochures and 15,000 posters in local languages with information on hygiene/sanitation and disease prevention. (This will be supported by Belgium RC).
 - Procure and distribute 30 sets of sanitation kits (which include a hoe , pick axe, hammer, nylon rope and other equipment) to support the construction and maintenance of the latrines.
 - Conduct end-line rapid KAP survey, 3 months after the intervention.

Logistics

Outcome: Efficient and effective logistical support of non-food relief and stock relief items in warehouses in the field

- Outputs:**
- Coordinated delivery of food and NFIs to the operational areas, ensuring proper transport and storage of relief items;
 - Effective fleet management is maintained during the operation
- Planned activities:**
- Dispatch food and non-food items to the final distribution point.
 - Provide transportation for staff and volunteers during the operation.

Communication

Outcome: A steady flow of timely and accurate information between the field and other major stakeholders that enhances fundraising, advocacy and maintaining profile of the DREF operation.

- Outputs:**
Timely and accurate information between relevant stakeholders on the population movement situation as well as URCS and other partners' response is shared
- Planned activities:**
- Produce press releases, news stories and beneficiary case studies

- Proactively engage with media to highlight the needs of the DREF and to profile the response of the URCS
- Use established URCS and IFRC social media tools to enhance profile of activities
- Develop media packages, including facts and figures, questions and answers, key messages and audiovisual products for distribution to partner national societies and media
- Support field visits by communications colleagues, media, PNS's and donor agencies
- Support programme teams to ensure consistent and two-way engagement with beneficiaries as part of the Uganda RCS's and IFRC's commitment to greater accountability to affected communities.

Monitoring and evaluation

URCS will have the overall implementation and management of the DREF operation. Monitoring will be based on the planned operation and the director of disaster management will be responsible for overseeing this DREF operation, ensuring that due compliance is observed and the financial and narrative reports are produced on time.

The IFRC East Africa regional office will monitor the operation, and support in reviewing the intervention near the end of the operation timeframe, with a lessons learned workshop planned at the end of the operation. A final financial and narrative report will be posted based on the final reports submitted from the National Society.

Contact information

For further information specifically related to this operation please contact:

- **Uganda Red Cross Society:** Michael Nataka, Secretary General; Phone: + 256 41 258 701 Email: natakam@redcrossug.org
- **IFRC Regional Representation:** Finnjarle Rode, Regional Representative for East Africa; Nairobi; phone: +254 20 283 5000; email: finnjarle.rode@ifrc.org
- **IFRC Africa Zone:** Daniel Bolaños, Disaster Management Coordinator for Africa; Nairobi; phone: +254 (0)731 067 489; email: daniel.bolanos@ifrc.org
- **IFRC Geneva:** Christine South, Operations Quality Assurance Senior Officer; phone: +41 22 730 45 29; email: christine.south@ifrc.org
- **IFRC Regional Logistics Unit (RLU):** Marie-Laure de Quina Hoff, Senior Logistics Officer, Dubai; phone: +971 4 4572993; Fax: +971 4 4572994, email: marielaure.dequinahoff@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC Africa Zone:** Loïc de Bastier, Resource Mobilization Coordinator for Africa; Addis Ababa; phone: +251 93 003 4013; fax: +251 11 557 0799; email: loic.debastier@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Africa Zone:** Robert Ondrusek, PMER/QA Delegate for Africa; Nairobi; phone: +254 731 067277; email: robert.ondrusek@ifrc.org

How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

www.ifrc.org
Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

DREF OPERATION

18/07/2013

MDRUG034 Uganda: Population movement

Budget Group	DREF Grant Budget CHF
Shelter - Relief	77,021
Clothing & Textiles	5,957
Food	8,511
Water, Sanitation & Hygiene	34,723
Medical & First Aid	2,979
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	129,191
Transport & Vehicle Costs	10,808
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	10,808
National Society Staff	16,628
Volunteers	28,823
Total PERSONNEL	45,451
Workshops & Training	18,849
Total WORKSHOP & TRAINING	18,849
Information & Public Relations	957
Office Costs	766
Communications	957
Financial Charges	64
Total GENERAL EXPENDITURES	2,745
Programme and Services Support Recovery	13,458
Total INDIRECT COSTS	13,458
TOTAL BUDGET	220,502