



# UGANDA RED CROSS SOCIETY



## ANNUAL REPORT 2018

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# List of acronyms

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<b>ADRREM</b>	Africa Disaster Reduction Research and Emergency Missions
<b>CWG</b>	Cash Working Group
<b>CFA</b>	Commercial First Aid
<b>CTP</b>	Cash Transfer Programming
<b>CEA</b>	Community Engagement and Accountability
<b>CRA</b>	Community Risk Assessment
<b>DP</b>	Data Preparedness
<b>DRR</b>	Disaster Risk Reduction
<b>EWS</b>	Early Warning System
<b>FbF</b>	Forecast based Financing
<b>IFRC</b>	International Federation of the Red Cross & Red Crescent Societies
<b>ICCA</b>	Integrated Climate Change Adaptation
<b>IARP</b>	Innovative Approaches to Response Preparedness
<b>ICRC</b>	International Committee of the Red Cross
<b>OPM</b>	Office of the Prime Minister
<b>ODK</b>	Open Data Kit
<b>OCA</b>	Organization Capacity Assessment
<b>PSS</b>	Psychosocial Support
<b>PSN</b>	Persons with special needs
<b>RCAT</b>	Red Cross Action Teams
<b>RCCC</b>	Red Cross Climate Centre
<b>RFL</b>	Restoration of Family Links
<b>URCS</b>	Uganda Red Cross Society
<b>SOP</b>	Strategic options
<b>UNMA</b>	Uganda national Metro-logical Authority
<b>WASH</b>	Water Sanitation and Hygiene
<b>WFP</b>	World Food Program

# Acknowledgment

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URCS acknowledges and conveys thanks to Donors and Partners for their continued support. This support has enabled us to continue fulfilling our mandate as a first responder and a partner of choice in the country.

We thank the government of Uganda through the Office of the Prime Minister for their support and continuous collaboration; the Red Cross family including all Partner National Societies (PNS), the IFRC and ICRC; United Nations Agencies and other Development Partners.

Further, we acknowledge the commitment and efforts of Uganda Red Cross Board, staff and Volunteers across the Country for their tireless efforts without which we would not have realized all these achievements in 2018.

# About Uganda Red Cross Society

The Uganda Red Cross Society (URCS) is an indigenous humanitarian membership organization that has been in existence in Uganda since 1939. In Uganda, it started as a small women's emergency organization; In 1941, it became a branch of the British Red Cross.

In 1964, the Uganda Red Cross was recognized by an 'Act of Parliament of Uganda (The Red Cross Act, Cap 57, 1964) as an auxiliary to the Government of Uganda in exercising their obligations by virtue of the Geneva Conventions.

Following the Geneva Conventions, the Uganda Red Cross was admitted as a member of the International Federation of Red Cross and Red Crescent Movement in 1965.

Today, the Uganda Red Cross Society has over 360,000 registered members and volunteers with one and half million beneficiaries of its interventions. Uganda Red Cross Society works in all regions of Uganda with 51 branches spread all over the country. As a member of the International Red Cross and Red Crescent Movement comprising the International Federation and the International Committee of the Red Cross (ICRC), URCS works with a number of partners in the execution of its Mission.

These include but not limited to the Government of Uganda, Corporate bodies, United Nations Agencies, International Organizations, local community based organizations and other partner Red Cross National Societies.

While delivering on its mandate, Uganda Red Cross Society is guided by the seven fundamental Principles of the International Red Cross and Crescent Movement.



## MESSAGE FROM THE SECRETARY GENERAL



**Mr. Robert Kwesiga, Secretary General URCS**

It is with great pleasure that I present the 2018 Annual Report of the Uganda Red Cross Society (URCS). The year has been very fruitful as we made progressive achievements in scaling up programming and responding to a number of disasters and population movements.

2018 was the second year of implementing the URCS strategy 2017-2020. Building on achievements from 2017, we have continued to consolidate recovery and change processes, worked towards reclaiming URCS Humanitarian space and scaled up programming. URCS has continued building trust among its partners which has created opportunities for funding portfolio and program growth and enabled us to deliver on our key mandates in Uganda.

New partnerships have been initiated, existing ones including United Nations Agencies and other Humanitarian players, strengthened and sustained. This has led to new collaborations and program opportunities within the humanitarian space and beyond. We have continued to scale up operations, supported the refugee influx in West Nile, Kyangwali and Kyaka II DRC situation. In addition, we continued to offer lifesaving humanitarian interventions to the people of Uganda affected by disasters and disease outbreaks all over the country.

In an innovative way we have invested in early warning and early action, with focus on the window between a forecast and the actual occurrence of a disaster event. It is expected

that these innovations will transform humanitarian response through strengthening early preparedness which will consequently minimize losses resulting from both human and climate/ weather induced disasters.

URCS has continued to make progress in automation of its processes. Exposure to risks has further been minimized with strengthened financial systems, supply chain systems and operationalization of the risk and audit department.

On behalf of URCS, I acknowledge the continued support and engagements with partners who have continued to open doors and walk with us. Through these partnerships, we have delivered services to refugees including psychosocial support, restoration of broken family links, livelihoods, Emergency Health, and temporary re-settlement support among others. In addition, we have supported blood donor recruitment and also offered first aid services.

Special thanks to our partners, the Government of Uganda, UN agencies, Red Cross Partner National Societies, the Board, Staff, Volunteers and Membership. Your continued support has enabled us to achieve all this.

Entering 2019, we note that Uganda is continuing to be a major recipient of refugees from neighboring countries. As part of our emergency preparedness and response plan, URCS will continue to provide humanitarian services resulting from population movements, health epidemic emergencies and climate change. URCS commits to mobilize more resources as part of our commitment to support refugee response, sustainable programming and organization development. We thank you for your continued support to URCS operations in the country and look forward to working together in 2019.



**We have continued to consolidate recovery and change processes, worked towards reclaiming URCS Humanitarian space and scaled up programming.**

# SUMMARY OF ACHIEVEMENTS FOR 2018

This year Uganda Red Cross Society (URCS) has continued implementation of its Strategic Plan (2017-2020). Focus has been on scaling up interventions and consolidating achievements realized as part of the recovery process. The National Society has regained back its reputation, position as partner of choice and a first responder in the country.

We have continued strengthening effective governance, sustainable operations and strategic partnerships through; continuously stabilizing and growing URCS to generate, allocate and effectively utilize resources sustainably to attain its goal; recruited, engaged and retained a motivated and productive workforce. In addition, we have strengthened the National Society's service delivery through equipping it with a modern, efficient and effective supply chain and assets management system; enhanced financial management systems and, strengthen Audit and Risk Management systems.

Branch membership management has been strengthened through enhancing Branch Management capacity, systems and structures for effective implementation of URCS programs. Specifically, Branch management and functionality was strengthened where 84% (43 branches) were resourced with contracted Branch Managers (BMs) while 16% (8 branches) are being managed with support of focal persons and Volunteers.

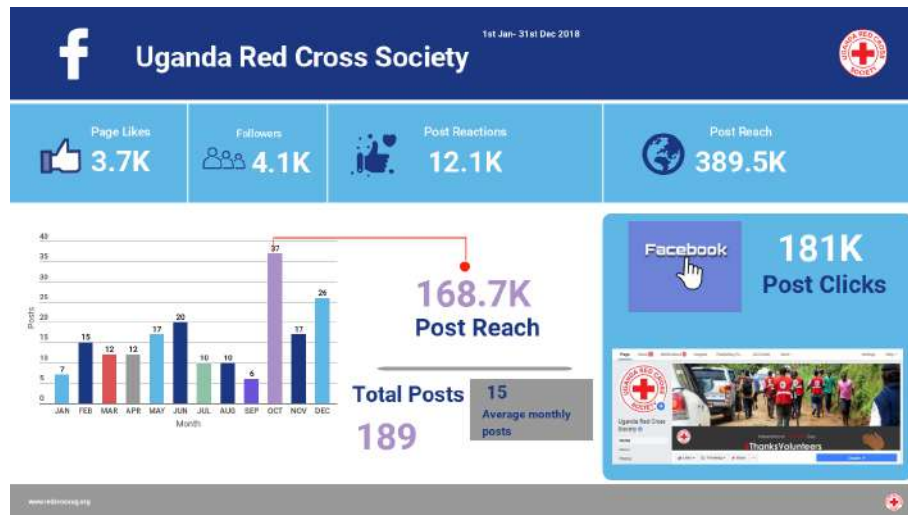
Membership and Volunteer management systems and procedures were strengthened through development of an online membership system that is being used for registration of members, volunteers, groups/links, reporting, sending reminders to members, tracking cards processing and branch performance.

Corporate Relations for stronger sustainable resource mobilization have been improved through strengthening relationships and publicity for a sustained positive public image. Consequently, twenty six (26) stories were developed, thirteen (13) press releases were done, four (4) News Letters were published, eight (8) videos profiling different programs were developed; URCS appeared twenty five (25) times in print Media and thirty eight (38) press engagements were conducted.

We have improved the quality and timeliness of communication on URCS' Communi-



cations Sites which has increased interaction between the National Society, its beneficiaries, partners and the general public. The URCS You-tube account was revamped to meet contemporary standards and over twenty eight (28) stories featured on it. As a result, tweets increased to 5708 as opposed to 4026 in 2017, twitter followers increased to 7358 as opposed to 5358 in 2017, and face book followers increased to 18,314 as opposed to 13,818 in 2017



Responsive programming interventions that save lives, protect livelihoods and strengthen recovery from disasters and crises have continued to be delivered. We have continued strengthening Community Resilience & Institutional capacity to Predict, Respond and reduce impact of Disasters through a Comprehensive Disaster Risk Management system.

Innovative Approaches to Response Preparedness (IARP) interventions that seek to transform humanitarian response with focus on early preparedness have been implemented with a national coverage and will continue for five years; Integrated Climate Adaptation (ICCA) interventions that had been implemented in the Teso and Karamoja Sub Region for the last six years were concluded with an end line evaluation. The evaluation results reflected strengthened community resilience and coping capacity, reduced impact of climate related threats and disasters including flooding and hunger among others.

Temporary settlement of refugees and their integration in host communities has been supported. Major refugee support operations have been in Adjumani District focusing on South Sudan refugees, Kyangwali focusing mainly of DRC refugees, Kyaka II and the West Nile Refugee Operation. Refugees and host communities were supported with WASH interventions, Non Food Items, psychosocial support and health interventions among others.

URCS has continued to improve health and social status of vulnerable communities and response to health emergencies. Continued efforts to combat emergency health outbreaks especially Cholera have been undertaken. This was through the National Contingency Agreement for Emergency Preparedness, Response and Focused Cholera Prevention in high risk populations. Targeted districts and settlements included; Kyangwali, Kyaka II, Bundibugyo, Ntoroko, Kabarole, Kasese, Kanungu, Kisoro and Bunyangabo among others which were in dire humanitarian situations as a result of Cholera outbreak in neighboring countries. Some of these interventions have ended in 2018 and others are continuing during 2019 and beyond.

## STRATEGIC OPTION 1: Effective governance, sustainable operations and strategic partnerships

**Strategy 1.1:** Stabilize and grow the URCS to generate, allocate and effectively utilize resources sustainably to attain the National Society's goal.

Strengthened Institutional Governance through holding statutory meetings at all levels. Through such meetings strategic and governance decisions have been made to ensure smooth operation of URCS.

The National Society has concluded election of Branch Governing Board members at branch level which brought new leadership on board. Preparations for elections of National Council and Central Governing Board members are also ongoing and expected to be concluded early 2019.

Strides have been taken to strengthen Institutional management through retention of existing human resources and continuous sourcing of specialized staff with skills. Strategic Partnerships were enhanced through participating in global, regional and national forums. Through such forums, the National Society influenced the humanitarian agenda, initiated new partnerships and meaningfully demonstrated knowledge and learning.

Functionality of branches has been improved following filling up of vacant positions of Branch Managers. This has improved operational efficiency at Branch level although resourcing and financing for sustainability is still a challenge.

The National Society undertook a participatory planning process for 2019. Branch staff and Branch Governing Board members planned for their respective branches and later, their plans were consolidated at national Level. At national level, program plans were developed and consolidated. The planning process is expected to be concluded during January 2019.



**The National Society undertook a participatory planning process for 2019. Branch staff and Branch Governing Board members planned for their respective branches**



## Strategy 1.2: Recruit, engage and retain a motivated and productive workforce

The National Society recruited seventy-seven (77) staff including Branch Managers and Project staff for new projects like Community Pandemic Preparedness (CP3), Innovative Approaches to Response Preparedness (IARP), and Restoring Family Links (RFL) among others. Recruited staff were swiftly on-boarded through three (3) Comprehensive structured induction sessions.

Talent Development was promoted through mentoring and coaching as an approach to staff development in their respective units. Other formal trainings were attended by staff including; Field School (Faecal Sludge Field Lab), FACT training in Indonesia, Emergency Response Unit (ERU M40) training in Austria, Community Engagement and Accountability Training in Nairobi, Forecast-Based Financing (FbF) training in Germany, Cash Transfer Programming (CTP) training in Nairobi, Geo Information Systems (GIS) and Data Analysis training in Dar-es Salam and Nairobi, Cyber-Security & Risk Management training in Kampala, Surge Communications in Finland, Defensive Driving in Kampala, among others.

Performance Management processes were undertaken targeting all the staff through their respective department heads. This involved the issuance and signing of job descriptions, performance agreements and performance assessment. In addition, an in-house performance management training for Managers and Supervisors was conducted.

The employee morale was boosted through creative approaches such as; staff monthly meetings, strengthening the welfare committee, motivational talks, organized Medical Health Camps for staff and volunteers in partnership with UAP Service Providers, organized team building sessions for all staff and volunteers in addition to providing psychosocial support, especially targeting those working in emergencies as well as the operationalization of the staff canteen at head quarter to enhance inter-staff interactions during breaks.

Strengthened the information communication technology (ICT) infrastructure through; upgrading the network firewall to curb down on Cyber security; connecting fourteen (14) URCS branches to Internet with a one-year subscription (Jinja, Mbale, Soroti, Kisoro, Mbarara, Adjumani, Hoima, Kabale Busia, Ntungamo, Moroto, Kampala West and Kampala Central), operationalization office 365 OneDrive for backup and upgrading URCS head quarter Internet speed from 3Mbps – 10 Mbps.

### Strategy 1.3: Support the National Society's service delivery through a modern, efficient and effective supply chain and assets management system

Strengthened the systems for Institutional estates and assets management as well as warehousing management through engraving and recording of all URCS assets at Headquarters in the asset register, construction of one (01) warehouse at Kampala South Branch, setting up of a new Rub hall for all warehousing needs at Kyaka II refugee settlement, renovation of the Adjumani, Yumbe and Imvepi offices, construction of a regional Disaster Management (DM) Centre at Mbale Branch.

The DM building will be the coordination Centre for managing all disaster related activities in Eastern region.

Enhanced Procurement & Disposal Systems through rolling out of Navision system at head quarter and few branches across the country. This has improved the accountability, transparency, reporting, efficiency and effectiveness. A document management system was established that improved record keeping.

A supply chain risk register was also established and has helped URCS to establish the potential vs actual risks. A Contract Dashboard system for effective implementation of all URCS awarded contacts was developed, which has improved management of contractors' performance.

Strengthened Fleet management through installation of a vehicle tracking system which has improved vehicle movement control and management of the fuel consumption. This system has helped URCS reduce fuel cost by 17%.

### Strategy 1.4: Enhance financial management systems to efficiently utilize the National Society's resources.

The financial sustainability and success of URCS is directly affected by changes in the macro-economic environment within the country. Foreign currency fluctuations had an impact on URCS. These had a bearing on the income received from non-local partners. In addition, program expenditure is directly affected by price changes in the market.

The first phase of the Omni-bus audit of 2015-2017 financial statements was successfully completed. Branch financial management systems were streamlined through supporting branch managers to enter their incomes in the new Navision system. Financial reporting templates were also designed and shared with both old and new branch managers, and Cashbook templates rolled out to all branches as part of capacity building.

### Strategy 1.5: Strengthen Audit and Risk Management systems.

Carried out twelve (12) branch operational audits for the Period January 2016-June 2018, finalized West Nile operations procurement audit, reviewed Commercial First Aid operations, supported and coordinated three (03) specific programs external performance audits for Disaster Risk Reduction (DRR) Belgium Red Cross project 2017, UNICEF and UNHCR.

Finalized URCS Risk Management policy framework (2018) that was approved by the Board as a working document. The National Society is aggressively fundraising for the roll out of the Risk Management functions.

## STRATEGIC OPTION 2: Strengthen Branch and membership management

### Strategy 2.1: Strengthen Branch Management capacity, systems and structures for effective implementation of URCS programs

URCS Strengthened branch management and functionality through filling sixty-seven percent (67%) of the 03 positions at Head Quarter. At Branch level, 84% (43 branches) have contracted Branch Manager (BMs) while 16% (8 branches) are being managed with support of focal persons and Volunteers.

Branch capacity was strengthened using Branch Organizational Capacity Assessment (BOCA) tool. Eleven (11) branches (22%) of URCS branches have undergone the BOCA assessment. This has enabled URCS to understand the current capacity of its branches which is a basis for capacity strengthening and support.

Governance at Branch level has been strengthened through ensuring that elections and statutory meetings are conducted. 2018 marked the end of term of office for Branch Governing Boards (BGB) and Branch Youth Councils (BYC) who were elected in to office in 2014 and 2016 respectively. Branches successfully elected new office bearers for both BGB and BYC with exception of Mukono and Bundibugyo Branch.

### Strategy 2.2: Enhance Membership and Volunteer management, systems and procedures for improved service delivery

Membership and Volunteer Management systems have been enhanced through development of an online membership system [www.urcsugmembership.org](http://www.urcsugmembership.org). The system was rolled out to all branches and it is being used for registration of members, volunteers, groups/links, and reporting, sending reminders to members about their membership expiry period, payment status, tracking cards printing, and branch specific performance status among others.

### Strategy 2.3: Enhance Youth Membership development and Management for self-reliance

Youth membership development has been enhanced through recruitment of two thousand five hundred (2,500) members. Membership cards were printed for all youth registered. Efforts will be undertaken to continue strengthening youth membership development.

### Strategy 2.4: Strengthen URCS capacity to disseminate the Fundamental Principles of the Red Cross and Red Crescent, IHL.

In a bid to strengthen URCS capacity to disseminate the Fundamental Principles, Branch managers were recruited in branches that had vacant positions. They were oriented about the Red Cross information and fundamental principles. As a result, dissemination at branch level increased targeting schools and other institutions of learning, police and communities that promoted safer access for URCS staff and volunteers during emergencies. The membership base has also expanded due to increased dissemination at Branch level.

## STRATEGIC OPTION 3: To Improve Corporate Relations for stronger sustainable resource mobilization.

### Strategy 3.1: Strengthen Corporate Relations for sustained positive public image.

It is two years down since implementation of the new strategic plan 2017-2020 kicked off. In 2018, focus was on implementing the URCS rejuvenation plan. The rejuvenation plan Communication section centered on implementing a robust image promotion, communication and rebranding mechanism as one of the approaches towards achieving a smooth public engagement for the National Society.

Institutional Image, Communication and Public/Corporate Relations have been improved; guided by a URCS communication plan of action for 2018. Specifically: twenty-six (26) stories were published on the URCS Website, six (06) of which have been published by the International Federation of Red Cross and Red Crescent Societies (IFRC). Thirteen (13) press releases and four (04) News Letters were published, eight (08) videos profiling different programs were developed; URCS appeared in twenty-five (25) in print media stories covering refugees, Blood donation drives, disease outbreaks and responses, and natural disasters (floods and landslides) response actions, among others. In addition, thirty-eight (38) press engagements were conducted. As a result, this promoted the image of URCS throughout the country and beyond.

URCS Branding and Visibility has been promoted through slots secured to speak about URCS' work in thirteen (13) branch areas including; Arua, Mbale, Kamuli, Apac, Kibaale, Kasese, Bundibugyo, Kalangala, Buddu FM (Rakai), Soroti and Katakwi. In addition, four (4) memorandum of understanding MOUs) were signed with Uganda Christian University (UCU), Uganda Metrological Authority, University of Wales and Everton Football Club which has broadened partnership and collaboration.

The National Society featured in seven (7) public activities including; World Refugee day celebrations, Martyrs day at Namugongo, World Aids Day in Wakiso and NSSF HASH run where First Aid was provided, WASH Day in Imvepi and Rhino camps where URCS WASH efforts were show cased, World Disaster Risk Response day (DRR) in Katakwi and International Red Cross Day celebrations. As a result of these events, first aid services were provided, blood donation conducted and core activities of the national Society were exhibited.

Improved the quality and timeliness of communication on URCS' Communications sites which has increased interaction between the National Society, its beneficiaries, partners and the general public. This has been a result of production of eight (8) Videos and uploading them on the URCS You-tube account which was also revamped to meet contemporary standards. Over twenty eight (28) stories featured on the website, tweets increased to 5,708 as opposed to 4,026 in 2017, twitter followers increased to 7,358 as opposed to 5,358 in 2017, face book followers increased to 18,314 as opposed to 13,818 in 2017

### Strategy 3.2: To improve and diversify the National Society's resource mobilization base.

In a bid to broaden the resource base for the national Society, business development momentum for commercial first aid (CFA) was increased. For ambulance operations, we continued to seek out partnerships to address the current capacity gaps. Focus was on improvement of quality assurance in the delivery of first aid (FA) trainings, efficiencies in certifications, orienting branches on proper business practices, compliance and creating linkages to enable increased revenue. As a result, more branches are delivering commercial first aid and improved compliance.

URCS was represented in the first regional conference on First Aid in Africa held in Burkina Faso. Learnings and best practices for training and business development have been integrated in the 2019 plans. This is an IFRC forum that brings together managers and coordinators of First Aid programmes within National Societies. It provides an opportunity for National Societies to exchange and build a roadmap for First Aid Education and services in Africa.

With the support of a team of Goodwill Ambassadors/ friends of the National Society, dignified and influential ladies with a heart for the Girl Child and the nation's vulnerable mothers, URCS fronted a national fundraising campaign themed "Keep A Girl in School". This was fronted as an umbrella campaign to profile the National Society and seek out for locally generated resources that will promote the URCS brand while fundraising for the Girl Child in the most deserving regions. This campaign was launched as a result of authorization from the Ministry of Education where URCS was entrusted with this mandate. The interventions will complement the ministry's efforts in Menstrual Health Management (MHM). URCS is integrating this initiative with the on- going Water, Sanitation and

Hygiene (WASH) programs on ground. URCS plans to reach out to 123,025 girls spread over 489 schools. Priority and most critical regions for Phase One according to the ministry of education and sports (MoES) map are; Busoga, West Nile and Karamoja. Phase two Buganda, Bunyoro, Acholi, Lango and Teso.

Partnership Engagements were strengthened and as a result, under the comprehensive Refugee Response Framework Steering Group, URCS & OXFAM were selected to take leadership on the local financing agenda, signed a memorandum of understanding (MOU) with World Food Program (WFP) through which URCS' capacity will be strengthened, signed a long term partnership letter with Netherlands Red Cross which will involve capacity strengthening and joint resource mobilization, signed an MOU with century bank to support first aid in schools, partnered with shell/Vivo energy to create awareness of road safety and URCS was enlisted by Civil Aviation Authority as a responder.

URCS plans to reach out to 123,025 girls spread over 489 schools.

## STRATEGIC OPTION 4: Responsive programming and interventions - To Save Lives protect Livelihoods and strengthen Recovery from Disasters and Crises

### Strategy 4.3: Strengthen Community Resilience & Institutional capacity to Predict, Respond and reduce impact of Disasters through a Comprehensive Disaster Risk Management system.

#### Innovative Approaches to response preparedness

With the ever increasing occurrence of climate related disasters world over involving high losses of human life and property coupled with high costs for response, Uganda Red Cross Society commenced implementation of Innovative Approaches to Response Preparedness interventions. This is a five (5) year project (2018-2022) being implemented by Kenya Red Cross Society and Ethiopia Red Cross Society with funding from the IKEA Foundation through the Netherlands Red Cross.

The project receives technical support from Netherlands Red Cross, 510, British Red Cross, Climate Centre (RCCC) and Kenya Red Cross.

In this intervention, the (FbF) system is supported by data preparedness and Cash Transfer Programming (CTP) in early action to reduce and in some cases even minimize the impact of predictable extreme events such as floods and drought that would result in disasters and suffering. In Uganda, this Project is working in close collaboration with Uganda Metrological Authority (UNMA), Makerere University among other stakeholders.



During 2018, the project was successfully rolled out and start-up activities implemented including; recruitment of six (6) full time staff; finalization of key project documents including the

theory of change, the outcome ladder, the Gantt chart, development of Standard Operating Procedures (SOPs) for CTP, SOPs for Community Engagement and Accountability (CEA) and Terms of reference for the URCS Cash Working group

Cash Transfer programming, forecast based financing (FbF) and Data preparedness were bench marked through feasibility and baseline studies that were conducted in nine districts including Bududa, Isingiro and Kampala District where primary data was collected and Pader, Kotido, Amuria, Kasese, Kabarole and Nakasongola District where secondary data was collected.

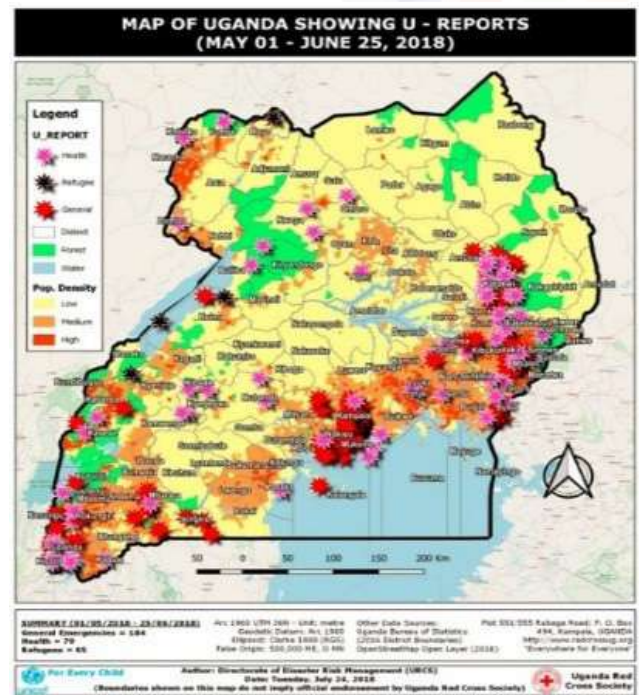
Findings from the study indicated that the national policy framework in Uganda is conducive for FbF, existing structures and opportunities are good and feasible. Partners such

as the Office of the Prime Minister (OPM), Uganda National Meteorological Authority (UNMA) and other stakeholders already implementing FbF are interested and willing to participate and to integrate existing Early Warning System (EWS) initiatives. Findings also indicated that most of the data relevant for the development of FbF is available with various government and non-governmental organizations although there was need for data collaboration and data sharing.

Findings further indicated that Cash Transfer Programming (CTP) is feasible in Uganda due to various factors including; the general acceptance of CTP by the government of Uganda, favorable market conditions, availability of experienced financial services providers, and coordination among CTP partners through the Uganda Technical Working Group (CWG). Preparedness interventions have a favourable and enabling environment based on the above scenarios and the commitment from URCS senior management to develop its capacity on data preparedness.

In a bid to start building relationships with data stakeholder, the project took opportunity of the successes of the U-Reporting system (which have been identified as a key data source) and for the first time URCS visualized the U-report data graphically using a map. U-Reporting was established by URCS in partnership with UNICEF and other agencies to get up to date alerts about emergencies and key community concerns through text messaging. UNICEF & URCS volunteers on ground were trained on sending alerts through the U – Report system.

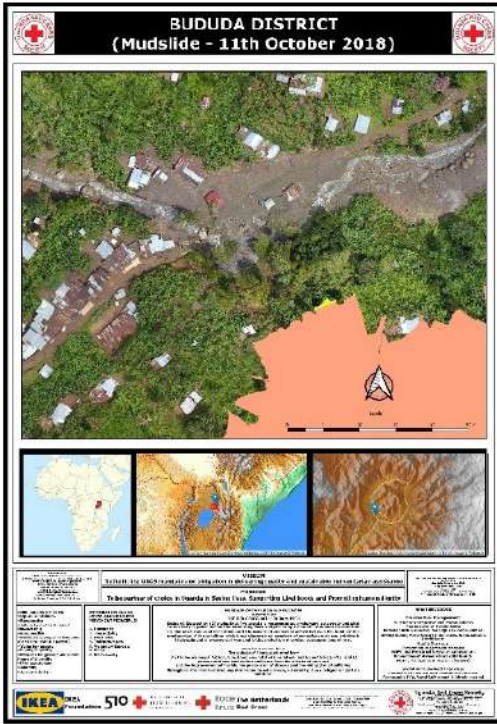
The project data team analysed and visualized U-Reporting data using open GIS tools and produced maps showing U – Report alerts under categories of Health, and Refugees. This as a result promoted data visualization of U-News bulletin and U-report alerts within URCS. The U-Report data also produced information about various di-



aster types which was published in the U-News.

An Organization Capacity Assessment (OCA) of Uganda Red Cross Society (URCS) and an inventory of existing URCS data needs and data literacy were carried out. This is a strong foundation for institutional capacity building.

As part of data preparedness, a training of trainers in data collection toolkits was conducted comprising staff and volunteers. Project teams also participated in FbF dialogue in Berlin-Germany, Integrated Disaster Risk and Resilience Research training in Dar salaam, Tanzania and Community Engagement Training of Trainers in Nairobi-Kenya. A memorandum of understanding (MoU) has been established with Makerere University through its Geomatics department. An addendum is being worked on to revise the existing MoU with the Uganda National Meteorological Agency (UNMA). Partnership was established with Africa Disaster Reduction Research and Emergency Missions (ADRREM). The ADRREM have collected data on past disaster occurrences and have established community groups for Disaster Risk Reduction



**Figure 5: A drone imagery of area**  
**Figure 6: Zoomed drone image of area hit by Bududa mudslide**



**Figure 7: historical meteorological records in hardcopy**



**Figure 8: The UN Desinventar online platform**

(DRR). Further relationships on data have been established with Uganda Bureau of Statistics and Uganda National Meteorological Authority among others. Potential national data sharing platforms were identified including the UBOS Geonode and the UN Desinventar platform which is populated by the Office of the Prime Minister (Disaster Preparedness department).

After the occurrence of the Bududa landslide (on 11th October 2018) in the hilly part of Eastern Uganda, the project together with HOT Uganda set up a HOT Task to map all the buildings and roads in the affected area. A pilot drone exercise was conducted together with Uganda Flying Lab to test the applicability of drone technology in disaster management for URCS. It was observed that drone technology could offer valuable help for URCS preparedness and response to disasters.

The Inform Index Framework being used to populate the Community Risk Assessment (CRA) dashboard with indicator data on hazard & exposure, vulnerability and coping capacity was continuously updated to suit the Ugandan context. Data collected and uploaded on the dashboard for Uganda was aligned to represent the re-

lated indicators in the inform index framework where such indicators were non-existent in the Ugandan context.

Historical drought and floods data was collected from the UN desinventar online platform which has records for Uganda since 1933.

An exercise was conducted to assess the

current state of information technology (IT) within URCS. Capacity of staff and volunteers was built in basic GIS visualization. Data visualization was also done for URCS department to produce GIS maps as part of integrating GIS in URCS Disaster Management and health emergency operations

In collaboration with Makerere University Geomatics department, 23 participants (03 females and 20 males) URCS staff and volunteers were trained in mobile data focusing on the use of Open Data Kit (ODK) in conducting a survey and the use of Quantum GIS open source software for visualization of the collected data.

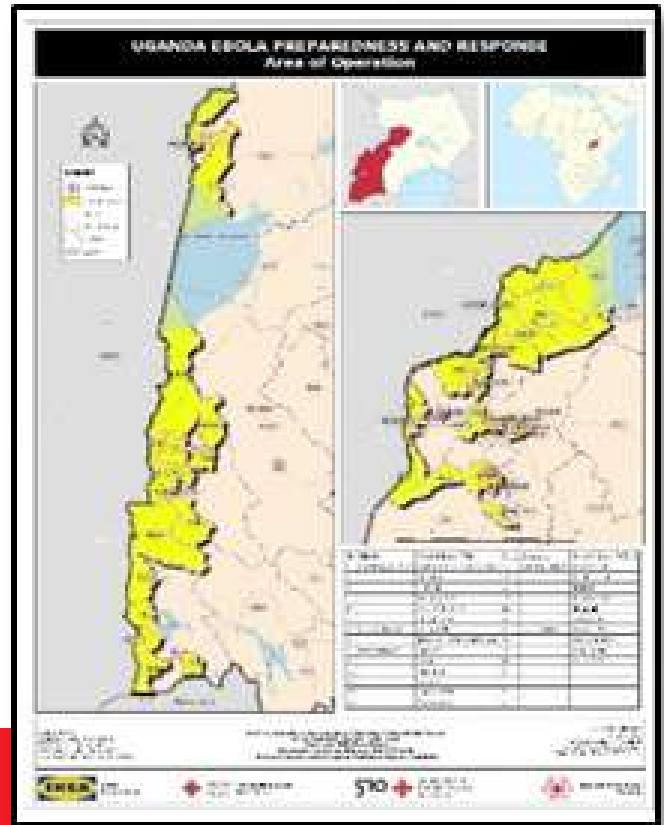


Figure 1 map showing Ebola preparedness areas of operation



Figure 2: participants in the tot mobile data collection training

Figure 26: Branch Manager and Volunteers picking a WASH point during field exercise of the training



# Integrated climate change adaptation interventions (ICCA).



Uganda has placed the goal to eradicate extreme poverty on top of its national agenda. In this line, disaster preparedness is recognized as a key crosscutting issue. Community vulnerability reduction is considered as the appropriate approach to sustainable development and disaster risk reduction.

Uganda Red Cross Society (URCS) is strongly involved in disaster management and is widely recognized as a government auxiliary and first responder and therefore it is a key stakeholder in implementation of the national disaster risk management action plans.

Integrated Climate Change Adaptation (ICCA) interventions have been implemented in the Teso and Karamoja sub-regions which are among regions most affected by floods, waterlogging and droughts.

Before implementation of ICCA interventions, Karamoja sub-region was the poorest in Ugandan with 74.2% of the population stricken by poverty (3,5 times the national average) . Human development indicators for women in Karamoja were also among the lowest in the world. Karamoja and Teso sub-regions experienced decades of violent conflicts about resources between the pastoralist Karimojong and the farming Iteso people, as well as among different Karimojong tribes, making the whole population vulnerable, causing displacement and dependency on food aid until very recently.

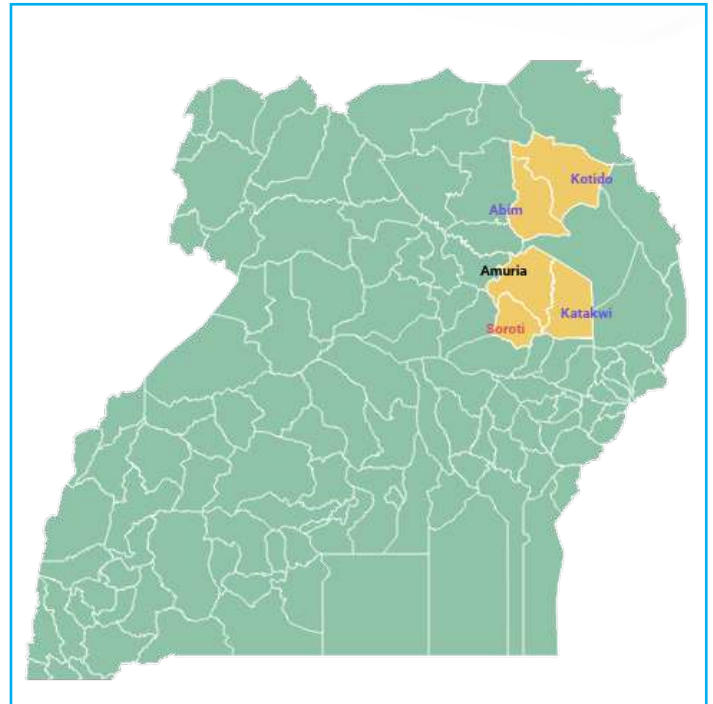
The 2013-2018 'Integrated Climate Change Adaptation (ICCA)' interventions have been implemented in five (5) Districts including Soroti, Kotido, Katakwi, Abim and Amuria with funding from German Red Cross (GRC) and German Ministry of Economic Cooperation (BMZ).

The project has contributed towards strengthening the resilience of 40,000 people in five (5) districts and strengthened the capacities of URCS in climate change adaptation and disaster risk reduction. As a result of ICCA interventions, Climate sensitive VCA has been conducted and thirty six (36) villages have developed and implement local Disaster risk Reduction (DRR) plans based on a climate sensitive Vulnerability Capacity Assessment (VCA).

Functionality of community early warning systems has been strengthened. The local forecast-based Early Warning System (EWS) for Karamoja and Teso supports URCS decision making for disaster preparedness in all the thirty six (36) communities through use of traditional knowledge and local radio announcements.

As a result of ICCA interventions, six (6) innovative approaches were introduced in communities including; EWS, flood resistant housing, community radio, FbF, cooking stove, and pit toilets. Capacities of the District Disaster Management Committee in Teso sub-region were also built.

As a result of ICCA interventions, there has been an increase in awareness of climate



The 2013-2018 'Integrated Climate Change Adaptation (ICCA)' interventions have been implemented in five Districts including Soroti, Kotido, Katakwi, Abim and Amuria

**40,000**

**People benefited from the ICCA project in the five districts**



## Support for temporary settlement of South Sudanese Refugees and their integration in Adjumani District, Uganda.

Following conflicts that broke out in December 2013 in South Sudan between forces of President Salvar Kiir and vice president Riek Marchar there was displacement and fleeing of over 1.3 Million people from South Sudan. Consequently, with funding from German Red Cross (BMZ) and Swiss Red Cross, URCS rolled out WASH, Food Security, Livelihood and Peace interventions to support resettlement of south Sudanese refugees in three settlements including; Mungula 1, Mungula 2, Maaji 3 and host communities including; Orungwa, Aliwara and Ayiri.

As a result of WASH interventions, the refugee population within the settlements and surrounding host communities have increased access to clean water. This was a result of drilling four (4) new and rehabilitating twenty one (21) boreholes. This has reduced pressure on the few boreholes that had remained functioning in Mungula I settlement and reduced the high rate of borehole break down due to over usage. There is also a reduction in the movement of beneficiaries for long distances, in search for safe drinking water especially for those in Nyabila, Olwi and Kureku. There is a reduction in water born related disease outbreaks as a result of increased availability of safe water.



**Water production and borehole grilling was key among the URCS activities and projects in the West Nile**

SGBV cases have reduced. These used to happen because women could be misunderstood by their husbands to be having extra marital affairs because of too much time spend while fetching water. Four (4) water User Committees were established and trained in Majji 3 and Aliwara host communities. As a result, there is improved management, maintenance and ownership

*“ It is a common belief among uneducated men that when a wife goes to fetch water and delays to come back, it’s an indication that the wife is having extra marital affairs or cheating on her husband, hence causing domestic violence. So the rehabilitation of the said boreholes was a major preventive measure to domestic violence especially in the host communities”. Said one of the husbands*

of these water sources which will guarantee sustainability.

Capacity of fifteen (1 female and 14 male) community based hand pump mechanics was strengthened through training. As a result, six (6) boreholes were repaired by the 15 trained mechanics that increase the functionality rate of boreholes from 72% to 72.9%. Two hand pump tool kits were procured and are being used by hand pump mechanics to repair pumps.

In a bid to guarantee water safety, thirty-seven (37) samples from boreholes tap stands and 120 samples from households were collected and analysed for faecal matter contamination. Communities have taken over full responsibility for regular cleaning of water containers and households have improvised raised platforms for drinking storage containers.

As a result of PHAST trainings in Mungula 1 and Majji 3 where fifty-three (53) Trainers of Trainees (ToTs) were trained in the seven steps of Participatory Hygiene and Sanitation Transformation methodology of hygiene promotion campaigns. Refugees and host communities are applying hygienic and disease-preventive behaviours, are able to build and maintain their own latrines, have improved hygiene knowledge and increased access to sanitation facilities that has reduced disease outbreaks within the target communities

Proper human waste disposal has improved due to the construction and usage of eighteen (18) community centre latrines in Nyabilah, Orungwa, Olwi, Ejunya, Lukwara and Zoka. In addition, fifty six (56) pit latrines were constructed in Maaji III and sixty eight in Mungula Parish and Mungula settlement.



**Fifty six (56) pit latrines were constructed in Maaji III and sixty eight in Mungula Parish and Mungula settlement.**

Refugees and the host communities have improved their agricultural productivity and diversified their sources of income, taking into account eco-friendly practices and environmental protection. This has been a result of distribution of assorted seeds to 1000 beneficiaries' households including; maize, beans, Okra, dodo, eggplants, onion and tomatoes. They were also provided with spray pumps and Pesticides to mitigate the spread of army worms that attack maize and reduce yields.

Thirty nine (39) Households were trained on improved Agronomic practices and, forty (40) from 4 groups trained on tree planting and tree management. Institutions including Mungula Church, Mungula Mosque, Mungula Secondary School and ODU Primary School were also supported with seedlings including

680 mangoes, 680 oranges and 4,150 eucalyptus.

Productivity of eight (8) village savings and loans associations (VSLAs) has increased as a result of training 145 (72 Female and 73 male) VSLA members in enterprise selection, project planning, project management and cash grant support that was given to each group.

In collaboration with host families, refugees were supported to temporarily integrate in the host society without losing their own cultural identity. The interrelated legal, economic, social and cultural dimensions were taken into consideration. In addition, refugees and host communities have increased knowledge and skills to improve their agricultural productivity and diversify their sources of income

World Peace Day celebrations were conducted at Ayilo 1 refugee settlement community centre bringing together refugees from other settlements. As a result, hope was restored among refugees that peace will be restored in their home countries. Two (2) drama groups, each with twenty five (25) members, were supported to perform and showcase music, dance and drama with the theme of peace.

Capacity of the URCS branch in Adjumani was strengthened and volunteers from the refugee community were enabled to supply necessary humanitarian support for the target group. This was achieved through training of thirty-one (31) (27 Community Based Volunteers and 4 Branch Based Volunteers) to support project activities; support towards fencing of URCS Branch office; procurement of a container to support storing of project material and procurement of visibility material (Information Education and Communication Materials and protective gears)



## Support for Democratic Republic of Congo Refugees, other refugees and their integration in Kyangwali.



This intervention was conceived as a response to the major influx of refugees from Democratic Republic of Congo (DRC) that entered Uganda from 19th December 2017 and continued well into 2018 although numbers have occasionally fallen to even zero refugee arrivals for some periods.

Preliminary interventions were implemented from January up to April 2018. In January, a rapid health needs assessment aimed at identifying most common diseases among refugees, host communities and services available was conducted. Basing on findings from this assessment, URCS designed its strategy of intervention.

As a result of response interventions, lifesaving emergency services were provided to over 18,000 newly arrived Congolese Refugees (3,000 families), including women and children in three (3) zones (Mombasa, Maratatu D and Malembo C) in Kyangwali Refugee Settlement.

Through Water Hygiene & Sanitation (WASH) interventions, a Water Treatment Unit (WTU) has been running since February 2018, producing an average of 150-200m<sup>3</sup> liters per day and serving about 70% of the settlement water. The WTU has been especially crucial during dry spells when alternative sources of water dry up; sixty (60) communal latrines and one hundred (100) bathing shelters were constructed during the emergency phase. These were later decommissioned once the intervention entered the development phase during which household latrines were adopted.

Eight hundred seventy-four (944) household Pit latrines were constructed including seventy (70) for Persons with Specific Needs (PSNs) especially the elderly, six hundred three (603) bathing shelters, four hundred seventy-one (471) tippy taps were installed to promote hand washing and, one thousand nine hundred fifty-two (1,952) 20 litres jerry cans were distributed, eight hundred (800) Menstrual Hygiene Management (MHM) Kits were distributed to women between 12 and 20 years, to refugees and refugee host communities. As a result, this has reduced the sanitation and hygiene related diseases within the targeted communities.

Basic health awareness was provided on topical subjects and referrals which as a result increased health seeking behaviours where on average 25 children/month were referred for malnutrition and stunting and 6-7 pregnant women per week for antenatal services through 2018. In addition, mass mobilizations and sensitizations on critical issues like Ebola, Cholera and Immunization were conducted in conjunction with the District Local Government and other actors in the settlement, reaching an average of one thousand two hundred (1,200) Households and approximately, seven thousand two hundred (7,200) individuals every month.

Through Protection and Psychosocial Support (PSS) interventions, ten (10) Peer to Peer (P2P) champions were selected in each of the 3 zones where URCS operates (30 in total) and were trained on Minimum Standards for Protection and how to conduct awareness sessions among the community. These are working hand in hand with the URCS volunteers to identify and respond to protection related issues in the settlement. This has increased awareness, thereby reducing incidents of child abuse and SGBV.

Refugees being sprayed to disinfect at Kagoma Reception Centre, Kyangwali

Lifesaving emergency services were provided to over 18,000 newly arrived Congolese Refugees (3,000 families), including women and children in three zones (Mombasa, Maratatu D and Malembo C) in Kyangwali Refugee Settlement.



## Support for Democratic Republic of Congo Refugees, other Refugees and their integration in Kyaka II



Through Water Hygiene & Sanitation interventions, access to clean and safe water was increased and maintained within the refugee settlement which led to a reduction in the outbreak of water borne diseases. The average amount of water L/p/d was maintained as 20 l/p/d at Kanara reception center – Ntoroko water treatment unit. 8,760,000 liters supplied at Ntoroko treatment plant were treated. This water served an average of 1200 people daily (host community and the new refugees) at Kanara reception center in Ntoroko Bundibugyo.

Hygiene and sanitation practices have been improved through construction of one thousand, two hundred eighty-three (1,283) household latrines.

Household latrine coverage increased among refugees due to provision of 136 construction kits containing pick axes, spades, metallic buckets, nylon ropes, rakes, 862 plastic slabs given to households, 9340 treated logs, 7,698 eucalyptus poles given to 1,283 households; 13,882 wire nails and 14590 roofing nails given to persons of concern. A total of 4 communal hand washing facilities were installed at the verification centre in Itambabiniga which increased access to hand washing facilities, improved hand washing practices and hygiene of refugee communities.

▶ **1,283**

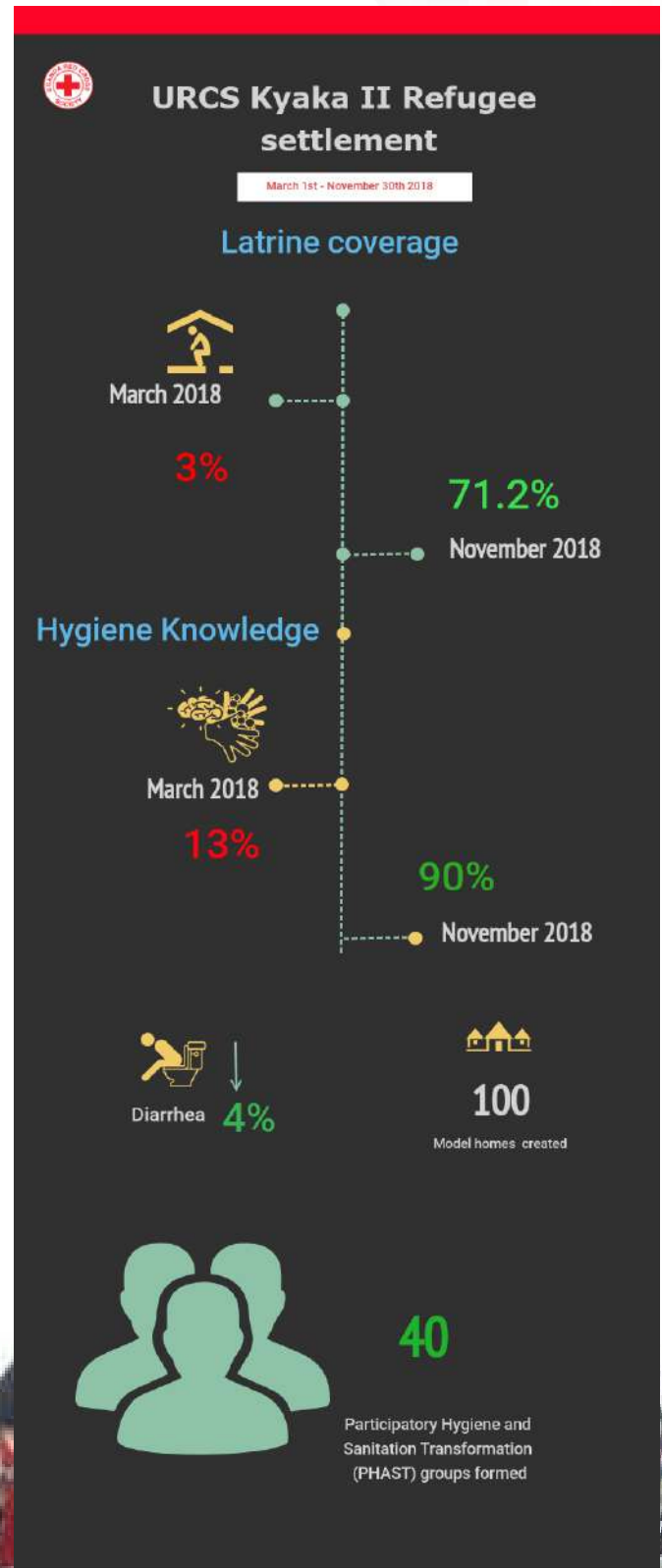
**Household latrines  
constructed**



In addition, 250 communal latrine stances were constructed in Itambabiniga and segregated by sex to enable women use them, 250 communal bathing shelters were constructed in Itambabiniga, 24705 households were reached by hygiene promoters with sensitization campaigns messages.

Conducted hygiene awareness sessions mainly focusing on hand washing, safe excreta management, waste, management and safe water chain. These were done through home visits where 24,705 households were visited and reached and 98820 People of concern (F- 54,351 M- 44469). Of these, 357 were children.

There has been an increase in access to safe and clean water and a reduction in outbreak of water borne diseases as a result of distribution of 39,652 aqua tabs to Households and water sources/ shallow well points. 10158 bars of soap were distributed to Persons of Concern (PoCs) which promoted hand washing. 2961 Information Education and Communication (IEC) materials with hygiene and sanitation messages were distributed to persons of concern including children in schools during health and sanitation campaigns. In addition, 33 Jerry can cleaning campaigns at water sources were carried out which resulted into an improvement and adoption of jerry can cleaning practices.



## Strategy 4.4: Improve health & social status of vulnerable communities and response to health emergencies

### Water Hygiene and Sanitation (WASH) in Albertine Region Interventions

WASH interventions commenced in November 2018 and the aim was to improve the living conditions and health status of the vulnerable fishing communities of Albertine region along lake shores of Pakwach and Nebbi districts in Uganda by increasing access to safe and adequate water supply, improved sanitation and Hygiene practices, containing and reducing out breaks of water borne diseases which is in line with Uganda Red Cross Society's strategy 2017-2020.

These interventions targeted 15,000 People (specifically vulnerable fishermen, children and women living along the shores of Lake Albert and bordering the DRC) in a recognized cholera 'hot spot' and intervention areas of Panyimur, Nyaravur and Kuchwiny Sub Counties.

As a result of these water and sanitation-related interventions, there has been a reduction in incidences of poor sanitation related diseases and other diarrhoea-affecting the vulnerable fishing communities in Nebbi and Pakwach districts through long-term integrated WASH approach.

The sanitation situation in the Albertine Region has greatly improved on average to an appreciable level of 74%. There is a gradual improvement and change of attitude among fishing communities and communities have appreciated the benefits of improved hygiene practices. In addition, the Albertine region has not realized any outbreak of Cholera and managed to contain the outbreak of Typhoid in the neighbouring sub county of Wade-i-lai which prevented it from spreading to other areas. This is specifically attributed to establishment of the community-based surveillance mechanism which strengthened aspects of early warning and appropriate response early to prevent further spread of the outbreaks.



Initial steps were undertaken in preparation for rehabilitation of boreholes, extension and development of water infrastructure for villages, including, operation and management. These included; community dialogue meetings to share the results of the technical assessment report where feedback was provided to communities on the key facilities to be constructed, community meetings conducted to form Water User Committees which are working closely with the contractor for borehole drilling to identify

the most suitable locations for installing the boreholes, hydrological site investigations conducted at twelve (12) locations in order to establish the best four sites for borehole drilling (i.e. 3 trials /sites per location), and drilling equipments have been mobilized.

There is increased access to improved sanitation and hygienic practices as a result of community hygiene awareness sessions where 7,491 (3,624 male: 4,667 female) attended. Different approaches were used including home visits, public dialogue meetings, hygiene campaigns, and Music Dance & drama shows to reduce the transmission of faecal-oral diseases and exposure to disease-bearing vectors. EMO Cleaner was distributed and administered to all schools and health centres whose pit latrines were identified to be full or almost out of use.

Institutional capacity was strengthened in project management and implementation through training and continued mentoring of the three (3) Sub County Health Assistants and twenty one (21) project volunteer hygiene promoters in Participatory Hygiene and Sanitation (PHAST) Approach, procured and distributed twenty one (21) bicycles to hygiene promoters which has enabled them to reach distant communities easily.

Community based surveillance and cholera management has been strengthened at community level in targeted districts. This has been a result of an impressive community based surveillance system formed by volunteers. The system does surveillance on emergency out breaks such Cholera, other diarrhorreal diseases and Ebola. One ORP kit at was prepositioned at Nebbi branch to support response to any outbreak of cholera within the district and any other neighbouring communities. In addition, URCS responded to an outbreak of Typhoid in Pakwach District – Wadelai sub county (infected 55 people and 3 deaths registered). This was supported by prepositioned emergency stocks and experience of the trained project volunteers.

**The interventions targeted 15,000 People (specifically vulnerable fishermen, children and women living along the shores of Lake Albert**

**There was increased access to improved sanitation and hygienic practices as a result of community hygiene awareness sessions (7,491 people)**

**Community based surveillance and cholera management was strengthened at community level in targeted districts.**



## National Contingency Agreement for Emergency Preparedness, Response and Focused Cholera Prevention in high risk populations in Uganda

### Cholera response interventions Kyangwali in Hoima and Kyaka II

This was a cholera response intervention implemented in Kyangwali, Hoima and Kyaka II with funding support from UNICEF. As a result of this intervention, there is sustained improvement of access to and use of safe drinking water, improved sanitation and environmental hygiene practices.

The refugee population in settlements of Kyaka and Kyangwali who were in dire humanitarian situations are accessing appropriate sanitation facilities and are now living in an environment free of open defecation. This has been a result of construction of three hundred fifty (350) communal latrines serving over seventeen thousand five hundred (17,500) individuals and two hundred fifty (250) communal bath shelters. In addition, two thousand four (2,004) households were supported with latrine construction. These latrines are currently being utilized by over 10,020 individuals.

The capacity of URCS, district local governments and communities (villages) has been strengthened to detect, collect and analyse real time data on possible onset of humanitarian crises (disease outbreak, natural disaster, conflict, shortage of life-saving commodities in high risk areas. Information management systems are capable of sharing risk information within 48-72 hours. This is attributed to functionality of Branch computers which have contributed to risk sharing in the branch areas. In addition, the URCS Head Quarter has been able to share risk information that is received through the U-Report dashboard. This was evident for the case of the cholera alert in Kampala, Kyaka and Kyangwali where alerts were received on the dashboard and shared with the necessary stakeholders.



One hundred six thousand, forty one (106,041) people were reached with information on risks of outbreaks/potential humanitarian crisis. During the cholera outbreak in Kyaka II in Kyegegwa district and Kyangwali in Hoima district, URCS volunteers and Village Health Teams (VHTs) conducted community awareness and dialogue meetings in churches, schools and other meeting venues, in both refugees' settlement and among the host communities to prevent and control the outbreaks. In addition, house to house visits were made to sensitize the household members on prevention and control; demonstrate hand washing and provide aqua tabs for safe drinking water. Forty two thousand, nine hundred fifty three (42,953) persons were reached during the community meetings while sixty three thousand eighty eight (63,088) persons were reached during the door to door home visits. In addition, three hundred twenty five (325) radio spots and twenty (20) radio talk shows were conducted.

Capacity of district local governments (DLGs), Sub Counties, parishes and villages was strengthened to respond to and provide lifesaving support to affected population in humanitarian situations in a timely, adequate, efficient and effective manner. The number of children that received sufficient quantity of water of appropriate quality of drinking, cooking and personal hygiene increased as a result of the Cholera response in Kyaka II and Kyangwali, where three hundred six (306,595) Aqua tabs were distributed hence providing six million one hundred thirty one thousand nine hundred (6,131,900) liters of safe drinking water to six thousand eight hundred fifteen (6,815) people from one thousand three hundred sixty three (1,363) households.

In addition, the number of targeted population who are aware of safe hygiene practices increased as a result of reaching one hundred six thousand, forty one (106,041) individuals with hygiene and sanitation promotion messages including demonstration of hand washing during the Cholera response in Kyaka and Kyangwali. In addition, 1540 tippy taps were set up in homesteads, 12500 bars of soap were distributed to 6250 households with a total of 31250 people, 578 hand washing public demonstrations were done, 350 communal latrines were constructed and 2004 households were supported in latrine construction, 250 communal bath shelters were constructed and 500 latrine digging kits were distributed.

### Re-Programming Cholera preparedness, Response & focused prevention interventions in high risk population in Uganda

Women, men and children at risk of cholera and other emergencies have increased access to safe and adequate water supply. Capacity of district and sub county staff (District Water Officer, District Health Inspector, Community Development Officers, and Health Assistants) was strengthened in water quality surveillance. This was a result of three (3) trainings that were conducted in Kasese, Wakiso and Namayingo district where thirty (30) participants attended. In addition, water quality surveillance consumables (membrane lauryl broth, DPD tablets, Phenal red and Spirit) were procured and provided to the districts. As a result, Women, men and children at risk of cholera and other emergencies access safe and adequate water supply

Women, men and children have acquired knowledge and improved hygiene practice. This was a result of three (3) regional trainings where sixty (60) participants from thirty (30) districts attended. Including Gulu, Yumbe, Arua, nebbi and Zombo; Mbarara Isingoro, Mbarara, Kisoro, Rukungiri, Rubanda, Ntungamo, Hoima, Kamwenge, Kyegegwa, Bundibugyo, Ntoroko, Nakasongola, Kasese and Rakai and Soroti, Namayingo, Busia, Bududa, Bulambuli, Sironko, Kapchorwa, Soroti, Katakwi, Amuria, Napak and Kotido.

## Ebola Prevention & Preparedness Interventions in Bundibugyo, Ntoroko, Kabarole, Kasese, Kanungu, Kisoro and Bunyangabo (August-December 2018)



Following the Ebola outbreak in the Democratic Republic of Congo in Ituri (Mambasa and Mangina zones) and North Kivu provinces (Mbalako, Butembo, Musienene and Beni zones), On 1 August 2018, and an official statement of the Ebola Virus Disease (EVD) epidemic in North Kivu Province that was shared by the Democratic Republic of the Congo Minister of Health, URCS in collaboration with Ministry of Health designed and started implementing preparedness and response interventions with funding support from UNICEF and International Federation of Red Crescent & Red Cross Societies (IFRC).

Spread of Ebola and its adverse effects were controlled through preparedness and prevention interventions including; conducted risk communication reaching out to one hundred four thousand two hundred night six (104,296) households, community meetings where two thousand nine hundred twenty eight (2,928) attended; and 2,131,996 People screened at the POEs at the 5 districts with border crossing.

At the beginning of the Ebola threat from DRC in August, the National Task Force (NTF) classified five (5) districts (Kasese, Kabarole, Bundibugyo, Ntoroko and Bunayngabo) to be at high risk for an outbreak. Following the confirmation of Ebola cases in Kashenyi, located on the shores of lake albert in DRC and about 40kms from the landing site in Ntoroko, the risk profile of these districts was raised to very high.

A major preparedness strategy, risk communication was conducted by Red Cross volunteers across the at risk districts. Over two hundred (200) trained volunteers were deployed in all the seven (7) high risk districts and were actively involved in Ebola preparedness activities. Risk communication activities were conducted through home visits, conducting community and group meetings, mobile cinema and drama while integrating enhanced knowledge and aware of the eminent Ebola threat. One hundred

forty one thousand, nine hundred forty five (141,945) people were reached through House to House visitation while 72,617 people were reached through community group meetings.

There has been an increase in awareness in awareness about dangers of Ebola. This was done though distribution of 30,490 Information education and Communication (IEC) materials including leaflets and posters with information on causes effects and prevention of Ebola.



**Left: A community drama group in Kabarole performing to communicate Ebola prevention messages through music and plays.**

**Right: Risk communication in Bundibugyo by Adanm Mugenyi, a URCS community based volunteer.**

With support from UNICEF, IFRC, WFP, WHO and other partners, URCS managed crossing points in five districts including Kasese, Kanungu, Kisoro, Ntoroko and Bundibugyo at the Uganda-Congo boarder. At these POE commuters to and from DRC were guided to do hand washing with chlorinated water (0.05) and also subjected to temperature screening using infrared thermometers. Over 2,131,996 people were screened and eighteen (18) alerts were obtained from all screening points, tests were done and all tested Negative to all VHFs

Front line volunteers and health workers vaccinated against Ebola virus, 16 more volunteers were safely vaccinated from Fort Portal Regional Referral Hospital in Kabarole. The other risky districts conducting Ebola prevention and preparedness were also included in the vaccination process.

Capacity of burial teams was strengthened in safe and dignified burial. This was a result of a training where a team of Safe and Dignified Burial TOT trainees from all the districts at risk i.e. Bundibugyo, Ntoroko, Kasese, Kabarole, Bunyangabu, Kanungu and Kisoro was hosted at the URCS kabarole branch. Two simulations were conducted in two communities where the local leaders and the community participated.

## Integrated Community Health and Epidemic Readiness Interventions (June-December 2018)

Due to the renewed outbreak of conflict in South Sudan in July 2016, Uganda saw an influx of South Sudanese refugees. A massive refugee response was initiated in northern Uganda, involving every major humanitarian agency to provide emergency assistance. Most South Sudanese refugees settled in Imvepi, Bidi Bidi and Rhino camps in Arua and Yumbe districts (West Nile region of Uganda). These non-traditional refugee camps are integrated into local host communities and spread over considerable distances.

With funding support from Canadian Red Cross Society (CRC) and the Icelandic Red Cross (IceRC), URCS implemented the Integrated Community Health and Epidemic Readiness interventions in West Nile region (Bidi Bidi, Imvepi and Rhino settlements) targeting 16,000 Refugees and host community especially vulnerable women, girls and boys.



**Photo: Teaching Young people proper use of condoms to prevent unwanted pregnancies and STDs**

As a result of these interventions, there is improved health among South Sudanese refugees and host communities. This has been a result of increased capacity of URCS volunteers in providing community-based health services with a focus on women and children's health. This is also attributed to increased capacity of URCS volunteers to prevent, detect and respond to potential disease outbreaks in the targeted communities

Furthermore, these interventions have led to an improvement in the psychological well-being of both refugees and host communities and it is attributed to increased capacity and knowledge of volunteers in SGBV prevention practices that enabled them to conduct community outreaches.

There is improved capacity of the targeted communities to adopt positive health practices, reduced risks and effects of disease outbreaks. Fifty seven (57) volunteers in Imvepi base camp conducted community outreaches for community health promotion, referrals and epidemic surveillance in 18 target communities of Imvepi settlement Zone two. As a result, 1,218 (500M: 718 F) persons were reached, 445 (196 M: 249F) persons with ill health were identified and referred for management at health facilities.

There is increased awareness among women of reproductive age as a result of messages on women's health provided to 1,494 (570M: 924F) beneficiaries by Volunteers. Messages encouraged improved health seeking behaviours for antenatal care, family planning and other sexual and reproductive health issues. In addition messages about Sexually Transmitted Infections aimed at changing risky behaviours were shared with 303 (107M: 196F) where Volunteers encouraged condom use, early testing for HIV and to seek treatment for STI's

There is improved health outcomes and a reduction in child mortality as a result of reaching out to 2,336 (931M: 1,395F) parents with messages on children's health an importance of seeking early treatment and care for ill children.

Epidemic prevention has been strengthened through orientation of 1,785 (760M:1,025F) beneficiaries on communicable and non-communicable diseases, creating awareness on transmission, signs, symptoms and management of diseases with a focus on malaria, diarrhea typhoid, scabies and ringworms.

There is improved access to SGBV services and awareness of targeted communities and increased capacity of URCS volunteers to deliver timely and quality psychosocial support services to affected populations. This is a result of; 81(40M: 41F) beneficiaries who were reached through individual counselling sessions aimed at enabling positive coping and resilience skills, psychosocial dialogue meetings conducted in all three settlements where 896 (388M:508F) attended, 889 (335M:554F) beneficiaries reached through weekly psychosocial education, 170 (84M:86F) beneficiaries reached through follow-up and home visits conducted by volunteers, 2,461 children of school-going age (1,114M:1,347F) reached through activities aimed at helping them acquire resilience and coping skills.



## Advocacy For Better Health Interventions

With financial support from USAID through PATH, URCS is implemented Advocacy for Better Health interventions in the districts of Ntungamo and Bushenyi targeting thirty (30) Sub Counties.

As a result of these interventions, there is improved quality, accessibility and availability of health and social services. In addition, communities have been empowered to advocate for and voice their demands for improved quality of social and health services. Citizens in the targeted districts are now demanding for improved quality of services and holding their leaders accountable as opposed to the previous situation when they used to keep quiet amidst poor service delivery. This is attributed to; thirty six (36) radio spots on nutrition that were aired out (18 per District) reaching over 731,400 people (480,000 in Ntungamo and 251,400 in Bushenyi). 30 radio spots were aired out on HIV/AIDS and citizen's health rights and responsibilities, 30 community group meetings were held where 660 people (440 in Ntungamo and 220 in Bushenyi) attended to discuss health facility tracking tools and advocacy action plans were developed as a basis for engagement with duty bearers during forums at Sub County level.

In addition, 30 community groups (540 people) were supported to implement their Advocacy action plans. This enabled groups to organize dialogue forums where they presented evidence on thematic areas and followed up action plan implementation with duty bearers at sub county level. Dialogue forums were attended by 1150 individuals (750F: 400 M). This has improved citizen's participation in demanding for improved health and social services and also made their leaders accountable

Two (2) District level advocacy forums were organized and conducted to engage duty bearers on issues affecting service delivery in HIV/AIDS and nutrition service delivery. These forums were attended by representatives of community groups, advocacy champions, representatives of CSO's, district Secretary for health, District Health officer (DHO), community development officer (CDO), and chairperson local council IV among others. As a result of these forums, issues were presented and discussed, action points crafted including; upgrading health facilities in sub counties without health Centre III, funding of HIV/AIDS activities using local revenue, functionality of nutrition committees among others. Follow up is being done with duty bearers to ensure that action points are implemented.

As a result of this intervention, Civil Society Organizations (CSOs) are effectively advocate for and representing communities on policies/ issues of citizens concern in the health and social sectors. This is a result of meeting with District health team social services committee and fourteen (14) CSOs held in in each District to discuss the inclusion and reactivation of HIV task forces into the district work plan and budget, evidence collected from Health units on the stock pile status of HIV/AIDS/TB drugs and other suppliers that was presented.

## Living conditions in Imvepi Fostered Together (LIFT) Interventions

# THE LIFT PROJECT, 2018



Five years since the onset of civil war, over 2.2 million South Sudanese refugees have sought safety in neighboring countries including Uganda. Most of them have settled in the West Nile region where they were assigned a small plot of land. The rapid increase of population brings along a number of challenges for the region:

Digging a latrine and washing hands is not always a priority for households...



Solid waste is polluting the environment, especially at the market...



Insufficient number of improved latrines at institutions such as the reception center...

Rapid deforestation due to the increased need for firewood...



No or only little opportunities for income creation...

The LIFT project, funded through Austrian Development Agency (ADA), is aiming to improve the living conditions in Imvepi, West Nile through an integrated intervention in sanitation, environment and livelihood. The project is jointly implemented by Uganda Red Cross Society and Austrian Red Cross from 2018 to 2020.

20 volunteers were trained in hygiene promotion, environmental awareness and waste management to work with communities and institutions, especially schools and the market.



We promote the 3R principle: reduce, reuse, recycle.



Keep your compound clean to avoid attracting vermin.



We regularly visit the households...it is important to build a trusted relationship with them.



My name is teacher Agnos. Our WASH club members communicate important hygiene messages to their fellow student and at home.



Music and drama performances of the WASH clubs inform in an entertaining way.

Hey, do you have no shame defecating in the open?

Human and solid waste management has been established to create and maintain a safe environment for a population of 9000 people plus minimum of 600 people daily from the reception center. Findings from the project assessment of 2017 indicated that human and solid waste management on an institutional basis had grown to be one of the most urgent needs of Imvepi settlement.

Although numbers of new arrivals have decreased in the reception center, the market at point J Imvepi, has grown to become the biggest in all of the settlements. Coordination efforts and collection of updated information has been the focus during the first year in order to be able to make informed decisions on the waste management service chain in a very complex context. In order to address this, sector dialogue and coordination with government and other CSOs including ACF, Oxfam and UNHCR were conducted. Volunteers and market committee members received training on waste management and environmental awareness, five (5) volunteers are continuously working at the market (where over 800 vendors and 500 – 2,000 costumers interact on a daily basis), to promote hygiene, environmental awareness and waste management. In addition, constructed latrine blocks at market, reception center and two (2) schools.

There is improved hygiene behaviour and awareness regarding environmental protection within among households and within schools. Hygiene promotion in communities and schools is a key element of emergency response as well as long-term projects. URCS hence trained 20 volunteers and teachers (15M: 5F) in the PHAST methodology and 20 volunteers and teachers (14M: 6F) in the PHASE methodology. 13 PHAST and 8 PHASE toolkits were produced.

Strengthened the economic resilience of households through livelihood diversification and saving groups. Based on the PHASE groups established in eight (8) villages in

Imvepi Zone 2 (163 groups, volunteers worked with communities on the improvement of kitchen gardening practices, with seedlings provided through World Food Program (WFP) and UNHCR. Impact of volunteer’s work done on kitchen gardening is already visible in the communities.



# Strategic partnerships

Strategic partners are partners with whom URCS has a long term relationship and help URCS to achieve its objectives and realize its vision. URCS strategic partners are listed in the table below;

## Ongoing negotiations with other Red Cross Family Members

- Japan Red Cross – Health programme support
- Finnish Red Cross – supporting First Aid Capacity Building
- Iranian Red Crescent – support DRR and Emergency stocks
- Iraqi Red Crescent – support DRR and Emergency stocks
- Canada Red Cross – South Sudan Refugee operation and Community Based Health Care in other Branches
- South Korea Red Cross – following up with
- Turkish Red Crescent – support DRR and Emergency stocks  
Korea Development Agency of South Korea Government
- Israel Magen Adom – Technical support Emergency Medical Services (EMS) especially First Aid, Ambulance services and Emergency Preparedness

## UN AGENCIES

The following are the UN Agencies that URCS partnered with in 2018

AGENCY	SUPPORT
<b>UNHCR</b>	Has selected URCS as partner for 2018. Finalizing budgets.
<b>UNICEF</b>	Ongoing PCA up to end of 2018 focusing on Health Emergency Preparedness in six districts (Nebbi, Hoima, Bulisa, Kasese, Namayingo, Wakiso); and any health emergency

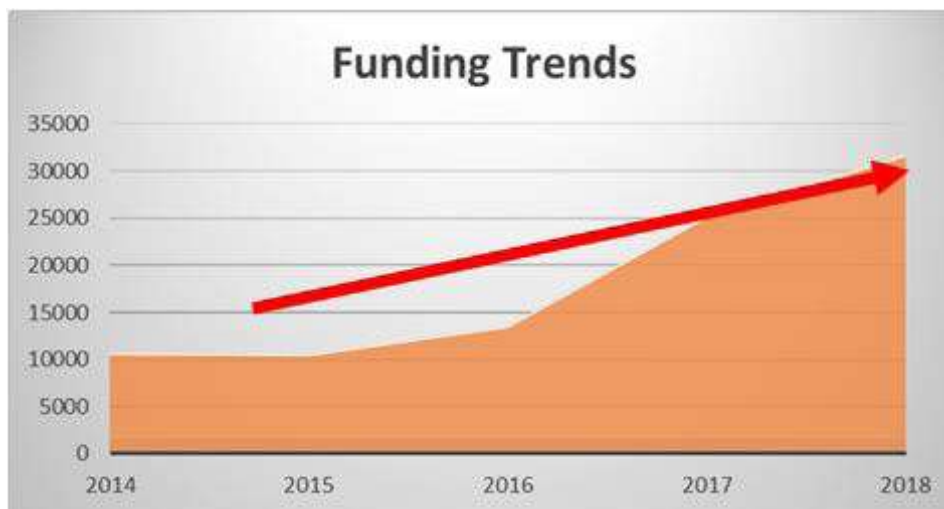
## DEVELOPMENT AGENCIES

AGENCY	SUPPORT
<b>European Civil Protection &amp; Humanitarian Aid Operations (ECHO)</b>	Design of project to support Uganda Disaster preparedness and stock prepositioning in progress

# FINANCIAL REPORT

Based on unaudited management accounts, the National Society has posted a steady growth in total revenue (excluding branches) between 2015 and 2018, reaching more than two-fold. URCS realized UGX 31,790,246,000 up from 25,869,874,663 in 2017. UGX 13,659,731,617 was realized in 2016 and UGX10, 651,511,208 in 2015. This remarkable progress is largely attributed to increase in funding from multilateral/bilateral donors and IFRC and other movement partners.

As observed from the graph below, the funding trends have exponentially grown over the years. We anticipate to go higher in 2019. Negotiations with majority of partners such as corporate business entities are ongoing and will therefore yield returns starting 2019.



**Graph 1: Funding trends since 2015**

Strategic Option	2018 Budget	2018 Actuals
Strategic Option 1 (SG's Office, HR, Audit, Supply Chain, PMER, Finance)	4,305,505,051	1,552,159,492
Strategic Option 2 (OD & Volunteer Management)	8,185,198,915	9,704,150
Strategic Option 3 (Cooperate Relations & Resource Mobilization)	3,587,585,075	244,242,711
Strategic Option 4 (DRM & Health)	25,261,953,406	29,984,139,648
<b>Total</b>	<b>41,340,242,447</b>	<b>31,790,246,000</b>

**Table 1: Income Vs budget performance by strategic option**

Funding Source	2018 Budget	2018 Actuals
		26,908,882,123
IFRC, ICRC and PNS'	19,130,016,225	
Multi-lateral and Bi-lateral Donors	9,073,325,986	2,036,723,696
Corporates and Business entities	-	253,485,489
Charity and Foundations	-	-
Government (Ministries and agencies)	253,369,301	1,389,687,924
URCS Income Generating Activities	12,883,530,935	1,201,466,768
<b>Total Revenue</b>	<b>41,340,242,447</b>	<b>31,790,246,000</b>

**Table 2: Analysis of actual performance Vs budget per funder**

# URCS Central Governing Board 2018



Ms. Betty Justine Anyiri  
Vice Chairman



Mr. Joseph Omilmot  
Chairman



Hon. Stephen Tashobya  
Hon. Treasurer



Mr. John Atugonza  
Youth Representative



Counsel Alex Luganda  
Legal Advisor



Hon. Henry Kamyia Makumbi  
Regional Representative  
Central



Mr. Aggrey Fredrick Bangu  
Regional Representative  
South East



Mr. Cadribo Sunday  
Regional Representative  
North West



Ms. Sylvia Chebet  
Regional Representative  
East



Mr. John Mwesige  
Regional Representative  
West



Owek. Florence Nkalubo  
Regional Representative  
Central



Ms. Judith Turyaganyirwa  
Regional Representative  
South



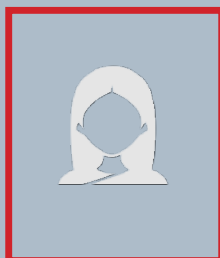
Mr. Francis Webisa  
Regional Representative  
East



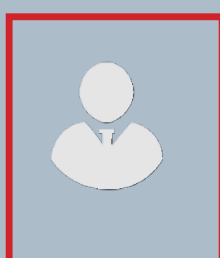
Ms. Lydia Mukamulera  
Regional Representative  
South West



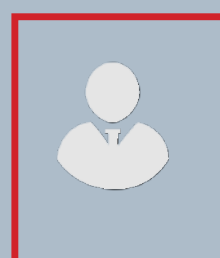
Mr. Robert Charles Ogwang  
Regional Representative  
North



Zainab Mbusa Birah  
Member



Mustapha Mugisa  
Advisor Institutional & Orga-  
nizational Development



Lawrence K. Kiiza  
Advisor, Finance &  
Audit



Mr. Robert Kwesiga  
Secretary General

# URCS Senior Management 2018



Mr. Robert Kwesiga  
Secretary General



Mr. Ezen Kavuma  
Director Finance



Mr. Robert Akankwasa  
Director DRM



DR. Josephine Okwera  
Director Health



Ms. Orwin Tumuhirwe  
Coordinator HR



Mr. Naphtali Baguma  
Coordinator Logistics & Supply Mgt



Ms. Irene Nakasiita  
Coordinator PR



Mr. Moses Bagarukayo  
Ag. Manager Internal Auditor



Dr. Florence Ajok  
Cordinator Youth & OD



Mr. Alex Mugisha  
Ag. Manager PMER

# RED CROSS MOVEMENT PRINCIPLES

## HUMANITY

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavors, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

## IMPARTIALITY

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

## NEUTRALITY

In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

## INDEPENDENCE

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

## VOLUNTARY SERVICE

It is a voluntary relief movement not prompted in any manner by desire for gain.

## UNITY

There can be only one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

## UNIVERSALITY

The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

## URCS VISION

To fulfill the URCS mandate and obligation in delivering quality and sustainable humanitarian assistance.

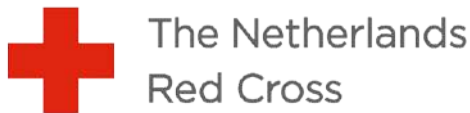
## URCS MISSION

To be a leading humanitarian agency in Uganda in saving lives, supporting livelihoods and promoting human dignity.

# OUR PARTNERS



ICRC



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