

www.ifrc.org
Saving lives,
changing minds.

Final Report

Uganda: Landslides

 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n° MDRUG043
Date of Issue: 01 March 2021	Glide number: FL-2019-000163-UGA
Operation start date: 12 December 2019	Operation end date: 12 March 2020
Host National Society(ies): Uganda Red Cross Society	Operation budget: CHF 129,541
Number of people affected: 1,900 people (380 HH)	Number of people assisted: 39,529 people (approx. 5,484 HH) - Direct recipients: 1,926 people (380 HH) - Indirect recipients: 37,603 people (approx. 5,104 HH)
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC) and German Red Cross	
Other partner organizations actively involved in the operation: The Ministry of Disaster Preparedness and Refugees in the Office of the Prime Minister (OPM), District Disaster Management Committees (DDMCs) of Mbale, Bududa and Bundibugyo, World Vision International and the Uganda Police Force (UPF), Kafumo in Bundibugyo, Rwenzori diocese and Rwenzori University.	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation and other corporate and private donors. The Netherlands Red Cross, DG ECHO and the Belgian Government contributed to replenishing the DREF for this operation. On behalf of Uganda Red Cross Society (URCS), the IFRC would like to extend gratitude to all for their generous contributions.

<Click [here](#) for the final financial report and [here](#) for contacts>

A. SITUATION ANALYSIS

Description of the disaster

On 12 December 2019, Uganda Red Cross Society (URCS) with support from the International Federation of Red Cross and Red Crescent Societies (IFRC), launched a [DREF operation](#) in response to landslide events which occurred following prolonged rainfall from 29 November and 3 December 2019 the districts of Mbale and Bududa in Eastern Region of Uganda. These landslides affected 380 households (1,900 people). These landslides occurred in the broader context of extensive flooding across the whole of Uganda, which started in October and continued throughout December 2019.

During the assessments, URCS working with government (district and National teams such as the DDMCs) rescued and provided temporary shelters as well as psychosocial support to the affected and most



URCS supplying safe and clean water to affected communities in Bundibugyo ©URCS

vulnerable persons using resources at hand. Indeed, within the same period, Uganda had experienced another major flood and landslide in the Western region of Bundibugyo with 4,436HH 30,919 individuals (14,873Males and 16,046 Females) affected with 2,450 of those displaced and living in the two camps of Simuliiki and Bubukwanga camps. As such, the NS extended the scope of the response to provide WASH assistance to the families affected in this district, which allowed URCS to reach 37,603 people (approx. 7,520 HH) through this DREF operation.

The table below highlights the impact of flooding and landslides in the affected districts of Mbale, Bududa and Bundibugyo:

Table 1: Overview of the disaster situation in districts affected by landslides as per URCS assessment report.

District (s)	Date(s)	Disaster	Impact
Mbale	29 November 2019	Flooding	<ul style="list-style-type: none"> Two detailed needs assessment were conducted resulting in identification of sub counties and villages affected due to flooding of river Namatala and River Nabuyonga. This included Namatala subcounty (Kibumbire Zone, Namabasa zone 3, Namabasa lower and Doko village) and Namakwekwe subcounty in Northern Division of Mbale Municipal Council were gravely affected Namakwekwe Ward, Nabigyo cell and Livingstone University Cell. In Industrial Division, Malukhu Ward and Bugwele cell. The assessment report indicated 4 deaths (1 man, 3 children). 12 injured and hospitalized, loss of livestock (1 cow, 14 goats and 80 bird's dead) because of the flooding; 405 households with a population of 2,416 people were directly affected (1,099 males & 1,316 females), Over 20 acres of crops destroyed and the decimation of 132 pit latrines resulting into spillage of waste into water streams creating a risk of outbreak of water borne diseases such as diarrheal and cholera. There was an acute water shortage in Mbale Municipality¹ due to damaged National Water and Sewage Cooperation (NWSC) water pipelines.
Bududa	3 December 2019	Landslides	<ul style="list-style-type: none"> URCS detailed assessment indicated that heavy downpour for over 11 hours resulted in movement of soil mass down the steep hills of Bududa district affecting 6 villages of Bushika, Bushibekye and Bunabutiti Sub Counties. Assessment findings indicated 28 deaths (14 males and 14 females) 21 of whom were children (12 males and 10 females), 9 were reported people missing and 3 injured (2 males and 1 female), collapsed houses, destruction of crops and loss of livestock were also observed. URCS RCATs together with community members rescued and rushed the injured to Bududa Hospital for medical attention. A total of 499 houses were reported as destroyed, with 96 households (672 people) in a dire state and in need of immediate relief in form of shelter, beddings, utensils and soap.
Bundibugyo	3 December 2019	Flooding and Landslides	<ul style="list-style-type: none"> Deaths: 17 deaths (11 Male and 6 Female) 11 of whom were children. Overall, 30,919 individuals (14,873 males and 16,046 females) in 4,436HH were affected. Two people were in dire condition (on life support at Busaru HC) Approximately 75km of the District, Urban and Community access roads were affected/damaged, among them Bundibugyo Fort Portal–Lamia Highway. Approximately 1,745 Acres of crops destroyed in Harugale Sub County. In addition, a total of 296 houses were destroyed in Kirumya Sub County and another 532 Houses in Ntoroko Findings further indicated that the displaced persons were in dire need of safe and clean water; sanitation and hygiene facilities and promotion activities, shelter and household items.

Summary of response

Overview of Uganda Red Cross Society

On 21 December 2019, URCS presented its comprehensive Floods Emergency Response Plan targeting eight (8) most affected districts in the Eastern, Central and Western regions. Through this plan of action, URCS sought UGS 5,892,255,300 (CHF 1.58 M approximately) to assist 141,206 individuals across the country for 5 months in Bukedea, Sironko, Butaleja, Busia, Mbale, Bududa, Kayunga and Bundibugyo districts. In response to this internal appeal, URCS responded to humanitarian needs in Busia, Sironko, Kayunga, Bukedea and Butaleja districts through own resources as well as bilateral support from the ICRC and German Red Cross, while this DREF operation supported the needs in Bududa, Mbale and Bundibugyo districts. Indeed, the NS expanded the WASH and health promotion activities to Bundibugyo because of high number of affected families in this district and limited means to respond.

As of 31 January 2020, the following activities had been implemented specifically in response to the disaster in Bundibugyo:

- Mobilization of 50 volunteers' as part of the Rapid Action Teams (RCAT) to:
 - Conduct search and rescue.
 - Recovery of dead bodies
 - Handover of bodies to families for dignified burial procedures.
- Deployment of a Rapid Assessment team between the dates of 6 and 14 December to identify needs both at the community level and in the IDP camps. The data collected during the rapid assessment was validated following a second needs assessment conducted by a team comprising of National Disaster Response Team (NDRT) members and led by URCS Disaster Management (DM) Director between 13 and 15 December. This formed the bases for the realization of the URCS Plan of Action in response of the floods and landslides disasters.
- Management of two IDPs Camp setup by local government.
- Provision of hot meals to IDPS – since Dec 16 2019
- Improvement of sanitation facilities at Similiki high school IDP camp
- RFL and PSS
- Setting up of 22 communal latrines and bathing shelters.
- Deployment of an M5 kit to Bundibugyo.
- Deployment of Surge capacities from regional branches and HQ.

Achievements of URCS through this DREF operation are summarized under the detailed operational plan below. Also, refer to [EPoA](#) for actions undertaken by the NS at the time of the disaster.

Overview of Red Cross Red Crescent Movement in country

In-country Movement partners responded to the 2019 flooding and landslide in the Mt. Elgon Region in the following ways:

- German Red Cross provided a one-off unconditional cash grant amounting to UGX. 84,000,000/= to 243 of the most affected households in Namabasa Sub County, Mbale district to cater to their prioritized emergency needs. The Cash Transfer intervention was a pilot of URCS cash readiness and was spearheaded with technical and logistical support from the Netherlands Red Cross through the Innovative Approaches to Response Preparedness project team (IKEA project). Further still, a total of 546 HHs in 2 sub counties of Mazimasa and Himutu, Butaleja district benefited from NFIs support. In addition, 860 MHM kits were distributed to women of childbearing age in both Mbale and Butaleja districts i.e., 400 and 460 MHM kits respectively.
- In addition, URCS with support from IFRC Cluster Office deployed a WASH kit 5 to provide clean and safe water to support 2,450 households living in the Bubukwanga and Simuliki camps.
- The ICRC supported 583 households in Bududa, Butaleja, Jinja, Kayunga and Sironko districts with one NFI kit each composed of blankets, cooking pots, metallic plates, metallic cups, bars of laundry soap and tarpaulins. In addition, ICRC provided support to Restoration of Family Link activities, and volunteer management/ incentives for Mbale, Butaleja, Sironko, Kayunga and Bundibugyo districts.
- The Partners of Resilience II project supported by Netherlands Red Cross supported the training and activation of DDMCs of the disaster prone Bubyangu and Namabasa Sub Counties in Mbale district.

Overview of other actors' actions in country

- Mt. Elgon Mission, a faith based religious organization, distributed food items to 54 affected families for a month.
- Sevo International, a local based NGO, supported one sub county with concrete slabs (1.5m x 1.5 m) in Mbale district.

- The District Disaster Management Committees (DDMC) with support from Uganda Red Cross society enhanced coordination in host districts - Namabasa Sub County Disaster Management Committee was activated with a training supported by the Partners for Resilience II (PFR II) (NLRC) and the International Climate Centre
- Some 126 households in Bududa district were supported with food items for 3 months from the Office of the Prime Minister (OPM) through the local government. In addition, the OPM relocated 125 families to Bunambutye internally displaced settlement in Bulambuli District,
- Catholic Relief Services (CRS), a religious based organization, supported 260HH directly and indirectly affected with food items such as maize flour and beans.
- Plan International protected two water sources in Bufutsa parish, Bududa District and provided latrines construction materials for displaced households.
- Bududa District local government (LG) supported health camps and other health related interventions such as community sensitization on proper hygiene and sanitation practices, malaria control and preventive measures in all the landslide affected communities in Bushika Sub County.
- The Prime Minister's Office (OPM) through the district provided 20 tons of maize flour and beans, 10 bales of blankets and 10 bales of tumplines to the displaced persons in Bundibugyo.

Needs analysis and scenario planning.

Two detailed needs assessments were carried out in Mbale and Bududa Districts. The needs assessments enabled URCS to determine the extent of the damages to human life as well as reallocate the available resources in a beneficial way. According to the findings, 1,900 people were identified as the most affected and prioritised for humanitarian assistance under this DREF operation.

In addition, Bundibugyo district experienced a similar situation in December 2020 and URCS following an assessment that identified 2,450 HHs affected by the landslides and flood. The findings indicated immediate need to be met, to which URCS responded mainly by targeting the displaced persons living in Simuliki and Bunukwanga camps.

Indeed, the IDPs who had camped in Bubukwanga and Simuliki transitional camps and schools respectively, had lost their homes and all the property because of floods and landslides therefore there was urgent need to mobilise 50 volunteers' as part of the Rapid Action Teams (RCAT) to; conduct search and rescue, recovery and handover of dead bodies to families for dignified burial procedures. The data collected during the rapid assessment was validated following a second needs assessment conducted by a team comprising of National Disaster Response Team (NDRT) members led by URCS Disaster Risk Management (DRM) Director between 13 and 15 December 2019. This formed the basis for the realization of the URCS Plan of Action in response to the floods and landslides disasters by deployment of M5 kit to ensure clean and safe water provision in camps and institutions, deployment of Ambulance services, provisions of RFL and PSS services.

Risk Analysis

The impassable state of the roads during the time of response was a big risk/threat to the implementation of the intervention. However, this was tackled by engaging the community to carry the items to affected communities up in the mountains. In addition, the government works department worked on some of the bridges, cleared the mud on the slopes and on the roads. This delayed the duration of assessment and response time in Bududa and Mbale operation.

In Bundibugyo, it was mainly limited resources that hindered the timeliness of planned response. However, with dialogue and in spite of the disappointment from an expected second allocation from the DREF which did not come through due to URCS late reporting, the NS managed to engage and support some activities in Bundibugyo which included deployment of M5 kit, deployment of surge team and volunteers to support WASH interventions, psychosocial support, rescue and ambulance services and management of Simuliki and Bubukwanga camps having a total of 2,540 households.

B. OPERATIONAL STRATEGY

Proposed strategy

At the onset of the flood's emergency operation, URCS carried out an internal stakeholder which included Disaster Management implementation team, branch managers, supply chain, finance and PMER departments. An update was then provided on the disaster situation and requirements; roles and responsibilities were discussed, and an implementation plan developed. This was intended for timely facilitation implementation and support from stakeholders, monitoring of progress and timely feedback, data, logistics and financial management, as well as reporting.

Continuous assessment was conducted by the team during implementation and follow up activities that informed the implementation progress and community feedback to management was done through the volunteers and community leaders.

A select 30 volunteers were trained in Community Engagement and Accountability (CEA). This enhanced communication and feedback from beneficiaries, improved the level of community participation. In Bududa for example, the NFIs could not be carried up to the mountain due to impassable roads. Through communication and community feedback, the community volunteers were able to carry the items up the mountain to the targeted families.

A team of 10 volunteers were trained in each branch to promote gender issues among the communities. In addition, they sensitised beneficiaries' in particular women and girls of childbearing age in reproductive health management of MHM kits provided under the DREF support.

URCS, in a bid to strengthen its operation and ensure continued impact/ sustainability, worked closely with the local leaders, supported the functionality of District Disaster Management Committees (DDMCs) as key partners in its intervention operation in addition to joint planning.

In Bundibugyo, URCS operation team also worked closely with the UPDF and Police forces alongside the DDMCs. Periodic dialogue was always held with regions and humanitarian partners who wanted information to provide one time support to IDPs.

The stakeholders meeting enabled the integration of activities that could be done concurrently such as distribution of items to the community, PMER reporting and CEA engagement. This reduced on the administrative costs and time spent on activity implementation.

The coordination team reviewed/ developed data collection tools and oriented the implementation team on utilisation. For example, the tools informed the Situational reports (SiTrep), periodic updates and reporting to various stake holders.

Details on proposed strategies can be found in the EPoA [here](#).

C. DETAILED OPERATIONAL PLAN

 <p>Shelter/ WASH People reached: 570 Male: 252 Female: 318</p>		
Indicators:	Target	Actual
Shelter Outcome 1: Communities in Disaster and crisis affected areas restore and strengthen their safety, well-being and long-term recovery through shelter and settlements solutions.		
% displaced HH with access to emergency shelter out of the total number of total HH affected	30%	30%
Shelter Output 1.1: Shelter and settlements and basic household items assistance is provided to the affected families.		
Number of households reached with emergency shelter HHs (Target: 114 HHs)	114 HH or 570 People	114 HH or 570 People
Narrative description of achievements		
<ul style="list-style-type: none"> ▪ Community Needs Assessments: Two needs assessment exercises were undertaken in the two affected districts of Bududa and Mbale. This helped the field team to identify emergency needs, coping mechanisms and gaps for interventions. This also enabled the field team to design appropriate and robust emergency interventions for the affected population in Bududa and Mbale districts. These key interventions included provision of emergency shelter to 114 displaced HHs, which helped 570 homeless people to regain access to shelter, basic household items in the two districts. ▪ Procurement of HHs materials: The procurement of household items i.e., 228 pcs of blankets, 114 pcs of tarpaulins and 114 kitchen sets to support 114 displaced households was successfully done. This enabled 570 occupants of 114 displaced HHs (570 people) to regain access to basic household items for effective functionality of their households. 		

- **Distribution of household items:** A total of 114 displaced HHs received 2 pcs of blankets, 1 tarpaulin and 1 kitchen set). The provided household items such as tarpaulins enabled 114 displaced HHs to erect temporary structures which provided emergency shelter to 570 displaced people (252 males and 318 females) without access to shelter. The provided kitchen sets also enabled the latter who completely lacked utensils including cooking pots to prepare and have a decent meal.

Bundibugyo district

- URCS managed 2 camps (Bubukwanga and Simuliki) with a population of 2,450 internally displaced persons (IDPs).
- URCS also provided a total of 2,450 internal displaced persons with 2 hot meals per person per day for 2 months.
- 22 bathing shelters were constructed and managed by volunteers this reduced gender-based violence and abuse among the IPDs.

Challenges

- Poor state of the roads rendering them impassable, which limited access to the affected area during assessment. This was handled by deploying trained community volunteers who accessed the affected areas leading to successful response to beneficiary's emergency needs.
- Heavy and continuous rains stalled the distribution exercises. This was addressed by providing the field team with protective gears such as gumboots, raincoats among others resulting in effective assessments and relief distribution as planned.
- Lack of poles to erect temporary structures for affected population however, URCS field team involving local leaders and other community members who contributed by providing the poles for emergency shelters.

Lessons Learned

- The delays in the procurement process affects timely delivery of relief items hence delays in implementation of planned activities resulting into late reporting. This should be taken into consideration in future by speeding up the procurements of emergency supplies.
- During emergency situations, the most affected categories of population are children, people with disabilities (PWDs) and expectant women. Such categories of people should be given immediate attention as their high degree of vulnerability dictates.
- Tarpaulins can enable the displaced persons erect temporary structures to meet their emergency shelter needs. However, provision of emergency shelter tents could be the best option in future during such emergencies as they; are easy to erect, do not require solicitation of construction materials like wooden poles as is the case with tarpaulins.



Health

People reached: 37,603.

Male: 17,057

Female: 20,546

Indicators:	Target	Actual
Health Outcome 1: The immediate risks to the health of affected populations are reduced		
% of people assisted over the total number of people affected	100%	1979%
Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines		
Number of detailed assessments conducted	2	2
Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Number of Radio spots aired	120	17
Number of HH receiving LLITN	380	380
Number of people reached by health education sessions	1,900	37,603
Health Outcome 2: The medium-term risks to the health of affected populations are reduced		
% of people assisted over the total number of people affected	100%	100%
Health Output 2.4: Epidemic prevention measures carried out		

Number of uncomplicated malaria cases managed	320	Unknown
Health Output 2.5: Mainstream and cross cutting psychosocial support provided		
Number of volunteers oriented in PFA and referral pathways	50	50
Number of people provided by PSS and informed on referral pathways	1,900	2,996 people in 3 districts
Narrative description of achievements		
<ul style="list-style-type: none"> ▪ Undertake two detailed assessments to identify health needs: In coordination with health authorities, URCS conducted two detailed assessments to identify health needs. This was integrated with the need's assessment and guided response in Mbale, Baduda and Bundibugyo districts. ▪ Organize instructive talk shows: 17 interactive radio talk show sessions were conducted out of the planned 120 radio sessions at Elgon FM, Open Gate (OPG) FM and IUIU FM on cholera and diarrheal disease prevention, floods and landslides risks and prevention, as well as early warning messages for forecasted threats. These delivered relevant information to community members in Bududa, Mbale and other surrounding districts of Butaleja, Sironko, Manafwa, Namisindwa, Bulambuli among others. An estimated population of about 15 million people were reached with disease preventive measures, enhanced behavioural change and the level of preparedness among the public in all the targeted districts. ▪ Procure and distribute 760 LLITNs: Some 760 pcs of LLITN were procured and transported to Mbale and Bududa district. They were distributed to 114 displaced households and 266 affected HHs (total of 380 HHs) with a population of 1,926 people (872 males & 1,054 females) were reached. ▪ Conduct education sessions on malaria prevention: A total of 250 sensitization sessions on malaria prevention were conducted reaching a total population of 37,603 community members (17,057 males and 20,546 females) in Mbale and Bududa targeted communities. As a result, there were no malaria cases reported to URCS volunteers during the period. ▪ Train 20 volunteers on community case management of uncomplicated malaria cases: Some 20 participants (11 males & 9 females) who included 10 volunteers, 9 VHTs and 1 S/C HA were trained and supported in case management in four community camps that were organized. They also conducted monitoring activities. ▪ Procurement of drugs for community case management of uncomplicated malaria cases: A total of 98 sets of rapid testing kits (RDT), 48 cartons of Coartem, 225 packets of Paracetamol were procured and distributed to communities. This replenished the community stock and boosted the management of four Health Camps in the affected communities. The drugs were handed over to the Health Unit general pool, thus URCS could not monitor the use of the URCS DREF consignment. ▪ Support community case management of uncomplicated malaria cases through MoH and Village Health Teams: The trained team of 20 volunteers and VHTs were equipped with the necessary knowledge and skills that were employed to effectively manage uncomplicated malaria cases in Mbale and Bududa targeted communities. The volunteers integrated the activity in the house-to-house campaign. Four Health Camps organized by the volunteers and VHTs in the affected communities of Bufutsa parish in Bushika sub county Bududa district contributed to reducing risks and in handling uncomplicated cases. ▪ Procure and disseminate IEC material: A total of 9,609 posters and 9,045 leaflets on cholera and other related diarrheal diseases were distributed. This includes those provided by the MoH. The distribution of IEC materials during community sensitization sessions enhanced the level of awareness within the public in prevention of waterborne/ diarrheal diseases in all the affected communities of Bududa and Mbale Districts. This reduced the health risks in communities due to readily available information, availability of drugs and knowledge on its management, and support from URCS volunteers and VHTs. ▪ Orient 50 volunteers on PFA, including PSS and referral pathway: Some 50 volunteers (23 males and 27 females) were successfully oriented on PFA/PSS and acquired relevant knowledge and skills. The skills enabled volunteers to offer psychosocial support to the 380 affected families targeted in Bududa and Mbale, including the bereaved ones. ▪ Provision of PSS to affected communities and dissemination of referral pathways: A total of 2,768 affected people (1,238 males and 1,530 females) who needed PSS were reached, offered the service, and provided with adequate information on referral pathways. This benefited all the bereaved and other affected families in the 		

targeted districts of Bududa and Mbale. This intervention reduced stress and helped the affected communities to adopt positive ways of living. It has in the long run enhanced the coping mechanism at household and community levels hence an achievement.

In Bundibugyo district

- **Volunteer support:** A total of 20 volunteers were oriented and supported case identification, referral and follow up.
- URCS deployed two ambulances to provide a service to injured and expectant mothers. The number of beneficiaries was not reported.
- **PSS and PFA services:** The 15 trained volunteers provided support PFA to 228 people (186 Female and 42 male) sexual violence 6 females, Domestic violence 23 people (17 females and 6 male) and made referral 24 people (16 female and 8 male) under the SGBV and PSS interventions. In addition, 8 mental health PS sessions were conducted, 11 awareness sessions on child abuse and sexual violence were conducted in both camps and 2 self-care sessions for volunteers were conducted. In total, 2,996 people were reached with PSS in Mbale, Bududa and Bundibugyo districts.
- **Provision of hot meals to IDPs:** URCS with support from the district provided 2 hot meals a day to 2450 IDPs for a period of 2 months.



Children in Bubukwanga for a 'children alone' structured PSS session led by an oriented volunteer ©URCS.



Hot meal for IDPs in Bundibugyo- Bubukwanga camp ©URCS

Challenges

- The government of Uganda now prohibits handling and administration of drugs by VHTs and Red Cross volunteers. For this reason, the drugs and testing kits for malaria were handed over to Bubungi Health Centre III in the affected sub county to administer during the health camps and at the health facility. This did not allow the NS to monitor use of the products and record number of patients reached with these medications.
- The health camps were not carried out as planned therefore rescheduled towards the end of the project implementation period i.e., the first two weeks of March 2020 which was attributed to delayed procurements.

Lessons Learned

The inclusion of the talk shows with the relevant technical persons is useful in addressing preventive measure in any expected health outbreaks.



Water, sanitation and hygiene

People reached: 37,603.

Male: 17,057

Female: 20,546

Indicators:	Target	Actual
WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities%		
% of people assisted over the total number of people affected (100%)	100%	100%
WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities		
Number of people reached with Water, Sanitation and Hygiene (WASH) interventions.	1,900	1,900
WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population		

Number of Aqua tabs procured and distributed	34,800	34,800
WASH Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population		
Number of HH encouraged to construct HH latrines through provision of items and kits.	190	380 (200%)
Number of sanitation kits procured.	20	40 (200%)
WASH Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population.		
Number of volunteers trained on Hygiene promotion in emergency	50	50
Number of people reached with hygiene promotion messages	1,900	1,900
Number of interactive radio sessions realized	18	18
Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population.		
Number of MHM kits procured and distributed	290	290
Number of tippy taps installed	380	380
Narrative description of achievements		
<ul style="list-style-type: none"> ▪ Procure and distribute chemicals for household water treatment (34,800 aqua tabs) and instruction leaflets: A consignment of 34,800 aqua tabs was procured and delivered to targeted communities in Mbale and Bududa districts on request from the branches. Beneficiaries were oriented on management to avoid misuse and associated risks. ▪ Distribute 20 litres jerry cans to 114 displaced households: URCS procured and distributed jerricans to 114 HHs. ▪ Train communities on the safe use of water treatment chemicals: With the provision of water chemicals and support from the government, community volunteers/ focal persons were selected and oriented on standard water treatment processes. ▪ Procurement of water reagents for water quality analysis: The required and specified water reagents were procured and delivered to Mbale and Bududa districts for management with support from district technical persons. ▪ Realize, in collaboration with District Water Officers / Health assistant routine water quality surveillance: Branches worked with the district water officers in supporting water analysis. Regular monitoring was done to ensure adherence. ▪ Decontaminate / flushing of contaminated water sources: Through water testing and analysis, in according to recommended standards, districts identified and decontaminated water sources in targeted communities. ▪ Procure and distribute 380 large plastic slabs: 380 plastic slabs procured and distributed to 380 HHs. This enabled targeted HHs to construct pit latrines which in the long run enhanced the level of sanitation in all affected areas as individual households now own pit latrines from the support/intervention. ▪ Procure 38 rolls of plastic sheets and 38 digging kits: A total of 38 rolls of plastic were procured and transported to Bududa, to be distributed to 380 HHs to enable them erect latrines. Some 38 digging kits were also procured and distributed to these households, transported to the two implementing districts. This has enabled the target HHs to put up pit latrines. ▪ Procure and distribute 40 sanitation toolkits: Some 40 sanitation toolkits were procured and distributed to 15 community led sanitation groups. This enabled 380 HHs to maintain proper sanitation across the affected areas. This is evident by absence of Cholera and other diarrheal disease outbreaks. ▪ Undertake sanitation sessions / campaigns: By the time of reporting no statistical information was presented however, there was some level of integration of during hygiene promotion and distribution of water treatment chemicals in schools, hospitals and villages. 		

▪ **Train of 50 volunteers on hygiene promotion in emergency:** Some 50 volunteers (23 males and 27 females) were successfully oriented on PHAST-ER methodology. This has strengthened the capacity of volunteers in PHAST-ER approach and its application. This has enabled volunteers to influence sound hygiene and sanitation transformation as a measure to curb down cholera, dysentery and other waterborne related illnesses in landslide affected areas.



Hygiene best practices promotion in communities ©URCS

▪ **Procure of 25 PHAST toolkits:** Some 25 PHAST toolkits were procured and delivered to Bududa and Mbale districts at a ratio of 15 to 10. These PHAST toolkits have guided volunteers in promoting participatory hygiene and sanitation during community sensitizations.

▪ **Conduct of hygiene promotion at household and community level:** An overall 37,603 community members (17,057 males and 20,546 females) from 5,104 HHs were reached and sensitized on proper hygiene and sanitation practices. The reached households were sensitized and encouraged to ensure proper hygiene and sanitation practices which they have embraced. All reached households have significantly improved in hygiene and sanitation. They are now taking clean and safe water after being treated with aqua tablets given to each household by a Red Cross team. The acquired knowledge has enabled the affected households to take all the necessary precautions in preventing the occurrence of cholera, dysentery, and other waterborne diseases.

▪ **Organize 24 interactive radio sessions on cholera and diarrheal disease prevention:** URCS engaged district official during the talk shows. This increased the effectiveness of the messages being aired.

▪ **Procurement and distribution of soap:** Some 342 bars of laundry soap were procured and distributed to 114 households in Mbale and Butaleja districts. This enabled the occupants of these HHs to maintain proper hygiene to live a good life free of germs.

▪ **Procurement and distribution of Menstrual Hygiene Management kits.** A total of 290 MHM kits (reusable) with approved standards were procured distributed to 290 women and girls of reproductive age in Mbale and Bududa districts. This has helped girls of school going age to fully attend classes without any menstrual disturbances/interferences.

▪ **Procure and distribute 380 (5L) jerry cans & strings to facilitate Tippy Tap handwashing:** Some 380 jerrycans of 5 litres were procured and distributed. Demonstration on their management of the tippy taps was carried out in groups and follow up done in households. This enhanced hygiene and sanitation behaviours in all the affected communities as all community members (90%) embraced proper hand-washing practice after latrine use.

Bundibugyo:

▪ **Safe and clean water supply:** WASH Kit 5 was deployed for approximately 2 months to provide water to over 2,450 people in the IDP Camps, medical and prisons units and host communities.

▪ **Sanitation and hygiene promotion:** A total of 25 volunteers participated in hygiene promotion activities in the camps to prevent any waterborne disease outbreak.

Challenges

Messaging was quite a challenge because there were multiple health issues whereas the DREF was specific.

Lessons Learned

- It is important to include CEA in any sensitisation session as it provided information on how the community perceives the messages and preferred means of communication.
- For effective sanitation and hygiene promotion program to be effective, there should be soft and hardware interventions.

Strengthen National Society		
S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical, and financial foundations, systems and structures, competences and capacities to plan and perform		
Indicators:	Target	Actual
# of volunteers receiving appropriate protection and briefing	50	50
Output S1.1.4: National Societies have effective and motivated volunteers who are protected		
# of volunteers insured	50	0
Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place		
# of volunteers are deployed, oriented, equipped and remain well motivated to perform the tasks assigned in support of the operation.	50	50
Outcome S2.1: Effective and coordinated international disaster response is ensured		
Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained		
# of IFRC monitoring visits	1	1
Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved		
# of CEA mechanism established	2	2
Narrative description of achievements		
<ul style="list-style-type: none"> ▪ Ensure that 50 volunteers are insured: No volunteer was insured during the DREF operation due to delays in the internal processes. This has been highlighted as a lesson for the future, for NS and CCST to ensure volunteer insurance is the first activity to be undertaken once operation is approved. ▪ Provide complete briefings on volunteers' roles and the risks they face: All the 50 volunteers received briefing before deployment and those who did not have appropriate skills for the task were oriented. ▪ Ensure volunteers' safety and wellbeing: Team leaders with support from the headquarters coordination team participated in the regular district and national coordination meeting where safety/security was on the agenda. Each team had a leader that coordinated with local authorities and regular briefing meetings were held. ▪ Protective gear for 50 volunteers (gumboots, raincoats, heavy duty gloves, umbrellas, Red Cross jacket: respective RC branches distributed PPE to all volunteers that included visibility materials. This was key given the weather and terrain challenges in the implementation areas. ▪ Provide for office stationery and admin costs to meet clerical needs of the operation: All branches received stationary, internet and airtime support to effectively coordinate the response. The support facilitated communication and reporting such as sitrep and updates, and documentation. ▪ Provide for mileage to meet transport needs of the operation URCS vehicle: With support from IFRC Cluster office, URCS received on lease, a 4x4 land cruiser that was very useful in the operation. In addition, URCS used its own vehicle to effectively run the operation as planned. ▪ Conduct monitoring missions by HQ and Branch staff: Regular monitoring and spot visits were conducted in Mbale and Bududa districts. This included meeting with volunteers, government and humanitarian agencies for effective coordination and information sharing. The visits included technical support to the implementing teams. ▪ Communication and media relations: The Communication unit of the NS played a key role in ensuring documentation and publicity of URCS response during the floods and landslide emergency operation. This improved community and district support and in turn improved on the relationships and image of the National Society. Branches were also empowered to deal with the media directly. ▪ Participation in coordination mechanisms: URCS deployed two NDRT to coordinate the operation and the Bundibugyo and Mbale region. The team worked with the national task force and the District Disaster Management Committees (DDMCs). In addition, there were interaction and consultative meetings with the other response agencies which enhanced effective allocation of resources and effective delivery of services to the targeted 		

beneficiaries. URCS established a response mechanism for this operation by developing a structure and tools for timely engagement, reporting and feedback.

- **Conduct post distribution monitoring/assessments:** This was not done due to ECHO visit that was carried out at the end of the implementation period.
- **Conduct a lesson learnt workshop after the operation:** This was not done due to ECHO visit that was carried out at the end of the implementation period. However, URCS documented lessons along the implementation period that will inform future similar operations.
- **IFRC monitoring:** This was not done due to ECHO visit that was carried out at the end of the implementation period in Mbale, Butaleja and Bududa district. The visit was an eye opener on some of the gaps that had not been observed such as the quality of reporting.
- **Orient 50 volunteers on CEA:** A total of 35 volunteers from both Mbale and Bududa were trained and equipped with community engagement and accountability skills. Participants were tasked to establish feedback mechanism in their respective operation areas. The training was carried out towards the end of the DREF however, CEA activities were integrated in the community activities and feedback through groups discussions and personal contact with focal persons initiated. This involved the CEA program officer and the national coordinator. Due to delay in conducting the training, no clear feedback was provided on its effectiveness.
- **Determine preferred communication channel:** Trained volunteers held meetings with the beneficiaries and community leaders to agree on the means of communication.
- **Manage CEA feedback mechanism set-up:** The team worked with the communities to determine the feedback mechanism which was mainly weekly/ periodic open group discussions and personal contact/communication to volunteers' focal point.
- **Manage and respond to rumours:** No rumours registered during the emergency response period. However, volunteers were oriented on rumour management during the training and advised to seek support from the CEA manager in case of need.
- **Conduct post distribution monitoring surveys:** Although planned, this was not possible however, URCS received feedback from the beneficiaries.

Bundibugyo:

- URCS deployed 25 full time volunteers to support the operation based on the need in the camps that included shelter, hot meals, and sanitation.
- In addition, two NDRT were deployed to support the provision of clean and safe water to the IDPs and prisons and health units.
- Four vehicles and two ambulances were deployed at the beginning of the operation to support assessment, response, and evacuation of injured and pregnant women to health units.
- URCS deployed an office to support CEA. A total of 15 volunteers were oriented and deployed in the IDP camps. This was instrumental in receiving feedback mainly on hot meals, shelter, and sanitation issues.
- The structure helped to identify and address GBV and other abuses that existed in the camp.

Challenges

- Poor state of the roads being impassable limited access to the affected area. This was handled by deploying volunteers who walked and accessed the affected areas where programme interventions were successfully implemented.
- Heavy and continuous rains posed a challenge to the activity implementation. This was tackled by providing the field team with protective gears such as gumboots and raincoats among others, which enabled the field team to successfully achieve the set goal.

Lessons Learned

- Timeliness in delivery of response to the affected population saves lives and alleviates human suffering during emergency situations. This should be taken into consideration in future planning.
- Community Engagement and Accountability (CEA) is very crucial in any community programme implementation as it; strengthens mutual partnership, coordination, and cooperation at community level, makes community members feel part and parcel of the programme, hence, ensures ownership which in the long run enhances sustainability of the programme. This is vital and it should be adhered to in future.
- Success stories are paramount in any programme implementation as they depict the information on ground in relation to the impact created, create room for learning as well as devising the appropriate means to achieve the set goals, provide neutral ground for testing the efficiency of programme's strategies, set the pace/ foundation on which the programme's achievements are measured. This should be maintained and fully embraced in future. The capacity building of staff to write human interest stories should also be enhanced.
- Building the capacity of volunteers in vital areas of emergency response makes the team and URCS strong, well informed and equipped to perform the allocated tasks in a required manner. This enables volunteers to effectively implement the programme's interventions with a lot of ease hence, achieving the programme's set goals on time.

D. Financial Report

Overall budget allocated for this operation was CHF 129,541 out of which CHF 109,506 (84.5%) was utilized. A balance of CHF 20,035 will be returned to the DREF pot.

Explanation of variances:

- The over expense on **Clothing & Textiles, Storage, Distribution and Monitoring, Transport & Vehicles Costs, National Society Staff, Volunteers, Information & Public Relations, Office Costs** and **Financial Charges** budget lines were all over expensed at varied percentages due to expansion of operation scope from two districts (Bududa and Mbale) to include a third district (Bundibugyo), which equally experienced floods. Activities were implemented in this additional location as described across the report.
- The under expenditure highlighted for **Teaching Materials** and **Utensils & Tools** budget lines is because URCS used relevant available stocks which had been left over from previous operations for these activities.

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/12-2020/12	Operation	MDRUG043
Budget Timeframe	2019/12-2020/03	Budget	APPROVED

Prepared on 01/Feb/2021

All figures are in Swiss Francs (CHF)

MDRUG043 - Uganda - Landslides

Operating Timeframe: 12 Dec 2019 to 12 Mar 2020

I. Summary

Opening Balance	0
Funds & Other Income	129,541
DREF Allocations	129,541
Expenditure	-109,506
Closing Balance	20,035

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter	11,803	2,069	9,734
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	16,316	7,809	8,507
AOF5 - Water, sanitation and hygiene	64,138	35,638	28,500
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	92,257	45,516	46,741
SFI1 - Strengthen National Societies	29,369	63,020	-33,651
SFI2 - Effective international disaster management	3,525	969	2,556
SFI3 - Influence others as leading strategic partners	3,526		3,526
SFI4 - Ensure a strong IFRC	863		863
Strategy for implementation Total	37,283	63,990	-26,707
Grand Total	129,541	109,506	20,035

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/12-2020/12	Operation	MDRUG043
Budget Timeframe	2019/12-2020/03	Budget	APPROVED

Prepared on 01/Feb/2021

All figures are in Swiss Francs (CHF)

MDRUG043 - Uganda - Landslides

Operating Timeframe: 12 Dec 2019 to 12 Mar 2020

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	71,604	45,213	26,391
Shelter - Relief	1,351	1,498	-147
Clothing & Textiles	3,142	5,288	-2,146
Water, Sanitation & Hygiene	50,294	30,663	19,631
Medical & First Aid	10,808	7,764	3,044
Teaching Materials	311		311
Utensils & Tools	5,699		5,699
Logistics, Transport & Storage	10,933	13,677	-2,744
Storage	270	429	-159
Distribution & Monitoring	891	1,662	-771
Transport & Vehicles Costs	9,772	11,586	-1,814
Personnel	11,212	25,863	-14,651
National Society Staff	5,496	13,226	-7,730
Volunteers	5,716	12,637	-6,921
Workshops & Training	17,009	7,105	9,904
Workshops & Training	17,009	7,105	9,904
General Expenditure	10,876	10,965	-89
Travel	2,500	277	2,223
Information & Public Relations	3,269	6,069	-2,799
Office Costs	1,297	2,241	-944
Communications	2,189	441	1,748
Financial Charges	1,621	1,937	-316
Indirect Costs	7,906	6,683	1,223
Programme & Services Support Recover	7,906	6,683	1,223
Grand Total	129,541	109,506	20,035

Contact information

Reference documents



Click here for:

- [Emergency Plan of Action](#)

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

In the Uganda Red Cross Society

- **Secretary General** Mr. Robert Kwesiga, 0772638890, rkwesiga@redcrossug.org
- **Operational coordination:** Mr. Robert Akankwasa, Director Disaster Risk management, 0770007108, bakankwasa@redcrossug.org

In the IFRC

- **IFRC Head of Eastern Africa Country Cluster Support Team:** John ROCHE, Email: john.roche@ifrc.org Phone: +254 780 436 710
- **IFRC Country Cluster Support Team:** Lisa Zitman, Disaster Management delegate, EA CCST, email: Lisa.ZITMAN@ifrc.org, Phone: +254 733 203 004

For IFRC Resource Mobilization and Pledges support:

- **IFRC Africa Regional Office for resource Mobilization and Pledge:** Louise Daintrey, Head, Partnership and Resource Development Unit, Nairobi, email: louise.daintrey@ifrc.org

For In-Kind donations and Mobilization table support:

- **IFRC Africa Regional Office for Logistics Unit:** RISHI Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org ; phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- **IFRC Africa Regional Office:** Philip Kahuho, PMER Manager, Email: philip.kahuho@ifrc.org ; +254 732 203 081

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 (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian 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