

# Annual report

# WHO WE ARE

CAFOMI is a leading local humanitarian organization in Uganda, founded and led by experienced returnee diaspora humanitarian, human rights and development professionals.

CAFOMI blends experience, knowledge and expertise with a team of professionals and volunteers to develop and implement innovative emergency humanitarian assistance and post emergency durable solution programs with full participation of persons of concern.

# WHY FORCED MIGRANTS AND REFUGEES

Almost every Ugandan has a story with refugees. Uganda has a long history of hosting refugees and asylum seekers dating back to the 1940s. In the years 1942-1944, over 7000 Polish refugees mainly women and children fleeing World War II were received and settled by Ugandan government in Masindi and Mukono district.

Uganda's refugee laws have evolved over the years and are now regarded among the most progressive in the world. Our policies promote refugee integration with local communities and support refugee self-reliance. This has created a favorable environment for development oriented planning for refugees and host communities.

The refugee response in Uganda has traditionally been largely led by foreign international organizations with local organization only playing a supporting role. The birth of CAFOMI has changed this dynamic.

More so, Uganda is prone to natural hazards such as floods, droughts, earthquakes, landslides, strong winds, lightning and their secondary impacts of diseases and epidemics. Floods and landslides/ slope failures are the most frequent. The region is equally prone to man-made disasters such as water pollution.

According to the Internal Displacement Monitoring Centre (IDMC), Uganda had a total number of 130,000 new forced displacements in 2019 due to disaster, This greatly impacted on the affected communities to access safe water and dignified sanitation facilities, as well as their livelihood. In response to disaster, CAFOMI and Partners have supported in improving access to clean water, safe sanitation and hygiene in these affected communities.

Through the seven years of its existence, CAFOMI has significantly grown from an implementing partner of Humanitarian Initiative Just Relief Aid (HIJRA) to become a strategic partner with government of Uganda, UN Systems, and private sector companies, local and international organizations to address the prevailing humanitarian—development-peace nexus challenges.

We have now become a strategic partner of leading humanitarian agencies including the UNHCR and Government of Uganda – Office of the Prime Minister (OPM), International Organization for Migration

(IOM), Norwegian Refugee Council (NRC), Africa Humanitarian Action (AHA), Malteser International (MI) and the UN World Food Program (WFP). Thesepartnerships have enabled us to deliver programs in various districts, in refugee transit centers and settlements.

CAFOMI has also been able to strategically form partnership with other non-traditional humanitarian actors like Rotary International, Friends of Bamboo, Refugee Law Project, Makerere University and other training institutions to implement innovative solutions and programs.

CAFOMI partnered with Water Governance Institute (WGI) to introduce Aquaponics as an innovative livelihood enhancement in peri urban Kampala, Wakiso and Adjumani district.

CAFOMI is a leader in championing the localization agenda and therefore co-chairs the Steering Committee of Humanitarian Platform for Local and National Organizations which brings together all national organizations, including the Uganda Red Cross, in the humanitarian sector; represents national NGOs on the Comprehensive Refugee Response Framework (CRRF) – Steering Group (SG) and the Refugee Donor Partners Group (RDPG); a member of the Network for Empowered AidResponse (NEAR); member of Uganda National NGO Forum; as well as an active member of the Protection, WASH, Livelihoods, Energy and Environment working groups in the Uganda Refugee Response.

#### **VISION:**

Forced migrants (refugees) live dignified lives to acceptable international standards and positively contribute to development among their host community.

#### **MISSION:**

Engender a highly professional humanitarian service and response managed by Ugandan national **b** international standards.

#### **GOAL:**

Humanitarian services and complex emergencies effectively and efficiently managed by Ugandan nationals enabling a transient forced migrant (refugee) population to live dignified lives amongst their host community.

#### **OUR VALUES**

- > Professionalism and commitment
- > Transparency and Accountability
- > Teamwork and Participation
- > Partnerships
- > Respect and Integrity
- ➤ Multiculturalism and Diversity
- Constant Learning and Development

#### THEMATIC PROGRAMME AREAS

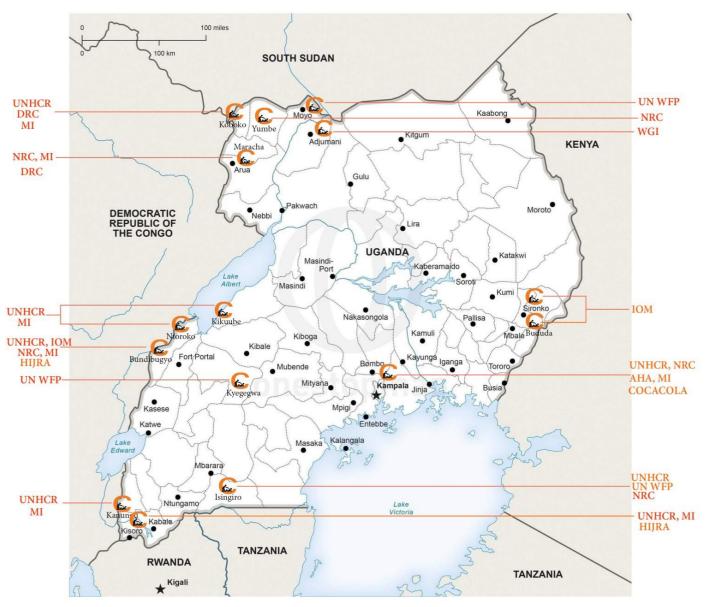
- > Protection Assistance Programme
- Water Sanitation and Hygiene promotion (WASH)
- > Public Health promotion
- Energy, Environment Protection & Conservation
- Livelihood and Food security promotion
- Advocacy & research programme
- > Emergency response and preparedness

#### **PROJECTS IMPLEMENTED IN 2020**

- Protection & assistance programme for urban refugees and Asylum seeekers, in partnership with OPM, UNHCR and NRC
- **2.** Management of collection, transit and reception centres for newly arriving refugees, in partnership with OPM and UNHCR
- 3. Public health promotion, Urban refugee health programme with OPM, UNHCR and AHA
- 4. Non-food items and core relief item distribution in bundibugyo district, in partnership with OPM, UN CERF and UNHCR
- 5. Supplementary corona virus disease (covid-19) pandemic, emergency response project, in partnership with OPM and M.I
- **6.** Improving life-saving response through provision of emergency WASH assistance in eastern Uganda, in partnership with OPM, UN CERF & IOM
- 7. Rapid response mechanism, in partnership with OPM, SIDA & NRC

#### **CAFOMI AREAS OF OPERATION WITH OUR PARTNERS**

#### **SINCE INCEPTION**





#### **ABBREVIATIONS**

UN WFP ( United Nations World Food Programme) UNHCR (United Nations High Commisioner for Refugees) IOM ( International Organisation for Migration )

MI (Malteser International)
DRC (Danish Refugee Council)
NRC (Norwengian Refigee Council)
HIJRA (Humanitarian Initiative Just Relief Aid)
AHA (African Humanitarian Action)
WGI (Water Governance Institute)

# MESSAGE ON BEHALF OF THE GORVERNING BOARD



#### **DISMAS NKUNDA GORVERNING BOARD CHAIRPERSON**

When a group of us returned to Uganda after tour of duty from various stations and locations, we thought that we still had contribution to make in the Uganda's humanitarian landscape.

Even as we wanted to start with a much scaled down operation as we grasped what was at stake, it was clear with the new influx of refugees from Eastern Democratic Republic of Congo and media reports of corruption in the sector affecting largely local actors, that our work was cut out. Little did we know that within (7) seven years CAFOMI would have grown into the humanitarian agency it is now, trusted by many stakeholders and constituencies.

Today CAFOMI is registered by the NGO Bureau to operate nationally and indeed CAFOMI has responded in several districts on Ebola, floods and landslides, refugee influx and now COVID-19. That CAFOMI has been able to do this with volunteer technical staff, project staff and volunteers from the community and multiple partners is a clear sign not only of the growth of the organization but trust in its ethos. While the year 2020 was challenging due to COVID-19, affecting many humanitarian operations and even reversing developmental gains, CAFOMI has absorbed and weathered the storm to carry on.

It is such tenacity and a firm belief in principled partnerships that has made CAFOMI grow into the to-goto institutions on matters humanitarian as well as providing leadership to local and national humanitarian actors in Uganda.

As we continue this progression, on behalf of the governing board, we remain committed to the founding ideas that are part of our principles as a humanitarian, development and evidence based organization. We can't wait!

# **MESSAGE**

#### FROM EXECUTIVE DIRECTOR



#### **ROTARIAN GEORGE FRANCIS IWA**

Wow! 2020 was a distinctive year. It came with a number of challenges but also opportunity for the organization to creatively re-imagine service delivery to Persons of concern. 2020 was also our 7th year of operation.

CAFOMI has grown to creatively form strategic partnerships with the government, UN systems and INGOS. We had partnerships with Government of Uganda, United Nations High Commissioner for Refugees (UNHCR), International organization for Migration (IOM), Malteser International (MI), Norwegian Refugee Council (NRC) and African Humanitarian Action (AHA).

CAFOMI remarkably maintained presence to response to humanitarian needs in Kisoro, Kanungu, Kikuube, Ntoroko, Bundibugyo as well as supported internally displaced persons affected by flood/ landslides in Bundibugyo, Bududa and Sironko Districts in partnership with UNHCR and IOM, with the generous support of the UN Central Emergency Response Fund (CERF).

CAFOMI teams in all project areas were actively and directly engaged and involved in protection of the local community population against COVID-19 at all levels of preparedness, mitigation and response with support from MI.

We aspire to strengthen bond of trust with the people we serve and those who support us. Our actions and accountability to ourselves, affected populations, donors, Government and partners is our guide to build faith and trust in local talent or capacity to address the prevailing humanitarian–development-peace nexus challenges in our communities, continent and globally.

### **WE REACHED**

**12,784** Refugees with a range of services, through transit centre management in Kisoro, Kanungu, Bundibugo, Ntoroko and Kikuube from Jan-March 2020.

**6,113** urban refugees and asylum seekers, providing legal counseling, enhancing access to legal services, promotion of peaceful co-existence, prevention of Sexual and Gender Based Violence and Child Protection services for the urban refugees.

**5,300** Floods/landslide affected households in West and Eastern Uganda with Non Food Items (NFIs) and Core relief items (CRIs) and other wash services

**6,120** households with safe drinking water, sanitation and hygiene services for the floods affected communities in and around Bubukwanga in Bundibugyo district through renovation of Bubukwanga Gravity flow water scheme.

18 water user committees in Sironko and Bududa on how to maintain hygiene and sanitation around water sources.

430 refugee children from DRC with CP services, recreational activities for child friendly services, shoes and clothes in zombo district.







#### **Protection Assistance programme**

To foster a protective environment and enhance access to justice for vulnerable refugees and host population; Legal assistance and remedies are provided; quality and responsive GBV interventions as well as strengthen Child protection safeguards. This also includes organizing women and children particularly to their rights to acquire educations and improve their health and participations in income generation activities.

## Protection & assistance Programme for urban refugees and Asylum seekers, in partnership with OPM, UNHCR and NRC

The overall objective of the Protection and Assistance Program for Urban refugees and asylum seekers is primarily to support and advocate for refugees to have unhindered access to national services. The intervention has 6 result areas:

- Improve access to legal assistance and legal remedies;
- Reduce risk of SGBV and improve quality of response;
- > Strengthen Child Protection;
- > Strengthen Services for Persons with Specific Needs (PSN);
- > Strengthen and expand Community Mobilization

With funding from UNHCR, CAFOMI in partnership with NRC has been obliged to serve refugees in offering services in line with child protection and sexual gender based violence.

#### **Sexual Gender Based Violence**

According to the SGBV inter-agency assessment conducted in July and August 2018, the prevalence of SGBV is high among the refugees but it is under reported. Survival complexities in urban setting resulting from poverty, lack of employment and lack of safe spaces increasing vulnerability to sexual and other forms of exploitation and abuse from within the refugee or host community. Home, water points, on the way from school or work at night (dark corners in slums and streets) are common places where SGBV occurs.

#### **Child Protection**

The protection of children remains a challenge amongst urban refugee community. Common protection concerns faced by children include: separation from families or primary caregivers, limited access to education, lack of documentation, harmful traditional practices including child marriage, child labor, abandonment, SGBV, neglect, violence and related traumas, exploitation, limited access to birth certificates, and difficulty in accessing services / limited support for children with specific needs.

#### **Achievements (SGBV)**

- ➤ Organized an Adolescent Sexual Reproductive Health camp (45 M/ 105 F), where CAFOMI shared on Child Protection, Sexual Gender Based Violence and also attended to those who had confidential information.
- Risk of GBV reduced and quality of response improved.
- Participation of community in SGBV prevention and response enabled and sustained.
- ➤ GBV Capacity Building: 45 participants, (29F/ 16M) SGBV stakeholders and partners in Kampala on perpetrator accountability and the referral pathway.
- ➤ Training of Refugee Community Chairpersons in Kampala: 15 persons (2F, 13M) leaders on their roles in identification, referral and follow up of cases.
- ➤ Case Management Training of 9 staffs (7 F/2M) on causes, consequences of SGBV, the referral pathways, prevention and legal instruments for SGBV.

#### **Child protection**

- Provided psychosocial support to children and their families through home visits.
- Followed up and monitored 310 cases (124M/186F) through home visits.
- ➤ Conducted referrals to other partners for specific support: 207 referrals (94M/113F) were referred to other partners for specific support (80) 39% were able to receive support in health; family tracing; education and legal assistance.

- Material support was given to children at risk i.e. 270 children (72 M/198 F) inform of clothing (dresses, skirts, blouses/shirts, trousers, and pair of shorts).
- ➤ Distributed sanitary pads to 136 vulnerable adolescent girls from the vulnerable HH in all locations. It was noted that due to Covid-19, girls lacked access to sanitary materials.
- ➤ Partners like MOWENA were engaged as an advocacy strategy to support and scale-up access to sexual and reproductive health rights for girls. Additionally, 88 children received bar soaps (15 M/73 F).
- ➤ Supported Alternative Care Arrangements: 07 children at risk (02M/05F). Through the Foster Care Approach, a temporary arrangement was initiated as a safeguard for the children against violations, as a durable solution was being sought in line with the best interest of the children before reunification is ensued.
- > Supported reunification: 4 children (1M/3 F) where reunited with their mother

# Management of collection, transit and reception centres for newly arriving refugees, in partnership with OPM and UNHCR

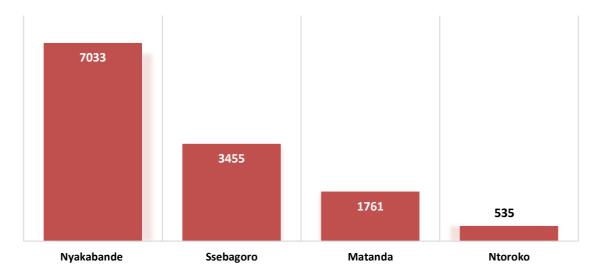


Children playing in a child friendly space at Nyakabande transit centre, in kisoro district

#### Impact Realized and Key Outcomes

Prior to COVID-19 pandemic (Jan –Mar) all centres (Nyakabande, Matanda, Ntoroko/Bundibugyo and Ssebagoro received and accommodated a total 12,784 (6,407 Male & 6,377 Female) Persons of Concern; i.e 1,761 (874 Male & 887Female) were in Matanda, 7,033 (3,615 Male & 3,418Female) in Nyakabande, 535 (269 Male & 266Female) in Ntoroko and 3,455(1,649 Male &1806 Female) in Ssebagoro; representing a percentage of 14, 55, 4 & 27 respectively. Of the 12,784 POCs, 85% (10,937) represents the new arrivals received during Jan-Mar, whilst 15% (1,847) represents the new arrivals carried over from December 2019. All the persons of concern were successfully relocated to Nakivale and Kyaka settlements during the same period.

#### A graph showing number of Individuals received at the different transit centers.



- ➤ All the 12,784 (6,407 Male & 6,377 Female) Persons of Concern lived in safe, conducive, secure and hygienic environment with special consideration to gender disparities. This was achieved through; routine maintenance of and regular cleaning of the overnight shelters, access to appropriate sanitation facilities as per the required standards. This was further enhanced by environmental, health, hygiene and sanitation awareness sessions by the team reaching out to all PoCs and increasing their knowledge on proper waste management, personal hygiene, Safe water chain/ water borne diseases, this intervention mitigated the d risk exposure to water/sanitation related diseases evidenced by no outbreak of sanitation diseases.
- > Enhanced Nutritional diet and wellbeing of the persons of concern while at Nyakabande, Matanda and Ntoroko transit centers through provision of hot meals supplemented with vegetables; this minimized the potential risk exposure from malnutrition.
- ➤ Promoted and ensured good health conditions amongst the PoCs; this was achieved through provision of quality potable water of 23 liters per person per day. This lead to prevention of water borne related diseases like watery diarrhea, skin infection and dysentery
- Relieved the plight of PoCs and enabled them to positively cope through provision of psychosocial counselling and emotional support; this was done through individual and group counseling sessions as well as provision of Non-Food Items which included; sanitary pads, knickers, laundry soap, blankets, sleeping mats and buckets to PoCs in Nyakabande, Matanda and Ntoroko; Those from Ssebagoro receive from the settlement in Kyangwali. Additionally, identified persons in need of advanced psychotherapy services and further management identified and referred to Medical Teams International (MTI) for intervention.
- ➤ Enhanced protection and promotion of human rights of persons of concern while at the centres through identification and support provision to vulnerable persons at risk; these included; 526 (348 Male and 178 Female) children at risk, 533 (147 Male & 386 Female) persons with specific needs and 78(08 Male and 70 Female) GBV survivors. These were offered targeted support in accordance to their needs/ priorities; GBV awareness raising campaigns were also conducted to ensure that the persons of concerns were aware of potential risks, mitigation and response mechanisms in place while in the country of asylum.
- ➤ Enhanced PoC access to legal rights by providing legal assistance, which enabled 05 persons to access justice, prevented refoulement and their plight relieved;
- Registered harmonious living and peaceful co-existence amongst refugees and host community populations; this was achieved, through community policing with particular focus on improving refugee morals, preserving law and order for peaceful co-existence, reinforcing the security of refugees and the host population, averting conflict between the refugees and local population hence harnessing peaceful co-existence.

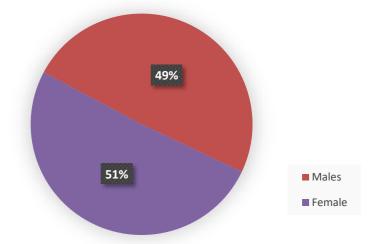
- Ensured that persons of concern meaningfully participate in leadership and management of their own affairs through leadership support roles while in transit centres. To ensure their active engagement, their leadership capacity was strengthened through training in community management, decision making, conflict resolution, hygiene promotion and leadership skills.
- ➤ Maintained child friendly space in Ssebagoro and kept new arrivals and asylum seekers children's engaged in play activities.

Since April to December 2020, the territorial boarders remained closed due to the high prevalence of COVID 19 pandemic in the country. The Transit Centres did not receive any new arrivals except a few pendular movers who were later relocated back to their respective settlements.

In the absence of PoCs and functionality of all transit centres, the teams remained engaged in other interventions which included;

➤ Provision of assistance to Dec 2019 flood affected population in Bundibugyo district; through the distribution of core relief items (CRIs) to Dec 2019; provided by UNHCR with funding from CERF (Central Emergency Relief Fund). Under this project, CAFOMI distributed Non-Food/ Core Relief Items (CRIs) to 3,000 households and served 3,000 households of 21,721 (10,705 Male & 11,016 Female) floods affected persons from five (5) sub counties of Harugale, Bubukwanga, Ntotoro, Bundibugyo Town council and Busaru respectively. Out of the 21, 721 actual recipients from the 3000 households, 46 (11 Male, 35 Female) were GBV survivors where-as 300 (200 Male, 100 Female) were PWDs.

#### A graph showing individuals reached by Gender



- ➤ CAFOMI teams in all project areas were actively and directly engaged in involved in protection of the host community population against COVID-19 at all levels of preparedness, mitigation and response. Actively participated in routine District Task Force meetings and provided various range of other services which included; IPC trainings, community mobilization, risk communication, psychosocial and other material support have been rendered.
- Maintained ultimate security at the transit center and ensured safety of all infrastructure and other properties and staff
- Ensured the transit centres were in conducive sanitary and hygienic condition; this was achieved through routine cleaning and fumigation of all infrastructure; i.e semi- permanent accommodation shelters, isolation units, kitchen, sanitation facilities, transit center compound and water points.
- ➤ Conducted routine monitoring of police and border points in Nyakabande (Kisoro), Matanda (Kanungu) & Ntoroko points of entry in liaison with immigration and security teams and ensured no refugee(s), asylum seeker(s) was/ were in illegal detention.
- > Conducted continuous monitoring of sudden flood incidences and affected persons particularly in Ntoroko and Bundibugyo districts.

- ➤ Conducted on-site supervision and monitoring for constructions works under UNHCR direct implementation in Nyakabande, Matanda and Ntoroko. Ongoing constructions are geared towards addressing key pertinent gaps that were identified and shared with UNHCR and these include; Food store, dining hall, Screening shade, Partner Office Block and installation of 3 Eco stoves for hot meals preparation in Ntoroko; installation of RHU's in Kihihi; Construction of one permanent pit latrine in Ssebagoro. Key to note is that construction works in Kisoro have not yet commenced.
- Monitored the ongoing rehabilitation works of Bubukwanga Gravity Water Flow System that supplies water to Bubukwanga Transit Center Bundibugyo district; this is being implemented by NRC/CAFOMI.
- Monitored pendular movers from Kyaka, Nakivale and Kyangwali settlements and at all points of entry in Kisoro, Kanungu and Ntoroko; 360 pendular movers from Kyaka II, Nakivale and Kyangwali refugee settlements were intercepted. Principal Causes of flight included; Sickness, Low food ration in settlements, Small plots, want to go for Business, Burrial and reunification with relatives in DRC.
- ➤ Provided legal assistance to 05 males; 04 were from urban program in Kampala and 01 was from Kyaka refugee settlement. These PoCs were detained at Kisoro police for flouting COVID 19 guidelines and advised them to follow the laws of the country when they return to Kampala.
- ➤ Conducted on-site supervision and monitoring of construction works under UNHCR direct implementation in Nyakabande, Matanda, Ntoroko & Ssebagoro. Ongoing constructions are geared towards addressing key pertinent gaps that were identified and shared with UNHCR and these include; Food store, dining hall and it was noted that construction works in Kisoro commenced.
- ➤ Hosted various missions in all operational sites; these were from UNHCR, Malteser International and OPM; Key officials that visited the sites included; UNHCR and Malteser Country Representatives; UNHCR Deputy Director for Operations; Head of Sub Office, Senior Programme Officer & Senior Protection Officer from SOM Mbarara; Head of field Unit Rwamwanja. UNHCR Missions were focused on preparedness of field teams and facilities as a direction for receiving new arrivals as soon as borders are re-opened, whereas Malteser Mission focused on assessment of impact of floods on Ntoroko community
- Post Covid-19 preparedness in the event that borders are Re-opened and anticipated population movement seeking for asylum may be enormous and therefore UNHCR in consultation with partners conducted facility assessment to ascertain the capacity of the Transit Centre, gaps that need to be addressed in terms of sanitation facilities, accommodation rooms, and other necessary gaps to enhance activity level in psychosocial support, timely relocation, food provisions and other standard operating procedures (SOP).



# Public Health Promotion

#### **Public Health promotion Programme**

Work with displaced communities and their host in the Implementation of programmes aimed at basic health care services (preventive) including maternal health, child health, immunization, epidemic control and prevention leading towards reduced mortality.

#### Public health promotion, urban refugee health Programme with OPM, UNHCR and AHA



Shortly after getting a blood sample from a Somalis POC for hepatitis B testing at kabuusu access centre

#### **Achievements**

- A total of 30 Community Health Extension Workers (CHEWs) were recruited at the start of the project to support Urban refugees at the KCCA/Government Health facilities and Community mobilization.03 of the CHEWs were from Burundi,03 from Rwanda,02 from Eritrea,02 from Ethiopia,05 from Democratic Republic of Congo,04 from South Sudan,04 from Somalia,04 were Ugandans working with Kiruddu and Mulago national referral hospitals in strategic stations such as hospital entry security and front desks and 03 were Community leaders from the 03 dominant urban refugee communities of Congo, Somalia and South Sudan. All the Refugee CHEWs were placed at health facilities within their residential catchment to enable prompt response whenever called on for support.
- ➤ During the reporting period, a total of 619 Village Health team were recruited to support the urban refugee health Program; 231 of these were urban refugees from the 04 dominant urban refugee communities of Congo, South Sudan, Burundi and Somalia, recommended by respective ethnic leaders, recruited and trained in the digital Kobo collection data tool and COVID-19 Community Case identification in August, 2020 and facilitated with identification cards and Personal Protective Equipment to carry out a 3 months intensive COVID-19 surveillance.
- ➤ 07Hepatitis. B Vaccination Outreaches were conducted in the urban refugee community by the KCCA divisional immunization teams of Makindye and Lubaga.02 of the outreaches were conducted at Mubaraka Congolese Community, Makindye, 02 at Lukuli South Sudanese Community, Makindye division, 02 at Kabuusu Urban refugee community Access center, Lubaga division and 01 at a refugee Led Organization "Organization for Development and Livelihood Support" Kitebi Lubaga division. A total of 801 urban refugees and host community were tested for Hepatitis.B; 295 at Lukuli South Sudanese Community, 375 at Mubaraka Congolese Community, 80 at Kabuusu urban refugee Access Centre and 51 at the Organization for Development and Livelihood Support, Kitebi. 32 of those tested were positive (4%) and 769 (96%) were negative. 29 of the positives were South Sudanese, 2 were Sudanese and 1 was a Somalis. 2 of the positive

- South Sudanese were known patients to Hepatitis.B but not on treatment. All those who tested positive were linked to KCCA Health facilities for further investigations, initiation onto treatment and follow up while the negatives were vaccinated for their respective doses of the Hepatitis.B Vaccine.
- ➤ 4 quarterly Project performance review meetings were held at AHA and 01 mid-year performance review meeting held at CAFOMI Head office, Ntinda.
- ➤ 04 Community Health dialogue Sessions were held with the Congolese, Somalis, South Sudanese and Burundian Ethnic leaders with AHA/CAFOMI,KCCA,W.H.O and UNHCR Public health teams so as to enhance COVID-19 Surveillance in the urban refugee and host community.
- > 70 integrated urban health workers, Drivers and support staff from AHA, CAFOMI Child Protection/SGBV and KCCA Health Care Workers were trained in COVID-19 Case management and Infection Prevention and Control.
- ➤ The Public health team conducted 40 health education talks (02 per week) on COVID-19 Infection Prevention and Control to the urban refugees and host community at Kabuusu, Nsambya Gogonya Community Access centers and within the urban refugee community between the months of August and December, 2020.
- From August 2020, when the COVID-19 Surveillance team was introduced to December 2020, the VHTs made daily home visits to 14,677 households and reached out to 64,615 individuals. 149 of these were Alerts, 06 were Probable cases and were fully followed up by the Public health team and suspects linked to KCCA for further screening and testing but were never tested due to shortage of testing kits. A total of 292 individuals were tested for COVID-19.110 of these tested positive.107 were both Urban and settlement refugees, majority of whom were routinely pre-screened referrals from I.O.M prior to travel.

Supplementary corona virus disease (covid-19) pandemic, emergency response project, in partnership with OPM and Malteser International

## Specific Objective I: Limited human to human transmission of COVID -19, including secondary infections among close contacts and strengthened health facilities through;

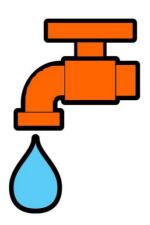
- ➤ 100 kits of infection prevention and control IPC materials composed of Infrared Thermometer, Gumboots, Face goggles, Mackintosh Plastic Apron, Nose masks, Heavy Duty Hand rubber Gloves, Hand Sanitizer Gel and Water proof protective suits were procured and distributed for use. These items provided COVID -19 emergency mitigation support that directly benefited 124 health service workers in the targeted districts of operation.
- ➤ CAFOMI supported and participated in 29 COVID -19 district level task force planning/coordination meetings which included Kampala (3), Kisoro (12), Kanungu (8), Ssebagoro (4) and Ntoroko (2). In Kampala the coordination meeting was held with participants that included refugee leaders, Staff of CAFOMI, AHA, NRC, Urban refugee CBOs and KCCA representatives.
- ➤ CAFOMI provided case investigation, alert notification services for 139 COVID 19 suspected cases who were placed under quarantine in Kisoro and Kanungu districts where 139 persons (117M,22F) quranteened in Kisoro 36 (26M,10F) and Kunungu 103 (91M,12F) respectively received assistance through the project.
- ➤ CAFOMI procured and distributed 60 WASH Kits (composed of Chlorine powder, Disposal bins, Spray pump, Liquid detergent soap, Hand Washing containers, Laundry bar Soap) equipment/supplies for sanitation and hygiene promotion in households, common spaces and health facilities.
- > Supported 8 border monitoing risk assessment activities; four (4) in Kanungu and (4) four in Kisoro district respectively for contineous assessment and monitoring of COVID 19 pandemic situation along the boarders.
- ➤ CAFOMI supported 02 COVID 19 IPC training which targeted staff and volunteers were 122 individuals benefited. These included 47 individuals from Kisoro and 75 from Kampala urban areas.
- ➤ Held bilateral visit and discusions with seven (07 refugee led community based organisations in Kampala city to identify COVID -19 WASH related gaps which resulted to recommendations and support to all the 07 organisations with WASH supplies and materials to enhance improved hygiene against spread of COVID 19.
- ➤ Supported routine COVID -19 screening for travellers at boarder points in Kisoro, Transami Border in Ntoroko District in conjunction with Uganda Red Cross Society and enabled screening for the business community/travellers against the COVID -19 infections that included spraying of boats and trucks used to transport merchandise/passengers.

# Specific Objective II: Communicated critical COVID -19 risk information and countered misinformation among the communities through the various activities that included;

- Conducted 05 radio talk shows on COVID-19 awareness on signs, symptoms and severity with district health team and countered misinformation. The radio talk shows included; 2 in Kisoro, 01 Matanda, 01 Ssebagoro and 01 Ntoroko. It was estimated that approximately 56,000 people in South Western sub- region covering Bundibugyo, Fortportal, Kasese, Kikuube, Hoima, Ntoroko, Kisoro districts and DRC received the information on COVID-19 through listening to the COVID-19 radio programmes.
- ➤ Conducted door to door awareness raising campaigns and directly reached 1,017 people (390 males & 647 females) with COVID 19 health messages in Transami, Ntoroko west, east and Kanara A communities in Ntoroko district. The communities were educated and engaged to increase their knowledge on the disease, dispelled myths and misconceptions and promoted the importance of prevention, lifesaving actions, early screening and treatment and proper use of masks. The team also disseminated information on prevention of domestic violence to reduced the risk of exposure to GBV to the communities, promoted community resilience and aided recovery of communities in the light of COVID- 19.
- ➤ In kampala through two (2) refugee community access centers that received on average of 150 persons on a dailly basis, an estimate of 9,000 refugees were reached with covid 19 messages that included tear-drop pull up stand banners from December 2020 to end of January 2021.
- ➤ The teams distributed 350 COVID-19 IEC A2 PVC posters to points of entry (POEs) and other institutions which included schools, police, prisions, churches and district public offices. In addition, 250,000 non medical masks were delivered by Government of Uganda was also distributed to the general population in Kisoro.
- ➤ CAFOMI instalaled one (1) large COVID-19 billboards along Kampala, Kabalagala to Gaaba in support of the national efforts in raising awareness on covid 19 prevention. The two way billboard was erected across the route next to the American embassy to all persons using the road. On average 2,000 (two thousand persons) accessed the billboard leading to an estimate of 60,000 persons having been reached with the COVID -19 message over the one month period.
- ➤ CAFOMI positioned 20 additional hand washing facilities in addition to the previous 90 during AA1 project in strategic locations as in annex 1; distribution matrix item number 10 to key public location with soap that was regularly replenished to enhance hand washing for people at risk in the communities.
- ➤ The team in Kampala identified 06 vulnerable refugees household's protection cases affected by COVID -19 pandemic from both SGBV and child protection sectors and supported each with 05 litres of cooking oil, 10kg of maize grain, 10kg rice, 10kg sugar, 10kg of beans, 05 bars of soap.

# Specific Objective III: Optimized the Operations management, coordination and support for the COVID -19 pandemic emergency operations by;

- ➤ 98 CAFOMI members of Staff and volunteers were supported to implement the planned project activities with the available funds for the mitigation of the COVID -19 pandemic emergencies.
- ➤ Provided logistical support through the hire/rental of vehicles, motorcycle, fuel, maintenance, storage and handling that has aided the implementation of COVID 19 activities this far
- > Supported remote/virtual monitoring of the COVID -19 pandemic activities at field level.



# Water Sanitation & Hygiene Promotion

### Improving life-saving response through provision of emergency WASH assistance in eastern Uganda, in partnership with OPM, UN CERF & IOM



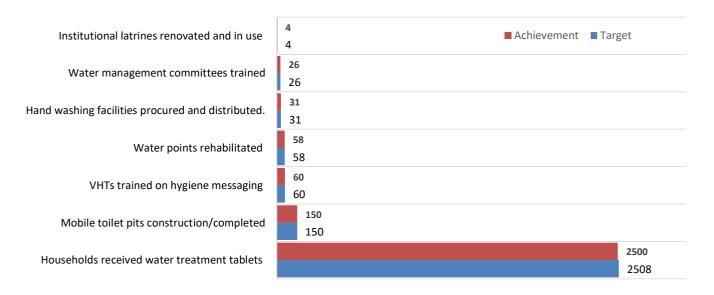
A Boy fetching clean water from one of the newly built water springs in Sironko

#### **Highlights on Strategic Objective:**

- i) Output strategic performance against set targets
- ➤ Output 1.1: 58 of the targeted 58 Water points were rehabilitated and in use
- ➤ Output 1.2: **2,508** of the targeted **2,500** households received water treatment tablets
- ➤ Outputs 1.3: **31** of the targeted **31** sets of hand washing facilities were procured and distributed for use.
- ➤ Output 1.4: 26 of the targeted 26 water management committees with 156 members selected for the water sources training were trained
- Output 1.5: 2 water quality test training of 25-members for Sironko and 25-members in Bududa was successfully implemented
- ➤ Outputs 1.6: **70** of the **1,500** water samples expected were tested and report shared. A by weekly routine water pipeline treatment flushing and subsequent testing at household will continued by the district water office working together with sub county health assistants to compensate for the variance in initial testing planned as result of delay in completion of the GFS.
- ➤ Outputs 2.1: **150** of the targeted **150** mobile toilet pits construction were completed. Final installation works was accomplished by Crest Tank Company Limited.
- > Output 2.2: 4 of the targeted 4 institutional latrines were renovated and are in use
- > Output 2.3: 2,000 of the targeted 2000 sets of Non-food Items (NFIs) were procured
- Output 2.4: Distribution of **2000** sets of NFIs to **2000** households was completed

- > Output 2.5: **04** of the targeted **04** radio talk shows were successfully completed including spot messages for two months
- ➤ Output 2.6: **60** of the targeted **60** VHTs were trained on hygiene messaging
- ➤ Output 2.7: **5** of the targeted **5** joint monitoring visits were done; including the final monitoring visit which was completed from 18<sup>th</sup> -21<sup>st</sup> August, to ascertain the quality of works and extent of usage.

#### Graphical representation of project strategic performance against set targets.



#### Rapid response mechanism, in partnership with OPM, SIDA & NRC



#### The newly constructed water source of the Bubukwanga Gravity flow water scheme in Bundibugyo

In February 2020, CAFOMI and NRC signed a partnership agreement to implement a Rapid Response Mechanism (RRM) project funded by SIDA in Bundibugyo district targeting the December 2019 flood affected households.

The overall objective of the project was to reduce vulnerability of 6,210 IDPs in Bundibugyo through provision of life saving assistance.

The projects implementation was aligned to three key outcome areas as listed below.

**Outcome 1:** Increased equitable access to safe drinking, sanitation and hygiene services. This was achieved through; repair and recovery of the piped water network, routine quality testing and surveillance at all established water sources and Improve hygiene awareness on risk behaviors

**Outcome 2:** Displaced persons supported to meet their immediate needs through multipurpose cash assistance/transfer.

**Outcome 3:** School and health infrastructure affected by the floods rehabilitated. This was done through cash for work approach.

During project implementation, the district leadership guided the identification and selection of the sub counties affected by 2019 floods to be supported under CAFOMI/NRC partnership. Consequently, 06 sub counties of Ngamba, Bubukwanga, Harugale, Busaru, Kirumiya and Bundibugyo Town Council were supported under CAFOMI/NRC partnership.

However, due to the effects of flash floods which affected the livelihoods and the properties of the communities of Bundibugyo in May 2020. With the guidance from the district leadership, CAFOMI/NRC extended MPCA/T to the 03 sub counties of Bundingoma, Sindila and Kisuuba targeting flood affected and vulnerable households to enable flood affected and vulnerable households access basic needs. Community engagement with the beneficiaries, local leaders and other stakeholders at varying levels provided hands on information on the community needs and priorities which ultimately contributed to successful implementation of the activities.

During rehabilitation of Bubukwanga GFS and the infrastructures at institutions that were affected by floods in December 2019, CAFOMI, NRC and the district conducted an assessment to determine the level of damage to guide prioritisation and the rehabilitation works. As a result, the rehabilitation works of Bubukwanga GFS and infrastructures at institutions were done by the contractor (Novelty Consults Limited) and the community respectively.

#### **Project Impact**

This finding is a presentation of the project review meeting and day to day feedback from stakeholders and beneficiaries.

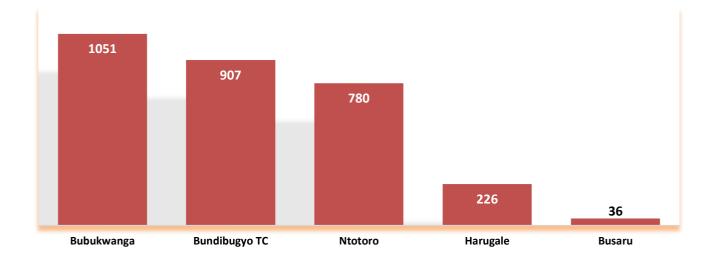
- Restored Bubukwanga GFS improved access to safe drinking water in the community. The December 2019 floods destroyed the water infrastructure which affected access to safe water. The community therefore were forced to over spend by getting water from distant places while other households were collecting water from un safe/protected sources.
- > Improved hygiene and sanitation in the community due to the awareness/sensitisation on hygiene and sanitation best practices.
- > Improved living conditions at household level due to MPCA/T support. The MPCA intervention targeted vulnerable households with cash assistance that enabled them access basic needs.
- > Continuous coordination and engagements increased CAFOMI/NRC visibility and synergies with the community and the district at large.
- Improved the conditions of the institutional infrastructures as a result of the support to school and health institutions that were affected as a result of floods.

Non-food items and core relief item distribution in Bundibugyo district, in partnership with OPM, UN CERF and UNHCR

#### **Summary of distribution Activities**

CAFOMI conducted 21 distribution sessions including mop up where 3,000 households with 21,721 floods affected people from Five (5) sub counties of Bundibugyo district received CRIs/NFIs. The NFI's included solar 3,000 Pieces of Solar Lamps, 3,000 Pieces Kitchen sets, 3,000 Pieces of 20 liters Jerrycans, 3,000 Pieces of Basins, 14710 Pieces of Mosquito net, 14,710 Pieces of Blankets, 14,710 Pieces of Sleeping Mats, 14,710 Pieces of Laundry Soap, and 8,781 Pieces of Plastic Sheeting.

Graphical representation of Number of Household reached in 05 Sub counties of Bundibugyo District.



#### **Beneficiary Testimony**

Mr Augustine Bamwetirebye and his wife Anyesi Kabonesa Agnes who hail from Ntotoro parish, Nyasoro village with a family size of 6 members when interviewed, testified that they were registered way back in 2019 by the area Local council when on the fateful day in December 2019 floods had washed away their house, properties including plantations of cocoa and cassava that served as their only source of livelihood. He said when asked, "during that time we were only rescued by our people in the un affected areas who housed us temporarily in their shelter, but with this support we shall be in position to erect temporary shelter in which we shall continue to live as we continue to struggle to regain what we lost."

We equally continue to struggle to find what to eat as we continue to offer labor for people with cocoa plantation who pay a fee which we use to buy food for survival. Initially we received food assistance support ratio which included rice from the district which covered us for one week during the peak of the emergency. His wife Anyesi further said, "We are grateful to UNHCR and CAFOMI for this relief assistance because we now have what to sleep on and cover with. I'm particularly impressed with the quality of the items more especially the kitchen set."



CAFOMI Volunteer supports a beneficiary to organize and carry her items, after distribution.



Advocacy & Research

#### **Advocacy and Research Programme support**

CAFOMI strongly believes in maximizing its impact by transferring field experiences into knowledge through research to influence the development policies and practices of NGOs, donors and government agencies. On the other hand to strengthen advocacy, CAFOMI promotes orientation campaigns aimed at building social pressure to influence decision - making at national and international levels in favor of the deprived, marginalized and vulnerable segments of the community



Congestion at a water point caused by damage on the other water points, the damage on the water facility has led to scarcity of safe water in Kanara Sub County.

#### KANARA SUB COUNTY RESIDENTS IN DIRE NEED

Women and children often had to walk long distance to access safe water for drinking and domestic use in Kanara Sub County and surrounding areas.

The available water facilities in these villages have been damaged by the flooded Lake Albert and this has predisposed the communities to serious social and health risks. Women and girls have to trek to Lake Albert to get water, a journey that exposes them to domestic violence and sexual abuse.

With support from UNHCR, CAFOMI established a motorized borehole and has also carried out various operations and maintenance of the Gravity flow scheme.

Our support has helped address the immediate risk but this community still needs support to ensure sustained long term supply of safe water.

# KEY CONSTRAINTS/CHALLENGES FACED DURING PROJECT IMPLEMENTATION.

#### Public health promotion.

- ➤ The unprecedented COVID-19 Outbreak in Uganda at the start of the Project put all community activities to a hold.
- Lack of medical and risk insurance to the team which was always at the front line of the Pandemic.
- Lack of computers and insufficient internet for the Public health team made timely report submission difficult.
- ➤ COVID-19 Infection of the already small Public health team affected activity promptness.
- > Improper data entry into the kobo reporting tool by the VHTs led to data loss.
- ➤ Inadequate staff to do the contact tracing as both the AHA/CAFOMI and KCCA staff became overwhelmed by the number of alerts.
- > Insufficient Infection Prevention and Control materials such as scrubs, masks, sanitizer, thermometer and coveralls
- ➤ Limited reach to the local population due to restrictions on movement.
- > Community complacency to COVID-19 preventive measures despite the sensitisation efforts more especially on the observation of social distance

#### Transit reception centre management

- > Dilapidation of structures due to bad weather; these will need urgent repair to ensure conducive living conditions for the PoCs once the borders are reopened.
- Lack of additional WASH facilities like garbage bank at the transit centre, hang lines, men urinal and washing slab which at times compromises sanitation at the center; there's need to ensure that these facilities are in place, before the reopening of transit centers.
- > Inadequate furniture for office and Counseling room for privacy and efficient effective program implementation.
- ➤ Lack of a perimeter fence in Matanda transit center continues to make it difficult to effectively control movement of people in and out of the center which poses a high risk of vandalism and potential theft. To ensure that these potential risks are minimized/prevented, there is need to fence the transit center

#### WASH

- Consistent and heavy rainfall in the implementing districts delayed activity progress, most especially construction works. Rain fall interuptions especially in the afternoon hours continuously made accessability to the project implementing locations difficult and risky. This also affected the project outputs, most especially water sampling for water quality testing.
- ➤ Theft of mobilet solar lights and vandalism of the roof structures by the community especially in Bududa district (Bududa town council), posses a danger on sustainabilty & functionality of the facility to the communit.
- > Over whelming need of access to safe water and sanitation facilities in the community within both districts is still high as not areas affected in the district were covered.
- > Roads to some sub-counties and parishes of the project implementing sites are in-accessible. This caused significant delays in the NFI data verification exercise, and; implementation of other activities.
- ➤ Government restrictions due to the COVID-19 pandemic impacted negatively on the pace of progress and cost of implementation. Restrictions on movement in particular made procurement of services of contractors difficult, but also increased the cost of operationas transport restrictions with the limited number of passengers lead to increased transport costs when traveling in a passenger vehicle. The same limitation resulted into increased cost of vehicle hire.

- ➤ Local communities have developed apathy in observing COVID-19 standard operating procedures as a result of lack of access to PPEs. This poses risks of infections to beneficiaries and staffs during community engagement.
- > Poor farming methods devoid of environment protection still remains a big challenge in the community and hence the likelyhood of re- occurance of floods emergency/land slide remains high.
- ➤ Inspite of CAFOMI's intevention of using the local radio due to COVID -19 challenge to create hygine and sanitation awareness in the community, the level of good hygiene and sanitation practice in the community is still low.

#### NFI Distribution

- Registers received from Bundibugyo district were not fully embraced by the community. Many affected individuals were not on these lists while others were not known to the community members. This brought about resistance and rejection of the registers; supplementary lists were shared by the community leaders through ACAO's Office. The team working hand in hand with the district leadership (ACAO, DCDO, CDOs sub county chiefs & LCs) re-assessed/ validated and registered the beneficiaries affected by December 2019 floods which delayed the scheduled distribution startup.
- > The initial scheduled timeline for both assessment and distribution were affected by the lack of acceptable register from the district hence the team had to reschedule distribution alongside reassessment for the exercise to kick start and be finished according to schedule.
- > Crowd control during beneficiary re-assessment was also big challenge more especially in relation to the COVID 19 guideline of maintaining social distance.
- The challenge of having a new emergency of floods within an already bad situation was a challenge to the team.
- The rainy season challenged the exercise as it slowed re-assessment and distribution sessions/schedules.
- The number of persons who complained to the district and community leaders to have missed being registered where over whelming to the extent that some of compalined directly to CAFOMI staff who made it clear they had no authority to register beneficiaries as the mandate belonged to the local leaders who closley worked with the district authorities to do that
- > Some of the community beneficiaries expressed challenges with acess to sources of livelihood as their gardens and animals were washed away during the floods emergency an area in which they have not received support from any organization yet.

#### Protection

- > Underreporting of SGBV cases remains a major concern due to a variety of factors including fear of stigma, shame, family reaction and dissolution.
- Perception of SGBV as a private matter and preference for the traditional mechanism compared to the reporting channels put in place.
- ➤ Urban refugees have limited access to protection benefits compared to their counterparts in the settlements because they live in dispersed locations across the city.
- > The requirement of being self-sustaining has made urban refugees live near destitute situations hence increased prevalence of SGBV.
- Finding care arrangements for some children, mostly adolescent boys, has been largely unsuccessful in the absence of an alternative to foster placement that would better suit older children.
- Family Tracing and Reunification of UASC has been challenging and largely unsuccessful.
- Discrimination, neglect, abuse and exploitation of children in foster care.
- ➤ Limited access to clothing, food, educational materials and sanitary materials because parents are constrained.

#### ACTION/RECOMMENDATIONS

- > Indigenous knowledge and understanding of emergency dynamics by NGO's should be promoted and natured for successful future emergency project implementation and surge capacity development
- ➤ NGO's should be encouraged to marshal standby multi-disciplinary and experienced emergency team that can be engaged to support emergency response project at short notice.
- > Multi stakeholder beneficiary assessment and re-evaluation teams working closely with the beneficiary community leaders should always be encouraged to ensure acceptance and smooth emergency project implementation
- Instant online capture of beneficiary distribution data on Kobo tools should be promoted and adopted for all emergency response activities to enhanced transparency, accountability and timely data analysis or reports.
- ➤ In the face of the ever changing emergency context, adaptability, flexibility and innovativeness are paramount in achieving emergency response activity results.
- > There is need for contingency planning and prepositioning to be able to address other unforeseen emergencies during the project implementation cycle and or donor flexibility in as far as funds re-allocation is needed for the project of remain relevant.
- ➤ Coordination with local communities, partners and Government is a prerequisite for effective participation in humanitarian action and promotes integration of refugee issues in the Districts/National Development planning.



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