Kamu-Kamu water plant supplies thousands at Rhino

More stories inside.......
Dear readers, URCS brings you updates since the last edition of our Newsletter, the “Humanitarian.” We appreciate your loyalty to this publication and your feedback through our several communication platforms.

I also thank our donors for your continued support that has enabled URCS to implement programs which impacts lives of the vulnerable people. As our core mandate, URCS has responded to many disasters in the country which have occurred mainly due to climate change as well as the political situation in South Sudan which forces many South Sudanese nationals into Uganda.

Our operations in West Nile are still on-going and Red Cross is at the fore front of providing Humanitarian support to the refugees.

I now invite you to read the stories (voices) from the beneficiaries of our services as well as highlights from our operations country wide.

Thank You!

Irene Nakasiita
Cordinator Public Relations & Communications
Dear esteemed reader,

We value your commitment to following URCS updates through our Newsletter. We bring you our emergency preparedness and response plan following the many disasters that have affected the greater Northern, Eastern and western regions of Uganda in the last few months. Uganda Red Cross is also committed to supporting all areas affected by floods, landslides, disease outbreaks among other emergencies. We registered communities hit by Cholera such as Kasese, Nebbi as well as Marburg in Kween district where we have deployed our Volunteers to carry out massive sensitizations through our social mobilization strategy.

In partnership with Ministry of Health, we have set up an isolation centre in Kaproron, Kween district as part of our emergency preparedness and response to disease outbreaks in the country.

Before Marburg, URCS greatly deployed volunteers in Kasese to combat the cholera epidemic which claimed 3 lives and left hundreds admitted in hospitals. Today, the cholera prevalence in the district has gone down because of the Red Cross interventions.

We also supported Kabale, Kisoro, Kasese, Kibaale, Mbarara, Ntungamo, Insigiro, Bundibugyo, Sironko and Elegu when floods and landslides hit the communities, leaving many homeless and others dead. URCS intervened immediately and gave necessary relief items. Through our Disaster Risk Reduction program, we continue to sensitize people in “risk / disaster prone communities” to take heed and keep safe.

Uganda Red Cross also continues to support the refugees from South Sudan through provision of safe and clean water, tracing and restoration of broken family links, registration of new arrivals, hygiene promotion, Disease monitoring and surveillance, latrine and shelter construction, Empowering livelihoods through Agriculture, menstrual hygiene management for women of reproductive age, among others.

We have been able to accomplish a lot with support from our donors. I therefore want to thank partners and donors for your continued support to Uganda Red Cross. We have improved programming and strengthened systems to better position ourselves to meeting the needs of the people we serve.

I encourage to continue working closely with us, as we together serve the most vulnerable people in communities.

“Your contributions are impacting lives and changing communities, one at a time.”

I now invite you to read further and keep your self-posted on what we are doing in the communities.

Welcome!
Forty-six-year-old Modesto Kiswangiri lives in Karitusi village, in Kasese district, South western Uganda. He is a father of 8 children, married to forty-one-year-old Bwiira Gertrude. The couple is very hard working. They are subsistence farmers and struggle to fend for their children and educate them. Their dream is to build a permanent house, start a sustainable business and visit Kampala someday to learn about how people get market for agricultural products. This dream however almost got shattered on September 26th, 2017 when Cholera epidemic hit Kasese district, claimed 3 lives and left hundreds admitted in hospital. Modesto was among the many admitted at Bwera Hospital, the district referral health facility where a cholera treatment centre was set up to treat the affected. On the fateful day, Modesto came from the garden with low energy. He was supported to his house to rest by his wife. She kept on checking on him, monitoring his breath and gave him food although he had lost appetite. His health worsened in the wee hours of the night. His wife Gertrude woke up to call neighbours to help her find means of transport to move him from home to Bwera hospital which is about 6 kilometres away from their home. They hardly got any transport. A neighbour joined and they managed to carry him in turns until they got to another family that has a motorcycle (Boda-Boda) in their village. She called him from a far to rescue the life of her husband. He was too weak then. They needed 7000sh (about 2 dollars) to pay for the transport fare to hospital. “I will pay. Gertrude promised the transporter.”

Thank God for Uganda Red Cross Volunteers deployed at the hospital to support emergency cases. Modesto was received and immediately referred to the Cholera treatment centre set up outside the main hospital premises. With cholera signs (severe diarrhoea and vomiting), Modesto was immediately given urgent attention. After 4 days, he was discharged from hospital. “It was costly for us to move from home to hospital. We also needed about 15000/- per day for meals. My wife moved to hospital to attend to me and my children had to miss school for the days were weren’t home. I thank everyone who supported me from home and the team here at the hospital led by Red Cross officers. Some people died and I was worried. But I thank God I recovered.”

With over 230 cholera cases in one week, Kasese district had such an overwhelming emergency that needed fast action. On 27th September, Uganda Red Cross in partnership with
UNICEF Uganda, Ministry of Health and the district leadership deployed fast response mechanisms to combat the scourge. A social mobilisation strategy was employed by Uganda Red Cross. Over 70 Volunteers were deployed to conduct door to door community sensitisations that have since helped to reduce the cholera prevalence in the district. Literature on cholera (IEC Materials) was shared, aqua tabs given to treat water, soap, and relief items distributed to affected families. Since then, Uganda Red Cross volunteers have continued to move in schools, communities sharing about cholera, how it is spread and how people can avoid it. Families without latrines have been encouraged to dig them, wash hands after using latrines, before and after food, use treated water, avoid open defecation, covering meals and eating hot foods, having plate stands, cleaning their environments among others.

“We move from house to house sensitizing people, creating awareness and ensuring that people change behaviour for their good health. Our interventions came in very timely and the impact can be greatly felt now. We have not had any serious cases in the last 3 days, unlike at the beginning when we would register hundreds in just a day. This shows that the Red Cross Volunteers are doing a very great role.” said Edson Baherezibwa, Uganda Red Cross team lead – Cholera response operation in Kasese.

“The struggle continues. We are putting up hand washing facilities in the remaining schools, health centres, and other communal areas, as well as encouraging personal hygiene and sanitation practices at individual and household levels. This we believe will reduce the spread of Cholera.” Edson added.

While sharing about their experience as a health facility in handling Cholera, Dr. Loyce, the in-charge of Bwera Hospital said that with the reduced cases of cholera, they believe very soon the ministry of health will declare Kasese a Cholera free district. “We want to thank Partners like Red Cross and UNICEF that came in very fast to save the situation. We are not worried, because the cases are now few. The Red Cross’ strategy of doing communal sensitisations have helped to change people’s behaviour and today, we have sampled families and witnessed a change in the general hygiene and sanitation. This will help to scale down the fast spreading of cholera and hopefully very soon, we will be declared a “Cholera free land.” Dr. Loyce joyfully shared.

Cholera usually affects people during the rainy seasons. In 2016 the same disease claimed lives in eastern, and northern Uganda. Uganda Red Cross Volunteers in Budaka, Sironko, Jinja and Toro and areas with refugee settlements (Arua, Adjumani, and Yumbe) registered a significant number of Cholera cases due to population movements combined with weather changes as well as poor hygiene and sanitation practices. After a long dry spell, Uganda is experiencing heavy rains. Western Uganda has suffered the effects of the heavy rains due to the hilly nature of its terrain. Uganda Red Cross has positioned itself with a contingency plan to support communities affected with any emergencies that might occur.

“I thank everyone who supported me from home and the team here at the hospital led by Red Cross officers. Some people died and I was worried. But I thank God I recovered.”

While sharing about their experience as a health
In traditional Africa, a girl became a woman when she started her menstruation periods. Soiling one’s dress during this period is seen as taboo. Women and adolescent girls try their best to live a normal life, play and run their chores as though no change has happened around them. This is okay under normal circumstances, but not in an emergency setting like is the case for refugees. They move abruptly, un-prepared and are forced by circumstances. It is rare that they can afford any sanitary wear and getting their menstrual periods becomes an additional burden. With the painful cramps, backaches and bleeding, many girls keep indoors, while women find it hard to move out to gather food for their children. They lack sanitary wears, knickers, soap, among other basics, while many complain, they have no privacy!

Uganda red cross society on August 8th, 2017, gave out dignity kits and other materials worth Sh 40 Million to refugees in Imvepi and Bidi-bidi refugee camps in Northern Uganda. This was done in Zone 15 (Bidi-bidi), Villages17 and 18 of Imvepi camps respectively. Over 1000 women in reproductive age and adolescent girls were targeted and they each received 1 bucket, re-usable sanitary towels (2 packs each containing 4 pads), 2 bars of washing soap, 4 tablets of bathing soap, pegs, face towels, 4 knickers and linen material among others.

Harriet Foni, 22, became overwhelmed. She participated in the Red Cross pre-assessment survey where her voice represented other women and girls before these materials were distributed. This partly informed The Red Cross decision to consider giving out these dignity kits to this group of beneficiaries.

“Sometimes we would fail to go to school or even leave our homes because you can’t have the confidence to freely walk around. When the Red Cross people came here to ask, I freely shared my mind. I am happy they have come back and given us these essential stuff to help us the women. The pads are really helpful and this will greatly improve the hygiene and life of the female refugees. Life is now good. I am very excited” Foni joyfully shared.

Esther Kyokutamba, a Uganda Red Cross volunteer, participated in the distribution and witnessed how refugee women ululated upon receiving these items. “The ladies appreciated especially the pads and knickers. This activation is so handy. It comes at a time when women have been in need of these pads to enable them move freely. Pads are expensive and not easy to find in a camp setup yet they are necessary.”

“This is a really good move and we are positive that these little acts of charity touch the lives of these people. We always want to feel we make a difference by giving NFI’s that are relevant. These girls and mothers lacked basic materials to enable them go through their menstrual period smoothly. This will boost their confidence tremendously” said John Paul Owiny, URCS Wash Engineer in-charge of hygiene promotion in the refugee settlements – Northern Uganda.

Owiny also promised that more of the same will be distributed to other camps and continue supporting women and girls to overcome shame and gain their dignity while in society.

“ ”This is very helpful to us women especially the females between 18 and 30. I am 30 years, but I have been struggling. I have had to use ordinary clothes at times as a way of improvising. We lacked soap and sometimes didn’t wash them. One can smell, others soil clothes and keep at home without moving as if we are prisoners. I thank Red Cross for always coming up to educate and support us. They first taught us how to use the pads, be clean and observe our privacy even though we are in camps. I have learnt a lot and I am ready to use the pads. We will wash and hang them to dry, cover with this linen for privacy, use pegs to hang well, generally we have been given the best gifts every woman need in life. Thank you Red Cross,” said Dianna Duddu.

URCS promoting dignity of women, adolescent girls in refugee camps.
The plant has helped take pressure off other water production plants of the Uganda Red Cross since we serve between 60-80 thousand people a day. We have a tremendous impact on the community. Uganda Red Cross volunteers and engineers have done a great job in maintaining a high standard of the plant.” Said Mr Bachtrog

According to the locals though, the water is not enough since the number of refugees in the camp currently stands at 11,000 refugees with over 5,000 from South Sudan alone (UNHCR 2016). There are always long lines waiting for the water and at times people fight and some have to go back without it.

“Water can never be enough, we still need more and we are calling upon all other partners to come and support Red Cross to produce more water that is enough for the entire community.” added Juma.

Mr Christopher Bachtrog acknowledged the challenge, but believes that everything will be done to ensure that the whole community is served.

“We of course have plenty of challenges. We have bad roads and always face minor breakdowns in machinery and transportation. When the roads are bad and the trucks are low, we are forced to serve as low as 40,000 people at times.”

Uganda Red Cross has on top of water provision deployed a number of volunteers to sensitize people on issues of hygiene promotion, help construct latrines, and this altogether has greatly improved the sanitation and hygiene in Rhino Camp.
As a way of improving hygiene habits in Imvepi refugee settlement, the hygiene and sanitation team is working tirelessly to ensure that each household in the community has a latrine complete with a hand-washing facility. Uganda Red Cross has further taken the initiative of distributing construction materials such as poles, slabs, nails, logs and plastic sheeting to the beneficiaries to construct household latrines which helps control and prevents outbreaks of water, sanitation & hygiene related diseases in the community.

The project has seen many latrines constructed with others still under construction in 10 villages in Imvepi refugee camp. These have been constructed using different methods such as the plastic slab and concrete domed slab which is still the new method to construct a long lasting latrine using concrete. Uganda Red Cross Society has so far completed production of 467 domed slabs to support household latrine constructions to 467 households.

The beneficiaries of this project praised Uganda Red Cross and all its partners in this as they say it has helped drive out chronic diseases such as cholera and typhoid which had haunted communities for years.

“The situation is so much better than before. The concrete latrines are long lasting and easy to clean thus leaving the environment clean. We had always used the push and it would get a bid messy whenever it rains. We were always a target of diseases” said Mr. Joseph Waru (60), a resident of Zone 2 Village 19 in Imvepi Camp.
Uganda Red Cross Trains National Disaster Preparedness and Response Teams ahead of anticipated disasters in the country.

With support from the Belgian Red Cross, Uganda Red Cross conducted a 6-day training to equip and prepare its staff, volunteers and other Government Emergency Preparedness and Response teams to handle any disasters and any emergencies in the country. The training was conducted between 22 and 28th August, 2017 in Kisoro, south western Uganda.

While launching the training on the first day, Mrs Hope Habimana, the Principal District Education Officer, Kisoro, who represented the Resident District Commissioner thanked Uganda Red Cross and the Office of the Prime Minister for thinking ahead of time and being there to support people especially those in disaster prone areas like Mt. Elgon region and Kisoro (Mt. Muhabura). “I thank the organisers for having chosen Kisoro for this training. Kisoro is a disaster prone district given its geographical location. We are near the border and we, therefore, have a lot of refugees coming into the country. Such population movements expose us to disease out breaks which claim lives. We also face cases like lightening which kills at least 10 people every year. On top of that, many communities are challenged by landslides and floods which call for emergency response. Therefore, equipping teams in this region will enable us to have people to rescue others in times of such disasters.”

The training which was also attended by members of the Uganda People’s Defence Forces, Uganda Police, staff from the Office of the Prime Minister, appreciated Uganda Red Cross for the thought and for availing such training opportunities to the respective Government agencies especially at a time like this when Uganda is faced with many natural and man-made disasters.

Assistant Commissioner of Police Hassan Kihanda urged trainees to always watch out for fire outbreaks since they can be one of the most dangerous disasters. This is because it spreads faster and wildly, consumes everything in a short time and can kill instantly. This was during the same training while discussing firefighting and response skills. He gave fire rescue tips as quoted: “In fire rescue instances the disaster response team should be super vigilant since fire is one of the worst disasters. Ensure that you the rescuer and the victim don’t choke on smoke because it alone can end one’s life. Keep down since smoke always concentrates up and make sure by the time it comes back down you are out of the place,” Kihanda added.

After the training, the team was deployed to the field to test their acquired skills in the near-by settlements and refugee centres like Nyakabande Transit Centre. One Red Cross Volunteer who had been trained was challenged when a refugee woman gave birth under his care. “I noticed the emergency, the camp was short of medical staff so I had to quickly step in. The process was quite challenging given the meagre equipment we had at our disposal, but I still improvised and managed to help her deliver a healthy baby with about 3.8kgs, very healthy with a general score of 10/10.” said Peter Habyarimana, the Uganda Red Cross volunteer who helped the refugee mother to deliver the baby.

The training was funded by the Belgian Red Cross which has invested over Sh 80m to ensure that there is a reduction in disasters, but also enough preparedness and awareness in Uganda and the whole Great Lakes region. “Our ultimate aim as the Belgian red cross is to be able to prepare Uganda Red Cross, but also to support Uganda as a country to be able to respond to disasters. It is not only in Uganda that we are doing this, this is a disaster preparedness project in the Great Lakes region including Rwanda and Burundi to prepare these countries to meet any kind of disasters.” said Francis Kadaplackal, a delegate from the Belgian Red Cross.

The trained team is now deployed in the different “disaster” prone areas to support the different Red Cross branches and communities in the country.
Desperate times indeed call for desperate measures. Residents of Nyakabande Transit Centre got the shock of their lives when Peter Habyarimana, a Red Cross volunteer, unknown to be qualified in midwifery offered himself to help in the delivery of a 3.8kg-baby-boy.

With the medical centre short of enough medical personnel, having been a Sunday, Mr. Anguma Godfrey, a camp medical staff found himself helpless and short of manpower to ensure a successful delivery. It was, however, not over since Uganda Red Cross team was visiting this particular camp at the time, and Mr. Habyarimana, a volunteer attached to Kabale branch quickly offered himself to help. To everyone’s surprise, Peter did a perfect job and the mother quickly delivered a healthy 3.8kg bouncing baby boy.

“I am quite qualified to do this, I am a trained clinical officer and midwifery was part of my course. I noticed the emergency, the camp was short of medical staff so I had to quickly step in. The process was quite challenging of course given the meagre equipment we had at our disposal, but I still improvised and managed to help deliver a healthy baby with about 3.8kgs, very healthy with a general score of 10/10.”

Ms. Dusabe Muhawenimana, 28, the mother of the baby expressed her gratitude by naming the child after Peter (Habyarimana). She praised Peter’s genius and applauded the Uganda Red Cross for having visited, citing that maybe if they hadn’t she and her baby would not have made it.

“I really thank God they came. The gentleman who helped me deliver was a genius, he’s a professional. He knew what he was doing and he kept it short. Myself and my baby are in perfect condition.” said Dusabe.

Mr. Habyarimana later revealed his expertise and qualification which confirmed how he was best suited to conduct the delivery; a trained and practicing Clinical Instructor who also had some midwifery training during his school days.

“I am a trained Clinical Instructor and our aim is to save lives giving priority to mothers. I can give myself a 9/10 for the job well done bearing in mind that I wasn’t in fully established labour setting. I feel so great because normally every doctor’s joy even if it were in a proper hospital is to have a successful delivery.”

With Uganda’s maternal mortality rate still ranking high in the region, the worst can always be expected, but with such trained and skilled people coming out to help in remote areas like Nyakabande Transit Centre in Kisoro district, we can have the rate drop to a much safer level.
Community members and mobilise them to rally for better services. Meeting with the director health, the advocacy champions expressed their dissatisfaction with the health services provided in their areas. According to these groups, health facilities in these communities go without adequate staff, water, electricity and ambulances. They, however, promised to continue doing their best to ensure that locals get what they are supposed to get and, therefore, called for more support while tackling and pointing out these challenges.

“We have just one nurse at Ruhoko Health Centre called Medias. She opens up at 10:00 am and closes at 2:00 pm and in most cases patients have had to bounce back even if it’s a typical working day” said Grace Mugisha, an advocacy champion in Ntungamo.

A number of issues were also raised which locals say have battled with for some time, but there hasn’t been any responses from the duty bearers yet. These include constant absenteeism of health workers, limited funds to run the health facilities and long distances from communities to the health facilities which have led to loss of lives since some people die on their way to hospitals.

“There is no hospital in Ntungamo town, the district is very big and to access Itojjo hospital is always a challenge for people,” said Grace Mugisha, an advocacy champion in Ntungamo.

Communities in the western Districts of Ntungamo and Bushenyi have benefited a lot from the Advocacy for Better Health (ABH) project which is a PATH initiative being implemented by Uganda Red Cross Society. From 19th to 21st September 2017, Uganda Red Cross Director Health Mrs Sarah Mutegombwa visited these areas to support and evaluate the ongoing Project. Ntungamo district has been ranked among the districts with a high HIV prevalence rate in Uganda with a prevalence rate of 8.2% compared to the national average of 6%. This prompted Uganda Red Cross society in partnership with PATH to launch an advocacy for better health project targeting such areas prone to diseases and poor health service delivery. Ntungamo district being on a highway has had a number of HIV/AIDS cases especially in the towns of Nyamukana, Rubare and Mirama Hills. “Mirama Hills in Ntungamo district is a dark spot for HIV with no health facility. The place is notorious for prostitution and the only available facility belongs to the Ministry Of Trade, but still doesn’t help. The owners have failed to put it to good use” said Edson Baherezibwa, the project coordinator ABH.

The Advocacy for better health (ABH) project aims at bringing together community groups to empower them to be foot soldiers, advocating for better health in their respective communities. They are also trained and urged to hold their elected leaders and other duty bearers accountable. Advocacy team leaders are known as the advocacy champions who organise their fellow community members and mobilise them to rally for better services.

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Advocacy for Better Health Project empowering communities in Ntungamo and Bushenyi districts

Locals attending an advocacy meeting with the director in Buhanama subcounty
in the district boarders like Rukoni who have to travel over 74km to access health services. People die on the way while others just give up rather than travelling these distances” said Perez Rumanzi an advocacy champion for media outreach. While talking to the advocacy groups, Mrs Mutegombwa urged them to endure the challenges and keep up the fight then everything will fall in place.

“Resources are never available, not in time at least, but we still have to work and deliver results.” She said. “Mothers are always scared of going to health centres for fear of being barked at and treated harshly, so they choose to stay home and deliver from there something that puts their lives in danger. We encourage the advocacy groups to sensitise such women.”

The Uganda Red Cross delegation also visited Itoijo sub-county headquarters and Bushenyi district Headquarters where they engaged the council on their role in the deteriorating health and what should be done. The chairman LC4 Itoijo Mr Benon Kwegi ago appreciated the gesture as an eye opener to the many problems that the sub-county and district at large always overlooked.

“This is an eye opener; a lot has been going the wrong way. As the executive we’ve tried where we can, but with your intervention we can only expect better results.” He said

According to the manager Ntungamo branch, a lot has changed and people’s lives have been changed since the launch of this project in Ntungamo district.

“We are getting great feedback from the leaders and locals that this project has been an eye opener. Gaps have been identified, pointed out and we are now ensuring that they can be fixed. It has been a successful project” said Joshua Ahumuza, manager Ntungamo branch.
In an emergency situation, when nature calls, one would use the nearest option to ease themselves. Many times people run to the near-by bush, a closed area or any option available because nature does not wait. However, the effects of open defecation are very dangerous to mankind and the environment at large. In a refugee settlement camp, population-increase combined by the impacts of climate change, in a poorly hygienic area, disease out breaks are bound to occur and eventually lives lost. At the end of 2016, many refugee settlements hosting South Sudanese refugees in Northern Uganda were affected by cholera. This is one of the commonest diseases that breaks out if an community is exposed to poor hygiene and sanitation practices. Some members of the host communities and refugees died in the process, while many remained at risk.

Uganda Red Cross has since embarked on hygiene promotion campaign to ensure that refugees and members of the host communities learn and observe proper hygiene and sanitation practices for their good health. These hygiene efforts were supported by the British Red Cross, Austrian & German Red Cross under the emergency response units’ arrangement (M40&MSM-20) that saw communities gain access to clean and safe water as well as getting latrines constructed as a long term effort towards curbing disease outbreaks.

At Imvepi refugee settlement alone, over 100 stance latrines were constructed to support children and adults as well as other hygiene facilities like hand washing facilities, trenches for moving water, rubbish bins for waste disposal, fumigation services among others. A door to door massive social mobilisation exercise was extended to the settlement camp as a follow up for refugees transferred from reception centres to have latrines in their settlement camps. “We had to come in very fast because the refugees were many and needed our quick intervention. We set up a system of latrines to avoid people defeating in the open and the spread of communi-
cable diseases. We set up some semi-temporary communal latrines that were to be used for the first six months. They are usually constructed from plastic sheeting and local materials on a plastic slab. These helped to ensure that human waste is not spread by people walking, and that water sources are not contaminated. We have, however, put up more permanent ones since we are not sure when the refugees will stop coming.” Says Grace Kyagaba, the URCS WASH Coordinator.

Uganda Red Cross efforts have since been extended to the settlement camps. The refugees had to move away from these communal latrines to household latrines where each household or two can put up a latrine. The ownership is with them and they should clean their own latrines. Hygiene promotion activities such as monitoring the state of the latrines, making sure they are clean, ensuring they adhere to the standards of having a hand washing tippy-tap, soap, a plate stand, a dustbin, a swept compound, clean jerricans, utensils, among others, continues as they settle to ensure proper hygiene and sanitation practices that will boost good health in communities.

“Under this home to home arrangement, we have over 10,000 latrines in different refugee camps and we are still continuing with the mobilisation. As new refugees come into Uganda and are given pieces of land to settle on, we ensure each family has access to a latrine. Those are unique and cannot construct for themselves, we have volunteers who support and we call such families “people with special needs (PSNs)”. We also give out latrine construction materials for each family like hoes, slabs, sickles, jerricans, soap, roofing poles, etc. Many have constructed, but we still continue with the monitoring.” Said John Paul Owiny, URCS WASH Engineer in charge of Imvepi refugee camp in Northern Uganda.

Uganda Red Cross has trained a number of volunteers who are specifically for “hygiene promotion and ensures that the work is done. They help to do the sensitization, construction and distribution of construction tools and materials. James Anguzu, 38 years, says he had given up on putting up a latrine because part of the land where he got is rocky and didn’t know he could dig up a pit.

“The Red Cross people gave me construction tools, ideal for the kind of surface we have and now we have a latrine. They have also been checking on us and teaching us many things like keeping the latrines clean, washing hands after visiting a latrine, cleaning our jerricans, drinking boiled water, keeping our environment clean, washing our utensils, bathing, training children on how to use the latrine, keeping grass short and keeping children clean, among others. We have learnt a lot and our children. We won’t fall sick easily. Unless one doesn’t want to learn, but the Red Cross people have done their part.” Anguzu added.

Other than the latrine construction and other social mobilisation for behavioural change efforts, Uganda Red Cross continues to provide access to clean and safe water in the refugee settlements which supplements the efforts of hygiene promotion, for the wellbeing of the refugees and members of the host communities.
Child to Child Activities, a therapy that keeps refugee children hopeful in Imvepi camp

“A child miss educated is a child lost”, Uganda Red Cross’ weekly routine activity plan in Imvepi camp sets aside 2 days for child to child engagement; Wednesday and Saturday. Red Cross Hygiene promoters engage kids aged between 5-15 years, in learning about personal hygiene, proper hand washing, and games and sports. This is done to divert their minds from the trauma that comes with being a refugee.

Through games and sports, the children's minds are kept alive and active to avoid any room for psychosocial breakdowns. The program reaches over 850 children in the community.

“We believe by teaching the kids we are teaching the entire community, because they learn quickly and they are the next generation. Children due to their vulnerability require special care and one has to be on ground with them for them to reason alike. This is what the Red Cross Child to child team strategically does to reach out to the children”, says Isaac Etoku, the URCS Psychosocial support officer. The team applies several light activities in their sessions including; playing games in circles, using a clone, among others. This keeps the children entertained and leaves them longing for more thereby by forgetting their troubling past. The Child to Child teachers endeavour to reduce the complexity of learning through use of basic illustrative information education communication materials (IEC) and this way kids find everything simple and fun to read. When the children play, they remain thrive and gain hope for the future.
How to Support

**MTN PROCEDURE**
Dial *165#, Select Payments (No. 4)
Select Next (00), Goods and Services (No.8)
Enter Merchant code: redcross
Enter Payment Reference: Your name
Enter Amount, Enter PIN to confirm

**AIRTDL PROCEDURE**
Dial *185#, Select Pay Bills
Select Others
Enter Business Number (700103)
Enter Amount/Reason for Payment
Confirm Pay, Enter PIN