



Donor

European Union



Period

May 2021 to Apr 2022



Kyaka II, Kyangwali and Imvepi Settlements



Total Budget

€13,147,183.09



240,369 people

APEAL IV (Y4) - 120,369

APEAL III (Y3) - 77,235

APEAL II (Y2) - 40,000

APEAL I (Y1) - 80,000



Partners

OPM, WCH, IRC, HI, TPO, ULS, KRC, Days for Girls, UNHCR, Save the Children, CEPAD & CAFOMI



CMP

CARE UK



SDG



The Central Problem

By 31st January 2021, there were 125,039 refugees and asylum seekers in Kikuube District (Kyangwali Settlement), 123,928 in Kyegegwa District (Kyaka II Settlement) and 68,029 in Imvepi Settlement with children (boys and girls under 17) representing about 58% of the refugee population (52% being women & girls). Due to insufficient funding (by January 2021, only 44% of UNHCR's 2020 USD 357m funding requirement was met), food rations for refugees had been reduced by 30% since April 2020.

The well-being of refugees in Uganda is worsened by the COVID-19 pandemic and the high influx of refugees and asylum seekers due to conflicts from the surrounding border points.

This results into prevalence of high-risk coping mechanisms

including child marriages and unwanted pregnancies, transactional sex and theft.

Executive Summary

Access Protection Empowerment Accountability and Leadership (APEAL) for Refugees & Host Communities In Western & Northern Uganda (APEAL) delivers a comprehensive, evidence-based and people-centered Protection, Gender-Based Violence, Mental Health and Psychosocial Support response for refugees from DRC and South Sudan and host communities in Uganda. This response is a continuation of APEAL II (2020 HIP), with programme areas further strengthened and adapted to evolving vulnerabilities. A consortium led by CARE that includes International Rescue Committee, Save the Children, War Child Holland and Humanity and Inclusion, in partnership with six

well-placed local partner organizations, delivers targeted protection and GBV life-saving assistance, disability inclusion, as well as holistic MHPSS with a particular focus on extremely vulnerable individuals such as unaccompanied and separated children, adolescent girls, is provided from the entry point into Uganda and across refugee and host communities in Western Uganda (Kyangwali and Kyaka II) and West Nile.

Solution Statement

Newly arrived refugees from DRC and South Sudan, as well as their host communities, receive continuous life-saving and multi-sectoral protection and assistance at all levels through the (APEAL) action. This includes GBV, CP, MHPSS-specific, and disability inclusion-sensitive services.



Activities

APEAL enhances access to timely and quality protection, GBV, MHPSS and disability & inclusion services as well as strengthen the capacity of community structures, duty bearers and stakeholders to identify, respond, support and refer persons in need of MHPSS, comprehensive rehabilitation, disability and inclusion, protection and GBV services; and advocate for the implementation of relevant policies to improve protection, GBV, MHPSS and disability inclusion services in Uganda.

Partner Roles

Result 1

CARE and IRC ensures that targeted populations are identified, screened and have access to quality, timely, and appropriate GBV and protection (including legal) services appropriate to their age and gender

Strategies

- Through women's safe spaces, we deliver a variety of activities that aim to support and empower them, as well as enhance community bonds and relations.
- Information and awareness raising activities

Result 2

SCI and WCH lead in this result area. Both focus on child protection and unaccompanied & separated children (UASC). They ensure that children are identified, screened and have access to quality child protection services that are timely and appropriate to their age and gender, and that they have the necessary support from parents, foster carers and teachers.

Strategies

- Children Friendly Spaces are used to respond to protection concerns and risks including one-to-one casework sessions for the most vulnerable and at-risk children
- Direct follow-up with caregivers and foster families
- Offering a series of educational and recreational activities to children, caregivers and teachers, in the CFSS, schools and the community

Result 3

WCH, TPO and HI lead in this result area and ensure that the targeted populations are identified, screened and have access to quality, timely, and appropriate Mental Health and Psychosocial Support (MHPSS) as well as disability and inclusion services appropriate to their age and gender in response to the increasing MH risks that refugees and host communities face

Strategies

- Through a series of MH interventions such as outreaches, consultations, provision of psychological first aid, counselling and other community-based activities
- Specialized care to persons with disabilities, including physical and functional rehabilitation
- Information, Education and Communication (IEC) campaigns addressing MH taboos, mis-information and concerns in the communities

Result 4

All consortium partners (CARE, SCI, IRC, HI, WCH, TPO, ULS, CEPAD, KRC, WoMena Uganda and Days for Girls) have a responsibility to plan for activities under this result area targeting community structures, duty bearers and stakeholders so as to increase their capacity to address issues of protection and MHPSS with a people-centered approach.

Strategies

- Continuous capacity building activities for community structures, duty bearers and key stakeholders as well as APEAL staff and other actors to ensure mainstreaming of protection, GBV response and MHPSS

Result 5

All consortium partners (CARE, SCI, IRC, HI, WCH, TPO, ULS, CEPAD, KRC, WoMena Uganda and Days for Girls) have a responsibility to plan for activities in pursuit of this result area. This area aims to influence the implementation of the relevant policy frameworks so that refugees and host communities access quality and timely protection, CP, GBV, MHPSS and disability inclusion services in Uganda.

This result builds on the consortium's advocacy plan, and whereas APEAL II shows progress on advocacy, the focus objectives is maintained and adapted. The implementation of the Domestic Violence Act and the Age, Gender and Disability policy remains priority, while we continue engagement with affected communities and influencing other actors for quality protection and MHPSS services

Strategies

- Take advantage of International days to organize joint advocacy activities as a consortium
- Joint representation in Key technical groups like the National Refugee Protection Working Group

Achievements

- The Consortium has an established strong Governance structure. The governance structure has coordination linkages at field level with UNHCR and OPM.
- The consortium has embraced localization and currently has a membership of 50:50 ratio between INGOs and NNGOs
- Implemented GBV models such as Girl Shine, Engaging Men and Boys and Women Lead in Emergencies.
- Introduced Menstrual Cup for displacement affected adolescent girls and young women.
- Successfully merged the APEAL & SPOT Consortium. All project stakeholders at National and settlement level had a copy of the same.
- APEAL has been successful in establishing service linkages between GBV, MHPSS, Child protection and Disability Inclusion.
- APEAL expanded its geographical coverage (supportsrefugee in West Nile settlement i.e Imvepi).
- The RTF-ICGLR and APEAL partnership has reduced GBV incidences in districts hosting refugee persons.

"Initially, I had few friends. After going through the Girl shine sessions with support from CARE and ECHO-APEAL, I got to know how to identify, recognize and maintain trusted friends. Right now, I have very many friends with whom I laugh, move, and joke" A Girl Shine, beneficiary confessed

Renovation of COVID-19 Isolation Center in Kamwenge District

In order to support Kamwenge district manage COVID 19 cases within the district, CARE renovated and handed over an Isolation Center to the leadership of Kamwenge District Local Government. In addition, the Isolation Center was equipped with items like; Pulse Oximeters, Oxygen Cylinders (Big), Multipara metric Monitors, Nebulizers, Hair Covers 100 pieces each, Mattresses with covers, Coveralls, none rebreathe oxygen masks with a tubing, Spray Pumps, Heavy Duty Gloves, PPE Kits, Cotton wool, Face shields, reusable aprons, Googles, Disposable gloves, N95 Masks, Gumboots, Surgical Gloves of 50 pairs

per box, 5 litres of Jik and Liquid Soap (20 Ltrs) to start managing cases from there and so far over **21 sever patients** have been successfully managed from the isolation something the district is very happy about. This has greatly reduced on referral to the man referral hospital in Hoima.

"At Rukungyu, we had space but the treatment unit was not functional to the extent that we even had to refer mild cases to the regional referral hospital in Hoima. With support from CARE, the isolation center has been renovated and has the capacity to accommodate nine patients at a time with oxygen concentrators and monitors," Dr. Ivan Mujuni, Medical Superintendent-Rukungyu hospital.

Male Engage

Through this model, CARE works with Role Model Men (RMM) and Boys. These are trained on positive forms of masculinity, social norms, Gender Based Violence (GBV) and gender equality to enable them to support GBV prevention and response to deeply entrenched social and gender norms that perpetuate gender inequality in their settlement. GBV prevention and awareness activities have been rolled out in Imvepi settlement including meetings with community leaders, door to door sensitizations and community

dialogues among others. *"Other men are going to laugh at us in the settlement, we will be behaving differently."* A participant raised concern. *"The collective power you have working as a team will enable those laughing at you to see the fruits of you as Role Model Men,"* the facilitator responded. In Kyangwali refugee settlement, the same model has been used to reach a total of **639 people** (379F & 260) with messages on ending teenage pregnancy, GBV prevention and referral pathway, gender roles and COVID 19 prevention.

