



**THE HUMANITARIAN  
PLATFORM** FOR LOCAL  
AND NATIONAL  
ORGANISATIONS IN UGANDA



MARCH

**2021 Edition**



TALES AND INNOVATIONS OF LOCAL  
**ACTORS IN HUMANITARIAN  
RESPONSE.**



**CECI Staff (Amule Moses) handing over a Reusable facemask to a household member in Village 1, Cluster 2, Bidibidi Settlement.**

## Editorial

Dear Readers,

**G**reetings from the Humanitarian Platform Secretariat!

Welcome to our 9th issue of the Humanitarian Platform Newsletter.

This newsletter is a space where the work of humanitarian local and national actors is profiled and popularized. It is also a space for information sharing on work and issues pertaining humanitarian action.

Therefore, we take this opportunity to celebrate women that are making a difference in the lives of others in humanitarian response. We recognized the contribution of women in playing lead roles in humanitarian action from physical rehabilitation to delivery of emergencies and conflict resolution. It takes a concerted and coordinated effort to put humanity in humanitarian action.

In this issue, we bring you stories on innovations around COVID19, women peace mediators that have

managed to resolve conflicts in their communities, WASH innovations in the refugee communities and interventions on embracing cognitive behavioral therapy for trauma care and enhancing MHPSS delivery.

Lastly we recognize and appreciate TPO Uganda, Uganda Red Cross, Community Empowerment for Creative Innovation (CECI) and Women's International Peace Centre (WIPC) for your time and willingness to share your stories contribute towards this Newsletter We believe these will our stories will impact on millions of people in significant ways.

For those who would like to join the platform membership, share stories or provide feedback, contact the focal person on [r.damba@ngoforum.or.ug](mailto:r.damba@ngoforum.or.ug)

Enjoy the read!

*Racheal Damba,*

Programme Officer

Policy Advocacy and Engagement

## Upcoming Events

Empowering Local and National Humanitarian Actors (ELNHA) Closing Event scheduled for 22nd April 2021. This is aimed at demonstrating how the ELNHA project has implemented the localization agenda in Uganda and the various models that have been used to achieve this.



# Water transportation and storage made easy for families; thanks

**J**oyce Tagu, a 30 years old refugee from South Sudan narrates her story and how access to safe and clean water means life to her and family.

The mother of 3 children fled the war in 2016 and came to seek protection in Uganda. She lives in Palorinya refugee settlement in Moyo District, West Nile region in the Northern part of Uganda.

She is among the 2500 families that received Hiporollers and jerricans for fetching and storing water, making it safe for their good health.

“Life was not the same when we arrived in Uganda. I left my farm in South Sudan; it was hard to settle here because it was very dry and I couldn’t till the land to get food immediately. I am however thankful for all the support we have got in Uganda and that we are safe from war.” Says Joyce

Joyce now a resident of Lwakoke village, Morobo County in Moyo district has found her way in the settlement and can survive on her own. She digs around her home and plants vegetables and other food crops to sustain her family. West Nile region

is close to River Nile, which supplies water to the largest part of the district.

Moyo is however a dry area and many people struggle to cultivate food because the land is very dry especially during the dry season. As a result, women have to fetch water for their crops and this is very cumbersome especially for mothers who run multiple errands. Palorinya being far away from the River Nile, people have to walk long distances to fetch water which is collected in basins and buckets. These are carried on their head which makes it more difficult and tiresome for the people in the area.

Uganda Red Cross through the Water Hygiene and Sanitation Program considers to address WASH

**The mother of 3 children fled the war in 2016 and came to seek protection in Uganda. She lives in Palorinya refugee settlement in Moyo District, West Nile region in the Northern part of Uganda.**

needs of the communities. An Innovation under the Project for resilience and empowerment of refugees and the host Communities in Partnership (PREP), with support from Swedish Red Cross supports refugees and hosting communities in West Nile. The Project is a unique collaboration in Uganda, between the Uganda Red Cross Society and Vi Agroforestry that improves the health of vulnerable refugees and farmers, and secures access to drinking water, sanitation and food, thereby increasing their nutrition and their livelihood options. The project is characterized by innovation and strives to contribute to solving acute problems challenging refugees and hosting communities. It is implemented in Parolinya Refugee Settlement, Zone 3 East and neighboring host communities.

To address the issue of access to safe and clean water, Uganda Red Cross has installed water facilities (tanks) in communities and distributed water transport facilities (Hippo Rollers) water storage facilities (20-liter Jerry cans) and five-liter jerry cans for constructing tippy taps to support the health and well-being of the refugees and hosting communities.

Joyce is one the many women who received hippo rollers, and Jerricans. “Basins carry little water which means that I have to collect water many times in a day for me to do my housework like cooking, washing, bathing children, washing utensils, among other things. The hippo roller is big, can collect more water and also store it well. I don’t need to carry it on my head, I just roll it. I am so happy. Thank you to the Red Cross for your support to us.” Joyce smiles.

In December 2020 – January 2021, Uganda Red Cross with support from the Swedish Red Cross distributed 500 hiporollers and 5000 Jerricans to over 2500 households both for refugees and hosting communities in Palorinya refugee settlement.

Jimmy Asea, Uganda Red Cross WASH Officer in Moyo says the water facilities support mothers and reduce the burden of collecting water from the wells in basins yet covering long distances.

“We also set up water tanks for them to fetch water, and with the hiporollers and Jerricans, the burden is further reduced. They can carry more water and when they reach home, the facilities keep that water safe since they have lids.” says Asea

Hiporollers are water carriage facilities. One does not need to carry water on their head. It has a handle and just like its name, one just rolls it and it rolls without using a lot of energy.

Moyo district normally experiences maximum temperatures which makes it difficult for the people to cultivate the ground. Their crops too dry due to low water levels due to high temperatures.

Atib Ibrahim the Water Hygiene and Sanitation Coordinator from the Office of the Prime Minister in charge of Palorinya refugee settlement mentions that with the Red Cross support to the women through strengthening capacity in the WASH sector has eased water transportation and storage not only to refugees but also to the families in the hosting communities.

# TPO UGANDA

## Humanitarian work.

### Introduction

This write-up showcases TPO Uganda’s impact through our interventions in the West Nile region of Uganda. The compilation covers a selection of one thematic area of TPO Uganda’s strategic focus with an exclusive insight into our learning and documentation activities. Our specific engagements have been on consolidating, standardizing, and strengthening mental health and psychosocial support through the MHPSS IASC guidelines in our projects.

### 1. Embracing Cognitive Behavioral Therapy (CBT) for trauma care.

The poor health resulting from unattended psychosocial distress and poor coping mechanisms

continue to have devastating effects on South Sudanese refugees and host communities. This is due to the unreported cases and limited capacities to handle the majority of the cases. To close the gap and ease access to MHPSS and address depression, Post-Traumatic Stress Disorder (PTSD), and anxiety, TPO Uganda has conducted psychoeducation sessions in communities to create awareness on mental health clinical outreach to bring the services closer to the beneficiaries. During these psychoeducation sessions, clients are identified, screened, and enrolled to receive specialized treatment through the Cognitive Behavioral Therapy (CBT) groups.

Those with symptoms that warrant specialized treatment are referred to seek further medical support from nearby health centres and partners in the settlements. Through the sessions, TPO has built a network of individuals with information who appreciate psychosocial implications, access to services such as psychotropic medicines, and advanced specialized care for healing. As a result, TPO has continued to work with community-trained support structures such as the Psychosocial Volunteer Assistants (VPAs) to increase mobilization and awareness on mental health



and psychosocial support.

### **Capacity building to enhance MHPSS delivery**

TPO Uganda conducted training on MHPSS for over 30 partners which include District government health workers, the education sector, and key community structures. The training which was based on the World Health Organization's MhGAP for Humanitarian Context equipped partners with relevant skills and knowledge in assessment for common mental, neurological, and substance use disorders, post-traumatic stress disorder, and strengthening resilience and coping skills in the beneficiaries. Trained health workers have been able to engage in community psychoeducation alongside the TPO Social Workers which has enabled people with Mental, Neurological, and Substance abuse (MNS) disorders to have access to mental health services. There have been observations of government officials' involvement in supporting TPO MHPSS interventions notably their continual support in advocating for MHPSS services in the refugee and host communities during the interagency meetings and commitment to sharing information for those who would be potentially in need. Moreover, TPO has created a niche of extra skilled Health

and Community workers (Psychosocial Volunteer Assistants) who can provide MHPSS interventions and link health facilities to the community in both the refugee settlement and host communities.

### **2.Enhancing Children and Young People's Access to Assistive Devices and Specialized Medical Attention.**

TPO Uganda through the Don't Dis My Ability project funded by BMZ is supporting 1,543 children and young people, including 30% of the children with disabilities in the host communities and their caregivers to improve their physical, mental, and socioeconomic wellbeing in Palorinya settlement.

More than 200 children have access to assistive devices such as wheelchairs, standing frames, and toilet seats and other rehabilitation interventions like exercises on body positioning, training on feeding, self-care skills, and training on mobility. To meet the increased demand for devices, TPO Uganda has recruited the Community Resource Persons to locally make assistive devices such as toilet seats, parallel bars to supplement the already-made. For sustainability and maintenance, the local devices are made in the presence of the caregivers so that in absentia of TPO or the CoRPS, they can replace.

**The CoRPS have also supported the project to link children and their caregivers to other available services, create awareness, and make referrals and follow-ups on families that are closer or nearer to them.**

The CoRPS have also supported the project to link children and their caregivers to other available services, create awareness, and make referrals and follow-ups on families that are closer or nearer to them. The presence of the CoRPs has eased response to the needs of children and transformed

their lives including that of their caregivers.

The referral pathway has further eased children's access to specialized treatment. TPO Uganda has worked closely with Medical Teams International (MTI) to handle more than 40 specialized cases such as physical disability and epilepsy. Both the TPO Social Worker and MTI designated medical personnel follow up to ensure the patient is adhering to treatment and getting better. During the COVID-19 lockdown, TPO and MTI played a pivotal role in providing psychosocial support to patients in quarantine centres twice or thrice a week and sensitizing communities on stigma prevention and acceptance of the returnees from the quarantine centres into the community.

# PEACE IS POSSIBLE WITH WOMEN IN THE LEAD.

**By Diana Oroma**

**(Women's International Peace Centre).**

“I used to see conflicts happening in my community but I was silent about it because I didn't know I had the power to influence change and contribute to peace.” Janet Ayoo Kelly declares.

Janet Ayoo Kelly, aged 28 years is a first time refugee living in Maaji III refugee settlement, Adjumani district in West Nile, Uganda. In July 2016, she fled her hometown, Magwi in South Sudan with her first child who was 2 years old at the time.

However, the situation upon arriving in Uganda was very difficult. “We left all the resources we had worked hard to gain and fled with nothing, I had hoped to settle down and rebuild my life” she recalls. Janet is part of a group that makes bed sheets and tablecloths as a source of income for their families and also the secretary for the Adjumani Women Peace Mediators Network.

In December 2019, she was one of 156 women leaders from Kotido, Yumbe and Adjumani districts trained on peacebuilding and reconciliation by the Peace Centre with the support of UN Women.

Following the training, the women leaders formed Women Peace Mediators Networks.

In Maaji III refugee settlement, the women peace mediators developed a community action plan to ensure their participation in peace building right from their homes to the wider community. Since then, women peace mediators have identified, reported and mediated 300 conflict incidents including conflict between refugees and host communities and gender-based violence specifically early marriages that led to withdrawal of girls from schools.

In February 2020, the women peace mediators met again in Nyumanzi settlement to discuss their peacebuilding efforts and learn from experiences in Adjumani, Yumbe and Kotido. Janet learnt of the work that her fellow peace mediators were doing in their communities. She was touched by their stories such as the case involving a young girl from a poor family whose father was forcing her to get married to an elderly rich man who lives in America. The mediators engaged the girl's family, who abandoned the idea and asked the women to pay for her school fees since they wanted her in school. The women peace mediators then referred the girl to an organization for a scholarship.

Janet also recalls the stories from Kotido where



women were mediating large scale conflicts, the women peace mediators had convened 14 peace dialogues to resolve conflicts characterised by rampant cattle raids, illegal guns owned by civilians, food insecurity, sexual and gender based violence against women and girls.

On 10th May 2020, a small disagreement among five Nuer and Dinka youth in Maaji II refugee settlement escalated into a violent tribal conflict leaving two young men dead. Janet was spurred to action.

“As women peace mediators we realized that the situation was getting out of hand. It was very tense, with women and children running up and down. Immediately we gathered together to agree on what to do then we informed the Peace Centre who guided us. We then made a phone call to the refugee settlement commandant asking him urgently to call police to intervene” Janet recounts.

The Resident District Commissioner (RDC), Refugee Desk Office, and District Police Commander immediately responded by deploying police to calm the situation. Janet and the other women peace mediators also took further action. “We rescued the children from the two families who were being attacked for having started the fights and kept them in a safe place. Together with other leaders in Maaji, we continued comforting the family that had lost their son and the one whose son was missing and later found dead. We also convinced the families not to get involved in the fight and keep away from revenge as it would only cause more harm” she narrates.

Twelve days later, on 22nd May 2020 The Peace Centre convened a peace mediation dialogue in Maaji with key leaders including the RDC, District chairperson LC 5, District Vice Chairperson LC 5, District Peace Committee, Office of the Prime Minister, UNHCR, Lutheran World Federation, Refugee Law Project, Religious, Cultural, political leaders and the Adjumani women peace mediators. The dialogue discussed the conflict situation, identified the triggers and agreed on specific actions to take to ensure conflict indicators are reported to the police and other duty bearers before they escalate.

During the mediation dialogue, the women peace mediators identified the dark hot spots where the violent youth were hiding such as the banana plantation which was acting as their habitat. Janet and the mediators also made specific demands. “We wrote to the Office of the Prime Minister requesting for security lights in the settlement blocks where the youths were hiding to chase and beat women moving to access the health centre at night. I was personally affected by this. I gave birth on the way because I was afraid to pass at the dark spot alone at night when labor started. The lights were installed” she shares.

The women peace mediators continued their work in a follow up mediation dialogue on 1st July 2020 where conflict early warning indicators were presented to the leaders for redress.

“For sustainable peace in the settlement, we continued to engage with the youth and their families

by encouraging them to keep calm and sensitizing them about the consequences of violent actions to their lives and families” Janet narrates. She explains how the work of the women peace mediators brought positive changes, we continued to monitor conflict early warning indicators and shared with the leaders for their action. For example, some youth were spotted in the evenings with walking sticks. Others were seen holding isolated meetings in the local languages. Each tribe stopped their members from crossing where the other tribes live, which kept people in fear. I am celebrating my breakthrough because of hard work. I believe that peace is possible with women at the lead. I am now seeing friendship being nurtured again between the Nuer and Dinka youths. They have started having friendly football matches again.

“My skills have doubled. I can now analyze the conflicts and participate in peace building more effectively. I used to see conflicts happening in my community but I was silent about it because I didn’t know I had the power to influence change and contribute to peace,” Janet says, reflecting on her growth as a leader and a peace builder. I am very grateful to the Peace Centre and UN Women for the

skills I obtained. I’m proud to be a peace mediator in my community.



**Ayoo Janet Kelly, Secretary Women Peace Mediator's Network in Maaji refugee settlement**

## The Blue Messenger Bicycle Initiative on COVID-19

The Blue Messenger Bicycle Initiative on COVID-19 is an innovative response to the COVID-19 pandemic undertaken in Bidibidi Refugee Settlement, by Community Empowerment for Creative Innovation (CECI).

CECI is a youth-centered, refugee-led, community-based organization building peaceful, empowered and self-reliant societies through: (1) addressing the deteriorating relationships both among refugees themselves and with host communities; (2) addressing the dire prospects for young people; and (3) responding to the need for resilience activities that increase livelihood prospects through the promotion of peace and reconciliation, combatting ethnic divisions, hate speech, gender-based violence; and (4) training youth in conflict management and resolution, trauma healing, and entrepreneurial and vocational skills to encourage self-reliance and support peace and development at the grassroots level.

Since 2017, CECI has been implementing programs centered around peacebuilding and reconciliation,

hate speech mitigation, tackling misinformation, identity-based violence, and COVID-19 awareness in Koboko and Bidibidi Refugee Camp Settlement, Yumbe District in partnership with Agency for Open Culture and Critical Transformation, Dangerous Speech Network, Oxfam, and Nansey Benansio Foundation.

In 2020, following the huge needs created by the outbreak of COVID-19 and the lack of timely and adequate assistance to refugees for enhanced preparedness and response against the pandemic, CECI in a consortium with I CAN South Sudan and Youth Social Advocacy Team (YSAT) with support from OXFAM implemented a COVID-19 innovation aimed at addressing the increased vulnerability of refugees exacerbated by prolonged lockdown measures.

Refugees in Bidibidi Refugee Settlement struggle with high levels of misinformation, lack of access to information and Infection Prevention and Control (IPC) supplies which are essential in preventing the spread of COVID-19. These among others have



made reliable information hard to come by and placing refugee communities who live in congested areas with serious information gaps and vulnerabilities at heightened levels of risk. In the same way, Persons with Disabilities (PWDs) and the Elderly particularly those with mobility challenges and serious medical needs face difficulties in effectively undertaking COVID-19 preventative measures and accessing WASH facilities due to a lack of well adapted services in the settlement. This coincided with a 30% food reduction by the World Food Programme which has further reduced coping mechanisms for refugees in the settlement.

CECI's innovative response to this challenge was through the Blue Messenger Bicycle Initiative on COVID-19. The initiative tackles serious gaps around access to information and Infection Prevention and Control (IPC) supplies, misinformation and difficulties faced by PWDs and Elderly persons in effectively undertaking preventive measures through robust refugee-led hygiene promotion, community mobilization and sensitization. Through use of bicycles with megaphones loaded with pre-recorded messages in local languages spoken by refugees, Boda-Boda-Talk-Talk, translation and distribution of IEC materials in word and pictorial formats, installation of Touch-free handwashing facilities at strategic public points to enhance the practice of handwashing, and distribution of Personal Protective Equipment (PPEs), Radios, soap and handwashing buckets to most vulnerable homes of PWDs and Elderly in Bidibidi Refugee Settlement to enhance preparedness,

**It also helps households to set up tippy-taps, and tracks rumours through a rumour tracker tool after which data collected is analyzed and shared with partners to inform effective response to rumors circulating in the settlement during the covid-19 pandemic.**

response and homeschooling for refugee children. Collaboratively with refugee and host communities themselves. The initiative co-creates and produces IEC materials and audio messages that reflect on-ground realities for awareness raising. Subsequently, Village Health Teams (VHTs) move with bicycles from door-to-door with megaphones to educate families about COVID-19 reaching hard to areas. It also helps households to set up tippy-taps, and tracks rumours through a rumour tracker tool after which data collected is analyzed and shared with partners to inform effective response to rumors circulating in the settlement during the covid-19 pandemic. The initiative interlinks this effort with mass awareness raising and trainings on Peace and Conflict resolution skills, and formation of local peace groups who supported with grants have initiated, designed and implemented series of initiatives for social cohesion between refugee and host communities reaching 198 people.

The Blue Messenger Bicycle Initiative has reached

5,527 females and 3,862 males both in Bidibidi Zone 1&3, and has so far seen widespread prevalence of functional facilities for handwashing at home entrances in 320+ families, increased practice of handwashing and mask wearing while in public, improved homeschooling for over 210 refugee children, effective implementation of COVID-19 preventive measures in 160 houses of extremely vulnerable PWDs and Elderly persons, and yielded 254 local peacebuilders who are spreading awareness around peaceful conflict resolution mechanisms within their communities through Focus group discussions, meetings and dialogues. The innovation was tested in Bidibidi Refugee Camp Settlement, Zone 1&3 with over 9,389 youth, children, women, men, PWDs and Elderly persons from both the refugee and host communities.

The innovation has received twofold user feedback: 1) its timely and relevant tackling on ground realities brought about by COVID-19 in a community-led manner and involving refugee and host communities from the onset as partners in the innovation and response; 2) target beneficiaries is meager compared to the existing needs within the settlement thus there is need to scale it up with urgency to benefit more most-at-risk persons, and distribute solar-powered radio receivers because refugees can't afford replacing, dry cells.

In this innovation, CECI had both collaborative and formal partnerships with different stakeholders including UNHCR, Office of the Prime Minister (OPM), Oxfam, International Rescue Committee (IRC), Local and Refugee Welfare Councils I, II&III whom they engaged with at different levels ranging from allocation of villages, identification and verification of beneficiaries, sharing updates at monthly sector and inter-agency coordination meetings to monitor and collect feedback.

This could be scaled up to benefit over 53,000 people through provision of sewing machines and materials to skilled/trained refugee women within the communities to manufacture reusable facemasks locally for distribution to schools and churches for free, distribution of bicycles and megaphones for more VHTs in the Zone, and street and in-group broadcasting of children educational radio programs and homeschooling lessons through speaker boxes. The Blue Messenger Bicycle would play multipurpose delivery of Information for COVID-19 and post COVID-19, General Food Assistance, SGBV related cases, Hate Speech, Health, and because of affordability and durability, refugee women, VHTs and Refugee leadership will continue to support their communities with facemasks and vital information even after the pandemic.







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