

**ANNUAL REPORT OF  
THE HUMANITARIAN / RESIDENT COORDINATOR  
ON THE USE OF CERF GRANTS**

<b>Country</b>	<b>Uganda</b>
<b>Humanitarian/Resident Coordinator</b>	<b>Mr Theophane Nikyema</b>
<b>Reporting Period</b>	<b>2007</b>

### **I. Executive Summary**

Unusually heavy rainfall from July to October 2007 led to severe flooding and water-logging across many parts of eastern, central and northern Uganda. The flooding affected an already highly vulnerable area of Uganda, where the majority of households are dependent on subsistence agriculture, and basic services were already severely overstretched. In particular, the flooding had a critical impact on the Teso sub-region where the level of flooding was particularly severe, and the initial response capacity of both government and humanitarian actors was inadequate to meet all urgent priority needs.

An estimated 50,000 households were affected by the flooding, and required various levels of humanitarian assistance. Most people faced food insecurity due to the loss of their first and second season harvests (the first season due to crops damaged in the fields by excess water, which largely prevented successful planting of second season crops). Whereas a two month "hunger gap" is the norm, in 2007 the gap was expected to extend up to 10 months until the first season harvest in July 2008. The next successful harvest has not yet occurred. Moreover, it will take at least two harvests for affected households fully to recover their losses.

In addition to damaged homes, schools and health facilities – the traditional mud brick architecture of the region left people particularly susceptible to the wet conditions prevalent in a flood – water and sanitation facilities were severely impacted by the flooding. Many flooded latrines had collapsed, leaving the population afraid to use those remaining. A large percentage of water sources were also contaminated. In addition to the immediate threat posed by this situation, the Health cluster was concerned by an increased likelihood for waterborne disease outbreaks as flood waters receded. The incidence of malaria, diarrhoeal diseases and acute respiratory infections did increase, reportedly by as much as 30 percent in the initial stages of the floods.

In October, as part of the humanitarian community's response, the Emergency Relief Coordinator allocated some \$6 million from the Central Emergency Response Fund's rapid response window. CERF funds supported the efforts of UN agencies to provide food, health and shelter assistance in the aftermath of the most severe flooding Uganda had known in 35 years.

Earlier in the year, a CERF allocation of some \$7 million went toward addressing humanitarian needs created by one of Africa's longest-running internal conflicts. In April 2007, the World Food Programme (WFP) had announced that a shortage of contributions had forced it to cut food rations for 1.28 million people who were living in camps due to the 20-year rebellion by the Lord's Resistance Army (LRA).

Throughout 2007, the agency had been distributing partial rations to internally displaced persons (IDPs) as they could grow some food on land near their camps to supplement what they were given. In April, WFP was forced to reduce the individual food aid package for the displaced to just 40 percent of the minimum daily energy requirement of 1,200 kilocalories because of a shortage of contributions. In addition, WFP cut already partial rations to 182,000, mainly Sudanese, refugees by 50 percent. The Central Emergency Response Fund (CERF) grant to WFP aimed to avoid an untimely break in the food pipeline and provide emergency feeding of 1.2 million Internally Displaced Persons (IDPs) in northern Uganda, 183,000 refugees in north-western and south-western Uganda as well as 500,000 drought-affected persons in the Karamoja region for a period of two months.

Overall, humanitarian partners in Uganda received some \$13 million from CERF in 2007, the fifth-largest amount of any single country that year.

<b>Total amount of humanitarian funding required and received (per reporting year)</b>	<b>Required:</b> \$349,570,726 (CAP) plus \$41,469,801 (Flash Appeal) <b>Received:</b> \$280,678,042 (CAP) plus \$20,405,340 (Flash Appeal)				
<b>Total amount of CERF funding received by funding window</b>	<b>Rapid Response:</b> \$13,001,015 <b>Under funded:</b>  <b>Grand Total:</b> \$13,001,015				
<b>Total amount of CERF funding for direct UN agency/IOM implementation and total amount forwarded to implementing partners</b>	<b>Total UN agencies/IOM:</b> \$694,127 (WHO) + \$306,595 (FAO) + \$997,036 (UNICEF) + \$9,712,871 (WFP) TOTAL: \$11,710,629  <b>Total implementing partners:</b> \$64,450 (WHO) + \$185,339 (FAO) + \$287,945 (UNHCR) + \$418,352 (UNICEF) + \$334,300 (WFP) [\$8,300 to IPs for Floods Response; \$326,000 to IPs for Targeted Food Assistance] TOTAL: \$1,290,386				
<b>Total number of beneficiaries reached with CERF funding (disaggregated by sex/age)</b>		<b>Total</b>	<b>&gt; 5</b>	<b>Female</b>	<b>Male</b>
	WHO	300,000	57,600	156,000	144,000
	UNICEF	WASH - 50,000 HH; NFIs - 200,000 persons; Education - 96,000 primary school pupils			
	WFP	<b>Floods Response Targeted:</b> 300,000 <b>Reached:</b> 320,755  <b>Targeted Food Assistance Targeted:</b> 1,883,000 <b>Reached:</b> 1,883,000	51,321	166,793	153,962
	UNHCR	7,628 HH / 33,479 individuals	N/A	51 percent	49 percent
	FAO	<b>Targeted:</b> 10,000 households including parents and children <b>Reached:</b> 17,702 households including			
					903,840*

		parents and children			
<b>Geographic areas of implementation</b>	Eastern Uganda (Teso, Bugisu, Sebei and Karamoja sub-regions) and Northern Uganda (Lango, Acholi and West Nile sub-regions)				

## II. Coordination and Partnership-building

### (a) Decision-making process:

#### ***Floods Response***

The CERF application for Floods Response was based on the following priorities for the emergency response to the floods, jointly agreed by the clusters and approved by the Humanitarian Coordinator:

- Stabilising the initial food security situation (Food Security cluster)
- Preventing disease outbreaks and ensuring capacity to respond to health emergencies (Water, Sanitation, Hygiene - WASH - and Health clusters)
- Re-opening schools and ensuring access to primary education (Education cluster)
- Responding to the urgent needs of the most vulnerable (Camp Coordination/Camp Management cluster, Non Food Items working group)
- Ensuring physical access to the most vulnerable, and continuing inter-cluster assessments (Logistics cluster); and
- Understanding the early recovery needs of the affected population and prioritising recovery interventions (Early Recovery cluster).

#### ***Targeted Food Assistance***

The allocation for the CERF application for targeted food assistance was decided by WFP and its cooperating partners (Norwegian Refugee Council, World Vision, Samaritan's Purse, and International Rescue Committee) in consultation with the Food Security Cluster, the Inter-agency Standing Committee (IASC) Country Team, and the Office of the Prime Minister. With the approval of the Humanitarian Coordinator, priority was given to critical life-saving interventions.

### (b) Coordination amongst the humanitarian country team:

In 2007, the humanitarian community in Uganda was organised into the following clusters: Camp Coordination and Camp Management (CCCM); Early Recovery; Education; Food Security; Health, Nutrition and HIV/AIDS; Protection (with sub-clusters for Human Rights/Rule of Law, Child Protection and Gender Based Violence); and Water, Sanitation and Hygiene (WASH). For the Floods Response, the Logistics cluster was launched, and an Emergency Non-Food Items Working Group was activated. Inter-cluster coordination was led by OCHA, and all clusters ultimately report to the Uganda Inter-Agency Standing Committee, led by the Humanitarian Coordinator. The Uganda Red Cross Society and the International Federation of the Red Cross observed coordination at all levels.

### (c) Partnerships:

The key partnership between the cluster system and the Government of Uganda at national level was conducted through the Office of the Prime Minister, in particular through the Ministry of Relief, Disaster Preparedness and Refugees. At District level, coordination is led by the District Disaster Management Committees (DDMCs). Ongoing dialogue continued throughout the humanitarian response, including the response to the floods. Lessons learnt from that collaboration have been documented as part of a wider evaluation of the overall floods response.

**(d) Prioritization process:**

***Floods Response***

The Floods CERF allocation was based on the jointly agreed priorities outlined in the decision making (see above), with the exception of the Early Recovery priority, which was deemed not eligible for a CERF grant.

***Targeted Food Assistance***

The Targeted Food Assistance CERF allocation gave priority to life-saving general food distributions for the most food insecure populations. Emergency Food Security Assessments (EFSAs) were used to identify people who could not meet their minimal nutritional requirements without urgent external assistance. The targeted beneficiaries included internally displaced persons in the Acholi, refugees in West Nile and the Southwest, and drought-affected persons in Karamoja.

**III. Implementation and Results**

**Rapid Response projects**

**Floods Response**

**World Health Organization (WHO) – on behalf of the Health, Nutrition and HIV/AIDS cluster**

Based on the pledge from CERF, the cluster was able to secure immediate loans from ongoing projects with readily available cash; these loans provided the much needed funds to rapidly kick-start the emergency response to the floods, promptly recruit and deploy health, nutrition, HIV/AIDS and logistic experts to provide technical and logistic support to the district health teams of the affected districts. The loans were also used to rapidly fill the critical gaps in drug supply which was a major challenge at the onset of the emergency. Given that CERF funds represented only about 20 percent of the health cluster flash appeal for the floods, other sources of funding were sought. The Italian government provided an additional 100,000 Euros which was used to complement the CERF funds. Ongoing monitoring of the CERF project was done by field project staff using a flood impact monitoring matrix which was jointly developed and agreed upon by all clusters and Office for the Coordination of Humanitarian Affairs (OCHA). Evaluation of the projects was done through a flood response review meeting which was held in January 2008.

**WFP – on behalf of the Food Security and Logistics Clusters**

In many locations, the floods and water logging compromised each component of the population's food security – availability, access, and utilization. The floods washed out bridges and made roads impassable. As a result, traders in some locations were not able to bring food to the markets, reducing the availability of staple items in the area. Households also faced access problems. The floods and water logging damaged crops from the main harvest and made it difficult to plant for the second, smaller season. Consequently, the households were unable to meet their food requirements from their own production. Yet the prices for food in the market were rising sharply due to the limited supply and high demand. The presence of standing water also heightened the risk of disease, and illnesses can affect the ability of people's bodies to properly utilize food once it has been consumed. For all these reasons, there was concern that under nutrition rates would increase without the urgent provision of sufficient food assistance.

The CERF contribution enabled WFP and its cooperating partners (including Samaritan's Purse and local district governments) to respond in two critical ways. First, it helped them to purchase the required food commodities, including maize meal, pulses and vegetable oil, for over 300,000 people. Second, it allowed them to deliver those commodities under extremely challenging conditions. Using a combination of trucks, planes and helicopters, the Logistics Cluster was able to reach the cut-off beneficiaries with food (and other essential supplies such as medicine) in time to avert a serious catastrophe.

**Food and Agriculture Organization of the United Nations (FAO) – on behalf of the Food Security Cluster**

Also with the CERF funds for the cluster, FAO and partners were enabled immediately to scout and source planting materials, especially cassava cuttings and sweet potato vines, for distribution and immediate planting in highland areas. This was done to conserve planting materials and also for the cassava and sweet potatoes to bail out the affected farmers early in the first season of 2008 when crops

that would be planted in first season would still be in the gardens. The planting was only possible in October and part of November 2007 before the dry season set in towards the end of November 2007.

**United Nations Children’s Fund (UNICEF) – on behalf of the Education and Water, Sanitation and Hygiene (WASH) Clusters and the Non-Food Items (NFIs) Working Group**

The CERF contribution was absolutely critical to facilitating a rapid and well-coordinated response. The timely and flexible funds allowed UNICEF, as the Cluster Lead for WASH and Basic Education to urgently procure essential emergency shelter and NFIs, as well as water and sanitation supplies and education materials. Meanwhile, it facilitated disbursements to implementing partners and enabled coordination with both national and international partners at the Kampala and district levels.

Procurement and distribution of essential NFI and emergency shelter allowed over 40,000 families affected by the rising flood water to re-establish their homes. Emergency tents and School-In-A-Box kits allowed 393 primary schools to be re-opened and operational on time, allowing 92,000 children access to a safe environment

In addition, approximately 50,000 most-affected households were immediately provided with Safe Water Households Kits, (consisting of two 20 litre Jerry Cans, two types of water purification tablets to last for one month and two kilogrammes (kgs) of soap). This was complimented by the distribution of other household water treatment chemicals for disinfecting water at the household level. Additionally, intense hygiene promotion activities were implemented via distribution of leaflets, radio broadcasts, film vans, and television broadcasts. Water sources in the most affected areas were also disinfected, contributing to the overall prevention of disease. WASH activities targeted children in schools, with the provision of school latrines, and intense Hygiene promotion activities, with an emphasis on hand washing.

Overall, the CERF has made humanitarian reform objectives a reality, providing more timely and predictable funding in emergencies and thus improving response and saving lives. However, it should be noted, as was documented in the Uganda Floods, Lessons Learnt Workshop, that while the CERF kick-started the humanitarian response, funds in this pool were not adequate to address the excess of vulnerabilities that remained after the flooding – such as food insecurity due to destruction of livelihoods and water quality assurance. Furthermore, the education infrastructure, including latrines and teacher housing were poorly constructed and thus easily destroyed by rising floodwaters. Although emergency efforts mitigated the effect of a gap in schooling – and prevented a major outbreak of waterborne disease– few funds were available for actually moving, rehabilitating and/or comprehensively replacing unsafe infrastructure. The CERF therefore – must be recognized as an essential catalyst to action – but it does not cover critical needs in early recovery from natural disasters and other emergencies.

**United Nations High Commissioner for Refugees (UNHCR) – on behalf of the Camp Coordination and Camp Management (CCCM) Cluster**

In the context of Teso, return or relocation was considered to be of critical importance. CERF funding made it possible for an unprecedented role to be played in the search for durable solutions for the protracted IDP situation in these two districts. Firstly, through the deployment of staff and opening of offices in five major camps with resident teams, from which mobile teams spread out to cover 17 other camps; and secondly, through profiling, an analysis was conducted into the possibility of return and/ or relocation of some camps. Based on this, and in consultation with other clusters, relocation was ruled out as a solution. It was considered a very expensive undertaking, as land is not easily available for relocations and families were found to be unenthusiastic about the option of relocation. Return, on the other hand, has recorded significant and unprecedented progress, as mentioned in the logical framework below. In summary: approximately 35,000 individuals were enabled to return; the legitimate but hard past attitude toward return was softened so that authorities and IDPs are now equally in a favourable mode of thinking about return; and there is a prospect for those who have returned to serve as an example for the majority of the camp population to return within the year.

Targeted Food Assistance

**WFP – on behalf of the Food Security Cluster**

In May 2007, WFP and its partners faced a critical challenge. Based on emergency food security assessments and nutritional surveys, they knew that over 1.2 million IDPs, 183,000 refugees, and 500,000 drought-affected persons required life-saving food assistance. However, due to pipeline breaks, the resources were not available to meet their needs. Because of the CERF funds, they were able to

conduct general food distributions for these populations for one month. As a result, they prevented a rise in under nutrition rates and hunger-related deaths.

**(a) Monitoring and evaluation**

***Floods Response***

Overall monitoring of the Floods Response was conducted against the Expected Outcomes and Impacts as outlined in the Uganda Floods Flash Appeal. This impact monitoring was documented and published at the end of October and the end of November in the first and second Progress Updates to the Uganda Floods Flash Appeal.

***Targeted Food Assistance***

A Results-Based Management approach was used to monitor the Targeted Food Assistance Programme. WFP sub-offices involved in the distributions prepared weekly situation reports for the country office. Issues of concern were identified and addressed, in collaboration with the cooperating partners. The sub-offices and partners also developed a more comprehensive monthly monitoring report that compared achieved outputs against targets. Any necessary adjustments in strategy were made. These monitoring results have fed into the Standard Project Report for 2007 that will be provided to donors.

**(b) Initiatives that complemented CERF-funded projects**

***Floods Response***

The overall response to the Floods crisis is outlined in the Flash Appeal and the impact monitoring reports (first and second Progress Updates), with the CERF funds having been applied as immediate funding for the priority projects outlined within the Flash Appeal. All the responses were based on cluster strategies and guidelines and aimed at meeting the original six priorities determined jointly by the clusters at the outset of the response.

***Targeted Food Assistance***

The CERF allocation addressed a critical pipeline break in life-saving food for IDPs, refugees and drought-affected persons. However, in IDP and refugee areas, food assistance was just one component of a larger effort on the part of the humanitarian clusters to meet the needs of the population, in areas such as protection, camp management, health, education, water and sanitation, and agricultural production.

#### **IV. Lessons learned**

##### ***Floods Response***

Lessons learned from the Floods Response were discussed, documented and published at the end of January 2008. Please see accompanying document submitted with CERF Annual Report.

##### ***Targeted Food Assistance***

An independent evaluation of WFP's Targeted Food Assistance programmes (including the CERF-funded project) identified key lesson learned. The findings were presented at meetings in Kampala and are documented in a report. Please see accompanying document submitted with CERF Annual Report.

## V. Results\*

Cluster	CERF projects per sector	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
CCCM	Establishment of Camp Coordination Camp Management in selected camps in Teso (07-HCR-026)	\$287,945	45,000 IDPs in Katakwi and Amuria districts	ASB, District	100 percent of persons with special needs (PSNs) / extremely vulnerable individuals (EVIs) living in 61 camps in Teso region identified and assisted; Camp management and coordination structures put in place throughout the Teso region; Some 45,000 individuals relocated to safe grounds in dignity and safety; Displaced population living in 61 camps profiled (and disaggregated by age, gender and diversity) and baseline data collected, including identification of humanitarian needs	<p>Improvement in the weather conditions and consequent increased mobility of implementing partner (IP) permitted the profiling of IDP camps, with fair progress being made. Nearly all 61 camps have been covered by the profiling exercise conducted by UNHCR and implementing partners. Based on the profiling, five camp management base areas have been selected from which 17 other camps will be covered by mobile teams. The staff are residents in the five camps; they move to other camps to cover them from each of the base stations. Note: CCCM is conducted in Amuria and Katakwi districts only, not the whole of Teso sub-region.</p> <p>Working through the five camp base stations, camp management reached a population of 7,628 HH (33,479 individuals, half of which are females). The Camp Management strategy was from the beginning intended to be a light one, with more emphases on durable solutions as the planned duration of CCCM was for a short six months.</p> <p>Since the beginning of the floods, the total camp population in Katakwi and Amuria has declined by 35,000 individuals, with people mainly moving back to their original homes instead of relocating to a new camp/transit site. Monitoring and assistance for the return have had a priority focus. Special focus has also been given to persons with special needs (PSNs).</p> <p>As a strategy, relocation was problematic: it was considered expensive, given the challenge of lack of land availability, while no or a negligible number of families showed interest in relocation as compared to return or continued stay in existing camps.</p> <p>Approximately 100 PSN/EVIs (and dependants) are to be supported with agricultural tool kits directly through the implementing partners to enable the families to produce and achieve their own food security, with seeds from FAO. CCCM activities for the benefit of EVIs include working closely with others (GIL, FAO, NGOs, etc) for a greater level of assistance geared toward eventual self-reliance.</p> <p>In total, there are 61 IDP camps in Katakwi and Amuria districts, housing 90,113 IDPs as of 31 January 2008. Of those, the number of IDPs in Katakwi district is: 56,910 persons in 44 camps (reduction by 10,967 persons) and 7,146 persons are in nine transit sites. An estimated 7,832 persons have returned to their village of origin (increase of 7,532). The number of IDPs in Amuria district is: 33,213 persons in 17 camps (reduction by 8,516 persons) and 18,147 persons living in 33 transit sites. Some 1,743 persons have returned home to their village of origin.</p>



Health, Nutrition and HIV/AIDS	<b>Provision of emergency health, nutrition and HIV/AIDS services to flood affected populations of Teso, Lango, Acholi and Karamoja</b>	\$758,577	300,000 flood affected population Male – 144,000 Female– 156,000 Children under five – 57,600	WHO, UNICEF, UNFPA, Population Services International (PSI), Malaria Consortium (MC), Ugandan	Up-to-date information about health, nutrition and HIV/AIDS situation in the flood affected areas	<p>A “Who is doing What, Where” (3W) matrix was developed and updated by partners on weekly basis. The tool was very useful in planning geographical distribution of partners’ activities.</p> <p>Throughout the duration of the emergency flood response, weekly updates using the flood response monitoring matrix were sent to all cluster members and partners.</p> <p>In addition, weekly disease surveillance data and reports were circulated to all the partners and trends of malaria and dysentery were monitored on weekly basis to guide interventions (e.g. water purification, ITN distribution, VHT training, mobile clinics, etc).</p>
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Timely identification and effective response to any epidemic resulting in reduced Case Fatality Rates (CFR) in the flood affected districts

The health cluster provided technical and material support to the districts to strengthen disease surveillance throughout the floods response. Weekly airtime to ease communications, on-the-job training and frequent support supervision greatly enhanced weekly IDSR reporting in all the districts. The completeness and timeliness of reporting on average improved from 62 per cent to 98.5 per cent and was sustained above 95 per cent throughout the period of floods.

To improve communications between health facilities and the district surveillance focal persons, non-functional radios installed in the health units were repaired and functionality restored in Soroti.

Sustained high levels of weekly reporting of priority diseases enabled the health cluster to analyse and follow disease trends in a timely fashion - especially malaria and diarrhoeal diseases (see figures below).

The Health and WASH clusters utilised the disease trends profiling to set priorities and guide their interventions – especially targeted health education, supply of ITNs, water quality surveillance and water purification.

A comprehensive inter-agency cholera contingency plan was developed in anticipation of a possible cholera outbreak in the flood affected districts of the Teso, Bugisu and Sebei sub-regions. Specific activities to be undertaken by each agency/district authorities and resource requirements were clearly highlighted in the contingency plan.

Medical supplies for cholera were procured and pre-positioned in each of the twelve flood affected districts of eastern Uganda. For the districts in northern Uganda, supplies were pre-positioned in WHO Field offices in Gulu, Kitgum, Pader and Lira.

Each of the twelve districts in Teso, Bugisu and Sebei sub-regions had an EPR committee. Refresher training was provided to ten members of the EPR committee per district.

Clinical laboratories at low-level health facilities in Teso region were strengthened to improve diagnostic tests, especially Rapid Diagnostic Tests for malaria. These included Magoro HC III in Katakwi, Acowa HC III in Amuria, Serere HC IV in Soroti and Kaberamaido HC IV in Kaberamaido. These sites were also selected as sentinel sites for monitoring malaria trends. A microscope was procured and provided to Acowa health centre while Magoro HC III lab was physically restructured and renovated. Some 24 laboratory personnel from Teso, Bugisu, Sebei and Karamoja sub-regions were trained on the role of laboratories in EPR. Similar training was provided to laboratory staffs in Acholi and Lango sub-regions.

A motorcycle was provided to Magoro HC III in the isolated northern part of Katakwi district to facilitate disease surveillance and response.

In response to outbreaks of measles in Kumi and Bukedea districts, accelerated routine immunization campaigns were conducted in the affected areas of both districts with coverage of 80 per cent and 99 per cent respectively.

Access to good quality basic health, nutrition and HIV/AIDS services for affected populations

An inventory of health sector human resources in the Teso sub-region was conducted and gaps were identified per district. The average coverage for human resources as per HSSP II was found to be only 42 per cent with Amuria having the lowest rate of filled positions at 21 per cent.

Gross human resource gaps were partially bridged by training/reactivating village health teams (VHTs) in the worst affected sub-counties. WHO and Malteser International supported training of 993 VHTs in Amuria, Kumi and Bukedea. CESVI, with support from WHO, recruited and deployed five temporary qualified health staff in Bukedea.

Health facility mapping of all affected districts was carried out in the Teso, Bugisu and Sebei sub-regions to clearly establish areas that were covered by health facilities (areas within five km radius) according to the National Health Policy of Uganda on Accessibility of health services. Health service availability mapping was very useful in planning mobile clinics and outreaches.

In Teso the percentage of functional health units was 85 per cent before and 87 per cent after the floods respectively. Three non-functional health facilities in Teso were supported with equipment and supplies to (re)open.

Some 21,368 patients were attended to by mobile clinic teams deployed in areas with poor physical access. Mobile clinics were conducted by five partners (Uganda Red Cross Society, German Emergency Doctors, Uganda Assemblies of God, Youth With a Mission and Pilgrim).

In coordination with the Logistics cluster, The AIDS Support Organization (TASO) was supported to conduct HIV/ART Clinics and supply monthly ARVs to the communities in Katakwi which were cut off by the floods. The drugs and health workers were transported by helicopter.

A detailed inventory of essential drugs was conducted in all the districts in Teso, Bugisu and Sebei sub-regions. Based on the stock levels, a projected three-month stock of drugs was procured and supplied to the worst-affected districts of Bukedea, Amuria, Soroti and Kumi. Additionally, UNFPA provided 1,200 mama kits and UNICEF availed 10 emergency health kits. Additional drugs were also donated by Malteser International, Action Aid, and Indian Association in Uganda.

The districts were supported to conduct health promotion activities. Ministry of Health with support from UNICEF deployed health promotion staff from headquarters and film vans. Standard IEC materials were distributed to all the other partners conducting health education. Mobile clinic mobile clinic teams had health education component especially on prevention of malaria and dysentery.

77,880 ITNs were distributed to 38,940 households in the flood affected districts. A number of partners including PSI, SOCADIDO, URCS, Concern, LWF, and Oxfam participated in the distribution.

Well-coordinated emergency health, nutrition and HIV/AIDS response to the floods

Four medical officers/epidemiologists and two logisticians (one international from HAC/HQ and one national) were recruited and deployed to Teso and Bugisu/Sebei areas to provide technical and logistic support to the District Health Teams (DHTs).

Health, Nutrition, and HIV/AIDS Cluster coordination meetings were held on a weekly basis in Soroti. In total, 14 weekly cluster meetings were held during the response. These multi-agency meetings were very productive and provided partners with a forum for joint planning of weekly activities, information sharing and joint evaluation. Regular cluster meetings were also held at the national level to coordinate the response. Additional cluster meetings were held in Mbale for some of the partners and districts in the Bugisu/Sebei sub-regions.

Representatives from the health cluster in Soroti were selected to attend all DDMC meetings taking place in the affected districts, mainly in Teso sub-region. Cluster representation at the DDMCs bridged the potential information gap between districts and partners. The selected representatives were charged with responsibility to take information to the DDMCs on the cluster's activities and bring information from the DDMCs into the cluster.

Weekly joint coordination meetings for all the cluster heads, chaired by UN OCHA, were held every Wednesday. The inter-cluster meetings provided opportunity for each cluster lead to present their priorities, achievements and challenges in order to fit in the general picture of flood response.

Health cluster representatives also participated in weekly WASH cluster meetings to jointly discuss disease trends especially malaria and diarrhoeal diseases.

Logistics

**Provision of  
Air Support  
and Logistics  
Augmentation  
in Support of  
the Flood  
Affected  
Population in  
Uganda  
(07-WFP-066)**

1,258,320

N/A

Government of Uganda, UNICEF, FAO, WHO, UNFPA, Swedish Rescue Service Agency, German Federal Agency for Technical Relief, Frades Menores Capuchinos (ASB), Uganda Red Cross Society (URCS), International Federation of the Red Cross (ICRC)

Air passenger transport for assessments of inaccessible areas available; Air cargo transport available to supply most urgent humanitarian assistance; Logistics information is shared for identification and response to gaps and bottlenecks.

1,100 passengers were transported by air to and from affected areas.

848 metric tons (MT) of food and 579 MT of non-food items (such as medicines) were airlifted or airdropped.

12 organizations used the logistics services. A user group was set up to identify and respond to gaps and bottlenecks.

WASH	<p><b>Emergency humanitarian response for the flood-affected populations in Northern and Eastern Uganda (07-CEF-078-A)</b></p>	720,850	<p>Beneficiaries: 50,000 households affected by the floods, or approximately 250,000 people</p>	<p>PSI, Malaria Consortium, CESVI, Premiere Urgence, ACTED, URCS, district water officers, DWD</p>	<p>21,100 households provided with and using water treatment chemicals. 49 schools provided with emergency sanitation facilities. Hygiene education provided to targeted households and schools.</p>	<p>Over 100,000 water purification tablets were distributed, benefiting approximately 21,100 of the most vulnerable households, ensuring the availability of safe water, free of bacteria contamination. Safe water Kits reached approximately 50,000 households. Treatment of contaminated water sources also further extended access to safe water.</p> <p>Intense hygiene promotion through training of Village Health Teams (VHTs) for promotion activities; deployment of Ministry of Health film vans to disseminate messages and broadcasting of radio messages meant that a potential 1.3 million persons were reached with messaging, thus indirectly benefiting from the efforts at disease control.</p> <p>The provision of 49 school latines, benefiting approximately 25,000 pupils in most-affected areas, coupled with intensive school hygiene promotion, improved the overall sanitation and hygiene in schools. An indirect benefit of these interventions was the availability of good school sanitation: approximately 500 final year students were able to return to school to take the Primary leaving Examination certificate at the appropriate time.</p> <p>All interventions contributed to the reduction in waterborne diseases and the prevention of a major outbreak of cholera. Close coordination with the Health Cluster, which provided weekly epidemiological reports, enabled adjustment of strategies so that communities most in need of attention, as per the water-related disease burden, were targeted.</p>
Education	<p><b>Emergency Basic Education (07-CEF-078-B)</b></p>	441,750	<p>18,616 PLE students (8,414 girls; 10,202 boys); 100,000 primary aged school children</p>	<p>ACTED, CESVI, Premiere Urgence, URCS, Local district government, MOES</p>	<p>70,825 children continuing with schooling and a sense of normalcy restored in their lives in flood affected communities. Children in the 107 primary schools have access to hygiene education and supplies</p>	<p>Procurement of tents and emergency school supplies (School-In-A-Box) contributed to access to basic primary education for over 96,000 children affected by the floods and an additional 18,616 were enabled to take the PLE. Some 29 primary schools were re-established and temporary testing sites established for 1,422 PLE students.</p>

NFIs	<b>Emergency Non-Food Items to flood affected communities (07-CEF-078-C)</b>	252,788	Beneficiaries: 200,000 persons or approximately 40,000 households affected by the floods	Partners: ASB, IOM, GVC, CONCERN, Malaria Consortium, PSI, local district government, OOPM	40,000 <u>households</u> provided with emergency Non Food Items.  Decreased vulnerability of families through the capacity to rapidly re-establish their households and protection from the elements following displacement from flooding.	In partnership with GVC, ASB, Concern, IOM, Malaria Consortium, and PSI and in collaboration with the Red Cross/ Crescent movement, UNICEF was able to procure and provide essential, emergency NFI and shelter for approximately 200,000 vulnerable persons affected by the floods in eastern Uganda.  These essential items allowed affected families to re-establish their households in camps and/or identified communities that were safe from flooding, mitigating the impact of disaster in Teso and the Karamoja sub-regions.  Through active participation and coordination, UNICEF and partners, were able to identify needs and standardise NFI kits as well as define and assign geographical zones to implementing partners in an effort to decrease duplication and maximise resources and time. Although not all organisations participated in the harmonised, coordinated approach, maximum impact with minimum duplication was achieved.
Food Security-WFP	<b>Targeted Food Assistance for Relief and Recovery of Refugees, Internally Displaced Persons, and Vulnerable Groups in Uganda (07-WFP-065)</b>	1,788,851	320,755 (under 5 – 51,321; female – 166,793; male – 153,962)  <i>Note: The figures by sex and age are only estimates.</i>	Samaritan's Purse; District Local Government in Karamoja	The expected outcome of the project is reduced and/or stabilized hunger-related under nutrition and mortality rates among 300,000 flood-affected populations in Teso, Lango, Bugisu and Karamoja sub-regions.	Under nutrition rates were maintained at 'acceptable' levels. A nutritional survey conducted in November 2007 by the Ministry of Health, UNICEF and WFP took Mid-Upper Arm Circumference (MUAC) measurements and found the following rates: Teso – 2.4 percent malnourished with 7.6 percent at risk; Lango – 3.0 percent malnourished with 10 percent at risk; and Bugisu – 1.4 percent malnourished with 7.4 percent at risk.

**Restoration of food production and seed availability for 10,000 flood affected households in Uganda (07-FAO-052)**

491,934

17,702 households

CESVI, Premiere Urgence, ASB, FIDA, Pentecostal Church of Uganda, ADAN, RUSEDA, SOSPPA

By February 2008, each household will have received seed assistance consisting of planting materials (cassava and sweet potato cuttings) and vegetable and crop seeds, which will enable them to produce 0.5 to one metric tons of food. With a successful harvest, the targeted population should be able to restore some measure of self-sufficiency by the first harvest of 2008.

By the end of the implementation, a total of 10,728 bags of BSCD tolerant and CMD cassava cuttings and 2,250 bags of orange flesh sweet potato were distributed to flood-affected households in Katakwi, Amuria, Soroti and Kumi districts.

A total of 8,352 kits of crop seeds comprising of four MT of simsim, 25 MT of groundnuts, 16 MT of cowpeas and 37 MT of sorghum were procured and distributed as kits to 8,352 households in target districts.

A total of 0.45 MT of vegetable seeds comprising of 0.075 MT of tomatoes, 0.075 MT of egg plant, 0.075 MT of cabbages, 0.075 MT of onions and 0.15 MT of okra were distributed to 2,950 households in Amuria district.

Up to 1,788 acres of cassava and 225 of potato vines are being planted in the affected districts. A bit over 20 per cent of these fields have been put in cultivation between September and November 2007 in the higher lands of Katakwi and Amuria districts and the rest will be finalized during the first planting season of 2008.

The below table indicates the quantities of planting material procured, distributed and the areas cultivated as well as the expected production and its market value:

Crops	Qty procured	Areas under cultivation	Estimated Production	Est value
		Ha	MT	\$
Cassava (selected varieties)	10 728 bags	715	14 300	1,430,000
Sweet potato (orange flesh)	225 bags	90	1 350	135,000
Assorted crop seeds	83 250 Kg	1 665	1 248	249,600
Assorted vegetable seeds	450 Kg	225	1 125	225,000
<b>Total</b>		<b>2 695</b>	<b>18 023</b>	<b>2,039,600</b>

With an estimated 10,000 households having benefited from the project (9 ,000 kits of vegetable seeds, 8,325 kits of crop seeds and 6,489 kits of cassava and sweet potato), each household will be able to produce more than 1,500 Kg of food, with an estimated value of approximately \$ 200 generated in three to four months.



**Food Security**

**Targeted Food Assistance for Relief and Recovery of IDPs, Refugees and Vulnerable Groups in Uganda. (07-WFP-026)**

7,000,000

1,883,000 (under 5 – 301,280; female – 979,160; male – 903,840)

*Note: The figures by sex and age are only estimates.*

Samaritan's Purse; World Vision; NRC; AAH; IRC; ACORD; DED

The overall objective of the project is to contribute to household food security and maintain minimum nutritional and dietary standards among internally displaced persons, refugees and other vulnerable groups in Uganda.

GAM rates were maintained in most areas at less than the 10 per cent threshold. Rates in the IDP areas ranged from 4.9 per cent in Pader (July-August 2007) to 7.9 per cent in Kitgum (July-August 2007). Similar rates were found among refugee populations. In Karamoja, by contrast, the under nutrition rates were at emergency levels before the intervention: 16.2 per cent in Abim, 20 per cent in Kaabong, and 17.4 per cent in Kotido. (March 2007). However, a recent nutritional survey suggests that the response helped to bring the GAM rates below 10 per cent in each of these districts (March 2008).

## VI. CERF IN ACTION: Success stories

[High resolution copies of the photographs included in the Annual CERF report, with full credits, can be requested through OCHA Uganda.]

### Floods Response

#### Health, Nutrition and HIV/AIDS Cluster

Even in the best of times and districts in Uganda, ensuring the delivery of essential drug and medical supplies to health facilities remains a major challenge. The districts of Teso region are no exception to this rule. The chronic shortage of essential drugs in these districts that existed before the floods was further worsened by the increase in patient caseloads in health facilities as a result of the flooding. For instance, malaria incidence increased by 30 per cent in the weeks immediately after the floods. Basic drugs such as Coartem – needed to treat common ailments like malaria, which was the leading cause of morbidity during the flood – were lacking. To address this acute, chronic shortage of drugs, rapid drug inventory surveys were conducted in all districts of Teso and Mount Elgon region. Based on this inventory and using CERF funds, three-month supplies of drugs and essential medical materials worth over \$ 80,000 were procured and airlifted to all functional health facilities in the worst affected districts of Amuria, Katakwi, Kumi and Bukedea. The CERF funds were also very useful in ensuring access to basic medical services in areas that were cut-off as result of broken bridges and



Members of health and logistics cluster collaborate to airlift essential drugs to health facilities in the

flooded roads. For instance, Uganda Red Cross Society and Pilgrim, an NGO were provided with funds to support mobile medical outreaches to the areas which have been cut-off. These mobile medical teams delivered essential curative and preventive services to over 20,000 patients.

The drugs, other medical supplies and 77,800 bednets procured with CERF funding and distributed to about 50,000 households, as well as mobile outreaches, prevented unnecessary suffering and excess deaths (especially due to malaria) and contributed immensely to the overall reduction in morbidity and mortality in these districts during the emergency flood response.



A mobile medical team demonstrating the use of ITNs to prevent malaria to flood affected communities



A mobile health team delivering curative care to communities cut-off by floods



A health cluster member taking stock of drugs destined for a health facility in Teso

## **Food Security Cluster**

### ***Agriculture (FAO submission)***

The Teso sub region, which comprises the districts of Soroti, Kaberamaido, Amuria, Katakwi, Kumi and Bukedea, is historically associated with many disasters that have affected the general development of the region. In the 1980s, rebel activities, coupled with cattle rustling by the neighbouring pastoralist Karimojong were key drawbacks to the region's advancement. In 2002, the area came under attack from the Lord's Resistance Army, while the Karimojong raids continue to date. These factors have been responsible for the reduction in agricultural productivity and vulnerability of the people of Teso. Before the floods and water logging, there were an estimated 110,000 internally displaced persons (IDPs) in Katakwi and Amuria districts most of who remain in camps for fear of aggressive Karimojong activities. Given this situation, the area has benefited from humanitarian and development assistance, including through FAO. As part of its Emergency Coordination Unit activities, FAO had, in the first season of 2007, provided assistance in the form of direct seed and tool distribution, as well as through Farmer Field Schools. When the rains increased and led to flooding in July, most of the farmers' crops due for harvesting were lost. Apio Loyce, a widow and mother of six lost the groundnuts, cowpeas, cassava and beans that she had planted on a her four acre piece of land; "I looked at all my crops rotting the field, but there was nothing I could do", she said.

With funding from the CERF, FAO was able to meet farmers' immediate needs in securing planting materials/seeds for the next season. A total of 210 acres of cassava and 71 acres of sweet potato have been planted, which will provide planting materials for the first 2008 planting season, which starts in March. In addition, 8,352 kits of crop seeds and 0.45 metric tons of vegetable seeds have been distributed to targeted beneficiaries.

Adeke Loy, a mother of two from Orinai village in Amuria district says she was expecting to harvest eight bags of groundnuts from her one acre piece of land but she lost everything. "I also lost half an acre of cassava. When I received the cassava cuttings, I planted them on a piece of land in the highlands. The cassava is growing well. I will use some of the cuttings and give some to my colleagues in the Anyalai Farmer Field School" she said.

Amuge Joyce from Amuria hailed FAO for delivering the seeds and cuttings in time. “It was a very wise idea for us to be assisted with the cuttings at the time we received them in October 2007. I am going to harvest some of my cassava after June 2008 and plant the crop seeds in the first planting season of 2008”, she said



*A farmer in Katakwi looks at the groundnuts destroyed by floods in August 2007. Photo was taken by Joseph Egabu (FAO National Agronomist for Teso subregion).*



### **Food Aid (WFP submission)**

In August 2007, Johnson Abwoi, 58, was just beginning to harvest his seven acres of land. After the long hungry season, he was looking forward to finally having enough food to feed his family of eight. But soon heavy rains and floods washed away these hopes. His home collapsed, and his harvest of sorghum and groundnuts was destroyed. His predicament was made worse by the fact that his fields were so waterlogged that he could not plant for the second season. His household would therefore be without sufficient food until the next main harvest – a year away.

He says: “I have nothing left, yet my family depends on me, lost my house and all my gardens were destroyed.” Johnson’s situation is typical of many of the people affected by the floods and water logging in the Teso, Lango, Bugisu and Karamoja sub-regions of Uganda.

Thanks to CERF funds, however, the food security cluster in Uganda was able to respond to his urgent needs for food assistance. The World Food Programme and its cooperating partners used these rapidly available resources to provide 320,000 beneficiaries like Johnson’s family with a one-month food ration. Johnson reports: “It is by the mercy of the World Food Programme that we at least have a meal everyday.”



Johnson Abwoi standing in front of his flood-damage hut

### **(Second Story)**

In November 2007, the World Food Programme (WFP) provided relief food assistance to people affected by severe flooding in Nakapiripirit District, in southern Karamoja. Heavy rains had washed away the crops of an estimated 31,000 people in Namalu Sub County, which is normally the breadbasket of Nakapiripirit. The flooding of Cheptui Bridge in Sironko cut off access to markets in Mbale leading to an instant threefold rise in food prices; while Karamoja’s largest market in Namalu was completely abandoned after heavy floods.

The Namalu Assistant Community Development Officer Namalu, Loput Calisto, said the floods had destroyed the hopes of the people as their crops had been performing well and were almost ready for harvest when the floods struck, wiping out the maize beans and sorghum that were to be their main source of food for the next 12 months.

Queueing for food at a WFP relief distribution in Loperot village, Namalu, Mzee Dengel Lomugele, a 70-year old man recalled tearfully how he had fled across the Ameler River to higher ground to escape the floods, while his neighbour tragically drowned in the attempted crossing.

After receiving his food ration he entered the ruins of his collapsed hut and came out with a handful of sprouting maize cobs, lamenting that he had invested all his money to plant three acres of maize this year and had now lost it all to the floods.

“We have lost everything,” Lomugele said, pointing to families scattered on the ground on makeshift beds of grass and ash. “For us WFP is our mother, thank you for coming to rescue us.”

## Education Cluster

The heavy rainfall in eastern Uganda, leading to floods and water-logging, affected school structures throughout the east, which are generally built of temporary materials. UNICEF together with UNHCR, WFP and UNOCHA worked closely with NGO partners such as Fida International, Global Care and CEREDO to ensure that normal schooling for children was resumed.

Unfortunately, the floods hit at a critical time for pupils, as the Primary Leaving Examinations (PLE), normally held in November, were fast approaching. The emergency situation therefore disrupted the individual preparation of candidates. However, members of the Education cluster worked round the clock to ensure that temporary examination centres were established. In order to provide support to candidates affected by the floods, the children were provided with accommodation. Eventually, 1,422 PLE candidates were accommodated in the vicinity of the examination centres. Teachers were also provided accommodation in order to oversee the safety of the children and to provide assistance to the learners. In addition, 18,616 PLE candidates were provided with mathematical sets, pens and rulers. The girls (8,339) benefited from the supply of sanitary material.

These safe spaces with overnight facilities ensured that children could concentrate on preparations in the company of their peers and teachers. Children perceived this intervention as a special advantage since they were freed from normal chores at home and could concentrate instead on exam preparations.



**Katakwi Pupils sit PLE in tent**

Pupils in Katakwi District doing their PLE finals in a tent provided by Unicef yesterday. The temporary examinations centers have been created to cater for pupils whose schools

had been cut off and could not be accessed especially in the flood-affected areas. Katakwi District had the biggest number of schools affected by the floods. Photo by Richard Otim

Here are a few messages captured from the location during and after the rapid response:

**Mr. Silver Onyait Ochan, ACAO- focal point for the Government of Uganda-UNICEF Country Programme, Amuria District:** *"We had given up. We thought children were going to have 'a dead year' (meaning lose a whole year), but this was averted. We had to knock at peoples' doors. Thank you to UN agencies and NGOs who relocated to and opened offices in Teso just to serve us."*

**Mr. Joseph Ojur, District Inspector of Schools, Amuria District:** *"Eeh! Opot*

*made it. For the first time, we had 5 pupils in division one, in Opot Learning/PLE exam centre. This has never happened ever since I became DIS in Amuria. Children had no distractions from parents. No collecting water, no cooking. Only learning. This displacement was a blessing in disguise. All partners' that made this possible a big thank you"*

**Otim Alber, PLE candidate:** *"Group work with children from other schools helped. We had a lot to learn from each other and if one became serious, one would make it." The children lost two months and had no hope of ever sitting the exams. Otim Alber: "We were cut off from our school, our teachers; this was a God-sent chance. Thank you UNICEF and Fida for your kindness."*

## Water, Sanitation and Hygiene (WASH) Cluster



These photographs were taken in the Abia Primary School, in flood-affected Apala Sub-County of northern Uganda's Lira District. Normally a school for approximately 800 pupils, Abia has hosted students and teachers from three other, neighbouring schools whose facilities were damaged by the floods, making the classes swell to over 1,600 pupils. Varying degrees of structural damage to classrooms and teachers' quarters in 289 primary schools throughout the region prevented more than 100,000 children from beginning their third-term of the academic year on time.

The contamination of water sources, following the collapse of flooded latrines, posed a direct threat to the health of children and their caregivers. The incidence of water-borne diseases, malaria and acute respiratory infections reportedly increased by as much as 30 per cent during the crisis period. Investments in rehabilitating water points and ensuring water quality were essential for schools, and were prioritized with CERF funding. These students enjoy clean water now, within their school ground.

## Non-Food Items and WASH (Combined)



During the record flooding of north and north-eastern Uganda, residents of Apala Sub-County, affected by water damage, received an assortment of emergency shelter and household items distributed by the NGO Light Force International, with UNICEF support. Some of the most important items to receive were water purification tablets, as seen in the picture here inside the compound of the local government offices in northern Uganda's Lira District. Over 100,000 water purification tablets were distributed in total, along with soap and second-hand clothes. These simple

items helped to prevent water-related disease and restore some of the items lost during displacement due to the floods.

Apala sub-county has a total population of approximately 38,000 people, living in three parishes. Of this number, some 22,000 people were affected by flooding and water-logging. The sub-county is currently an area to which internally displaced persons, formerly residing in camp settlements nearby, have begun returning as overall security conditions improved with the August 2006 signing of the Cessation of Hostilities Agreement between the Government of Uganda and the rebel Lord's Resistance Army.



### **Camp Coordination and Camp Management (CCCM) Cluster**

The village of Aelenyang in Katakwi district, with about 106 families / 471 individuals, has suffered repeated Karimojong raids involving killings of villagers and looting of their animals, while adjacent villages experienced similar attacks. When the situation eventually became unbearable, families felt compelled to abandon their villages and escape for their lives. The families of the village lived scattered over a number of IDP camps nearby and far afield. The village remained empty of its original inhabitants for over two decades – huts crumbled, access roads disappeared, boreholes contaminated and agricultural land wasted with overgrowth.

During the floods, some of the families who had previously fled to low-lying camps suffered anew as they were once again uprooted and forced to move to higher, dry areas outside the camps.

In November 2007, following several joint visits by CCCM cluster members and local authorities, which included discussions of return, with a handful number of families showing interest. The authorities acted positively in support of this proposed return by deploying the Anti-Stock Theft Unit (ASTU) in the village, repairing one borehole, and pledging to re-open access roads and construct a new 10-kilometre road connecting nearby villages to the main road where a Health Centre and one school were located. WFP continued its support with food, UNDP planned income-generation activities and FAO provided seeds. Coupled with continued sensitization, all these joint activities instilled confidence in more and more families about the possibility of return: a true case of joint action.

Gradually, the number of families moving back home to Aelenyang village has increased. By December 2007, all but six families had returned to their village of origin.

As of the end of March, all are back in the village. The overall trend in the two districts is promising. Already about 35,000 individuals completed the return in total. The expectation is that over 70 per cent will have returned by the end of 2008, when thatching grasses mature once more.





## **List of Acronyms**

- ASTU**- Anti-Stock Theft Unit
- CCCM**- Coordination and Camp Management
- CERF**- Central Emergency Response Fund
- DDMCs**- District Disaster Management Committees
- EFSA**- Emergency Food Security Assessments
- FAO**- Food and Agriculture Organization of the United Nations
- IASC**- Inter- Agency standing committee
- IDPs**- Internally Displaced Persons
- LRA**- Lords Resistance Army
- NGO**- Non-governmental organization
- OCHA**- Office for the Coordination of Humanitarian Affairs
- PLE**- Primary Leaving Examinations
- UNICEF**- United Nations Children's Fund
- UNDP**- United Nations development programme
- WASH**- Water, Sanitation, Hygeine
- WFP**- World Food Programme