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

Country	**Uganda**
Resident/Humanitarian Coordinator	**Mr. Théophane Nikyema**
Reporting Period	**January – December 2008**

I. Executive Summary

Throughout 2008, Uganda continued to evince a complex humanitarian environment in which multiple regions experiencing different aspects of need required continued assistance. In northern Uganda, for example, where the large majority of the population was internally displaced into camps during the more than two decade-long conflict with the Lord's Resistance Army (LRA), the prevailing security since the original August 2006 Cessation of Hostilities between the Government and LRA in the context of the Juba Peace Process has prompted many to quit the camps and move back, or at least closer to their villages of origin. The return process has necessitated the adoption of new and flexible approaches from both humanitarian and recovery actors in terms of delivering assistance and strengthening access to basic social services for the returning population, including protection monitoring, provision of information and legal counselling services for a growing number of land disputes and support for the most vulnerable members of the displaced population to facilitate their return.

With protection needs increasing in tandem with the return, the UNHCR-led Protection Cluster found its capacity to raise funds within the 2008 Consolidated Appeal (CAP) outstripped by needs. Thus, a funding request was put forward to the Central Emergency Response Fund (CERF) to enhance support in three areas prioritized by the cluster members: protection monitoring and advocacy; information, counselling and legal assistance; and support for extremely vulnerable individuals (EVIs).

As a result of the strengthened monitoring and advocacy campaign, no instance of forced return was registered during the implementation period. Instead, cases of forced evictions were addressed through dialogue with local authorities, training and legal assistance. The CERF resources further supported the construction of 760 shelters for EVIs and/or persons with special needs (PSNs).

CERF funds were also received by Uganda in 2008 in response to the rapid deterioration of food and nutritional security in the Karamoja region of north-eastern Uganda. By February 2008, global acute malnutrition (GAM) in parts of the region had exceeded 15%[1]. By August, a third consecutive year of drought and/or extended dry spells had jeopardized the single annual harvest, with the delayed rains and harvest meaning that at least 707,000 individuals (approximately 70% of the regional population) receiving food assistance continued to require support until November. Livestock diseases also continued to decimate the cattle, sheep and goat populations, with up to 40% of the region's livestock infected by the cattle disease Contagious Bovine Pleuropneumonia (CBPP) or the sheep and goat disease Peste de petits ruminants (PPR).

[1] Results of a February 2008 assessment showed GAM in Moroto District at 15.6% and in Nakapiripirit District at15.1%.

With extra funding through regular channels not forthcoming, four United Nations agencies (FAO, UNICEF, WFP and WHO) put forward a joint request for support in scaling up emergency food, nutritional and livelihoods support programmes. With the CERF funding received, the agencies and partners were able to bridge the food shortage gap and prevent a greater share of the region's population from slipping into moderate and even severe malnutrition, which would have placed them at a significantly higher risk of death. Enhanced access to basic health care and expanded assistance to prevent co-morbidities associated with malnutrition helped to improve human health in the region, while the eventual vaccination of some 2.75 million animals against contagious diseases strengthened household food security by shoring up livelihoods.

While both sets of CERF funding achieved a good level of success, the responses also highlighted common challenges in a country in a transitional setting. While the funds were allocated to meet life-saving humanitarian needs, in keeping with the terms of the CERF, the causes in both instances were rooted in situations that can only be sustainably redressed through concentrated recovery and development approaches. Ensuring adequate protection of the civilian population, including the basic human right to adequate housing, and adjudicating land disputes will require the comprehensive reconstruction of civilian administrative, policing, legal and judicial systems across northern Uganda. Pulling Karamoja out of the vicious cycle of recurrent humanitarian crisis that stems from marginalization and lack of development requires systematic investment in basic social services and economic infrastructure and promotion of a stable security situation. Additional support from recovery and development actors is required in both cases to ensure that the progress achieved during the humanitarian response does not slip once the interventions are over.

Summary of the CERF money requested and received status

Total amount of humanitarian funding required and received during the reporting year	**REQUIRED:** **RECEIVED:**			$ 374,363,536 $ 267,875,398
Total amount requested from CERF **Total amount of CERF funding received by funding window**	**FUNDS (IN TOTAL REQUESTED):** **RAPID RESPONSE:** **UNDERFUNDED:** **GRAND TOTAL:**			$ 5,681,929 $ 5,681,929 $ 0 **$ 5,681,929**
Total amount of CERF funding for direct UN agency / IOM implementation and total amount forwarded to implementing partners	**UN AGENCIES/IOM:** **NGOS:** **GOVERNMENT:** **OTHER:** **TOTAL**:			**$ 3,732,769.21** $ 1,469,287 $ 479,872.79 $ 0 **$ 5,681,929**
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	**TOTAL**	**under 5 years of age**	**Female (If available)**	**Male (If available)**
	2,245,0552	Please see detailed table below	Please see detailed table below	Please see detailed table below
Geographic areas of implementation targeted with CERF funding (please be specific)	North-eastern Uganda (Karamoja region), including the districts of Abim, Kaabong, Kotido, Moroto and Nakapiripirit Northern Uganda (Acholi and Teso sub-regions), including the districts of Amuru, Gulu, Kitgum, Pader, Amuria and Katakwi			

	Funding Disbursed (US$)				**Beneficiaries**			
Recipient Agency	**UN**	**NGO Partners**	**Govt. Partners**	**Total**	**Total**	**Under 5**	**Female**	**Male**
FAO	**550,961**	**129,032**	**19,975**	**699,968**	**660,0003**	**-**	**-**	**-**

[2] Approximate total number of beneficiaries provided on basis of total of largest group of beneficiaries per region, i.e. UNHCR total for Acholi and Teso and WHO total for Karamoja (where we assume that target populations for various agency interventions in Karamoja overlap).

UNHCR	**150,750**	**548,228**	**-**	**698,978**	**1,240,0554**	**-**	**-**	**-**
UNICEF	131,225[5]	686,159[6]	386,366[7]	1,203,750	Children treated with severe malnutrition: 4,171; Children immunized[8]: 151,461; Children received nets: 33,330	All beneficiaries of nutrition programmes children under 5; receiving Vitamin A and de-worming +/- 5 years	-	-
WFP	2,202,148.21	5,868	73,531.79	2,281,548	742,384	147,765	254,048	340,571
WHO[9]	697,685	100,000	-	797,685	1,005,000	193,586	521,595	483,405
Totals	**3,732,769.21**	**1,469,287**	**479,872.79**	**5,681,929**	**2,245,055**	**-**	**-**	**-**

II. Background

Throughout 2008, humanitarian agencies working in Uganda continued to respond to multiple situations of need in the country, as outlined in the 2008 CAP. In northern Uganda (Acholi, Lango and Teso sub-regions), the humanitarian community supported the needs of the population displaced during the 22-plus year conflict with the LRA, including through the process of return to areas of origin. In north-eastern Uganda (Karamoja region), the humanitarian community strove to meet emergency needs arising from three consecutive years of drought/extended dry spells in the most marginalized and under-developed part of Uganda. And, in refugee-hosting areas, the humanitarian community sought to provide timely assistance for refugees, including new arrivals from the North Kivu Province of eastern Democratic Republic of the Congo. As needs in each instance outpaced or overstretched resource mobilization through regular channels, the humanitarian response in each of these areas was supported by CERF grants availed under the rapid response window.[10]

In August 2008, in response to increasing concerns regarding instances of forced return, lack of minimum conditions for achievement of durable solutions in former camps and return areas, and the growing number of family separations recorded during return, the Protection Cluster, under the cluster leadership of the United Nations High Commissioner for Refugees (UNHCR), requested and received a CERF grant of US$ 698,978 to strengthen the cluster response in three priority areas identified by the cluster on the basis of the monthly return monitoring and assessment:

1) Strengthening of protection monitoring and advocacy to ensure that coercive measures were not used to induce return without an acceptable alternative, and, in particular, that EVIs/PSNs, women and children were not deprived of a place to live;

2) Expansion of information, counselling and legal assistance initiatives to reduce the risk of inter-communal conflict and land disputes in former camps and return areas; and

[3] According to District Agriculture Officers in Karamoja, all cattle and small ruminants in the region are owned by approximately 60% of the population. Given that all cattle in the region were targeted by the vaccination campaign organized by FAO, approximately 60% of the region's estimated population of 1.1 million people were direct beneficiaries of the CERF action, with the remaining 440,000 inhabitants of the region indirectly benefitting from improved food security.
[4] According to the population monitoring conducted by UNHCR, some 1,240,055 IDPs and returnees live in the Acholi and Teso sub-regions, including at the time of the CERF request: 430,020 IDPs in camps; 398,919 people in transit sites; and 411,116 returnees in villages of origin. As no formal registration of IDPs has ever been able to be conducted in northern Uganda, disaggregate figures for children, men and women are not available.
[5] The total share of CERF funds retained and implemented directly by UNICEF includes $101,891 spent and $29,334 returned to CERF unspent.
[6] The total amount of CERF funding that was directed to NGO partners by UNICEF comprises $338,690 in cash transfers and $347,469 in supplies.
[7] The total amount of CERF funding that was directed to government partners by UNICEF comprises $137,208 in cash transfers and $249,158 in supplies.
[8] Immunizations included Vitamin A supplementation and de-worming.
[9] The budget expenditure by WHO Uganda is preliminary, subject to approval by WHO Headquarters.
[10] As the allocation for the Congolese refugees was not made until January 2009, the report on use of those funds will be made in next year's report.

3) Strengthening support for and provision of humanitarian assistance to EVIs/PSNs separated from their families during the return process.

The priority areas for action identified by the Protection Cluster were consistent with the overall cluster response strategy developed through the 2008 CAP. CERF funding was used to bolster ongoing programmes in priority areas.

Also in August 2008, the Food and Agriculture Organization (FAO), United Nations Children's Fund (UNICEF), World Food Programme (WFP) and World Health Organization (WHO) requested and received $4,982,951 from the CERF under the rapid response window to address the rapidly deteriorating food and nutritional security situation in the north-eastern Karamoja region of Uganda. By August, a third consecutive year of extended drought had already jeopardized the single annual harvest and livestock diseases were continuing to decimate the cattle, sheep and goat populations of a region in which the majority of the population are dependent on pastoralist livelihoods. As early as February 2008 (at least eight months before the next harvest) GAM rates in parts of the region had exceeded 15%[11]. Up to 40% of the region's livestock had been infected by the cattle disease CBPP or the sheep and goat disease PPR. Moreover, 707,000 individuals (approximately 70% of the regional population) already receiving food assistance would continue to require support while the delayed harvest – also anticipated to be but a proportion of a normal year's crop – was brought in. This situation prompted the four United Nations agencies and their partners to request support to scale-up emergency activities based on a four-pronged approach that targeted immediate food, nutritional and human and animal health needs in the region.

The appealing agencies jointly planned the expansion of their existing response strategy, consulting with existing and potential new partners and vetting proposed components both on the basis of their potential contribution to reducing mortality and addressing deteriorating malnutrition and their feasibility for implementation within a three-month timeframe.

[11] Results of a February 2008 assessment showed GAM in Moroto District at 15.6% and in Nakapiripirit District at15.1%.

III. Implementation and results

Northern Uganda (Acholi and Teso)

PROTECTION

All activities were coordinated through the protection cluster apparatus at the district level. Consultation with communities of internally displaced persons (IDPs) – as well as gender mainstreaming – was facilitated through the incorporation of Age, Gender and Diversity Mainstreaming (AGDM) principles in all activities carried out under the aegis of the project (as in all the clusters' activities), while local government was involved and consulted during the protection monitoring.

Approximately 1.2 million current and former IDPs living in camps, transit centres and villages of origin in the Acholi and Teso regions benefitted directly from the enhanced support the Protection Cluster was able to offer due to the funds received. The CERF funds were essential to the strengthening of protection monitoring, implementation of an advocacy campaign against forced return; expansion of information, counselling and legal centres in Amuru, Gulu, Kitgum and Pader; and provision of shelter for EVIs/PSNs. As a result of the strengthened monitoring and advocacy campaign conducted through constant interaction with local and national authorities, no instance of forced return was registered during the implementation period. Instead, cases of forced evictions were discovered and addressed through dialogue with local authorities, training and legal assistance. The CERF resources further supported the construction of 400 huts for PSN/EVIs and distribution of material support for a further 1,790 PSNs, including 600 in Amuru, 417 in Gulu, 575 in Kitgum and 198 in Pader. A total of 200 plastic sheets were distributed to the benefit of 3,499 EVIs in return areas, including 2,199 in Gulu and Amuru, 800 in Kitgum and 500 in Soroti.

Key partners for the implementation of this project were the members of the Protection Cluster, including the Agency for Technical Cooperation and Development (ACTED), American Refugee Committee (ARC), Arbeiter-Samariter-Bund (ASB), Associazione Volontari per il Servizio Internazionale (AVSI), Danish Refugee Council (DRC), German Development Services (DED), GOAL, International Rescue Committee (IRC), Norwegian Refugee Council (NRC) and War Child Canada (WCC). CERF funding was an important means of reinforcing partnership and coordination between the cluster members, particularly with regard to the planning and implementation of the project; working together meant that the cluster members' activities were cumulatively able to have a broader geographical impact. Moreover, local governments in the affected districts were key partners in the operation: their participation was instrumental in mobilizing local communities and ensuring local ownership. The Inter Agency Standing Committee (IASC) in Uganda was also an important forum in harmonizing activities in the broader context.

UNHCR was responsible for the monitoring and reporting on the project funded by CERF through site visits by its staff and the staff of other cluster member agencies. In addition, UNHCR conducts both internal and external audits to monitor expenditures on a regular basis. Local government also conducts monitoring and evaluation of all ongoing projects in each district to keep participating agencies accountable to set objectives and desired results. Beneficiaries themselves have also been part of the monitoring and evaluation mechanisms.

North-eastern Uganda (Karamoja)

FOOD SECURITY AND AGRICULTURAL LIVELIHOODS[12]

Livestock production is the principal livelihood for the majority of the population of the Karamoja region; thus, the threat posed by PPR and CBPP was critical. In order to limit the spread of the diseases, the Government of Uganda quarantined cattle, but illegal movements and lack of

[12]As decided by the IASC in August 2008, the cluster leadership approach has not been formally rolled out in the Karamoja region as it has in conflict-affected northern Uganda. However, the "non-standard" sectors are parallel to the clusters for clarity in national coordination, and thus the CERF report is also organized by cluster/non-standard sector.

capacity to ensure enforcement, resulted in their further spread. By August 2008, the diseases had killed an estimated 155,000 goats and sheep and 100,000 cattle respectively. The quarantines also impacted negatively on livelihood security in the region. On the recommendation of government livestock experts, plans began for a blanket vaccination of small ruminants and cattle. FAO spearheaded the search for financing at the Government's request, securing funding from CERF as well as the governments of Italy ($150,000) and Ireland ($116,035), as well as an internal grant through a FAO Technical Cooperation Project ($125,000). Additionally, the Government of Uganda funded vaccination of 500,000 small ruminants. In total then, the full blanket vaccination targets 1.35 million cattle and 2.4 million small ruminants, of which the CERF component targeted 1.6 million small ruminants and 1.15 million cattle[13], across the five Karamoja districts of Abim, Kaabong, Kotido, Moroto and Nakapirpirit.

To implement the campaign, FAO signed Letters of Agreement with the Ministry of Agriculture, Animal Industries and Fisheries (MAAIF) and seven NGOs, including:

ACTED to vaccinate 150,000 cattle against CBPP and 150,000 small ruminants against PPR in Nakapiripirit District;

- Happy Cow to vaccinate 150,000 cattle and 100,000 small ruminants in Nakapiripirit;
- Bokora Zonal Integrated Development Programme (BOZIDEP) to vaccinate 150,000 cattle and 280,000 small ruminants in Moroto District;
- Veterinaires sans Frontières (VSF)-Belgium to vaccinate 200,000 cattle and 300,000 small ruminants in Moroto District[14] ;
- Caritas to vaccinate 20,000 cattle and 40,000 small ruminants in Abim District;
- Kotido Central Veterinary Care (KCVC) to vaccinate 500,000 cattle and 650,000 small ruminants in Kotido District; and
- Dodoth Community Animal Health Workers Association (DOCAHWA) to vaccinate 180,000 cattle and 380,000 small ruminants in Kaabong District.

The District Veterinary Offices (DVOs) in the respective districts were engaged in the campaign through MAAIF, with facilitation from FAO, while Community Animal Health Workers (CAHWs) were similarly engaged through the NGOs. On average, DVOs in Karamoja have only 2.6 staff per office; therefore, utilizing extension staff from NGOs and CAHWs helped to fill the gap. And while the actual vaccination was done by NGOs, the full involvement of the Government and Districts was ensured. Moreover, while DVOs showed initial reluctance to cooperate with CAHWs and NGOs at the beginning of the campaign, sensitization and improved communication has shown an impact in terms of improved relations and collaboration. Having developed this structure for coordination and implementation of such a blanket vaccination campaign the first time, it should prove helpful in the event of future need for a similar exercise.

Following an initial coordination meeting held in Soroti town in September 2008, which brought together the DVOs and other stakeholders from the Karamoja and neighbouring districts, a second coordination meeting was held in January 2009 in Moroto with implementing NGOs and DVOs. Monitoring and evaluation of the campaign was carried out by MAAIF through three monitoring and supervision missions, while FAO staff also carried out periodic monitoring visits and provided support to the DVOs and implementing agencies for verification of the vaccination process. Each team recorded the type of animals vaccinated, de-wormed and treated at each venue and date. NGOs and DVOs also kept records of the vaccines and equipment dispatched to the districts. DVOs were expected to submit progress and final reports to MAAIF, as well as bi-monthly updates on the status of vaccinations, while MAAIF is responsible for preparing a

[13] The initial proposal submitted in August 2008 specified 700,000 small ruminants and 500,000 cattle to be vaccinated using CERF funds, but the lower than expected unit cost of the CBPP vaccine enabled FAO and partners to buy larger numbers of vaccines with CERF funds, off-setting the other costs of implementing the vaccination campaign with the other funding secured.

[14] VSF-Belgium did not receive support from CERF funds, but rather from the Italian and Irish contributions.

final report to FAO, including final status of vaccinations and markings in each sub-county of the five districts.[15]

The coordination and monitoring and evaluation mechanisms implemented facilitated the flow of information to and from the various partners. Regular updates were also provided to the FSAL Cluster Members at the monthly national coordination meetings and to the wider humanitarian community through OCHA.

Each district constituted vaccination teams comprising district veterinary staff, staff from the implementing agencies and CAHWs. Each of the team members was responsible for specific activities, including administration of the vaccine, recording, treatment, de-worming and notching (marking the vaccinated animals). The teams each received training from the DVOs, which were also responsible, in conjunction with implementing NGOs, for mobilizing and sensitizing communities about the campaign, including through radio announcements. Schedules for the vaccinations were agreed by the vaccination teams with the communities, with team members remaining in remote areas where large numbers of livestock were present until the vaccinations were completed. Permission to access livestock in protected kraals was sought and received from the Uganda People's Defence Forces (UPDF). In addition to the vaccinations, the teams provided supportive therapy for sick animals.

While, according to the original plan, the vaccination exercise should have been concluded by January 2009, the onset of the dry season necessitated the extension of the campaign as animal movements in search of water and pasture made access difficult. Animals are also believed to be weaker during the dry season. Furthermore, delivery of the CBPP vaccines procured for the vaccinations was delayed until February 2009. Thus, the following table shows vaccinations completed to date (as of February 2009):

District	Implementing Agency	Planned		Achieved	
		Small Ruminants	Cattle	Small Ruminants	Cattle
Nakapiripirit	ACTED and Happy Cow	250,000	300,000	109,975	-
Moroto	BOZIDEP	280,000	150,000	97,975	-
Abim	Caritas	40,000	20,000	48,321	-
Kaabong	DOCAHWA	380,000	180,000	116,952	-
Kotido	KCVC	650,000	500,000	308,000	-
Total		**1,600,000**	**1,150,000**	**681,223**	**0**

In Nakapiripirit and Abim, the PPR vaccinations have been finalized, with 44% and 121% of targeted animals reached respectively. In Moroto, where 35% of targeted animals have been reached, PPR vaccinations are expected to be finalized by end March 2009, while in Kotido, 47% have been reached and vaccinations are expected to be finalized by mid-March. Finally, in Kaabong, where 31% of targeted animals have been reached, PPR vaccinations are expected to be concluded by the start of April.

CBPP vaccinations were expected to start in the second week of March 2009 and be finalized in May 2009. A no-cost extension prolonging the period for implementation of CERF-funded activities by FAO until 25 May 2009 was requested by the agency.

Animals vaccinated against PPR are immune for life, with only their offspring requiring vaccination in future. It is recommended that vaccinations be carried out for three consecutive years and that similar vaccinations occur across the border in Kenya.[16]

[15] The final report from MAAIF will be submitted to FAO at the end of the vaccination exercise in April 2009.

[16] Interviews with livestock owners indicate that deaths of goats and sheep have been lower than when PPR was first reported in the region (March 2007); sero-monitoring to establish the level of disease is expected to be carried out in May 2009 by MAAIF. It is also expected that a more accurate census of animals will be conducted after completion of the vaccination campaign, which can then be used for future reference.

Meanwhile, to sustain General Food Distributions (GFD) until November 2008, when the next harvest was expected, WFP and partners used the CERF funds to purchase 2,872 metric tons (MT)[17] of mixed commodities, including maize meal, pulses and vegetable oil, which were distributed to 742,384 persons. The CERF funding also supported sensitization of beneficiaries and the supplementary feeding programme undertaken as part of the nutrition response. Apart from food purchases, the funds were also used for the screening of beneficiaries using weight-for-height measurements to determine their eligibility for the supplementary feeding programme. Additional activities supported with the CERF funding included storage, transportation and distribution of food at distribution points throughout the Karamoja region, food basket monitoring and post-distribution monitoring.

WFP coordinated its CERF funded projects closely with its partners and other humanitarian actors, including in the FSAL Cluster, of which it is co-chair, and through the Heads of Cluster and IASC in Uganda. In government, WFP's key interlocutor is the Office of the Prime Minister (OPM), while day-to-day planning and implementation of programme activities is done through two key ministries: the Ministry of Health and MAAIF. At the district level, WFP worked with the district local governments of Moroto and Nakapiripirit, as well as the district-level FSAL and District Disaster Management Committees (DDMCs) on monitoring.

WFP's implementing partners – Moroto District Local Government, Nakapiripirit District Local Government, Dodoth Agropastoral Development Organization (DADO) and Caritas – were directly responsible for the food distributions. WFP worked with OPM and the DDMCs to monitor the distributions and ensure quality standards were met. Other local government officials and community representatives helped in the identification of beneficiaries for registration. Food basket monitoring was conducted by another partner, Semi-Arid Lands Development Options (SALDO), on each food distribution day to monitor beneficiary food entitlements and satisfaction with the foodstuffs provided, while post-distribution monitoring was undertaken several weeks later to determine how the food had been used by beneficiary households.

Monitoring of the project was done through the established Monitoring and Evaluation system of the WFP country office, in accordance with the results-based approach to programming. At the district level, WFP and partners regularly reported on their activities in weekly and monthly reports from the sub-offices in Kotido and Moroto to the country office in Kampala. Moreover, in line with WFP's corporate gender policy, care was taken to ensure equitable representation of women on food management committees, including those used to organize the food distributions.

HEALTH, NUTRITION AND HIV/AIDS

As of August 2008, some 7,500 children in Karamoja were estimated to be suffering from severe malnutrition, requiring immediate medical attention (therapeutic feeding), while an additional 35,000 were estimated to be moderately malnourished. To adequately respond to this nutrition crisis, a package of life-saving services, including interventions to control for co-morbidity (vitamin A supplementation, de-worming, malaria control and immunization of children, improved epidemic disease surveillance and access to basic health care) and identification, referral and treatment of severe acute malnutrition, were carried out with support from the CERF funds allocated to UNICEF, WHO and WFP.

Early identification and treatment of severe acute malnutrition is essential to reduce the risk of mortality. Strengthening the identification and referral of malnourished children in Karamoja using Mid Upper Arm Circumference (MUAC) was one of the key interventions initiated by UNICEF and partners in order to enhance the emergency nutrition response in the region. This was the first time that MUAC carried out by community volunteers was used on such a large scale in Uganda. Of 165,278 children aged between 12 and 59 months targeted for screening in the region, 109,058 were screened, giving a regional coverage of 66%.

[17] WFP notes that the proposal erroneously stated that 25,544 MT of food would be purchased with the CERF funds; the actual planned figure should have been 2,317 MT. By the time of the purchases, food prices had dropped slightly, allowing for the purchase of additional stocks.

Children suffering from severe acute malnutrition (SAM) were admitted to therapeutic treatment using one of the following criteria:

- Mid Upper Arm Circumference (MUAC) of less than 11 centimetres (cm);
- Presence of bilateral oedema;
- Weight-for-height Z-score of less than -3.

Using the Integrated Management of Acute Malnutrition Approach, severely malnourished children with poor appetite or medical complications were treated in a therapeutic feeding centre (TFC), while severely malnourished children without medical complications and with good appetite were treated in community (outpatient) sites using Ready to Use Therapeutic Food (RUTF).

Given the limited governmental capacity to deliver basic social services in the Karamoja region, UNICEF worked with the NGOs Action Contre la Faim (ACF) and Médecins sans Frontières (MSF)-Holland to ensure adequate management of cases of severe malnutrition through life-saving interventions in Moroto, Kaabong and Nakapirpirit Districts (the most affected parts of the Karamoja region). To address the limited number of SAM cases in Abim and Kotido, Mwanagimu Nutrition Unit, the national referral centre for the treatment of malnutrition, in partnership with the TFC at Matany Hospital and under the guidance of UNICEF's Emergency Nutritionist, carried out capacity building of health workers in the two districts. Two treatment sites were also set up, one each in Abim and Kotido. Community-based networks in all five districts were associated with the implementation of the response, improving the identification and referral of affected children.

Between July and December 2008, a total of 4,171 severely malnourished children were treated in the Karamoja region at four TFCs established at Kaabong Hospital, Matany Hospital (Moroto), Tokora Health Centre IV (HCIV, Nakapiripirit) and Moroto Hospital. ACF and MSF-H supported the establishment of 29 outpatient therapeutic care (OTC) sites in Kaabong, Nakapiripirit and Moroto. Of the 4,171 children, 86% (3,598) were treated in OTCs and 14% (573) in inpatient facilities (TFCs). Between July and November, the overall cure rate increased from 16% to 80%, while the death rate dropped sharply, from 15% to 0.3% over the same period.

The emergency nutrition response was monitored through various mechanisms, including district health team monitoring systems, supervision and monitoring by the Ministry of Health and monitoring of actual project implementation by UNICEF staff. Data on programme coverage, number of children screened, number of children identified for outpatient treatment, number of children recruited for inpatient treatment, as well as treatment performance indicators (cure rate, death rate and default rate) were collected weekly by UNICEF through its field office in Moroto.

According to the Ministry of Health nutrition survey conducted in September 2008 with support from UNICEF, WFP and International Baby Food Action Network, there was an overall reduction in GAM in the region from 10.9% in February 2008 to 9.5% in September. In Moroto, GAM dropped from 15.6% to 12.7%, while in Nakapiripirit, the drop was from 15.1% to 8.4%. Malnutrition is an outcome indicator and a reflection of the vulnerability of an individual to a range of threats. While attribution is hard to confirm, it is clear that the intensive emergency response by all partners funded by the CERF – as well as the late arrival of rains – improved the nutritional situation and helped to bridge a significant food shortage gap.

However, the improvement can also be correlated with the reduction in co-morbidities, which can hasten the slide into severe malnutrition. Measles vaccination, vitamin A supplementation of children aged 6 months to 5 years and de-worming of children aged 1 to 14 years are among the main components of the UNICEF Core Commitments for Children in Emergencies for this reason. Thus, to reduce child mortality and morbidity, a mass child survival campaign, partly funded by the CERF, was carried out during the response. Cash disbursements were made to district local governments, who coordinated the district campaigns with UNICEF and other partners.

Among the achievements of the child survival campaign, high coverage of vitamin A supplementation was achieved, with the regional coverage increasing from 93% in April 2008 to 103% in October. CERF funds provided vitamin A for 61,297 children (out of a total 200,000 reached). The de-worming campaign showed mixed results, with a decline in the regional average from 67.5% in April to 64.3% in October, although the decline can be attributed to the concentrated focus on children under 5, with less attention given to the mobilization of children aged 6 to 14 years.

The immunization campaign used CERF funds to vaccinate 13,828 (out of the total 21,103 children vaccinated) against measles, DPT3 and polio, train health workers, maintain the cold chain, distribute vaccines and supplies and conduct community social mobilization.

Finally, to ensure that children being treated for acute malnutrition were not at risk of malaria, a proportion of the CERF funds was used to procure Long Lasting Insecticide-treated Nets (LLINs). Part of a larger initiative undertaken by UNICEF and partners to improve child survival and development through net availability and use across north-eastern Uganda, CERF funds were used to procure 33,330 LLINs out of a total 325,167 LLINs distributed to households in Karamoja between October and November 2008. As a result of the campaign, 90% of all sleeping huts in Karamoja (except in Kaabong District) possessed at least one net. The impact of the LLIN distributions is to be verified by a post-distribution utilization and retention survey.

Meanwhile, WHO and partners – principally the Ministry of Health, District Health Teams (DHTs), Cooperation & Development (C & D), Medair and WFP – used CERF funds significantly to improve health facilities' reporting of communicable diseases to above 80% on a weekly basis, which information was regularly analysed and used for planning and decision-making. Sentinel nutrition surveillance sites were established in 15 health units in the region to monitor nutritional status. Access to health services was improved through renovation and equipping of five health units (one per district), provision of laboratory equipment to aid diagnosis in 14 health units and provision of support to monthly outreach programmes for 1,500 returnees in remote areas. A six-month supply of essential drugs and facilitation for the outreach were provided to support the last activity. Some 1,400 Village Health Team (VHT) members were trained and equipped to provide community mobilization, health education and to treat minor ailments at the village level. Additionally, in anticipation of the possible outbreak of epidemic disease, six cholera kits and ten meningitis kits were prepositioned in the region.

Weekly and monthly reports containing detailed analysis of the local situation, with a special emphasis on communicable diseases and nutrition, were submitted as part of the monitoring of the project. Field visits were conducted regularly from the field office in Karamoja, and monitoring visits to the region by the project coordinator in Karamoja. The CERF funding is seen as having been crucial in establishing a proper health coordination structure in the region, where a modified cluster approach has been rolled out[18] with regional cluster meetings organized to facilitate experience sharing, avoid duplications and foster coordination and collaboration. The cluster coordination has enabled the development and submission of joint funding proposals by participating actors.

[18] The cluster leadership approach has not been formally rolled out in Karamoja, by decision of the IASC in Uganda; however, sector leads at the district/regional level continue to fulfill the terms of reference of a cluster lead and Karamoja-specific coordination is included within the national cluster and inter-cluster coordination apparatus.

IV. Results: (Agencies)

Sector/ Cluster	CERF projects per sector	Amount disbursed (US$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Food Security and Agricultural Livelihoods (FSAL)	***08-FAO-033*** "Support to the Karamoja Livestock Production System" ***FAO Ref # OSRO.UGA.805.CHA*** "Vaccination of goats and sheep against Peste de petits ruminants (PPR) and cattle against Contagious Bovine Pleuro-pneumonia (CBPP)"	***$ 699,968***	Planned beneficiaries: 700,000 small ruminants (goats and sheep) and 500,000 cattle Revised planned beneficiaries: 1.6 million small ruminants and 1.15 million cattle	***FAO*** *– $550,961* ***Government*** *– (MAAIF) – $19,975* ***NGO Partners****, including ACTED, BOZIDEP, Caritas, DOCAHWA, Happy Cow and KCVC - $129,032*	▪ Number of livestock vaccinated	▪ Successful vaccination of 29% (700,000) of the estimated 2.4 million goats and sheep in Karamoja ▪ Successful vaccination of 45.5% (500,000) of the estimated 1.1 million cattle in Karamoja ▪ Targeted number of sheep and goats and cattle for vaccination subsequently revised upwards to 1.6 million and 1.15 million respectively as cost of vaccine purchase proved lower than estimated.	▪ As at time of reporting, 681,223 small ruminants had been vaccinated; ▪ By the end of the vaccination campaign (est. May 2009), 1.6 million small ruminants and 1.15 million cattle will have been vaccinated (FAO has requested a no-cost extension on their CERF grant (until 25 May 2009 for implementation of activities) to cover the delay stemming from the late delivery of CBPP vaccines by the supplier); ▪ Livestock health improved; ▪ Successful mass vaccination will likely create conditions for lifting of the quarantine on livestock movement, thus opening opportunities for marketing of livestock and livestock products and thus improving household incomes and purchasing power; ▪ No cases of PPR and CBPP have been reported among vaccinated animals.

	08-WFP-069 "Targeted Food Assistance for Relief and Recovery of Refugees, Displaced Persons and Vulnerable Groups in Uganda"	***$ 2,281,548***	707,000 drought-affected persons	***WFP*** *- $2,202,148.21* ***Government****, including Moroto and Nakapiripirit District Local Governments - $73,531.79* ***NGO partners****, including Caritas and DADO - $5,868*	**Prevalence of GAM** in Karamoja of 10.9% (Feb 2008): ▪ Moroto: 15.6% ▪ Nakapiripirit: 15.1% ▪ Kaabong: 9.6%; ▪ Kotido: 6.3%; ▪ Abim: 8.3%.	▪ Contribute to saving lives of 707,000 drought-affected persons by providing emergency food assistance and supporting supplementary feeding until next harvest in November 2008	▪ 2,872 metric tons (MT) of food distributed to 742,380 beneficiaries; ▪ Regional GAM reduced from 10.9% to 9.5% (September 2008); ▪ Regional SAM reduced from 1.6% to 1.5% (September 2008)
Health, Nutrition and HIV/AIDS	***UGA-08/H13A*** "Nutrition Response in Emergency Return and Resettlement" ***UNICEF Ref # 08-CEF-054*** "Emergency Nutrition Response"	***$ 1,174,416*** *($29,344 of the original $ 1,203,750 allocated to UNICEF remained unspent at the expiry of the PBA as a result of an un-anticipated reduction in freight costs for off-shore supplies; the sum is being reimbursed to CERF)*	Children suffering from severe malnutrition: 4,171; Children immunized (including Vitamin A and de-worming): 151,461; Children who received mosquito nets: 33,330	***UNICEF*** *– $101,891* ***NGO Partners*** *– ACF and MSF-Holland: $686,159, including $338,690 in cash transfers and $347,469 in supplies;* ***Government*** *- $386,366, including $137,208 in cash transfers and $249,158 in supplies.*	**Prevalence of GAM** in Karamoja of 10.9% (Feb 2008): ▪ Moroto: 15.6% ▪ Nakapiripirit: 15.1% ▪ Kaabong: 9.6%; ▪ Kotido: 6.3%; ▪ Abim: 8.3%. **Prevalence of SAM** in Karamoja of 1.6%: ▪ Moroto: 2%; ▪ Nakapiripirit: 1.9%; ▪ Kaabong: 2.6%; ▪ Kotido: 0.3%; ▪ Abim: 1%	▪ Reduction in mortality from severe acute malnutrition; ▪ Numbers of children becoming severely malnourished stabilized; ▪ At least 50% of cases of severe malnutrition identified at community level and enrolled in treatment programme; ▪ Cure rates of those with severe acute malnutrition and moderate acute malnutrition over 80%; ▪ 100% of children treated for severe acute malnutrition are immunized, given an LLIN and vitamin A supplementation	**Prevalence of GAM** in Karamoja at 9.5% (September 2008): ▪ Moroto: 12.7% ▪ Nakapiripirit: 8.4% ▪ Kaabong: 8.6% ▪ Kotido: 10.5% ▪ Abim: 7.2% **Prevalence of SAM** in ▪ Karamojoa at 1.5%: ▪ Moroto: 1.9% ▪ Nakapiripirit: 1.9% ▪ Kaabong: 1% ▪ Kotido: 1.1% ▪ Abim: 1.4% ▪ Number of new registered cases of severely malnourished children decreased from 1,564 in July 2008 to 509 in November 2008 (significant decrease); ▪ 4,171 children identified and treated for severe acute malnutrition (55.6% of the expected caseload) at the community level; ▪ 109,058 children screened for malnutrition;

							▪ Cure rate in therapeutic feeding programme consistently above 80% since October 2008 (74% on average from July to November 2008); ▪ 100% of children treated for SAM were immunized, given an LLIN and vitamin A; ▪ At least 33,330 children received an LLIN: ▪ 5,982 children immunized against measles; 3,991 immunized with DPT3; 3,855 immunized against polio; 61,297 children received Vitamin A supplementation; and 76,376 de-wormed.
	UGA-08/H13C " Nutrition Response in Emergency Return and Resettlement" ***UGA-08/H18*** "Health, Nutrition and HIV/AIDS Response Coordination" ***UGA-08/H21*** "Epidemic Preparedness and Response (EPR) and Disease Surveillance" ***WHO Ref. # 08-WHO-043*** "Provision of live-saving health and	***$ 19,515*** ***$ 358.593*** ***$ 419,577*** ***Total: $ 797,685***	Total: 1,005,000 Under 5s: 193,586 Women: 521,595 Men: 483,405	***WHO*** *- $697,685* ***Other UN Agencies****: WFP - $0* ***Government****, including Ministry of Health, District Health Teams in Abim, Kaabong, Kotido, Moroto and Nakapiripirit Districts - $0* ***NGO Partners*** *– C&D, Medair - $100,000*	▪ 60% completeness of IDSR reports in the districts of the region	▪ Nutritional surveillance system in place in all districts of Karamoja within 3 months; ▪ Improved access to good quality life-saving basic health and nutrition services in drought-affected areas of Karamoja; ▪ Effective coordination, supervision, monitoring and evaluation of the health and nutrition emergency response in all districts of Karamoja;	▪ Sentinel site for nutrition surveillance established in each of the five districts of Karamoja; ▪ Monthly outreaches conducted at resettlement sites of Apeitolim, Lomaratoit and Nakayot; ▪ Provided 6 months stock of essential drugs to support outreach activities; ▪ Rehabilitated five health units (one in each district of the Karamoja region) ▪ Trained 1,000 Village Health Team (VHT) members across the five districts and subsequently provided them with clothing (T-shirts and gumboots), while VHT supervisors were provided bicycles for transport. Support given for monthly

	nutrition services to populations of Karamoja region of Northern Uganda"					▪ Complete and timely IDSR/HMIS reporting improved to greater than 80%.	VHT review meetings. ▪ Completeness and timeliness of IDSR reporting improved to an average of 90%
Protection	***08-HCR-027*** "Protection of IDPs and Support to the Achievement of Durable Solutions"	*$* ***698,978***	***1,240,055*** *current and former IDPs, Including:* ***430,020*** *IDPs in camps;* ***398,919*** *people in transit sites; and* ***411,116*** *returnees in villages of origin.*	***UNHCR*** *– $150,750* ***NGO Partners,*** *including ACTED, ARC, ASB, AVSI, DRC, GOAL, IRC, NRC and WCC - $548,228*	▪ 70% of cases of forced return and evictions identified and addressed ▪ 70% of IDPs in need provided with legal assistance ▪ 100% of identified shelter needs for PSNs built	▪ Cases of forced return and evictions identified and addressed; ▪ Advocacy initiative against forced return implemented through dialogue with and training of national and local authorities, including security forces; ▪ IDPs encountering problems with land disputes, forced evictions and legal follow-up of cases of gender based violence (GBV) counselled and provided with legal assistance; ▪ Local courts trained on land issues and able to adjudicate land disputes and	▪ Three (3) lawyers supported to provide free legal services to women and girl survivors of GBV. ▪ 1,500 protection-related incidents reported and subsequently referred to relevant agencies and government institutions for follow-up and response (100% of reported incidents); ▪ 350 members of justice, legal and other relevant government sectors were trained during the period; ▪ All CMCs and CPGs were trained on camp coordination and camp management (CCCM), protection, GBV and referral pathways, human rights, data collection and reporting. Their capacities were also continuously built by IRC camp management officers and assistants; ▪ Forced evictions in IDP camps by private

						forced evictions according to the law; ▪ Inter-community conflicts arising from land disputes avoided; ▪ 760 shelters for persons with specific needs, including, women and children, are built	landowners were averted on two (2) occasions and further evictions were stopped in three (3) other instances; ▪ A total of 200 plastic sheets distributed, benefiting 3,499 EVIs in return areas, including 2,199 in Gulu and Amuru, 800 in Kitgum and 500 in Soroti; ▪ A total of 400 huts constructed and distribution of material support for 1,790 PSNs, including 600 in Amuru, 417 in Gulu, 575 in Kitgum and 198 in Pader.

V. CERF IN ACTION: Success stories with photographs

Success Story #1 – "I Will Give My Best He-Goat to Whoever Brought the PPR Vaccine"

This story was provided by the Food and Agriculture Organization (FAO) about the campaign to vaccinate sheep and goats in the Karamoja region against the disease peste de petits ruminants (PPR), which has killed upwards of 25% of the small ruminant population in the region since March 2007. The campaign was partially funded with the $699,968 in CERF funds received by FAO.

"I will give my best he-goat to whoever brought the PPR vaccine": Lokenei recounts his ordeal with the strange disease that almost killed all his herd and how God is angry with the Karimojong

Mr. Lokenei Lobligra, a resident of Ringen sub-county, Kotido District, in Uganda's north-eastern Karamoja region, won't disclose the total extent of his herd as it is not the Karimojong custom to do so.

However, Lokenei will admit that he lost 50 shoats in 2008 to an unknown disease. "My goats and sheep got diarrhoea and I immediately got drugs from Kotido Vet Care to treat them," he says. "However, the situation did not improve. I decided to migrate to another place because I thought there was something killing my goats in Nakoret village, but they continued to die. I lost about 20 sheep and 30 goats."

Lokenei went back to Kotido Vet Care, where further investigation showed that his goats had contracted a disease called the *peste de petits ruminants*, or PPR – a disease that affects smaller, grazing animals like sheep and goats. In his entire life, he says, Lokenei had never witnessed a disease that killed grazing animals so quickly, which led him to conclude that God was very angry with the people of Karamoja. In the past, he says, livestock diseases were not as prevalent as they are today because people respected each other and did not raid.

"People, especially the youth, are misbehaving a lot," noted Lokenei. "They raid and steal other people's livestock. We are not united anymore. Even when we want to appease God, we do not agree, so our problems just multiply."

Adding that Karamoja is now witnessing harsh weather conditions that prevent the population from growing sufficient food, he said, "When people do not have enough food, they raid and sell animals to get money to buy food. And yet, when they raid, they bring along sick animals with strange diseases that affect the rest of the livestock. For example, some people raided animals from Kaabong that introduced PPR in Kotido District."

When asked about what can be done to reverse the situation, Lokenei scoffed at the youthful translator assisting the interview, telling him to answer the question because "it is you the youth bringing all these problems to Karamoja. Tell her [the interviewer] that you need to change. Go ahead and tell her what you are going to do," he said. After a brief spurt of laughter, however, he suggests that, in addition, to people stopping cattle raiding and thefts, the Government needs to improve livestock extension services in the region.

Livestock is the best security for the people of Karamoja, according to Lokenei. "Because of the harsh weather conditions, we cannot rely on crops for food," he explains. "They can fail. However, if you have livestock, you can sell some and buy food from the market. Besides, livestock is valued as prestige and for bride price. For example, I paid 50 cows and 50 goats for my wife. If we lose all the livestock, how shall we survive?" he questions in conclusion.

This high value that the population of Karamoja attaches to livestock has prompted Lokenei to a decision: "I will give my best he-goat to whoever brought the PPR vaccine," he pledges. "I almost lost all my shoats; but after vaccination, they are all healthy. Alakara nooi [thank you]," he says.

With the nearly $700,000 CERF grant, as well as an additional $391,000 from Ireland, Italy and internal funding sources, FAO partnered with seven NGOs, the Ugandan Ministry of Agriculture, Animal Industries and Fisheries (MAAIF) and the District Veterinary Offices in the Karamoja region to organize and carry out a vaccination campaign against PPR and another livestock disease, contagious bovine Pleuropneumonia (CBPP), which affects cattle.

With this funding, sufficient vaccines and equipment were procured to cover more than the 80% threshold needed for an effective vaccination campaign. With an estimated 1.3 million cattle and 2.4 million sheep and goats in the region, 1.27 million doses of CBPP vaccine and 2.4 million doses of PPR vaccine were procured, with 70% of the doses delivered and an estimated 30% to 40% of the vaccinations completed by the end of December 2008. The final doses of CBPP vaccine were expected to arrive at the end of December and the wider vaccination campaign is expected to be completed by the end of April 2009.

Success Story #2 – Improving Detection of Malnutrition through Large-Scale Community-Based Approach

This story was provided by UNICEF on the emergency nutrition interventions in the Karamoja region, which were scaled up using a CERF grant of some $1.2 million.

By February 2008, the global acute malnutrition (GAM) rate across Uganda's north-eastern Karamoja region was reaching levels normally witnessed only late in the year, around August to September – the peak of the hunger gap just before the arrival of a new harvest. Regionally, GAM had climbed to 10.9 percent – with spikes above 15% in the districts of Moroto and Nakapirpirit – while severe acute malnutrition was at 1.6%.

By June, the situation had further deteriorated, despite planned food security interventions, to the point that, when MSF-Holland began actively screening children in Moroto District, they confirmed 365 cases of severe malnutrition among 3,789 children in just two weeks – a SAM rate of 9.6% in that community. Although not statistically representative of the wider community, such extremely high levels of malnutrition raised the spectre of a rapidly growing nutritional crisis. Across the region, approximately 7,500 children were estimated to be severely malnourished, and a further 35,000 to be suffering from moderate malnutrition.

Realizing that an effective response to the crisis required identification of the maximum number of children affected by severe acute malnutrition and urgent provision of treatment, UNICEF prioritized the use of part of the $1.2 million in CERF funding received for the establishment of a community-based approach to nutrition screening.

The usual way to do screening would have been to have a mobile clinic(s) moving from village to village for case finding. For primarily security reasons, however, a mobile clinic can stay in a given village only for a couple of hours in Karamoja, resulting in low coverage rates. Using the community-based screening approach adopted by UNICEF and partners, the time spent on screening for malnutrition was increased, resulting in an improved screening coverage.

The key to scaling up the identification and referral for treatment of malnourished children in the region was community-based Mid Upper Arm Circumference (MUAC) screening. Used for the first time on a large scale, the community-based MUAC screening relied on community-based networks, including Village Health Teams (VHT), Mother Support Groups, teachers and other village-level volunteers, which made it possible to screen a large number of children for acute malnutrition and provide timely, quality treatment.

Of the 165,278 children aged 12 to 59 months targeted for screening in the region, 66% (109,058) were screened under the community-based MUAC approach, with all districts except Kotido achieving a coverage rate above 50%. In comparison, the pre-CERF screening coverage rate was 40% in Kaabong, Moroto and Nakapiripirit Districts and 0% in Abim and Kotido districts.

The success of the joint emergency nutrition, food and health response, coupled with the late advent of rains, is demonstrated by the reduction in regional GAM from 10.9 to 9.5% by September 2008, and the reduction of SAM to 1.5 % regionally.

Following on the success of the community-based MUAC screening in Karamoja, the approach will in future be integrated into the Child Health Days to improve case detection nationally.

Success Story #3 – Training VHTs to Expand Access to Primary Health Care

This success story was provided by WHO on the training of Village Health Team (VHT) members done with CERF funds and the positive impact of the programme on access to primary health care.

Access to health services in the remote Karamoja region has long been compromised by factors including insecurity, inadequate infrastructure and insufficient human resources. With the funds received from CERF, the World Health Organization (WHO) supported the five District Health Teams (DHTs) in the region to expand their pool of Village Health Teams (VHTs) – volunteer community health workers trained and equipped to provide community mobilization, health education and to treat minor ailments at the village level.

During the three-month programme, 1,375 VHTs from 15 of the region's 46 sub-counties were trained. With the newly-trained VHT support, greater successes were recorded. For instance, immunization coverage in Kaabong District increased to 90% during the 2008 Child Health Days, up from 60% the previous year.

Success Story #4 – Helping Persons with Special Needs Return Home in Northern Uganda

This story was provided by UNHCR on the Protection Cluster's enhanced response to needs arising from the return process in northern Uganda.

Jennifer Lamaro's life collapsed around her two years ago, when the Ugandan woman was left a paraplegic after falling from a tree while picking mangoes for her children. Things quickly got worse for her. "After that incident, my husband left me. I have never seen him again," the 29-year-old mother explained.

Now she and hundreds of other people with disabilities or other special needs have cause to celebrate, thanks to a UNHCR-led shelter programme partially funded by the United Nations Central Emergency Response Fund (CERF).

In 2008, the UN Refugee Agency and 11 NGO partners, including Agency for Technical Cooperation and Development (ACTED), American Refugee Committee (ARC), Arbeiter-Samariter-Bund (ASB), Associazione Volontari per il Servizio Internazionale (AVSI), Danish Refugee Council (DRC), German Development Services (DED), GOAL, International Rescue Committee (IRC), Norwegian Refugee Council (NRC) and War Child Canada (WCC), built 2.036 houses across the northern Ugandan districts of Amuru, Gulu, Kitgum and Pader and plan to build more in the coming year.

The recipients of the houses are all persons with special needs (PSNs) who were internally displaced within their own country during the more than two decade-long conflict between the Government of Uganda and the Lord's Resistance Army (LRA).

Hundreds of thousands of internally displaced persons (IDPs) in northern Uganda have taken advantage of the improved security in the region since the August 2006 signing of a Cessation of Hostilities Agreement (CHA) between the Government and the LRA to return to their original villages, many of which have been abandoned since the start of the conflict back in 1987. However, many people with special needs, including the disabled, chronically ill and older

persons have been unable to leave the camps as they are unable to provide for their own shelter and other needs.

“The vast majority of people with special needs want to return to their home villages,” explained Mikael Rasmussen, Associate Protection Officer in UNHCR’s Gulu sub-office. “But we found that most of them were unable to build their own permanent shelters, which meant they could not leave the IDP camps.”

“In response, UNHCR and its partners identified and helped the most vulnerable among them,” added Rasmussen, explaining that they worked with local communities to build new mud-and-wattle huts for people like the wheelchair-bound Lamaro.

“As you can see, I can’t do much. I can’t cut thatch for the hut,” admitted Lamaro recently to visitors from the refugee agency. “If I hadn’t received help, I would still be in the camp,” she added.

Lamaro and others in the shelter programme would now receive support from their communities, including members of both their close and extended families, explained Rasmussen.

In 2008, UNHCR conducted a survey in the main IDP camps of northern Uganda in order to identify the total number of people with special needs. Some 3,467 PSNs were registered in Gulu District, 2,645 in Kitgum and more than 8,500 in Pader. Most stipulated that they wished to return to their homes.

In total, the more than 20 year conflict drove nearly 2 million northern Ugandans from their homes. As of late February 2009, nearly 80% had left the camps in which they had sheltered over the years, with approximately 65% having returned to their original homes and the remainder living in transit sites in between the camps and villages.

Annex: Acronyms and Abbreviations

ACF	Action Contre la Faim (NGO)
ACTED	Agency for Technical Cooperation and Development (NGO)
AGDM	Age, Gender and Diversity Mainstreaming
ARC	American Refugee Committee (NGO)
ASB	Arbeiter-Samariter-Bund (NGO)
AVSI	Associazione Volontari per il Servizio Internazionale (NGO)
BOZIDEP	Bokora Zonal Integrated Development Programme (NGO)
CAHW	Community Animal Health Worker
CAP	Consolidated Appeal
CBPP	Contagious Bovine Pleuropneumonia
CCCM	Camp Coordination and Camp Management (Cluster)
C&D	Cooperation and Development (NGO)
CERF	Central Emergency Response Fund
CHA	Cessation of Hostilities Agreement
CMC	Camp Management Committee
CPG	Camp Phase-out Group
DADO	Dodoth Agropastoral Development Organization (NGO)
DDMC	District Disaster Management Committee
DED	Germany Development Agency (NGO)
DHT	District Health Team
DOCAHWA	Dodoth Community Animal Health Workers Association (NGO)
DPT3	Diptheria, Pertussis and Tetanus (3 doses)
DRC	Danish Refugee Council (NGO)
DVO	District Veterinary Office
EVI	Extremely Vulnerable Individual
FAO	Food and Agriculture Organization (UN)
FSAL	Food Security and Agricultural Livelihoods (Cluster)
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
GFD	General Food Distribution
HC	Health Centre
HMIS	Health Information Management System
IASC	Inter Agency Standing Committee
IDP	Internally Displaced Person
IDSR	Integrated Diseases Surveillance and Response
IOM	International Organization of Migration
IRC	International Rescue Committee (NGO)
KCVC	Kotido Central Veterinary Care
LLIN	Long Lasting Insecticide-treated Net
LRA	Lord's Resistance Army
MAAIF	Ministry of Agriculture, Animal Industries and Fisheries
MSF	Médecins sans Frontières (NGO)
MT	Metric Ton
MUAC	Mid Upper Arm Circumference
NGO	Non-Governmental Organization
NRC	Norwegian Refugee Council (NGO)
OCHA	Office for the Coordination of Humanitarian Affairs (UN)
OPM	Office of the Prime Minister
OTC	Outpatient Therapeutic Centre

PPR	Peste de Petits Ruminants
PSN	Person with Special Needs
RUTF	Ready to Use Therapeutic Food
SALDO	Semi-Arid Lands Development Options (NGO)
SAM	Severe Acute Malnutrition
TFC	Therapeutic Feeding Centre
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UPDF	Uganda Peoples Defence Forces
VHT	Village Health Team
VSF	Veterinaires sans Frontières (NGO)
WCC	War Child Canada (NGO)
WFP	World Food Programme
WHO	World Health Organization