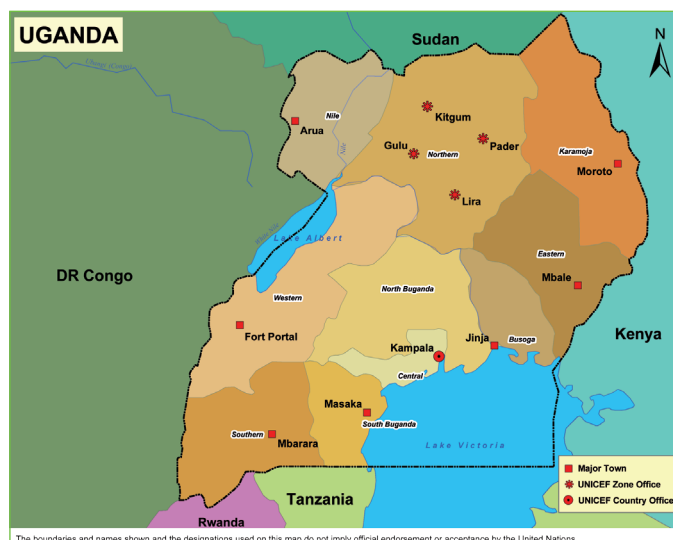


# UNICEF HUMANITARIAN ACTION UGANDA IN 2009



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

Core Country Data		
	Uganda	Northern Uganda
Child population (thousands)	16,333	1,647
U5 mortality rate	137	177
Infant mortality rate	76	106
Maternal mortality ratio (1996–2006)	435	n/a
Primary school net intake rate*	57.4	47.10
Gender parity index*	1	53/47
% U1 fully immunized (DPT3)	63	67
% population using improved drinking-water sources	66	n/a
HIV/AIDS prevalence	6.4	8.3
% U5 suffering moderate and severe malnutrition	6.1 2.0	6.5 1.9

Sources: Uganda Demographic and Health Survey (UDHS) 2006, disaggregated for northern Uganda, which includes Karamoja, \* Education Management Information System (EMIS) 2006

Northern Uganda is finally emerging from two decades of conflict and instability; yet, urgent humanitarian needs remain. These are related to: (1) the needs of over 80,000 persons residing in camps or temporary transit sites; (2) the rise of an acute child survival crisis in Karamoja; and (3) the extreme vulnerability of Ugandan communities to natural disasters and disease outbreaks. These three categories are reflected in the Consolidated Appeal Process (CAP). However, there is also a need for capacity development of local governments and communities to prevent a slide back to crisis as humanitarian funding diminishes. This fourth category of needs is linked to the Government's Peace, Recovery and Development Plan.

Summary of UNICEF Emergency Needs for 2009*		
Sector	Humanitarian Actions US\$	Recovery Actions US\$
Health and Nutrition	7,056,650	25,000,000
Children and AIDS	0	4,124,000
Water, Sanitation and Hygiene	4,515,430	15,000,000
Education	2,167,430	12,500,000
Child Protection	2,803,400	6,500,000
Emergency Preparedness and Response and Non-Food Items	1,378,470	0
<b>Total**</b>	<b>17,921,380</b>	<b>63,124,000</b>
<b>GRAND TOTAL</b>	<b>81,045,380</b>	

\* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other underfunded emergencies.

\*\* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

## 1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

In Uganda's Acholi and Teso subregions, approximately 800,000 persons (less than half of the originally displaced population) continue to reside in camps and temporary transit sites. The most frequently cited reason for remaining in camps is a fear of the resumption of hostilities, absent a formally signed peace accord. The most practical reason for remaining in camps continues to be the stark lack of infrastructure and social services in rural areas of return. As a result, many households choose to leave their younger children and/or elderly relatives behind as they move to rural areas, thus further concentrating vulnerability in the camps and exacerbating protection concerns. Maintaining services during this transition period, therefore, is essential.

Meanwhile, in the marginalized semi-arid subregion of Karamoja, several years of successive droughts, animal diseases, high food prices and insecurity have culminated into an acute child survival crisis. Early child mortality rates are higher in this subregion than any other part of Uganda. Global acute malnutrition rates, while over 15 per cent in most districts during the mid-year hunger gap, have fallen to 9.5 per cent, with an associated 1.5 per cent severe acute malnutrition rate. Sustained emergency nutrition and basic child health interventions are critical to mitigating the impact of this crisis.

Furthermore, all conflict- and post-conflict-affected communities remain exceedingly vulnerable to a number of natural hazards, including severe drought, flooding and water-logging, pests, locusts and other animal diseases, which degrade food security and most concerning epidemic outbreaks of disease (such as Ebola, hepatitis E and cholera). As community coping mechanisms and Government capacities are currently stretched to the fullest, UNICEF must maintain a robust capacity to respond to emergencies in all subregions.

Finally, the fourth category of assistance addresses the challenge that local governments and communities face as they transition from aid dependence towards sustainable social service delivery. In order to prevent the emergence of gaps in services for health and well-being, UNICEF will focus on transferring the knowledge, tools and capacities built during the humanitarian phase to local actors and sector working groups.

As a result of the prolonged conflict, insecurity and marginalization in northern Uganda, human development indicators are well below national averages. Coverage of safe water sources is adequate in camps, but there are only 7.5 to 17 litres per person per day in transit sites and even less in return areas. In Karamoja, only 30 per cent of Karamojong can access safe water, in comparison to the national average of 66 per cent. Furthermore, while 62 per cent of persons (on average) can access a latrine in Uganda, only 30 per cent of persons have access to sanitation facilities in return areas of northern Uganda and only 2 per cent have access in Karamoja.

HIV seroprevalence in the northern districts stands at 8.3 per cent, far above the national average of 6.4. Some 22 per cent of all new HIV infections in Uganda are due to mother-to-child-transmission. However, prevention of mother-to-child transmission (PMTCT) services are currently available in 66.3 per cent and 40 per cent of health facilities providing antenatal care (ANC) services in Acholi and Karamoja subregions respectively. This lack of basic social services affects the likelihood of child survival. While the national averages for under-five and infant mortality rates are 137 and 76 deaths per 1,000 live births respectively, northern Uganda (including Karamoja) has a rate of 177 and 106 respectively, indicating a serious disparity.

In the Acholi subregion, approximately 41 per cent of all primary schools were displaced in November 2007. In 2008, however, only 2 per cent of schools were still located in camps, meaning that over 200 primary schools successfully relocated to their traditional homesteads. However, due to the damage and neglect experienced during the conflict, serious gaps in the infrastructure, staffing and functionality of return schools remain. In Karamoja, illiteracy remains high (at 89 per cent for women) and school attendance is extremely low (at 43 per cent). Scaling up access, quality and relevancy of education for pastoralists in this area is challenging.

Over 3,000 children and women continue to be associated with the Lord's Resistance Army (LRA), but over 90 per cent of the 750,000 children under age 18 in the Acholi subregion are considered conflict-affected, having experienced displacement, abduction and/or violence during the conflict. Coverage of child protection systems stands at 60 per cent of subcounties in Acholi and 48 per cent in Lango. However, most systems have inadequate capacity to identify, support, refer, follow up and report on cases. A context-sensitive, community-driven child protection system in Karamoja is yet to be realized.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In collaboration with local, national and international partners and counterparts, UNICEF responded to the humanitarian needs in health, nutrition, water, sanitation and hygiene (WASH), education and child protection.

**Health, nutrition and HIV.** Over 300,000 children had their basic medical needs met through UNICEF's support to community health services to treat illnesses such as malaria, pneumonia and diarrhoea in the form of supplies (including sufficient oral rehydration salts (ORS) to treat 210,000 episodes of diarrhoea) and training. Nearly 10,000 children under age five were treated for severe acute malnutrition. Some 500,000 insecticide-treated mosquito nets were procured and distributed in the Lango and Karamoja subregions, reaching more than 300,000 households. In Karamoja alone these nets have increased the net coverage from 3.4 per cent to over 95 per cent of households having two nets. UNICEF's support also contributed to an uptake of PMTCT services from 21 per cent to 29 per cent.

**Water, sanitation and hygiene.** Over 48,000 primary schoolchildren accessed improved sanitation facilities through the construction of 193 five-stance latrine blocks and over 25,000 primary schoolchildren accessed water supply through drilling of 50 boreholes equipped with handpumps. Some 50,000 people affected by flooding in eastern Uganda benefited from the rehabilitation of 167 water sources, the construction of 1,345 community latrines, and hygiene promotion activities. Over 20,000 households affected by hepatitis E were supported with WASH inputs (water containers, water treatment chemicals, soap and latrine construction tools) and intensive hygiene promotion.

**Primary education.** The health and safety of the post-conflict learning environment was enhanced through the construction of 150 classrooms in Lango subregion and 151 teachers' houses. Over 5,000 handbooks *Alternatives to Corporal Punishment* and 5,000 hygiene education kits were also distributed, along with teacher training. In addition, over 39,510 children in primary schools received recreational kits and/or musical instruments; and 21,390 children were provided with Primary Leaving Examination kits in Acholi and Lango subregions, thus significantly reducing the risk of non-completion. The distribution of 6,434 replenishment kits of basic scholastic materials also reduced costs of schooling for 51,470 children. A total of 1,891 children (81 per cent girls) aged 10–16 years, including girl mothers, accessed education through the provision of accelerated learning programmes in Kitgum and Pader Districts. An additional 884 children who completed the programme have been mainstreamed into government primary schools.

**Child protection.** Coverage and capacity of child protection systems at subcounty level significantly increased. In Acholi, coverage of child protection systems rose by 25 per cent to reach 60 per cent of subcounties. In Lango, coverage rose by 48 per cent to reach 55 per cent of subcounties. In Acholi alone, over 26,000 children were identified and supported by child protection systems. In Acholi and Lango subregions, over 80,000 children (over 50 per cent girls) were involved in vulnerability reduction activities, including livelihoods and life skills training.

## 3. PLANNED HUMANITARIAN AND RECOVERY ACTIONS FOR 2009

### Coordination and Partnership

UNICEF remains the cluster coordinator for the water, sanitation and hygiene (WASH) and primary education clusters and is the subcluster coordinator for child protection, in addition to being an active member of the health, nutrition and HIV/AIDS cluster. However, the Inter-Agency Standing Committee (IASC) emergency clusters will be transferring their knowledge, tools and general capacities to the Sector Working Groups by September 2009.

### Linkages of HAR with the Regular Programme

Since Uganda's rural communities are particularly vulnerable to a wide variety of shocks, the *Humanitarian Action Report (HAR)* emergency appeal is an essential component of the Country Programme of Cooperation.

For 2009, the overall goal is to meet the needs of approximately 800,000 persons residing in camps and/or temporary transit sites.

### **Health and Nutrition**

**(Humanitarian Actions US\$ 7,056,650; Recovery Actions US\$ 25,000,000)**

- Assist some 257,030 children under age five during health emergencies by strengthening national/district capacity to detect and respond to epidemics; procure drugs, vaccines, immunization and laboratory equipment; support operational management of emergencies, including the development of epidemic guidelines, the strengthening of information management and social mobilization;
- Provide improved access to health services to over 548,590 children under age five and 139,425 pregnant women by supporting 'Child Days Plus', accelerated routine immunization, integrated management of childhood illness, and antenatal and newborn care at facilities and in communities;
- Improve the nutritional status of over 257,030 children under age five by enhancing community-based active case finding, referral and treatment and establishing a nutritional surveillance system; ensure the transition to sustainable service delivery by equipping 60 per cent of households with the knowledge and skills to safeguard the nutritional well-being of children.

### **Children and AIDS (Recovery Actions US\$ 4,124,000)**

- For 2009, the overall goal is to ensure that children increasingly realize their right to survival through scaling up the availability of comprehensive PMTCT services to 80 per cent of antenatal care clinics by reinforcing PMTCT service delivery; building district capacity at Health Centres III; strengthening programme communication and ensuring availability of test kits, antiretrovirals and consumables.

### **Water, Sanitation and Hygiene**

**(Humanitarian Actions US\$ 4,515,430; Recovery Actions US\$ 15,000,000)**

- Protect children and their families from incidences of waterborne disease by strengthening local-level capacity for WASH emergency preparedness and response through training, prepositioning of essential supplies and establishment of WASH committees; provide safe water and sanitation as per Sphere standards through the rehabilitation and construction of facilities in schools and health centres affected by natural disasters and epidemics, and ensure adequate hygiene promotion for IDPs and disaster-affected communities, targeting 600,000 people including around 250,000 children;
- Attain national standards for safe and sustainable water and sanitation coverage by improving community capacity in the utilization and maintenance of schemes and facilities; promote sanitation and hygiene in schools; and strengthen district capacity for implementation, monitoring and maintenance.

### **Education (Humanitarian Actions US\$ 2,167,430; Recovery Actions US\$ 12,500,000)**

- Ensure that 80,000 children affected by emergencies realize their right to education through UNICEF's support to rapid assessments of learning spaces; and procure school supplies and other appropriate support;
- Provide access to education to 3,000 children (including those released by the LRA and girl mothers) through accelerated learning programmes, in preparation for transition to primary schools or livelihoods;
- Ensure transfer of coordination, knowledge, tools and capacities from IASC clusters to sector working groups and the return of displaced schools to rural areas by strengthening local governments' capacity to manage, supervise and monitor the delivery of education services.

### **Child Protection**

**(Humanitarian Actions US\$ 2,803,400; Recovery Actions US\$ 6,500,000)**

- Ensure that children benefit from an increasingly protective environment through the expansion and enhancement of child protection systems at subcounty level aiming to prevent, identify and address protection concerns; enhance functionality of systems through capacity development for community-based structures; support NGOs to service as lead agencies and support existing post-rape care services;

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- Ensure that children formerly associated with the LRA are safely returned and reintegrated in their communities with the assistance of child protection agencies that carry out cross-border family tracing and reunification; provide interim care/transit facilities and alternative care; provide technical and logistical support to government agencies to ensure child-friendly procedures within the disarmament, demobilization and reintegration (DDR) process and the monitoring and reporting of gross child rights' violations as per Security Council Resolution 1612;
  - By September 2009, develop a government-led, inter-agency and partner recovery strategy to guide the transfer of knowledge, tools and capacities from the IASC cluster to the formal sector.

***Emergency Preparedness and Response and Non-Food Items  
(Humanitarian Actions US\$ 1,378,470)***

- Support 99,000 persons (19,800 extremely vulnerable households) affected by rapid population displacement due to conflict and/or natural disaster procuring and prepositioning over 35,000 family kits for emergencies throughout the country and approximately 100 recreational kits and 100 'school-in-a-box' kits for the Karamoja subregion.