Hope of returning home: The leader of a women’s group celebrates the crops planted on their reclaimed farms

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December 2008
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Acknowledgements

My thanks to David Bull and Anna Ferron of the UK National Committee for UNICEF for their guidance and support to this process over the past three years. My appreciation to Stephanie Kleschnitzki of UNICEF Uganda and to Olushola Ismail and all the staff at UNICEF Kitgum office for facilitating this visit and providing a comprehensive agenda for the review. Finally, my thanks to Ewan Hunter of The Hunter Foundation for committing to this independent evaluation process.
Executive Summary

This report summarises the findings from the 2008 review visit to UNICEF-supported programmes for children affected by conflict in Kitgum District, Northern Uganda. This review was the final stage in an evaluation process commissioned by the Hunter Foundation, with the aim of providing an objective assessment of the quality, impact and sustainability of the activities it has funded. The Hunter Foundation places particular emphasis on learning and so this evaluation process has also sought to promote reflective practice within the UNICEF team to support more evidence-based approaches. This funding relationship has provided UNICEF with a valuable opportunity to develop and test an integrated, multi-sectoral approach to humanitarian programming, distinct from the more usual vertical approaches with single sector funding.

Hunter funding has been used to support interventions across a beneficiary population of 250,000 in Kitgum District. This has included activities such as health promotion, training of teachers, health workers and volunteers, and developing child protection systems. Following the 2006 review visit, it was agreed that a portion of the funding would be targeted for multi-sectoral, integrated programming in four camps, with a population of 56,000, to enable a comprehensive response. A ceasefire established in August 2006 has led to a period of greater stability in Northern Uganda. Although the final peace agreement is yet to be signed and current violence perpetrated by the Lord’s Resistance Army in Eastern Congo raises concerns for the region, the largely stable situation in Northern Uganda has meant that communities have begun the process of returning home. Responding to this, Hunter funding for the four camps has since been programmed to track the communities as they move from the mother camp, through transit camps and, in some cases, return to their original rural homes. UNICEF has shown agility in adapting plans to respond to the population movement. With the evolving context, its programmes have also moved effectively and strategically along the continuum from humanitarian, through recovery to development approaches. While continuing to meet basic humanitarian standards, there is now strong emphasis on building the capacity of local government and community systems to deliver services and meet the needs of people, wherever they are on the transition process back to their homes. A key challenge is to replace a dependency syndrome, associated with emergency contexts, with greater self-reliance through community consultation and participation. A valuable feature of UNICEF’s approach, initiated in the emergency phase, has been to build community management and volunteer groups, in health, education, child protection, water management and sanitation, linked to the original parish populations. Over the three years it has been possible to assess how far these networks are retained, even as people return home.

The movement towards return is clearly significant and welcome progress for the people of North Uganda. In terms of this evaluation, it has made it easier to predict the sustainability of interventions, while in many sectors making it more complex to measure impact. During the funding period, UNICEF has worked to strengthen government information systems to track access and coverage of services, now assessed in line with national standards. This review process has aimed to provide a qualitative assessment of the interventions. It will be important to continue this qualitative monitoring to understand the realities behind the statistics, particularly in relation to the most vulnerable families. This report assesses in detail the quality, impact and sustainability across different sectors of health, nutrition and HIV, education and early childhood development, water, sanitation and hygiene, and child protection. While general indicators show significant results in terms of access to these services, the report raises the question of inclusion of the most vulnerable families, including those headed by children or the elderly. During the humanitarian phase, these families were sustained by the comprehensive support in the camps. While endorsing UNICEF’s shift toward a more holistic approach to all forms of vulnerability in children, it is recommended that particular attention be given to ensure that these most vulnerable families, lacking economically active adults, are supported through the transition and return process so they are protected from abuse and exploitation and can benefit from opportunities for development. With a growing, wider sense of confidence in recovery, it will be important that these most vulnerable families can also be supported to look to the future with confidence.
STORY IN PICTURES: CONTRASTING 2005 AND 2008 PERIOD OF HUNTER FOUNDATION FUNDING

2005: Rebel attacks were still occurring in the camps

2008: Having already moved to transit camps, communities are beginning to return home.

2005: Water sources were scarce and people queued for hours to access water.

2008: Most families can access required quantities of safe water in or near camps; hand pumps are sited at schools and health centres.
2005: Fearful of rebel raids, women and children commuted to night shelters

2008: Some communities have returned home and here women relax at their group meeting

2005: Children protection responses - children spending their nights at safe shelters

2008: Child protection committees function at community level to keep children safe

2005: Young children in the camps needed activities for stimulation

2007: Early learning centres and play areas help to keep children stimulated and safe
FOREWORD: REAL LIFE PERSPECTIVES

Building hope – Revisiting Robert’s story

Robert told his story during the 2007 review visit. Robert is the last born in his family. He has four older brothers. Around 2000, his father fell sick and became disabled. Later his mother fell and broke her legs and has since walked with difficulty. In 2003, Robert was studying in senior school in Kitgum when he was abducted by the LRA. After two months he managed to escape. He stayed for two weeks at the KICWA centre (funded via Hunter) receiving counselling and care to help him to recover from the trauma of his abduction and time with the LRA. He describes how the drama, music and other therapeutic activities helped him to understand and cope with his past experiences. He was reunited with his family in the camps. Robert is now 17 years old. He lives with his parents and one of his brothers. He has his basic needs met for food, safe water, sanitation and health care.

Robert has never returned to school, but he has joined the UNICEF-supported youth activities. He had learnt some practical skills, but in 2007 said that he was keen to acquire vocational skills to support his parents.

Since meeting Robert in 2007 he has been trained as a member of the Village Health Team (VHT), and now works in collaboration with the health centre on immunisation and other child health initiatives. His mother is also a member of the VHT. Both are looking forward to returning home and seem hopeful about their future. They also appear to draw confidence from being active participants in their community’s development rather than simply being recipients of humanitarian aid.

**Activities underlined are supported by the Hunter Foundation and illustrate how the integrated multi-sectoral approach impacts on lives of individual children and families.**

**PLEASE NOTE:** The names in these case studies have been changed, but if the stories are to be circulated or put on a website, the photos must also be removed.
Returning home to self-reliance: Violet’s story

During the worst years of the war, Violet and her family fled their lands to live in a camp, where they were reliant on the provision of all items essential for survival. Even in the camp, Violet feared attacks from the rebels and so she became one of the thousands of ‘night commuters’, trekking each evening to the comparative safety of the night shelters offered by a local faith-based organisation (FBO). Violet became a member of the church’s women’s group.

As security increased over the past year, Violet and other members of her community began to venture back to their lands which are near Kitgum town. The women’s group work collectively, facilitated by the FBO, to cultivate each member’s land, managing together the back-breaking task of clearing the dense vegetation after many years of neglect. The women are about to gather their first harvest; it is a time of great joy and relief. The women’s group have also cleared and cultivated some collective land. The sale of their sesame crop will provide funds for a rotating loan amongst the women, so that they can invest in other livelihood activities. There is a palpable sense of hope amongst these women as they celebrate their collective achievements, a hope always tempered by fear that the violence could return. In the meantime, Violet has also given birth. Mother and child are both healthy after the ante-natal care and safe delivery support from the local health centre. Violet is now the chairperson of her women’s group.

Figure 3: Violet, holding her young baby, celebrates her first ripening field of crops back in her village

Figure 4: Violet and other members of the women’s group look with satisfaction at their collective harvest
Challenges for the most vulnerable: Cynthia and her grandparents

Cynthia lives with her very elderly grandparents and her three younger siblings in a transit camp situated midway between the mother camp and their original rural home. Her parents both died in the war. Cynthia’s grandfather compares life in the mother camp with their current existence. He says that the family had their survival needs met in the main camp, but they are more comfortable in the transit camp as they are amongst their own community. A local NGO, coordinating child protection responses in the camp, identified Cynthia’s family as being especially vulnerable. The NGO provided materials for constructing the hut in the transit camp, as well as essential items like blankets and cooking equipment. Latrines were built in the camp, and the water source has been rehabilitated in the nearby school.

Many in Violet’s community are planning to move back to the village in the next few months when the roof grasses are mature, but Cynthia’s grandfather is concerned that he will not be able to take his family home. Following an accident in the camps, he is paralysed from the waist down and his wife is also very fragile. He says that he lacks the resources to build a hut and cultivate his land, and he has no one to rely on for this help. It worries him as he used to consider himself a self-reliant man.

The children have learnt from sanitation education about the importance of safe disposal of faeces. Since their grandfather cannot walk and the latrines are a little distance away, the children constructed a latrine near the hut. (Shown at the back of the photograph.) If the children are sick a neighbour takes them to the village health worker, although they often lack drugs and have to send to the mother camp. The grandfather reported that the village health team chlorinated the water sources during the Hepatitis E epidemic.

Cynthia’s school has been rebuilt and pupils and staff have already relocated back to the village, an 8km walk for Cynthia and her siblings each day. Sometimes the children don’t go to school. As food rations are now being reduced to encourage people to return home, the family is struggling to sustain itself. Cynthia spends some school days now growing vegetables in land behind the camp. The grandparents are very worried about the future. Vulnerable families such as these are a focus for special attention for social protection measures to ensure that they do not become more vulnerable as the humanitarian phase winds up and other more resilient families are able to return home.
1. Introduction

1.1. Background to the final review
In 2006 The Hunter Foundation agreed with the UK National Committee for UNICEF to commission an independent review of the UNICEF-supported programmes it was funding in Kitgum, Northern Uganda. The Hunter Foundation is committed to promoting learning and building evidence for the effectiveness, impact and sustainability of the initiatives it supports. This current independent evaluation process is linked to the Foundation’s wider interest in building interagency partnerships and using learning to strengthen the capacity of national and community-based organizations.

For UNICEF Uganda, the Hunter Foundation support has provided a rare opportunity to deliver and evaluate an integrated, multi-sectoral response to the humanitarian crisis in Northern Uganda. In addition to specific interventions across the whole district of Kitgum, the funds have been focused on four camp populations and related areas to work through a holistic approach across health, education, water, sanitation and hygiene, protection and child protection. With the improving security context in Northern Uganda, as the response has shifted from humanitarian emergency through recovery and towards development, UNICEF’s strategies have modified to move with the camp populations via transit camps, anticipating a final return to their home communities. This review process has sought to provide an opportunity for reflective learning for UNICEF staff, as well as ensuring accountability to the Hunter Foundation.

An initial review visit was made in April 2006, to consult with UNICEF’s management and technical teams for Northern Uganda during the planning process. Significant recommendations were agreed at that time by UNICEF and the Hunter Foundation. It was recommended that the number of camps for the hardware component of the project be reduced from ten to four, to provide sufficient resources for a holistic response across the sectors. This would allow for the quality, impact and sustainability of these interventions to be measured. The full camp populations of Kitgum district would continue to benefit from training, education and health promotion activities, which would also be evaluated. A mid-term review in September 2007 analysed the evolving situation in Kitgum, shifting from emergency through recovery to development contexts. It assessed progress and initial impact of the interventions and made recommendations for strengthening the response over the final phase of the Hunter Foundation funding.

1.2. Purpose of final review
The objectives of this final review were agreed as follows:

- To review the general context and progress on UNICEF-supported interventions for internally displaced people (IDPs) in Kitgum district.

- To assess the quality, impact and sustainability of supported integrated and sector-specific programming in the original mother camps, transit camps and return sites funded by the Hunter Foundation.

- To review interventions and make recommendations according to specific criteria: cross-cutting issues of inclusion, relevance to and participation of local communities, coverage, efficiency and cost-effectiveness, and linkage to broader policy and advocacy issues.
• To enhance the accountability and to strengthen the policy and practice of UNICEF and its implementing partners, by providing clear conclusions and practical recommendations, as relevant to this final evaluation phase.

2. Context of humanitarian crisis in Northern Uganda

More than twenty years of armed conflict in Northern Uganda has seen the displacement of more than 1.3 million people from their rural homes into camp settlements. In Kitgum district, where the Hunter Foundation funds have been used, over 90% of the population has been displaced in the last five years. This period has been marked by extreme suffering and deprivation, caused by the violence, loss of livelihoods and internal displacement. UNICEF reports that 80% of the internally displaced people are women and children.

In August 2006 a ceasefire was established between the Government of Uganda and the Lord’s Resistance Army (LRA). The parties engaged in formal peace negotiations, mediated by the Government of South Sudan and others, which resulted in a Cessation of Hostilities Agreement. In November 2007, both parties renewed the ceasefire, providing time to finalise a comprehensive deal to be concluded in a final document in April 2008. Just prior to the signing ceremony, the LRA leader, Joseph Kony, refused to sign the document, also dismissing his negotiating team. At the same time the LRA became more active in Eastern Democratic Republic of Congo. According to the UN mission in Eastern DRC (MONUC), the LRA have abducted over 200 persons. Following the final review visit, the LRA are also reported to have committed further atrocities in the killing of over 600 people in Eastern DRC in December 2008. This clearly raises concerns for the stability of the whole region. While Kony has reportedly indicated his intention to sign the final peace agreement with the Government of Uganda, the issue of the indictment from the International Criminal Court and the question of security for LRA contingents remain obstacles to concluding this final deal.

In spite of these concerns, the situation in Northern Uganda has remained largely stable since 2006 and communities have begun to shift out of the mother camps into transit camps nearer to their original rural villages. From there people can access their land to restart cultivation. Figures from April 2008 indicate that 13% of the population in Kitgum District were re-established in their home villages, 20% were living in transit camps and 67% in the mother camps. The movement towards return has continued since that time and was anticipated to increase markedly in late 2008 when the harvest came in and the grasses needed for roofing had grown. In the meantime, families live between the camps and their homes, trying to balance security and access to services with their desire to cultivate their land. Investment in the rehabilitation and development of services in the rural areas is now a priority, to provide communities with access to education, health care, water and sanitation, encouraging them to return home where it is safe to do so.

The Government of Uganda has launched its Peace, Recovery and Development Plan for Northern Uganda, which will provide the framework for collaboration between government, the UN agencies and other partners. As humanitarian agencies begin to conclude their emergency interventions, current emphasis lies in building the capacity of local government structures for promoting recovery in Northern Uganda. The objective is for local government to be able to deliver essential social services to communities, wherever they are on the transition process back to their homes.
3. Methodology of review

3.1. Methodology used
The final review of the UNICEF-supported programmes funded by the Hunter Foundation involved desk research based in London and a field visit to Kitgum, concluding with a visit to UNICEF Kampala. The methodology used in the review included:

- Detailed analysis of UNICEF’s documentation, including reports on UNICEF’s programme in Northern Uganda, and project descriptions, progress reports for the Hunter-funded interventions and related documents from UNICEF and the Government of Uganda.

- Consultations with UNICEF staff in Kampala and Kitgum, in debriefing on the four days’ field visits to the camps and new settlements. Wrap up meetings were held in Kitgum and Kampala to verify the findings and discuss the recommendations.

- Semi-structured interviews with other agencies in Kitgum, with government staff at district level and with various professionals in education, health, HIV, social work, including child protection.

- Field visits to three camps, three transit settlements and a return site, and related health and education institutions, water and sanitation facilities, and community activities, including: observation of the camps’ social and physical environment; semi-structured interviews and focus group discussions with camp leaders, community leaders, health volunteers, child protection groups, teachers, adults, adolescents and children; in-depth case studies of three vulnerable families.

3.2. Constraints
The most significant development since the first review visit in 2006 is the movement of the camp populations, from the mother camps, through transit settlements and, in some cases, back to the original villages. While this is very welcome progress, in technical terms it raises some challenges in measuring impact as a result of the Hunter Foundation interventions. However, in organizing the visit, UNICEF made efforts to track down some of the respondents from the mid-term review, which helped in the development of the case studies. The move out from the mother camps by particular communities does, on the other hand, allow for greater validity in predicting the long-term sustainability of some interventions. The residents of the four camps supported by Hunter have moved to 17 transit communities. It has been possible to track the ‘hardware’ components of the project in terms of water and sanitation provision and rehabilitation of education and health infrastructure to some of the transit camps, but with time constraints, it was only possible to reach one home community. However, what might be a technical constraint for the review process is of course a supremely positive development for the camp communities, longing for peace after over 20 years of war.
4. Response to recommendations in mid-term review

4.1. Overview
A key feature of this review process has been the intention of engaging UNICEF in a process of reflective practice, providing a space to analyse and reconsider the plans and strategies for programmes with Hunter funding. This engagement has proved useful in allowing for modification and greater focus of activities as learning deepened and the context evolved. Although extensive turnover in UNICEF staff challenged the continuity in areas of this work, overall it is hoped that the review process has been a helpful critical sounding board for UNICEF, as well as providing independent accountability to the donor. UNICEF’s final report to the Hunter Foundation analysed the programme response to recommendations in the mid-term review, by sector. This illustrates the level of engagement. The comments below relate to more general recommendations made in the 2007 mid-term review and how these have been responded to. Sector-specific issues are covered in Section 6.

4.2. Measure long-term impact.
The rapid movement of camp populations has presented challenges to measuring impact. In some sectors, UNICEF has supported government and NGO partners to strengthen markedly their information systems. Tracking of health, education and water and sanitation interventions has improved significantly over the funding period, particularly as the sectors began to integrate with national planning and information systems. Further work needs to be done, but there is sufficient data to track quantitative outcomes in some sectors, as discussed in Section 6 below. In the event, the 2007 recommendation on tracking 40 families for qualitative data was not adopted. This kind of qualitative information is key for building a picture of the experience of programmes at community level and the potential for sustainability. This review process has been able to provide some qualitative data, but a more extensive qualitative evaluation process would provide more in-depth interpretation of existing quantitative data.

4.3. Consider needs of the most vulnerable people as camps begin to dismantle.
The mid-term review in 2007 highlighted this concern, stating, “UNICEF is already aware of this issue. The movement of communities will expose the most vulnerable even more, since they have been, to a degree, sustained by the food, services and protection offered in the camps. Focused attention will be needed to assist these vulnerable people, often children, disabled and elderly people, to ensure they are helped to move home, if they wish, with their needs sustained within the community.” This issue is now even more acute and urgent as the return to rural areas becomes a reality. It is discussed in more detail in the section below on child protection.

4.4. Strengthen partners’ competence in development approaches for community consultation and participation. UNICEF has played a particularly key role in supporting the government’s capacity to lead on planning and delivery of services as the situation in Kitgum moves from emergency through recovery to development. While emphasis on government structures and systems is crucial, it will be important for UNICEF to continue to engage with the civil society partners, who are often in a strategic position to facilitate greater community consultation and participation.
5. General findings from final review

5.1. Evidence of integrated planning and delivery:
By focusing on four camps for programmes across the sectors (while supporting some sectors district wide), the Hunter funding has enabled UNICEF to demonstrate the value of integrated, multi-sectoral planning and delivery. In planning terms, interventions for health, HIV services, nutrition, and water and sanitation have targeted the survival and development of children under five years. Interventions in education, child protection, youth programmes and social mobilisation have sought to contribute to the health, development and wellbeing of school age children. Many initiatives across the sectors have been integrated to achieve maximum impact, such as holding child health days, which link health, malaria prevention, nutrition interventions and monitoring of school enrolment. The holistic package of services, overseen by UNICEF and its government counterparts, has presented an unusual and helpful model for humanitarian interventions, which are more often delivered by different agencies through vertical programming. The integrated, comprehensive approach has also been more effective in building linkages between service delivery on the front line, and in promoting capacity for the transition from humanitarian to development responses. As communities move out of the camps and back home, the challenge will be to continue this integrated delivery of services to meet the holistic needs of children and their families. UNICEF will also play a crucial role in ensuring this coordination between government and other agencies, especially as the process of UN reform sees UNICEF’s sister agencies taking on focal responsibility for some of these areas.

5.2. Flexible response to population movement:
At the first review visit to Kitgum in 2006 it was not possible to envisage the speed of population movement out from the mother camps to transition camps and onwards to the original rural communities. At that time there was concern that ‘de-concentration’ of the population from the main camps to smaller satellite camps could place communities at risk of attack. However, over the past three years some confidence has grown and people have begun to shift. This has required an agile and strategic response from UNICEF as it has been required to reshape existing plans to ensure that appropriate levels of services are maintained in the camps while at the same time creating the conditions in terms of education, health services and water supply so that communities feel encouraged to return home. The Hunter funding has been used very effectively in this process. The flexibility of the Hunter Foundation as a donor, supported by the on-going dialogue built into this review process, has been a key factor in enabling UNICEF to respond effectively to this swiftly changing context.

Figure 4: A women’s group, now back in their village, support each other to clear land and also grow crops collectively to provide a rotating fund for investment in livelihood opportunities.
5.3. **Strategic response on emergency-recovery-development continuum:**
With the shifting context in Kitgum, UNICEF has been critical to leading a strategic move from humanitarian through recovery towards development responses across programmes in Northern Uganda. Even at the emergency phase, UNICEF’s work with government and NGO partners sought to build systems at community level that could be maintained in the future. For example, a cadre of community health volunteers was recruited to be representative across the parishes. Likewise, schools were enabled to keep their local identity whilst being hosted in other institutions, so that these too have been able to move wholesale, with children and staff, along with their local communities. UNICEF in Kitgum and nationally has also played a central role in supporting the development of the government’s Poverty Reduction and Development Plan for Northern Uganda, under which aid programmes are now ordered. However, while the peace process is still not completed and the LRA remain mobilised, it will be important to remain prepared should movement along the humanitarian-development continuum change direction. One key issue for UNICEF will be to consider the needs of the most vulnerable families, often child-headed households or orphaned children staying with incapacitated grandparents, who do not necessarily have the resources or capacity to move with the rest of their community back home. Families with economically active adults are able to benefit from development opportunities for re-establishing their livelihoods, but the most vulnerable families may lack this capability. They will need specific support in the transition period, while community systems are strengthened to enable them to care for their weakest members.

5.4. **Efforts to move from dependency to ownership and responsibility within government and communities:**
A key risk in humanitarian programmes is that communities lose a sense of self-determination, becoming dependent on handouts. From the first year of programming, Hunter funding has been used to tackle a dependency culture by building community mechanisms for identifying and responding to their own issues. UNICEF has sought to promote volunteer committees for health, school management, child protection, maintenance of water supply and other areas. A culture of dependency is very difficult to avoid, especially when a number of agencies are involved in humanitarian responses. For example, in developing Village Health Teams, UNICEF’s aim to build self-reliance and a spirit of voluntarism has been undermined by other agencies which provide greater material
incentives for volunteers in their programmes. As the leader of some sectoral clusters, UNICEF has tried to coordinate approaches between different agencies to work towards rebuilding community responsibility. Another dynamic in which UNICEF has played an important and sensitive role is in facilitating a transition in lead agencies in Kitgum, and in building relations between government and civil society to be able to collaborate effectively. UNICEF’s partnerships with humanitarian NGOs, in the early days of the emergency, have evolved into a strong partnering with local government and an emphasis on building the capacity of government structures to plan, deliver and monitor development work.

5.5. Sustainability of interventions:
In general terms, the issue of sustainability is closely linked to the topic of government and community ownership and responsibility addressed above. In specific terms, the review has sought to assess whether interventions across the various sectors will be sustainable. Obviously, some interventions were linked only to humanitarian needs in the camps, but many were planned to build government capacity and to strengthen community systems. The question of how sustainable these interventions are proving is discussed in the sector-specific findings in Section 6 below.

5.6. Quality and impact of interventions:
Questions of quality and impact are also discussed in detail in sector-specific findings. In general, it has been challenging to measure the impact of interventions with the rapid movement of populations, but, where possible, UNICEF has worked with the government to strengthen information systems and build a quantitative understanding of coverage, access and utilization of services, to be measured against national standards. Continual work is being done across the sector to improve the quality of services. It will be important to also strengthen the qualitative monitoring and evaluation of this work to promote better practice. In particular, it is recommended that long-term ethnographic case studies with a cohort of the most vulnerable families are used to monitor the quality and impact of interventions.

Figure 6: Orphaned children staying with their elderly grandmother. It will be important to monitor the well-being of extremely vulnerable families like these to gain qualitative insights into the impact of interventions and changing circumstances on their lives.
5.7. **Relevance to and participation of local communities:**
From the early humanitarian phase, UNICEF’s strategy in Kitgum was marked by the efforts to promote community participation in identifying needs, and in planning, implementing and monitoring programmes. This is evidenced in the web of volunteer committees for health, school management, child protection, water source maintenance, etc. It can be challenging to promote participation in an emergency context where many agencies are focused purely on the delivery of humanitarian aid. However, the investment that UNICEF has made will pay dividends in terms of strengthening community systems in preparation for their return home. One of the first casualties of the conflict can be the breakdown of cultural systems of leadership and community consultation. UNICEF encouraged its partners to be sensitive to this and try to engage traditional leadership wherever possible. It has also, by contrast, promoted the leadership role of other sections of society, such as women and youth. During this final review, an excellent example of women’s participation in accessing and controlling resources was observed in one return site. Here the women had formed a group, under the auspices of a faith-based organization. Together they had planned how to work collectively to clear each other’s land after years of neglect. They also cultivated a jointly owned crop to raise resources for a rotating fund, from which each member would receive a small loan for livelihood opportunities. In general terms, the Hunter supported activities have been relevant to the needs of the wider population, providing the basic standard of services. UNICEF has sought to maintain this relevance by adapting plans to meet the challenges of the changing context. However, in the future, while still serving the needs of the wider population, it will be important for UNICEF to monitor the relevance of different agencies’ interventions specifically on the most vulnerable families. For example, livelihood programmes providing seed and tools may be less relevant to families lacking a physically able adults, or where orphaned families lack support to defend their land rights.

5.8. **Inclusion of marginalized groups:**
UNICEF has sought to gain disaggregated data to analyze the coverage of programmes in terms of gender. In education, a particular focus has been on promoting the access and retention of girls in the schools. Interventions for community participation, such as the child protection committees, have aimed to be inclusive of different marginalized groups. This intervention, in particular, has seen communities listening to the voices of youth and children and is a strong example of young people’s participation. Youth represent a key resource for the future resilience of these communities. After schooling in the camps, they are likely to have more education than their parents and have often participated in programmes for health, HIV and other issues. There is also a risk that without...
opportunities they will become disaffected, and drift away to the towns. Investment in the active inclusion of youth and promotion of livelihood opportunities is crucial at this time. Another group who are at high risk and potentially marginalized are child-mothers. UNICEF’s NGO partners run special activities to support these girls and their babies. However, it is important that adolescent sexual and reproductive health interventions are strengthened, as well as child protection mechanisms to help protect girls from abuse and exploitation.

At the other end of the age spectrum, the elderly remain vulnerable, especially those who have no adult children to care for them and may, in addition, be caring for orphaned grandchildren. This elderly group remains an area of special concern. Further efforts may also be required to identify and target interventions for adults and children with disabilities. Another marginalized group is people living with HIV. The section below on HIV responses discusses the quality and coverage of interventions. A key area for development would be to promote the full participation of people living with HIV in the planning, delivery and monitoring of activities. With UNICEF now focusing its HIV interventions on children, this would mean promoting the participation of parents living with HIV. UNICEF’s new strategic approach is to focus on all children, analyzing their needs holistically, rather than providing vertical programmes to specified vulnerable groups, based on a particular status. However, it is still necessary to monitor the efficacy of programmes for the most vulnerable groups to ensure that they are able to access and benefit from all interventions. Obviously this is very rough but my estimate is:

5.9. Cost, coverage and efficiency:
Following the first review visit, it was agreed that the integrated, multi-sectoral package of services would be targeted on four camps and the surrounding return communities in 16 sub-counties with a population of approximately 56,000 people. Meanwhile, broader ‘software’ activities would continue to benefit the wider population of 250,000. Available statistics for coverage in the different sectors are given in Section 6 below. Taking overall figures, it is possible to give a rough estimate of the cost per person for the integrated package of interventions in the four focal camps and surrounding communities. This includes the comprehensive provision of services in health, HIV, education and early childhood development, water and sanitation, child protection, shelter and provision of household items. This is estimated at $14 per person for the population of 56,000 over the project funding period. The cost can also be calculated for more general ‘software’
interventions, such as training of service providers and volunteers, health and hygiene promotion, health epidemic response, and strengthening of government and community systems. This is estimated at $4.80 per person for the wider population of 250,000 over the project duration. The efficiency of UNICEF supported interventions is discussed below, by sectors. However, as a general point, it was evident in the three review visits that UNICEF and its partners were constantly assessing their work in relation to alternative approaches and making necessary modifications to achieve greater efficiency and impact. For example, the original plans for water supply, using Hunter funding, included the development of motorized bore holes. The greater output from this motorized system was necessary when the population was concentrated into vast mother camps. However, once communities began to move, this approach was quickly modified towards hand pump water sources, which are far more economical, enabling a greater number to be sunk, and more easily managed by local people. One key question for efficiency and sustainability is whether volunteer groups, particularly cadres of health volunteers, can be retained as communities move home. Much has been invested in their training. UNICEF and other agencies are actively engaged in assessing strategies to maintain these volunteers’ commitment to ensure that this resource is not lost to the communities.

5.10. Linkage to broader policy and advocacy issues:
The Hunter funding has represented a rare opportunity in a humanitarian context to develop an integrated, multi-sectoral approach. It is hoped that UNICEF will use the lessons learned from this experience to advocate for similar approaches in its other humanitarian programmes. In terms of advocacy, in the first two years of this project, UNICEF held the unusual role as sector leader on protection issues, not just child protection issues. The protection mandate was later taken over by the United Nations High Commission for Refugees (UNHCR), as is the usual case. However, while UNICEF held this role, it provided useful learning on how to integrate protection issues into its programming. This was multi-leveled and multi-faceted work, for example advocating with the government on contentious issues, such as forced movement of camp populations. It used advocacy to protect the rights of peoples in Northern Uganda while at the same time collaborating with the government in providing humanitarian assistance. It is considered that this dual role was effective, since the trust and relationships built through collaboration also strengthened the advocacy leverage. With its long-term development focus, UNICEF also conceived the protection approach as extending beyond advocacy and legal referral of individual cases into building up community mechanisms for protection and response to abuse. A key outcome from this community level work was to ensure that communities had a voice in deciding which areas were safe for return. It is hoped that UNICEF will retain the lessons learned from this experience in order to mainstream general protection approaches, along with child protection, into its humanitarian and development programmes in Uganda and elsewhere.
6. Sector specific findings and recommendations

6.1. Health and Nutrition
The smooth delivery of health services has been challenged by the changing context in Northern Uganda and interventions have focused on aiming to maintain levels of coverage whilst preparing for the population’s return to home communities. Detailed statistics of coverage are given in UNICEF’s progress reports, itself an indicator of enhanced health information management systems over this period. UNICEF efforts to support child survival in Kitgum district have focused on five key areas, with particular attention to integrated responses in the four focal camps and their surrounding sub-counties.

**Strengthening Government Health Systems:** Moving towards a development response, UNICEF has concentrated on supporting government capacity in planning, delivery and monitoring of health services. This includes working to build capacity and accountability in managing the drug supply management system, at national medical stories, through to district and local levels. This currently presents a major barrier to availability of drugs at local level. Hunter funds have been used to supply basic and emergency health kits to local health facilities and two hospitals. Hunter funds have also supported the rehabilitation of health facilities, mainly in return areas. Staffing for health services remains an acute challenge (with reportedly less than 40% positions filled in the district), but efforts are being made to integrate Kitgum’s response into national health system planning.

** Provision of Home-based Care (HBC):** This intervention has aimed to reduce mortality and morbidity amongst children under five years through training and support of community health volunteers and Village Health Teams. These community level resource people are trained in home-based management of fever and diarrhoea, good nutrition and promoting immunization. They are provided with HBC kits, although drug availability remains a challenge. Their presence in the community has seen a rise in the percentage (up to 64%) of children receiving medical care within the first 24 hours of falling sick. They have played a significant role in offering treatment, advice and referrals on the ‘frontline’ of health care. The key challenge for this initiative will be to retain this cadre of health volunteers on return to their home sites and to ensure their effective supervision and support through stronger links to local health facilities.

**Child Health Days:** These days held in April and October are used to deliver an integrated package of services to promote child survival. This includes Vitamin A supplementation for children under five years, de-worming for 1-14 year old children, immunization for infants, adolescent girls and pregnant women, and mass drug administration for neglected endemic diseases. UNICEF has supported government health services in planning, assisting in costs for monitoring and supervision, reaching remote settlements and mobilizing communities to attend. In 2007, Child Health Days reached significantly high coverage (90% for Vitamin A Supplementation in October 2007 and 80%+ in de-worming). The movement in populations has resulted in a slight drop in coverage, although the coverage in the Hunter focal sub-counties has remained higher than in other sub-counties; potentially an outcome of the integrated approach. Despite logistic challenges in delivery of vaccines and gas for the cold chain, continued efforts for immunization are reported to have achieved 98% coverage in 2008.
Malaria Control Programme: Malaria is responsible for 23% of deaths in children under five and is a key factor in low birth weight and miscarriage in pregnant women. Hunter funding supported widespread distribution of Insecticide-Treated Nets (ITN) for Malaria prevention. A 2006 survey showed that only 23% of children under five were sleeping under them. A study on community knowledge, attitudes and practices related to ITN use showed that 65% of respondents did not know the cause of malaria. UNICEF therefore arranged training for district health staff in Kitgum by Johns Hopkins University in communication approaches for behaviour change. These are being promoted through faith based organizations and local radio. Further monitoring of the quality, coordination, delivery and efficacy of this communication approach is necessary to achieve needed behaviour change. Families receive ITNs as an incentive when they bring a child for its third DPT vaccine; a useful example of integrated programming.

Public Health Emergency Response and Preparedness: The period of Hunter funding has seen serious public health emergencies, with the prolonged outbreak of cholera in 2006 and of Hepatitis E in late 2007-2008. As the leader of the Water, Sanitation and Hygiene (WASH) agency cluster, UNICEF worked with government authorities to distribute water collecting utensils and soap as well as water purification tablets to help control the epidemics. UNICEF supported communication programmes to inform the communities and assisted the district teams to test water quality to identify contaminated sources requiring chlorination. These two outbreaks were serious, but were ultimately brought under control. However, they put additional pressure on the ongoing health services, while energies and scarce human resources were focused on controlling the epidemics.

Issues for the future: Health service delivery in Kitgum district is now integrated into national health planning. The Ministry of Health Child Survival Strategy for Uganda (2008-2015) presents a delivery mechanism to achieve universal coverage through three levels of response: at community level through Village Health Teams, at population level through health facilities and outreach by health workers, and for individual clinical services at secondary and tertiary level health institutions. The strategy identifies the bottlenecks to and elements for effective service delivery across Uganda. Whilst the generic approaches in this national strategy apply to Kitgum, it remains a distinct and fragile context, with a population still more vulnerable to epidemic outbreaks and still experiencing lower-than-average health indicators. Kitgum district’s infant mortality (under 1 year) is 167 per 1000 live births, compared with the national average of 88/1000. It also has high levels of malnutrition in children under 3 years with 39% stunted and 10% wasted. The national Annual Health Sector Performance Report for 2007/2008 cites outstanding challenges for conflict-affected Northern Uganda which are reflected in the findings from this review. These challenges include: inadequate attraction and retention of health staff; lack of staff housing near health facilities; inadequate funding for operational activities; poor sanitation and low safe water coverage as communities move from camps back to their homes; poor hygiene practices and reluctance in behaviour change leading to some persistent disease outbreaks. These challenges will need to remain central to planning targeted and relevant health responses in Kitgum, even as they are integrated under the national health service strategy.
6.2. HIV and AIDS

As a result of an internal strategic review of the UNICEF country programme, the HIV response in Kitgum has changed significantly since the 2007 mid-term review. In 2007 UNICEF launched a new plan for the Acceleration of Child Survival and Development activities, to support the Government’s Child Survival Strategy. UNICEF’s HIV programme now focuses on two key interventions: delivery of services for prevention of mother-to-child transmission (PMTCT) and promotion of paediatric AIDS treatment, care and support. UNICEF considers that it has a comparative advantage in these two areas. In line with UN reform, UNICEF’s sister agencies are now responsible for other areas of HIV interventions.

Since 2007, Hunter funding has been used to support specific initiatives to expand the availability of PMTCT services in sites providing ante-natal care, including training of health teams, community education, support to District Health Teams to monitor and supervise, and provision of HIV test kits. Hunter funding has also enabled the expansion of services for paediatric AIDS care and support, including access to early testing and treatment for children. The number of health facilities (Health Centre III) providing PMTCT services has increased from five to twelve; all hospitals and Health Centre IVs offer services. This intensive effort has resulted in a marked acceleration in provision. Of 17,650 pregnant mothers in Kitgum district, 6,812 (39%) had already been tested by June 2008, with a target set for 60% coverage by the end of 2008. Whereas the 2007 mid-term review reported only 30% of babies born to HIV positive mothers received prophylactic ante-retroviral drugs, in June 2008, according to UNICEF’s statistics, 88% were treated. According to data from AVSI, a UNICEF partner, attendance at ante-natal clinics has risen from 3% to nearly 10% of mothers between 2002 and 2007. In the same period HIV prevalence in this group had dropped from 8.6% to 6.8%. However, data from the first half of 2008 suggests a rise to 7.2%. Such rises are often predicted in post-conflict situations. The percentage of women visiting these services has also decreased due to population movement. UNICEF acknowledges that the dispersal of communities will make also it challenging to follow up and test children in the PMTCT programme at 18 months, but they are supporting the government in training Voluntary Health Teams and in developing family and community support groups. Despite the challenges, this accelerated response to the issues of children and HIV shows a specific and significant impact. 
**Issues for the future:** It was also noted in the review that some gaps appear to have arisen in the areas of HIV response formally supported by UNICEF but now the responsibility of other UN agencies. In the past UNICEF supported a comprehensive response. In particular, it was observed that the activities with young people, including youth groups, peer education and life skills development, are no longer supported by UNICEF, and may, in the interim period, have lost momentum. Previous reports in this review process have noted the specific gains made with UNICEF support in this area. Qualitative findings now suggest that young people still retain information on HIV prevention from previous UNICEF supported activities, but need more support. Levels of adolescent pregnancies are very high and the next generation of young people coming to adolescence have need of information and support to reduce their vulnerability to HIV infection as well as avoid unwanted pregnancies. In previous years, UNICEF also supported livelihood projects with young people to help reduce the underlying economic pressures putting youth, particularly girls, at risk of HIV exposure. It is recommended that UNICEF continue to monitor the comprehensive provision of HIV prevention, testing, treatment, care and support interventions for the adolescent population (as part of their mandate for children aged 0-18) and to advocate for the accelerated delivery of these services by the appropriate agencies.

6.3. **Water, sanitation and hygiene**

Provision of adequate safe water and sanitation facilities has been a core component of the Hunter funding in Kitgum. The installation of ‘hard-ware’, in terms of bore halls and latrine stances, has been focused on the four priority camps and surrounding areas, while generalised hygiene education and water quality surveillance has been delivered across the district. In terms of impact, advances have been considerable. Access to safe water has been increased between 2006 and 2008 from 9 litres to 19.5 litres per person per day in the mother camps. The international minimum standard is 15 litres. While these ratio increases owe in part to decreasing numbers in the mother camps, the widespread transit camps have also achieved an average of 13.9 litres per person per day. UNICEF and its partners have shown great agility in adapting plans to meet the challenges of rapid population movement. The installation or repair of water sources in the sites of return, especially around schools and health centres, has also created the conditions for population return. It will, nevertheless, be a continuing challenge to achieve and maintain appropriate levels of safe water supply in the scattered rural areas. In terms of sustainability, training has been provided for the community-based maintenance of water facilities.
Maintaining coverage of sanitation facilities has also been challenging, given population movements. Access in the mother camps had been raised from 60 persons per latrine stance in 2006 to 32 people per stance in 2007. However, in the transit sites the access is 64 persons per stance. There are wide disparities in access, but the overall figure for Kitgum district is 30 persons per stance. Focus is now on promoting household level construction of latrines, as communities begin to return home, as well as constructing facilities at health centres and schools. UNICEF estimates that the pupil to latrine stance ratio is 94:1 in Kitgum district as opposed to the national target of 40:1. Provision of separate facilities for girls is a key factor in retaining girls in school.

Hunter funding has also been used to provide training for teachers, school management committees and extension workers in promoting hygiene and sanitation in schools. School health clubs provide an entry point to promoting hygiene and sanitation amongst children and their families. The Village Health Teams are also trained to promote household latrine construction, hand washing and safe water storage, as well as surveillance of water quality.

Previous reviews have noted the difficulty in achieving behaviour change around hygiene practices. This concern was borne out by the Hepatitis E outbreak in October 2007. This health emergency required an accelerated response on maintaining water quality and promoting hygiene, including mass media messaging. Such communication for behaviour change, including household latrine construction and hygiene, will need continuing emphasis as the population disperses.

6.4. Education

Support to primary education and early childhood development has been a cornerstone of this project and has seen impressive results in enabling access of children to school. In the first years of the crisis, UNICEF supported the government in moving school communities into shared campuses within the mother camps. The decision to keep each local school operating as a distinct unit has facilitated the subsequent process of movement to the transit camps and return to the original rural location. Of 184 primary schools sited in the camps in Kitgum, 120 have now been re-located or have returned home. This process has involved extensive work on the rehabilitation of infrastructure, damaged through the war. About 75% of structures are now rehabilitated and considered permanent, while the remainder need rehabilitation or are temporary structures. However, given the huge challenges faced in this sector, it is a significant achievement that education provision over the years of the crisis has been maintained and that functioning schools have led the way as a ‘pull-factor’ to encourage communities to return home.
During the period of crisis and recovery, Hunter funding has also supported a drive to improve quality in the class through support to teacher training and provision of teaching/learning materials, such as ‘school in a box’. Teachers remark on the value of these materials. Hunter funding has been used to support sustained campaigns to encourage children to enrol and remain in school. However, even with advances made, serious problems remain, given the challenging context. At present only 66% of eligible 6 year olds enrol and only 42% complete primary education, with a severe gender disparity (63% of boys and only 23% of girls.) Many factors contribute to this including a low pupil:teacher ratio estimated at 99:1, an improvement on the 2006 ratio of 1:123 but still far from the national target is 55:1. Furthermore, there is only one female teacher to every 23 male teachers. Early pregnancy is a further factor in girls’ leaving school, as well as demands from their parents to provide child care for younger siblings. UNICEF is supporting the government to address these issues through a range of appropriate interventions, including construction of staff housing, active recruitment of female teachers, increasing provision of gender-specific hygiene and sanitation facilities, and social mobilisation activities promoting the education of girls.

In the first two years of this project, ten Early Childhood Development (ECD) centres were developed to meet the needs of young children and prepare them for school. However, with population movements, this initiative has proved less sustainable, as stated in UNICEF’s final report in June 2008. Trained ECD caregivers have dispersed and numbers of children attending the centres in the mother camps have dropped dramatically. However, early childhood development remains a critical issue. On visiting the transit camps, it was observed that young children were sometimes left to fend for themselves while their parents went to work in their fields. This has obvious risks for these children’s health, safety and development. It is recommended that the trained caregivers be traced, if possible, and discussion is held within communities to see whether community based mechanisms for the care and stimulation of young children can be developed; one which ensures that older siblings also remain in school.

Figure 12: Schools have been rehabilitated to support the return home. Female teachers are being actively recruited. As yet, only 30% of children have desks.

Figure 13: Young children left in the transit camps while their parents go to cultivate their land
6.5. Child Protection

During the time of this project, children protection has been a core concern, initially with the issues of abduction and trauma associated with the conflict, and, throughout this period, with the risk of psychological, physical and sexual abuse within the camps. Hunter funding has been used to develop and sustain community-based structures, called a Child Protection Committees (CPC), as a point of reference and upward referral for child protection issues. Complementing this have been efforts to strengthen government and NGO capacity to provide child protection services. At sub-county level, the aim is to have a minimum child protection system of one government officer, a child protection lead agency and a Child Protection Committee, comprised of community volunteers. These structures are mostly functional in the camps but are still facing considerable challenges.

An inter-agency review of the Child Protection Committees in 2007 noted strong achievements, including coordination between the CPCs and lead NGOs, excellent examples of grassroots advocacy and change, and effective response to individual cases. However, expectations on individual CPC members have been burdensome and turnover is high. The review also noted a tension in whether the CPCs were driven by external agencies rather than being able to determine their own agenda and actions. This issue will be crucial as communities move home and child protection structures will need to be modified from their current organisation at sub-county level (mother camps) to parish and village level. Community ownership and direction will be increasingly important to reduce dependency and promote sustainability. Capacity will need continual reinforcement through further training and promotion of minimum standards and a code of practice.

The stalled peace process for Northern Uganda and increased LRA activity in Eastern Congo have meant that there has not been the hoped-for large scale release of women and children associated with the LRA. Over the period of the project, 216 children, 50% each of girls and boys, have been supported through trauma counselling, family tracing, reunification and follow up to ensure proper care and protection. These interventions have been largely effective, particularly in adapting strategies to the local culture, including traditional cleansing ceremonies, to help children associated with the LRA to return home.

In the early days, Hunter funding was also focused on providing safety and shelter for the child 'night commuters' travelling to the town for protection from abduction. As this need receded, funds were redirected to supporting the community mechanisms, as described above. A continuing area of concern is Gender-Based Violence (GBV),
including sexual violence. As leader of the interagency cluster on Child Protection and Gender-Based Violence, UNICEF has been able to give direction in developing a shared and harmonised system for reporting and managing incidents of GBV. The majority of cases reported during the period of this project were cases of sexual violence, the majority of survivors being less than 18 years. It remains a crucial area of response, given its wide prevalence. Hunter funding has been used to raise awareness and build community responsibility for the prevention of GBV and protection of all children from abuse. Support has also been directed at government structures to build understanding and mechanisms for effective child protection, including social, legal and health services. This will remain a priority area in the future.

In the past two years UNICEF has aimed to adopt a strategic shift away from vertical emergency responses for identified categories of children (ie. formerly abducted children, child mothers, etc) towards a common and holistic approach to all forms of vulnerability in children, which enhances local government and community capacity through a more developmental approach. It is important that policies and programmes are designed around children’s actual needs, not based on assumptions about their status or grouping. Whilst in general affirming this move away from targeting certain groups of children, it is crucial that the understanding of particular risk and specific response for extreme types of vulnerability is not lost. For example, girls who are abandoned single mothers (where families are refusing to take responsibility), orphaned children heading their own households and orphans with incapacitated grandparents are at particular risk and, in many cases, may feel unable to return to the village with their communities. To date they have been dependent on the holistic support from the camps, and they may lack the ability and/or resources to rebuild their huts, clear their land, or even to defend their land rights. As communities move back to rural areas, it will be vital that these most vulnerable families are not rendered more vulnerable and are afforded continuing social protection. In time, once local communities have re-established themselves and achieved food security, they should be able to take on responsibility for these most fragile families, but this may take some time. It is anticipated that UNICEF will use its leadership of the Child Protection Cluster to promote inter-agency coordination to meet the needs of these especially vulnerable children, working to support them through their families and communities.
7. Conclusion

The people of Kitgum District in Northern Uganda have experienced trauma and deprivation over the years of conflict and internal displacement. Without humanitarian interventions, such as those supported through the Hunter Foundation, the situation for this population would have been dire and levels of malnutrition, morbidity and mortality would have been devastating. Women and children, UNICEF’s particular population of concern, would have borne the brunt in these circumstances. While poverty, disease and social dislocation still exist in the communities, the outcomes would have been disastrously worse without any assistance. Funding from the Hunter Foundation has literally saved countless lives and given dignity and sought to meet the rights of its 250,000 beneficiary children and adults. The review process over the last three years has tracked the progress of UNICEF supported interventions and has contributed to the reflection and modification of implementation plans. The context in which UNICEF now operates could not have been anticipated three years ago, having moved so significantly along the continuum from emergency to development. As this report discusses, the initiatives supported by the Hunter Foundation have presented a rare and persuasive model of integrated, multi-sectoral programming. Across the sectors, measurable impact has been achieved and many interventions are proving to be sustainable as communities move out of the camps. The quality of interventions is under continual scrutiny, as efforts are made to achieve greater relevance to local needs, greater capacity in the government greater participation of local communities, as well as further inclusion of marginalised groups. Clearly, as the report illustrates, major challenges remain in bringing the indicators for health, education, water and sanitation and other sectors in line with national government standards. But the fact that Northern Uganda is moving towards a development scenario and can be included in national plans for poverty reduction and service delivery shows how significantly the situation has improved since the emergency period when Hunter funding began. This is obviously due to the improved security situation but also to timely and effective aid interventions. It is in part attributable to support from the Hunter Foundation that the communities in Kitgum District are able to look to the future with confidence in a return to self-reliance. Continuing support to the most vulnerable families will be vital to ensure that they too can participate in this wider sense of hope in recovery.