

Operations update



International Federation
of Red Cross and Red Crescent Societies

Uganda: Floods

Emergency Appeal MDRUG006

GLIDE no. FL-2007-000138-UGA

4 October 2007

Operations Update no. 2

Period covered: 27 September to 3 October 2007.

Appeal target: CHF 8.9 million (USD 7.4 million or EUR 5.4 million).

Appeal coverage: 20% (*this figure reflects hard pledges. If soft pledges materialize, appeal coverage will rise to over 50%*)

Outstanding needs: CHF 7.1 million (USD 6 million or EUR 4.2 million).

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Summary: The weather situation continues to be unpredictable. Road access into many of the affected communities is still impossible. The flood-affected communities are highly vulnerable to further flooding and conditions in the IDP camps and settlements – particularly in terms of water and sanitation – are terrible. The water table is extremely high; as a result, where latrines have not been destroyed, they are overflowing. The ground is damp and access to clean water is limited. A majority of the crops have been destroyed and food is becoming scarce. Food security is an issue of increasing concern.



Initial assessments indicate that access to clean water remains a significant problem.

Assessments have been carried out in 11 communities jointly by Uganda Red Cross Society (URCS) and the Federation's Field Assessment and Coordination Team (FACT) members. These confirm the main operational priorities in the areas of essential relief, water purification and hygiene promotion, emergency rehabilitation of latrines and the provision of basic health care. The essential kit of non-food items (NFI) has been revised in light of needs and the limits imposed by helicopter lifting capacity. To date, relief distribution has reached 5,578 households – still well below targets, due to the limited access. The situation is expected to improve over the coming week, once helicopter distribution gets underway.

One of the two water treatment plants began operating in Amuria as of 26 September. A location for the second was identified during a field visit to Katakwi. The mobile health clinic began seeing people on 30 September, with over 750 people receiving treatment over the course of three days. Health and hygiene awareness-raising is being promoted in tandem with distributions and reinforced by follow-up visits and monitoring, as part of a comprehensive package. The first 25 volunteers have completed a four-day emergency PHAST training as of 1 October, and have developed action plans to cascade the training into communities. A second training is planned for Katakwi district.

Early recovery and longer-term shelter assessments are underway. URCS is giving priority to these areas early in the emergency operations, in order to ensure a smooth transition to recovery, rehabilitation and development and ultimately link into enhancing disaster preparedness.

URCS and FACT team members are participating actively in UN clusters and technical working groups in order to avoid duplication and ensure overall coordination of humanitarian aid. The Red Cross has taken the lead in coordinating solutions for emergency latrines which take account of the excessively high water tables. URCS continues to actively solicit funds in-country. Standard Chartered Bank has set up a special URCS floods emergency account, to receive contributions from the public. Visibility of the Red Cross is high. A field visit for 21 journalists took place, on 3 October with assistance from Kenya Red Cross Society (KRCS). The URCS Secretary General joined field operations for a few days, to strengthen coordination and back-up from headquarters.

The main challenges remain access to the most affected communities, and the unpredictable weather which will continue to hamper longer-term recovery and rehabilitation until the end of the rainy season – as communities struggle to cope with the damp and unhygienic conditions. Preventative measures – such as the distribution of water purification tablets, the installation of emergency latrines, the distribution of tarpaulins and other essential NFI, as well awareness-raising in the areas of health and hygiene – therefore remain essential if a worsening of the health and well-being of these already vulnerable communities is to be avoided.

Background

Due to an early onset to the rainy season, compounded by unusually heavy rainfall beginning in July 2007, flooding continues to occur in the north and eastern parts of Uganda – primarily in the districts of Amuria, Katakwi, Bukedea and Kumi, with Kitgum and Pader now also reported to be affected. Overall, 12 districts have been affected, with landslides and mudslides having occurred in the more mountainous regions to the east. The area around Soroti is now also being affected by increased flooding, and the remaining bridge is very precarious. This is the most severe flooding in over thirty years, affecting around 290,000 people (almost 40% of the population of Teso - close to 75% of the population living in rural areas). Over half of those affected are women and almost one third of them are children under nine years.

The situation continues to evolve on a daily basis, depending on the intensity and location of rainfall, with the heavily water-logged ground unable to absorb any additional precipitation. The images of the slow-moving water and damp ground do not do justice to the highly vulnerable state of the population, which has very few resources to fall back upon and little ability to cope with the additional hardships brought on by the flooding.

Up to 80% of staple crops have been destroyed or are rotting in the fields, leaving households with hardly any reserves to last through the rainy season and into the predicted drought to follow. These settlements are for the most part very isolated from economic centers and highly dependent on agriculture (with some livestock and poultry) as their unique source of income. There is little opportunity to earn extra cash. In any event, prices on local markets are reported to have tripled for certain basic commodities, such as salt. Households report that they are out of key staples such as cooking oil and sugar. Food security is already a major concern and can only be expected to worsen. According to UN indicators, even before the flooding, 45% of these communities were considered to be extremely or very low in terms of food security.

The level of poverty is extraordinarily high, and the subsequent level of vulnerability is alarming. The most affected communities are also the ones with little or no road access. These are primarily long-term camps or settlements of internally displaced people (IDP), exposed to uncertainty, violence and hardship over the past 20 years – some having been displaced more than once, initially from their homes in Karamoja, and a second time as a result of conflict in the northern region of the country. They have received little or no assistance over that period.

A number of dwellings have either collapsed or are seriously destabilized, as the water erodes the mud-brick bases and cracks walls. The floods have rendered the predominantly mud floors uninhabitable, and created large bodies of contaminated water, raising the water table to just a few centimetres below ground surface and turning many croplands into - literally - dangerous "mean" lakes.

The already insufficient infrastructure of these communities in terms of water and sanitation has been rendered virtually inoperative. Pit latrines are flooded or have collapsed. This includes schools, where many people congregate to seek shelter, both during the day and at night. Violence and protection issues are reported to be on the increase, due to over-crowding. The communities include a high proportion of orphans – a result of the insurgencies, as well as a consequence of HIV/AIDS.

Access to basic health care and medicines is, on the whole, non-existent. Even before the floods, health coverage was a meager 21%. The damp environment caused by the flooding, coupled with the cold evenings and limited food supplies, is exacerbating an already precarious existence, and a progressive deterioration in the health of the population is being noted.

Immediate humanitarian assistance and other more permanent interventions in the areas of water and sanitation are seriously hampered by the fact that the rainy season is far from over, especially given that most of these settlements are located in low-lying land, particularly vulnerable to the flooding. For the same reason, any replanting of crops will have to await the end of the rains.

On-going assessments, by road where possible and by helicopter to the more inaccessible areas, confirm that the primary needs are for food and non-food relief items (NFI), tarpaulins as emergency shelter, and basic health care support, including the provision of clean water, improved sanitation and hygiene promotion. The Ugandan Red Cross Society (URCS) is one of the very few organizations to have provided relief distribution to a number of the most affected communities to date.

Operational developments

URCS and the Federation's FACT have been doing a series of rapid assessments by helicopter in Katakwi, Sironko, Bukedea and Amuria districts, reaching 11 communities during the past week. In general, the findings support the operational focus on Katakwi and Amuria districts, and current actions and plans are considered to be relevant to the situation at this stage. The revised NFI package is highly appropriate – now that kitchen sets have been removed from the essential kit. Furthermore, the increase in procurement of water purification tablets, to cover 10,000 households over three rather than two months, reflects one of the most urgent needs, in response to the poor water and sanitation conditions being observed in all communities.

The ICRC has also been carrying out assessments in Kitgum, Gulu and Pader districts, together with Movement partners and in close coordination with other actors. In Kitgum, seven sub-districts have been affected by flooding, and ICRC is coordinating with WHO and local authorities to provide the necessary assistance. In Pader district, 8 out of 19 sub-districts are reported to have been affected. However, problems of access are making comprehensive assessments difficult. In addition to assessments, ICRC has to date donated 1,800 household item kits towards the URCS appeals. Additional support is contemplated following results of the ongoing URCS/FACT assessments. ICRC has also provided five trucks to help in the transportation of relief items donated by the Kenya Red Cross Society to the URCS.

URCS and FACT intend to continue with field assessments, covering as much ground as possible over the next two weeks. Members of FACT have also observed one relief distribution in Amuria district, as well as met with health personnel from Amuria, to discuss staffing and prioritization of the mobile health care unit. This has been operational since 30 September, attending to over 750 people during its first three days of operation. Health promotions activities are being undertaken in parallel with the operation of the clinic, and the first PHAST training has been completed.

URCS continues to distribute essential NFI into areas accessible by road, with the support of relief teams and trucks from the Kenya Red Cross Society (KRCS). As of 3 October, 5,578 households have been reached. Consideration is being given to the possibility of reinforcing NFI distribution with packets of seeds, pending the early recovery assessment and recommendations. More durable solutions in terms of shelter will also be linked to early recovery.

One of the biggest challenges of the operation continues to be the weather, which is impeding both access to the most affected communities and any return to normality for the population. Ground water levels remain extremely high, making latrine rehabilitation a challenge. WatSan is focusing on identifying feasible sanitation solutions given the high levels of ground water, and the Federation has taken a lead role in looking into and coordinating inputs for emergency latrine solutions.

Many roads remain impassable, most particularly into Katakwi district, and trucks regularly get stuck whilst attempting distributions in Amuria district. The one remaining bridge along the main Kampala-Soroti road is over-flowing and reported to be highly unstable.

Federation partners continue to work in close cooperation, to ensure that activities undertaken as part of the emergency response are complementary and well coordinated. The ICRC is also participating in coordination activities. The German Red Cross has arrived in country and will be based in Uganda for the next 6 months. They will be looking into longer-term rehabilitation/recovery programming in the flood-affected areas, particularly in the areas of WatSan and HIV/AIDS home-based care. URCS and the Federation have been undertaking a series of joint visits to embassies located in Kampala, to raise the profile of the operations and solicit funds. The Federation has also submitted a multi-donor application to the European Community's Humanitarian Aid programme (ECHO) to support the emergency operation.

Although assessments indicate that the operational focus is on the right track, the team continues to plan for contingencies, due to the on-going uncertainty related to weather patterns and incomplete information caused by problems of access. The key objective, at this stage, is to prevent a greater disaster from occurring, support URCS disaster response capabilities, and most importantly, reinforce the affected communities' capacity to recover from the floods.

Red Cross and Red Crescent action

Objectives, progress, impact and challenges

Emergency relief (basic non-food items)

Objective 1.1: To provide emergency shelter and essential household items to at least 20,000 vulnerable households.

Progress

Road access to the camps remains difficult and unpredictable, due to sporadic rain, on-going flooding and the increase in heavy weight vehicles bringing in relief supplies to the area. Convoys must include at least two vehicles, since trucks and 4WDs are regularly getting stuck. Travel time to the affected communities is much longer than normal.

The Red Cross has been one of the very few organizations with the necessary stock and capacity to distribute NFI to date. As of 3 October, 5,578 house-holds had been reached with essential NFI. A detailed distribution table will be available for the next Operations Update.

Assessments carried out in the communities show a clear and urgent need for essential NFI, as set out in the table below¹. Distribution plans have been modified accordingly, and these items are now being procured and distributed as a matter of priority.

Table 1: Essential NFI package

Item	Quantity (per household)
Blankets	3
Jerry can / Bucket	2
Soap	3 pieces (750g)
Tarpaulins	2
Mosquito nets	2
Water purification sachets	Sufficient for 3 months.

The Red Cross has been encouraging greater standardisation of kits among NGOs and agencies, to meet needs in a more consistent fashion.

Detailed helicopter distribution plans are being finalized to reach those areas which remain inaccessible by road and where needs are urgent. Helicopter distributions are set to begin as soon as UN helicopters with sufficient lifting capacity arrive in country. Areas most heavily impacted will be given priority in terms of both food and non-food relief distributions². The Red Cross is working in close coordination with the UN-led clusters and working groups to optimize distributions, limited by helicopter capacity. This remains one of the major challenges of the operation, especially given that current estimates of planned loads far exceed the capacity of the two helicopters (only one of which has been confirmed as arriving on 6 October). Red Cross NFI distributions alone will require seven rotations of the helicopter, in order to reach the projected 1,000 house-holds per day.

URCS teams have been mobilized to assess and prepare the communities for the anticipated distributions. A team of ten helicopter operations URCS volunteers will be trained over the coming days, covering such specific issues as crowd control and safety. The plan is to drop the relief teams into the communities the day before distribution, to ensure proper set-up and registration of beneficiaries. Whenever possible, the relief teams will be complemented by one or two additional volunteers trained in assessment - so as to make optimum use of helicopter access – to look into other community needs in the areas of WatSan, health, shelter, and plans for early recovery.

Logistics support to the emergency operations continues to prioritize helicopter distributions and warehousing facilities. Two of the temporary warehouses provided by the Norwegian Red Cross have been set up in Soroti, on the grounds of the URCS branch office. A third temporary warehouse is being set up in Lira, and the fourth temporary warehouse will be set up in Mbale. Existing warehousing procedures have been assessed and adapted to meet international standards. Standard operating procedures have been implemented for vehicles on-loan from Nairobi, and a fleet transport system has been initiated.

A detailed mobilization table is up-dated regularly on the Federation's Disaster Management Information System (DMIS). Tendering is being completed and procurement is ongoing. All outstanding items, with the exception of tarpaulins and blankets, are being purchased locally.

¹ The distribution of laundry soap, as per the Appeal, was cancelled following the first assessment, as being too bulky to distribute and not reflecting immediate needs.

² WFP is responsible for food distribution and plans to deliver up to 2,000MT into the flood-affected areas as part of the UN Flash Appeal response.

Constraints:

- Lack of access to the worst affected areas.
- Difficult and unpredictable road conditions.
- Helicopter transport available later than anticipated and with insufficient loading capacity to fulfil all projected distributions.
- Surplus/deficit of supplies from the warehouse resulting in incomplete distributions or reloading of the supplies at the point of distribution.

Health and Care

Objective 2.1: To contribute to improved health status, health awareness, and reduced incidence of water-borne and vector transmitted diseases among at least 20,000 households.

Progress

The FACT WatSan delegate has participated in two field assessments, covering five sub-counties in Katakwi and Bukedea districts. Despite the continuing changes in the floods situation, WatSan priorities identified through various assessments have remained the same, namely:

Emergency response/short-term:

- Provide household water purification tablets/sachets, along with household water storage containers.
- Support for construction of emergency latrines in schools and vulnerable families.
- Conduct hygiene promotion campaigns.

Medium/long-Term:

- Support construction of semi-permanent school and family latrines.
- Rehabilitation of non-operational boreholes.
- Development of new water sources (springs and wells protection, new boreholes, etc.)
- Continue hygiene promotion campaigns.

The lack of clean drinking water has been identified as a general concern in most affected areas. A large number of the already scarce boreholes have been further contaminated by flooding, and communities are complaining of worms. The projected distribution of water purifications sachets has therefore been increased once again, to cover the needs of 10,000 house-holds over a period of 3 months (this also provides the WatSan programme with the flexibility to increase the number of house-holds being reached, should this prove necessary and funding be available). There is great need for household water treatment (using PuR and/or aquatabs) and water storage containers (i.e. 20ltr jerry cans or buckets). Hygiene education is seen as a necessary adjunct, to enable people to cope with the deteriorating situation.

One of the two water treatment plants provided by KRCS (initially donated to KRCS by the Spanish Red Cross) was installed in Amaseniko camp in Amuria and has been operational since 26 September, with the capacity to produce a maximum of 24,000 litres per day - providing clean and safe drinking water to an average of 1,600 persons daily (according to SPHERE standards of 15L/person/day). To date, the plant has been producing up to 10,000L/day. Optimum capacity has been somewhat hampered by the need to truck in source water along a road which is at times impassable. The team is working on reinforcing the road so as to better secure access to the water source and projected distribution points. In addition, a two-man WatSan assessment team (Finnish and Kenya Red Cross technicians) travelled to Katakwi district (by road and boat) on 3 October, to assess locations for the installation of the second water treatment plant. Arrangements to deliver the plant are being finalized.

Three URCS PHAST master trainers completed a 4-day emergency PHAST training of trainers for 25 volunteers in Amuria as of 1 October. The master trainers will be proceeding to Katakwi over the coming days, to offer a similar training. PHAST tool kits are being reproduced in Kampala and some IEC materials (on control and prevention of malaria / measles / TB / water related diseases / HIV and AIDS) were distributed. Additional IEC material is being developed in Soroti for use by the trained PHAST trainers. The inclusion of HIV/AIDS information as part of the package is an innovative approach, being driven by URCS. Education and sensitisation is being provided hand-in-hand with distributions of water purification tablets and mosquito nets, with follow-up monitoring visits. The Red Cross is the only organisation providing this type of full integrated package.

Newly-trained PHAST trainers have developed action plans to cascade the training to communities through community mobilization for outreach, water source cleaning, community sensitisation campaigns, second level volunteer training and household visits. Tools to monitor WatSan, hygiene and health activities have been developed and are in place.

In order to streamline the hygiene and health education campaigns, two teams have been formed – one each for Katakwi and Amuria districts. One team has already established its base in Amuria and the second will move to Katakwi during the course of this week.

Sanitation is another area which is being addressed as a matter of urgency. The floods have either destroyed or rendered unusable existing latrines in most communities. The excessively high water tables – often at ground level and at risk of flooding as soon as it rains – have rendered traditional latrines totally ineffective. The Red Cross is leading a task force to look into appropriate options for emergency sanitation facilities suitable for affected areas. The current plan is to provide 4,000 temporary latrines (i.e. reaching 20% of the overall target), using locally procured materials. Once the situation has stabilized and waters recede, the plan calls for the rehabilitation of 15 boreholes and 800 family latrines.

Impact

- PHAST trainees report greater awareness of the transmission routes for the most common killer diseases, such as diarrhoea, and how to prevent these.
- Water consumption from the treatment plant has increased, due to awareness-raising within the community. Consumption increased from 1,000L on the first day of production to 4,400L within three days.

Constraints

- Flooded areas are shifting, making planning difficult.
- Community health infrastructure is poorly developed and stocked.
- Very high water tables render traditional latrines temporarily ineffective. There is a requirement for innovative solutions to tackle emergency latrine construction and prevent the outbreak of communicable diseases.

Objective 2.2: To reduce exposure to and risk of contracting malaria.

Progress

Distribution of two insecticide treated mosquito nets (ITNs) per household is a priority, as reflected by relief distributions and in the relief plan. Procurement is underway to ensure sufficient supplies to meet this target. This will be followed up with information, education and communications (IEC) campaigns.

Constraints:

- The ground is either flooded or damp. Clothing is damp and difficult to dry.
- Huts have been damaged or destroyed.
- On-going problems of access and uncertainty.

Objective 2.3: To provide life-saving first aid to selected health centres and schools in the affected communities.

Progress

There have been no outbreaks of disease reported to date. The incidence of malaria is reported to be higher than normal; however exact figures remain hard to come by. Other diseases reported to be on the rise include: bloody diarrhoea, skin rashes, respiratory tract infections and worms. Five cases of bloody diarrhoea were reported in Ongora camp in Magoro sub-county (Katakwi district) – all have been started on antibiotics.

The FACT Health delegate carried out assessment in four camps in Katakwi district during the week. The main needs, based on these and assessment visits being carried out by other team members, are for essential drugs to assist with basic health care. Prevention measures in the areas of water-borne (diarrhoea) and vector-borne (malaria) diseases are a priority.

The modified PHAST training was completed in Amuria (see Objective 2.1 above). Of the 25 participants, nine were from village health teams. Joint health/hygiene promotion in their respective villages started on 2 October. Similar training is scheduled to take place in Katakwi.

The mobile clinic began offering basic health and first aid to affected communities in Amuria district on 30 September. Demand is high and the community response very positive. Over 750 people were attended to over the first three days of operation. The Uganda Ministry of Health is providing anti-malarial medication, as well as space for storage and a base for the clinic. Along with the mobile clinic, the health promotion team is conducting awareness-raising sessions on basic health topics such as: malaria, diarrhoea, vaccination and malnutrition.

WHO has pre-positioned cholera kits in all affected districts. Procurement of these kits is therefore no longer a priority for the Red Cross. However, previous URCS experience in attending to outbreaks will be called upon if needed and the national society is involved in contingency planning. Close coordination with WHO, the Ugandan Ministry of Health and local authorities remains essential.

Constraints

- The ground is either flooded or damp, and nights are cold. Clothing is damp and difficult to dry. People's resistance may be lowered.
- Surveillance data is weak or non-existent, due to the poor clinic infrastructure in the affected areas.
- Katakwi district remains inaccessible by road.

Recovery and rehabilitation

Objective 3.1: To assess, plan and implement early recovery activities together with the affected communities and key local, national and international stakeholders.

Progress

The FACT Shelter Delegate has undertaken assessments in 10 different sites over the past week. In general, a relatively small proportion of dwellings have been totally destroyed, although a somewhat greater number have been damaged and are vulnerable to collapse should further flooding occur. This situation can be attributed to the slow flow of flood waters, coupled with the light-weight construction used in this area.

Although the number of destroyed houses is quite low, most of the dwellings have been affected by the floods in one way or another: walls are still damp and losing stability ('leaning' walls), wood is in constant contact with the wet ground, and the earthen floors are damp - making

sleeping or living inside problematic and leading to health-related issues. Some communities have started to re-strengthen their houses using local techniques, including:

- Elevating the area inside and just outside their dwelling in order to protect the walls against future floods;
- Using thatch to strengthen their walls and protect them against rain;
- Re-erecting collapsed walls to save the remaining structure.

The initial plan of action called for the distribution of shelter kits to individual households, and tarpaulins are indeed being distributed as a matter of urgency (see Objective 1.1). However, due to the on-going and unpredictable nature of the floods, communal kits are now being considered, as possibly a more appropriate means of strengthening capacity within each community (i.e. provision of multi-purpose tools, which could be used for agricultural, shelter and communal activities). This would also serve to reinforce community efforts already underway to strengthen existing dwellings.

Overall, the intent is to link shelter closely with recovery, as more of a mid-term program – as well as to work closely with the WatSan component of the operation to meet a variety of needs as part of a ‘holistic’ and integrated approach.

Constraints

- There is a general lack of clear and up-to-date data.
- Flooding is expected to continue over the coming months, while the rainy season lasts, thereby impeding reconstruction of dwellings in the short-term.
- A number of the most affected communities are medium to long-term IDPs, in the process of beginning to resettle back into their villages of origin. Their situation remains unstable and precarious.

Capacity Building

Objective 4.1: To prepare for effective, timely and appropriate monitoring and response to emergencies and vulnerabilities.

Disaster Preparedness and Response

There is a clear desire to build URCS capacity in needs assessment and information management. Lessons learned and the overall outcome from the current emergency operation will be fed into the national society’s long-term programming in disaster preparedness. In addition, the Appeal budget allows for procurement of emergency stock for 5,000 households in Lira and Soroti branches. The procurement of 200 volunteer kits is underway.

Logistics

URCS warehouse capacity is being reinforced in the areas of warehouse administration and management. A system for daily stock reports has been established. Three temporary warehouses are being installed (with one in reserve), and will remain for URCS use. A Fleet Transport System operated by URCS staff and volunteers is now in place.

IT & Telecommunications

The FACT team’s IT & Telecoms Delegate continues to provide essential support to the operations base in Soroti and at headquarters in Kampala, to ensure rapid and effective communications from the field, and for the operations as a whole. Both the Kampala and Soroti offices are up and running, with internet provided via ‘BGAN’ connections. Much time is being spent on dealing with viruses and the problem has been raised with Federation headquarters in Geneva. Assistance is also being provided to URCS Soroti Branch in virus removal.

On-going activities are focusing on:

- Finding local IT counterpart.
- Investigating overall radio licenses.
- Evaluating present internet setup at URCS Soroti branch and in the four regional branches of URCS.
- Following up on the VSAT setup at Kampala & Soroti.

A Danish/American Red Cross ERU team is arriving and will be fully functional by early next week. Equipment will arrive late this week – and the ERU will start to operate in the field next week. The main priorities are to support the Federation FACT, strengthen telecommunications in URCS branches in the affected area, strengthen internet at headquarters and conduct assessments in technical areas.

Coordination and partnerships

At field level, Federation activities are coordinated through lead members of the URCS, KRCS and FACT, all based in Soroti. Meetings are held each morning, to update sector teams on progress. Internal coordination between URCS-KRCS and Federation is carried out throughout the day, as well as during scheduled morning and evening briefing and debriefing sessions: this is in the process of being made more effective.

URCS's Program Coordinator and the FACT team leader represent the movement in inter-agency coordination meetings. Sector delegates participate in various cluster and technical working group coordination meetings, providing feedback to the movement through daily Red Cross meetings. All FACT members except for Shelter, Reporting, and Early Recovery, are participating in relevant cluster coordination meetings. Shelter will be linked with the Camp Management cluster, as well as NFI cluster. An ER cluster is to be established on 5 October. URCS and the FACT are attending coordination meetings in Kampala.

FACT Air operations is working closely with UNHAS, as regards the planned airlift and with OCHA/UNJLC for mapping.

URCS continues to take the lead in coordination. The Task Force on Floods chaired by the URCS meets on a regular basis in Kampala, to enable partners to exchange information and better coordinate activities. URCS has assigned counterparts to most Federation FACT team members, who are working in close coordination with each other. The URCS Secretary General visited field operations during the week, in order to ensure close and coordinated back-up from headquarters. Coordination is also being ensured with local authorities and relevant government ministries.

Communications- Advocacy and public information

URCS has been pro-active in its media relations, initiating press conferences on a regular basis in order to update the public on developments, needs and promote fund-raising activities. The national society is actively meeting with private sector entities and others, such as embassies to share information and raise funds. The response from the private sector has been impressive. Most recently, Standard Charter Bank has invited URCS to open an 'emergency fund' account, where people can deposit money in support of disaster response for the URCS. Visibility is being ensured in the field, through URCS tabards, caps and T-shirts. A press visit to field operations was organized by URCS and KRCS, with participation of some 21 journalists from local and regional press and radio.

How we work

All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

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The International Federation's activities are carried out under its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

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