

# Operations update



International Federation  
of Red Cross and Red Crescent Societies

## Uganda: Floods

Emergency Appeal MDRUG006

GLIDE no. FL-2007-000138-UGA

11 October 2007

### Operations Update no. 3

**Period covered:** 4 October to 11 October 2007.

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

**Appeal coverage:** 21% (*this figure reflects hard pledges. If soft pledges materialize, the appeal coverage will rise to over 50%.*)

**Outstanding needs:** CHF 7,063,961 (USD 6,032,418 or EUR 4,255,398).

[<Click here for the donor response report>](#)

**Targeted beneficiaries:** 100,000 persons.

#### Appeal history:

- [Preliminary Emergency Appeal](#) was launched on 20 September 2007 for CHF 8.9 million for 6 months to assist 100,000 people.
- CHF 174,197 (USD 144,802 or EUR 105,959) was initially allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 3 September 2007 to support this operation. Unearmarked funds to replenish DREF are encouraged.

**Summary:** The situation of the affected population remains virtually unchanged. The ground is still water-logged in many areas, new flooding is occurring in others and access – most particularly into Katakwi District – continues to be a challenge. Initial estimates indicate that some 40 per cent of boreholes tested to date are contaminated, and malaria cases are reported to be on the rise, accounting for over 40 per cent of cases seen by the mobile health clinic. Sanitation is a problem in virtually all communities due to the high water tables. Most latrines in the camps and settlements have been either flooded or destroyed.

Distribution into Katakwi by helicopter began on 9 October 2007, and the number of rotations is increasing daily. This is in parallel to distribution by road into Amuria and Soroti districts. An integrated process of assessment, distribution and verification is working smoothly, with teams of Uganda Red Cross Society (URCS) volunteers moving into communities in a coordinated manner to optimize relief distribution. As of 9 October 2007, 5,477 households had received essential relief<sup>1</sup> – over a quarter of the target, despite the on-going problems of access.



The Uganda Red Cross Society Secretary General actively participates in distribution of NFI to flood affected beneficiaries in Amuria.

<sup>1</sup> This figure is somewhat lower than indicated in [Operations Update no. 2](#), due to an error in calculation. Current figures accurately reflect up-to-date URCS records.

During its first week of operation, the mobile health clinic treated 1,852 people. The water treatment plant in Amuria has purified 63,000 litres of water since it began operating on 26 September, of which 57,720 litres has been consumed. Eleven URCS volunteer technicians are now fully capable of operating the treatment plant, following training from their Kenya Red Cross Society (KRCS) counterparts. It has been decided to maintain the second water treatment plant in Soroti, as a contingency for emergency deployment in case of a disease outbreak. Participatory Health and Sanitation Transformation (PHAST) training for an additional twenty volunteers in Katakwi has been completed.

In terms of early recovery, a proposal for immediate food security intervention in the most affected sub-counties of Amuria and Katakwi has been prepared. The aim is to distribute seeds to 20,000 households no later than 3 November, so that communities can plant crops that are most likely to succeed under the present circumstances, and thereby enhance their food security. Focus group discussions will take place in three communities over the coming days. The shelter and early recovery components of the programme are also working together to ensure a more 'holistic approach' in meeting needs. Communal toolkits are now being considered as a possibly 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.

URCS and FACT members continue to participate actively in UN clusters and technical working groups in order to avoid duplication and to ensure overall coordination of humanitarian aid. The URCS Secretary General and the Vice-Chairman joined field operations for a few days, to strengthen coordination and to back-up from the headquarters.

Both the KRCS team and a majority of the Federation's FACT delegates are scheduled to leave within the next two weeks. The teams are working closely with their URCS colleagues in the field to transfer knowledge, set up operational systems and ensure a smooth transition. It is important to highlight the contribution of the KRCS to the Uganda floods emergency operation: this is the first time that an African National Society has responded fully and immediately to another African National Society in an emergency, in the context of an international Federation Appeal. Lessons learned will no doubt pave the way for similar successful assistance in the future.

The key objective, at this stage, is to ensure a smooth exit strategy on the part of FACT and KRCS teams and establish a core Federation operational support team for the coming months, so that URCS operations are not disrupted and the urgent needs of the population continue to be met.

## Background

Due to an early onset to the rainy season, compounded by unusually heavy rainfall beginning in July 2007, flooding has been occurring in various parts of north and eastern Uganda. Most districts in the area have been seriously affected – particularly Amuria, Katakwi, Bukedea and Kumi (the latter also experiencing serious landslides and mudslides). Currently, rainfall patterns are normal, with the rainy season predicted to last until mid-November. Although Amuria and Katakwi districts are slowly drying out, many of the settlements are still muddy and water-logged, and remain very vulnerable to any additional rainfall. Furthermore, newer areas are being slowly inundated in Soroti District. The one bridge to the south is overflowing and very precarious. For the most part, heavy traffic is being re-routed to the west, via Lira.

This is the most severe flooding to have occurred in over thirty years, affecting over 300,000 people. 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 per cent of staple crops have been destroyed or are rotting in the fields, leaving households with hardly any food 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 of certain basic commodities, such as salt, have tripled in the local markets. Households report that they are out of key food commodities such as cooking oil and sugar. Food insecurity is already a major concern and can only be expected to worsen. According to UN indicators, even before the flooding, 45 per cent 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, due to conflict and insurgency. 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 and AIDS.

Access to basic health care and medicines is, on the whole, non-existent. Even before the floods, health coverage was a meager 21 per cent. 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. Malaria is reported to be on the rise. Most of these settlements are located in low-lying land, particularly vulnerable to flooding.

Immediate humanitarian assistance and other more permanent interventions in the areas of water and sanitation have been hampered by problems of access. On-going assessments confirm that the primary needs remain food<sup>2</sup> 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), with assistance from the KRCS and the Federation’s FACT, remains one of the very few organizations providing relief distribution to a number of the most affected communities to date.

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<sup>2</sup> Being provided by the World Food Programme (WFP).

## Operational developments

Distribution by helicopter began on 9 October into Katakwi, which remains inaccessible by road. Distribution by road is on-going, targeting those communities most in need in Amuria and Soroti districts. The Kenya Red Cross Society (KRCS) continues to provide both technical and transport assistance to the URCS relief effort. Four KRCS M6 and other URCS trucks are being used to get through on roads which are often muddy and damaged by the floods.

An integrated process of assessment, distribution and verification is working smoothly, with teams of URCS volunteers moving into communities in a coordinated manner to optimize relief distribution. FACT members have been working with URCS counterparts to refine assessment tools and to train volunteers in their use.

As of 9 October, 5,477 households had received essential relief<sup>3</sup> (over a quarter of the targeted 20,000 households) despite the problems of access. This is in addition to the 1,001 households reached by URCS in Kumi district, in association with UNICEF<sup>4</sup>. The pace of relief distribution is expected to pick-up even more, with the arrival of two additional UN helicopters by the end of the week.

Health and WatSan remain the primary concerns. Plans for targeting communities most in need of water purification are being finalized, in close collaboration with other partners through the UN Cluster group. Currently, and despite earlier more optimistic calculations, the Red Cross operation is only able to target 10,000 households for a period of one month. This is considered to be insufficient; funding constraints are preventing the planned extension of water purification sachet distribution for a period of up to three months, as previously reported.

PHAST training has been completed in both Amuria and Katakwi districts. Forty-four trainers will now cascade the awareness-raising activities into affected communities. The water purification plant in Amuria is operating smoothly, with over 57,000 litres consumed to date. It has been decided to maintain the second water treatment plant in Soroti, as a contingency measure in case of a serious outbreak of disease.

The mobile health team attended to 1,852 patients in its first week of operation. Malaria accounts for close to half of the cases, and there are concerns that this may be reaching worrying proportions – although the absence of baseline data makes assessment difficult. There has been and remains a chronic lack of medicines and access to healthcare in the area. The mobile health clinic is filling a gap, but can only do so on a temporary basis, in the context of the emergency operations.

Sustainability of operations in both the medium and longer-term is one of the major challenges that URCS has to address as a matter of urgency. Both the KRCS team and a majority of the Federation's FACT delegates are scheduled to leave within the next two weeks. The teams are working closely with their URCS colleagues in the field to transfer knowledge, to set up operational systems and to ensure a smooth transition. URCS field operational staff and volunteers have been working non-stop since before the appeal was launched, and there is a



Red Cross teams unload the first rotation of goods delivered by helicopter to Ngariam Corner in Katakwi, for beneficiaries with no road access for over three weeks.

<sup>3</sup> This figure is somewhat lower than indicated in [Operations Update no. 2](#), due to an error in calculation. Current figures accurately reflect up-to-date URCS records.

<sup>4</sup> URCS is acting as the implementing partner for UNICEF in Kumi District.

need to reinforce field operations – most particularly in the areas of water and sanitation, shelter, early recovery and reporting, as well as to integrate URCS health personnel into the mobile clinic operations.

The unpredictability of the weather and the road conditions are the two constants of this operation. There is still no bridge access into Katakwi, despite earlier indications that this would be resolved early in the week. Best estimates for improved access are now sometime during the coming week. The one remaining bridge along the main Kampala-Soroti road is still highly unstable and expected to be shut any day.

The IT/Telecoms Emergency Response Unit (ERU) has completed an assessment of branch needs. Internet access is being enhanced at both headquarters and field levels. The team is having to spend an inordinate amount of time on virus trouble-shooting, which continues to affect IT on a daily basis. Preparations are underway for the installation of a radio communications network, to begin as soon as the equipment has been cleared through customs.

Red Cross/Red Crescent Movement partners continue to work in close cooperation, to ensure that activities undertaken as part of the emergency response are complementary and well coordinated. The URCS Secretary General and Vice-Chairman joined the operations in Soroti over the past week, visiting a number of field sites and participating in distributions. Other senior executive staff and Board members are expected later during the week.

The key objective, at this stage, is to ensure a smooth exit strategy on the part of FACT and KRCS teams, so that URCS operations are not disrupted and the urgent needs of the population continue to be met.

## Red Cross and Red Crescent action

### 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

Distributions by helicopter into Katakwi began on 9 October. The Red Cross remains one of the very few organizations with the necessary stock and capacity to distribute NFI – which has been deemed to be the main priority, along with medicines, by UN Cluster leads, at least for the next two weeks (and pending receipt of food stocks by WFP).

As of 9 October, 5,477 households had received essential relief<sup>5</sup> – over a quarter of the target, despite the on-going problems of access. Detailed distribution figures are presented in table 1 below. This is in addition to the 1,001 households reached by URCS in Kumi district, in association with UNICEF<sup>6</sup>.

The essential NFI kit remains as detailed in [Operations Update no. 2](#). This is what is currently being distributed by URCS, along with kitchen sets where feasible and needed. Any discrepancies between the numbers of households reached, and planned versus actual quantities of specific relief items distributed are due to the lack of availability of certain items, as well as slight variations in kits supplied by other agencies during the early stages of the operations. The Red Cross continues to encourage greater standardization of kits among non-government organization (NGOs) and agencies, to meet needs in a more consistent manner.

<sup>5</sup> This figure is somewhat lower than indicated in [Operations Update no. 2](#), due to an error in calculation. Current figures accurately reflect up-to-date URCS records.

<sup>6</sup> URCS is acting as the implementing partner for UNICEF in Kumi District.

**Table 1: Federation Uganda floods Appeal NFI relief distribution as of 9 October 2007**

District	HH	Blankets	LLITNs	Tarps	Jerry cans	Soap	Kitchen sets <sup>7</sup>	Water purification sachets
Amuria	3,061	4,245	4,476	3,575	4,476	14,121	1,415	-
Katakwi	783	1,157	970	970	813	4,137	-	-
Soroti	1,633	4,130	3,418	2,421	3,234	3,133	1,709	-
<b>Total Distributed</b>	<b>5,477</b>	<b>9,532</b>	<b>8,864</b>	<b>6,966</b>	<b>8,523</b>	<b>21,391</b>	<b>2,816</b>	
<b>Total Planned</b>	20,000	60,000	40,000	40,000	40,000	60,000	-	1,250,000

The pace of relief distribution is expected to pick-up even more, with the arrival of two additional UN helicopters by the end of the week. The URCS relief coordinator has been working with FACT helicopter operations, and on-the-job training has been provided to both loading and relief distribution teams regarding the specifics of helicopter distributions.

An integrated process of assessment, distribution and verification is working smoothly, with teams of URCS volunteers moving into communities in a coordinated manner to optimize relief distribution. FACT members have been working with URCS counterparts to refine assessment tools and to train volunteers in their use.

At this time, the Red Cross is focusing on relief distributions rather than on emergency shelter programming. Shelter recovery assistance is planned for a later stage of the operation, given the following: Immediate priority needs in the areas of NFI, water and sanitation, and basic health care; problems of access, combined with limited airlift capacity; and, lack of clarity on the ground regarding actual long-term shelter needs.

The Federation is of the view that it would not be beneficial to activate the Emergency Shelter Cluster for the flooding in Uganda. The findings of the Federation FACT mission, which includes a shelter specialist, indicate that the relatively small number of destroyed shelters, combined with a small number of international players active in shelter programming, do not warrant deployment of a coordination team at present. Should the situation change dramatically, this position will be revisited. In the meantime, the Federation will assure appropriate liaison with all organizations active in the provision of shelter.

Although the planned shelter kit is not currently being distributed, one essential item is being handed over, due to its multipurpose use: tarpaulins (2 per household). For the moment, these are mainly being used for sleeping purposes and for drying premature crops. Regarding more mid-term shelter assistance, early recovery and shelter assessments are underway, and considering a proposed package of tools and materials appropriate to both individual and communal needs.

Logistics support to the emergency operations continues, with the overall objective of providing emergency shelter and essential NFI to at least 20,000 vulnerable households. Current areas of priority in co-operation with URCS are:

- URCS purchasing and delivering relief goods to operational centres (Soroti, Lira);
- Air operations for delivery of goods to distribution locations;
- Storage for mobilized goods in the operational area;

<sup>7</sup> An additional 1,068 households in Amuria and 596 households in Katakwi received kitchen items from the UNICEF kit (1 ladle, 4 spoons, 4 forks, 4 plates, 4 cups and 1 knife). This differs from the ICRC and Federation family kits and has therefore not been included in the total.

- Transportation of goods and personnel (Soroti – Kampala);
- Customs clearances and forwarding of goods received from outside the country in response to the Appeal;
- Compliance with Federation systems and procedures.

Three of the Rubb halls provided by the Norwegian Red Cross have been set up; two in Soroti and one in Lira. Insurance coverage for the goods stored in warehouses has been confirmed by the URCS Insurance Unit. Security and safety equipment (fire extinguishes and lighting) for warehousing is being purchased and under delivery.

A secondary logistics pipeline is being established, to provide fuel and funds for the relief distribution teams in Katakwi, pending road access. A detailed mobilization table is up-dated regularly on the Federation's Disaster Management Information System (DMIS). All items required for 20,000 households NFI distribution have been procured and are currently being mobilized by suppliers, for receipt and onward transport to Soroti. Federation Framework Agreement items (blankets, tarpaulins and mosquito nets) have been purchased and mobilized by Dubai RLU and the Federation's Nairobi Logistics unit. Any additional local procurement is being conducted by URCS based on the National Society's cash transfer system, according to URCS and Federation procurement procedures.

### Constraints

- Lack of access to the most affected areas.
- Difficult and unpredictable road conditions.
- Helicopter transport available later than anticipated and with insufficient loading capacity.
- Surplus/deficit of supplies from the warehouse resulting in incomplete distributions or reloading of the supplies at the point of distribution.
- Cost of fuel in Katakwi prohibitive, as a consequence of access problems.

### 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

PHAST training of trainers has been completed in both Amuria and Katakwi districts. Twenty-five volunteers from fifteen camps in Amuria were trained on health education campaigns. The volunteers have begun to disseminate hygiene promotion messages in their respective villages. Twenty volunteers from Katakwi attended a three-day training from 6-8 October and are expected to initiate health education in various camps in Katakwi beginning on 9 October 2007.

The water treatment plant has been operational in Amaseniko (Amuria) from 26 September. A total of 68,000 litres of water have been trucked from the source, with 63,000 litres purified and 57,720 litres consumed to date. Eleven URCS volunteer technicians are fully capable of operating the treatment plant, following training from their KRCS counterparts. A decision has been taken to keep the second treatment plant in reserve at Soroti, as a contingency in case of a serious waterborne disease outbreak – since it is clear that the single plant cannot meet all current needs in Katakwi. In this way, the plant can be dispatched either by road or by helicopter, as soon as required.

The distribution plan for water purification sachets is being finalized (see section under Objective 1.1).

### 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.

### Constraints

- Very high water tables render traditional latrines temporarily ineffective. There is a requirement for innovative solutions to tackle emergency latrine construction and prevent an outbreak of communicable diseases.

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

#### Progress

Insecticide treated mosquito nets have been distributed to 5,477 households as reflected in the relief distributions table (table 1) and in the relief plan (see Objective 1.1). This is being followed up with information, education and communications (IEC) campaigns.

Reports from the field and through the mobile health clinic indicate a worrying rise in the rate of malaria.

#### Impact

- The ongoing distribution of ITNs shall contribute to reducing the spread of malaria.

#### Constraints

- The ground is either flooded or damp. The rate of malaria is reported to be on the rise.
- On-going problems of access and uncertainty have delayed distributions.

### 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, although the incidence of malaria is quite high.

There continues to be close coordination with local authorities and other agencies. Red Cross field operations are in continuous contact with the office of the Director of District Health Services (DDHS) in Amuria. At Soroti level, the Red Cross participates in the cluster health meetings and maintains regular contact with other agencies, in particular the UN Office for the Coordination of Humanitarian Affairs (OCHA) and WHO.

Following the identification of several new cases of dysentery in Oongora camp (Katakwi), agencies from the health cluster have scaled-up their preventive activities, as follows:

- WHO/DHO – supporting water quality testing;
- UNICEF– providing one new basic emergency health kit, 40 emergency drinking water kits, and 8,000 water purification tablets to URCS for hygiene promotion;
- URCS – PHAST training of trainers in Katakwi has included four representatives from Oongora camp. This is being followed up with hygiene promotion, alongside distribution of the water purification tablets and oral re-hydration salts;
- Pilgrim – Possible provision of treatment medicine, if needed;
- THW – Will be installing a water purification plant.

During its first week of operation, the Red Cross mobile health clinic attended to 1,852 patients from seven villages in Amuria district. Of these, 42 per cent were suffering from malaria; it is feared that this is now approaching epidemic proportions, and reflects major complaints compiled

during field assessments. Other illnesses include respiratory problems among 16 per cent (likely exacerbated by the damp conditions prevailing in the camps and settlements) and diarrhoea, 4 per cent. Health education is conducted as soon as people turn-up for registration, and prior to consultation with the doctor.

Mobile health clinic statistics for the period 30 September to 6 October 2007 are presented in table 2 below.

**Table 2: People reached by the mobile health clinic (30 September to 6 October)**

Registered	< 5 years		> 5 years		Total
	Female	Male	Female	Male	
<b>1,852</b>					
Malaria	135	126	253	268	<b>782</b>
Diarrhoeal Diseases	26	30	9	12	<b>77</b>
Pneumonia	1	5	3	0	<b>9</b>
Other Respiratory Disease	45	35	94	123	<b>297</b>
Anaemia	0	0	1	6	<b>7</b>
Dysentery	8	7	10	5	<b>30</b>
Intestinal Worms	22	28	29	29	<b>108</b>
STI	2	0	31	21	<b>54</b>
UTI	3	1	1	1	<b>6</b>
Eye Infections	5	3	7	5	<b>20</b>
Ear Infections	2	8	9	8	<b>27</b>
Malnutrition	3	5	0	0	<b>8</b>
Dis. Of Circulatory System	0	0	7	8	<b>15</b>
Dental Disorder	1	0	3	2	<b>6</b>
Skin Diseases	13	15	16	17	<b>61</b>
Rheumatism, Joint Pain	0	0	35	26	<b>61</b>
TB	1	0	0	0	<b>1</b>
Rheumatic Fever	0	0	2	1	<b>3</b>
Gastritis/Peptic Ulcer	26	11	9	24	<b>70</b>
MCH Antenatal and Postnatal Care	0	0	19	7	<b>26</b>
All Other Diseases	7	1	41	52	<b>101</b>
Referrals In	0	0	0	0	<b>0</b>
Referrals Out	3	2	10	14	<b>29</b>
<b>Totals</b>	<b>303</b>	<b>277</b>	<b>592</b>	<b>631</b>	<b>1,852</b>

### Impact

- During its first week of operations, the mobile clinic has contributed to preventing a major outbreak of disease, through treatment and health education. However, it is too early to measure the comprehensive impact of health activities.
- Coordinated activities by members of the health cluster are addressing the rise in dysentery noted in Oongora camp.

### Constraints

- Accessibility remains a major challenge. Some of the people in dire need of treatment cannot be reached because roads have been cut off.

- The unpredictable rains have affected the duration of time spent treating people and resulted in fewer people receiving treatment, compared to those in need of medical care.
- The lack of shelter and clean, safe water means that even those getting treatment remain highly susceptible to re-infection and the need for additional medical attention.
- There will be a gap in personnel (doctor) once KRCS staff leaves.
- No updated statistical data (baseline date) is available at the health centres and this becomes a challenge when measuring impact or comparison.
- Community health infrastructure is poorly developed and stocked.

## 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

Both the shelter and FACT delegates have been conducting assessments, interviewing key actors and developing feasible plans for the short and medium-term. URCS and the FACT early recovery delegate have been working in close cooperation to build on existing programming in the area of food security. Plans are based on URCS programmes and priorities, as set out in the URCS Strategic Plan 2007-2010 and reflected in longer-term programming being carried out by National Society in association with the Danish Red Cross and British Red Cross.

The initial plan of action under the current Appeal called for the distribution of shelter kits to individual households; 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 a possibly 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 programme – 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.

In terms of early recovery, a draft proposal for an immediate food security intervention in the most affected sub-counties of Amuria and Katakwi has been prepared. It is based on previous food security interventions undertaken in Amuria district from 2005-2007, supported by the British Red Cross and funded by the Department for International Development (DFID).

The proposal calls for an assessment, followed by a distribution of pre-packed ‘family seed kits’, to 10,000 households in the most affected sub-counties in Amuria and Katakwi districts (20,000 households in total). In general, the pre-selected areas (and in particular Ongongoja, Ngaram and Magoro sub-counties) are traditionally considered as food insecure. This situation has been aggravated over the past years due to displacements caused by Karamajong attacks, and now by the floods, which have affected those three sub-counties in particular.

The assessment aims to identify parishes within the pre-selected sub-counties in both districts, which have been particularly affected and present high levels of vulnerability and food insecurity. Once parishes have been identified, a blanket distribution (covering all households) will be conducted at parish level. As part of the assessment, a team of URCS volunteers will discuss with the communities the type of crops they wish to cultivate at this time of the year. In this regard, the programme incorporates the flexibility to distribute slightly different kits in Amuria and Katakwi, based on the recommendations of the communities and particulars of the area. Assessment methodology will be based on focus group discussions at parish level. Volunteer involvement will also be critical for monitoring purposes, community mobilization/ information and capacity building within the communities.

As a second component of the kit, the programme will recommend distribution of tools (as mentioned above), whether for use by the communities/families for agricultural activities or other shelter/disaster preparedness/livelihoods activities.

It is proposed that the initial phase of seed distribution takes place no later than 3 November for all 20,000 households targeted, so that communities plant no later than the second week of November, to benefit from forecast rains.

Additional follow-up in the mid-term will be more fully elaborated in conjunction with shelter activities. To strengthen the resilience of the communities, and considering the unpredictability of the rainfalls in the second term of 2007 (and subsequent flooding consequences), it is recommended that work continues with the same communities in the same affected areas during the first agricultural season of 2008, which traditionally has a larger yield than the second season.

This mid term programming will consider not only agricultural activities, but other alternative livelihoods, as well as a disaster preparedness component at community level (i.e. shelter and sanitation could be included).

### **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.
- Time constraints in terms of identification of volunteers for all camps/sites/parishes and the provision of training on food security/agriculture and project cycle management.
- Very short time available for procurement process and transport of items to URCS Soroti warehouse.

### **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's 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 stocks for 5,000 households. The procurement of 200 volunteer kits is underway.

#### **Logistics**

Co-ordination and training with URCS is ongoing in all aspects of logistics. URCS warehouse capacity has been reinforced in the areas of warehouse administration and management. Daily stock movements and consolidated stock reports are now being maintained by URCS for the warehouses in Lira and Soroti with a report submitted to Kampala on a weekly basis.

Three Rubb halls have been 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. Standard operating procedures have also been implemented for the two vehicles on-loan from the Federation's Zone office in Nairobi. The vehicles are managed by URCS's fleet management and driven by URCS drivers.

## **IT & Telecommunications**

The Danish/American Red Cross IT & Telecoms ERU is now in place, providing essential support to the operations base in Soroti and at headquarters in Kampala. The support is to ensure rapid and effective communications from the field and for the operations as a whole.

On-going activities are focusing on:

- Planning for the radio installations, to begin as soon as the ERU equipment has been cleared through customs;
- Finalizing local procurement of computer equipment through the Danish Red Cross. Installations will begin once the equipment has arrived in Soroti;
- Hiring a local IT officer for the Soroti branch of URCS, to work alongside the ERU;
- Training URCS staff and volunteers in the use of GPS receivers.
- Resolving URCS e-mail access problems.

The Kampala office is now running on a flat rate satellite internet connection. The installation of a similar internet connection at the Soroti office is in the pipeline.

An extra donation of ten handheld VHF radios, one mobile VHF radio and one HF base radio has been provided by American Red Cross via the ERU.

## **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.

URCS's Programme 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. URCS and the FACT are attending coordination meetings in Kampala.

FACT Air operations is working closely with United Nations Humanitarian Air Service (UNHAS), to coordinate airlift operations, and with WFP for mapping purposes.

URCS continues to take the lead in coordination. The Task Force on Floods chaired by the URCS meets on a regular basis in Kampala. URCS has assigned counterparts to most Federation FACT members. An organizational structure is being finalized for the emergency operations, taking into account the imminent departure of the Federation FACT and KRCS teams. The URCS Secretary General and Vice-Chairman 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, and in particular with the newly established Office of the Prime Minister in Soroti, which is tasked with assisting in the coordination of the floods response.

## **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 fundraising activities. The National Society has been actively meeting with private sector entities and others, such as embassies to share information and to raise funds. Visibility is being ensured in the field, through URCS tabards, caps and t-shirts. The Federation has facilitated field visits and provided information and images to international media.

## 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.

For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the National Society profile, please access the Federation's website at <http://www.ifrc.org>

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.

## Contact information

For further information specifically related to this operation please contact:

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