



Activity Update January to May 2011

THE ICRC IN UGANDA

The ICRC has been present in Uganda since 1979. Given the progress towards peace in the north of the country, ICRC assistance activities, many of which are implemented in partnership with the Uganda Red Cross Society, have been scaled down since 2010 in response to decreasing humanitarian needs. In parallel, the ICRC continues

to monitor the treatment of detainees and strives to raise awareness of IHL and humanitarian principles among the armed and police forces.

The ICRC currently employs 62 staff, including 10 expatriates and 52 national employees. Since the closure of its last sub-

delegation in Acholi region in July 2010, the ICRC mainly operates from its main office in Kampala. Indeed, as of January 2011, an ICRC field officer has been recruited who is permanently based in the local URCS branch in Moroto, Karamoja.

ICRC ACTION AND RESULTS DURING THE PERIOD JANUARY TO MAY 2011 – AT A GLANCE...

The ICRC continued to adapt as planned to changing needs in Uganda – a country no longer directly affected by armed conflict, but prone to other situations of violence.

Having reduced its presence in some areas of the country during 2010, the ICRC continued to help the Uganda Red Cross Society strengthen its skills and structures, focusing on the provision of assistance to returnees, emergency preparedness (in advance of elections), restoring family-links and promoting IHL. A formal agreement, signed between the National Society and the ICRC in January, sought to strengthen cooperation over the next three years.

Thousands of civilians whose lives had been affected either by non-international armed conflict in the past (Acholiland and environs), or other situations of violence currently (Karamoja), were better able to ward off the threat of disease after the National Society and ICRC provided them

with access to clean water supplies through the construction of water points and the rehabilitation or repair of boreholes. Karamojan communities received kits for building latrines, and advice on good hygiene practices. Meanwhile, a newly deployed ICRC field officer in Karamoja monitored the welfare of civilians in violence-prone areas and delegates maintained dialogue with weapon bearers (police and army) reminding them of their obligation under relevant national and international law to protect and respect the civilian population.

During violence linked to public protests in urban areas, including Kampala, the URCS personnel treated hundreds of injured people using first-aid materials supplied by the ICRC, and skills acquired earlier in the year during ICRC-run emergency preparedness training courses. With

ICRC support, the National Society also continued to build up its tracing and RCM services, enabling family members separated by armed conflict or other situations of violence, including refugees, to contact each other. In a new initiative, an assessment began of the needs of urban refugees and migrants.

Delegates visited detainees in places of temporary and permanent detention run by the Justice Ministry or armed forces, and monitored their treatment and living conditions, in accordance with the ICRC's standard procedures. Detainees

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ICRC INTERVENTION IN FAVOUR OF CIVILIANS

Civilian welfare monitored in violence-prone areas

In Karamoja, civilian respect remained a focus of ICRC attention. Wherever necessary, weapon bearers received reports about their situation from delegates visiting the region, with reminders of their obligation to respect and protect the civilian population

in accordance with relevant national and international law.

During social unrest observed in urban areas around the election period, monitoring of civilian welfare, together with first-aid and pre-hospital care for

those injured during clashes took place via coordinated activity involving human rights organizations, the National Society and the ICRC.

Returnees gain access to fresh water and improved sanitation



Rehabilitation of water point in Kotido Sub County in Karamoja

Some 24,300 villagers in Acholiland no longer had to collect water from open ponds, with resultant health risks, or from boreholes already used by neighbouring communities, thanks to the rehabilitation of clean and reliable water supplies. The National Society constructed two new water points, with technical, financial and material support from the ICRC. Meanwhile, community pump mechanics rehabilitated 79 boreholes using skills developed in 2010 during National Society/ICRC training courses.

In violence and drought-prone Karamoja, some 9,400 people in more than 50 villages, including several affected by

cholera outbreaks in 2010, were in a better position to prevent the spread of water-borne diseases after the National Society/ICRC carried out various projects including the repair or rehabilitation of boreholes. Residents received advice on minimizing the risks of water-borne diseases during hygiene-promotion sessions, enhancing the prospect of better community health. To ensure longer-term community access to clean water, 18 local pump mechanics underwent refresher training. The distribution of latrine digging kits in cholera-affected villages further reduced the risk of diarrhoeal diseases spreading within communities.

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ICRC action and results – At a glance...

visited included people held in connection with violence in Karamoja, and those allegedly associated with Congolese or Ugandan armed groups. The authorities received confidential feedback on the ICRC's findings, including, where necessary, recommendations for improvements.

A Uganda Prisons Service (UPS)/ICRC health project to tackle HIV/AIDS, tuberculosis (TB) and malaria in three Ugandan prisons, extended last year in order to improve the quality of services provided, made notable progress towards achieving this goal, according to an internal review in May. Health care for detainees was enhanced through mass screenings, infrastructure improvements and the ICRC's ongoing provision of materials, equipment and expertise. On-the-job training for prison health staff helped the UPS take increased responsibility for project implementation.

At two regional referral hospitals - Fort Portal and Mbale - the ICRC continued to provide material, financial and technical support to prosthetic/orthotic workshops, while seeking to persuade the Ugandan authorities to allocate more resources to rehabilitative services.

Among the authorities, armed forces, police and influential civil society members, the ICRC sought to heighten awareness of IHL. The recently revived national IHL committee received ICRC input as it worked towards the incorporation of IHL into national legislation. Meanwhile, the UPDF continued, with ICRC support, to systematically integrate IHL into its doctrine, training and operations. In April, Islamic scholars discussed common themes within Shariah law and IHL at an ICRC-run seminar, the first of its kind in the East Africa region.

Separated families reunite

People separated by past or ongoing violence in neighbouring countries restored and/or maintained contact with relatives in Uganda and beyond, thanks to the tracing and RCM services provided by the Uganda Red Cross Society, with ICRC support. A priority was the restoration of contact between children and their parents through RCMs and, where possible and appropriate, the reunification of families. Among 17 children reunited with their families, 4 child refugees from Burundi and the DRC joined their families in cross-border operations, with clothing and hygiene materials for the journey.

The ICRC obtained permission from the Ugandan authorities, on an ad hoc basis, to once more issue travel documents to refugees for family reunifications abroad (a service halted by the authorities in 2009, and subject to discussion between the authorities and the ICRC during 2010). With the resumption of this activity, 5 refugees, including 3 women and 2 children, resettled in third countries where they were reunited with their families.

To ensure that Kampala's urban refugees, including children, had access to adequate family-links services, the Ugandan Red Cross and the ICRC launched a three-month project in May to assess their needs in this domain.

The physically disabled in Eastern and Western Uganda maintain access to quality rehabilitation services

More than 380 patients with disabilities, some resulting from war-wounds and mine-related injuries, received treatment at two ICRC-supported physical rehabilitation centres – Mbale in the east and Fort Portal in the west. After the finalization of new dormitories in Mbale during March, patients began to be referred there from the Karamoja region. In addition to receiving ICRC-provided materials, hospital staff benefited from on-the-job supervision and training from an ICRC physiotherapist, leading to improvements in patient care and a more multidisciplinary approach to patient care.

Meanwhile, the ICRC pursued dialogue with representatives of the Health Ministry on the need to increase investment in the country's physical rehabilitation services.



Congolese UAM from Kyangwali and Nakivale refugee settlement at the Bunagana (UG/DRC) border getting ready to be reunited with their families in DRC, May 2011

ICRC/Anne D.

A patient discovering the joy of playing football



ICRC/Solenne C.



ICRC/Dr. Fatah Labib

TB mass screening in Fort Portal Prison in 2011

ICRC WORK IN DETENTION

Over 4,700 detainees were visited by the ICRC, which sought during dialogue with the relevant authorities to gain access to all those falling within its mandate. During visits, detainees' treatment and living conditions were assessed according to the ICRC's standard procedures. Delegates confidentially reported their findings to

the authorities, making recommendations where necessary.

Detainees visited by the ICRC included those held in places of temporary and permanent detention run by the Justice Ministry or armed forces. Particular attention was paid to those held in connection with violence in Karamoja, those allegedly associated with

Congolese or Ugandan armed groups and, since the July bomb attacks in Kampala, persons held on suspicion of terrorism.

Vulnerable detainees, including minors and foreign nationals, could keep in touch with relatives via the RCM service. Three detainees, upon their release, had their transport home paid for by the ICRC.

Inmates benefit from improved health provision

Inmates in three Ugandan detention facilities – Gulu and Fort Portal prisons, plus the prison referral hospital at Murchison Bay, Luzira upper-continued to benefit from a pilot project, implemented by the UPS with ICRC support, to provide preventive and curative treatment for HIV/AIDS, TB and malaria.

For the third time, inmates in Luzira upper and Fort Portal underwent mass screening for TB, which was detected in 19 detainees, who were subsequently isolated and treated. In an ICRC-backed initiative, some 4,500 prisoners in three pilot facilities learnt their HIV status after testing and counselling activities were conducted by the AIDS Information Centre. HIV-positive inmates received treatment from the country's available services.

Improvements to prison infrastructure helped minimize the risk of disease outbreaks. In Fort Portal, the TB isolation section was expanded, allowing for the adequate separation of sick patients from their fellow inmates. In Gulu, laboratory staff handling potentially contagious specimens benefited from improvements to the

ventilation system, and the provision of a permanent power supply in the form of solar panelling. The ICRC also donated hydraulic materials to Luzira Prison, allowing for the establishment of a cleaner and safer water distribution network.

To improve the quality of health care for detainees, local health staff received regular advice from ICRC specialists during hospital visits. Twenty UPS staff attended an ICRC residential training course on HIV/AIDS management and palliative care, funded and

run by the ICRC, while health workers also received on-the-job training from the ICRC in laboratory and database management.

An overall review of the pilot project, conducted by a panel from ICRC Geneva in May, confirmed notable progress in the quality of services provided, a primary reason for the ex-tension of the project, in August 2010, beyond its original three-year remit. The Decision was taken to extend the collaboration with the UPS for another and final year, i.e. until August 2012.

Prison health staff attending an HIV/AIDS training in May 2011 funded by ICRC in Lweza, Entebbe



ICRC/Emmanuel O.

ICRC PREVENTION ACTIVITIES – THE PROMOTION OF IHL

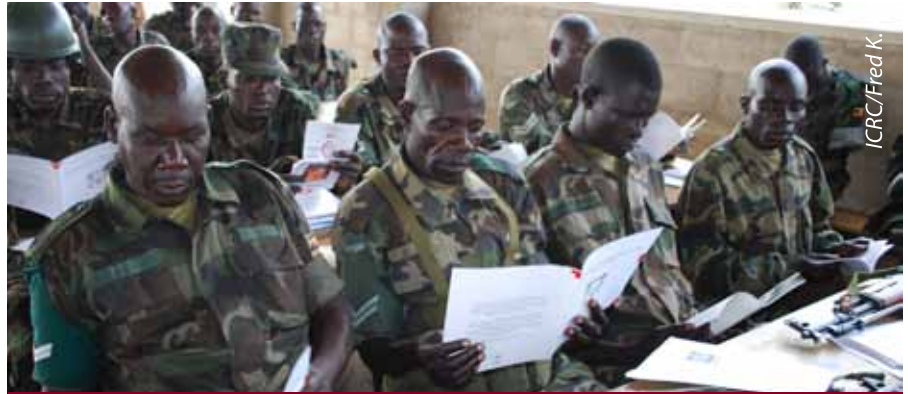
The IHL National Committee

During two meetings of the national IHL committee, revived in 2010 at the ICRC's encouragement, members identified responsibilities and discussed organizational, administrative and financial matters relating to the drafting of IHL legislation.

Meanwhile, the Chairman of the National IHL Committee (Office of the Prime Minister) and the National Society's legal adviser enhanced their knowledge of IHL implementation during an IHL Conference in Malaysia, which they attended with ICRC sponsorship.

Armed Forces

With ICRC support, the UPDF continued to work towards the systematic integration of IHL into military training, doctrine and procedures. Senior commanders engaged in dialogue with the ICRC on IHL and its applicability within specific operations at home and abroad, while nearly 30 officers gained the skills necessary to teach IHL to other military personnel during a two-week training of trainers course, also receiving IHL-related publications. As a result of such courses, each of the 8 UPDF training schools had one or more IHL instructors, and IHL is included in the training curriculum at the officer, non-commissioned officer and recruit training schools.



AMISOM officers take part in IHL session conducted by ICRC/UPDF in Singo, 2011

The increased self-sufficiency shown by the UPDF in teaching IHL was further demonstrated when 30 senior military personnel working in Karamoja participated in a three-day IHL basic commander course given by ICRC-trained UPDF IHL instructors. Meanwhile, more than 400 personnel from Karamoja participated in 7 ICRC-run sessions on IHL and the Movement. Almost 150 police officers from the Anti Stock Theft Unit, engaged in operations in Karamoja, enhanced their knowledge of national and international standards applicable in the Karamoja context, related humanitarian issues and the work of the Movement during ICRC-organized briefings.

Civil Society

In April, more than 30 Islamic scholars from across East Africa gathered at the Islamic University in Uganda, in Mbale, for a two-

day ICRC-run seminar exploring common themes within Shariah Law and IHL. The seminar, well received by the participants, was the first of its kind in the region. It opened various prospects for future joint interactions in Uganda between the ICRC and Islamic circles in the academic and religious sector in particular.

During the National Elections period, journalists received updates on the Red Cross and Red Crescent Movement activities and humanitarian developments from the URCS and the ICRC. The general public was informed/kept updated on IHL and the work of the Red Cross and Red Crescent Movement through radio and TV spots, brochures, posters, calendars and fact sheets bearing key IHL messages. A video documentary was prepared on the URCS activities.

Hon. Kivejinja opening the IHL/Islam Seminar



ICRC PARTNERSHIP WITH THE UGANDA RED CROSS SOCIETY

With ICRC technical, financial, material and logistical support, the Uganda Red Cross continued to build its capacity to respond effectively to emergencies, provide localized assistance to returnees, strengthen the tracing and RCM services, promote the Movement and IHL, and bolster its management structure.

During public protests surrounding the National Elections and Walk to Work demonstrations, National Society volunteers tended more than 900 people using ICRC-supplied first-aid kits, also providing pre-hospital care to almost 160 suffering from serious injuries. More than 600 of these volunteers had developed these skills during 33 ICRC-run emergency response training sessions, held ahead of the elections. These courses were run by 25 National Society staff, who had improved their teaching skills



URCS Volunteers assist a victim during walk to work demonstration, Kampala

during an ICRC-run training of trainers course. Briefing sessions for police commanders in high-risk areas, held in 2010, helped ease access for National Society personnel to people in need.

In January, the signing of a new Partnership Framework Agreement between the

National Society and the ICRC clarified cooperation activities until 2014. Meanwhile, key National Society personnel received salaries and incentives from the ICRC, which also supplied some regional offices with computers and office furniture to enhance efficiency.

WHAT IS THE HEALTH CARE IN DANGER PROJECT?

Attacking health-care structures and personnel, and ambulances – as well as deliberately obstructing the efforts of the wounded to find help – are common features of conflicts throughout the world. In Sri Lanka and Somalia, hospitals have been shelled; in Libya and Lebanon, ambulances have been shot at; in Bahrain, medical personnel who treated protesters are on trial; and in Afghanistan, the wounded languish for hours in vehicles held up in checkpoint queues. From Colombia to Gaza, and from the Democratic Republic of the Congo to Nepal, there is a lack of respect for the neutrality of health-care facilities and personnel, and medical

vehicles, among both those attacking them and those who misuse them for military gain.

Health Care in Danger is an ICRC project that aims to address the widespread and severe impact of illegal and sometimes violent acts that obstruct the delivery of health care, damage or destroy facilities and vehicles, and injure or kill health-care workers and patients, in armed conflicts and other situations of violence.

The project, which is set to run from 2011 to 2015, will focus on strengthening protection for the sick and wounded in these situations through the adoption of specific measures designed to help ensure that they have safe access to effective and impartial health care. Over the next four years, the ICRC and National Red Cross and Red Crescent Societies will urge States party to the Geneva Conventions, the health-care community at large and others concerned to devise solutions and commit themselves to their implementation.

Knock-on effects

A single act of violence that damages a hospital or kills health-care workers has a knock-on effect, depriving many patients

Violence, both actual and threatened, against the wounded and the sick, and against health-care facilities and personnel, is one of the most crucial yet overlooked humanitarian issues of today. In conflicts and upheavals all over the world, violence disrupts health-care services at the moment when they are needed most. Combatants and civilians die of injuries that they ought to survive because they are prevented from receiving the timely medical assistance to which they have a right.

of treatment they would otherwise have received from the facility or workers in question. The effect on the wounded and sick of just one violent incident directed against medical personnel or facilities may be felt by hundreds or even thousands of people.

Owing to the effects of chronic and acute threats, compounded by the persistent problem of inadequate medical services, lack of access to health care is probably one of the biggest humanitarian issues today in terms of the numbers of people affected.

This ambulance was hit by a mortar shell



**MY BABY DIDN'T DIE BECAUSE THE
MIDWIFE WAS KILLED IN AN EXPLOSION**

**MY BABY DIDN'T DIE BECAUSE
I WAS IN LABOUR FOR SUCH A LONG TIME**

**MY BABY DIED BECAUSE ARMED MEN HIJACKED
THE AMBULANCE COMING TO GET US**



**VIOLENCE AGAINST
HEALTH CARE MUST END**

**IT'S A
MATTER
OF **LIFE**
& **DEATH****



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What is the Life & Death communication campaign about?

The Life & Death campaign links up all international and national communication activities supporting the Health Care in Danger project. It will help mobilize international support for the project by drawing attention to assaults on health-care workers, facilities and beneficiaries, in



Fallujah, Iraq, 13 September 2004. This ambulance was destroyed in an attack, killing the driver, two nurses and the five wounded people it was transporting to hospital

conflicts and other situations of violence, as a major issue of humanitarian concern. At a later stage, starting with the 2014 intergovernmental Conference, the campaign will promote specific solutions and help create an environment conducive to their adoption and implementation.

In countries where the issue is of immediate operational concern, the campaign will support the communication strategies adopted by ICRC delegations and National Societies in order to influence the conduct of those who can impede or facilitate access to health care.

The campaign should build a community of concern among health-care practitioners, health-oriented NGOs and others who can relay its messages.

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What does the concept of "health care" include?

It includes:

- hospitals, clinics, first-aid posts and ambulances;
- health-care personnel, whether working in medical facilities, in ambulances or as independent practitioners;
- all persons on the premises of medical facilities, including the wounded and sick and their relatives;
- Red Cross and Red Crescent staff involved in the delivery of health care, including volunteers;
- health-oriented NGOs;
- military health-care facilities and personnel.

How does the project tie in with the 31st International Conference of the Red Cross and Red Crescent?

The 31st International Conference will serve as an important milestone in the four-year process, helping to mobilize States and the

components of the Movement around this serious issue.

Pursuant to Resolution 8 of the 2009 Council of Delegates, the ICRC will submit a report to the Conference highlighting the main threats to health care in armed conflicts and other situations of violence, and stressing the importance of devising practical ways of ensuring that it can be safely delivered. The ICRC will also submit a draft resolution duly recognizing the problem and urging participants to endorse the Health Care in Danger project and commit themselves to furthering its goals.

Participants will be encouraged to support the project by submitting collective and individual pledges whereby they agree to ensure better respect and protection for health care in these situations. The pledges and their results will be reviewed and assessed at the 32nd International Conference in 2015.



A Palestinian Red Crescent Society ambulance is blocked at a checkpoint in Hebron.

31ST INTERNATIONAL CONFERENCE OF THE RED CROSS AND RED CRESCENT

The 31st International Conference is taking place in Geneva from the 28th November to 1st December 2011. The Conference is the Movement's supreme deliberative body that convenes every four years and brings together States party to the Geneva Conventions and all the components of the Red Cross and Red Crescent Movement.

The current agenda builds on the achievements of the 30th International Conference Declaration 'Together for Humanity' and other resolutions adopted in 2007. The Conference will be called upon to explore challenges and trends in the follow-up required of States and the components of the Movement on resolutions and pledges made at the 30th International Conference. Convening under the banner of 'Our World. Your Move – For Humanity', the 31st

Conference recognises evolving contemporary humanitarian challenges and the responsibility of all Conference members to address these. The overall objective of the Conference is to strengthen International Humanitarian Law (IHL) and humanitarian action by focussing on four areas:

- Strengthening legal protection for victims of armed conflicts- IHL;
- Strengthening Disaster Law;
- Strengthening local humanitarian action;
- Addressing barriers to health care.

Preceding the International Conference, the Movement components will also meet at the Council of Delegates (November 26). It will be responsible for proposing candidates to chair the Conference and will also adopt a provisional agenda for the Conference.

Whom to contact?

Health Care in Danger project:
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Find the detailed information about Health Care in Danger Project at
www.icrc.org/eng/what-we-do/safeguarding-health-care/index.jsp