

THE ICRC IN UGANDA Activity Update June to December 2011

"WE THANK THE ICRC FOR THE HUMAN HEART SHOWN TO US..." Uganda Prison inmate

Lying 320 kilometres west of Kampala, Fort Portal is one of the important centres of commerce in Uganda. Named after Sir Gerald Portal, a one time British Special Commissioner for Uganda, it is adjacent to two national parks and to the famous Rwenzori Mountains. The town also has a nearby prison in Katojo, which has been one of three such facilities chosen by the ICRC for a health pilot project that has enabled inmates benefit from preventive and curative treatment for HIV/AIDS, TB and Malaria.

In 2011, some 4,500 prisoners across three prison facilities got to know of their HIV status after voluntary testing and counselling activities conducted by the prison's health staff and the partners of Uganda Prisons Service (UPS) such as the AIDS Information Centre in the three pilot sites, North Uganda Malaria, AIDS and TB Consortium (NUMAT) in Gulu Central Prison and Kataraka Health Centre in Fort Portal Prison. This followed the introduction of an ICRC-backed initiative in Fort Portal and Gulu Central Prisons during which those who were HIV-positive amongst them also received treatment from the existing health service providers in the country.

"All inmates at these three selected facilities – Gulu, Fort Portal and Luzira Upper Prisons were beneficiaries and will continue to receive treatment and care under the programme," said Dr. Fatah Labib, the ICRC's Health Programme Manager in Kampala.

He explained further that the prisons were chosen as pilots for the project, implemented by the UPS with the support of the ICRC, Ministry of Health and other health actors in the country, in order to provide preventive and curative treatment for HIV/AIDS, TB and Malaria,

Following the outcome of a study which revealed the need for the UPS to strengthen its capacity to provide healthcare standards for HIV/AIDS, TB and Malaria on the same level as those available in the country, the ICRC initiated a programme in three pilot prisons which has now become a functional and cost effective model of improving HIV, TB and Malaria prevention and care as well as helping to minimise the risk of an outbreak of diseases.

Kamya, an inmate of Luzira Upper Prison provides a succinct background of the

situation before the intervention by the ICRC. "Every year...the high number of inmates admitted at the prison...created congestion in all the Wards and TB was spreading like wildfire..."

Over the course of project implementation and for the sake of infection control, the ICRC installed incinerators in the three pilot sites, provided a bio-safety cabinet for the central laboratory of Murchison Bay Hospital (as the sole penitentiary hospital in the country), installed extraction hoods in the lab facilities of Fort Portal and Gulu prisons as well as in the side lab of Murchison Bay Hospital. Moreover, the ICRC improved upon and / or expanded the health facilities of the three pilot prisons, as well as establishing new / expanding the existing TB isolation sections and the one at Murchison Bay Hospital, which allowed for the adequate separation of sick patients from their fellow inmates. The ICRC equally provided permanent power supply in the health facilities in Gulu and Fort Portal prisons through the installation of solar panelling. The ICRC also improved the water and sanitation facilities of the three pilot prisons, as part of project preventive measures.

Kamya, providing an overview of the changes that the pilot project brought, explains that "...with the regular screening of inmates for TB by the ICRC and UPS, the rate of infection reduced for all those identified and captured by the screening team."

The voluntary counselling and testing (VCT) is a regular activity in the pilot prisons with the support of partners, which has ensured screening of inmates for HIV at least once, i.e. the backlog of inmates with unknown HIV status has been almost cleared up. All HIV positive inmates receive Co-trimoxazole or Dapson prophylaxis and those eligible get Isoniazid preventive treatment, something unique only in Uganda prisons for the treatment of latent Tuberculosis infection. With the ICRC donation of a CD4 cells count machine to the Central laboratory of Murchison Bay Hospital and the support of service providers in the country, all HIV positive inmates of the three pilot prisons are regularly monitored by lab and the eligible ones are enrolled on antiretroviral treatment, far above the national threshold. *» continued to page 2*



New Head of Delegation resumes in Kampala in January

Riccardo Conti will be resuming in Uganda next January as the new Head of Delegation of the ICRC following the end of mission of Claire Meytraud, who had been working in that capacity. It is not Riccardo's first time in Africa as he has lived and worked severally across all of the continent's four regions and in several capacities.

Riccardo, who hails from Switzerland, is an engineer by training. He obtained a Bachelor's degree in Mining Geology Engineering after studying in Geneva, Lausanne and Zurich. He completed his postgraduate degree in Gemmology at the Gemmological Institute of America, Santa Monica, California and subsequently had a chequered career in mining.

He later joined the ICRC 's Engineering Department in 1988 and undertook missions in Angola, Mozambique, Liberia, Afghanistan, Somalia, Rwanda, Burundi, Kenya, Congo, Iraq, Sudan, Pakistan, East Timor, Cambodia, Indonesia, Bosnia, Croatia, Serbia, Kirgyzstan and Israel / Palestine.

Riccardo will be bringing a wealth of experience to his new posting in Uganda, having served in the following capacities:

Head of Water and Habitat Department and Deputy Head of Health Division 1995

Head of Delegation, Monrovia, Liberia 2007-2009

Head of Delegation, Port-au-Prince, Haiti 2009-2011

Head of Delegation, Kampala, Uganda as of January 2012.

A man of many parts, his hobbies include playing golf, tennis and appreciating African art.

PROTECTING THE CIVILIAN POPULATION AND RESTORING FAMILY LINKS



Some of the refugees' children in Oruchinga Refugee Settlement.

The ICRC undertook several activities designed to guarantee protection for vulnerable persons in the country. In the Karamoja region, all those who bear weapons were often reminded of their obligation to respect and protect the civilian population in accordance with relevant national and international laws. In South-Western Uganda, the steady influx of Congolese refugees was constantly monitored in order to get relevant authorities and humanitarian agencies respond adequately to their needs whenever it became necessary.

Through the Red Cross Message (RCM) service provided by the Uganda Red Cross Society (URCS) and supported by the ICRC, persons separated by past or ongoing violence in neighbouring countries were able to restore and / or maintain contact with their relatives in Uganda and beyond. A priority was the restoration of contact between children and their parents through RCM's and, where possible and appropriate, the reunification of families.

Between June and December 2011, 1,453 Red Cross Messages (RCM's) were collected, while 1,010 RCM's were distributed. Working with the cooperation of Ugandan authorities, and on an ad hoc basis, the ICRC continued to issue travel documents (TD's) to refugees for family reunifications abroad. Twenty-one refugees, including 3 women and 11 children, were issued with these TD's to enable them resettle in third countries where they were reunited with their families. The ICRC also successfully re-united two Congolese minors with their mother in Ethiopia.

To ensure that Kampala's urban refugees and migrants (including women and children) had access to adequate family links' services, the URCS and the ICRC launched a three-month project in May to assess their needs with respect to this. Results of this assessment showed that among the several refugee and migrant communities living in Kampala, there was a substantial desire on their part for re-establishing and maintaining links with their families. The small number of unaccompanied/separated children in Kampala also felt this way.

Volunteers as well as staff members of the Ugandan Red Cross Society were trained in four regions of the country, in order to enable them respond adequately to the needs of the refugee population in tracing their families, particularly in the refugee settlements in South-Western Uganda as well as in Kampala.

Detention

The ICRC visited over 5,103 detainees, and sustained a confidential dialogue with relevant authorities on the treatment and living conditions of these detainees. From June to December 2011, 148 detainees were newly registered, while 190 were monitored individually.

Those visited by the ICRC included persons held in 36 places of temporary or permanent detention run by the Ministry of Internal Affairs or the armed forces. Vulnerable detainees, including minors and foreign nationals, could keep in touch with relatives via the RCM service. Detainees, including foreigners, whose families had not been informed of their arrest and /or whereabouts, had their family members notified by phone. Upon their request, 45 foreign detainees had their respective embassies as well as UNHCR (in the case of refugees) notified of their detention. Fourteen detainees, upon their release, were transported home at the expense of the ICRC. The ICRC complemented the efforts of the authorities by distributing blankets, mosquito netting, hygiene articles, buckets and leisure items to vulnerable detainees.

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Uganda Prison inmate speaks

The ICRC promoted the Recording & Reporting system at the three pilot sites by providing an electronic database on HIV, TB and malaria.

In order to improve on the capacity of the health workers, 40 UPS health staff attended two residential training courses on HIV/AIDS management and palliative care and infection control funded by the ICRC, while health workers also received on-the-job training from the ICRC for the management of HIV / AIDS, TB, Malaria, laboratory skills and Health Management Information System, including electronic database management.

Dr. Nswemu Michael Kagwa, Deputy Director of Prisons (Health Services) says the workplace for health personnel in the prison system became safer following the ICRC intervention. "It has been a very good, timely cooperation which fully brought on board the Ministry of Health, UPS and the ICRC and created a positive impact on the health of prisoners." Thanks to the measures put in place, such as screening of all windows with mosquito mesh, Indoor Residual Spraying, sensitisation, early detection and treatment of patients, the rate of malaria incidence has decreased significantly in the three pilot prisons, almost 10 times less than the national average.

The ICRC also assisted the three pilot prisons with medical supplies, hygiene material and leisure items in order to fill the gap of stock outs and to improve the wellbeing of prisoners. Underscoring the positive comments that have been made by many stakeholders concerning the significant improvement in the health conditions of these prisoners, an inmate who wrote on behalf of the others said "...we are hereby forwarding our appreciation to the ICRC and Dr Fatah who is ever with us in Upper Prison. We really thank the organisation for the human heart shown to us. The project indeed has boosted our standard of living in terms of health."

The five-year pilot project will be concluded by the middle of 2012. Although originally planned to last for three years, the project was extended for two more years after a confirmed and notable progress in the quality of services provided. As a testimony to its success, the UPS has already started replicating some of the best practices of the pilot project, such as entry medical screening, TB mass screening and the mobilisation of existing health actors in support of some prisons around the country.

Thirty Years of Tracing and Re-Uniting Those Separated by War and Violence

Jennifer Seninde, Tracing Officer, ICRC

"In particular, as a tracing officer, you felt good anytime you brought news from a relative long considered dead by family members. To me, seeing the faces of those family members light up with joy was very gratifying."

'Tracing' is one of the main activities of the International Committee of the Red Cross (ICRC). Generally speaking, it is a term used to refer to the process involved in seeking, locating and contacting a hitherto lost or missing person—usually someone under the age of 18. That process is often kicked off by the receipt of a tracing request by the ICRC, which when that person has been located, can result (if conditions permit), in taking the ultimate step of re-unifyingand bringing her / him back to parents or relatives as the case may be.

While many people may have either heard of this ICRC activity or benefited directly or indirectly from it, there is a dedicated group of personnel whose main occupation is undertaking this task. They go the extra kilometre in ensuring that missing persons who may have been forced to flee because of armed conflict or other situations of violence are sought, located and brought back to their loved ones. What are their personal experiences in the pursuit of this undertaking? Jennifer Seninde, an ICRC Kampala staff who has been with the organisation for close to thirty years, allows us take a peek into her life as a tracing officer...

"I started working for the ICRC in November 1983 and have always been in tracing. Indeed, this has been my first and only job and I recall that when I was hired, I was somewhat initially confused, wondering what would be required of me. I had joined the organisation at the time of the so-called "Luwero triangle," and during this time,



Jennifer carrying out restoration of family links needs assessment on newly arrived Congolese refugees in Oruchinga Refugee Settlement.

there were camps for internally displaced persons (IDP's) spread all over the place. Our main activity was transmitting Red Cross Messages (RCM's) between people in the camps and their relatives in Kampala.

While that activity may oftentimes have been mechanical as a result of the regularity with which it was undertaken and the fact that you could see the displaced persons all around you, the very act of actually transmitting news from person 'A' to person 'B' brought up one's emotions and confirmed to you that the issues being dealt with were factual and real!

In particular, as a tracing officer, you felt good anytime you brought news from a relative long considered dead by family members. To me, seeing the faces of those family members light up with joy was very gratifying.

I often worked to prepare grounds for a family reunification and recall those we undertook in the aftermath of the genocide



Congolese twins in Kampala getting ready to be reunited with their family in Adiss Ababa

in Rwanda and the conflict in the Democratic Republic of Congo (DRC). Personally, it was of more concern to me because we were dealing mainly with children who had experienced great trauma. It was quite painful too in the sense that to begin the process, you needed to get information from the kids and in order to tell you who he or she was or where they came from, you invariably had to take the child back to his or her experiences, resulting in them breaking down emotionally.

The experiences in the course of doing this job are generally mixed but what is constant is that it is emotional all the waywhen you find them, locate their relatives and take them back! Sometimes after completing all the necessary formalities, the child refuses to go back home due to fear of what could befall him or her on returning there. They may be reluctant to go back also because they now had very good foster care and dread having to return to a life not as comfortable as they now enjoyed. On the other hand, when a child who had been previously told that his or her parents were dead is now told the truth (that those parents are actually alive) he or she assails you with requests to urgently take them back home! Splitting a unit of bonded children can be extremely emotional too as all of them may not be repatriated at the same time and this causes those being 'left behind' to guestion you... You might get a question like "why did you find their parents and not mine, after all we're from the same village? In such situation, you had to fall back on your wits end to explain in as factual, reasonable and emotionally responsive way as you possibly can. It has been quite fulfilling for me doing this though and I will do it again if I had the same opportunity!



People queing for water at the newly drilled borehole in water stressed Meriwala Village in Kotido District.

PROVIDING WATER AND IMPROVING SANITATION



The ICRC/URCS supported the construction of a 5 Stance latrine at Rupa Primary School in Moroto District.

In Karamoja, the ICRC provided technical, financial and material support to the Uganda Red Cross Society (URCS) to enable it meet the water and sanitation needs of 900 families across 36 villages of Kotido and Moroto districts. Two refresher courses were organised for 18 local pump mechanics in both districts as a result of which these mechanics were subsequently able to repair 26 broken boreholes. Additionally, 12 new boreholes were drilled for the benefit of the various communities by contractors commissioned by the ICRC. Alongside the construction of water facilities, 'water user committees' were formed and trained on the operation and maintenance of these facilities.

The sanitation coverage in the 36 villages was increased from 0% to 4% through hygiene promotion sessions, construction of 548 household latrines and construction of four blocks of five stance latrines in the

two districts. Over 11000 of residents who were targeted through hygiene promotion sessions gained an improved awareness of hygiene and sanitation practices linked to water borne diseases such as cholera and diarrhea.

Following an outbreak of Hepatitis E in Kaabong district in the Karamoja region, the ICRC and URCS undertook to rehabilitate 10 boreholes in order to improve access to safe water for about 4670 residents in the affected villages. Using participatory Hygiene and Sanitation Transformation (PHAST) tools, the water user committees of the rehabilitated boreholes were trained to improve operation, management and cleanliness of the water sources.

In order to improve awareness on personal and communal hygiene, pupils in 4 schools in the area were properly sensitised to good sanitation habits and organised into health clubs. Following this sensitization, they have since been going round the surrounding communities to promote the virtues of good hygiene through the staging of plays and in songs.



Repair of boreholes in Kotido District by URCS/ICRC trained local hand pump mechanics.

ICRC / UPDF SUSTAIN IHL INTEGRATION EFFORT

...While Faculty Roundtable seeks better ways of promoting IHL Teaching in Ugandan Universities

In fulfilment of the Memorandum of Understanding signed between the Ministry of Defence / Uganda People's Defence Forces (UPDF) and the ICRC in April 2010, the ICRC sustained its provision of International Humanitarian Law— IHL—Training (also known in military circles as the Laws of Armed Conflict— LOAC—to various UPDF formations and IHL Instructors throughout the period. The training sessions undertaken include:

A 'training-of-trainers' (ToT) course in International Humanitarian Law (IHL) for UPDF Instructors held between 10th-22nd October 2011 at the Junior Staff College in Jinja and attended by 30 officers. The ToT comprised of lectures, discussions, case studies, syndicate presentations on selected topics from the New Law of Armed Conflict Teaching File as well as tests. These tests enabled the participants comprehend the principles and concepts of IHL.

Between Oct 26 - Nov 4 2011, various training activities on IHL were also undertaken for the UPDF and its officers and troops deploying for the African Mission in Somalia (AMISOM) as follows:

 1800 participants, including officers and reservists - the and Ugandan Battle Group (UGABAG 9) took part in a two day ICRC / IHL training package.

- 2000 soldiers participated in a one-day basic IHL presentation by the ICRC, supported by trained UPDF instructors.
- Two training sessions were also conducted for 54 members of the UPDF's Chieftaincy of Military Intelligence.
- A meeting to undertake mid term review of the subsisting Memorandum of Understanding (MoU) was held with the UPDF's Chief of Operations and Training.
- The ICRC also held its first meeting with the UPDF's IHL Integration Team, whose task is to review all the IHL Teaching Manuals of the UPDF, with the technical support of the ICRC.

Consistent with the Chief of Defence Forces' (CDF) directive to the UPDF to ensure dissemination of IHL at all levels / units through programmes of military instruction, and in consonance with its support for IHL training, the ICRC provided IHL instruction for 35 officers of the UPDF. They are elements of the force's 5thDivision, and the course held in Lira town between 6th to 8th December 2011. The training was designed to improve the teaching skills of new Instructors in the force.

As its contribution towards enhancing the knowledge of security forces on international human rights law, the ICRC trained a group of 35 officers from the Rapid



Police Officers in Jinja attending one of the sessions on Human Rights conducted by the ICRC.

Response Unit (RRU) in Kampala, between 9th to 10th November 2011 to improve their knowledge of this law and enhance their capacity to observe its tenets in the course of their law enforcement work..

 30Local Defence Unit (LDU) personnel also attended a two day session on IHRL in Mbarara



UPDF Officers at CMI Headquarters in Mbuya attending one of the sessions on IHL conducted by the ICRC.

ICRC supports 3rd National Moot Court Competition on IHL

The ICRC supported the Uganda Law Students Society (ULSSO) in conducting the third National Moot Court Competition on International Humanitarian Law (IHL). The competition was hosted by the Islamic University in Uganda – IUIU - from October 20 – 21, 2011. The event attracted five Universities, which teach IHL, including IUIU Mbale Campus, Uganda Christian University

(UCU), Nkumba University, Makerere University and IUIU Female Campus Kampala. Uganda Christian University emerged the winner and represented Uganda at the 11th International Moot Court Competition on IHL in Arusha. While commenting on the proceedings of the competition, Dr Mpezamihigo Mouhamad, the Vice Rector of IUIU, thanked the students for the high level of deliberations by the teams. Dr Mpeza added «I was impressed by the students' high level of knowledge of understanding of IHL."The competition is an annual event designed to generate interest in IHL as well as broaden the knowledge of students on the subject.



ICRC Holds Faculty Roundtable on the teaching of International Humanitarian Law

The ICRC held a Faculty Roundtable for university lecturers engaged in the teaching of International Humanitarian Law in Uganda. The aim of the roundtable session, which was held on 29th November 2011, was to further deepen their knowledge of the course and focus on current issues relating to the subject. Umesh Kadam, the ICRC's Regional Legal Adviser based in Nairobi gave a keynote address whose focus was on IHL and the changing nature of armed conflicts, while the lecturers gave their views on the prospects and challenges of IHL teaching in the universities (which is often taught as an optional subject in most of the universities).

The lecturers further made suggestions as on how the teaching of IHL can be advanced in the country as well as the need for those of them who benefit from ICRC-sponsored overseas trainings to share their knowledge with colleagues at home. The event was well attended and featured the following universities and research institutions: Uganda Christian University, Mukono; Kampala International University, the Law Development Centre; Uganda Martyrs University, Nkozi; Nkumba University and the Islamic University in Uganda.



ICRC/URCS Joint field monitoring of dissemination activities in Kotido, Karamoja region.

URCS-ICRC RELATIONSHIP: AN ENDURING PARTNERSHIP

In January, the ICRC and the Uganda Red Cross Society (URCS) signed a new Partnership Framework Agreement that clarified the cope of cooperation between them and spells out their respective obligations until 2014. In the spirit of that agreement, the ICRC provided technical, financial, material and logistical support to enable the URCS build its capacity to respond effectively to emergencies as well as to provide localised assistance to returnees. It also strengthened its Tracing services, promoted the International Red Cross and Red Crescent Movement and International Humanitarian Law (IHL), as well as fortified its management structure.

In addition, the URCS attended the two major global Red Cross and Red Crescent events, these being the 31st International Conference and a meeting of the Council of Delegates. During the former, the URCS co-sponsored the Health Care in Danger resolution, and at the Council of Delegates, it equally co-sponsored a resolution on «National Societies Preparing for and Responding to Armed Conflict and Other Situations of Violence». The URCS also chaired the workshop on "Children Affected by Armed Conflict" at the event and received an award on volunteering.

During the post election protests, URCS volunteers tended more than 945 people using ICRC-supplied first-aid kits. They also provided pre-hospital care to almost 200 persons who suffered more serious injuries. More than 600 of these volunteers had developed these first-aid skills during ICRC-organised various emergency response training sessions that were held ahead of the elections. These sessions were run by URCS staff, who had perfected their teaching skills during an ICRC-run 'trainthe-trainers' course. In addition to this, the briefing sessions on International Human Rights Law (IHRL) that had been previously organised for police commanders in highrisk areas, did help to ease access for the volunteers to assist those affected during the protests.

With the support of the ICRC, the capacity of the URCS to respond to the needs of victims of landslides, fires, and floods in the eastern region (and in other areas of the country) was boosted and this made it possible to provide them with non-food items. Furthermore, during the outbreak of Hepatitis in the Karamoja region, the ICRC assisted the URCS in rehabilitating 10 boreholes as well in the training of 'water user committees.'

Meanwhile, the ICRC contributed funds to enable the URCS meet its financial obligations to its personnel and offer incentives to improve on performance. It also supplied some URCS regional offices with computers and office furniture to enhance their efficiency. In May, July, and October, the URCS hosted special Movement coordination meetings to discuss projects in Karamoja and attended monthly meetings with Movement partners, working with them to coordinate activities with other humanitarian organizations.

2011 IN PICTURES



An ICRC Protection Delegate attentively listens to one of the inmates in Luzira Upper Prison.



Congolese twins that were reunited with their parents by the ICRC in Addis Ababa.



Participants at an ICRC organised workshop for the Regional Islamic Coordinators in Kampala – Uganda.



Regional and District Police commanders in Karamoja Region attending a two-day training on Human Rights and professional policing in Moroto conducted by the ICRC.



ICRC conducting IHL session to AMISOM during the pre-deployment training at Singo Training School.



A group photo of the wining team (UCU) together with Judges and Organisers of the IHL moot Court Competition at IUIU – Mbale supported by the ICRC.



Repair of boreholes in Kotido District by URCS/ ICRC trained local hand pump mechanics.



An amputee coming out of the Orthopaedic workshop in Mbale after receiving his artificial leg.



URCS participants in the training of regional and district police commanders in Karamoja Region.



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