ICRC ASSISTANCE PROGRAMMES ICRC **Projection for 2009 in northern Uganda**



An ICRC clinical officer and a nurse attend to an injured boy at a Health Centre rehabilitated by the ICRC in Bibia, Amuru district

The International Committee of the Red Cross (ICRC) is present in Uganda since 1979 and has a field presence in the four northern districts of Gulu, Amuru, Kitgum and Pader. Given the progress towards peace in the north of the country, ICRC assistance activities have shifted gradually from emergency response to livelihood support.

The aim of ICRC assistance programmes is to promote self-reliance among affected communities, improving the delivery of essential services such as health and water supply, as well as restoring people's economic ability to provide for themselves.

ICRC Health Programmes

ICRC health programmes aim at bridging gaps during a period shifting from emergency interventions to rehabilitation and development. Throughout 2009, the ICRC continues providing its support to 13 health centres in northern Uganda, the Kitgum Government Hospital and supplies medical items to the Kalongo Hospital in Pader district.

Primary Health Care (PHC) Comprehensive Approach

Within the framework of existing national policies, the ICRC's strategy is to support the district health authorities in strengthening the Primary Health

Care network in northern Uganda. This includes capacity building, training and/or supervision of relevant staff (such as Traditional Birth Attendants/ TBA and Health Unit Management Committees/HUMC), as well as regular medicine refurbishment.

The ICRC is involved in 13 health centres II and III, spread across the four districts of Acholiland:

- Pawel and Bibia health centres in Amuru district for the whole year 2009
- Labworomor and Lugore health centres in Gulu district up to July 2009

- Lagot, Dibolyec and Anaka health centres in Kitgum district for the whole year 2009
- Omot, Alim, Arum, Awere, Lagile and Porogali health centres in Pader district for the whole year 2009

The ICRC works with the District Health Team (DHT) in order to secure regular services to the structures (availability of staff and efforts preventing shortages of medicines). The ICRC supports the DHT in delivering training to enhance services such as goal-oriented antenatal care, training of HUMC, infection control, and drug management.

MISSION

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of war and internal violence and to provide them with assistance. It directs and coordinates the international relief activities conducted by the Movement in situations of conflict. It also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the International Red Cross and Red Crescent Movement.



Rehabilitation and construction of maternity ward at Omot health centre in Pader district

According to defined priorities at the health centre level (malaria, respiratory tract infections, sexually transmitted diseases or diarrhoea), the use of national protocols is reinforced while regular immunisation services such as antenatal care consultations are delivered.

The ICRC maintains a regular presence in these health centres in order to improve the interaction between communities and their health centres. Volunteers working at the health centres are regularly supervised to support the health staff, while TBA are trained to timely recognise delivery risks and to appropriately refer mothers to health centres.

The ICRC also enhances access to clean water for population living in the wider vicinity of the 13 health centres by drilling boreholes and rehabilitating manual pumps. The ICRC rehabilitates health centre infrastructures such as staff quarters, Ventilated Improved Pit (VIP) latrines with showers, fences, general pits for health centres II and maternity sections, and incinerators for the health centres III.

For example, in 2009, the ICRC plans to build:

- In-Patient Departments for Bibia and Palaro,
- Kitchen shelters in Awere and Palaro,
- Staff quarters for four families in Bibia,
- Health Centre Verandas in Lugore, Pawel, Lagot, Dibolyec, Anaka, Alim and Porogali,
- A latrine plus shower block in Awere Health Centre III.

Kitgum Government Hospital (KGH)

Since early 2006, the ICRC supports this 200-bed hospital through ad hoc supply of medical items and improvement of services, in addition to substantial rehabilitation and construction works.

The ICRC works closely with the KGH management in three different fields:

- Rehabilitation of water, electricity 1 and sewage networks (water supply, new pumping system, new water tank with tower, rainharvesting tanks; new general pit, incinerator and fencing; electricity in all units) in addition to capacitybuilding, training, provision of tools and materials, and maintenance of infrastructures and installations.
- 2. Administrative support in the fields of human resource management, annual tenders, medical supplies and material refurbishment.
- 3. Clinical support in 6 units (outpatientdepartment, maternity, paediatrics, pharmacy, laboratory and operation theatre).



A mother weighs her child on vaccination day at Omot health centre in Pader district

SHEALTH: ACHIEVEMENTS IN 2008

- In the four northern districts, more than 120,000 people living in 14 catchment areas had access to Primary Health Care and benefited from community-based activities such as health education and malaria prevention campaigns. 14 district health centres were supported with on-the-job training and provided with essential medicines and basic medical equipment. 114,540 consultations were performed. More than 24,000 households were supplied with insecticide-treated mosquito nets distributed when pregnant mothers attended antenatal care consultations in the 14 health centres. Child-days were supported by reinforcing vaccination and de-worming programme twice in 2008 for 54,170 children. 340 TBAs were regularly supervised to reinforce the referral of pregnant mothers to health centres and to mobilise young mothers for vaccinations
- Four ICRC health specialists worked in the Kitgum Government Hospital, where the ICRC provides regular ad hoc supplies to the hospital pharmacy, as well as on-the-job training to the clinical officers of OPD, Maternity, Paediatrics and Pharmacy. In 2008, KGH conducted 543 operations, 59,550 outpatient consultations, 3,680 deliveries and 10,280 admissions.
- The ICRC continued its support to the Kalongo Hospital in Pader, ensuring that patients referred from the ICRC supported HCs received appropriate treatment.

ICRC Water, Sanitation and Hygiene (WASH) Programmes

The ICRC, through its water, sanitation, hygiene and habitat programmes, continues to improve the provision of clean and safe water and strives to improve hygiene conditions in the return areas of northern Uganda. The ICRC has been actively involved in meeting the needs of vulnerable populations, transit camps and villages of origin in the four districts of Amuru, Gulu, Kitgum and Pader in Acholiland since early 2006.

The ICRC interventions are based on careful assessments, are needsdriven and are prioritized in close coordination and agreement with the respective district water offices and other humanitarian actors. In 2009, the ICRC will engage in hygiene promotion activities in 30 selected villages and camp settings in three sub counties of each of the four districts of Acholiland.

The ICRC conducts hygiene promotion activities in partnership with the Uganda Red Cross Society (URCS). In addition to awareness campaigns in thirty selected sites, the ICRC provides safe water, tools and materials for latrine construction. Trained hygiene promoters and/or Village Health Team (VHT) members implement and support such programmes.

The same villages and camp settings in northern Uganda will benefit from energy saving stoves, a simple technology designed to reduce the stress on natural resources and to reduce the burden of collecting firewood for women and children. Approximately 1500 energy saving stoves will be constructed.



To improve access to safe water for returnees and IDPs in selected locations of Amuru, Gulu, Kitgum and Pader districts, the ICRC plans to rehabilitate some 75 water points, develop up to 50 new ones and to rehabilitate up to 7 non-functional motorized boreholes, ideally with solar-driven systems. The ICRC guidelines and criteria for such



ICRC staff drilling a borehole at Laminajiko camp in Pader district

interventions take into account both the SPHERE standards and policies defined by national authorities.

Water-user-committees will be formed and trained to manage and maintain each water point. The district water offices will be supported to enhance their capacities to become more efficient in managing and maintaining water-related systems. A network of mechanics will be trained and equipped so that maintenance and repair are organized and carried out appropriately. Tools and spare parts will also be provided accordingly.

SWATER: ACHIEVEMENTS IN 2008

- 60 new boreholes were drilled and fitted with manual pumps.
- 65 water points were rehabilitated.
- 1500 pit latrine stances were constructed.
- 30 sites benefited from regular Public Health and Hygiene Promotion sessions.
- 800 energy saving stoves were constructed.

ICRC Economic Security Programmes

ICRC activities in the field of Economic Security aim to ensure that conflictaffected households and communities can cover their basic needs and maintain or rehabilitate sustainable livelihoods. Towards this end, the ICRC will continue to support vulnerable families by providing economic assistance.

Support to Agricultural Livelihoods

In 2009, Economic Security activities will focus on supporting agricultural livelihood through providing 20,000 farming households in vulnerable areas of Amuru, eastern Kitgum and eastern Pader with opportunities to access farm implements. This programme will support seed fairs and provide vouchers for agricultural materials, giving the targeted communities different choices of support. In addition, the programme expects to have a positive impact on the wider local economy by purchasing most of the items locally. ICRC will provides seeds and tools to beneficiaries in places with insufficient availability of quality seeds.



A woman tills her field under an ICRC cash-for-work project in Apyeta, Kitgum

Community Intervention Projects

The ICRC seeks to address other challenges families face in the process of returning home and restarting their livelihoods. Obstacles include lack of basic services and infrastructures, and lack of income-generating opportunities.

The Community Intervention Projects aim at supporting 5,000 households to generate sustainable incomes and increase their purchasing power. Examples include Cash-for-Work (CfW) and Micro-Economic Initiative (MEI) projects.

Cash-for-Work

Cash-for-Work projects aim at supporting households to enhance their production outcomes by working on individual farms or the rehabilitation of community assets. The ICRC continues to coordinate with the Ministry of Agriculture, District engineers and other relevant departments. Communities, in consultation with the local authorities, identify their priority needs and select the activities they wish to see implemented. The ICRC actively supports and facilitates this process.

In 2008, the main activities initiated by the ICRC included supporting the tilling



of agricultural land for cultivation. Households were supported to clear between 1 to 3 acres of land. The ICRC then paid each participating beneficiary a cash allowance. In order to reinforce traditional solidarity mechanisms, able-bodied participating beneficiaries agreed to support the most vulnerable (elderly, chronically sick, child headed household etc) to cultivate their land as well.

Other activities under the CfW programme include rehabilitation of community access routes (to enhance marketing opportunities of agricultural products and easier access to basic services); rehabilitation of dams (for livestock and vegetable production) and construction of simple market structures and storage facilities.

Micro-Economic Initiatives

In 2008, the ICRC launched incomegenerating projects aimed at supporting vulnerable community members with grants, such as for manual irrigation pumps for production of vegetables during the dry season, sunflower oil presses and bee keeping. Communities themselves will identify other types of viable projects over the course of 2009, and will be supported by the ICRC.

Emergency Response

The ICRC maintains a rapid response capacity to support households affected by man-made and natural emergencies in the four northern districts (mainly fire outbreaks as well as floods) with the essential household items such as jerry-cans, buckets, basins, and soaps, blankets, cooking pots, utensils and tarpaulins. The ICRC works in partnership with the Uganda Red Cross Society (URCS) in responding to such emergencies.



Vulnerable beneficiaries of a micro- economic initiative project in Abok, Oyam <u>District</u>

SECONOMIC SECURITY: ACHIEVEMENTS IN 2008

- 72,000 households (396,000 persons) received 17 kg of groundnut seeds each and a choice of one of the following seeds: 4 kg of simsim, 12.5 kg of beans or 10 kg of rice (and a hoe) in Amuru, Gulu, Pader and Kitgum.
- 70,000 households (385,000 persons) received essential household items: Sanitary kits and underwear (for women's hygienic needs), soap (3.2 kg), and school kits.
- 1,000 households who lost their belongings in fire outbreaks were assisted with basic household items such as basins, jerry cans, blankets, soap, cooking pots, plates and cups.
- 3,500 households have been supported through Cash-for-Work projects.
- 120 farmers' groups (approximately 2,640 persons) were trained in vegetable production and have received (or are in the process of receiving) treadle pumps and vegetable seeds such as cabbage, onions, and tomatoes, okra or eggplant in order to produce vegetables during the dry season.
- 10 farmers' groups (approximately 440 persons) were supported with sunflower oil presses to add value to enhance their production.

OTHER ACTIVITIES OF THE ICRC IN UGANDA

- supports the orthopaedic centre in Fort Portal and provides ad-hoc surgical interventions to the Matani Hospital in the Karamoja region.
- works to improve the living conditions of those arrested in connection with internal conflict or disturbances, or for national security reasons, while monitoring their treatment and conditions of detention, and the respect accorded to judicial guarantees. Its observations and recommendations are conveyed confidentially to the authorities concerned. In Uganda, the places of detention visited by the ICRC include military barracks and police stations as well as prisons.
- promotes respect and integration of International Humanitarian Law (IHL) with Uganda's armed and police

forces, universities and political authorities. This includes support to the Uganda People's Defence Force (UPDF) and to the Uganda Police Force (UPF) in integrating internationally recognised Humanitarian Principles into their training and standard operating procedures. cooperates with the Uganda Bed Cross Society (UBCS) in

- cooperates with the Uganda Red Cross Society (URCS) in providing material, financial and technical assistance. This includes the service of re-establishing family links throughout Uganda or with neighbouring countries for those separated by armed conflicts.
- maintains coordination efforts and a constructive dialogue with other humanitarian agencies (UN and NGOs) for efficient service delivery.



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