

Uganda

Health Sector Needs Assessment

The reduced funding requests under the 2008 CAP,¹ combined with rapid population movements to areas where health care systems remain weak, have compromised the delivery of good quality health services. The factors affecting health care delivery across northern Uganda and Karamoja include: a shortage of health workers; poorly trained staff; absenteeism; weak supply chain management that results in frequent shortages of essential drugs; poor infrastructure; lack of medical equipment and poor supervision. Other constraints include poor nutritional capacity at the district level that challenges the sustainability of emergency nutrition programmes, particularly in Karamoja. Pockets of increased malnutrition were also recorded in parts of the Acholi region. Poor water and sanitation in many IDP camps and return areas, meanwhile, has fuelled a protracted outbreak of hepatitis E² in the Acholi sub-region, primarily in Kitgum District.

In 2009, the humanitarian community is planning to expand humanitarian assistance and protection to IDPs, extremely vulnerable individuals and vulnerable host communities in Karamoja. It will also assist those affected by natural hazards and external shocks in the Teso region, and will continue to assist IDPs and the most vulnerable individuals and groups in the Acholi region. Large segments of the population remain in critical need of additional recovery and development assistance if they are not to fall back into a state of humanitarian emergency provoked by food insecurity, lack of livelihood and inadequate access to basic social services. In addition to the 1 611 560 people living in Acholi sub-region, Teso sub-region and Karamoja, around 146 000 refugees in Uganda also require humanitarian assistance.

On the basis of the most likely scenario, the humanitarian community has agreed to plan for the following caseload:

- In the Acholi sub-region, an estimated 605 000 people will require continuing humanitarian assistance, including IDPs remaining in the camps, parts of the population living in return sites and villages of origin, and extremely vulnerable individuals in all locations;



- In the Teso sub-region, an estimated 60 160 people will require humanitarian assistance, as above;
- In Karamoja, up to 800 000 people will require humanitarian assistance, particularly to stabilize their food and nutritional security;
- Additionally, some 146 400 refugees living in Uganda will require humanitarian assistance and support for the achievement of a voluntary, durable solution to their situation.

Health Sector Priorities for 2009

At this pivotal point in the transition from a humanitarian to a recovery and development oriented response, the 2009 Consolidated Appeal focuses on remaining humanitarian needs. The portfolio of projects covers operations in northern Uganda (Acholi and the two IDP-hosting districts of Teso) and urgent needs in Karamoja and other disaster-affected and refugee-hosting areas. A narrower definition of humanitarian action has been jointly elaborated to guide the construction of the 2009 CAP. In all districts in which there are humanitarian operations, the dominant programming requirement is actually that of full recovery. Nonetheless there remain specific humanitarian concerns that require a distinct humanitarian response.

The CAP reflects the long multidisciplinary dialogue undertaken in Uganda as to the scope of genuine humanitarian needs. The more narrow definition and portfolio of projects is presented. Since the signing of the original Cessation of Hostilities between the Government and the LRA more than two years ago, enormous tangible gains have accrued to the people of northern Uganda. Consolidation of these gains is required to sustain a measured peace dividend.

This humanitarian strategy and portfolio of projects should be read in conjunction with the forthcoming *Peace-building and Recovery Support Strategy* in order to gain a full appraisal of the range of needs of the people of LRA-affected northern Uganda and Karamoja, in terms of both humanitarian and recovery engagements.

The following operational definition for humanitarian action in Uganda in 2009 represents the common guide by which the humanitarian community has honed the scope of its proposed action in Uganda in 2009 in each of the regions and/or thematic areas covered by the CAP.

Humanitarian action in Uganda targets at-risk communities in areas prone to and/or recovering from conflict and natural disasters by:

- saving lives by reducing immediate mortality and morbidity through ensuring an effective and rapid emergency response – including a protection response – in all areas where lives are at risk due to conflicts, epidemics or natural disasters;
- supplementing the provision of basic services and livelihoods to ensure conditions for the three durable solutions;
- protecting crisis-prone communities by reducing the impact of potential natural and man-made hazards and strengthening disaster preparedness.

WHO Proposed Projects in the CAP 2009

Project titles	Requested funds *	Implementing partners
Health, nutrition and HIV/AIDS response coordination UGA-09/CSS/21748	1 071 070	MoH, DHO, Office of the Prime Minister
Health, nutrition and HIV/AIDS response coordination UGA-09/H/CSS/ 21753	647 350	
Nutrition response in Karamoja sub-region UGA-09/H/21390	176 550	MoH, DHOs, UNICEF, WFP, NGOs
Scaling up comprehensive HIV/AIDS care and treatment services in the Karamoja region UGA-09/H/21510	253 055	MoH, DHOs
Integrated emergency health, nutrition and HIV/AIDS services delivery UGA-09/H/21536	682 660	MoH, DHOs, NGOs
Support the scale up of malaria control in Karamoja sub-region UGA-09/H/21542	341 330	
Support the scale-up of malaria control in the Acholi sub-region UGA-09/H/21759	341 300	
Scaling up comprehensive HIV/AIDS care and treatment services in the Acholi region UGA-09/H/21772	323 675	MoH, DHOs
Provision of mental health and psychosocial support UGA-09/H/21789	306 020	MoH, Butabika Psychiatric Hospital, Gulu Teaching Hospital, TPO
Scaling up comprehensive HIV/AIDS care and treatment services in the Teso region UGA-09/H/21796	247 170	MoH, DHOs
Support the Scale Up of Malaria Control in Teso sub region UGA-09/H/21806	294 250	MoH, DHOs, NGOs
Integrated emergency health and HIV/AIDS services delivery in Acholi sub-region UGA-09/H/21813	494 340	MoH, DHOs, UNICEF
Strengthening and consolidation of comprehensive SRH services for conflict affected populations in Acholi region UGA-09/H/21818	341 330	MoH, DHOs, UNFPA, NGOs and CBOs
Strengthening and consolidation of comprehensive SRH services for conflict affected populations in Amuria and Katakwi districts UGA-09/H/21830	437 844	MoH, DHOs, UNFPA, NGOs, CBOs

Project titles	Requested funds *	Implementing partners
Strengthening and consolidation of comprehensive SRH services for conflict affected populations in Karamoja sub-region UGA-09/H/21836	317 790	MoH, DHOs, UNFPA, NGOs, CBOs
Child health (Acholi sub-region) UGA-09/H/22024/1	494 340	MoH, DHOs, UNICEF
Nutrition Response among IDPs and extremely vulnerable population in Acholi sub-region UGA-09/H/22029	235 400	MoH, DHOs, UNICEF, WFP, NGOs
Child health (Teso sub-region) UGA-09/H/22030/1	129 470	MoH, DHOs, UNICEF
Health emergency preparedness and response (EPR) and epidemic disease surveillance in Teso sub-region UGA-09/H/22031	506 110	
Nutrition response among IDPs and extremely vulnerable populations in Teso sub-region UGA-09/H/22032/1	129 470	MoH, DHOs, UNICEF, WFP, NGOs
Health emergency preparedness and response (EPR) and epidemic disease surveillance in Karamoja UGA-09/H/22033	423 720	MoH, DHOs, UNICEF
Child health (Karamoja) UGA-09/H/22034/1	506 110	
Health emergency preparedness and response (EPR) and epidemic disease surveillance in Acholi sub-region UGA-09/H/22043	725 032	
Preventing and responding to gender-based violence in Karamoja region UGA-09/P-HR-RL/21783	105 930	MoH, DHOs, MoGLSD, UNFPA
Preventing and responding to gender-based violence in Acholi region UGA-09/P-HR-RL/21811	105 930	

* Amounts given in US dollars.

Total funds requested: US\$ 9 637 246

Notes: 1) Down by US\$2 million compared to 2007, particularly for recovery activities. 2) According to the latest malnutrition surveys, conducted in various districts between June and August 2008 by UNICEF, WFP and ACF, global acute malnutrition (GAM) rates have shown some increase across several Acholi districts. A primary cause for this increase must be seen as the impact of population movement to less serviced parts of the districts (as previously seen in the Lango sub-region in 2007). Well-targeted food and nutritional recovery interventions are clearly needed to stabilize the nutritional situation.