

INTERSECTORAL ACTION ON HEALTH IN A CONFLICT SITUATION

A Case Study of Kitgum District, Northern Uganda

**Authors: Rosette Mutambi, Richard Hasunira &
Dr Vincent Oringa**

August 2007

ACRONYMS

ARI	Acute Respiratory Infections
CAO	Chief Administrative Officer
DDHS	District Director of Health Services
DDMC	District Disaster Management Committee
DDPR	Department of Disaster Preparedness and Refugees
DEO	District Education Officer
DHO	District Health Officer
DSC	District Security Committee
FHRI	Foundation for Human Rights Initiative
FIDH	International Federation of Human Rights
GOSS	Government of Southern Sudan
HC	Health Centre
HC IV	Health Centre Four
HSD	Health Sub-District
HEPS	Coalition Health Promotion for Social Development in Uganda
IATC	Inter-Agency Technical Committee
IDP	Internally Displaced Person
IHL	International Humanitarian Law
IMC	International Medical Corps
IMPC	Inter-Ministerial Policy Committee
LC V	Local Council Five (District Council)
LRA	Lord's Resistance Army
NGO	Non-Governmental Organisation
NRC	Norwegian Refugee Council
OCHA	United Nations Office for Coordination of Humanitarian Affairs
OPM	Office of the Prime Minister
RDC	Resident District Commissioner
SDH	Social Determinants of Health
UBOS	Uganda Bureau of Statistics
UHRC	Uganda Human Rights Commission
UPDF	Uganda People's Defence Forces
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organisation

A. SUMMARY

Kitgum District, one of the remotest and most impoverished districts of Uganda, has suffered the worst effects of not only the nasty, 20-year war between the rebel Lord's Resistance Army (LRA) and the Uganda government but also of violent tribal cattle raids from the warrior Karimojong. An unknown number of people were killed. About 93% of those living were displaced and have lived under dehumanising conditions in IDP camps since 1996.

Over time, efforts to bring peace and development to northern Uganda, a region that has been marginalised since the colonial times, have miserably failed, and social indicators continued to worsen even as humanitarian assistance and government allocations to the region apparently increased. The National IDP Policy, adopted in 2004, is part of the latest effort. It spells out guidelines for various central and local government institutions, humanitarian agencies and NGOs, in order to make humanitarian and development assistance to IDPs more effective.

The policy establishes inter-sectoral institutions at the national, district and sub-county levels. The District Disaster Management Committees (DDMCs), constituted by the heads of the various departments at the district as well as humanitarian and development agencies, the private sector and NGO, are in charge of social service delivery and all other forms of support to IDPs in their respective districts.

The Kitgum DDMC, with 65 members and coordinated by WHO, has six subcommittees. Its Health Subcommittee, also constituted by representatives of various sectors, draws up detailed activity plans for the health sector and presents them to the DDMC for discussion and approval. It also presents what other sectors need to do for the health sector to achieve the set targets. Once activity plans and targets are agreed upon and endorsed, they become binding to all the sectors and each subcommittee has to report progress at subsequent meetings of the DDMC.

The multi-sectoral framework has had several benefits for Kitgum:

- The forum has helped establish an integrated planning process, in which the health sector gets its priorities fitted into those of other sectors.
- It has introduced flexibility in resource allocation, as priorities and targets are set jointly
- Has been useful in speeding up extension of social services to new settlements
- The health sector is playing a leading role; WHO is the overall coordinator of the DDMC
- The health situation of the district as improved; cases of acute malnutrition and stunting among children have reduced from 12% to 7%, and from 31% to 23%, respectively over a period of a year
- It has enhanced the monitoring of progress on the intervention efforts to protect and support IDPs

The multi-sectoral framework has however, faced challenges and provided some lessons:

- The diversity of the membership of the DDMC slows deliberations
- Rival interests, especially among the politicians, do not guarantee optimal decisions
- The Disaster Management Fund is yet to be established, and shortage of resources has slowed the implementation of the policy
- The contribution of the representatives of the IDPs to the final decisions of the DDMC is often negligible, due to lack of facilitation to attend meetings
- The DDMC's meetings are rarely well attended
- Delayed resettlement is forcing fed-up IDPs to move away from camps
- The implementation of the policy delayed due to the unrelenting insecurity and shortage of resources

The implementation of the IDP policy has nevertheless improved delivery and coordination of assistance and helped the health situation of the people. If the Juba negotiations can deliver lasting peace and people return to their homes, the policy can deliver a fair standard of living for the people of northern Uganda.

B. CONTEXT

1.0 CONTEXTUAL FACTORS

1.1 Background

Kitgum District lies in the northern region of Uganda where a nasty civil rebellion waged by the rebel Lord's Resistance Army (LRA) against the Uganda government has raged for the past two decades. The war and violent tribal cattle raids from the neighbouring north-eastern Karamoja region have displaced over 90% of the entire population of northern Uganda, and caused an estimated 1.7 million people in the region to live in Internally Displaced Persons' (IDP) camps for more than 10 years.

Kitgum is one of the most remote districts in Uganda, lying on the border with the Republic of Sudan, with Kotido District to its East, Pader District to the South and Gulu District to the West. Its land area measures about 7,557 square kilometres. The land is semi-arid but about 80% of it is classified as arable. The vegetation is predominantly savannah and the relief generally flat in most of the district except toward the border with Sudan, where there are hills with gentle slopes.

The district is divided into two administrative counties, Lamwo and Chua, and further subdivided into smaller administrative units: 19 sub-counties, 98 parishes, and 1,058 villages. Under Uganda's decentralised administrative structure, most of the government-funded services are provided at the level of the district, which is administered by an elected Chairperson, his/her cabinet and a quasi-legislature formally known as Local Council Five (LC V). The LC V is constituted by elected representatives of sub-counties. The second most important level of service delivery in the local government hierarchy is the sub-county (Local Council III), with an administrative setup similar to that at the district level.

The total population of Kitgum District is estimated to be 337,178, reflecting a relatively low population density of 29 persons per square kilometre. Its annual population growth rate, estimated to be at 3.6% per annum, is just above the country's average (*Kitgum District Population Office, 2003*). Most of the people – about 312,559 (September 2006 estimate) belonging to 65,454 households – have been living in squalid conditions in 22 IDP camps for more than a decade, amid what has been described as the world's most forgotten humanitarian crisis.

The social services provided by local governments are financed mainly by grants from the central government, supported by multilateral and bilateral donors, and supplemented by local revenues. Uganda runs a liberalised economy, where both the profit-motivated and not-for-profit private players are also involved in the provision of social services like healthcare and education.

The health sector in Kitgum District is headed by the District Director of Health Services (DDHS), who chairs the District Health Team. Kitgum's two counties also constitute its two health sub-districts (HSDs) or Health Centre IVs.

Population Estimates for Kitgum District by County

Counties/HSD	Males	Females	Total
Chua County/HSD	94,479	106,201	200,380
Lamwo County/HSD	64,295	72,503	136,798
District Total	158,774 (47%)	178,404 (53%)	337,178

Source: National Population & Housing Census, 2002

The disease burden is high and the health situation poor. Accessibility to health care, defined as the proportion of the population within a radius of 5km of a Health Centre III, was in 2001 estimated at only 8.9%, against a national average of 49% (Ministry of Health, 2002). The burden of disease consists mostly of communicable diseases, including malaria, diarrhoea, Acute Respiratory Infections (ARIs), intestinal worms, trauma and injury. The HIV prevalence rate in north-central Uganda, where Kitgum District lies, averages about 8.2%, significantly above the national average of 6.7%. The infant mortality in Kitgum is estimated at 274/1000, more than three times the national average rate of 88/1000. At the height of the insurgency, malnutrition among children, was acute in the affected areas, affecting up to 31% of under-fives and was a major underlying cause of their high death rate.

Normal health service delivery systems in northern Uganda were broken down, forcing health professionals away to safer parts of the country or abroad in search of peace, employment and better pay. Health centres and schools were destroyed or looted, and abandoned in the bush, rendering even the limited physical infrastructure useless and susceptible to destruction by the vagaries of weather, termites and wild fires.

The standard of sanitation in IDP camps is wanting. Access to water in Kitgum is between 4-8 litres per person per day, way below the daily recommended rate of 15 litres per person in the Sphere Minimum Guidelines for Disaster Assistance. Latrine coverage is estimated at over 145 persons per latrine stance as compared to the standard of 20 persons per stance for emergency situations.

The literacy rate in Kitgum District stands at a dismal 43%, with females having an even much lower rate of just 22%. The literacy levels are unlikely to significantly improve in the foreseeable future. School enrolment and performance remain poor, and school drop out rates relatively high and more so among girls, due to the devastating effects of insecurity, such as high levels of deprivation, loss of property, and poor school infrastructure, among others. For example, only 3.7% of primary school leavers in northern Uganda (against 15.5% in the central region) made the first grade in 2002. In Kitgum District, 63 primary schools with 31,000 children were displaced, school buildings destroyed, books looted and supplies set aflame, and scores of teachers killed or abducted.

Living standards in the IDP camps are discouragingly poor due high levels of poverty. Driven into IDP camps by insecurity, people have not had access to their land and other productive resources for more than a decade, disrupting agriculture, trade and other

economic activities. The cash and food crops that used to be grown in the area are no longer there. The unending threat of rebel attacks has limited cultivation to within a kilometre on the fringes of the camps and urban areas. It is estimated that close to 90% of the people in camps are entirely dependent upon relief food. According to Uganda Bureau of Statistics (UBOS), Kitgum and neighbouring Kotido were the poorest districts in Uganda by 1999, with poverty incidence rates of up to 91%! In general, 63% of the people in the northern region were estimated to be living below the poverty line in 2003, compared to the national average of 39%, and to 22%, 46% and 33% for the central, eastern and western regions, respectively.

The yoke of the social fabric in Kitgum is in shreds; social values have degenerated. Over and above targeted civilian carnage, the LRA has abducted, raped and enslaved a large numbers of civilians, tearing apart families. It is estimated that since 1986, more than 40,000 civilians, at least 25,000 of them children, have been abducted. The nature of camp life has led to negative behavioural changes: neglect of responsibilities, increased crime rates, consumption of alcohol and drug abuse, domestic violence, and promiscuity.

Over the recent past, the situation has however, been improving following the launch of the Juba peace process and reasonable progress in the implementation of the National Policy on IDPs. The road network and other social infrastructure in the district have improved as a reconstruction and resettlement programme goes underway.

1.2 Objective of the Study

This is a case study of intersectoral action on social determinants of health (SDH) in a conflict situation. It assesses the performance of the District Disaster Management Committee (DDMC) of Kitgum, one of the districts most affected by the LRA war in northern Uganda, in addressing the multifaceted plight of IDPs.

1.3 Scope of the Study

The study focuses on the implementation of Uganda's National Policy on IDPs, which was adopted in 2004 to guide the coordinated delivery of humanitarian and development interventions aimed at improving the welfare of people affected by the civil war in the north and elsewhere in the country. The study area covers Kitgum District, one of the districts most affected by the civil war. Although the civil war in northern Uganda has been raging for more than 20 years, this study analyses only the period from when a deliberate policy response was felt necessary, the performance of the intersectoral mechanisms it set up, as well as its impact on the health situation in Kitgum District.

1.4 Methodology

Data for this study was collected from various primary and secondary sources. It involved a review of the literature and of other government and independent work. The key documents reviewed include among others, the National Policy on IDPs of the Government of Uganda, Annual District Plans, Inter-Agency monthly reports and

minutes of the DDMC meetings. Direct interviews were also conducted with officials in Department of Disaster Preparedness and Refugees (DDPR) in the Office of the Prime Minister (OPM), the District Administration, WHO (Kitgum), some humanitarian agencies active in the district, members of the district health team as well as with IDPs.

2.0 NATURE OF THE PUBLIC POLICY PROBLEM

The current conflicts in northern Uganda have their roots in the history of ethnic violence, its proximity to a chronically volatile belt (southern Sudan-Somalia), the region's semi-arid climatic conditions, as well as in its marginalisation since the colonial period. Because of its harsh climate and ethnic violence, the British colonial administration did not establish any economic ventures in the north, and chose instead to only draw labour from it to work in the agricultural plantations established in the Bantu-dominated south and in the armed forces, while the southerners took up white-collar jobs in industrial and commercial centres – also in the south. Inequality was thus born in the colonial period and got to be unwittingly nurtured by the subsequent post-independence governments.

The current war in northern Uganda, which has been raging since the present government took power in 1986, has only served to maintain or worsen the inequality between the north and the rest of the country. Between 1992-99, there were overall declines in poverty for the country, but less so in the North. Even more striking was the fact that between 1999-2004, poverty went back up in the North, while it continued to decline, though at a lesser rate, in other regions. During those years Uganda's per capita income grew by between 2-3% per year, but not in the North, where the civil conflict had worsened.

Over the period, the north has suffered gross violations of human rights against civilians, the socio-economic infrastructure been destroyed, the social service delivery systems adversely affected, economic activity paralysed, and society disintegrated.

Over the same period however, there have been efforts by government and other stakeholders to bring life back to normal and change the situation for the people. Government has invested resources in a sustained military campaign, and even experimented with a series peace initiatives, the latest being the Juba peace talks brokered by the Government of Southern Sudan (GOSS).

In 1996, the Uganda government started concentrating people in IDP camps, where the army would provide security and humanitarian agencies provide relief assistance to IDPs. Over time however, the army miserably failed to provide effective security to all the camps, which came to be targeted by rebels. And at the height of rebel activities, humanitarian agencies had serious difficulty accessing some of the camps.

The situation thus, just kept worsening even as rebel activity at times subsided and aid organisations poured all forms of relief assistance into the region, partly due to the sheer numbers and congestion within the camps, which kept the gaps in the delivery of social

services widening. It is estimated that between 1997-2005, northern Uganda (18 districts) received well over US\$850 million in humanitarian assistance alone, but due to duplication of efforts, the high cost of service delivery and out-rightly misguided interventions, its impact was minimal. At the same time, development funding by the central government remained uninterrupted, even at the height of the insurgency, but its flow remained below the magnitude of the problem, with effective implementation, coordination and monitoring of government projects being constrained by insecurity, insufficient funding and limited capacity at the district and community levels.

3.0 OBJECTIVES OF UGANDA'S NATIONAL POLICY FOR INTERNALLY DISPLACED PERSONS

Internal displacement is often the consequence of violations of International Humanitarian Law (IHL) during armed conflict or failure to comply with other norms intended to protect people in situations of violence. When civilians flee a conflict zone, it is an indication that the warring parties are indifferent to their rights under IHL or, worse, are deliberately targeting them. IHL expressly prohibits any party to an armed conflict from compelling civilians to leave their homes and affords IDPs the same protection from the effects of hostilities and the same assistance as the rest of the civilian population.

Should displacement nevertheless occur, IDPs are entitled to the same protection as any other civilians. The party in control of the territory to which they have fled must spare them from the effects of hostilities and ensure that their right to basic needs in terms of food, water, shelter, security, physical and psychological well-being, and assistance in restoring family links, health care, education and socio-economic rehabilitation, is respected.

The overriding objective of Uganda's IDP Policy was to set guidelines and harmonise interventions to provide protection, development and relief to IDPs by the various stakeholders for increased flexibility, transparency and impact. The policy was also aimed at specifying the roles of various government institutions, humanitarian and development agencies, and donors; the displaced community; and other stakeholders.

The stated policy mission is to ensure that IDPs enjoy the same rights and freedoms under the Constitution of Uganda and all other laws like all other Ugandans. The goal was stated as: "To establish institutions for managing IDP situations; specify roles and responsibilities of the institutions and humanitarian and development agencies, the displaced community and other stakeholders while managing internal displacement."

The specific policy objectives were set out as:

- To minimise internal displacement
- To minimise the effects of internal displacement by providing an enabling environment for upholding the rights and entitlements of the IDPs
- To promote integrated and coordinated response mechanisms to address the causes and effects of internal displacement

- To assist in the safe and voluntary return of IDPs, and
- To guide the development of sectoral programmes for recovery, through rehabilitation and reconstruction of social and economic infrastructure in support of return and resettlement of IDPs

4.0 ORIGINS OF THE IDP POLICY

The challenge that faced the government, relief organisations and all other actors had three dimensions: (1) protecting civilians in the affected areas and IDP camps, resolving the conflict, and creating lasting peace and reconciliation; (2) providing basic social services to the affected people; and (3) coordinating development and relief activities, to improve people's lives, and bringing the prosperity of the rest of the country to the north.

In the course of the conflict, various ideas emerged, with the crux of the debate centred on how best to end the conflict and make relief assistance more effective. President Yoweri Museveni and his government insisted the ultimate solution to the conflict lay in a military campaign, which eventually crossed national borders into D.R. Congo and Sudan, arguing that Joseph Kony and his LRA had previously abused peace overtures from the government. However, pressure eventually piled on government from within and outside the country, until an amnesty law was enacted in 2000 and an Amnesty Commission set up to take charge of resettling surrendering rebels who were pardoned.

The war nevertheless continued, and the miserable situation of IDPs took centre stage, with renewed concerns from the international community. The first formal debate organised to discuss the IDP situation was by the Norwegian Refugee Council (NRC) and the Office of the United Nations Commissioner for Human Rights in Kampala in March 1999, focusing on IDP humanitarian issues.

The next came in May 2001, when the International Federation of Human Rights (FIDH) and the Foundation for Human Rights Initiative (FHRI), hosted a stakeholder workshop on "The Rights of the Internally Displaced Persons in Uganda". The participants included among others, IDP camp leaders, NGOs from internal conflict zones in the north and west of the country, international humanitarian and human rights agencies, as well as the police force, UPDF, and the Department of Refugees and Disaster Preparedness (DRDP) in the Office of the Prime Minister (OPM). The event was the first to explicitly focus on the human rights of IDPs in Uganda. The workshop achieved a dialogue among IDP camp representatives and the government, which culminated in the creation of the IDP Core Group, to follow-up a set of recommendations, which included the need to enact a law on Disaster Management which should take into consideration the needs and rights of IDPs as stipulated in the UN Guiding Principles on Internal Displacement.

The DRDP and UN OCHA began to work on "The National Policy on Internal Displacement - Policy and Institutional Framework", which resulted into the final policy that was finally adopted in 2004, establishing a multi-sectoral interventionist approach to the IDP situation, including the poor health situation. The effective implementation of the

policy however, didn't come immediately due to the unrelenting insecurity and shortage of resources. The real opportunity for its wider implementation did not come until after the conflict in southern Sudan ended and a newly established autonomous government there offered to broker peace between the LRA and the Uganda Government in 2006.

C. THE APPROACH

5.0 NATURE OF THE INTERSECTORAL FRAMEWORK FOR IDP INTERVENTIONS IN NORTHERN UGANDA

The National Policy for IDPs draws on the UN Guiding Principles on Internal Displacement and commits the government to protecting its citizens against arbitrary displacement, guaranteeing their rights during displacement and promoting durable solutions by facilitating voluntary return, resettlement, integration and re-integration.

The policy's point of entry was at mitigating the vulnerabilities that IDPs face. IDPs are disadvantaged in many ways: they are in a war situation in which their camps have been principal targets; social services are not fully functional; and their ability to generate their own income has been curtailed. These disadvantages meant their socio-economic status only stagnated or deteriorated, and the inequality with the rest of the country widened. Principally, the National Policy for IDPs was to address their plight.

The immediate policy objective was to establish principles to guide the various players, including government institutions, humanitarian and development agencies and others, to enhance the effectiveness of the different forms of assistance provided to IDPs. The intersectoral framework it established emanated from consultative debates held during the policy formulation process. It was realised that the overarching constraint to enhanced protection and assistance to IDPs is that of security. Stakeholders realised that only a comprehensive approach could ensure that assistance and protection – two interlocking aspects of effective humanitarian operations – are provided simultaneously because the needs of IDPs could not be strictly categorised into sectors.

The policy upholds the principles of IHL, by among other things, providing for the protection of IDPs against arbitrary displacement and during return. Property rights, family unification, food security, shelter, clothing, education, health, water/sanitation, resettlement kits, rehabilitation of infrastructure and exemption from graduated tax are all included in the policy.

6.0 MECHANISMS AND TOOLS

The policy sets up elaborate intersectoral institutional arrangements at the national, district and sub-county levels, bringing together government sectoral ministries, humanitarian agencies and other stakeholders, the roles and responsibilities of each of which are spelt out to enable coordinated planning and implementation of effective protection and relief programmes.

6.1 Department of Disaster Preparedness and Refugees, Office of the Prime Minister

The Department of Disaster Preparedness and Refugees in the Office of the Prime Minister (DDPR/OPM), lead by the Minister of State for Disaster Preparedness and Refugees, is designated as the “Lead Agency” in the protection and provision of assistance to IDPs. Its role is to supervise and ensure that government and humanitarian responses are well coordinated. The department is responsible for negotiating the use of private property on behalf of government for the benefit of IDPs.

6.2 The Inter-Ministerial Policy Committee

The Inter-Ministerial Policy Committee (IMPC) on Internal Displacement, chaired by the Minister in charge of Disaster Preparedness, is responsible for policy formulation. Its members include: the Ministers of Internal Affairs, Finance, Agriculture, Health, Water, Defence, Education, Local Government, Gender, Justice, Works, and Information. The committee is mandated to invite the UN Resident/Humanitarian Coordinator, heads of relevant humanitarian and development agencies and representatives of donors to participate in its deliberations.

6.3 Inter-Agency Technical Committee

The Inter-Agency Technical Committee (IATC), chaired by the OPM Permanent Secretary, is charged with coordinating and monitoring the activities of the relevant ministries, government departments, private sector, UN agencies, international organisations, and NGOs, to ensure that plans are prepared, resources are mobilised and support is provided to IDPs. The committee membership consists of senior officers from the ministries of Internal Affairs, Finance, Agriculture, Health, Water, Defence, Education, Local Government, Gender, Justice, Works, and Information. The Uganda Human Rights Commission (UHRC), the Amnesty Commission, UN OCHA, donor technical groups, and leading NGOs supporting IDPs are represented on this committee.

The committee’s functions range from initiating legislative proposals on the protection and welfare of IDPs, preparing resettlement plans, overseeing the activities of disaster management committees at the local government level, to mobilising resources for IDP interventions. The policy provides for a subcommittee on human rights and empowers IATC to set up subcommittees on various issues as deemed necessary.

6.4 District Disaster Management Committees

The District Disaster Management Committees (DDMCs) are the lead agency for the protection and assistance of IDPs at the district level. The DDMC is constituted by all relevant heads of departments at the district as well as humanitarian and development agencies, the private sector and NGOs active in the district. It is chaired by the Chief Administrative Officer (CAO), who is the head of the civil service at the district level. The Resident District Commissioner (RDC), who chairs the District Security Committee (DSC), is a member and is in charge of the security of IDPs. One female and one male IDPs represent IDPs on the committee. The political head of the district, the LC V Chairperson, is also a member and is responsible for mobilising local resources for the

welfare of IDPs. The policy provides for a subcommittee on human rights and empowers the DDMC to set up subcommittees on various issues as deemed necessary.

The functions of the DDMC include:

- Implementing relief plans, including receiving new IDPs
- Ensuring the physical security of IDPs
- Registering IDPs who choose to return, resettle and re-integrate
- Preparing and implementing plans for their safe return, resettlement and reintegration, including identification of safe sites, monitoring their overall resettlement and reintegration
- Taking measures to ensure family reunification and the safety and dignity of IDPs during movements
- Establishing and operating a Disaster Management Fund to supplement budgetary allocations from the Central Government
- Taking assignments from the IMPC and IATC

Each In a decentralised administrative setup as the one operating in Uganda, the roles of the national institutions IMPC and IATC have been restricted to policy and oversight issues. The real hub of the intersectoral framework in addressing the various facets of the IDPs' plight is the DDMC. Although nominally a major activity level, the sub-county's position was naturally undermined by the war, which disrupted population distribution and led to concentration of the people in camps.

Nonetheless, the health sector has played a key role in the functioning of the intersectoral structures at the various levels, and particularly at the district level. With the WHO (Kitgum Office) being its overall coordinator of the DDMC, the sector has in a way been the patron and champion of the intersectoral framework. While the existence of a Health Subcommittee has allowed the sector to push for a direct health interventions, the existence of other subcommittees on water, sanitation, education and nutrition has helped push for interventions that are important for the health status of IDPs. With sanitation being one of the most critical issues in IDP camps due to congestion, the work of the Water and Sanitation Subcommittee has been equally critical for health.

In the process of addressing routine as well as emergency situations, the various subcommittees, at each of which the various sectors are represented, develop proposed work plans that are presented to the DDMC, which serves as the coordinating forum. From the delivery of basic social services to camps, to planning transitional settlements during the implementation of the resettlement programme, to responding to emergency situations such as epidemics, the DDMC has constituted the forum where the various players share roles, agree on common priorities and set binding targets, and report progress. In the process, the DDMC has helped reduce duplication of interventions. It has helped the various players jointly identify the gaps in service provision and try to coordinate their interventions.

In 2006, Kitgum experienced an outbreak of cholera, which lasted up to 8-10 months. Working under the DDMC, the Health Subcommittee was able to secure the participation

of other key sectors to fight the epidemic. The DDMC secured the enactment of a by-law in the District Council that banned the drinking of the local brew *malwa*, which was condemned due to the unhygienic brewing and handling process. There was commitment in implementation, as the police and local leaders combed the camps destroying drinking straws, clay pots and other items used for brewing, handling and consumption of potent millet brew. The donors channelled more resources into the fight against the epidemic, with allocations for drugs, improved water sources and the distribution of plastic jerry cans to replace the unhygienic, dual-purpose clay pots.

7.0 THE ACTORS AND THEIR ROLES

7.1 Kitgum District Disaster Management Committee

Most social services in Uganda are delivered at the district level under Uganda's decentralised system. After the adoption of the National Policy for IDPs in 2004, the DDMCs that were subsequently established took charge of social service delivery and all other forms of support to IDPs in the war-affected districts. The DDMC in Kitgum District consists of about 65 members and is coordinated by WHO. Its members include:

- The CAO (Chairperson)
- The District Disaster Coordinator (Secretary)
- Heads of five departments of the district administration: Education, Health, Works, Agriculture, and Water and Sanitation
- Fifteen technical officers from the five departments of the district
- The LC V Chairperson
- The RDC
- Representatives of all NGOs and humanitarian agencies operating in the district
- Two representatives of IDPs

The Kitgum DDMC has six subcommittees, viz:

- Agriculture, chaired by the District Production Officer
- Health, chaired by the District Health Officer/DDHS
- Education, chaired by the District Education Officer
- Works and Technical Services, chaired by the District Chief Engineer
- Security, chaired by the RDC
- Human Rights, chaired by the District Human Rights Officer
- Water and Sanitation, chaired by the District Water Officer

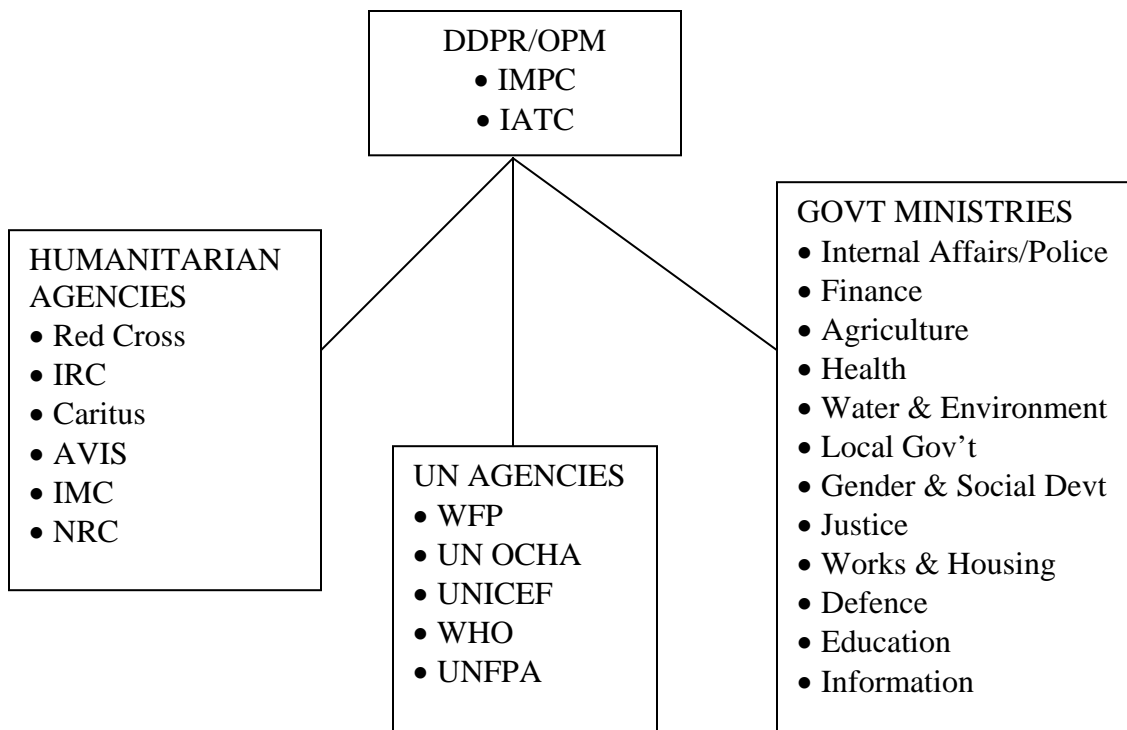
The DDMC Health Subcommittee consists of:

- The District Health Officer (Chairperson)
- The WHO Representative in Kitgum District (Secretary)
- Members of the District Health Team: technical officers in the district health department, health field officers, HIV/AIDS focal persons, etc
- Officers in charge of the district's two health sub-districts
- Representatives of UN agencies: OCHA, Unicef, UNFPA, WFP

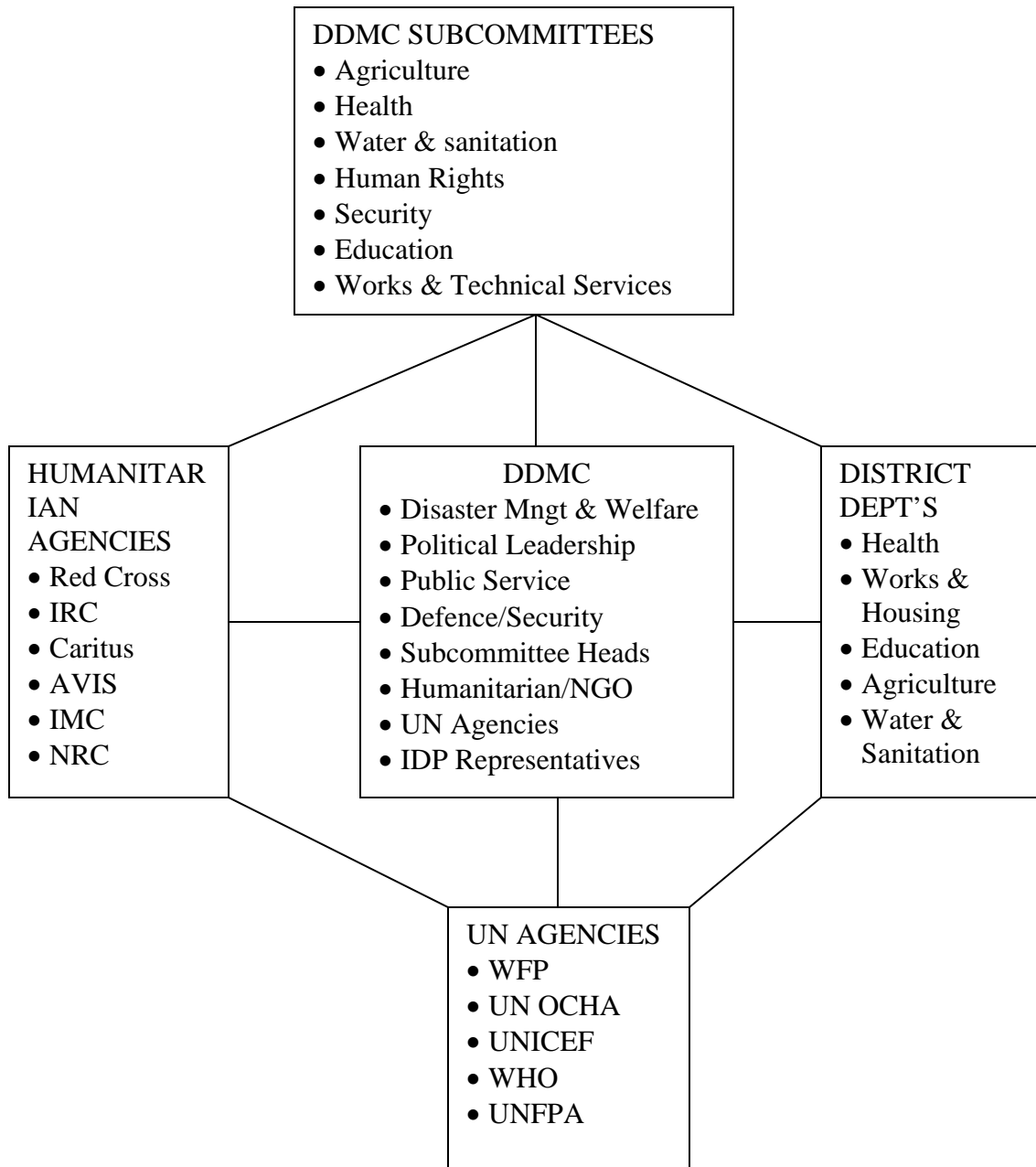
- Representatives of NGOs and international organisations providing health-related support to IDPs
- Representatives from other subcommittees: Education, Water and Sanitation, Agriculture, Human Rights, Works, and Security

The various subcommittees are responsible for drawing up detailed activity plans for their sectors, with representatives from other sectors serving to provide information useful to the planned activities. The subcommittees then present their activity plans to the DDMC, where all sectors are represented, for discussion and approval. They also present what other sectors need to do for them to achieve the set targets. Once activity plans and targets are agreed upon and approved, the plans become binding to all the sectors and each subcommittee has to report progress at subsequent meetings of the DDMC.

The model of relationships at the national level can be illustrated as follows:



The model of relationships at the district level can be illustrated as follows:



7.2 Financing Mechanism

Questions about the sustainability of the current financing mechanism are still evident. The National Policy for IDPs provides for the establishment of a Disaster Management Fund (DMF) at each district, as a funding pool for intersectoral interventions for IDPs. The DMF is supposed to be both a pool and a fundraising vehicle in which the Government, donor agencies and the district administration contribute to, and from which all allocations for IDP interventions are made.

The DMF was however never established in Kitgum and elsewhere due to rigidities in government and donor budgeting systems, scepticism and obvious absence of mutual trust. While government has increased its allocations to cater for the special case of war-torn districts, it has defeated the concept of a fund that it enacted into law by failing to initiate fund and inviting donors to participate. Instead, it continues to finance IDP interventions through piecemeal grant allocations.

The donor community on the other hand, has become significantly flexible in the choice of activities to be funded in Kitgum. However, they are still reluctant to put their funding in a pool and continue to maintain a grip on budgetary allocations for the activities they finance in the district, whether they choose to do so through the local government structures at the district level or through non-governmental, humanitarian agencies.

On its part, Kitgum District still lacks the capacity to generate its own revenue as required by the Local Government Act. The private investors from whom it would have raised local tax revenue were long chased away by the war, and the few business people there are in small scale retail groceries in Kitgum town and within the camps. Trading activities are still limited; the active sectors are in the humanitarian industry, which is not taxable.

D. IMPACT

8.0 POLICY OUTCOMES

The DDMC framework's biggest institutional impact can be evaluated in the light of enhanced accountability and strengthened link between planning and monitoring. It has enabled coordinated planning of service delivery in the district and introduced flexibility in resource allocation. In a single forum, various players are able to set priorities and targets, present their resource requirements, update one another on their activities, and jointly discuss solutions to pending challenges. Within the same forum, the humanitarian agencies and NGOs share information on their activities and plans in the various areas of their operation, and donor representatives get information on the resource requirements and indicate what can be funded and what cannot. The various players report progress on pre-agreed activities to the same forum, which serves as a monitoring mechanism.

The framework has also established planning mechanisms that cut across sectors. The Health Subcommittee for instance, has representatives from the departments of Education, Agriculture, Works, and Water and Sanitation. The Health Department is also represented on other sectoral subcommittees of the DDMC. This has made it easier for the district to implement its relief and resettlement plans. Once for instance a transitional settlement site is identified, the Security Subcommittee is asked to ensure the area is secured (by combing the area for mined and unexploded ammunition and deploying the army), the Works Department commits itself to open the roads to the site by a set date, the Water Department to ensure there is a water source, the Education Department to set up a school, and the Health Department to establish a health unit.

Due to an improvement in the prospects for peace, following the launch of the peace talks between the government and the LRA, it is now common to find some IDPs moving away on their own from camps to their original home areas. In such cases, the multi-sectoral framework has been useful in speeding up extension of social services to new settlements because it is still risky for people to move long distances to access them.

The health sector is particularly playing a leading role in the working of the multi-sectoral service delivery mechanism in Kitgum District. The health sector has traditionally been ahead of others in adopting innovative service delivery mechanisms, and has as such taken a leading role in the implementation of the multi-sectoral approach in Kitgum District. WHO is the overall coordinator of the DDMC, and is using that role to influence the mix of interventions, including the delivery of relief food and essential services which determine overall welfare and health of the population, from the various sectors to try to improve the health situation in IDP camps as well as in the district in general. The framework has also improved the effectiveness of interventions during public health epidemics, as was the case during a cholera outbreak in 2006.

The WHO Kitgum office has reported improvements in the health situation of the district. It reported that the immunisation coverage had improved. It also said the nutrition situation had improved, following a good harvest as people continue to access more and

more land. In Health and Nutrition Survey of IDP camps in Kitgum, conducted in August-September 2006, the International Medical Corps (IMC) found cases of acute malnutrition among children had reduced to about 7%, from 12% in the previous year. The percentage of those who were stunted had also reduced from 31% to 23% over the same period. The district authorities also reported an improvement in the number of roads being opened, and that IMC, AMREF, AVSI, WHO and the International Rescue Committee (IRC) were doing a good job in supporting the rehabilitation of health infrastructure in several parts of the district.

Summary of Benefits from the DDMC's Intersectoral Mechanism

- The forum has helped establish an integrated planning process, where each sector's priorities are fitted into those of others. It has improved coordination in the planning process. Over time, the various sectors have learnt to think across the board.
- Better allocation of resources as priorities and targets are set jointly, which has been useful in avoiding the duplication that would have come from parallel activities by government institutions and the humanitarian and development community.
- It has enhanced the monitoring of progress on the intervention efforts to protect and support IDPs. This is because the DDMC requires the sector subcommittees to report progress on pre-agreed activities.
- It has improved the sharing of information. Stakeholders from the different sectors hear the original message direct from their counterparts, which eliminates distortion and gives them the opportunity to raise their concerns to the people concerned directly. There is also an opportunity for people to get a feedback about social service delivery.
- The DDMC provides a forum where technical officers deliberate freely without fearing for their jobs, unlike in other formal administrative organs like the District Council. This means the information presented at the DDMC sessions is more reliable than what might be delivered through intimidating, traditional channels.

9.0 LESSONS

The intersectoral approach employed in the delivery of interventions to IDP camps in Kitgum encompasses both government and non-government players, from the various sectors. They are united by the common goal of addressing the plight of IDPs, and by the realisation that no single player will single-handedly make a significant impact. The main barrier to their working together is the need for each to maintain their identity and ability to point out as much of the contribution they make as possible.

The challenges from the implementation of the intersectoral approach to IDP interventions in Kitgum District emanate from the enormity of the DDMC, the different backgrounds of its members, and the limited nature of the resources available to the district. The DDMC's membership is so diverse, constituted by people from different

backgrounds, specialities and capacities. This has meant slow progress during deliberations and a high demand for patience during discussions in the process of getting everyone to understand and agree to issues that may be ordinarily obvious and logical to a particular category of members or initiating sector. Although it is a forum where all players are partners, the district administration takes an upper hand in all issues, and the bureaucracy and politics involved in decision making sometimes wastes valuable time.

The forum has eventually become a point where different sectors, each with its own interests, haggle for resources, and those who can sell their programmes better to the rest of the members have usually got more benefits. Sometimes the positions agreed upon may not be the most cost effective because each politician wants a share of everything all the time. The RDC is the representative of the President in the district, and as expected pushes for party interests in most cases, while the district's political leadership also want to push the lines/views of the different political parties they represent. Many times fights ensue, literary.

The DDMC has not served well as an avenue for mobilising resources as had been envisaged because the bottom-up link between the DDMC and the OPM is not really effective. Instead, it has been a forum for the different sectors to share the limited resources available. The National Policy on IDPs provides for the establishment of a Disaster Management Fund at the district, but Kitgum District has to date failed to establish one.

The contribution of the representatives of the IDPs to the final decisions of the DDMC is often negligible. Most times they do not even attend its meetings because they stay in camps that are about 50km away from the district headquarters, the venue of the meetings, and there is no formal facilitation given to them in form of transport or allowances. Some NGOs have tried to facilitate them but their support is not sustainable. The district depends entirely on allocations from the central government, which are limited, while the budgets of development agencies are usually set for specific purposes and are most of the time inflexible.

The DDMC's meetings are rarely well attended. All members know they are supposed to meet every first Thursday of the month, but most of them do not turn up. The CAO explained that the district is constrained by a shortage of manpower and sometimes the few staff within the departments are overwhelmed by work in offices or in the field that they do not get time to attend DDMC meetings.

Managing the high expectations from the IDPs and other people in Kitgum has also been a challenge. IDPs are too eager to return to their homes, but the DDMC's capacity to meet what is required is limited. IDPs have spontaneously started to walk back to their original homes and are unwilling to wait for the resettlement schedules set out in the District's Reconstruction, Resettlement and Development Programme. The food rations to IDPs are diminishing, because the humanitarian agencies expect the district authorities to help them gradually build their production capacities, which is not happening. The district administration itself has capacity gaps, trained medical personnel to deliver health

services are few, the army's ability to pacify the entire region is still lacking, and resources are meagre. The district is operating with between 40-50% of the required staffing.

10.0 CONCLUSION

The implementation of the National Policy for IDPs, to which commitment to is evident in Kitgum District, has improved delivery and coordination of interventions by the different players – and improved the health situation of the people. If the Juba negotiations can deliver lasting peace, to enable the people return to their homes, and Government, development agencies deliver more resources for basic social services, the IDP Policy is a tool that can deliver a better standard of living for the people of northern Uganda when effectively implemented. While most of the players think the intersectoral framework as it exists today is tailored to the emergency situation that exists in northern Uganda, the practise of the various departments to cooperate in planning and implementation of services is most likely to remain even after the emergency situation ends as it has made implementation easier and more effective. This is the element of the current intersectoral action that will the progress of the rest of Uganda to the northern region.

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