

Operations update



International Federation
of Red Cross and Red Crescent Societies

Uganda: Floods

Emergency Appeal MDRUG006

GLIDE no. FL-2007-000138-UGA

26 October 2007

Operations Update no. 4

Period covered: 12 October to 22 October 2007.

Appeal target: CHF 8.9 million (USD 7.4 million or EUR 5.4 million).

Appeal coverage: 35.4% (*this figure reflects hard pledges. If soft pledges materialize, the appeal coverage will rise.*)

Outstanding needs: CHF 5,764,598 (USD 4,922,799 or EUR 3,472,649).

[<Click here for the donor response report>](#)

Targeted beneficiaries: 100,000 persons.

Appeal history:

- [Preliminary Emergency Appeal](#) was launched on 20 September 2007 for CHF 8,928,075 for 6 months to assist 100,000 people.
- CHF 174,197 (USD 144,802 or EUR 105,959) was initially allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 3 September 2007 to support this operation. Unearmarked funds to replenish DREF are encouraged.

Summary: Following a spell of drier weather, conditions in the most flood affected areas of north-eastern Uganda are slowly improving. Road access into Katakwi, previously cut off for three weeks was briefly re-established during the past week and combined with increased UN helicopter capacity, led to an increased pace in Red Cross distributions of essential NFIs. However road access to Katakwi has been impaired again since the beginning of the week demonstrating the vulnerability of the operation to logistical constraints. As of 22 October, 14,167 households had received the essential non-food item (NFI) package. Additional warehousing capacity for up to 1,000 households has been set up in Katakwi, as a contingency, and to further streamline distribution.

Distribution of water purification tablets/sachets – as part of the essential NFI package – began on 15 October, as soon as the necessary stocks had been received in Soroti. A team of eight volunteers has been trained specifically to disseminate key health and hygiene messages to beneficiaries alongside distribution of NFI. The messages will focus particularly on the proper use of long lasting insecticide treated mosquito nets (LLITNs) and water purification kits. This initial awareness-raising is being followed up by the team of Participatory Hygiene and Sanitation Transformation (PHAST) trainers within the communities, to verify and integrate knowledge sharing.



By 22 October, the Red Cross had distributed essential NFI to over 14,000 most vulnerable flood-affected households.



During its first three weeks of operation, the KRCS mobile health clinic attended to over 5,500 patients from 10 villages in Amuria District.

During its first three weeks of operation, the KRCS mobile health clinic treated 5,547 people, with malaria continuing to account for over 40 per cent of cases. The KRCS water treatment plant in Amuria has purified 139,000 litres of water since it began operating on 26 September, all of which has been consumed to date. A replacement Field Assessment and Coordination Team (FACT) WatSan delegate arrived on 16 October to implement plans for the installation of emergency latrines and to complete all other WatSan programming matters along with the Uganda Red Cross Society (URCS).

Early recovery plans for seed distribution are being implemented. Focus group discussions in

11 communities in Amuria have confirmed the type of seeds most appropriate under the current circumstance and optimal timing for planting. Similar discussions are being held in Katakwi to identify the most vulnerable communities. The aim is to reach 20,000 households across the two districts. Procurement is underway, with some aspects completed, and distribution began this week so that communities can plant by early November.

The shelter component continues to work alongside the early recovery assessment team on a community-based approach, looking at mid-term activities. The overall objective of shelter programming is to reduce community dependency and encourage sustainable re-building, with possible pilot projects focusing on enhancing locally-relevant building techniques, camp management and lay-out, and community planning for water and sanitation in particular. Assessments are underway and a plan of action has been submitted to URCS for consideration.

A number of FACT members left during the last week and the KRCS team is in the process of leaving. A core Federation team is being put into place to support URCS in completing the immediate emergency operations and mid-term recovery and shelter activities. The URCS Deputy Secretary General visited field operations in Soroti to further enhance internal coordination and to ensure that the necessary structures are in place to continue meeting operational objectives.

The key objectives during the next month are twofold:

- To ensure a smooth exit strategy on the part of FACT and KRCS teams so that Red Cross operations are not disrupted and the urgent needs of the population continue to be met;
- Longer-term community-based recovery strategies are identified and the plan of action is revised.

Background

Due to an early onset of the rainy season, compounded by unusually heavy rainfall between July and mid-September 2007, extensive flooding occurred in various parts of north and eastern Uganda. Most districts in the area were seriously affected – particularly Amuria, Katakwi, Bukedea and Kumi (the latter also experiencing serious landslides and mudslides). Currently, rainfall patterns are normal, with the rainy season predicted to last until mid-November. Although Amuria and Katakwi districts are slowly drying out, many of the settlements are still muddy and water-logged, and remain very vulnerable to any additional rainfall.

The situation is improving slightly, following a drier spell over the past two weeks. However, concerns remain, particularly in terms of food security, health, water and sanitation, due to the damp conditions in many of the camps and internally displaced people (IDP) settlements.

The image of the slow-moving water and damp ground does not do justice to the highly vulnerable state of the population which has very few resources to fall back upon and little ability to cope with the additional hardships brought on by the flooding. This is the most severe flooding to have occurred in over thirty years, affecting over 300,000 people. Over half of those affected are women and almost one third of them are children under nine years.

Up to 80 per cent of staple crops have been destroyed or are rotting in the fields, leaving households with hardly any reserves to last them through the rainy season and into the food security crisis predicted to follow. These settlements are for the most part very isolated from economic centres and are highly dependent on agriculture (with some livestock and poultry) as their unique source of income. There is little opportunity to earn extra income. In any event, prices of certain basic commodities, such as salt, have tripled in the local markets. Households report that they are out of key staples such as cooking oil and sugar. Food insecurity is already a major concern and can only be expected to worsen. According to UN indicators, even before the flooding, 45 per cent of these communities were considered to be extremely or very low food secure.

The level of poverty is extraordinary high, and the subsequent level of vulnerability is alarming. The most affected communities are also the ones which have had little or no road access over a number of weeks. These are primarily long-term camps or settlements for IDP who have been exposed to uncertainty, violence and hardship over the past 20 years – some having been displaced more than once due to conflict and insurgency. They have received little or no assistance over that period.

A number of dwellings have either collapsed or are seriously destabilized, as the water has eroded the mud-brick bases and cracked walls. The floods have rendered the predominantly mud floors uninhabitable, and created large bodies of contaminated water, raising the water table to just a few centimetres below ground surface and turning many croplands into – literally – dangerous “mean” lakes.

The already insufficient infrastructure of these communities in terms of water and sanitation has been rendered virtually inoperative. Pit latrines have been flooded or have collapsed, including in schools, where many people have congregated to seek shelter both during the day and at night. Most of the settlements are located in low-lying land and are vulnerable to flooding.

Violence and protection issues are reported to be on the increase due to overcrowding. The communities include a high proportion of orphans as a result of the insurgencies as well as a consequence of HIV and AIDS. Access to basic health care and medicines is, on the whole, non-existent. Even before the floods, health coverage was a meager 21 per cent. The damp environment caused by the flooding, coupled with the cold evenings and limited food supplies, is exacerbating an already precarious situation, and a progressive deterioration in the health of the population is being noted. Malaria is reported to be on the rise, and children are particularly affected.

Immediate humanitarian assistance and other more permanent interventions in the areas of water and sanitation continue to be hampered by problems of access. Assessments confirm that the primary needs remain food¹ and non-food relief items (NFI), tarpaulins as emergency shelter, and basic health care support, including the provision of clean water, improved sanitation and hygiene promotion. Seed distribution for planting in early November has been confirmed as a priority for early recovery.

The URCS, with assistance from the KRCS and the Federation’s FACT, has been one of the very few organizations providing widespread relief distribution, water and sanitation interventions and basic health care to a number of the most affected communities.

¹ Being provided by the World Food Programme (WFP)

Operational developments

The main road into Katakwi re-opened on Friday 12 October making it possible to distribute by helicopter and truck, this increasing the number of people reached daily. However on 22 October access to Katakwi was restricted to light vehicles, hindering again the distribution of relief items. This development might affect the Red Cross plan to have the NFI distributions finalized by the first week of November.

Distribution processes with URCS volunteers teams have been streamlined to make them more effective. A warehouse has been identified in Katakwi, where the Red Cross has pre-positioned NFI, taking into consideration the unstable condition of the roads.

The Red Cross remains the most important player in terms of NFI distribution, reaching more than 14,000 households as of 16 October. A questionnaire [<Click here for the attachment>](#) developed to measure “customer satisfaction” with the items received, shows that the essential NFI kit as currently established reflects needs, no additions are needed and people are most satisfied with tarpaulins and blankets.



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Assessments are now focusing on early/longer-term recovery and shelter. Focus group sessions are being held in a number of communities in Amuria and Katakwi, led by the URCS early recovery counterpart along with FACT members, and with very active community participation (in some communities, more than 300 people are involved – a majority of whom are women). These assessments are continuing this week – and being followed-up by URCS volunteer teams for beneficiary identification and registration. As a result of these assessments, a food security component will be implemented, consisting of distribution of a variety of appropriate seeds to 20,000 households. The aim is to complete this by mid November, in time for planting.

Normal coordination within clusters is ongoing. This is becoming especially challenging as new players are now entering the field, establishing themselves in areas already allocated to URCS. It must be noted that many of these organizations are not providing the full NFI package as agreed yet some are reporting an area as “covered”, even after only distributing blankets to selected members of a given camp.

In the area of water purification, Population Services International (PSI) and the Red Cross are working closely with regards distribution of sage water kits. PSI distributions are complementing URCS NFI distributions in many areas, thereby enabling the Red Cross to target more areas and households than originally envisioned for water purification.

The KRCS mobile health care clinic will exit at the end of October. URCS will treat as many patients as possible during this period, with support from Ministry of Health (MoH) personnel. To ensure a smooth exit, the FACT health team member has extended her mission until the first week of November.

The IT/Telecom Emergency Response Unit (ERU) has now received all of its equipment and is actively installing HF and VHF radio networks covering the operational area, under tighter than anticipated deadlines. Other IT support is being provided to URCS headquarters and other regional URCS branches in the operational area.

The KRCS team and most FACT members will be leaving by the end of the coming week. The KRCS water treatment plants will remain as contingency reserve for the duration of the operation, as will the M6 trucks. The teams are working closely with their URCS colleagues in the field to transfer knowledge, to set up operational systems and to ensure a smooth transition. URCS field operational staff and volunteers have been working non-stop since before the appeal was launched, and there continues to be a need to reinforce field operations, most particularly in the areas of WatSan, shelter and air operations. There is also the need to integrate URCS health personnel into the mobile clinic operations. URCS is working on possible rotation of staff from other branches.

Movement partners continue to work in close cooperation to ensure that activities undertaken as part of the emergency response are complementary and well coordinated. The URCS Deputy Secretary General joined the operations in Soroti over the past week, to further enhance internal coordination and to ensure that the necessary structures are in place to continue meeting operational objectives.

Red Cross and Red Crescent action

Emergency relief (basic non-food items)

Objective 1.1: To provide emergency shelter and essential household items to at least 20,000 vulnerable households.

Progress

The pace of distribution has picked up considerably – with road access into Katakwi re-established – and distribution capacity reinforced with the arrival of the two long-awaited UN MI8-MTV helicopters at the end of the previous week. As a result, the Red Cross continued to distribute by road and air, the latter to the more remote and difficult to access communities in Katakwi. Additional warehousing with storage capacity of up to 1,000 households has now also been established in Katakwi, in case road access is cut once again and to enable a two-pronged distribution plan: by road to both Amuria and Katakwi (from Soroti and directly from Katakwi) and by air to Katakwi.

Table 1: Red Cross NFI relief distribution (as of 16 October for Amuria, 15 October for Katakwi and 9 October for Soroti)

District	Buckets	Blankets	LLITNs	Tarps	Jerry cans	Soap	Kitchen sets ²	Water purification sachets
Amuria	3,000	11,108	9,613	9,575	7,962	26,067	1415	128,220
Katakwi	1,390	4,179	3,808	3,067	2,020	8,695	493	29580
Soroti		4,130	3,418	2,421	3,234	3,133	1,709	
Total Distributed	4,390	19,417	16,839	15,063	13,216	37,895	3,617	157,800
Total Planned	20,000	60,000	40,000	40,000	40,000	60,000	-	1,250,000

Unstable road conditions might affect the plan to complete distribution of NFI to all 20,000 targeted households by early November. As of 22 October, a total of 14,146 households had been reached. This figure does not include distributions carried out by URCS in Kumi district, as the implementing partner for UNICEF.

² An additional 1,068 households in Amuria and 596 households in Katakwi received kitchen items from the UNICEF kit (1 ladle, 4 spoons, 4 forks, 4 plates, 4 cups and 1 knife). This differs from the ICRC and Federation family kits and has therefore not been included in the total.

Capacity building and on-the-job-training with relief teams has been successfully completed, and the URCS team of loaders for helicopter distributions has proved to be very effective, working smoothly under tight rotation schedules.

The FACT relief delegate departed on 16 October while the KRCS relief team is scheduled to leave on 30 October. FACT Logistics functions were handed over to a longer term delegate and URCS counterparts. It has been recommended that two URCS counterparts for helicopter operations be recruited: one for planning and one as team leader for the loaders (until now these functions have been assumed by the URCS head of emergency relief operations). While the weather continues to improve and road access expands, the emphasis on truck deliveries will increase. However, given the unpredictability of the weather it would not be wise to abandon contingency planning for helicopter lifts.

All items required for the planned NFI distribution to 20,000 households have been procured and are currently being mobilized by suppliers. Of this, more than 80 per cent has been received and transported to the field operations base in Soroti by local and regional suppliers. In addition, procurement for the early recovery food security component of the operation has been initiated as a matter of urgency given that seeds will have to be distributed in early November, in time for the planting season.

A detailed mobilization table is updated regularly on the Federation's Disaster Management Information System (DMIS). Local procurement is being conducted by URCS based on a cash transfer system, according to URCS and Federation procurement procedures. Security lighting is being installed at the various warehouse locations.

Constraints

- There was an unexpected week-long delay in clearing IT and telecoms equipment for the ERU through customs. This problem has now been resolved; however it had delayed the planned installation of the radio network. The installation has now been completed and the team plans to return to Amuria to set up more equipment.
- Other organizations (such as WFP) also require the available helicopter capacity.
- Custom clearance issues.
- IT constraints on URCS logistics (internet connection).

Health and Care

Objective 2.1: To contribute to improved health status, health awareness, and reduced incidence of water-borne and vector transmitted diseases among at least 20,000 households.

Progress

The 45 PHAST trainers have been disseminating hygiene messages in their respective villages, cascading information into the affected communities in Katakwi and Amuria districts. Discussions are ongoing concerning the most appropriate type of latrines to be constructed. Meanwhile, the WatSan team will focus on providing basic hygiene promotion. Additionally, a team of eight volunteer promoters is working alongside the distribution teams to disseminate key health and hygiene messages to beneficiaries prior to the distribution of NFI. They will focus particularly on the proper use of LLITNs and water purification kits. The information, education and communication (IEC) material relating to cholera and malaria prevention has been printed and is also being used in the promotion.

A total of 500,000 water purification sachets and 625,000 water purification tablets have now been delivered to Soroti. As from 15 October, these items are being included in the essential relief distributions to all targeted communities with gaps being back-filled in communities which have already been covered by NFI distribution. The current target, based on available stock and funding, is to provide all 20,000householdss with the necessary water purification sachets/tablets

for a period of one month (jerry cans and buckets form part of the essential NFI package – see Objective 1.1).

The water treatment plant from KRCS has been operational in Amaseniko (Amuria) from 26 September. A total of 121,000 litre of water has been trucked from the source, with 139,000 litres purified and consumed to date. The plant, together with the second one, will remain in reserve at Soroti, as a contingency in case of a serious waterborne disease outbreak. On 15 October, the Ugandan Minister for Water visited the water treatment plant to see how the Red Cross was serving the community by delivering safe water.

The distribution of household water treatment (HHWT) chemicals is ongoing and to date some 285,000 sachets of HHWT chemicals and some 44,000 HHWT tablets have been distributed in Amurai and Katakwi. Assessment teams have been sent out to establish the suitability of the two different types of products in relation to efficiency and cost.

A replacement FACT WatSan delegate arrived in Soroti on 16 October to follow-up on emergency latrine installation and ongoing activities as per the Appeal plan. The Red Cross is working in close collaboration with the German organization, *Technisches Hilfswerk* (THW or Federal Agency for Technical Relief), which has taken the lead on water testing and mapping within the UN Cluster. Information on water contamination is being shared, and URCS relief teams are using the opportunity provided by distributions to collect water samples whenever possible and appropriate, to supplement and consolidate data collection in this area.

Impact

- PHAST trainees report greater awareness of the transmission routes for the most common killer diseases, such as diarrhoea, and how to prevent these.
- Consumption of water from the treatment plant continues to increase; on average, 10,000 litres of purified water are distributed daily. The water treatment plant has ensured that communities have access to safe drinking water.

Constraints

- Lack of baseline data on sanitation and water contamination.
- Procurement and delivery of water purifications sachets/tablets was not completed early enough until well into overall NFI distribution.

Objective 2.2: To reduce exposure to and risk of contracting malaria.

Progress

Insecticide-treated mosquito nets have been distributed to some 14,000 households on the basis of two per household (as reflected by relief distributions - see Objective 1.1). This is being followed up with information, education and communications (IEC) campaigns. Reports from the field and through the mobile health clinic continue to indicate a worrying rise in the rate of malaria.

Impact

- The ongoing distribution of ITNs shall contribute to reducing the spread of malaria.

Constraints

- The rate of malaria is reported to be on the rise, particularly amongst children.
- There is a lack of reliable baseline data.
- Road access to certain areas still remains a big challenge.

Objective 2.3: To provide life-saving first aid to selected health centres and schools in the affected communities.

Progress

There have been no outbreaks of disease reported to date, although the incidence of malaria remains quite high.

During its first three weeks of operation, the KRCS mobile health clinic attended to 5,547 patients from 10 villages in Amuria District.

Table 2: People reached by the mobile health clinic (30 September to 20 October)

Registered	< 5 years		> 5 years		Total
	Female	Male	Female	Male	
Malaria	785	397	812	550	2,544
Diarrhoeal Diseases	91	92	33	33	249
Pneumonia	4	7	4	1	16
Other Respiratory Disease	122	135	280	216	753
Anaemia	1	0	2	7	10
Dysentery	14	12	30	16	72
Intestinal Worms	89	113	134	92	428
STI	4	2	123	37	166
UTI	7	6	39	27	79
Eye Infections	13	9	10	12	44
Ear Infections	10	18	13	11	52
Bilharzia	0	5	1	0	1
Malnutrition	5	5	0	0	10
Dis. Of Circulatory System	0	0	23	12	35
Dis. Of blood and blood forming system	0	0	4	2	6
Dental Disorder	1	1	9	3	14
Skin Diseases	51	51	65	62	229
Rheumatism, Joint Pain	0	0	116	97	213
Burns	0	0	0	0	1
Bites	0	0	0	1	1
Accidents, Fractures	0	0	1	8	9
TB	0	0	2	0	1
Sore throat	0	0	2	0	2
Rheumatic Fever	0	0	2	1	3
Gastritis/Peptic Ulcer	28	12	44	43	127
MCH Antenatal and Postnatal Care	0	0	155	7	162
All Other Diseases	10	7	100	91	208
Re-attendances	0	0	3	3	6
Referrals In	0	0	2	0	2
Referrals Out	8	4	28	49	89
No abnormal findings	4	1	6	4	15
Totals	1,248	873	2,041	1,385	5,547

The disease pattern remains the same as that noted during the previous week: some 45 per cent of those treated are suffering from malaria, 13 from respiratory tract infections, 7 per cent from intestinal worms, and 4 per cent from diarrhoeal diseases. Of these, a majority are children. Health education is conducted as soon as people turn-up for registration, and prior to consultation with the doctor.

There continues to be close coordination with local authorities and other agencies. Red Cross field operations in Amuria are being implemented in contact with the office of the Director of District Health Services (DDHS). At Soroti level, the Red Cross participates in the health cluster meetings and maintains regular contact with other agencies, particularly UN Office for the Coordination of Humanitarian Affairs (OCHA) and WHO.

Impact

- The mobile clinic continues to contribute to the prevention of a major disease outbreak through treatment and health education. However, it is too early to measure the comprehensive impact of health activities.

Constraints

- The muddy conditions, poor sanitation and lack of clean, safe water means that even those getting treatment remain highly susceptible to re-infection and the need for additional medical attention.
- There will be a gap in medical personnel once KRCS staff leaves. However URCS replacements have been recruited.
- There is a lack of baseline data for disease profiling purposes.
- There continues to be a great and chronic gap in the medical infrastructure and medicines available in the area.

Recovery and rehabilitation

Objective 3.1: To assess, plan and implement early recovery activities together with the affected communities and key local, national and international stakeholders.

Progress

Both the shelter and FACT delegates have been conducting assessments, interviewing key actors and developing feasible plans for the short and medium-term. The URCS and the FACT early recovery delegate have been working in close cooperation to build on existing programming in the area of food security.

Assessments and identification of the most vulnerable communities for targeted seed distributions has been completed in Amuria district, and will also be completed by the end of the week in Katakwi. Six focus group discussions were held, with the active participation of community members from 10 parishes in Amuria. Community response confirms the information received from district leaders as to the optimum type of seeds and timing for planting during the current season. As a result of these consultations, 12,000 households in 11 parishes of three sub-counties in Amuria have been identified for seed distributions scheduled to be completed by the first week in November. Targets for Katakwi were also identified by the end of last week, with the aim of meeting the same schedule of distribution. URCS volunteers are now analyzing the data and refining the selection criteria to ensure that the target of 20,000 most affected households for food security purposes is attained.

Distribution into Amuria and Katakwi began on 22 October and is planned to be completed in both districts by the end of the month thereby ensuring that beneficiary communities are able to plant by early November.

The shelter component continues to work in parallel with the early recovery assessment team on a community-based approach – looking at mid-term activities - once the ground has dried sufficiently, the rainy season has ended and communities have begun to rebuild their damaged and destroyed dwellings.

The project is being undertaken on three different levels:

- Consultation of district leaders together with the District Disaster Preparedness Coordinator (DDPC).
- Discussions with sub-county chiefs in order to coordinate development of the programme and to identify the most affected/vulnerable parishes for shelter purposes (in most cases, these are largely expected to coincide with communities targeted for seed distribution).
- Finally, at parish and village levels, identification of problems and solutions directly with local communities to foster ownership of the programme, in coordination with URCS.

A rapid assessment questionnaire has been developed to identify the needs of the people in the different areas and to understand the existing process of self-recovery on shelter issues. Based on information collected to date, it is worth noting that many people already have a deep understanding of the situation, but could benefit from additional guidance (particularly with regards to locally-relevant building techniques, camp management, community planning for water and sanitation and overall camp lay-out) in order to avoid similar problems from recurring in the future.

As reconstruction is not expected to start before December and NFI distributions will be finished in November, the volunteers have time to get community-based training. The whole idea is a bottom-top approach to ensure community participation and sensitization. The mode of intervention is a recovery-shelter programme with a main objective of strengthening the capacity of the communities on three different levels: camp planning, durable building techniques and sustainable water and sanitation. Currently, the most affected sub-counties and parishes are in the process of being identified

Constraints

- In the areas of intervention (Amuria and Katakwi), there are double displacements: due to the floods and due to the insecurity in the region (medium to long-term IDPs). Each area will be tackled differently as some of the affected people are in a return process while others are remaining.
- A number of the most affected communities are medium to long-term IDPs in the process of beginning to resettle back into their villages of origin. Their situation remains unstable and precarious.
- Identification of volunteers is ongoing and there will be a need of more volunteers on a mid-term time frame.

Capacity Building

Objective 4.1: To prepare for effective, timely and appropriate monitoring and response to emergencies and vulnerabilities.

Disaster Preparedness and Response

There is a clear desire to build URCS's capacity in needs assessment and information management. Lessons learned and the overall outcome from the current emergency operation will be fed into the National Society's long-term programming in disaster preparedness. In addition, the Appeal budget allows for procurement of emergency stocks for 5,000 households. The procurement of 200 volunteer kits has been completed by URCS.

Logistics

Coordination and training with URCS is ongoing in all aspects of logistics. URCS warehouse capacity continues to be reinforced in the areas of warehouse administration and management, particularly for the new warehousing facilities established in Katakwi. A logistics delegate arrived in the country on 18 October to replace the FACT logistics member who has since left.

IT & Telecommunications

The IT equipment brought by the Danish/American Red Cross ERU was not cleared by customs for one week. Although this delayed a number of the planned installation activities, the radio installation in Katakwi is now nearing completion with a full functioning HF base station at the location. A radio network is being installed in branches located in the area of field operations, with the participation of a radio operator from URCS headquarters in Kampala. Furthermore, a shared radio frequency has been agreed with UN, thereby increasing security for people in the field. The Danish Red Cross ERU telecoms team distributed 40 VHF radios and has carried out training on their use.

Reporting

A pilot project for community-based reporting has been established to capture information and reactions directly from beneficiary communities. A contract has been agreed with a young volunteer from one of the main IDP camps in Amuria to provide short articles on flood and relief-related developments from the community's perspective.

The FACT reporting team member left on 18 October and has been replaced by a URCS reporting officer based in Soroti. The officer is being supported by the Federation finance and reporting consultant based in Kampala.

Coordination and partnerships

At the field level, Federation activities are coordinated through lead members of the URCS, KRCS and FACT, all based in Soroti. Meetings are held each morning to update sector teams on progress.

With the departure of many FACT members and the imminent departure of KRCS teams, key URCS operations staff members are assuming sole responsibility for Red Cross participation in the various coordination meetings, on top of their ongoing operational tasks. The field operations team will be reinforced during the coming weeks with a core Federation support team, to assist with the operations and to continue the close working relationship established with URCS counterparts.

URCS continues to take the lead in coordination. The Task Force on Floods chaired by the URCS meets on a regular basis in Kampala. The URCS Deputy Secretary General visited field operations during the previous week in order to ensure close and coordinated back-up from the headquarters. Coordination is also being ensured with local authorities and relevant government ministries.

Communications- Advocacy and public information

The URCS has been pro-active in its media relations, initiating press conferences on a regular basis in order to update the public on developments, needs and to promote fundraising activities. The National Society has been actively meeting with private sector entities and others, such as embassies, to share information and raise funds. Visibility is being ensured in the field, through URCS tabards, caps and T-shirts.

How we work

All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the National Society profile, please access the Federation's website at <http://www.ifrc.org>

The International Federation's activities are carried out under its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

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[<Questionnaire below, Click here to return to the title page>](#)

ANNEX: Summary of field-assessments
FLOODS UGANDA: community assessment 3 Subcountys Katakwi

KATAKWI: Ngariam, Morogo, Ongongoja			
QUESTIONS/camps-villages	Katakwi, Ngariam, Palam Camp	Katakwi, Magoro, Magoro centre	Katakwi, Ongongoja, Obwobwo
1 How many huts does an average household have in the village? What is the approximate size of land a HH owns?	4 huts in the village (kitchen, storage, kids and parents)	4 huts in the village (kitchen/storage, children, wife and himself)	In the village they would be having 4 (kitchen, storage, sleeping for parents and children). The camp leader would have 4.
2 How many huts does an average household have in the camp?	max 3 huts (storage, kids and parents). Probably because the camp is not so congested and there is room to build more huts.	2-3 huts (kitchen, children and parents)	In the camp only 2 or 1 (children/parents)
3 What is the reason that they are living in the camp for the moment? Do they live in both places?	The live in the camps because of the Karamajong attacks. Another man said he lives in the village because the camp is in his village. There are people living in the camps also due to the floods (those living close to the camp).	both due to the floods and the Karamajong, but main reason is the Karamajong. They cultivate the land at the village and come back to the camp for sleeping purposes. Some are permanently living in the camps.	Karamajong, LRA insurgency and floods were the main issues of coming to the camps. Some are expecting to move back to their villages if the floods stop and security is provided. Few have returned as their village is close to the camp.
4 What is the extent of damage in the houses (collapsed, wet bricks, wet floor, partially damaged,...)	Some house have collapsed. This is because of the use of unburnt mud-blocks which is much weaker than wattle and daub.	Some are fully collapsed. The buildings in the village are better as they build in the village with confidence as it's their own land (they use hard wood)	The floors are wet, some have collapsed, the bricks are wet, some are partially collapsed.
5 When do they think they will start reconstruction? And Why?	When the water reduces (December to January).	When the rain stops and the thatching grass is ready for the harvest. They will change their habbit and build better in the camps as they know they will be there for some more time.	They would start to being reconstruction in the month of November/December on higher ground. They want to make burnt bricks but need tarpaulins for covering during the rainy days.
6 What kind of sanitation systems are being used in the camps?	They don't have latrines and use the bushes. Some use the latrines from the nearby school which are waterlogged. Some said they are willing to dig latrines and use transportable latrines.	They go the bush and the remaining toilets are few. For the moment 80% is using the bush as to normally only 10%. Only This was because the people have fear of the toilets, the smell and the laziness. 5-7 have individual latrines.	Some people don't have toilets due to laziness and some say due to the lack of tools. Some pit-latrines have been devastated by the floods.
7 What kind of sanitation systems are being used in the villages?	latrines and bush because there is more land available there.	latrines and bush because there is more land available there.	latrines and bush because there is more land available there.
8 What have they learned from the floods regarding housing? What can be improved and with which methods?	Use wattle and daub traditional method. Use DPC in building of the houses.	Use the wattle and daub method, use of cement and use fo burnt bricks as in Amuria and Gulu.	Burnt bricks would be good for the foundation level, DPC would protect the foundation level and rebuild the house on high elevated land. Using the traditional system of wattle and daub is perceived as much stronger.
9 What is the major problem in the camps? Are there any suggestions to solve the problems?	Diseases, need blankets, soap and nets and there is a huge food shortage.	Deseases, food shortage and health services are low.	There are many mosquito's due to the location of swamps next to the camp. Food shortage. Lack of medicins, deseases, water shortage, most children take bad habits over from some individuals (indisciplined). People need sensitization and tools and slabs should be provided for pit-latrines. Financial assistance is also necessary.
10 What is the biggest problem during the construction? What materials and tools are necessary?	Axes, pangas, hoes, pick axes, slashers, rakes and sickles.	Pangas, slabs, axes, hoes and pix axes.	Tools are needed: pangas, axes, hoes, pickaxes and sickles. Some were talking of iron sheets. Water containers (jerry cans) and saucepans would also be useful.
11 Which tools are lacking?	Not really answered	Not really answered.	Not really answered.
12 Extra's			

ANNEX: Summary of field-assessments
FLOODS UGANDA: community assessment 3 Subcountys Amuria

AMURIA: Kapelebyong, Acowa and Obalanga			
QUESTIONS/camps-villages	Amuria Kapelebyong main	Amuria Acowa Akoromit	Amuria Obalanga Amootom
1 How many huts does an average household have in the village? What is the approximate size of land a HH owns?	No-information as shelter-person was not present. BUT in general it was mentioned that the situation in Kapelebyong is much worse than Acowa due to the still remaining insecurity with Karamajong attacks.	In-between 3-6 huts per household.	Most people have in-between 4-6 huts in the camps (kitchen, storage, sleeping parents, sleeping girls and sleeping boys). In the village they own on average 3 acres.
2 How many huts does an average household have in the camp?	No-information as shelter-person was not present.	Not everybody has a hut in the camp as they don't live there permanently. Some people are staying in the schools at SC level.	Most people have around 3 huts in the village (storage, sleeping parents, sleeping children). In the camp, communal land is used for agricultural purpose.
3 What is the reason that they are living in the camp for the moment? Do they live in both places?	No-information as shelter-person was not present.	They moved to the camp due to the floods and the camp is on higher elevated ground.	(since 2000) The major reason for the existence of the camps was the LRA. Due to the threat of LRA gone, many people moved back. The majority moved back due to the floods (a minority still stays for the insecurity due to the Karamajong). The closer the house is to the camp, the quicker they move back. They often go to work at the village and come back to sleep.
4 What is the extent of damage in the houses (collapsed, wet bricks, wet floor, partially damaged,...)	No-information as shelter-person was not present.	Some of the houses have collapsed and some are partially collapsed. They are using unburnt bricks. The system of locally mudmade houses (wattle and daub) is exceptional.	One family mentioned, one collapsed and two remained but with some cracked walls.
5 When do they think they will start reconstruction? And Why?	No-information as shelter-person was not present.	As soon as the water retreats and the ground isn't wet any more (so probably December-January). Waiting for thatch for roof to be ready. Both partially and fully damaged houses will reconstruct their houses from scratch.	When the dry season arrives (same answer as before). Some say end of November, some say December.
6 What kind of sanitation systems are being used in the camps?	No-information as shelter-person was not present.	No information.	The toilets are waterlogged, most people use the bush (cat-method). When they dig for pit-latrines, water is immediately there. AND use of mobile toilets.
7 What kind of sanitation systems are being used in the villages?	No-information as shelter-person was not present.	No information.	see question 6.
8 What have they learned from the floods regarding housing? What can be improved and with which methods?	No-information as shelter-person was not present.	The 'lost' wattle and daub method (traditional) is much more flood-resistant and so are unburnt bricks. They were promised iron sheets from the government. A DPC sheet would help protect the foundation.	They want to use the wattle and daub method as it is perceived as much stronger. Also raising the area inside and outside of the house would help. Use of DPC was suggested. Iron sheets would be useful (as they are fire-resistant against KARAMAJONG attacks).
9 What is the major problem in the camps? Are there any suggestions to solve the problems?	No-information as shelter-person was not present.	No information.	No information.
10 What is the biggest problem during the construction? What materials and tools are necessary?	No-information as shelter-person was not present.	Not everybody has sickles. Pangas and axes are also necessary.	Axes, sickles and iron sheets for protection against Karamajong. It will be difficult because the ground will be hard to mould the clay. They will need grass, logs and labour from the family.
11 Which tools are lacking?	No-information as shelter-person was not present.	No information.	see question 11
12 Extra's			