The Emergency Response Fund (ERF) completed its first full operational year in Uganda in 2010. A rapid response mechanism for new emergencies, it was a welcome tool for the humanitarian community when first launched in 2009. It has provided funding for response to emergencies that are normally not covered by the humanitarian communities’ regular budget. These are related to disasters such as flooding, drought and epidemics, emergencies that unfortunately happen too often in Uganda with too many casualties.

In 2010, the ERF facilitated much needed response to some of the most urgent emergencies in Uganda. The cholera outbreak in Karamoja was one of them. Three projects received funding to prevent further spread of the disease and to care for the victims. I am pleased to note that the contributions made by the ERF to the response were highly effective, and contributed to putting an end to this emergency by the end of the year.

In addition, the ERF funded three projects to support the victims of the flooding and subsequent water logging in Teso sub-region. Although these projects are to be ended in 2011, preliminary results are promising. The implementing organizations have gone to great lengths to ensure that people in need have access to safe drinking water, secure latrines and essential non-food items such as mosquito nets.

As is now widely known, OCHA will close its office in Uganda by the end of 2011. Simultaneously, the ERF will also be closed, with activities scaling during the year.

With the closing of the ERF and the general decrease in humanitarian programming, resources are not readily available for emergency response at community level. The gap filled by the ERF - response to small-scale emergencies that would normally go unnoticed but even so signify a major disaster for already marginalized individuals, families and communities - must now be addressed by other actors.

OCHA, as the administrator of the ERF, will during 2011 focus on disaster preparedness. Other humanitarian and development partners are doing the same, and these efforts are critical in order to ensure that communities and local and national authorities can strengthen resilience and be better prepared when disaster strikes. It is by investing in disaster risk reduction that the need for a rapid response funding tool like the ERF can be obviated.

I therefore expect disaster preparedness activities to continue to be highlighted in project design and implementation. Added to this, I would like to extend an appeal to donors – both in general and to those that have funded the ERF in particular. A greater focus on disaster risk reduction at all levels is a solid investment and will significantly reduce the impact of disasters on life and livelihoods. Disaster risk reduction is a development challenge, and development partners should keep it at the core of their activities.

Central to disasters risk reduction is capacity-building. One of the prerequisites for the projects funded by the ERF is the ability to work with local authorities, as it will enable the latter to provide the adequate response without any outside support in the future.

An indirect consequence of the ERF is its ability to strengthen coordination. ERF grant recipients do not work in a vacuum, but need to take other stakeholders into account, be it the target population itself, other organizations working in the area, or local authorities.

I hope that the ERF continues to install this culture of coordination throughout its remaining life span in Uganda and beyond, and that other actors stand ready to take on the challenge to make the ERF a mechanism that will not be missed when closed.

Theophane Niyema
Humanitarian Coordinator
Uganda
Executive Summary

The humanitarian situation continued to improve in Uganda in 2010. In Acholi and Teso regions, some 92% of the formerly 1.8 million displaced people have returned home or identified new villages within which to settle. Challenges remain to allow those still residing in camps and/or transit camps to freely opt for return, local integration or settlement elsewhere as provided for by the Uganda National Internally Displaced People (IDP) Policy and to ensure the achievement of durable solutions. For those who have left the camps and returned, reintegration is still an ongoing and fragile process that will need time and support in order to consolidate and achieve durable solutions. Inadequate access to water, scarce livelihoods opportunities, food insecurity, remote health and educational services and insufficient law and order structures in areas of return, as well as disputes over land and property continue to be significant challenges.

In the impoverished Karamoja region, improvements have been registered in the overall food security condition as a result of relatively favourable rainfall in 2010. However, food security remains extremely fragile due to crop pests and diseases that affected crop yields in some areas, as well as livestock diseases (CCPP – Contagious Caprine Pleuro Pneumonia). Concerns related to safety and security, human rights violations, as well as poor livelihoods opportunities continue to challenge the ongoing efforts to achieve sustainable solutions for the approximately 1.2 million people living in the region. In Western Uganda, 150,000 Sudanese, Congolese, Somali and Rwandan refugees live in camps and depend on continued humanitarian assistance until durable solutions can be found.

Disaster preparedness and response remain central to humanitarian concerns in Uganda. Across the country, natural disasters continued to pose serious threats to life and livelihoods, tragically demonstrated by the landslides and floods in Eastern (Bududa District) and Western Uganda (Kabale District) at the beginning of March 2010. In Bududa, more than 10,000 people were affected and some 300 died as a result of the landslides. Heavy rains also affected Karamoja (in particular Nakapiripirit and Amudat districts) and Teso (Katakwi and Amuria districts) causing flooding and severe water logging which seriously affected crop yields. Vulnerability to epidemic and epizootic disease outbreaks also remains worrying. A Cholera epidemic since April 2010 has hit four Karamoja districts, infecting 1,419 people and killing 34 as of November. Additionally, Karamoja has been affected by outbreaks of Hepatitis E (540 cases and 15 deaths) since August 2009 and of goat plague (Contagious Caprine Pleuro Pneumonia) in Abim District resulting in the death of at least 2,400 goats since September 2010. Despite being declared free of the virus in 2006, Uganda has suffered two consecutive outbreaks of polio in the last two years – in the northern district of Amuru in 2009 and in the eastern district of Bugiri in October 2010. Animal health is also of serious concern, particularly in those areas where livestock constitutes the sole pillar of the communities’ livelihoods. Goat plague in Abim District resulted in the death of at least 2,400 goats since September 2010.

As the result of climate change and environmental degradation due to human activity, drought has had the largest impact on life and livelihoods in Uganda over the past quarter of a century. Since 1982, at least six drought events affected in excess of 500,000 people each; at times affecting over 700,000 people. The chronic nature of food insecurity in Karamoja is largely attributable to this hazard. A multi-sectoral approach should be encouraged for a better risk assessment and planning in a coordinated manner.

The ERF has been an important tool for humanitarian actors to respond to some of the most urgent new emergencies in 2010. Six projects received funding in 2010: the Uganda Red Cross, Caritas Kotido and Action against Hunger (ACF) responded to the cholera outbreak in Karamoja sub-region, the Lutheran World Federation (LWF), Arbeiter Samariter Bund (ASB) and Concern Worldwide responded to the water logging emergency in Teso sub-region. While the three cholera-related projects were finalized in 2010, the projects responding to water logging were still ongoing as of the publication of this report.

As the administrator of the ERF, OCHA receives the project proposals and carries out initial screening of the projects. A system has been put in place in order to ensure that projects recommended for approval hold the highest standards. In this process, OCHA counts on the technical review board along with the project proposal. Three additional projects were submitted to the ERF and did not receive funding, as they did not comply with the guidelines of the Fund.
Country Map
Information on Contributors

The ERF Uganda received contributions totaling $949,968 from four donors in 2010. The donors were Ireland, The Netherlands, Norway and Sweden. No further funding for the ERF will be sought in 2011, since the Fund will cease to exist in Uganda by the end of the year.
Fund Overview

Summary of ERF Allocations in 2010

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>237,180</td>
<td>0</td>
<td>237,180</td>
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</table>

Disbursed ERF funds by partner type in US$

<table>
<thead>
<tr>
<th>UN Agencies</th>
<th>N/A*</th>
</tr>
</thead>
<tbody>
<tr>
<td>International NGOs</td>
<td>518,821</td>
</tr>
<tr>
<td>National NGOs</td>
<td>173,206</td>
</tr>
<tr>
<td>Total</td>
<td>692,027</td>
</tr>
</tbody>
</table>

Disbursed ERF funds by project type in US$

<table>
<thead>
<tr>
<th>Emergency response</th>
<th>692,027</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparedness</td>
<td>N/A*</td>
</tr>
<tr>
<td>Innovative (if any)</td>
<td>N/A*</td>
</tr>
<tr>
<td>Total</td>
<td>629,027</td>
</tr>
</tbody>
</table>

* The ERF in Uganda does not permit UN agencies to apply for funding. Likewise, it does not support preparedness activities or innovative projects, but only rapid response to new emergencies.
Results of ERF Projects per sector**

Overview of health

<table>
<thead>
<tr>
<th>Number of projects</th>
<th>Budget in US$</th>
<th>Implementing agencies</th>
<th>Geographic Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>124,088</td>
<td>Caritas</td>
<td>Kotido district, Karamoja sub-region</td>
</tr>
</tbody>
</table>

Outcomes

- 1,100 people directly, 7,700 indirectly
- Gender consideration: More men were beneficiaries of the project since animal herding exposed them to cholera. Household items were distributed to the most vulnerable women.
- 561 cholera cases treated
- 450 patients provided with non-food items (NFIs)
- One borehole repaired
- 70 health workers trained in cholera case management
- Reporting surveillance system strengthened
- ERF's added value to the project: Strengthened rapid response in the health sector resulted in a decrease in cholera cases

Overview of water, sanitation and hygiene (WASH)

<table>
<thead>
<tr>
<th>Number of projects</th>
<th>Budget in US$</th>
<th>Implementing agencies</th>
<th>Geographic Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>149,118</td>
<td>Uganda Red Cross Society (URCS), Action against Hunger (ACF)</td>
<td>Kotido, Moroto and Napak districts, Karamoja sub-region</td>
</tr>
</tbody>
</table>

Outcomes

- 136,950 people targeted
- Jerry cans distributed to women for easier transport of water. Women and men equally represented in water committees
- 26 trained hygiene promoters reached 24,500 people in 25 affected villages
- 113,240 water purification tablets, 8,043 Jerry cans, 5,122 bars of laundry soap, 40 latrine digging kits and 150 hand washing facilities distributed
- 15,000 people reached through hygiene promotion campaigns
- ERF's added value to the project: Rapid response to an emergency that otherwise could have been ignored

** These tables outline projects finalized in 2010, and therefore do not include funds disbursed for projects not yet finalized.
Summary and analysis of achievements

While the humanitarian situation in Uganda has improved in recent years, potential hazards remain – threats of drought, floods, disease outbreak, and displacement – which may require an urgent and immediate response. As the humanitarian community continued to scale down its capacity, the creation of an ERF was a prudent step to ensure a modest ready financial capacity that could strengthen response to new emergencies.

Established in June 2009, the Emergency Response Fund (ERF) Uganda supports rapid response at the onset of a new emergency. It supports interventions aimed at saving lives and/or preventing further erosion of livelihood assets or coping mechanisms of affected communities. The Fund is not intended as the exclusive source of funding toward a new emergency, but rather to ensure that a modest financial capacity is available to help kickstart a more comprehensive response. It is particularly relevant for sudden-onset disasters, to which Uganda continues to be highly vulnerable, as demonstrated by the landslides in Bududa District in March 2010. Local and international NGOs already registered and active in Uganda are eligible to apply for ERF funding.

In 2010, the ERF was fully operational in Uganda. A screening process was established, with OCHA administering the Fund and ensuring that the submitted projects are of high quality before requesting technical input from the sector support leads. The Technical Review Board (TRB) makes the final recommendation to the HC to fund or not fund a project proposal.

The ERF responded to two emergencies in 2010, both through funding of three projects: Cholera in Karamoja sub-region and water logging in Teso sub-region.

Cholera broke out in Karamoja in April, and ACF, Caritas and Uganda Red Cross (URCS) submitted project proposals to respond to the epidemic. While Caritas primarily focused on health and care of infected people, the ACF and URCS projects had a stronger focus on prevention of further spread through hygiene promotion and case registration.

The three projects contributed to putting an end to the epidemic through establishment of Cholera Treatment Units (CTUs), hygiene campaigns and distribution of non-food items aimed at improving hygiene practices.

The activities have also had the added value of installing capacities in the community. Caritas trained 70 health workers in case management, superseding the project target in the process. ACF’s post-project assessment noted a clear decrease in people using dirty containers to fetch water (from 94% to 77%) and an increase of people washing hands after latrine use (from 18.6% to 45%). On a similar note, the number of children under five who suffered from diarrhoeal diseases within the last seven days of the project’s report was reduced from 8.6% to 1%.

The URCS project was essential in developing hygiene facilities in the project areas. At the start of the project, 14 latrines were in use in the two parishes of Loposa and Lokorok, while 65 were operational by the end of the project. Hand washing facilities increased from an initial 296 to 2,057. Equally impressive numbers were presented for drying racks (from 402 to 1,617), rubbish pits (from 284 to 1,702), drying lines (from 93 to 395) kitchens (from 954 to 2,285) and bathing shelters (from 237 to 1,015).

Although the projects contributed to curbing the cholera outbreak and in the process installed capacity that will reduce the risk or impact of future outbreaks, cultural practices remain the biggest challenge to preventing cholera and other diseases. Even though ACF registered improved hygiene practices in its post-project assessment, activities beyond the nature of a rapid response project must be implemented in order to build on these installed capacities and further promote the use of latrines and other good hygiene practices at community-level.

Three projects were initiated in 2010 as a response to the water logging in Teso sub-region. The projects, implemented by Arbeiter Samariter Bund (ASB), Concern Worldwide and Lutheran World Federation (LWF) are due to be finalized in 2011. Activities are being implemented in the worst-affected districts in Teso sub-region, and focus on distribution of non-food items, rehabilitation of boreholes and construction of latrines.
Project Monitoring

OCHA field offices are responsible for monitoring ERF projects. When projects are implemented in locations where OCHA has no field presence, the OCHA office in Kampala will undertake monitoring responsibility.

However, a formal system for project monitoring is yet to be developed. Thus far, monitoring has been ad hoc, and primarily through existing mechanisms for information-sharing and coordination. The OCHA field offices in Karamoja followed up the projects as part of their regular tasks and maintain regular contact with the respective organizations.

Project-related concerns and issues are reported to the ERF manager either through the weekly office reports or in separate correspondence.

Additionally, the OCHA Head of Office visited the Caritas project on one field trip.

As part of the support to the District Disaster Management Committees (DDMCs) and their sub-working groups, OCHA has tried to involve these institutions in monitoring and thus take more responsibility for projects implemented in their districts.

This is a logical step to take for the ERF, as all projects submitted are based on needs assessments that were coordinated (with OCHA support) within the framework of the DDMCs.

District engagement in monitoring is, however, a longer-term process and therefore not immediately ready for implementation and support during the short life-span of the ERF.
Gender Consideration

Gender equality programming can still be improved in the ERF. However, some examples on good practices have been shown by the implementing organizations.

ACF had gender as a selection criterion when establishing water source committees. At least three women should sit on the committee, as well as one disabled person. ACF also contracted two female pump mechanics to assist in the repair of hand pumps.

Additionally, rehabilitation of boreholes eased the burden on women since walking distances to fetch water were reduced. Women were also beneficiaries of jerry cans, which provided them with better equipment to carry water.

There is still room to strengthen gender equality programming in the ERF projects. The Interagency Standing Committee (IASC) Gender Marker is a great tool to help improve gender equality in ERF projects. However, since the ERF in Uganda will scale down in 2011 and subsequently close by the end of the year, it is deemed impracticable to implement the tool. Instead, efforts will be made to ensure that the implementing organizations further strengthen gender equality in their project and report on these results.
Conclusion

Uganda’s susceptibility to natural hazards remains high. These hazards include drought (Karamoja and Teso); flooding/water logging (Teso, South Karamoja); landslides (Elgon and Western Uganda); severe storms (Acholi, Teso and Karamoja); human and animal epidemic diseases (Karamoja and Acholi); food security-related hazards such as crop pests (Karamoja and Teso), and earthquakes (Western Uganda).

The ERF, while smaller than other OCHA managed pooled funds, has had a positive first full year as an operational fund. It contributed to reducing the case fatality rate of cholera in Karamoja and subsequently ended the epidemic. It also provided emergency relief items to the victims of water logging in Teso, an emergency that would have passed with minimum attention had it not been for resources provided by the ERF.

Although the ERF made a significant contribution to disaster response activities in 2010, the decision to scale down and eventually close the ERF by the end of 2011 has already been taken concomitantly with the closure of OCHA in Uganda. This means that activities carried out by the ERF will be significantly reduced, and no projects will be accepted after June 2011.

In line with OCHA’s transition strategy and reduced OCHA presence, OCHA will continue to perform the overall secretariat function for the management of the ERF on behalf of the HC/RC until the Fund’s closure at the end of 2011.

As mentioned above, Uganda is disaster-prone, and several disasters occurred during 2010. Some of these disasters were of a nature that the ERF could not respond to, given the limitations spelled out in the Fund’s guidelines. One of these is the small-scale but chronic hepatitis E outbreak in Kaabong District of Karamoja. These kinds of emergencies show that there are remaining humanitarian needs in Uganda, and that the ERF has not been capable of responding to all. The challenge for 2011 and beyond is how to address these humanitarian needs or even prevent them from escalating into greater humanitarian crises.

Climate change is likely to result in even more humanitarian challenges in the near future, and will probably lead to an increase in the frequency and intensity of hydro-meteorological disasters. This will impact on already vulnerable areas, such as Teso and Karamoja, sub-regions where ERF resources have already been deployed. Without a robust OCHA managed ERF to resort to in times of emergencies, other solutions should be sought.