



Oxfam

North Uganda Draft Public Health Strategy

GC Consultancy in association with Interface Consulting

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Table of Contents

Executive summary.....	5
1 Background and Scope.....	7
1.1 Introduction.....	7
1.2 Kitgum District – a brief overview.....	7
1.3 Methodology and fieldwork.....	8
2 Contextual analysis.....	10
2.1 Overview of the conflict and humanitarian situation.....	10
2.1.1 Background.....	10
2.1.2 Conflict and Security Analysis.....	10
2.1.3 Impact of the conflict on human security and development.....	12
2.1.4 The “Parish Approach” to return and resettlement.....	12
2.1.5 Population movement trends in Kitgum.....	13
2.2 Analysis of the Public Health situation.....	14
2.2.1 Health status.....	14
2.2.2 Water and sanitation coverage and issues.....	15
2.2.3 Health services – structure and delivery.....	17
2.2.4 Water and sanitation – structure and delivery.....	18
2.3 The Broader policy and resource environment.....	23
2.3.1 Government programmes and expenditure.....	23
2.3.2 The Peace Recovery and Development Plan (PRDP).....	24
2.3.3 The intentions of major donors and UN agencies.....	24

2.3.4	Coordination.....	25
3	Oxfam GB Role and programmes.....	27
3.1	History and scope of work in Uganda.....	27
3.2	Public Health Programme.....	27
3.2.1	Aim of the current programme	27
3.2.2	Planned outputs	28
3.2.3	Structure and organisation.....	29
3.2.4	Current skills and competency.....	29
3.3	Future plans and approaches.....	30
3.4	Perceptions of Oxfam in Kitgum.....	31
4	Key Issues	32
4.1	Priority needs	32
4.1.1	The need to build and sustain recovery and a sense of inclusion.....	32
4.1.2	The need for significant ongoing public health responses	32
4.1.3	The need for effective DRR and epidemic preparedness	33
4.2	Key Issues related to Oxfams approach and future role.....	33
4.2.1	The re-orientation of programme approaches.....	33
4.2.2	Programme integration and the adoption of a “one programme approach”	33
4.2.3	Continuity of programme management	34
4.2.4	The need to re-configure and develop the skills of the programme team.....	34
4.2.5	Gender aspects.....	34
4.2.6	The availability of resources	34
5	Recommended programme interventions for the next 3-5 years	35



5.1 Justification, scope and approach 35

5.2 Service Delivery (time period 0-2 years) 36

5.3 Capacity building and partnership (0-5 years) 38

Terms of Reference 42



Executive summary

Background

This document outlines a public health strategy for Oxfam's Kitgum programme. Its purpose is to outline forward programming options to support recovery and longer term development in the light of the changing security context in northern Uganda. It takes into account and forms linkages with the priorities identified in the Country National Change Strategy.

Method

The process to develop the strategy involved a mixture of desk review, stakeholder consultation and extensive field work in Kampala and Kitgum. Documents examined included Oxfam's proposals and reports, district reports and statistics, as well as national level policy documents and reports. Stakeholder consultation covered Oxfam's traditional donors, UN agencies, Government officials and District and sub-county staff as well as community focus group discussions. The expertise of Oxfam's staff was drawn upon throughout the process.

Findings

General

The following broad findings have been made:

- There is a pressing need to build and sustain recovery and therefore a sense of inclusion for the population in northern Uganda
- There are considerable unmet needs and ongoing risks to public health in Kitgum. These are associated with ongoing population movements, a lack of infrastructure and poor district capacity. Given the impact of poor health on rural poverty there is therefore a compelling case for ongoing public health programming.
- There is a need for more effective and mainstreamed Disaster Risk Reduction (DRR) and epidemic preparedness
- There are both short and long term capacity building needs of both District Government and other partners.

Oxfam specific

Key issues related to Oxfam's approach and future role include;

- Programme approaches need to be re-orientated from a humanitarian focus to recovery and development whilst maintaining some humanitarian response capacity. Key issues to consider include geographical coverage, staff skills, financial resources, and the balance between service delivery and capacity development
- There is a need to seize the opportunity to fully integrate the public health and livelihoods programme into a one programme approach
- Senior Management of the programme has to be long term

- Need to re-configure staff and further develop their skills and attitudes
- Approaches to gender, HIV/AIDs and advocacy need to be developed from Oxfam's experiences and should be embedded within all components of the programme
- Decisions about Oxfam's work need to consider the changing resourcing environment

Recommended programme interventions for the next 3-5 years

A mixture of ongoing service delivery and capacity building and partnership interventions are recommended. Some ongoing service delivery is essential due to the ongoing scale of unmet need during the recovery process. However this should be on a reducing scale and the current geographical scope of the programme should be revisited. All of the programme components proposed are linked to strategic propositions contained within the National Change Strategy.

Recommended service delivery components

- Ongoing delivery of water, sanitation and health promotion activities with a focus on return villages/sites
- Further development of effective management systems for motorized schemes prior to handover

Recommended capacity building and partnership interventions

- Maintenance and strengthening of disaster response and DRR capacity at District and sub county level
- Provision of surge capacity within the District Water Office to fulfill critical management, monitoring and implementation functions during the recovery period
- Technical support to the Office of the District Health Inspector to develop effective approaches to health promotion and hygiene and sanitation and to ensure the capture of lessons learned
- Development of effective partnerships at national and district level to increase voice, accountability and develop opportunities to influence policy.

1 Background and Scope

1.1 Introduction

The situation in northern Uganda has evolved significantly over the last 18 months following the signing of Cessation of Hostilities agreement between the Lord's Resistance Army (LRA) and the Government of Uganda (GoU). Significant numbers of displaced people have moved out of the main camps to "satellite" camps or to their villages of origin. While movement was expected it has been larger in scale than was envisaged.

Oxfam has had a public health programme in Kitgum since 2003. Its programming, to date, has been by necessity humanitarian in focus and reactive. However since January 2007 the programme has increasingly shifted away from a focus on interventions in the main camps to a mix of work in main camps, satellite camps and villages of return as the population has begun to move.

In recognition of the rapidly changing context, and as part of the Country Change Strategy process, the Oxfam country programme committed itself to reviewing its Public Health and Livelihoods strategy in North Uganda.

This strategy document provides a detailed contextual analysis of the current situation, identifies the key issues arising, and makes a series of recommendations for ongoing public health programming over the next 3-5 years.

1.2 Kitgum District – a brief overview

Kitgum District is in the Northern part of Uganda, situated between longitudes 32 degrees east and 34 degrees east. The district is bordered by the Republic of Sudan in the North, Kotido in the East, Pader District in the South and Gulu District in the West. Kitgum District was formerly consisting of 25 sub counties and Kitgum Town Council until the year 2001 when it was split into the present Kitgum District consisting of 2 counties, Lamwo and Chua County, 18 sub-counties and the Town Council. The population of the district is 283,546, according to the 2002 census (source UBOS).

Agriculture is the main economic activity with main food crops being millet, cassava, cow peas, potatoes, beans, Simsim and sunflower. Cash crops include cotton, sugar cane and Simsim. Cattle keeping was previously a mainstay of the Kitgum economy but large numbers of livestock were lost as a result of Karamajong raiding between 1986-1988 and livestock numbers are only now recovering slowly. Kitgum has been one of the districts most severely affected by the LRA conflict with over 90% of the population displaced in 2003.

1.3 Methodology and fieldwork

A mixture of desk review, stakeholder consultation and field work was used over a 40-day period in the development of this strategy.

- a) *Literature Review*: Documentation from ongoing programmes has provided an understanding of the current approach, scale and direction of activities. Information from broader Government and sector documents including the rural water Sector Investment Plan (SIP), and PRDP was reviewed. District based reports provided the bulk of the statistics and information on current district capacity and future intentions
- b) *Stakeholder consultation*: was carried out at four main levels
 - In-depth interviews with donors, Government and UN agencies
 - District level interviews of key public health personnel and UN agencies as well as with the Oxfam PH and livelihoods team.
 - Sub-county interviews with key public health personnel and leaders
 - In-depth focus group discussions were conducted with men and women from communities in seven out of the eight sub-counties Oxfam is currently working in. Participants were chosen based on varying criteria including: operational area for Oxfam (and absence of other actors); Hepatitis E affected area; return village; return camp; main camp
- c) Ten days were devoted to *field work* which consisted of visual assessment of water supply installations (motorized schemes, valley dams, and handpumps) and health centres and spot interviews with pump attendants. Discussions were also held with Oxfam staff and community members, in the sub-counties where focus group discussions were carried out.

Table 1-1 Summary of stakeholder consultation process

Stakeholder type		Organisation /Office	
National		Directorate of Water Development, Environmental Health Division , Office of the Prime Minister, UNICEF	
Donor		Danida, SIDA, Irish Aid, Netherlands Embassy, DFID, ECHO, European Commission	
District		District Water Office, District Health Office, District Health Inspector, District Vector Control Officer, District Planner, UNICEF, WHO	
Sub-county		Sub County Chief, Village Health Team, Oxfam Staff (Public Health Facilitator)	
Field work and field based consultation			
S/N	Sub county	Target Parish / location	Description and features
1.	Mucwini	Pubech; Larakaraka	Majority of the people still in this satellite camp, Oxfam carries out PH & livelihoods interventions at this location. Area focal point of Hepatitis E epidemic.
2.	Lokung	Lelapwort, Lelabul	Approximately 70% of the people have returned to Lelabul village. Other than WFP food distributions, no other agency operates in the Parish.
3.	Padibe East	Wangtit; Tadi South	Majority of the people have returned to Tadi south village, Oxfam has PH & livelihoods interventions.
4.	Padibe West	Lagwel; satellite camp	Few people have returned, Oxfam ended PH interventions at the end of August but has ongoing livelihoods interventions. New cases of Hepatitis E reported
5.	Madi Opei	Lawiyeoduny; main camp	Main camp & Oxfam has PH & livelihoods interventions.
6.	Palabek Kal	Lamwo; Lamwogog	Satellite camp & Oxfam has PH & livelihoods interventions.
7.	Amida	Akworo; Oyuru	40% of the people have returned to this village, Oxfam only has hygiene promotion activities

An Oxfam engineer worked with the team throughout the study. During the initial stages the Consultants had discussions with Oxford based engineering advisor. In addition, the Consultants worked with the Oxfam public health and livelihoods teams in Kitgum and Kampala during the development of the strategy. This has been specifically useful in the identification and arrangement of stakeholder interviews, focus group discussions as well as gaining a better understanding of Oxfam's work. Preliminary findings and strategic options have been discussed with senior managers and the public health team in Kitgum as well as the Kampala based Humanitarian Coordinator. A ten-day period was allocated to internal review and discussion before the development of a proposal based on selected options in the strategy.

2 Contextual analysis

2.1 Overview of the conflict and humanitarian situation

2.1.1 Background

Conflict has affected large parts of northern Uganda for the last 22 years. For much of this time the Government has been fighting an insurgency by the Lord's Resistance Army (LRA) led by Joseph Kony. The LRA might best be described as a cultic movement rather than a force with a clear political agenda. However the origins of the conflict lie, at least in part, in strong perceptions of loss of power, influence, alienation and marginalisation within the Acholi ethnic group from which the LRA are largely drawn. These feelings have been exacerbated by two decades of conflict which has resulted in extreme suffering and deprivation of the population. Between 1995 and 2000 the insurgency had elements of a proxy conflict between Sudan and Uganda with the Sudanese Government arming and providing refuge for the LRA in retaliation for the Ugandan Governments alleged support for the Sudan People's Liberation Army (SPLA).

Government of Sudan support to the LRA dwindled from 2000 and substantively ended following the signing of the Comprehensive Peace Agreement in 2005 between the northern Sudan Government and the Sudan People's Liberation Army (SPLA). Between 2002 and 2006 the environment for the LRA in southern Sudan, hitherto a safe haven for them, became increasingly difficult. As a result of this, increased military pressure, and the commencement of peace talks in Juba, southern Sudan, the LRA largely left northern Uganda in 2006 and have since been operating in remote areas of northern DR Congo/southern Sudan. LRA numbers are probably in the region of 2000-3000 at the most, including women and children. In October 2005 the International Criminal Court unsealed warrants for the arrest of five LRA commanders, including the leadership.

In the past two decades there have been a number of unsuccessful attempts to broker a peace deal. However in July 2006, the Government of South Sudan launched a peace initiative (commonly known as the Juba Peace Process) which began with the signing of a Cessation of Hostilities Agreement under the terms of which the LRA withdrew most of their remaining forces from northern Uganda to southern Sudan / DR Congo where they joined the leadership who had moved there in late 2005. During 2006 and 2007 substantial progress was made at the talks and a final peace agreement was drafted by the negotiating teams. However the LRA's leader, Joseph Kony, has so far refused to sign and it is not clear whether he will ever do so. In late September/early October 2008 the LRA carried out a series of attacks in southern Sudan/DR Congo in which several people were killed and children/women abducted.

2.1.2 Conflict and Security Analysis

Clearly the successful conclusion of the Juba Peace Process and the implementation of a peace agreement would be the most desirable outcome for the North. However, regrettably, this currently seems unlikely and the most probable scenario is a breakdown in the peace process accompanied by a period where the LRA remain active, but largely confined within an area of eastern DR Congo and southern Sudan, some distance from the Ugandan border. A

decisive military defeat of the LRA will remain unlikely but it is possible that a better coordinated regional security response will succeed in more effectively containing them. Over time it is even possible that the leadership (particularly those indicted by the ICC) may become more isolated and that other individuals and groups may seek to split from them and seek Disarmament, Demobilisation and Reintegration (DDR) and Amnesty under the provisions of the 2000 Uganda Amnesty Act. However Kony's psychological hold over the group, within which he is still seen as a powerful spirit medium as well as a military commander by many, should not be underestimated. In addition a significant number of LRA Commanders have grown up in the bush making the negotiation and development of exit strategies/resettlement options for them as both individuals and a group complex. In the fragile regional political and security environment it is even possible that the LRA might find new backers / allies and a role in helping fight in other conflicts as a mercenary group.

The implications of the above for northern Uganda are perhaps best understood in terms of short and medium-long term prospects.

In the Short Term: the LRA probably pose little immediate military threat in northern Uganda. The number of LRA combatants still remaining within Uganda is unknown but they are almost certainly very small in number and are isolated from command and control structures. However the potential for further LRA activity still engenders enormous fear within the population and this creates its own dynamic in terms of population movement and resettlement trends. Communities spoken to in Focus Group Discussions carried out during the development of this strategy spoke about their ongoing fears. This is particularly the case in areas near to the Sudan border or locations where particularly violent attacks/massacres or large scale abductions have taken place in the past.

In the event of the complete collapse of the Juba process low level LRA activity cannot be completely ruled out and isolated "signal incidents" (high profile attacks such as road ambushes intended to prove that the LRA are still a credible fighting force) are potentially possible but are more unlikely than they have been for several years. However a more likely scenario is that the few individuals/small groups left behind in northern Uganda might choose to come out under the provisions of the 2000 Amnesty Act as they may have only remained in the bush in the hope of benefiting from larger DDR packages under the terms of any final peace agreement.

In the medium-long term: security in northern Uganda is inextricably linked to the development of effective governance and stability in southern Sudan, the prospects for which are still fragile. The period around the run up to the referendum on self determination for the South (scheduled for 2011) is, in particular, likely to be tense. In the event of renewed instability in the South it is possible that the LRA might find renewed backing or, at least a more permissive operating environment, which they could use to re-launch attacks in northern Uganda.

After decades of conflict feelings of alienation and mistrust in Government amongst the Acholi are strong. An end to violence and a successful recovery process will do much to dissipate this. However it is essential that effective recovery does takes place if appropriate state legitimacy and a sense of political and social inclusiveness are to be achieved. If this does not take place it is possible that feelings of marginalisation could result in the emergence of a new group and

renewed conflict in the future. However after years of insecurity most people in the North almost certainly have little appetite for this and, in the absence of the development of wider national instability, the re-emergence of organised rebellion against the state is probably unlikely. However it is more likely that a deep sense of alienation, particularly amongst the youth, could result in increased levels of criminality and intra-communal violence.

Other security risks in the area include armed cattle raiding by Karamajong, Toposa and Dinka warriors. Parts of eastern Kitgum and border areas are particularly affected by this. As well as death, injury and loss of household assets raids have also frequently resulted in temporary population displacement.

2.1.3 Impact of the conflict on human security and development

Decades of conflict have had a devastating impact on the civilian population in northern Uganda. At the height of insecurity (between 2002 and 2004) almost 2 million people were internally displaced and living in crowded internally displaced camps. In many areas over 90% of the population were displaced. Over 25,000 children have been abducted by the LRA since 1996 and several thousand remain unaccounted for. HIV prevalence in the wider North is reported to be 11.8 % approximately twice that found in most other parts of Uganda. The Uganda National Household Survey of 2005/06 found that poverty levels in the North were 61%, far higher than the national average of 31% (source UBOS). Due to the poor living conditions in camps and lack of humanitarian access health status in the IDP camps reached crisis proportions in 2005 and a crude mortality survey carried out by WHO/UNICEF/UNFPA and the MoH in 2005 found that overall Crude Mortality Rates in northern Uganda were well above emergency levels. Government services and capacity are extremely weak and the recruitment and retention of key staff for public services is a major problem. In many of the northern Districts less than 50% of civil service posts are filled and attrition rates are very high. As a result of insecurity and consequent economic deprivation, purchasing power and economic activity outside the main urban centres remains low.

Since the peace talks began the situation has improved dramatically. The process of recovery in northern Uganda is however, likely to be lengthy and there are significant constraints to the successful return of IDP's. In many areas of return access to basic social services (e.g. health, education) is poor, there is little infrastructure and in many return locations the availability of safe water is low. Most IDP's lack start up capital to help them purchase agricultural inputs and essential household items and access to markets remains a problem.

2.1.4 The “Parish Approach” to return and resettlement

From mid 2006 it became apparent that there were increasingly significant movements of people taking place away from the main camps to either smaller “satellite” camps at Parish level or, in a smaller number of cases, to original villages.

While a welcome development as it reduced overcrowding in the main camps and enabled increasingly large numbers of people to access their land and recommence productive activity, it also created significant problems in terms of ensuring access to basic services such as health,

education, safe water and sanitation. By July 2007 approximately 380 “satellite” locations existed in Acholi at Parish level in addition to the 120 main or “mother” camps. UN agencies and NGO’s came under increasing pressure from government and, to a certain extent, communities to make major inputs in these locations as well as the “mother” camps.

In early September 2007 the local Inter-Agency-Standing-Committee (IASC) met with the Office of the Prime Minister and agreed a strategy for an approach to transition in the LRA affected areas based on the provision of services at the Parish Level, in line with national standards, rather than at site specific locations in line with SPHERE standards. Core priorities under this approach include;

- Access to health services
- Basic education materials and infrastructure
- Provision of safe water
- Enhancement of civil administration
- Further development of the rule of law through continued deployment of police and judges
- Stimulation of livelihoods
- Opening of roads

The approach was endorsed by the Joint Monitoring Committee (comprised of central Government, local Government, Donor, UN and NGO representatives) and has since formed the basis for broad approaches to early recovery programming in the North.

2.1.5 Population movement trends in Kitgum

In March 2008 it was estimated that over 100,000 people had moved out of the main camps and were living at Parish level. The majority (approx 70,000) were living in satellite camps with only approximately 25,000 people back in their villages of origin. By September 2008 the number of people estimated to be living outside the camps had risen to 176000 approximately 60,000 of whom are in their villages of origin (source UN OCHA).

However a large number of IDP’s appear to maintain homes in the main camp even though they reside outside it. The reasons cited by the IDP’s for doing this include access to basic services (education, health) and the fact that general food distributions are still taking place in most locations.

It is also important to note that most of the main IDP camps were established around existing trading centres. While there are difficult issues around land ownership it is inevitable that a proportion of the existing camp population will choose to remain in these locations in the long term. Many of the larger camps arguably have already evolved into small towns/urban centres. This has longer term implications for planning and development at sub county level.

The main obstacles to return to villages given by community members during Focus Group Discussions include; a shortage of grass for the construction of shelter (seasonally available in November/December), lack of water, concerns about access to services such as education and

health and a lack of confidence in the peace process. Confidence in the peace process rises and falls depending on reports received from Sudan.

2.2 Analysis of the Public Health situation

2.2.1 Health status

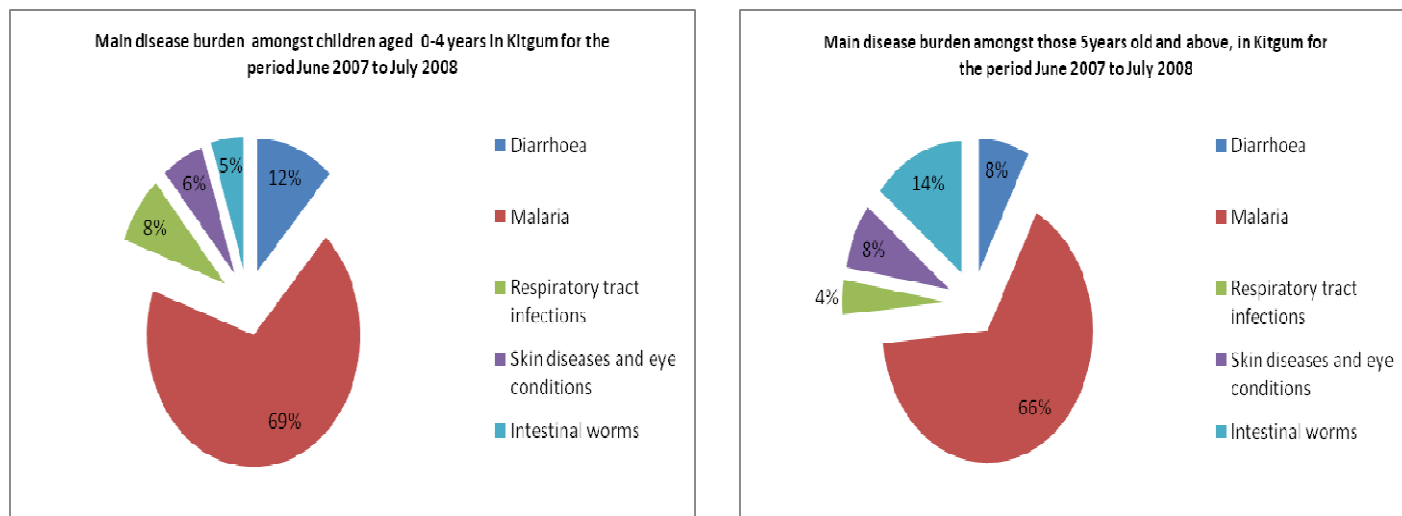
Mortality: Severe overcrowding in the IDP camps combined with a lack of access to basic health services, safe water and poor sanitation resulted in excess mortality throughout conflict affected northern Uganda. The WHO/UNICEF/UNFPA/MoH Crude Mortality Survey of 2005 found overall CMR rates to be 1.54/10,000/day, significantly above what are considered normal thresholds (less than 1/10,000/day). In Kitgum the reported rate was an extremely alarming 1.91/10,000/day overall and over 4/10,000/day amongst children under five, signifying an emergency situation seriously out of control.

The survey results, while initially creating significant political tension, did result in more attention being given to the North with increased flows of resources and technical assistance in support of public health measures from donors, NGO's, UN agencies and, to a lesser extent, Government. Major interventions including malaria control, epidemic preparedness and response, vaccination, community based surveillance, water and sanitation interventions and steps to improve health service delivery and improve drug supply. A large number of agencies trained and supported community health and sanitation workers in an attempt to boost health promotion and access to basic treatment for common diseases at the community level. There is broad consensus, and some data to suggest, that as a result of these interventions and improvements in the overall situation, health status has significantly improved. However, dissapointingly there has been no follow up mortality survey to conclusively confirm this and, overall, there has been only limited gathering of evidence to measure the true impact of specific disease control measures on which significant resources have been spent (e.g. on insecticide treated bednet distributions).

Morbidity and its impact on poverty: Malaria accounts for more than 60% of the disease burden in Kitgum District. Respiratory Tract Infection and waterborne disease, including cholera and the current Hepatitis E Epidemic, constitute the other biggest risks to public health. Other diseases of epidemic potential such as Meningococcal Meningitis have also posed periodic threats. Due to significant food aid inputs and adequate measles vaccination coverage high rates of acute malnutrition and measles epidemics, frequently a major cause of excess morbidity and mortality in displaced populations, have largely been avoided. High morbidity rates severely impact on livelihoods and contribute significantly to rural poverty both in terms of lost productive capacity and resources spent on health care. A recent vulnerability analysis completed by the Oxfam Livelihoods Team in Kitgum found that a significant proportion of household income is spent on health seeking behaviour (both in terms of drug purchase and transport to/from health facilities).

Figure 1. highlights the main disease burden in Kitgum District amongst both the total population and children under five (source Health Information Management System).

Figure 1 Main disease burden in Kigum District between June 2007 and July 2008



Source: WHO Kitgum

Public health risks related to return: With the significant decongestion of camps some public health risks are arguably reducing. However reduced access to health services in return areas coupled with falling water and sanitation coverage (see section 2.2.2. below) is posing new potential risks as people return either to satellite camps at Parish level or their villages of origin.

2.2.2 Water and sanitation coverage and issues

Millenium Development Goals and National standards: The World Summit on Sustainable Development (Johannesburg, 2002) articulated the Millennium Development Goal on water supply to be: “to Halve by the year 2015, the percentage of people without access to clean safe water and to apply a similar goal for sanitation”. The water and sanitation sector in Uganda has translated this goal to be “that the national safe rural water coverage should be 77% by 2015”. Access is defined as safe water supply within 1.5km of the user.

Northern Uganda: Following mass population displacement the initial water and sanitation sector response by both government and humanitarian agencies largely mirrored that followed in a “normal” situation. For water supply it consisted of the protection and construction of point water sources—boreholes, shallow wells and springs. For sanitation the construction of institutional and communal latrines at schools, health centres and in the camps was the main option pursued. Hygiene promotion was mainly carried out using mass campaigns spearheaded by the camp leadership and in school public health promotion programmes.

In 2004, as a consequence of increased risks to ground water contamination from the concentration of human activities, and an overwhelming humanitarian need to increase the amount of safe water available to large camp populations, there was a shift in the technology being promoted for water supply in the larger camps. Piped motorised water schemes powered by either solar or diesel engines were piloted by Directorate of Water Development (DWD), and was adopted more widely with the construction of a large number of schemes. By the end of September 2008 Kitgum District had 31 motorised systems. A major effort to rehabilitate existing, and drill new, boreholes, and increase latrine coverage through the provision of tool kits and reinforced slabs was also undertaken. Increasingly humanitarian agencies began to use SPHERE standards for water and sanitation provision in the camps.

As the situation in the North has improved, and with the adoption of the Parish Approach, water and sanitation coverage rates are again being measured using the National Standard. Table 2-1 below compares water and sanitation coverage in Kitgum District with national rates.

Table 2-1 Comparing National Water and Sanitation Coverage to that of Kitgum in 2006 and 2007

Aspect	2006		2007	
	National	Kitgum	National	Kitgum
Water supply coverage (% population)	61	45	63	49
Household latrine coverage (% of population)	58	16	59	19

As the above table highlights access to safe water in Kitgum is currently around 49%, well below the national average. The main camps are currently largely adequately supplied due to the reduction in population numbers and the presence of the motorised schemes. However the district level statistics obscure the fact that at sub-county and Parish level coverage is often much lower. For example in Omiya, Anyima, Lagoro, Padibe West, Paloga and Palabek Ogili coverage for safe water is less than 20%. Given the current extent of population movement back to villages it is quite likely that these rates will fall further. For the same reason household latrine coverage is also probably far below the 19% figure currently shown in the statistics.

Technological approaches to water supply in Kitgum: The main technologies used in the district are deep wells with hand pumps and some valley tanks because of poor spring and shallow well potential. Other technological approaches, e.g. rainwater catchment, should be further considered but the reality is that in many parts of the district there are no obvious viable alternatives to the use of boreholes and handpumps. Functionality of water supplies has improved, both nationally and in Kitgum, due to increased budgetary allocation to rehabilitation under the conditional grant. However in order to sustain and consolidate these gains, clear guidelines for technology choice are required, contractor management capacity at district level needs to be improved and appropriate user level management mechanisms for infrastructure need to be established.

Water supply issues in camps/trading centres: Most camps are located on the site of existing trading centres. While population numbers in the camps are now falling they are unlikely to return to pre-displacement levels. These locations are increasingly seen as service centres by the wider population because of the location of schools, markets, health centres and shops, and

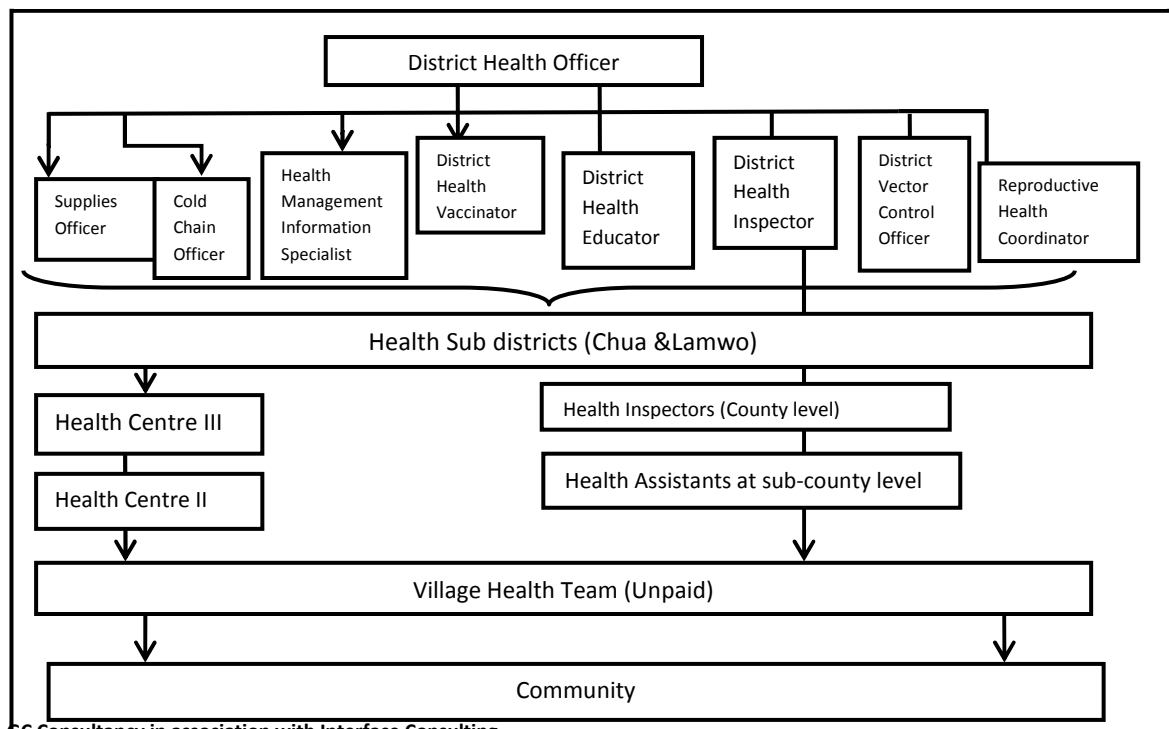
the gradual increase in these facilities, especially the shops. By definition, some of these centres qualify to be termed as Rural Growth Centres—stipulated within the sector as centres with populations between 2000-5000 people. Sector guidelines for water supply stipulate that growth centres should be served by mechanised water supply systems typically consisting of a borehole(s) with motorised pumps as the supply; reticulation piping of various sizes; storage reservoir(s) and standpipes for distribution. This system is more complex to install and manage compared to the point water sources recommended for centres with fewer people. However the considerable investments already made in many of the camps with the installation of motorised systems provides an opportunity to take this forward.

Sanitation and hygiene practice in return areas: Intensive efforts were made in the camps to increase sanitation coverage and encourage good hygiene practices. Focus Group Discussions carried out as part of the development of this strategy suggest that, as a result, knowledge levels within the community are quite high. However direct observation in return areas also suggests that there is still a significant problem in terms of knowledge resulting in good practice. This will require considerable ongoing efforts over a protracted period.

2.2.3 Health services – structure and delivery

Infrastructure and organisation: Health service delivery is coordinated through the District Health Office and two Health sub-districts (in Chua and Lamwo). There are two hospitals in Kitgum, a Government and Mission Hospital, both located in the municipality. There are a total of 40 health units out of which 27 were functional at the end of September 2008 with the remainder either abandoned or under reconstruction (source DHO). Health services are financed through the provision of conditional grants disbursed centrally and based on allocation criteria which include population size and poverty weighting.

Figure 2 Basic organizational structure of health services delivery at district level



Human Resources: In conflict affected areas all sectors have struggled to meet their human resource needs and health is no exception. Kitgum District currently has only 43% of its staffing establishment in post with over 280 vacancies unfilled (source DHO). Even when staff are recruited attrition rates are high. Staff recruitment and retention is a problem throughout the North and some attempt has been made to attract and retain health staff through the construction/rehabilitation of staff housing and the payment of one off incentives. However a key issue to be addressed across public service, including the North, is the need to develop a proper range of sustainable incentives to attract and retain personnel in hard to reach areas.

Supplies: Medical supplies are provided from the National Medical Stores in Kampala with the District drawing them down against a budget line held for its specific use. During the humanitarian crisis, and associated epidemic outbreaks, a large number of agencies also supplied medicines directly to health centres and health workers. Despite this, it is disappointing to note that in September 2008 only 50% of health centres in Kitgum District reportedly had Coartem, the first line treatment for malaria, in stock. The reasons for this are multiple but are more to do with challenges in supply chain planning and management rather than simply a lack of resources.

Health Promotion: Health promotion and environmental health activities are the responsibility of the District Health Inspector (DHI) who is supported by Health Inspectors at County level and Health Assistants in each sub county. Unusually, in terms of other parts of the health system, all these posts are filled. The office of the DHI plays a critical role in ensuring that appropriate linkages are made between health and water and sanitation activities.

The Village Health Team: In an attempt to improve sanitation, overall health promotion, surveillance, epidemic response and access to primary health care during the height of the humanitarian crisis a large number of different “volunteer” health cadres were created by the humanitarian agencies. These people performed a variety of important roles, particularly in epidemic outbreaks. However their roles, training and incentives varied enormously and as the situation has changed there has been growing recognition of the need to mainstream and absorb these personnel into the MoH Village Health Team (VHT) structure.

VHT consist of volunteers drawn from the community who act as focal points on public and environmental health issues. In northern Uganda existing community health workers / health promotion personnel trained by the agencies have, on paper, already been absorbed into this structure. However there are numerous challenges in terms of operationalising the teams and making them effective, particularly in return areas. Issues that need to be addressed include; the need to harmonise and define roles and training programmes, to develop adequate supervision mechanisms and, perhaps most importantly, to consider carefully the workload and expectations being placed on VHT given their “voluntary” status.

2.2.4 Water and sanitation – structure and delivery

National Policy Framework and structure: The Uganda Constitution and national legal frameworks stipulate that it is the responsibility of the Ministry of Water and Environment to set overall guidelines in the water, sanitation and hygiene promotion sub-sectors in conjunction with

the Ministries of Health and Education. The Directorate of Water Development (DWD) is the sector coordinator and is responsible for continuously refining approaches and setting technical standards. DWD core tasks include:

- Setting national standards
- Developing national water policy
- Sector planning at the national level and coordination of local government plans
- To monitor and coordinate government initiatives and policies as they apply to local governments
- To coordinate and advise persons and organisations in relation to projects involving directly, relations with local governments
- Assist in the provision of technical assistance to local governments
- To collaborate with NGOs and CBOs in the sector

Sector goals are defined and articulated in the Water Supply and Sanitation Sector Investment Plan and Allocation Principles, the Rural Water and Sanitation Operational Plan and the National Framework for the Operation and Maintenance of Rural Water Supplies. They are also set out in Memoranda of Understanding signed with the Ministries of Health and Education regarding WASH in households and in schools respectively.

Specifically for rural water supply, the following approaches have been identified as key for the successful implementation of strategy:

- **The need for a demand responsive approach**—in which users initiate the development of their water supply facility, contribute to the construction costs and manage the operation and maintenance of facilities.
- **Decentralised approach**—with funds channeled directly to districts as conditional grants for implementation, and central ministries responsible for sector coordination, setting standards, preparing guidelines, monitoring, sector review and research and development.
- **A sector-wide approach to planning**—as opposed to project based funding
- **An integrated approach**—to management of the use of water resources, liquid and solid waste, safeguarding of health and protection of the environment.
- **A “package approach”** for rural water supply that not only includes construction and installation, but also all associated software aspects including community mobilisation, community based planning and monitoring, hygiene education, gender awareness and capacity building at the user level required for continued use and sustainable operation
- **Financial viability**—of public utilities and sound financial practices, appropriate tariffs for capital costs, operation and maintenance
- **Coordination and collaboration**—of the major actors to agree and recognise a common approach, and for adoption of innovation and best practices
- **Private sector participation**—in the form of consultants and contractors in the design and management of facilities.

Service delivery structure: DWD provides overall technical support, supervision and monitoring of Water Offices based at the District level. They approve plans and budgets as well as

technical designs and provide guidelines for contractor selection and supervision. Technical Support Units (TSUs) comprising experienced sector professionals working as consultants for DWD were formed at regional level to develop district technical capacity in the short term. Northern Uganda has a TSU based in Lira.

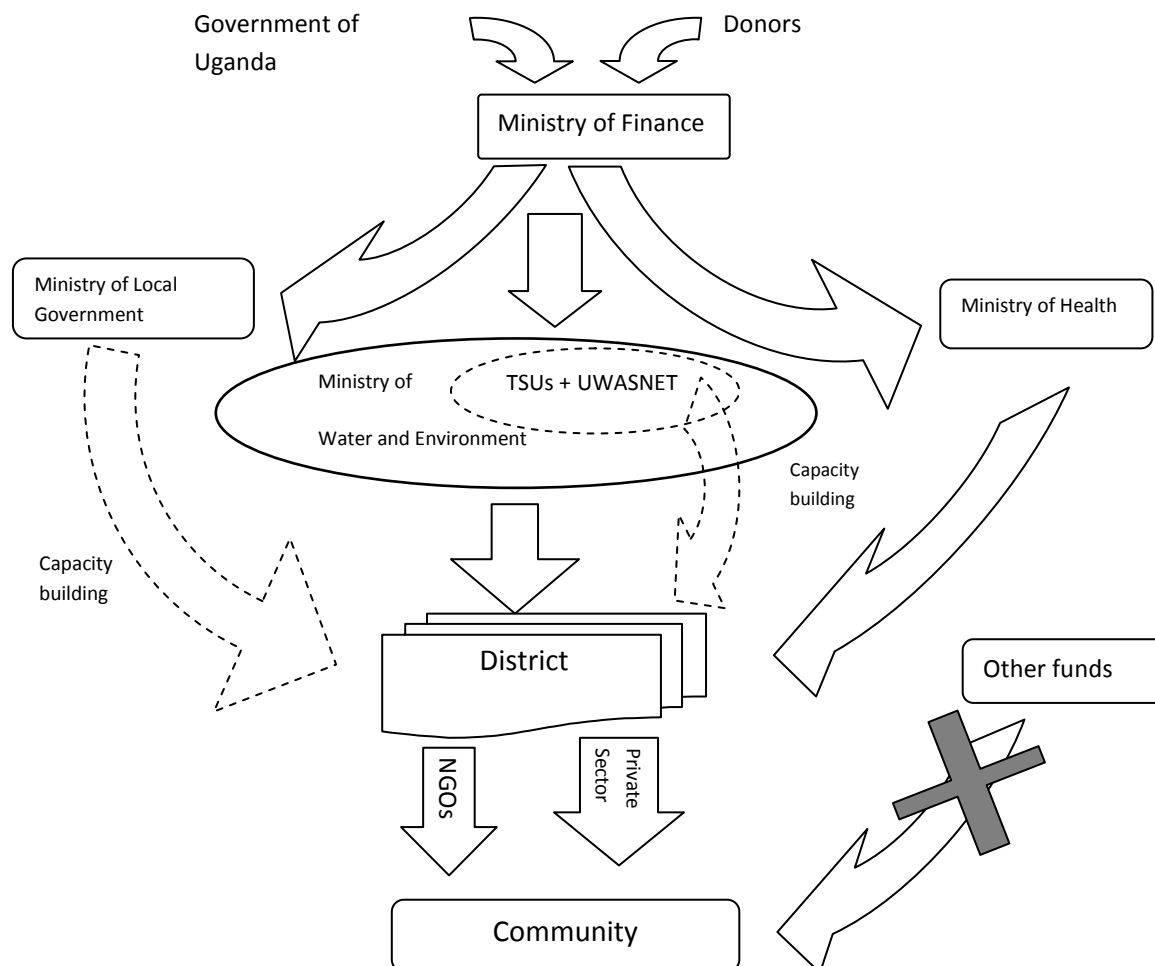
Role of civil society: NGO's and CBO's have long been active within the sector and in 2000 a network of organisations engaged in water and sanitation activities was created. Called the Uganda Water and Sanitation NGO Network (UWASNET) its overall purpose is to ensure that the views of civil society are distilled, articulated and taken into account in the development of policy, approaches and programming. Its role is recognised by Government and the network participates in the bi-annual sector technical reviews and annual joint sector review. UWASNET also plays a role in the development of the capacity of its members. Oxfam played a major role in the networks creation and initial development.

Resource allocation: Under the decentralisation structure, funding to the districts via conditional grants are determined by the gap in water and sanitation access as well as:

- Population
- Revenue base
- Geographical area (size)
- Poverty weighting criteria
- Additionally, for the North, the impact of the conflict and recovery needs are supposed to be being factored into allocations as part of the PRDP process but the modalities for doing this remain unclear.

At present significant additional resources from donors are channelled through UN agencies and NGOs for water supply and sanitation in the North. Such resources will probably still be available for humanitarian and recovery activities for a limited period. However as the situation further evolves it is clear that the bulk of this type of donor financing will either end or be shifted to additional support on budget or through sectoral programmes with government. Limited resources are likely to be available to NGOs to support capacity building and innovation.

Figure 3 Financial resource flow through the water and sanitation sector

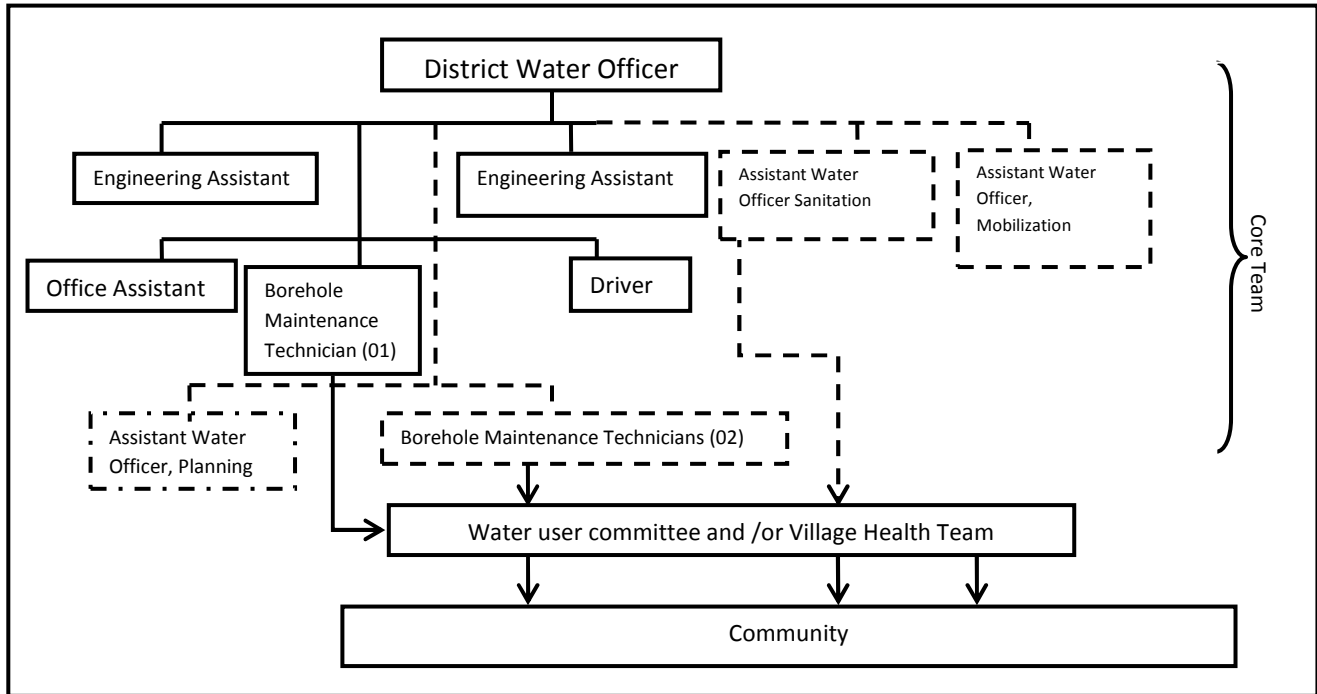


Kitgum District: The staffing establishment of District Water Offices is determined by population size and the extent of the geographical area covered. Given that Kitgum’s population size and geographical area is relatively small the District Water Office has a set structure consisting of only three permanent staff, namely, the District Water Engineer and two Engineering Assistants (one for each County). The core responsibility of the Office is to coordinate sector agencies, supervise contractors, monitor performance and ensure the effective operation and maintenance of infrastructure.

Figure 4 below shows the current staffing structure of the DWO in Kitgum. The dotted lines represent posts that were removed during restructuring in 2005. It was anticipated that these functions would be taken on by the District Health Inspectors (in the case of sanitation promotion) and the Community Development Officer (in the case of mobilisation). The Private Sector is expected to carry out Borehole Maintenance functions under contract. However in

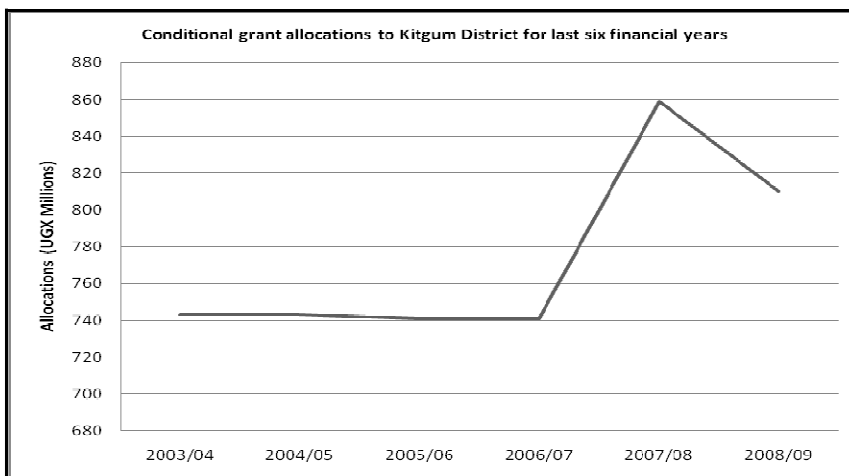
reality none of the above is happening due to capacity constraints in the District and the poorly developed private sector. DWD allows the District to take on additional contract staff depending on the budget

Figure 4 District Water Office Structure



Kitgum Districts Conditional Grant for water and sanitation in 2008/09 is Ush 810 million. This represents a significant increase over 2003/04-2006/07 levels but is less than that received last financial year. The reasons for this are not clear but the fact that resource levels have fallen is surprising given the additional demands the DWO currently faces due to the scale of population movement and return.

Figure 5 Conditional grant allocation to Kitgum District Water Office for the past 5 Financial Years



The conditional grant conditions stipulate that only 4% of the allocation received can be spent on supervision and maintenance. The Kitgum DWO is currently facing major challenges in meeting the demands placed on it during the recovery period due to the restrictions it faces in terms of its staffing establishment, operational budget and the numerous tasks it is required to perform.

2.3 The Broader policy and resource environment

2.3.1 Government programmes and expenditure

PEAP: Government policy in terms of poverty eradication is set out in the Poverty Eradication Action Plan (PEAP) which has been the main framework through which all governments development objectives within all sectors have been articulated since 1997. Its goal is to reduce the proportion of people in Uganda living in absolute poverty to 10% by 2017. The PEAP is designed to recognise the need for poverty reduction initiatives to be multi-dimensional and multi-sectoral in nature. The PEAP was revised in 2000 and is currently again under review.

MTEF and PAF: The resource needs and expenditure required to meet PEAP objectives are set out in the Medium Term Expenditure Framework (MTEF). This is intended to align policy, and to establish priorities and agreed actions by sectors. The Poverty Action Fund (PAF) was created in 1998 to channel additional resources resulting from debt relief, and other donor initiatives to key sectors at national and district level. Under Uganda's highly decentralised structure the bulk of resources to meet PEAP targets are transferred to district level in the form of sectoral conditional grants.

Expenditure in northern Uganda: A key criticism made over the course of the conflict is that the GoU has failed to ensure proper budgetary provision for northern Uganda, thus contributing to the area's marginalisation. A review of public expenditure levels in the North carried out in 2006 found no evidence of systematic withholding of financial resources to the North and indeed noted that attempts had been made to actually increase resource provision through conditional grants using poverty weighting criteria. For example in 2005/06 central Government transfers to northern districts were about US\$ 97 million and these increased to about US\$ 114 million in 2006/07, in part due to the introduction of the additional poverty weighting criteria. In per capita expenditure terms this level of funding compares favourably with other parts of Uganda, and in some cases exceeds it.

However what this analysis does not take into account is that virtually no additional budgetary resources were made available by Government to respond to the humanitarian situation brought about the conflict and consequent mass displacement. The cost of humanitarian operations in the North averaged US\$ 200 million per year between 2003-2007 and this was borne almost entirely by the international community with the annual UN Consolidated Appeal and Humanitarian Action Plan as the main funding instrument.

2.3.2 The Peace Recovery and Development Plan (PRDP)

In October 2007 the GoU launched a three year Peace Recovery and Development Plan (PRDP) for northern Uganda. The PRDP has four strategic objectives: (1) consolidation of state authority, (2) rebuilding and empowering communities, (3) revitalisation of the northern economy and; (4) peace building and reconciliation. The indicative cost of programmes and activities covered by the PRDP has been put at US\$ 606 million. The Office of the Prime Minister (OPM) is responsible for the coordination of the PRDP.

The development of the PRDP has been widely welcomed both within Uganda and, more broadly, by Development Partners. However its launch was accompanied by considerable confusion regarding implementation modalities and financing mechanisms. Specifically it was unclear whether the PRDP represented additional programmes and funding (both on and off budget) or was intended to be a coordinating framework.

Government has since made it clear that it sees the PRDP as a coordination framework for all programmes and projects in northern Uganda and that “off budget” interventions can play a part in its programming. But how the PRDP will relate to and deliver additional financing to sector and district budgets remains unclear and much still needs to be done to further clarify this and other issues.

Further information on the PRDP (and other issues faced in managing the transition in northern Uganda) can be found in the Oxfam Briefing Paper “From Emergency to Recovery – Rescuing northern Uganda’s transition” (Oxfam, September 2008).

2.3.3 The intentions of major donors and UN agencies

Donors: The views of several major donors were canvassed as part of the development of this strategy. Specifically they were asked for their views on issues related to transition and recovery, the PRDP, and their own probable funding intentions over the next few years.

All those spoken to recognise that the recovery and transition process in the North is still fragile, particularly given the recent difficulties in the peace process. However there is a general view that the current situation represents an important opportunity to try and support effective recovery and build long term development. On the PRDP, while there is recognition that many issues still remain to be resolved, all see it as an important step forward in terms of Government ownership and commitment. Those spoken to feel that it is important that there is now a move away from humanitarian assistance and that Government increasingly takes primary responsibility for service delivery in key sectors such as health, water and sanitation, education etc. There is some recognition that this will take time and that Government will need support in terms of capacity development and strengthening but there are also perhaps unrealistic expectations as to how quickly this can be realised.

Many donors are still considering their options for providing financial support to the PRDP. For most their preferred option is to find a mechanism for providing finance to Government either through un-earmarked or earmarked budget support or through programmes with Government.

There is some recognition of the need for ongoing humanitarian assistance in 2009 but most felt that this should scale down rapidly if the situation continues to improve. Most stated that they felt that the primary role of the UN and NGO's over the coming period was to support the development of capacity at District level. Some recognised that there was still an ongoing need for agencies to fill in gaps in service delivery for a limited period during the recovery process.

UN agencies: UN agencies have played an important role in humanitarian response but, as a whole, the UN Country Team has struggled to define and play a key role in the transition and recovery process. This is partly due to the fact that UNDP, the agency with responsibility for the Early Recovery Cluster, lacks capacity. However some of the approaches that were at one time being tentatively proposed to take this forward (large externally managed trust funds) also failed to take into account the overall development context in Uganda where there is a functional government, a Poverty Eradication Action Plan and a relatively sophisticated budgetary process. In this context the role of UN agencies in recovery should arguably be largely focused on enhancing the capacity of government to fulfil its responsibilities and on advocacy around specific issues related to a successful transition rather than in the management of large operational programmes.

2.3.4 Coordination

Humanitarian architecture: For long periods during the humanitarian crisis agencies found it difficult to effectively coordinate with government. At national level humanitarian response was meant to be coordinated by the OPM and government even developed a far reaching IDP policy in line with the UN Guiding Principles on Internal Displacement. However in reality government was extremely reluctant to acknowledge the extent and depth of the humanitarian crisis in the North until 2006 when, after intense international and domestic pressure, it launched an Emergency Humanitarian Action Plan and a coordination mechanism that brought together central and district level government representatives, UN agencies, NGOs and Donors (the Joint Monitoring Committee). At district level agencies coordinated with District administrations through a variety of sectoral groups and District Disaster Management Committees. However district capacity was so weak that in reality agencies frequently took the lead in both chairing meetings and developing and managing response.

In the absence of clear government ownership humanitarian agencies and donors developed a coordination structure for humanitarian response. This was largely based around the establishment of a local Inter Agency Standing Committee and the creation of Cluster coordination structures both nationally and at district level after Uganda was selected as one of the countries for the approach to be piloted in late 2005.

Development architecture: At a national level Government and development partner support to poverty eradication is encapsulated and prioritised within the PEAP. Policy and programmes at a sectoral level are developed and coordinated through a series of Sector Working Groups (SWG). These structures, while not without their challenges, have proved a reasonably effective means of establishing priorities and discussing issues related to policy, plans and programmes. However neither the PEAP nor SWG proved particularly effective as mechanisms

for ensuring that the situation in the North received anywhere near adequate attention during the humanitarian crisis.

Coordination issues for recovery: At the national level a Monitoring Committee has been established, under the auspices of the OPM, to oversee PRDP implementation. This is a potentially useful structure although the extent to which civil society will be represented and have a voice remains uncertain. As the situation evolves it is important that humanitarian clusters are phased out and are merged into sector working group mechanisms at both the national and district level. Most clusters have prepared exit strategies. However it is vital that steps are taken to strengthen and support the capacity of government to take proper ownership of these functions at both the national and district level. Most agencies would fully subscribe to this in principle but this will require a fundamental shift in thinking and approach which some, particularly those with a predominantly humanitarian focus and organisational culture, find difficult.

3 Oxfam GB Role and programmes

3.1 History and scope of work in Uganda

Oxfam has worked in Uganda since 1963. During that time it has been involved in a variety of both development and humanitarian programmes and sectors with a focus on the rural poor and most disadvantaged communities. This has included work in; public health, education, livelihoods (including pastoralist development), land rights, trade, and voice and accountability. Oxfam played a part in the establishment of the Poverty Monitoring Unit in the Ministry of Finance which played an important role in operationalising the first version of the PEAP.

Over the years Oxfam's role has evolved to provide capacity building support to local partners including those involved in actively lobbying the Government of Uganda on a wide range of policies – including trade, conflict resolution, land rights and pastoralist issues.

Oxfam began working in Kitgum in 1988 with programmes in relief item distribution (including cash for work), water and sanitation, shelter construction, malaria prevention and food security/livelihoods.

When, in June 2002, the security situation deteriorated dramatically Oxfam operated for a period through a remote management structure. This utilised IDP camp residents who worked as facilitators and volunteers and a network of older women who reported back on the progress of implementation.

Current programme activities in Kitgum include Public Health and Livelihoods interventions. Oxfam has also played a major role in helping the District respond to the current Hepatitis E epidemic. Since January 2007 the Public Health and livelihoods programmes have gradually moved away from a focus on work in the IDP camps to interventions in return areas.

3.2 Public Health Programme

3.2.1 Aim of the current programme

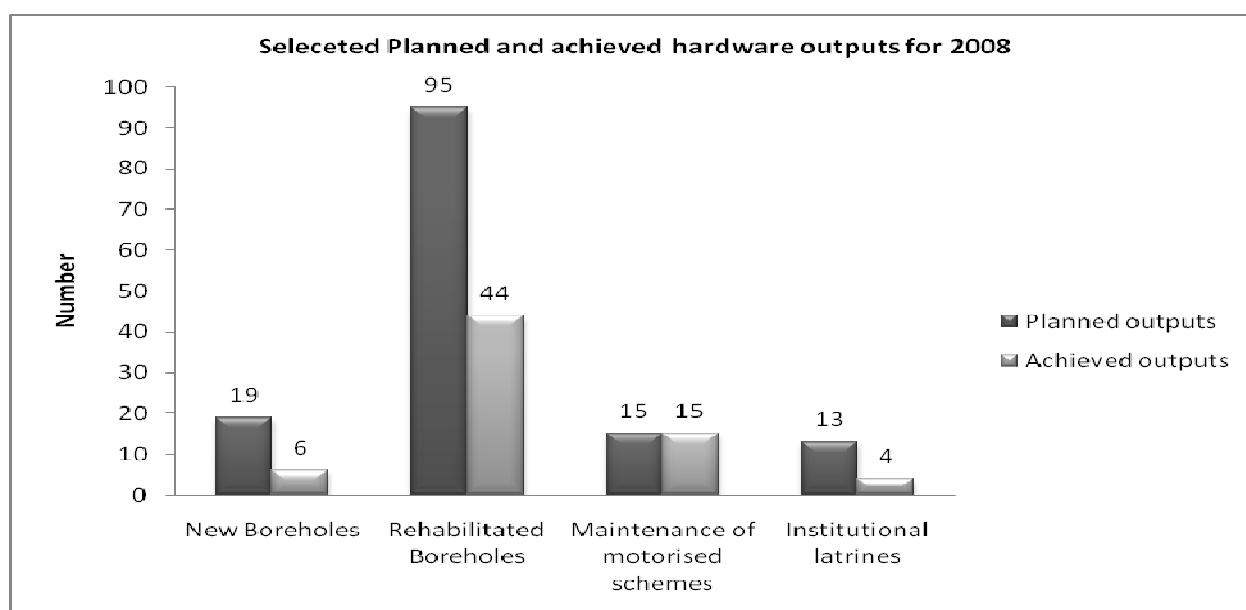
The aim of the current Public Health Programme in Kitgum is to facilitate the return and enhance living standards in eight sub counties by improving affordable access to clean drinking water and safe sanitation facilities, improving communities hygiene practices in a new environment and establishing sustainable community-based management systems. Funding for the programme has been obtained from ECHO, Oxfam NOVIB and Oxfam Ireland and runs April 2009.

In addition to this Oxfam has played a leading role in WASH cluster action in response to the Hepatitis E epidemic that has affected the district since December 2007.

3.2.2 Planned outputs

Hardware outputs for the current programme are set out in the proposal documents and are depicted in the Figure below: Even though for some donors, project completion is April 2009, it is evident, that there is not enough time left to complete the bulk of the planned outputs for this year meaningfully. The main reason advanced for the slow progress is the distraction necessitated by Oxfam’s response to the Hepatitis E epidemic in which Oxfam was able to respond quickly and effectively early on before other actors and the district stepped in. However Oxfam recruited staff and earmarked resources specifically for the Hepatitis E response, and arguably this should not have therefore affected other planned activities in such a significant way.

Figure 6 Planned and achieved outputs for selected hardware for 2008



Source: Oxfam Proposal documents and reports

Table 3-1 Project funding sources for selected planned outputs

Project funding	New boreholes (equipped with hand pumps)		Rehabilitated boreholes (equipped with hand pumps)		Motorised system maintenance		Construction of communal latrines in public institutions	
	Planned	Achieved	Planned	Achieved	Planned	Achieved	Planned	Achieved
ECHO	5	6	25	26	5	5	3	4
Oxfam NOVIB	7	-	35	18	5	5	5	-
Oxfam Ireland	7	-	35		5	5	5	-

Source: Oxfam Proposal documents

3.2.3 Structure and organisation

Oxfam staff in Kitgum are mix of international and national staff that includes skilled individuals. The team can also draw down professional support from senior professionals including the Engineering and Promotion advisers based in Oxford. Support has also been provided by Humanitarian Support Personnel deployed on the basis of their specific technical expertise in the management of emergency response. HSPs have periodically stayed in Kitgum to support the team based on need. Oxfam has set guidelines for recruitment and conflict resolution. Remuneration is pegged to performance and in some cases there are incentives for working in difficult areas.

Table 3-2 depicts the current staffing establishment. In addition to this there are currently 16 Public Health Facilitators at sub-county level whose former role was to supervise about 166 Community Health Facilitators and support 8 child-to-child facilitators. The Community Health Facilitators have been formally absorbed into new the Village Health Team structure and it is still not clear what the future role of the PHFs will be. In addition the PHFs and CHFs have been accustomed to an incentive regime provided by Oxfam which will no longer be available yet there are expectations that they will continue to provide the same level of service voluntarily.

Table 3-2 Current Establishment of the Oxfam Kitgum's Public Health Team

Function	Status	Planned Nr. of staff	Actual Nr. of staff	Nr. Of staff recruited for Hepatitis Response
Public Health Manager	International	1	1	
PHE Team Leader	Local	1	1	
PHP Team Leader	Local	1	1	
PHE Technical Officer	Local	3	4	1
PHP Technical Officer	Local	4	8	3
PHE Technical Assistant	Local	2	5	4
PHP Technical Assistant	Local	1	1	1
Humanitarian Programme Manager	International	1	1	
Humanitarian Programme Coordinator (Kampala)	International	1	1	
Humanitarian Programme Officer (Kampala)	Local	1	1	

3.2.4 Current skills and competency

Currently the team is being led by a Humanitarian Support Professional, with international experience in the implementation of emergency response programmes. The Public Health Promotion Team Leader has a Masters in Public Health (MPH) and extensive experience working at the district in the past and he leads a team of four graduate public health professionals and three diploma level environmental health personnel at PHE Technical Assistant level. The PHE Team Leader is an experienced Civil Engineer with a good knowledge of the region, and he leads a team of six diploma level Project Officers with five years engineering experience and two certificate level personnel. The public health team has

undergone various training including in DRR, borehole rehabilitation and water quality testing, in collaboration with other agencies and the district. Key stakeholders at the district and national level believe that the Oxfam team possesses the requisite skills and experience to deliver water and sanitation programmes.

Some individuals on the public health team also possess the qualifications required to deliver longer term development programmes. However, closer observation and interviews with some team members reveals a major humanitarian mindset. This has and is useful in many situations, but risks undermining planned future programmes if thinking is not re-orientated and new skills developed.

Field activities are organized according to three routes into the rural areas of Kitgum. The programme is currently working in 31 Parishes in 8 sub counties. Specific teams with both public health engineering and public health promotion staff are allocated to these routes to carry out various activities. This has been useful for instance in the delivery of relief items, but is not an efficient way to work because; in reality these routes connect areas with significant geographical overlap. There would be major cost efficiency savings to be made if work could be organized differently.

The organizational structure itself has evolved in the past year, with efforts being made at better integrated PHE and PHP activities. Further restructuring resulting in clarified roles especially for the assistants and a team size matching tasks in the development orientated programming format will be required. Training in some specific skills, and attitudes will also be necessary. Although some of the staff deployed to Kitgum have the requisite skills and experience required to steer programmes, they do not stay long enough to develop systems and attitudes that optimize contact with key stakeholders at the district and community level and high turnover negatively impacts team efficiency and morale. In particular the programme has lacked consistent senior management with several senior managers over the last twelve months. This has impacted on institutional memory and learning and team building.

3.3 Future plans and approaches

A new National Change Strategy (NCS) has recently been developed. Covering the period 2008-2013 the NCS sets out Oxfam's understanding and vision for what needs to happen if poverty in Uganda is to be tackled successfully. A number of strategic propositions for change are then identified as well as what should be the focus of Oxfam's work in terms of programme approaches and geographical area.

In summary the strategic propositions put forward are;

1. *Reducing rural poverty:* Increased income levels for the households currently living on less than 25c/day/person in rural areas, and in particular of marginalized populations
2. *Increasing resilience to disasters:* Strengthening of local government capacity in disaster management, and in all our work including the "bigger picture" – the need for national cohesion

3. *Building accountability*: Increased engagement of communities on the issues that affect them – their economic livelihoods, basic services and security. Oxfam will support local government to be more responsive to the rights of citizens
4. *Promoting women’s rights*: Improvement in respect for security of women’s land rights and rights to other productive resources, including education, other basic services, increased respect for women’s rights to live without violence
5. *Promoting the rights of pastoralists*: Greater acceptance by Government, and society as a whole, of the rights of pastoralists as equal citizens of Uganda to basic services and economic development; and acceptance of the economic rationality of pastoralism, leading to policies which reflect the needs and priorities of pastoralists.

The NCS identifies the need to remain engaged in national level debates where possible, but envisages more focused attention at District and sub-county level. In geographical terms ongoing engagement in Kitgum is seen as important with public health and livelihoods identified as the two main sectors for ongoing engagement over the next 3-5 years.

3.4 Perceptions of Oxfam in Kitgum

During the development of this strategy the views of a wide range of people were obtained. These included district and sub county officials, NGO/UN staff and community members. A number of overall perceptions about Oxfam and its work emerged.

- a) *“Staying Power”* Oxfam’s long presence in Kitgum is recognised at both district and community level. The fact that Oxfam maintained a presence even during the height of the conflict is valued.
- b) *“Technical Expertise”* Oxfam is seen as having specific and valuable technical expertise in water and sanitation. This was recognized by both District officials, and community members.
- c) *“Community confidence”* People involved in Focus Group Discussions in Kitgum at both camp and village level expressed trust and confidence in Oxfam. However it is important to note that most saw Oxfam as a humanitarian agency and had little knowledge of its broader development work and approaches.

4 Key Issues

4.1 Priority needs

4.1.1 The need to build and sustain recovery and a sense of inclusion

The transition and recovery process in northern Uganda is underway but fragile. A successful recovery and transition is vital to ensure that those affected by the conflict can rebuild their lives and escape grinding poverty.

However a successful process is also important in order to address the strong feelings of marginalisation and alienation many feel after years of conflict. A visible peace dividend and a growing sense that government both at a national and local level is accountable to the community, and that the community are fully involved in decision making, is therefore an important part of the recovery process.

In order to achieve the above it is also important that approaches to programming by both government and the UN/NGOs increasingly shifts away from humanitarian responses towards development models. The effective Linking of Relief Recovery and Development is important if major gaps are not to emerge in access to inputs and services.

Relevance to National Change Strategy: Strategic Proposition 1: Reducing rural poverty and 3: Building accountability

4.1.2 The need for significant ongoing public health responses

The contextual analysis highlights the fact that as the recovery process continues public health needs, particularly access to safe water and adequate sanitation in return areas, are still a major area concern. While movement away from the main camps is leading to a reduction in some public health risks, coverage rates for safe water, sanitation and health services in return areas is falling.

Poor health status will lead to increased and excess mortality and morbidity but it also has other major impacts on rural poverty. Sickness leads to lost productive capacity for poor households and significant resources are consumed on health seeking behaviour.

Malaria accounts for over 60% of the disease burden in Kitgum. Malaria control is a complex activity requiring a mix of preventative approaches and steps to ensure that health services can provide appropriate treatment at all times. Oxfam's public health programme should seek to do more to address preventative aspects of malaria control (e.g. environmental health measures) as a component of its health promotion work. However there are already a large number of agencies involved in the supply of inputs such as bednets and drug supplies and caution should

be exercised when considering whether or not to get involved in the supply of such items. However through, or in response to partners, it may be appropriate for Oxfam to raise the availability of such items as an advocacy issue.

Relevance to National Change Strategy: Strategic Proposition 1: Reducing rural poverty.

4.1.3 The need for effective DRR and epidemic preparedness

Kitgum District will continue to be at risk from a variety of hazards that could give rise to the emergence of acute public health risks. Given the potential for renewed conflict and insecurity due to cattle raiding sudden population displacement or movements will remain highly probable with the attendant risk of epidemic outbreak. The return process itself also is not without its hazards as people move into areas with little or no access to safe water, sanitation and health services. Health, and other district services, lack the capacity to respond rapidly in such situations.

The above will pose risks both to the immediate health and well being of the population but also has the potential to severely disrupt, and even reverse, recovery and development programmes.

Relevance to National Change Strategy: Strategic Proposition 2: Increasing resilience to disasters

4.2 Key Issues related to Oxfams approach and future role

4.2.1 The re-orientation of programme approaches

For the past few years Oxfam programmes in Kitgum have, by necessity, been driven by humanitarian needs. However humanitarian programming is increasingly inappropriate and in some cases may possibly even become detrimental to long term efforts to promote recovery and government and community ownership.

There is a need to increasingly re-orientate programme approaches away from humanitarian response to developmental models whilst retaining the capacity to mount humanitarian interventions as and when they are needed.

4.2.2 Programme integration and the adoption of a “one programme approach”

A core strength of the Kitgum programme is its ability to respond to humanitarian, recovery and development needs in both the public health and livelihoods sectors. However despite some efforts to promote closer coordination and interaction between the programmes they still have quite distinct organisational structures and work plans.

Full integration of the two programmes would provide opportunities to develop, plan and implement holistic interventions in response to joint assessments of overall community needs and priorities. There could also be important cost efficiency savings to be realised in terms of the human and physical resources required to achieve outputs and manage the programme.

4.2.3 Continuity of programme management

Oxfam has found it difficult to recruit and retain senior managers in Kitgum. One consequence of this has been a frequent reliance on the relatively short term deployment of Humanitarian Support Personnel to fulfill senior management functions. While these individuals have often achieved remarkable results this has impacted on team building, institutional memory, and the capacity to carry out longer term planning and strategy development. It also affects Oxfam's ability to fully develop long term relationships with key stakeholders at district level. As the programme moves away from humanitarian response to longer term development it is increasingly important that senior management functions are filled on a long term basis.

4.2.4 The need to re-configure and develop the skills of the programme team

The existing Public Health Team is equipped with a range of valuable skills in engineering and health promotion. However as a more developmental approach is adopted the team will need to be reconfigured and equipped with a range of new skills and attitudes. These will include a more in depth understanding of approaches towards community participation and development as well as monitoring and evaluation. A more detailed analysis will be carried out after the strategy and forward options have been finalized.

4.2.5 Gender aspects

The National Change Strategy recognizes the need for all Oxfam GB programmes in Uganda to be based on a sound gender analysis. While there is some recognition of this in the Kitgum Public Health programme more detailed gender analysis needs to be undertaken in order to inform the design of specific programme components and ensure gender issues are embedded in both

4.2.6 The availability of resources

All of Oxfam's traditional donors in Uganda are currently considering how best to provide support to the recovery process. However it is clear that most envisage providing the bulk of their support either through the Government budget or through multi-lateral funding channels. While there will probably still be some resources available for direct service delivery it is clear that this will only be for a limited period in support of recovery efforts. However there might be opportunities for funding over a longer period for capacity building/innovation in support of the PRDP. If it becomes apparent that increased resource provision is not being made or that these are having limited impact on the ground Oxfam should continue to raise this issue and challenge Government and donor thinking and approaches.

5 Recommended programme interventions for the next 3-5 years

5.1 Justification, scope and approach

In Kitgum there are strong links between poor health and high levels of rural poverty. The District continues to be at high risk from manmade and associated natural disasters, particularly epidemic outbreaks. Given Oxfam's existing engagement and experience in public health there is therefore a compelling case for it to continue to be involved in this area. However this should be as one part of a more integrated programme approach alongside livelihoods interventions.

A number of specific interventions are required grouped into two types of activity; (a) service delivery and, (b) capacity building and partnership. In reality however there are areas of significant overlap between the two.

Service Delivery: The inputs and institutional capacity required to manage and implement recovery interventions are very significant and beyond the current ability of the District. There is therefore a clear case for Oxfam, alongside other partners, to continue to carry out service delivery interventions for a further period in support of immediate recovery efforts. However this should be for a time limited period, be on a reducing scale, and be sharply focused (up to 2 years).

The geographical **scope** of the current Public Health Programme is large. It currently operates in 31 Parishes within 8 sub counties. The needs assessment process used to determine which locations to work in was logical. However, when considering how many Parishes and communities to target in the future this approach should be revisited. The criteria used to select and prioritize Parishes and communities should be further developed to incorporate a broader assessment of vulnerability with locations then ranked accordingly. The recent vulnerability analysis carried out by the livelihoods team provides a useful starting point.

Determining the number of locations in which Oxfam should seek to work in the future requires careful thought. There are undoubtedly significant unmet needs. However the existing programme is already operating at full capacity and future work will require even more participatory and prolonged engagement with individual communities if sustainable long term impact is to be achieved. Available resources from donors are also likely to be dwindling. Given this there is arguably a strong case for actually scaling down the extent of the programmes existing geographical focus. It is extremely important to achieve a balance between the size of programme and the ability to deliver quality and timely outputs.

The **approach** taken to programming should rapidly shift from what currently remains a largely humanitarian response driven model towards a more developmental approach that is integrated with the livelihoods programme. This will involve some rethinking, and to a certain extent re-negotiation, of current relationships with the community, who still largely see Oxfam as the provider of humanitarian assistance. Interventions should be based on a participatory assessment process that involves a period of intensive interaction with the community with a plan of action drawn up that has clear community ownership. Key groups and individuals to

interact with at community level need to be identified early on in this process but care should be taken to avoid the impression that these individuals are “Oxfam volunteers”, either by the community or by the Oxfam team. Oxfam’s Community Health Facilitators have already, appropriately, been, absorbed into the Village Health Team Structure. The existing Public Health Facilitators role should be phased out once the current Hepatitis E Epidemic response is concluded.

Capacity building and partnership: There is a need for Oxfam to scale up its support to capacity building of both government and non government actors at the District and sub county level. The purpose of this support should be two fold; (a) to boost the immediate short term capacity of the district to help it to effectively manage the transition and recovery process and, (b) to build long term capacity, including in DRR, of the district, partners and communities.

This should include work that seeks to empower individuals and groups at community level (e.g. water users groups) to more effectively hold service providers and Government accountable.

Overarching: Throughout all of its work Oxfam should continue to seek to ensure that it is building and strengthening structures that enable those it is seeking to assist to have a greater voice and more effectively hold Government and other duty bearers accountable. This is important both in terms of achieving sustainable improvements in public health in Kitgum but also in order to help build a greater sense of inclusion and tackle the strong feelings of marginalization felt by many in the North.

Focused advocacy should therefore continue to be an important part of Oxfam’s work. This will best be achieved by ensuring that the experiences and issues emerging from work and partnerships at a local level are captured and used to develop advocacy approaches.

5.2 Service Delivery (time period 0-2 years)

Component 1: Ongoing delivery of water, sanitation and health promotion activities with a focus on return villages / sites

Rationale: Water and sanitation coverage rates are falling as return gathers pace with attendant public health risks. Communities themselves identified a lack of access to safe water supply as a major constraint to successful resettlement. There is some evidence that positive behaviour change partially realized at camp level is in danger of reversing as people settle in return villages. The functionality and effectiveness of Village Health Teams is variable and there are ongoing issues about the expectations being placed on them.

Approach: Improvements in access to safe water, or the need for livelihood inputs, should be used as an entry point for an integrated and comprehensive engagement with communities on public health and livelihood issues. This should be based on the development of plans of action initiated and owned by the communities themselves with roles and responsibilities clearly agreed.

For example; while the key entry point into an individual community might be the provision of a borehole or valley dam, a comprehensive approach and plan of action drawn up with the community might then also result in work to increase sanitation coverage and behaviour change, help with malaria control, and support for the development of the Village Health Team or other communal structures. Within such plans of action there should be scope for the promotion of innovation e.g. community based point of use water treatment methods.

Timing: An approach of this nature would require a period of fairly intensive engagement with individual communities for a period of up to six months followed by a period of ongoing support, monitoring and evaluation for a further six month period.

Link to National Change Strategy: Strategic Proposition for change 1: Reducing rural poverty

Component 2: Further development of effective management systems for motorized schemes prior to hand over.

Rationale: During the height of the humanitarian crisis Oxfam installed diesel powered motorized schemes in five main camps and has since been paying for their fuel and maintenance. As population numbers have fallen in the camps there has been recognition of the need to revisit the long term viability and sustainability of these systems. Some investigation and planning for their sustainable handover has already been carried out.

These schemes represent a significant investment. The camps themselves grew up around existing trading centers (of varying size) and it is inevitable that these locations will have a larger population size than before and that these people will need access to safe water. They will also become important focal points in terms of trade, access to health and other services, and small scale industry – all of which will have water requirements. In the event of insecurity (either from renewed LRA activity or other causes e.g. livestock raiding) they are also a natural point of refuge which people will flee too, even if only on a temporary basis with the attendant risk of epidemic outbreak if water and sanitation facilities cannot cope with sudden increases in population. Trying to ensure that the motorized systems remain functional and sustainable in the long term is therefore important both in terms of addressing rural poverty and disaster risk reduction and preparedness.

Current exit strategies are mainly focused on hand over to local Government authorities. However given the current low revenue base, and limited capacity and heavy workload of the District it is extremely doubtful whether this is truly viable if sustainability is to be achieved. Such an approach, while the same as that followed by many other NGO's and UN agencies, is also not consistent with emerging Government policy for water supply in small towns and rural growth centers which envisages such supplies being independently managed by either a Water Users Committee or Private Operator.

Approach: Building on what has already been done more in depth analysis should be conducted to determine system and consumer characteristics, potential revenue base (including the possibility of commercial users such as traders/shops) and appropriate technological solutions based on this. In consultation with the DWO and DWD appropriate management systems should then be developed. This could be the development of an independent water users association to operate the system or the contracting (by Government) of a private sector operator. Oxfam could also play a useful role in documenting lessons learned from this process for wider dissemination and use, especially considering that there are over 30 such systems in the North alone.

Timing: This approach would require extensive consultation with DWO/DWD and further feasibility work. Potentially it might include the development of Water Users Associations. It will also include monitoring and capture of lessons learned after handover. It would require substantial engagement over a period of up to 18 months.

Link to National Change Strategy: Strategic Proposition for change 1: Reducing rural poverty, Strategic Proposition for change 2: Increasing resilience to disasters.

5.3 Capacity building and partnership (0-5 years)

Component 3: Maintenance and strengthening of disaster response and disaster risk reduction capacity at District and sub-county level.

Rationale: Kitgum District is at risk from a variety of hazards that could give rise to the emergence of acute public health risks – particularly the threat of epidemics of water borne disease. These may occur as a result of further sudden population displacement or in relation to population movements into areas without safe water and sanitation provision. Experience has shown that the District lacks the capacity to respond to and manage these events effectively.

In the water and sanitation sector there is a need for the maintenance of response capacity at District level, and the strengthening of disaster response and DRR plans at all levels. Hazards and vulnerability related to water and sanitation need to be mainstreamed within broader DRR approaches. Oxfam is recognised for its specific expertise in these areas.

Approach: Two distinct but linked interventions are suggested:

- I. The development and maintenance, at district level, of a rapidly deployable emergency water and sanitation system/stock sufficient to mount an emergency response for up to 20,000 persons would be a significant contribution to the disaster response capacity of the District. Deployment rules and procedures would need to be developed as part of this and careful consideration should be given as to where such a system should be held

in readiness. One option might be for the Uganda Red Cross Society to be the custodians of the stock in coordination with the DWO.

- II. The provision of technical assistance to develop and strengthen DRR and disaster preparedness planning in the water and sanitation sector. This would involve the identification of hazards, risks and vulnerabilities in terms of water and sanitation issues and work to ensure that appropriate response measures were developed and mainstreamed into sectoral and DDMC plans at both the District and sub county level.

Timing: Work over a period of 12 months would be required to develop and implement these responses and ensure the proper capture and documentation of lessons learned.

Link to National Change Strategy: Strategic Proposition for change 1: Reducing rural poverty, Strategic Proposition for change 2: Increasing resilience to disasters.

Component 4: Provision of surge capacity within DWO to fulfill critical management, monitoring and implementation functions during the recovery period.

Rationale: During the recovery and transition period the DWO faces enormous challenges in scaling up its ability to respond to wide ranging and evolving needs. These include the construction of new, and rehabilitation of existing, facilities, operation and maintenance, coordination and planning and the management of contractors and service providers. However despite this current policy and staffing procedures in DWD provide very limited scope to deploy additional human resource capacity to cope with this.

The provisional of additional personnel with some attached associated finance for logistical support would do much to boost response capacity in the DWO Office during this critical period.

Approach: Oxfam should explore the feasibility of seconding up to two Public Health Engineers to the DWO office for a time limited period. It is important that this is seen as additional temporary support to help achieve recovery objectives and not an attempt to increase the permanent staffing establishment in Kitgum. The scope and ToR for these posts, and associated inputs, would need to be defined and agreed with both the DWO in Kitgum and DWD centrally. The persons deployed should be experienced but be clearly seen to report to the DWO.

Timing: To have meaningful impact a deployment of up to two years should be made.

Link to National Change Strategy: Strategic Proposition for change 1: Reducing rural poverty

Component 5: Technical support to the Office of the District Health Inspector to develop effective approaches to health promotion and hygiene and sanitation and to ensure the capture of lessons learned.

Rationale: The staffing establishment of the DHI is fully met. However this unit has a large number of tasks to perform including a major role in operationalising the Village Health Team policy and structure. A great deal has been done over the last few years to develop and deliver health promotion messages in response to epidemic outbreaks or other public health risks. However evidence of actual impact is distinctly lacking although, worryingly, there is some evidence to suggest that good hygiene practices are deteriorating in return locations.

The development of a more systematic and evidence based process of looking at the impact of past campaigns and messages and using this information to develop new approaches relevant to the evolving situation is important.

Approach: Oxfam should explore with the DHI the possibility of jointly undertaking studies on the impact of health promotion messages and campaigns (e.g. the Hepatitis E epidemic and on current knowledge attitudes and practices in relation to return). The results of such studies should be widely shared and used to develop and deliver new messages and delivery approaches relevant to the situation currently faced – with attached impact indicators. Lessons learned will be useful in the design of new approaches – particularly in response to epidemic outbreaks. The above could be undertaken by PHP staff or through temporary contracting/deployments around specific issues.

Timing: Several such studies could be undertaken over a 2-5 year period.

Link to National Change Strategy: Strategic Proposition for change 1: Reducing rural poverty, Strategic Proposition for change 2: Increasing resilience to disasters.

Component 6: Development of effective partnerships at national and district level to increase voice, accountability and develop opportunities to influence policy.

Rationale: If effective and sustainable change is to be realized in northern Uganda it is vital that communities become more informed and involved in issues related to the delivery of services, with people taking responsibility as well as claiming rights. Although extensive participatory approaches to planning and community involvement are articulated in Government policy in reality the extent of true engagement is weak. This is particularly the case in northern Uganda where the conflict has alienated the population from Government and humanitarian delivery models have sometimes undermined community ownership and responsibility. In order to address this it is important to build partnerships and “coalitions” with a variety of organizations.

It is important to focus on issues affecting service delivery at a local level and use partnerships and coalitions as a way of promoting, or building momentum for, change both locally and, when required, nationally and internationally.

Approach: A number of opportunities should be pursued.

- I. Identify and build the capacity of a local partner at District level: While Oxfam has established effective partnerships at District level with other NGO's there is no candidate immediately apparent to fulfill this role. Further analysis and work should be carried out to identify potential candidates and options. However this should be approached with caution as there is a danger of creating organizations that are resource supply driven rather than truly issue based.
- II. Empower a variety of existing community groups: Issues of voice and accountability should be further mainstreamed into the activities of the whole programme. This might include equipping a Water Users Committee with the knowledge and skills to effectively use its powers to demand services from the district or a Village Health Team with the confidence to raise an issue about the non availability of drugs in the Health Centre.
- III. Renewed engagement with the Uganda Water and Sanitation NGO Network: Oxfam played a major role in the formation of this network in 2000 and played the role of regional coordinator for capacity development in northern Uganda. Oxfam has currently only limited engagement with the network. UWASNET is a potentially important vehicle for capacity building of local partners and ensuring civil society's voice is heard in decision making and policy debates. UWASNET is extremely eager to strengthen it's this relationship and has recently approached Oxfam for help in developing its advocacy functions.

Timing: Long term engagement over a period of 3-5 years would be required to achieve results.

Link to National Change Strategy: Strategic Proposition for change 1: Reducing rural poverty, Strategic Proposition for change 3: Building Accountability.

Terms of Reference

North Uganda Public Health strategy and Proposal Development

1. Background

The humanitarian context in North Uganda has significantly evolved over the last 18 months as a result of the Cessation of Hostilities agreement signed between the Lord Resistance Army (LRA) and the Government of Uganda (GoU) and the upholding Juba peace talks which have resulted in an overall increased sense of safety and security amongst the IDP population.

Significant IDP movements out of the mother camps, encouraged by the GoU, have been taking place over the last few months. Even though anticipated at this time last year the movements have been quicker and wider in scope than originally planned. Return to villages of origin are still minimal compared to movements towards government-established satellite camps at parish level, but IDPs have nevertheless started accessing and exploiting their land, constructing houses and whole families have gradually started to settle outside the mother camps.

The Government of Uganda has stated its commitment to recovery and development of Northern Uganda through the approval of the Peace, Recovery, and Development Plan (PRDP) that all stakeholders are to adopt when implementing their programmes in the region.

Given the improving security situation, and the Internally Displaced Persons (IDP) movement patterns, the Office of the Prime Minister has proposed, and the IASC has accepted, the implementation of a Parish Approach for the transition from IDP mother camps. This entails provision of basic services to the overall population of a given parish, comprising of fully returned-home populations and transit populations.

Oxfam's Public Health programming in Kitgum to date has largely been humanitarian-focused, providing relief and services to communities displaced by conflict. Much of Oxfam's Public Health programming has been reactive, responding quickly to areas of need and delivering short-term high-quality interventions.

Kitgum district is prone to water-related and water-borne disease outbreaks like cholera. The current Hepatitis E outbreak, affecting populations both camps and in villages, is another example of the public health risks faced by the populations in different settings.

Short-term funding, though not affecting the outputs, which Oxfam has been able to deliver, has had an impact on learning, staff development and retention. Oxfam's current public health funding will expire in December 2008.

Since January 2007 Oxfam's water, sanitation and public health promotion (PH) as well as food security & livelihoods interventions have been shifting away from mother-camps-only to a mix of mother camps and return sites interventions. And in the coming years village-level interventions need to be anticipated should the Juba peace talks succeed. The overall beneficiary population remains the same but Oxfam has committed to work in multiple settings (mother camps, satellite camps and villages) following the return pattern of pre-movement IDPs.

The immediate challenges of such an approach to effective programming for the right people in the right place at the right time are multiple:

- difficulty to anticipate return patterns,
- multiplication of intervention sites,
- difficulty in community mobilisation,
- transport and access,
- staffing levels, etc...

In order to respond to the changing political and socio-economic context in North Uganda, Oxfam GB's country programme is committed to reviewing its Public Health and Livelihoods strategy in North Uganda as a core component of the Country Change Strategy Process.

In December 2006 the whole Kitgum team got together to analyse the evolving context and plan the year ahead. A further team meeting in November 2007 and countrywide National Change Strategy development meetings have paved the way for a three-year strategic plan of Oxfam's work in Kitgum District.

The team identified the Juba peace talks as the main driver of change for the populations currently displaced in North Uganda. As such, any future strategic direction for Oxfam in Northern Uganda will heavily depend on the success or failure of the peace process. With progress made in peace discussions in recent months, it is reasonable to anticipate (and plan for) a positive outcome of the peace talks, or at least a continuous status quo and the related continued return of displaced populations to their parish, if not their village, of origin.

2. Objectives

Taking into account the evolving context presented above and its associated challenges Oxfam needs to thoroughly review its approaches to ensure continued and sustainable access to potable water, safe sanitation and hygiene for the populations in Kitgum District.

Even though the end objective remains, a shift in approaches is key to ensure that:

- Inputs become assets for long-term development,

- Oxfam promote recovery initiatives by affected communities hinged on community based approaches,
- Oxfam's programme establishes the foundations of longer-term recovery alongside existing government structures,
- Oxfam's programme takes an integrated programming approach including advocacy focusing on access to basic service, governance and disaster risk reduction (especially water borne and water related disease outbreaks).

In this transition/rehabilitation phase, and while the future of the peace process remains uncertain, Oxfam will continue to seek funding from ECHO for its PH work. It is anticipated that after 2008, if the situation continues to improve, Oxfam will seek longer-term rehabilitation/development funding for this work if the North Uganda strategic review process establishes its longer-term relevance.

There is need, therefore, to conduct an in-depth analysis of the situation on ground, the unfolding challenges and identify feasible programmatic approaches to address them. It is on this premise that Oxfam seeks a consultant to lead a detailed study of current and foreseen needs and challenges and propose a new approach to PH programming in North Uganda aiming to maximise the relevance of our interventions taking into account evolving needs and to ensure that the necessary shift in approaches starts at programme planning stage.

3. Expected outputs

The consultant will deliver a three to five years strategy for Oxfam's public health, water and sanitation work in North Uganda, which will have the following characteristics:

- Be based on a detailed analysis of evolving community needs,
- Integrating public health and livelihoods programming where appropriate. E.g. in the area of water for livestock production and commercialized small holder agriculture,
- Integrating governance and advocacy focusing on provision of basic services as well as prevention and management of water borne or water related diseases,
- Considering mainstreamed approaches to gender-based violence and HIV&AIDS,
- Promoting recovery initiatives by affected communities,
- Mainstreaming DRR within PH programming,
- Promoting innovativeness and quality as part of a new community-based approach e.g. insurance of safe water chain through community based point of use water treatment methods
- Developing alliances / links / partnerships with public and private actors involved in the WASH sector.

This strategy will be developed with, shared and validated by staff and partners through consultations and a final workshop.

The strategy will include a section on resources needed (financial as well as human) and funding options.

The second output of this project will be a high quality proposal ready for submission to donors to secure funding for the priorities identified in the strategic plan above.

4. Key Activities

The consultant will work closely with a young female Ugandan engineer graduate who has worked for Oxfam on the recent floods response and showed good potential for development. The consultant will also be responsible for hiring specialized help for certain activities as he/she deems necessary

Working closely with the PH team, the following activities are anticipated with timelines:

- Staff consultations (Kitgum and Kampala)
- Detailed context analysis including stakeholder consultations at District (8 sub-counties) and national level
- Detailed and community-based needs analysis
- Donor consultations
- Review of evaluation report and other experiences in Uganda or in other Oxfam programmes
- Carry out a skills and competences analysis leading to capacity building needs of Oxfam staff and potential partners
- Present and validate strategies with Oxfam staff and partners through a workshop
- Report writing
- Proposal development and writing (with strong input from the team).

Important parts of the final document will include:

- Identification of appropriate technological options to meet changing needs, including mapping out potential partners for alternative technologies if required
- Practical recommendations for incorporating DRR activities within PH programme,
- Priorities for Oxfam's advocacy around governance, access to basic services and DRR,
- Analysis of opportunities for engagement with private and public sector stakeholders and document recommended actions / objectives.
- Resource plan, including staffing, logistics and funding.

The methodology will be developed by the consultant identified to undertake the assignment but it is anticipated that it will include:

- Background reading,
- Meetings with key stakeholders, including staff and partners,
- Policy / legislation review,
- Community-based needs analysis.

5. Expertise required

In order to accomplish the objectives of the evaluation, the team will need to include people with the following skills:

- Broad knowledge of humanitarian and development issues and ability to think strategically about long-term programming, including policy and advocacy
- Experience in the context (post/current conflict, political instability, nascent states, humanitarian/development (LRRD).
- Experience of designing rural water, sanitation and hygiene promotion programmes, particularly in areas of post-conflict,
- Experience in strategic development methods and design
- Knowledge of gender issues in rural/conservative areas
- Cultural sensitivities,
- Solid understanding of necessity of policy and advocacy work
- Experience with community development and community-based organisations
- Knowledge of organisational development
- Experience with Oxfam an asset
- Luwo language skills an asset
- Team must be independent, but collaborative, willing to share thoughts and ideas, and be constructively critical

6. Duration

The PH strategy and associated operational should be finalised at the latest on 8th September 2008.

The proposal should be delivered by the consultant to Oxfam at the latest by 22nd September 2008.

Interested parties are expected to plan the size of the team according to the number of person/days they feel are necessary to carry it the assignment satisfactorily.

7. Budget and logistics

Firms or individuals interested to apply for this assignment should present an offer in GBP with a comprehensive detailed budget to include: transport, including transfers (as applicable), daily fees and daily expenses (to cover accommodation).

Office space and telephone, local transport and translation will be provided locally by Oxfam GB.

8. Deadline for reception of offers

Offers should be submitted by email at the latest on **1st August 2008** at the following address: kampalajobs@oxfam.org.uk. Offers received by any other means won't be taken into consideration.

Offers should include a financial offer and the CV of proposed consultants as well as the interpretation of the TORs and methodology proposed.

Only selected bidders/candidates will be contacted.

Oxfam GB won't reply to any phone enquiry.

Ends

Alyssa Boulares

HPC – Uganda

7 July 2008

