



EUROPEAN COMMISSION  
HUMANITARIAN AID OFFICE (ECHO)

**Humanitarian Aid Decision**  
**Article 23 02 01 of the general budget of the European Union**

**Title: Humanitarian aid in favour of the people of Uganda to relieve vulnerable population groups affected by insecurity and climatic hazards.**

Location of operation: **Uganda**

Amount of decision: **6 Million euro**

Decision reference number: **ECHO/UGA/BUD/2004/01000**

**Explanatory Memorandum**

**1 - Rationale, needs and target population:**

1.1. - Rationale:

The humanitarian situation in northern, central and eastern Uganda, Acholiland, Teso<sup>1</sup> and Lango deteriorated considerably in 2003, in the words of the Under Secretary of the UN for humanitarian affairs and emergency relief coordinator, Jan Egeland, "*The conflict in northern Uganda is the biggest forgotten, neglected humanitarian emergency in the world today.*"<sup>2</sup> An additional 500,000<sup>3</sup> people became displaced totalling an estimated 1,217,000<sup>1</sup>, and if one takes into consideration the local host population, 2 million people (abducted children, night commuters, displaced people living in IDP camps and refugees) are affected by the humanitarian crisis. Given that at the beginning of 2002 there was talk of resettlement and rehabilitation, the end of 2003 saw a greater awareness by the Ugandan government of the need to accept third party facilitation as a remedy to the conflict and open up to peace talks. The European Parliament in its Resolution on Northern Uganda on 3<sup>rd</sup> July, 2003, condemning such attacks, requesting emergency support from ECHO, and asking for a solution to the conflict. The crisis has engendered more needs in a wider geographical area than before. The LRA attacks have caused high insecurity outside Acholiland targeting districts further south such as Lira<sup>4</sup>, Soroti and Katakwi<sup>5</sup> and worryingly reaching central

<sup>1</sup> In Teso there is an estimated 330,000<sup>1</sup> more IDPs than last year due to the displacement which took place from July-October 2003. UNHCR Figures in September 2003 documented at :

<http://www.reliefweb.int/w/rwb.nsf/unid/37070a76bd15171085256dc500749b63>

<sup>2</sup> <http://www.reliefweb.int/w/rwb.nsf/s/E1F176894430FDEEC1256DDB0056EA4C>

<sup>3</sup> "Uganda's displaced population increased by a third (over 300,000) last June, when the LRA made a push into the eastern Teso region, nearly doubling the amount of territory under siege". Panafrican News Agency 20/11/03.

<sup>4</sup> Acholi Religious Leaders have stated, "*we need food, shelter, water and health assistance urgently. Lira town in flooded with internally displaced people beyond its capacity*", MISNA, 20/11/03.

<sup>5</sup> Christine Aporu, Minister of State for Disaster Preparedness on 27/11/03 told a meeting on the Teso-Karamoja conflict in Kampala that the number of IDPs in Katakwi was over 200,000. According to the 2002 population census, Katakwi district has a population of 267,304. "The situation of IDPs in Katakwi is

parts of the country, some taking place under 300km Northeast of the country's capital, Kampala.

The main reason for the humanitarian crisis is the high level of insecurity, which has brought economic activities to a near stand-still, and has forced an almost unmanageable number of people to leave their homes and to live in camps.

The second reason for insecurity causing displacement, though much less important in its scale, is the cattle raiding by Karimojong warriors in North-eastern Uganda, affecting Kotido, Kitgum, Pader and Lira, with the latter 3 districts being affected by the LRA as well and thus compounding the problems of the peoples living in these districts. The consequences of this cattle raiding, ongoing for centuries and by many regarded as a cultural tradition of the Karimojong, has reached intolerable dimensions with the advent of modern firearms in the region. An estimated 260,000 people<sup>6</sup>, two thirds of the population of Katakwi district<sup>7</sup> is displaced, and has completely lost their household economy.

Thirdly, Uganda's relative generous open-door policy has encouraged citizens of neighbouring countries to seek protection within its borders. The present refugee population in Uganda is 210,600<sup>8</sup>. They are mainly Rwandan, Congolese and Sudanese, the majority coming from Southern Sudan.

## 1.2. - Identified needs:

Recent developments (failure of peace talks in April 2003, stepping up of LRA hostilities especially in Teso) have led to a direct increase in needs. Displacement has led to the gathering of tens of thousands of people in compounded areas, where basic services are inadequate or unavailable and made worse by an increase in child abductions and the prevalence of the "night-commuter" phenomenon.

Displacement has several forms. Some displacement has been caused by the Ugandan army (UPDF: Ugandan Peoples Defence Forces). Some areas have experienced enforced displacement as a direct result of the LRA attacks, killings or lootings. Finally, especially for people living near the main towns, and as is the case in Teso, namely Soroti, displacement is due to the LRA insurgency and fear of abduction.

The following should be given particular emphasis by the humanitarian community:

**Health and Nutrition:** this sector is always a major concern in a crisis situation, and particularly where over-crowded conditions with poor sanitation are likely to facilitate the spread of epidemic disease. Particular concern is expressed over the possibility of epidemic and limited resources/capacity for its control, the low rate of immunization, and the approach of the malaria season without adequate preventative education or drug availability. Over and above this, while Uganda has built a well-deserved reputation for tackling the issue of HIV/AIDS at an early stage and achieving a reduction in infection rates, in contrast to

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getting out of hand. Almost everybody in Katakwi district is living in camps. *"It high time we resolved the conflict between the Iteso and the Karimojong. It is very expensive and difficult to keep people in the camps."*

<sup>6</sup> School enrolment figures crosschecked by Concern (Mission report April 2004).

<sup>7</sup> Latest reports: total population of Katakwi district: 307,000. (was 267,304 - see above footnote which may now be deleted).

<sup>8</sup> UNHCR Figures in September 2003 documented at :

<http://www.reliefweb.int/w/rwb.nsf/unid/37070a76bd15171085256dc500749b63>

southern regions, rates in the north are now rising steeply. Sexually Transmitted Diseases (STDs) have surged and continue to increase, with HIV infection rates as high as 12.5% in the camps. Malaria prevalence in under-fives reaches 77% compared to 40% countrywide. Immunisation reaches 25% coverage compared to 44.3% nationally. Maternal mortality is high at 1,200/100,000 live births, and more than twice the national average<sup>9</sup>.

On-going conflict, combined with drought and resultant food insecurity in some areas, is already having an impact on the nutritional status of the population. Cases of malnutrition have already appeared, although lack of access means that there is a degree of discrepancy in the figures and different organisations also cover different geographical areas. Rising rates of malnutrition were noted earlier this year in recent assessment missions (particularly in Pader<sup>10</sup> where 14% global acute malnutrition has been cited). By July 2003, malnutrition rates had not yet reached acute emergency levels, however, they have risen steadily as predicted in the earlier EDF Funding decision this year<sup>11</sup>. In the camps, the data shows a range of 6.7-12.3% malnutrition in children < 5 years old. Recent figures from Soroti, confirm malnutrition at the higher end of the range. Other factors impact on the rate of admission: insecurity hampers access and mothers lack education on 'warning signs'.

While global statistics on the current health situation are not available because of the lack of access to relevant areas, qualitative information suggests a sharp deterioration of the health situation during 2003 due to further displacement and dwindling resources of the vulnerable groups concerned. Lack of quantities of safe water, sanitation facilities and food, is leading to the spreading of water born diseases, acute respiratory infections, and sharply increase the risk of communicable diseases such as cholera. In eastern Uganda, the increasing number of IDPs has overwhelmed the capacity of local relief organisations to respond, triggering a health crisis. Overcrowded IDP camps with inadequate water and sanitation facilities have led to poor health among IDPs. Where schools double as IDP camps, illnesses quickly spread to students and local residents (cf: Education above)<sup>12</sup>.

At the same time significant numbers of rural health posts have been looted, damaged and abandoned by staff over the past months. The remaining health posts, cut off from supply lines, are facing drug shortages and must be considered non-operational. Health centres in the camps around Kitgum and Gulu are undersupplied and oversubscribed, with the pressures being placed on them almost untenable. The supply of the whole range of health services in the region is therefore reduced to a few health units, mainly in urban and peri-urban areas, notably the district hospitals. Available hospital data show that between June and September 2002, compared with the same period in 2001, the number of consultations and drug consumption in the Out Patient Departments of the 4 hospitals in Kitgum, Gulu and Pader has increased by 40% (cases also include a high number of patients suffering from gunshots, confirming that northern Uganda has become a war zone), without additional Government resources being made available to these overburdened health structures, which are all facing serious drug shortages and a lack of experienced personnel.

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<sup>9</sup> AVSI and national statistics

<sup>10</sup> Already before the deterioration of the security situation following operation Iron Fist, the health situation in Northern Uganda has been chronically very difficult. In Pader district, for example, Crude Mortality Rate (CMR) was up to 1.33/10,000/day and Under 5 Mortality Rate (U5 MR) at 2.23/10,000/day. In Kitgum district, the CMR was at 1.41/10,000/day, and the U5 MR was 1.98/10,000/day.

<sup>11</sup> ECHO/UGA/254/2003/01000 (B-ENV): € 2,000,000: Health and Nutrition paragraph.

<sup>12</sup> Uganda Complex Emergency Situation Report (FY 2004)  
<http://www.reliefweb.int/w/rwb.nsf/unid/37070a76bd15171085256dc500749b63>

**Water/Sanitation:** The latrine coverage is in average less than 20% in the camps, and the water coverage is in some of them below 3 litres/person/day, while five is a minimum for drinking and cooking, and 15 to 20 if body hygiene and washing clothes are added<sup>13</sup>.

Already before the events following operation Iron Fist in March 2002, lack of knowledge of proper hygiene and sanitary practices coupled with the general overcrowding in “protected villages” and low water coverage were contributing to the prevalence of diseases such as malaria, diarrhoea and respiratory infections. Furthermore, the needs of the population are likely to be on the rise during the rainy season from April-July 2004 and therefore interventions by partners which seek to address the rise in possible outbreaks of disease in the newly created camps will be of great importance. Shortcomings in sanitation were critically exposed during the last Ebola outbreak in Gulu district in 2000/2001. As an example, in Gulu district IDP camps, the latrine coverage was 18.22%, and the water availability was at a mere 3.55 litres/person/day. Water and sanitation has since then notably deteriorated in the areas where people concentrate in high numbers. Furthermore, hospitals are often chosen by the IDPs as gathering points, hampering the quality of medical care that these structures offer, and exposing the patients to additional health risks. Availability of safe water in terms of number of litres per person per day, and the number of latrines per persons is far below the lower standards recommended in emergency conditions. While up-to-date global statistics are not available due to lack of access, regularly reported figures, such as 3000 to 5000 persons per water point (Acet and Pagak IDP camps) and 300 persons per latrine stance (Kitgum Public School IDP camp), suggest a very difficult situation. A rough estimate carried out in July 2003 for the water and sanitation sector in the camps is that 20% of the needs are covered.

**Food Security:** due to inadequate and unpredictable rains, the 2002 harvest in Kotido, Kitgum and Pader districts has completely failed, with some 80% of the yield lost. The decrease in production has been further aggravated by the fact that farmers did not manage to harvest all their crops, as insecurity (which even strongly hampers effective WFP food distribution) made the fields inaccessible<sup>14</sup>. For the same reason, farmers were not able to generate seeds for the next planting season. Tradable assets in the form of livestock and other goods are in very short supply as a result of either cattle raiding and looting by the LRA or Karimojong warriors. As a result, vulnerability to food insecurity in the coming months is set to become very high and may precipitate an increase in displacement or a general increase in food related morbidity and mortality.

In Acholiland, whereas the population, even in sites, was able to maintain considerable self-sufficiency through agriculture and other economic activity before the present deterioration (WFP needed to supply 30% food ration only), it is now – as a result of access constraints posed by insecurity – 100% dependent upon humanitarian assistance. The total number in sites has been estimated (and may be higher), but access to a number of areas is extremely limited – if possible at all – to a number of areas and full assessment has not been possible.

The situation for the refugees from Southern Sudan and from Congo that live in camps is currently the same as for the IDPs. The present refugee population in Uganda is 210,600<sup>15</sup>.

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<sup>13</sup> ACF

<sup>14</sup> WFP

<sup>15</sup> UNHCR Figures in September 2003 documented at :  
<http://www.reliefweb.int/w/rwb.nsf/unid/37070a76bd15171085256dc500749b63>

**Non-food Items:** the needs in the sector of non-food-items are different according to the type of displacement. Most affected are the households that left their place of origin following an LRA or Karimojong attack, or fighting between the LRA and the Ugandan Army. These households (100,000 people in Lira, Soroti and Pader respectively), have in most cases lost all their belongings. Other families that moved to IDP camps or other compounded areas as a preventive measure have often taken at least part of their belongings with them but are still in need of shelter<sup>16</sup>.

**Protection and Coordination:** The conflict in Northern Uganda has been characterised by an appalling brutality and terror. The terror campaigns of the LRA against the local population are indeed among the worst of their kind. Children have been abducted<sup>17</sup>, often after having been forced to kill their own families so as to alienate them from their community, and have been taught to terrorise and kill. Girls are usually “married” to senior adult rebels. While some manage to escape, the overall number of children still held in captivity is estimated to be above 10.000. And indeed after 16 years of war, many suggest that the large majority of present LRA fighters are actually formerly abducted children. While the recent evolution of the conflict, notably the fact that the LRA left its bases in Sudan, increased the number of abductions, it also enabled many abducted children to escape. Currently, the number of former child soldiers in rehabilitation centres is increasing.

### 1.3. - Target population and regions concerned:

**The Internally Displaced and Refugees in Sites:** The number of displaced in sites has substantially increased over recent months: by October 2003, there were 17 camps in Kitgum, 33 in Gulu, 12 in Pader and newly created camps in Teso. This is the first time the Teso population has been hit by attacks from the LRA. Terrified, the population has fled en masse and gathered in the town of Soroti where they have found shelter in the schools and public buildings. Since the incursion of LRA on 15<sup>th</sup> June at Obalaya, there has been population displacement from Katakwi district and from the sub-counties of Tubur, Katine, Arapai and Gweri in Soroti district. The Town of Soroti originally had 43,000 inhabitants and by mid-August this population had tripled. The latest estimated population displaced is 92,000. The sites have developed ‘spontaneously’ with insufficient planning or provision of necessary infrastructure. The main towns house many night-commuters, whose temporary stay is now becoming permanent with the consequence that installations (schools, churches, road-sides protected by verandas, electricity installations) are now doubling up as unofficial IDP camps where little provision is made for the needs such as water provision, sanitation, and extremely limited social services (including health and education).

**Resident Population/Host Communities:** The needs of the host population are also acute. Social and economic infrastructure has been damaged by on-going conflict and they are exposed to attack and looting by the rebels and under suspicion from the UPDF. The region and its residents suffer not only from the current conflict, but also from chronic underdevelopment (now also impacted upon by HIV/AIDS). To compound the difficult situation of the population that did not leave their homes, they have now to share their already reduced resources with IDPs and Refugees living in nearby camps.

**‘Night-commuters’:** As mentioned above, even those families who have remained in their homes are often wary of doing so in periods of intense military or rebel activity. Thus the north has seen a phenomenon of temporary or overnight displacement. There is currently an

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<sup>16</sup> Red Cross

<sup>17</sup> UNICEF report dated 30/10/03.

estimated 13,000 and 7,000 “night-commuters” in Gulu and Kitgum respectively, with figures tripling in Gulu town alone between February and May 2003. The most recent reports coming out of Lira district are very worrying: it has recently been the central target of attacks by the LRA. It has meant that a lot of the villages are abandoned as the huts and grain stores are set alight, and villagers overcrowd the already crowded central market area. The majority of night-commuters are children who walk up to 10 km to seek refuge from the threat of LRA abductions. They are vulnerable and open to abuse and sexual exploitation. As the rainy season starts in April 2004, sheltered space will be at a premium and the potential for serious epidemics will rise.

**Children:** The night-commuter phenomenon aside, the vulnerability of children in the North has now become a generic one affecting their future and their livelihoods. In times of conflict, children are always vulnerable, but in few others do they suffer so greatly. From its inception, the LRA has used abduction of children as a form of ‘recruitment’, often targeting younger children who can be terrorised, controlled, and whose moral framework is not yet fully developed and can be ‘moulded’. Once captured, they are subjected to, and forced to commit, acts of unspeakable brutality as psychological dominance is established. Those who do not comply or who seek, unsuccessfully, to escape, face torture and death. Children of either sex may be used as porters or ‘soldiers’, but the girls face also sexual abuse as the ‘wives’ of rebel commanders<sup>18</sup>. The abductions of the LRA terrorise the population as a whole, and the predominance of children among the night-commuters – many of whom walk for many hours morning and evening to reach this relative security – dramatically underlines the specific threat to them. From June 2002 – June 2003 alone, 8,400<sup>19</sup> children were abducted in Gulu district alone compared to 100 during the same period in the previous year. An alarming total of 20,000 children<sup>20</sup> have been abducted during the 17-year lifetime of the LRA’s insurgency.

- *Child Soldiers:* While with the LRA, against their will, in the eyes of the authorities their ‘status’ appears ambivalent. It can be noted with concern that UPDF statements on the LRA – whether groups attacking, captured or killed – refer almost exclusively to the ‘rebels’, even where those who may have died in clashes are very young children. It is recognized that the use of abducted children does pose a real dilemma: an armed 14-year old boy can be as dangerous as an adult soldier. Yet, if these ‘soldiers’, victims themselves, are to be recovered, then every effort must be made to address this issue with sensitivity.
- *Former Abductees:* A small number of abductees either manage to escape or surrender. Even for these, the future may be extremely bleak. While some physical wounds will heal, the psychological trauma will be with these children for their lifetime. They are, indeed, a ‘lost generation’. It appears that most have relatives ready and willing to accept them and the only difficulty is related to child-mothers, where the baby represented an additional burden on resources. Grassroots initiatives, created by the population, receive limited, if any, material support from the Government or District. The recruitment by the UPDF of former abductees is commonplace, through coercion used at a time when youths are particularly vulnerable to psychological pressure.
- *Children in Education:* The crisis in the North and central parts of the country is having an unprecedented effect on the welfare and prospects for the children of Uganda. This

<sup>18</sup> WFP News Service 09/10/03 (Agence France-Presse).

<sup>19</sup> WFP press release of 29/07/03.

<sup>20</sup> BBC Article 12/10/03, “Ugandan troops free abductees”.

is due to the high insecurity in the affected areas<sup>21</sup>. As a direct result, many schools have closed, others function intermittently leading to a direct interruption of childhood learning and eventual prospects for a whole generation whose chances of earning a living become more and more precarious in what could be seen as a downward spiral for such children.

The problem is further compounded by the fact that children of all ages are becoming displaced, some moving out of areas where their schools are based, to seek refuge in town centres (the “night commuter” phenomenon); others seeking refuge in either closed or poorly functioning schools, affecting the education of the children in those schools as the numbers increase dramatically, leading to poor conditions for effective learning in a climate of make-shift education. Given that some schools almost function like semi-IDP camps, the associated problems of such vulnerability are also prevalent (poor health and sanitary situation). There can be little doubt that schools in the North and Central part of Uganda are not functioning as well as they could be, and, as a direct result of the rebel insurgency, the future of Uganda’s young is directly at stake. The total estimated number of displaced students is 250,000.<sup>22</sup>

#### 1.4. - Risk assessment and possible constraints:

ECHO’s approach is one of going through a ‘window of opportunity’ as soon as one opens. Funds are channelled where they can best reach those in need and in timely fashion, for example when there is a lull in hostilities. The unpredictable nature of the LRA’s attacks mean that some areas are inaccessible for a long period of time. Relief agencies need to be able to channel their aid as soon as roads open up or when there is sufficient protection from the army. The main constraint for the effective implementation of humanitarian projects in affected regions is the high insecurity, which is making access to the populations in need very difficult and an issue of key concern. Due to the insecurity, only a few humanitarian agencies have established a presence in the affected districts in the North and central parts of the country now under attack, and are capable of implementing humanitarian assistance effectively under current circumstances.

Whilst, the advance in peace talks in Sudan, together with Uganda’s role as the chair of IGAD and its moves towards sustained peace with DRC and Rwanda, are likely to lead to a degree of stability for the region which may lead to a reduction in LRA activity, it is not envisaged, at this stage, however, that there will be an immediate effect on the humanitarian situation in 2004, with an increasing deterioration likely in the short term. Even if the situation were to improve dramatically in the event that there was third party intervention, the immediate input would involve resettlement and rehabilitation to reverse the continuing upward trend of mass displacement.

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<sup>21</sup> Attention is drawn by July 2003 Article “Women’s Commission for Refugee Women and Children”, para. 5 and in a letter received by ECHO in October 2003 from Kacoke Madit, an organisation representing the Acholi population in the diaspora, with its HQ in Denmark.

<sup>22</sup> Children represent 21% of the population: 0.21 x 1,217,000 IDPs.

## 2 - Objectives and components of the humanitarian intervention proposed:

### 2.1. – Objectives:

The objective is to assist vulnerable population groups affected by insecurity and climatic hazards in Uganda.

### 2.2. - Components:

ECHO's response will be to focus on the sectors of health and nutrition, water and sanitation, food security, non-food items, protection and coordination, with particular attention being paid to ECHO's strategic priorities, vulnerable groups (covering women and children) and improved water coverage.

The European Parliament's Resolution of 3<sup>rd</sup> July specifically asks ECHO to have a "*rapid response to the looming humanitarian crisis... through increased emergency support for displaced persons*".<sup>23</sup>

Following missions to the field which revealed the appalling context in which the conflict is being allowed to flourish, Uganda is placed high on ECHO's Agenda for 2004; as a "forgotten crisis" where the "forgotten needs" of IDPs will be addressed.

- **Health and nutrition:** Activities will primarily aim at supporting access of target groups to medical and primary health care services in relevant districts. This will entail continuing support partners who work in hospitals in the Northern districts, namely supporting the hospital infrastructures (medical supplies, appropriate staffing, SFCs and TFCs); immunisation and vaccination campaigns, attention to HIV/AIDS awareness-raising components in health packages.) Enabling as well, the rapid response to epidemics through regular monitoring of their evolution, and ensuring partners are ready to respond appropriately. ECHO will also focus on malnutrition rates believing that this provides the basis for an awareness of the extent of the humanitarian crisis and feed into its analysis so as to gauge the relevance of operations. To this end, ECHO will continue to coordinate with the other actors present on the ground and those able to acquire the relevant data (government, WFP, ACF, etc.)
- **Water and sanitation:** Water is one of ECHO's priorities in 2004. In Uganda, ECHO already works with partners that are aware of the increasing needs of the beneficiaries. In 2004, ECHO will focus on water access for the populations in need. The limited provision of drinking water or adequate sanitation facilities in the camps needs to be addressed. The availability of water and sanitation is essential for the population and inadequate facilities have far-reaching effects on, in particular, health and nutrition. In terms of evaluation of the needs of the population, ECHO will endeavour to ensure that the partners working in the field provide the necessary information that can feed into the wider analysis of evaluation. The problem of establishing water and sanitation provision is compounded by the difficulty of predicting the length of the crisis and, thus, the longer-term requirement for more permanent structures.
- **Food Security:** Activities will primarily aim at reducing food aid dependency of most vulnerable groups, through supporting their livelihoods through alternative actions to

<sup>23</sup> European Parliament Resolution adopted 03/07/03 in Strasbourg: <http://www3.europarl.eu.int>.



food aid (e.g. seeds and tools distribution as soon as field are accessible). ECHO traditionally intervenes in districts where there is no or little food aid, this in an effort to encourage complementarity of action and good coordination whilst reaching those who would otherwise be deprived of food aid.

- **Non-Food Items:** Activities will primarily aim at assisting target groups in terms of shelter and household and related assets. Given the increase of numbers displaced during 2003, together with the structures that house them, this is an area of policy that requires specific attention.
- **Protection and Coordination:** ECHO is becoming increasingly concerned about the lack of protection for the people in the North. NGOs and the UN alike have recently drawn international attention to the matter. As part of protection initiatives, ECHO will continue to give priority to mine awareness and training courses and reporting methods for people in the camps in the context of multi-sectorial interventions. Initiatives aimed at the rehabilitation<sup>24</sup> of child soldiers will continue to be supported. Further initiatives must be taken in the attempt to encourage partners to plan protection initiatives. Two Resolutions<sup>25</sup> at EU level during the course of 2003 drew attention to the violations of child rights and the need to put an end to child soldiers in conflict. Furthermore, ECHO will also support UN OCHA's coordination role by stepping up support to the new offices in the conflict zone:

### **3 - Duration foreseen for actions within the framework of the proposed decision:**

The duration for the implementation of this decision will be **15 months**.

Humanitarian operations funded by this decision must be implemented within this period.

Expenditure under this Decision shall be eligible from 1<sup>st</sup> January 2004.

If the implementation of the actions envisaged in this decision is suspended due to *force majeure* or any comparable circumstance, the period of suspension will not be taken into account for the calculation of the duration of the decision.

Depending on the evolution of the situation in the field, the Commission reserves the right to terminate the agreements signed with the implementing humanitarian organisations where the suspension of activities is for a period of more than one third of the total planned duration of the action. The procedure established in the Framework Partnership Agreement in this respect will be applied.

### **4 – Previous interventions/decisions of the Commission within the context of the crisis concerned herewith**

During 2000-2002, ECHO funds made available for Uganda total nearly € 3 million (€ 2,930,000). An additional € 8 million has been made available in 2003, nearly all of which have been allocated, with this current decision incurring a total of **€ 6 million available for Uganda in 2004**.

<sup>24</sup> This covers medical and psychological support.

<sup>25</sup> European Parliament Resolution adopted 03/07/03 in Strasbourg: <http://www3.europarl.eu.int> and the Resolution of the ACP-EU Joint Parliamentary Assembly adopted on 15/10/03. Ref: ACP-EU 3587/03/fin.



ECHO/UGA/BUD/2004/01000

## Donors in Uganda in 2003

1. EU Member States <sup>(*)</sup>		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria		ECHO	8.000.000	UN Appeal	86.000
Belgium		AIDCO (B-ENM)	117.000.000	OFDA	3.340.000
Denmark		DEV (9th EDF)	246.000.000	FOOD FOR PEACE	4.340.000
Finland	200.000			GTZ (CARITAS)	167.000
France				UNICEF	836.000
Germany	970.060				
Greece					
Ireland	400.000				
Italy					
Luxembourg					
Netherlands	550.000				
Portugal					
Spain					
Sweden	3.800.000				
United Kingdom	2.100.000				
<b>Subtotal</b>	<b>8.020.060</b>	<b>Subtotal</b>	<b>371.000.000</b>	<b>Subtotal</b>	<b>8.769.000</b>
		<b>Grand total</b>	<b>387.789.060</b>		

Dated: 02/12/2003

<sup>(\*)</sup> Source: ECHO 14 Points reporting system for Member States. <https://nac.cec.eu.int>

Empty cells means either no information is available or no contribution.

**6 –Amount of decision and distribution by specific objectives:**6.1. - Total amount of the decision: **6 Mio. EUR**

6.2. - Budget breakdown for the General Objective:

General objective: <i>To relieve vulnerable population groups affected by insecurity and climatic hazards</i>			
Specific objective:	Allocated amount by specific objective (€)	Potential partners*	Possible geographical area of operation
To assist vulnerable population groups affected by insecurity and climatic hazards. (Health and nutrition, Water and sanitation, Non food items, Food security, Protection and coordination)	6,000,000	AVSI, OXFAM, ACF, IRC, CARE, UNHCR, MSF, AISPO, DCA, MEDAIR, Red Cross, UNOCHA, GOAL, GAA, WV, COOPI and Action Aid	Northern, eastern, central and western districts of Uganda (notably Gulu, Kitgum, Pader, Kotido, Katakwi, Soroti, Lira, Kaberamaido, Nebbi and Bundibugyo)
TOTAL	6,000,000		

## COMMISSION DECISION

of

### on the financing of humanitarian operations from the general budget of the European Union in Uganda

#### THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Communities,  
 Having regard to Council Regulation (EC) No 1257/96 of 20 June 1996 concerning humanitarian aid<sup>26</sup>, and in particular Article 15(2) thereof,

Whereas:

- 1) The effects of high insecurity has led up to 1,217,000 persons to be displaced in Northern, North-Eastern and more recently, the Central districts of Uganda in the Teso Region (Katakwi and Soroti), including Acholiland (Gulu, Kitgum and Pader) where 80% of the population is now displaced;
- 2) The conflict has led to the creation of an increasing number of IDP camps and caused a rise of 500,000 IDPs since June 2003;
- 3) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of **15** months;
- 4) It is estimated that an amount of 6,000,000 € from budget article 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance to vulnerable population groups affected by insecurity in Uganda;
- 5) In accordance with Article 17 (3) of Regulation (EC) No 1257/96 the Humanitarian Aid Committee gave a favourable opinion on 19 February 2004.

HAS DECIDED AS FOLLOWS:

#### *Article 1*

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of **6 Million euro** for humanitarian aid operations humanitarian aid in favour of the people of Uganda to relieve vulnerable population groups affected by insecurity and climatic hazards in Uganda by using article 23 02 01 of the general budget of the European Union.
2. In accordance with Article 2 of Regulation (EC) No 1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objective:

To assist vulnerable population groups affected by insecurity and climatic hazards.

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<sup>26</sup> OJ L 163, 2.7.1996, p. 1-6

*Article 2*

1. The duration for the implementation of this decision shall be for a maximum period of **15** months, starting on **01.01.2004**. Expenditure under this Decision shall be eligible from that date.
2. If the operations envisaged in this Decision are suspended owing to *force majeure* or comparable circumstances, the period of suspension shall not be taken into account for the calculation of the duration of the implementation of this Decision.

*Article 3*

This Decision shall take effect on the date of its adoption.

Done at Brussels,

*For the Commission*

*Member of the Commission*

Specific objective:	Allocated amount by specific objective (€)
To assist vulnerable population groups affected by insecurity and climatic hazards (Health and nutrition, Water and sanitation, Non food items, Food security, Protection and Coordination)	6,000,000
<b>TOTAL</b>	<b>6,000,000</b>