

**2010 CONSOLIDATED APPEAL - UGANDA**  
**FOOD SECURITY and AGRICULTURAL LIVELIHOODS SECTOR**  
**Monitoring Report for January - April**  
**ACHOLI SUB-REGION**

*The progress chart operates in two levels: the text in each box expresses the indicators of the SECTORS and the colors show the trend, toward meeting the target by the end of 2010.*

	<b>ON TRACK:</b> Target already met or expected to be met during 2010
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**OVERVIEW, PRIORITY GAPS, ACTIONS REQUIRED:**

The quarter represents the planting period of the first season, characterised by diminishing food stocks as farmers use up their stored grains – as seed for planting and consumption (food) – without replacement until the next harvest between June- August. Therefore the low dietary diversity and food stocks are only a temporary situation which will be offset by the increased acreages cultivated as soon as the harvest period sets in.

General food support to the extremely vulnerable individuals as well as those suffering from moderate and acute malnutrition continued during the reporting period. However support to the EVIs is expected to stop in June 2010. Latest information on GAM rates and other nutritional indicators was not available for the reporting period as the joint Food security and Nutrition Assessment is planned for July/Aug 2010.

Support to agricultural production has mostly been in the form of boosting the capacity of farmers to access inputs of their choice, use of improved agronomic practices, process, store and market their produce through interventions like input vouchers and fairs, farmer field schools, construction of storage facilities, and improving market access. This explains the absence of information on the quantities and qualities of inputs received by the farmers since most of the inputs used this season were procured through fairs and other local input dealers.

Training for Disaster Preparedness and Risk Reduction will precede the development of district contingency plans both of which will be done over the next two quarters.

**CAP 2010 STRATEGIC OBJECTIVE 2: FOOD AND NUTRITIONAL SECURITY AND LIVELIHOODS**

**To enhance food and nutritional security to save lives, alleviate suffering and kick-start livelihoods.**

TARGET INDICATOR	STATUS	PROGRESS UPDATE AND ACTION REQUIRED
Number of households supported (food aid and food security interventions)	<b>ON TRACK</b>	<p><b>Food aid interventions:</b></p> <ul style="list-style-type: none"> <li>99,952 EVIs targeted for GFD and 99,570 persons were reached with 5,967 mtms of food aid.</li> <li>A total of 31,851 beneficiaries targeted for supplementary and therapeutic feeding programme and 20,352 persons have been reached during the period.</li> </ul> <p><b>Food security interventions:</b> 68,677 households</p>
Utilization of four acres of land per household per year (under normal rainfall pattern)	<b>ON TRACK</b>	<p>Average land utilization/cropped per HH = 4.83 acres</p> <ul style="list-style-type: none"> <li>&lt; 2 acres = 12% of HHs;</li> <li>&gt;2&lt;4 acres = 30%;</li> <li>&gt;4&lt;6 acres = 27%;</li> <li>&gt;6 acres = 30%</li> </ul>
Quantity and quality of food, agricultural inputs, etc provided per household	<b>ON TRACK</b>	<ul style="list-style-type: none"> <li>9,715 mtn of food aid planned for distribution under GFD and 5,967mtn distributed to 99,570 EVIs.</li> <li>491 mtn of food aid planned under nutrition programmes and 96 mtn distributed.</li> </ul>
Access to household food stocks throughout the year	<b>MINOR GAPS</b>	<ul style="list-style-type: none"> <li>Beans: 3% of HHs - 25.2Kg;</li> <li>Cassava: 7% - 1.3 bags;</li> <li>Groundnuts: 20% - 104.0Kg;</li> <li>Maize: 10% - 80.0Kg;</li> </ul>

		<ul style="list-style-type: none"> <li>• Millet: 10% - 5.0Kg;</li> <li>• Pigeon peas: 13% - 26.3Kg;</li> <li>• Simsim: 30% - 47.3Kg;</li> <li>• Sorghum: 60% - 83.3Kg;</li> <li>• Soybeans: 3% - 60.0Kg;</li> <li>• Sunflower: 3% - 60.0Kg</li> </ul>
Consumption of at least four out of 12 food groups per household per day	<b>MINOR GAPS</b>	Average household dietary diversity score (HDDS <sup>1</sup> ) = 3.95 HDDS < 2 = 5.3% of HHs; 3 – 4 = 74%; and 5 – 6 = 21%
Global acute malnutrition (GAM) rate of <10%	<b>Insufficient data</b>	No latest Data available. Food Security and Nutrition Assessment in Acholi planned for July/Aug 2010.
Number of coordination meetings held and minutes produced at both the national and district levels	<b>ON TRACK</b>	4 meetings each in Kampala and in Gulu, Kitgum and Pader districts.
<b>CAP 2010 STRATEGIC OBJECTIVE 3: DISASTER PREPAREDNESS AND RESPONSE</b>		
<b>To contribute to the strengthening of district capacity for emergency preparedness and response.</b>		
Two IPC outcomes/maps released per year	<b>ON TRACK</b>	National IPC map/analysis templates released in May
Existence of District Contingency Plan in each target district	not applicable for this quarter	not applicable for this quarter
Number of district local government staff trained on Disaster Preparedness and Risk Reduction	not applicable for this quarter	not applicable for this quarter

<sup>1</sup>

Each food group mentioned by the household was assigned a value of 1, and the sum for all groups computed to obtain the household dietary diversity score (HDDS). The average HDDS for the sample population was obtained by dividing the sum of the HDDS, and dividing by the number of households in each sample (Average HDDS = Sum(HDDS)/Total Number of households).

**2010 CONSOLIDATED APPEAL - UGANDA**  
**HEALTH and HIV/AIDS SECTOR**  
**Monitoring Report for January - April**  
**ACHOLI SUB-REGION**

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**OVERVIEW, PRIORITY GAPS, ACTIONS REQUIRED:**

The epidemic outbreak of Hepatitis E in Kitgum and Pader districts which began late 2007 is still ongoing. So far over 11,595 and 252 people in Kitgum and Pader districts have been registered; with CFR for Kitgum and Pader districts at 1.68% and 8% respectively. Response to the epidemic by both government of Uganda and partners are poor due to poor response to CAP 2010 and poor funding by the government of Uganda. There is need to continue support the response to avoid spread of the epidemic to neighbouring districts or the epidemic becoming endemic.

Completeness and timeliness of submission of the weekly IDSR report from health units to the office of the District Health Office in most districts (Gulu, Amuru and Lamwo) have been above 85%. However, completeness and timeliness of submission of the weekly IDSR reporting for Kitgum and Pader districts has been low at 70% only. Lack of funds to support IDSR activities like reporting tools, airtime for communication and poor staffing are some of the reasons for the poor response. There is need to continue supporting the government of Uganda in disease surveillance to enable early detection and prompt response to epidemics. Performance in the area of HIV/AIDS is average.

Other areas that need support include mental health and psychosocial support given the high prevalence of depression (54%) and PTSD (74%) among the IDPs. Significant proportion of the returned population is likely to be affected by the consequences of these mental health disorders affecting their performance.

Neglected tropical diseases continue to pose serious challenges with little or no pertinent action on their control. The porous border with the neighbouring countries also remains a challenge by creating favourable ground for spread of outbreaks.

**CAP 2010 STRATEGIC OBJECTIVE 1: BASIC SERVICES**

**To supplement Government efforts to save lives and alleviate suffering, as the basis for creating the conditions to achieve Durable Solutions.**

TARGET INDICATOR	STATUS	PROGRESS UPDATE AND ACTION REQUIRED
Completeness and timeliness of IDSR reports	<b>MINOR GAPS</b>	-Gulu, Amuru and Lamwo have been above 85%; while Kitgum and Pader districts are low at 70% only. Planned target for the region was 85%. -There is need to support these activities to avoid further fall in proportion of Health units submitting weekly reports.
DPT3 coverage	<b>MAJOR GAPS</b>	DPT 3 coverage for Acholi sub-region is about 70%. This figure is below 80% as recommended by Health Sector Strategic plan II. There is need to support government to strengthen immunization activities (cold chain maintenance, provision of vaccines, support to staff, outreaches and community mobilization for improve uptake)
Case fatality rate of disease outbreaks	<b>MAJOR GAPS</b>	The epidemic outbreak of Hepatitis E is ongoing in Kitgum and Pader districts. The CFR for Kitgum and Pader district are 1.68% and 8% respectively. The CFR registered in Pader district is above the acceptable threshold of <2%.
Proportion of pregnant mother tested for HIV	<b>UNABLE TO MEET TARGET</b>	The proportion of pregnant mothers tested for HIV in Acholi sub-region is about 66%, below planned 80%. The lowest centre for testing for HIV is HC III. Most of the people live far away from the testing centres. This coupled with lack of qualified staff at testing centres is responsible for the poor performance. There is need to support government to lower the testing centres to HC II and to recruit qualified staff to man the centres.
Proportion of pregnant	<b>MINOR GAPS</b>	The proportion of positive pregnant mothers receiving ARV is high

mothers positive to HIV receiving ART		in Gulu (>70%) and low in Kitgum and Pader (<10%), below planned 100% target. The low figures in Kitgum and Pader districts could be a result of frequent stock out of ARVs and the few centres offering ARV. There is need to support government of Uganda to scale up the services.
Proportion of people with advanced AIDS started on ART	<b>INSUFFICIENT DATA</b>	Though target was 47%.
Proportion of pregnant mothers receiving IPT2	<b>UNABLE TO MEET TARGET</b>	Currently at 34%, against planned target of 80%. There is frequent stock out of drugs at Health Units and low ANC attendance. The above coupled with poor community mobilization for improve service uptake makes achieving this target impossible.
Proportion of institutional deliveries	<b>MINOR GAPS</b>	Currently at 30%, against planned target of 50%. If response to CAP 2010 improves, this target may be achieved.
Proportion of planned meetings conducted.	<b>ON TRACK</b>	Currently at 60%, against planned target of 80%. Target will be achieved if fund are made available.

**2010 CONSOLIDATED APPEAL - UGANDA**  
**NUTRITION SECTOR**  
**Monitoring Report for January - April**  
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**OVERVIEW, PRIORITY GAPS, ACTIONS REQUIRED:**

1,438 children with SAM and 4,642 children with MAM were treated during the quarter with results largely within the targets. Admission higher than expected but focus needed on supervision and quality control to ensure that admission criteria are being adhered to.

Training of health staff continues. VHTs are involved in screening and referral, however their activities have been constrained by the pending re-registration and re-training of all VHTs using the new national guidelines and training materials. This should take place in the second quarter.

Nutrition surveillance activities have been delayed but community based system will begin in the second quarter.

**CAP 2010 STRATEGIC OBJECTIVE 1: BASIC SERVICES**

**To supplement Government efforts to save lives and alleviate suffering, as the basis for creating the conditions to achieve Durable Solutions.**

3,800 severely and 19,000 moderately malnourished children treated	<b>ON TRACK</b>	Total of 1,438 children with SAM have been treated in Acholi. 1,061 children with SAM in OTC and 377 in TFC. 4,642 children with Moderate Acute Malnutrition treated in SFP.
60% of malnourished children identified and treated	<b>ON TRACK</b>	38% (1,438) of the 3,800 children with SAM targeted in the region have been identified and treated so far this quarter. Target for the quarter was 1,734 (20% SAM with comp=348; SAM without comp =1386). In Q1 Reached SAM with comp=377; other SAM=1061 Proportion of SAM with comp. is high due to some inpatient units admitting all cases to TFC. Overall SAM admission numbers are higher than expected but there are some questions about how strictly admission criteria are being adhered to. Supervision and monitoring will focus on this during the next quarter. 4642 children with Moderate Acute Malnutrition treated in SFP during this quarter (Pader figures missing).
80% cured, <10% death, <15% default rates of feeding programmes.	<b>ON TRACK</b>	TFC: Cure rate = 90.2%; Default=6.5%; Death = 6.6% OTC: Cure rate = 86.1%; Default = 16.6% and Death = 0.4% SFP: Cure rate = 72%; Default = 11% and Death = 1.8% (Pader data missing)
50% of health workers in all HC IIIs and above trained on the management of acute malnutrition	<b>ON TRACK</b>	Regional Average = 45% of health staff are trained in IMAM
80% of VHTs involved in community screening and nutrition promotion	<b>MINOR GAPS</b>	50% of VHT are involved in screening and nutrition promotion
80% caregivers are of adequate nutrition practices at household level		IYCF and IMAM messages passed on by VHT to household level. However, a KAP survey is recommended to ascertain figure.
% GAM <10% Emergency	<b>ON</b>	Regional levels for GAM 6.4%, SAM 1.4%

threshold and 0% SAM	<b>TRACK</b>	
<b>CAP 2010 STRATEGIC OBJECTIVE 3: DISASTER PREPAREDNESS AND RESPONSE</b>		
<b>To contribute to the strengthening of district capacity for emergency preparedness and response.</b>		
50 health workers trained and implementing the nutrition surveillance system	<b>MINOR GAPS</b>	20 health workers have knowledge and skill in implementing nutrition surveys
Functional nutrition surveillance system in Acholi with regular nutrition data (minimum of three rounds in the year)	<b>MAJOR GAPS</b>	Currently, preparations to commence small scale population based nutrition surveillance in progress. Twice yearly small scale surveillance will take place in June and January each year
100% of planned monthly coordination meetings held	<b>ON TRACK</b>	One regional meeting conducted in last quarter. One Regional Technical working group meeting conducted in last Quarter to institute monthly meetings in respective districts
Report on lessons learned	<b>MAJOR GAPS</b>	Inadequate documentation of data and activities. Currently efforts put to strengthening reporting, data aggregation and utilization

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**PROTECTION SECTOR**  
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**OVERVIEW, PRIORITY GAPS, ACTIONS REQUIRED: (max 200 words).**

As humanitarian activities to support the process towards sustainable durable solutions for PSN/EVIs and the residual camp population gather momentum, the lack of a social protection framework for the weakest and poorest EVIs/PSNs leaves them unprotected despite efforts to encourage communities to revive and strengthen traditional community-based social support networks. Land disputes comprise the single biggest obstacle to the achievement of sustainable durable solutions. Cases affecting mostly widows and orphans continue to be documented and reported across the entire Acholi sub-region, with a higher number of cases originating in Pader and Amuru districts. The situation is compounded by weak formal and informal adjudication systems and allegations of corruption among local leaders, requiring indigent communities to pay for services that are in principle supposed to be *pro bono*. Public legal aid services are virtually non-existent and private services to resolve land disputes remain costly and, thus, inaccessible to most IDPs. The backlog of cases delays justice and achievement of durable solutions. To this end, UNHCR is supporting ICLA to provide targeted information, counselling, legal advice and, if need be, mediation and representation in land-related cases on behalf of concerned PSNs/EVIs.

Camp Phase out assessments and activities continue across the Acholi sub-region. However, closures and returns to areas bordering Karamoja in Pader and Kitgum districts are adversely affected by Karimojong warriors/ raids. For camps bordering Sudan, the presence of UXOs has negatively impacted on returns trends and camp closures. As a result, monitoring, reporting and advocacy activities continue.

Child protection committees have continued to identify and assist vulnerable children of domestic abuse. Physical and emotional abuse because of domestic violence within households, parental neglect, and sexual abuse and exploitation were the most commonly reported forms of abuse.

There was a sharp decline in both indicators for post rape care and livelihoods support in the region largely attributed to reduced humanitarian funding, coverage and major gaps in recovery interventions.

State actors continue to face challenges in responding effectively to human rights, justice, and law and order sector (JLOS) issues: limited police outposts, inadequate human and material resources, and weaknesses around effective undertaking of duties. Despite efforts to reduce case backlogs, issues like timely access to effective justice plague especially those in remote locations or the indigent unable to afford court fees. Worsening prisoner and prison conditions are other areas of concern.

Although awareness raising and advocacy activities have been conducted, a durable solutions assessment, continued monitoring and evaluation are necessary to effectively assess the impact of humanitarian and recovery interventions, identify critical gaps and inform future humanitarian and recovery responses.

**CAP 2010 STRATEGIC OBJECTIVE 1: BASIC SERVICES**

**To supplement Government efforts to save lives and alleviate suffering, as the basis for creating the conditions to achieve Durable Solutions.**

TARGET INDICATOR	STATUS	PROGRESS UPDATE AND ACTION REQUIRED
Number of PSN/EVIs supported to achieve durable solution	<b>On Track</b>	The plan is to support up to 10,200 PSNs/EVIs to begin the process of achieving sustainable durable solutions. So far, 1,154 have been provided with shelter/905 latrines. Livelihood support will be provided to PSNs/EVIs to underpin sustainable durable solutions. 691 PSN/EVIs with land related issues were assisted during the reporting period to obtain Certificates of Customary Ownership (CCO). Following the announcement to scale down

		<p>food assistance to PSNs/EVIs, districts have embarked on community mobilization to encourage them to play their formerly traditionally active role of supporting PSNs/EVIs. PSNs/EVIs still in camps face severe food shortages due to increased movement out of camps, including neighbours who previously supported them. They are also adversely affected by sanitation problems as latrines in the camps either fill to capacity or are demolished.</p>
<p>Number of camps closed/ transformed into viable communities</p>	<p><b>On Track</b></p>	<p>26 camps were declared closed within the Acholi Sub-region raising the total to 52.</p> <p>Several more have been assessed for closure and are awaiting the final decision of the District Executive Councils (DEC). Camp phase out activities are ongoing: levelling of land, demolition of abandoned huts, backfilling of latrines, clearing of waste and rehabilitation of cleared land. Transformation activities such as cultivation of vegetables, tree and crop planting are also ongoing.</p> <p>Some IDPs have opted to locally integrate by purchasing land close to trading centres from the host community.</p>
<p>100% of rape survivors who report and are eligible for PEP accessing post rape services</p>	<p><b>Major gap</b></p>	<p>Only about 40% of reported rape survivors in Acholi were able to access PEP. The major challenge was that NGO partners that work with GBV survivors have not done much work on GBV due to lack of funds. This data represents a 20% reduction from 2009 figures.</p>
<p>100% of vulnerable women and girls benefit from livelihoods support.</p>	<p><b>Insufficient data</b></p>	<p>Only 44% of FHH were reported to be still on livelihoods support programmes, compared to 85% reported in 2009. This decline is attributed to reduced livelihoods support interventions reduced of funding.</p>
<p>Number of extremely vulnerable children (boys/girls) identified and number of children supported by child protection community based interventions at sub-county level</p>	<p><b>Major gap</b></p>	<p>Child protection committees in the Acholi Sub-region identified 3,750 vulnerable children: 1,864 boys &amp; 1,886 girls. Of these, 1,977 children (968 boys, 1,009 girls) were assisted, a 53% case response rate. This is a 20% reduction from 73% response rate at the end of 2009. 58% of the overall caseload were children suffering harm because of abuse and exploitation, while 42% were extremely vulnerable children at risk of abuse and exploitation.</p>
<p>Improved capacity of state actors to respect human rights of right holders and respond to incidents of human rights violations.</p>	<p><b>Major gap</b></p>	<p>State actors continue to face gaps in responding to human rights violations. In particular, ongoing challenges are linked to access to and the administration of the justice, law and order sector.</p> <p>The police face challenges relating to adequate coverage of police outposts, human and material resource constraints and effective undertaking of duties. Challenges documented in monitoring highlight issues with police outposts situated far from the courts, resulting in challenges in transporting suspects to court within the 48hours constitutional requirement. Moreover, issues of coverage and accessibility remain, and ongoing work is needed to address gaps and challenges, rebuild confidence in the police among communities and address cases of mob justice.</p> <p>While progress has been made in reducing case backlogs, issues remain regarding the timely administration of justice, accessibility of those far from the courts and those unable to pay court fees. Results from monitoring indicate an increase in land cases/disputes. Ongoing monitoring will be conducted to ensure that women and children are not deprived of land/place to live.</p> <p>The prison service continues to face challenges regarding overcrowding, lengthy remand periods, and issues regarding sanitation, access to</p>

		<p>adequate food and water and prison conditions.</p> <p>Among the actions required would include the following: strengthening the technical and logistical capacity of RoL structures and ensure that capacities/logistics are in place to meet responsibilities; the need for the DHRPP to work very closely with the Police and Prisons Service to establish, support and train human rights desk/committees and address accountability issues; undertake training program/capacity building with ( area land committees, LC 3 courts, Police, prisons, District Human rights Desk, protection partners) and undertaking a monitoring and evaluation of the training program to assess impact.</p>
Improved human rights response capacity by right holders	<b>Minor gaps</b>	<p>Human Rights training, awareness raising and advocacy have been completed with rights holders in the region. Although training and capacity building has been provided, ongoing monitoring and evaluation is needed to assess the impact of training and identify specific gaps impacting on the ability of rights holders to uphold responsibilities, in particular issues relating to access to and the administration of justice. The DHRPP, in addressing this has developed a work plan that aims at strengthening human rights monitoring and thereby improving the human rights response capacity by right holders. The actions/activities decided upon by the DHRPP include: the need to carry out regular monitoring, sensitization, documentation and reporting of human rights/protection issues by civil society organisation; joint human rights/protection field monitoring visits with DHRPP partners; identification and responding to specific protection challenges for EVIs/PSNs, particularly women, children, the disabled and elderly; and developing a Human Rights/protection referral pathway.</p>
<b>CAP 2010 STRATEGIC OBJECTIVE 3: DISASTER PREPAREDNESS AND RESPONSE</b>		
<b>To contribute to the strengthening of district capacity for emergency preparedness and response.</b>		
District capacity to address emergency protection concerns and violations is strengthened.	<b>Nothing report to</b>	<b>Nothing to report</b>

**2010 CONSOLIDATED APPEAL - UGANDA**  
**WATER, SANITATION AND HYGIENE SECTOR**  
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**ACHOLI SUB-REGION**

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**OVERVIEW, PRIORITY GAPS, ACTIONS REQUIRED: (max 200 words).**  
 The major challenge still facing the sector is the high demand of water sources for the people who have returned to their original villages. There is limited support to the maintenance of the existing water supply system. Latrine coverage is still low especially in the areas of return, although an increase has been realized in the villages which have rolled out PHAST and CLTs approach but these represent only about 7% of the total villages. Roll out of these proven hygiene promotional measures is recommended in all the villages of return. Limited funding to WASH sector has been received by NGO partners however it is still inadequate to met high demand for WASH services in the return areas.

**CAP 2010 STRATEGIC OBJECTIVE 1: BASIC SERVICES**

**To supplement Government efforts to save lives and alleviate suffering, as the basis for creating the conditions to achieve Durable Solutions.**

TARGET INDICATOR	STATUS	PROGRESS UPDATE AND ACTION REQUIRED
Average access to safe water in IDP camps and transit sites – target is 15 l/p/d	On track	Increased level of safe water access was registered in all IDP camps measuring over 15.0 l/p/d, attributed majorly to the population movement away from the original camps. Most of the displaced population in camps has since late 2007 returned to their villages of origin, and only about 15 percent remain in IDP camps today.
% of population with access to safe water within 1.5 km in areas of return – target 65%	Major gap	Excluding the parishes with IDP camps there is significant reduction in the district access. The derived access levels were 27%, 53%, 61% and 48% respectively for Amuru, Gulu, Kitgum and Pader districts. However there has been remarkable improvement since the beginning of 2009. Through investment of water sources by various partners.
% of population with access to household latrines in areas of return – target 10% increase over 2009 level	Minor gap	Functionality rate is estimated at 75% (Source District Water Offices). However the problem is still the maintaining of the motorised water supply systems especially the diesel powered systems. Adoption of the Community based maintenance system policy is required to enable take change of paying for the maintenance of their systems,
Pupil-to-latrine-stance ratio in primary schools – target 10% reduction from 2009	Major gap	Pupil stance ratio varies from 94:1 in Kitgum to 50:1 in Pader (Sector Performance Report 2009).
% of water facilities with functional water and sanitation committees – target 10% increase from 2009	On track	95% of water points have constituted water and sanitation committees, but the functionality is 50%.

**CAP 2010 STRATEGIC OBJECTIVE 3: DISASTER PREPAREDNESS AND RESPONSE**

**To contribute to the strengthening of district capacity for emergency preparedness and response.**

Four districts with functional DWSCCs	Major gap	All the districts in the region have constituted the district water and sanitation committees; however the functionality is very weak as most of them were relying on the support from NGO partners and the UN.
Four districts with	On track	All the districts have emergency preparedness plans completed with

emergency preparedness plans with completed WASH components		WASH component.
Four districts with functional systems for O&M of water facilities	Major gap	Districts have structures in place to support O and M i.e. water user committees, caretakers and hand pump mechanics, however mechanisms for water user fee collection and hand pump spares procurement is nonexistent and generally relies on NGO provisions which is inadequate.
100% of sub-counties with fully trained, equipped and functional hand pump mechanics	On track	All the sub counties have fully equipped hand pump mechanics.