Module: Public Health Disaster Planning for Districts

Organization: East Africa HEALTH Alliance

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Resource Title: Disaster Preparedness and Management: Situation Analysis for Uganda

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Disasters, History and Region

Background: Uganda has eminent gaps in its approach to disaster prevention and response. For many years, the country lacked a comprehensive policy on sustainable disaster preparedness and management. Emergency response, relief and rehabilitation approaches have dominated disaster interventions in the country, as opposed to prevention and mitigation. Natural disasters are much more common, although man-made disasters also play a significant role.

The natural disasters most likely to occur in Uganda are: Epidemics, drought and famine, floods, landslides, earthquakes and hailstorms. The commonest man-made disasters are: Insurgency, environmental degradation, transport accidents, and fire. A brief description of the main problems is outlined below:

Natural Disasters common in Uganda

Droughts and Famine: Parts of the country are affected by famine due to prolonged periods of drought occurring in a cyclic pattern every 3 to 5 years. The North Eastern part of the country is most affected with significant food insecurity, often necessitating humanitarian assistance; there is a high prevalence of under nutrition especially in children. Drought has also contributed to insecurity in the region, with cattle rustling and attacks on neighboring populations and the proliferation of small arms. Other parts of the country are also hit by sporadic drought, especially along the ‘cattle corridor’ of the mid-western districts.

Epidemics: They are the single most important public health emergency in the country. In 2007 alone, there were 5 outbreaks over a period of 8 months. There are repeated propagated epidemics of cholera especially around the rift valley areas of western Uganda, the IDP camps of Northern Uganda, and parts of Kampala City, where human settlement in wetlands has disrupted storm water flow and has led to extensive contamination of underground aquifers. There was an outbreak of meningitis in the West Nile, hepatitis in Kitgum and Plague in Nebbi and Apac Districts. In the last 10 years, Uganda has had three outbreaks of Hemorrhagic fever, two of which have been due to Ebola. The most recent outbreak in Bundibugyo District had 134 cases, with a case
fatality rate of 25%, including 4 health workers. While 90% of the country is hyper-endemic for malaria, some high altitude regions in Western Uganda are continually threatened by epidemics of un-stable malaria. There have been no known outbreaks of avian influenza, although the Sudan, one of our neighbors has been affected.

**Floods:** Floods are relatively common in parts of the country, especially during the cycle of adverse weather that follows the El-Niño years. Recently, there was a large scale disaster in the areas around Lake Kioga and in the flood plains of the Aswa River in Northern Uganda as well as the low lying suburbs of Kampala.

**Landslides:** In Uganda, areas prone to landslides include the mountainous regions of Kabale and Kisoro (Western Uganda), Mbale, Sironko and Kapchorwa (Eastern Uganda).

**Hail Storms:** Parts of Uganda have frequent hail storms characterized by heavy rains and violent winds. Hailstorms and thunderstorms result in destruction of crops, animals, public infrastructure and human settlements. They are also associated with flooding.

**Others:**

**Pests:** Pests are a major problem and may lead to food insecurity. Common pests include weevils, locusts and caterpillars; diseases include coffee wilt, banana wilt and cassava mosaic.

**Earth Quakes and Volcanic Activity:** Uganda is located in the middle of both the Eastern and Western Rift Valleys. Many parts of Western Uganda are prone to seismic activity. In 1994, an earthquake hit districts in Rwenzori region affecting over 50,000 people. There were numerous tremors in 2007. Parts of Western Uganda are prone to volcanicity.

**Man-Made Disasters of Major Importance in Uganda**

**Conflict, wars and Internal Displacement:** Since independence, Uganda has been affected by successive armed conflicts. In 1979, about 300,000 persons were displaced during the war that ousted Idi Amin. Between 1980 and 1986, a civil conflict raged in the central region; it is estimated that over 500,000 people were displaced and another 200,000 lost their lives. The Northern Region of Uganda has been hard hit by a 20 year conflict, mainly propagated by the Lords Resistance Army. At least 2 Million people have been displaced, 5 districts in the region being hardest hit.

**Fires:** Fires are a common occurrence in Uganda. They are caused by haphazard electrical wiring and poor construction standards. Industries, schools, congested human settlements and markets have been common scenes of fire outbreaks.

**Transport accidents:** According to WHO, Uganda ranks 2nd only to Ethiopia in the magnitude of Road Traffic Accidents in Sub-Saharan Africa. These mainly occur in vehicles that transport larger numbers of people and are confounded by long distance trucks that transport refined fuels to Central Africa.

**Environmental Degradation:** Over the last 3 decades, there has been significant damage to the environment, increasing the potential for major natural disasters. This is closely related to deforestation in the rural areas and encroachment into wetlands in the urban areas. The cost of water treatment in urban areas has tippled, while the incidence of major flooding in the city has increased dramatically.

**Terrorism:** Uganda is located in the heart of the Great Lakes Region which has been faced with armed conflict and terrorist attacks. In the late 1990s and early 2000, Kampala witnessed a wave of urban terrorist attacks. The simultaneous attacks on American
Embassies in Nairobi and Dar-es-Salaam in 1998 are an indication of Uganda’s own vulnerability to terrorism.

**Disaster Hazard Analysis for Uganda**

Using a very simple method based on potential impact and probability of occurrence, and simple ordinal scores based on experience, we determined the top 10 likely disasters in Uganda. The results of this analysis are presented in the sections that follow.

**Potential Impact Analysis:** The potential impact score attempts to weight the likely effects of a disaster were it to occur and to rank the magnitude of different disasters. For this assessment, we used a 3 point ordinal score applied to each of the 10 commonest natural and man-made disasters in 4 dimensions and computed a mean score: The findings are presented in the table below:

<table>
<thead>
<tr>
<th>Hazards</th>
<th>Size of incident area</th>
<th>Size of popl’n</th>
<th>Lethality</th>
<th>Destruction of critical infrastructure</th>
<th>Mean Impact Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epidemics of infectious diseases</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>Drought and famine</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2.25</td>
</tr>
<tr>
<td>Floods</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2.25</td>
</tr>
<tr>
<td>Earthquakes</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1.75</td>
</tr>
<tr>
<td>Land slides</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1.5</td>
</tr>
<tr>
<td>Hail storms</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0.75</td>
</tr>
<tr>
<td>Technological/Man made</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurgency and conflict</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Environmental Degradation</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Road Accidents</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1.75</td>
</tr>
<tr>
<td>Fire Accidents</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1.75</td>
</tr>
<tr>
<td>Water Accidents</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1.0</td>
</tr>
</tbody>
</table>

**Analysis based on probability of Occurrence:** Each disaster has a risk of occurrence, based on the number of times it is likely to occur in say, a 10 year period. Using a simple ordinal score on a scale of 0 to 3, we ranked the likelihood of occurrence of the top 10 likely disasters in Uganda; the scores are presented in the table below:

<table>
<thead>
<tr>
<th>Hazards</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural Hazards</td>
<td></td>
</tr>
<tr>
<td>Epidemics of infectious diseases</td>
<td>3</td>
</tr>
<tr>
<td>Drought and famine</td>
<td>3</td>
</tr>
<tr>
<td>Floods</td>
<td>2</td>
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<tr>
<td>Earthquakes</td>
<td>1</td>
</tr>
<tr>
<td>Land slides</td>
<td>2</td>
</tr>
<tr>
<td>Hail storms</td>
<td>2</td>
</tr>
<tr>
<td>Technological Hazards</td>
<td></td>
</tr>
<tr>
<td>Conflict</td>
<td>2</td>
</tr>
</tbody>
</table>
Priority levels for disasters in Uganda: Based on the ranking above, we computed the combined risk from the different disasters and their impact for the country. This was used as a basis for determining the priority levels for the top 10 disasters in Uganda. The findings are presented in the table below:

<table>
<thead>
<tr>
<th>Hazards</th>
<th>Impact Score</th>
<th>Probability Score</th>
<th>Priority Score (/9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemics of infectious diseases</td>
<td>2.5</td>
<td>3</td>
<td>7.50</td>
</tr>
<tr>
<td>Drought and famine</td>
<td>2.25</td>
<td>3</td>
<td>6.75</td>
</tr>
<tr>
<td>Conflict</td>
<td>3</td>
<td>2</td>
<td>6.00</td>
</tr>
<tr>
<td>Environmental Degradation</td>
<td>2</td>
<td>3</td>
<td>6.00</td>
</tr>
<tr>
<td>Road Accidents</td>
<td>1.75</td>
<td>3</td>
<td>5.25</td>
</tr>
<tr>
<td>Floods</td>
<td>2.25</td>
<td>2</td>
<td>4.50</td>
</tr>
<tr>
<td>Fire Accidents</td>
<td>1.75</td>
<td>2</td>
<td>3.50</td>
</tr>
<tr>
<td>Land slides</td>
<td>1.5</td>
<td>2</td>
<td>3.00</td>
</tr>
<tr>
<td>Earthquakes</td>
<td>1.75</td>
<td>1</td>
<td>1.75</td>
</tr>
<tr>
<td>Hail storms</td>
<td>0.75</td>
<td>2</td>
<td>1.50</td>
</tr>
</tbody>
</table>

Vulnerability Assessment: Communities in Uganda are highly vulnerable to the hazardous effects of disasters. Factors most responsible for this are: Poverty, age, gender, disability, lack of information, lack of experience, inadequate health care, geographical isolation of some underserved areas, inadequate coordination, malnutrition, inappropriate development policies, food insecurity, societal stratification, poor water and food quality, limited district level resources, politics, graft, lack of social order, high burden of illness and inadequate disaster preparedness or mitigation. Based on risk and vulnerability, the top 3 disasters that may have the highest negative effects on Uganda are: Epidemics, Drought and Conflicts, in that order.

Health Systems performance
In the early 1980s, implementation of PHC was associated with strengthening of health services at lower level units called health centres, coordinated by ‘health districts’.
Following the move towards health sector reforms in the 1990s, and the enactment of the Local Government Act, Uganda initiated a modification of its approach. In September 1999, the cabinet passed a new national health policy that prescribes 3 main policy issues:
1) the package of services to be delivered – a 6-tier minimum health care package that ought to be delivered to all Ugandans
2) the system by which this package will be delivered – the policy stipulated a system of level based services, with health centres level II (at parish level) expected to deliver the Minimum Activity Package, health centres level III (at sub-county level) expected to offer an intermediate referral activity package and health centres level IV (at county level), expected to deliver the comprehensive activity package. Perhaps the
most significant change in the health system was the establishment of ‘health sub-
districts’ as the basic unit for coordination of PHC.

3) **the support systems for service delivery** – areas of emphasis for supporting service
delivery, including human resources, drugs and logistics, information systems,
financing, community participation and partnerships

The Ministry of Health has prepared two 5 year strategic plans; we are now in the second
HSSP (2006 to 2010). The performance of Uganda’s health system has been mixed.
There has been an increase in physical access to services though construction of health
centres. There have been improvements in the three key indicators used for monitoring
the HSSP (OPD attendance, DPT 3 coverage, and availability of 3 indicator drugs).

However, the health system is still faced with enormous challenges:
- There is still inadequate capacity built at the operational levels including capacity for
micr-lo-planning and performance based intervention. The health sub-districts
themselves have not been optimally supported
- There is a high attrition of human resources, understaffing and absenteeism in health
units, partly due to low motivation, but also as a result of poor management practices
- Quality of health services in many health units is not adequate; the main cause is
lack of leadership skills
- There are occasional stock-outs of essential drugs and logistics in most operational
level health units and information management systems are sub-optimal
- The capacity for disaster prevention, mitigation and response is lacking at the PHC
operational levels due to lack of skills, awareness and logistics

**Population Size and Economic Activity**
Uganda’s current population stands at about 26 Million, with an annual growth rate of
about 3% pa. Over 80% of the population lives in rural areas. Agriculture is the main
economic activity, although the majority of farmers are engaged in small scale
subsistence farming, using poor methods of production. There is a relatively high level of
food insecurity in certain parts of the country.

**National Level**
As pointed out above, Uganda’s approach to Disaster Management has been ad hoc. The
country lacks a coherent Disaster Management Policy and Plan. However, various plans
are developed from time to time to address emerging disasters. Overall, the OPM is
charged with the management of disasters and emergencies. The response mechanisms
are organized around a particular situation stressing a multi-sectoral approach. The full
involvement of Local governments and civil society is central.

**Efforts at disaster risk reduction and Disaster Management**
Informed by the existing gaps, the Government of Uganda in the last 15 years put in
place mechanisms for disaster management. The IDP policy was among the first steps.
The Office of the Prime Minister (OPM) is charged with overall coordination of these
activities. However, specific responses were decentralized to line ministries, which
developed plans to deal with specific emergencies e.g. health emergencies in MoH
A Comprehensive National Policy has been drafted: Informed by these gaps GoU initiated a consultative process that led to the formulation of a comprehensive national policy on Disaster preparedness and Management. The proposed policy on Disaster Preparedness and Management is premised on a philosophy that lays emphasis on a multi-sectoral and multidisciplinary approach. This philosophy has been the backbone of the GoU’s interventions in the mitigation of disaster situations and underpins the draft the draft policy, as well.

Goal: The goal of the draft policy is to create and establish efficient institutional mechanisms for Disaster Preparedness and Management so as to promote and ensure integration of Disaster Preparedness and Management into the national and local government socio-economic development planning process.

Policy Highlights: The draft policy has the following highlights:

The Institutional Framework: Currently, the Institutional framework for disaster management and response has been coordinated by the Office of the Prime Minister, the Ministry of Relief, Disaster management and refugees. The draft Disaster Preparedness and Management Policy seeks to consolidate and strengthen this framework. The draft policy provides for an implementation structure that caters for long term Disaster Preparedness and Management interventions and planning, as well as immediate response in the event of a disaster occurrence. The institutional framework underscores the involvement of government ministries in collaboration with humanitarian and development partners, the private sector, local governments and the community.

The Ministry responsible for Disaster Preparedness and Refugees in the Office of the Prime Minister is the designated lead agency in coordinating all stakeholders on Disaster Preparedness and Management in the country. The draft policy points out that ultimately, Disaster Preparedness and Management is a shared responsibility between the state and citizens, and not merely those with defined responsibilities.

The Lead Agency: The Office of the Prime Minister, Department of Relief, Disaster Preparedness and Refugees is the lead agency responsible for Disaster Preparedness and Management and shall coordinate risk reduction, prevention, preparedness, mitigation and response actions in the country in consultation with other line ministries, humanitarian and development partners, Local Governments.

Gaps:

1. The biggest challenge at the moment is in coordination of response efforts. The country seems to be more attuned to response than to preparedness. In the event of disasters therefore, there is often a lot of confusion on the layering of interventions – different actors do different interventions in their own ways leading to un-coordinated response, confusion, in-fighting and duplication.
2. The other challenge noted is the distinction between the roles of the Ministry of Health and those of the Office of the Prime Minister.
3. The country has developed a policy for disaster management. However operationallisation of the policy and empowerment of the different lower levels has not yet been done.
4. Despite the policy, there is no uniform disaster response plan that connects the agencies. The available plans are sector based, running within line ministries (health, agriculture and animal husbandry, office of the prime minister- for refugees and IDPs, etc). Some ministries therefore do not have comprehensive disaster prevention plans.

5. While the Ministry of health has a comprehensive Health Management Information System, there is no cross-cutting information data base that collates information on disasters.

**The District Level**

District level coordination during emergencies has been a big challenge. Between 1997 and 1998, the Ministry of Local Government with support from GTZ and OXFAM organized training for technical staff in districts. The key output was the formulation of District Disaster Plans. Such plans were meant to be comprehensive covering all sectors of disaster mitigation. The functioning and implementation of these plans was however constrained by lack of resources, the understanding of the framework for disaster mitigation, responsibility and sustainability was a problem. Districts which are prone to human induced disaster like floods, refugees and IDPs and health related emergencies, nonetheless have continued to put in contingency plans for response.

In districts affected by IDPs, the response mechanism has been through the DDMCs. The DDMCs were initiated with support from UNDP, are mainly in the districts affected by displacement as a result of ADF rebels in the southwest (covering the districts of Kasese, Kamwenge) and LRA in the Northern parts of Uganda covering the districts of (Soroti, Kumi, Lira, Gulu, Kitgum, Pader, Adjumani).

**What the policy says about District Structures:** The draft policy proposes to put in place a framework to guide action at this level. The policy proposes District Disaster Management Committees to be the lead agencies for Disaster Preparedness and Management at the district level. Disaster management and response at the district level is planned and executed within the district framework. The draft policy proposes that the existing District Disaster Management and Preparedness Committees should be strengthened, trained and equipped to handle disaster preparedness and management interventions. The DDMC shall be chaired by the District Chairman while the Chief Administrative Officer shall be its secretary. It will be composed of all district Heads of Department, a representative of the District Executive, heads of humanitarian agencies/NGOs/CSO operating in the district, representatives of cultural and religious institutions, and the private sector. The CAO shall therefore be the district focal point officer.

According to the new Disaster Preparedness policy, the local governments are expected to have the following roles:

**Functions of the District Disaster Preparedness and Management Committees (DDP&MC):** The DDP&MC shall be the lead agency for Disaster Preparedness and Management in the district including funding at district level. Its roles shall include:
• Establishing and strengthening structures at the sub county level and lower levels.
• Assess particular hazards facing the district and keep under review sectoral early warning reports;
• In the event of a disaster-induced emergency, the DD&MC shall coordinate and monitor multi-sectoral disaster relief support and later post-disaster recovery measures;
• Receive sectoral and district progress reports;
• Review, agree and evaluate Disaster Preparedness and Management training;
• Recommend the annual disaster management training programmes to the Office of the Prime Minister-Department of Disaster Preparedness and Refugees, and the District Executive Committee.
• Present expenditure estimates and budgets to the District Council.
• Ensure that Disaster Preparedness and Management Plans have been prepared by, employers, educational institutions, hotel or recreational facilities, hospitals and factories.

Role of the District Council (DC): The DC is the political organ of the district. Its roles and responsibilities will include:
• Make policies and by-laws that facilitate and promote Disaster Preparedness and Management in the district, including those concerning the recruitment of additional staff
• Ensure that the DDMC performs its roles
• Ensure and authorize expenditure for mainstreaming Disaster Preparedness and Management in sectoral development plans
• Fundraise for Disaster Preparedness and Management in the district

Sub-County Disaster Preparedness and Management Committees
• At the lower level, the Sub-county Disaster Preparedness and Management Committee shall be the lead agency for Disaster Preparedness and Management. The Chairperson chairs the committee while the Sub County chief shall be its secretary.
• Functions of the Sub-County Disaster Management Committees
• The Sub County Disaster Preparedness and Management Committee will:
  • Ensure that Disaster Preparedness and Management issues relevant to the sub-county and those that may occur based on the district early warning system are incorporated in the development planning and budgeting processes.
  • Request the CAO to appoint a technical team to carry out studies and report to the committee on its findings with regard to Disaster Preparedness and Management.
  • Facilitate, coordinate and oversee Disaster Preparedness and Management at sub-county level.
  • Present a report to the Chairperson of the District Disaster Risk Reduction Management Committee on the state of Disaster Preparedness and Management in its area of jurisdiction annually and whenever required.
• In the event of a disaster-induced emergency, the DDPMC shall coordinate and monitor multi-sectoral disaster relief and post-disaster recovery measures at sub-county level.

**Village Disaster Preparedness and Management Committee:** The proposed structure shall include village councils. These are the first line community response mechanism for Disaster Preparedness and Management. All Villages/Local Council 1 (or the lowest village council) will be the Village Disaster Preparedness and Management Committee. The Chairperson of Local Council I shall be the chairperson of committee. The Village Committees should be at liberty to create local disaster management teams when and as the need may arise.

**Functions of the Village Disaster Management Committees**

- Include Disaster Preparedness and Management into village level planning processes for onward transmission to respective Parishes and Sub-counties in line with Section 36 (3) of the Local Government Act 1997; amended 2000.
- Collect early warning information and transmit it to sub-county and district level.
- Use the early warning information to educate communities on risks and hazards that may potentially cause disaster.
- Inform and update Parish councils on disasters risk reduction and management at village level.
- Facilitate, coordinate and oversee disaster risk reduction, preparedness, disaster relief support and post-disaster recovery roles at village level.
- In the event of a disaster-induced emergency, the VDPMC shall coordinate and monitor disaster response at village level.

**Gaps:**

1. Most districts do not have adequate capacity to plan for disasters. We do not have adequate information on the types of training undertaken by district.
2. Inadequate information on the type of training undertaken by districts.
3. It is not known how the training in various districts has impacted on the processes and institutional framework for DM.
4. About 40 new districts have been created over the last 10 years. It is likely that disaster committees in the new districts have not yet been composed or trained.
5. While there has been a lot of focus on building capacity at district level, most districts have not yet translated this capacity to sub-county and lower levels and this is still only at policy level.
6. The support from GTZ and Oxfam only benefited a few districts in the West Nile (Nebbi, Arua, Moyo), and it is unknown if the effect of the training persists.
7. In the few districts trained, the implementation of these plans was constrained by lack of resources and poor understanding of their responsibility.

**Inter-ministerial Agency**

The management of responses to emergencies has been undertaken by a multiplicity of actors. In order to streamline and harmonize the main focus has been to create an interagency committee. This brings together both government and non-government actors. The same idea is incorporated in the draft policy. For example, the Joint
monitoring Committee (JMC), setup for coordinating humanitarian action in the North comprised the following; the Prime Minister is the chair, Minister responsible for Relief, disaster preparedness and refugees, Minister of Finance, Minister of Defense, Minister of Foreign affairs, Minister of Internal Affairs, Minster of State for Northern Uganda. The key stakeholders included; development Partners, like the World Bank, EU, OCHA, Civil Society Organizations. When floods ravaged parts of the country last year, a similar approach was adopted. The JMC has been the highest form of GoU’s attempts to put in place a framework for coordinating different stakeholders. This was mainly responsible for coordinating the humanitarian action plan for return and reintegration of IDPs in the North.

The Inter-Ministerial Policy Committee: The country’s draft policy on disaster preparedness and management provides for an Inter-Ministerial Policy Committee on Disaster Preparedness and Management shall handle cross sectoral matters relating to Disaster Preparedness and Management. The Committee shall ensure that Disaster Preparedness and Management are integrated into sectoral ministry plans/policies and programs.

Functions of the Inter-Ministerial Policy Committee (IMPC): In response to the situation of IDPs, and other disasters the country has faced in the past, inter-ministerial committees have been instituted to assure effective coordination. This arrangement has been adopted in the draft policy. This committee shall be mainly responsible for policy formulation and overseeing disaster preparedness, management and refugee matters. Other functions include;

- Overseeing the integration of Disaster Preparedness and Management into all government ministry plans and programs.
- Harmonizing preparedness and management strategies, across ministries and share regular reports.
- Taking necessary measures to ensure that ministries identify and allocate resources at ministerial level towards Disaster Preparedness and Management and observe occupational safety guidelines and principles as required by the laws and regulations of Uganda and as may be reviewed from time to time.
- Taking measures that will ensure effectiveness of the National Emergency Response and Operations Centre.

The National Disaster Preparedness and Management Centre: The new policy proposes to setup a National Disaster Preparedness and Management Centre. Its main function is to save lives and property and minimize loss as a result of a disaster. Government will keep a pool of trained individuals across all ministries who can easily be mobilized and deployed by the National Disaster Preparedness and Management Centre in the face of a complex disaster. Examples of such teams are mobile medical and public health team, fire brigade, police, community volunteers, evacuation teams, relief supply teams, debris and garbage collection teams, logistic and telecommunication experts. These trained individuals will be drawn from government, private, civil society organizations and the community. The NDPMC will function 24 hours and be readily
accessible for ease of information sharing. This centre should be equipped with the most up-to-date communication technology to make rapid response in emergencies possible.

Functions of the National Disaster Preparedness and Management Centre shall include:
- Receive and transmit accurate information to the public regarding an impending disaster, a disaster that has occurred and coordinate the information campaign.
- Provide the public with evacuation guidelines
- Coordinate disaster response teams
- Execute and coordinate evacuation of communities at the risk of a disaster paying attention to the most vulnerable.
- Co-ordinate security agencies to ensure public safety both of persons and property
- Link with District Emergency Operations Centres (DEOC) to provide a coordinated response

**The Proposed Disaster Preparedness and Management Act:** The National Disaster Preparedness and Management Policy will be complimented by the Legal framework-the Proposed Disaster Preparedness and Management Act. The Disaster Preparedness and Management Act shall specify the formation and composition of the National Preparedness and Response Centre, the Emergency Operations Centre, the Inter-Agency Technical Committee and the Inter- Ministerial Policy Committee.

**Gaps:**
The National Disaster Preparedness centre is still a policy issue that has not yet been operationallised

**The Ministry of Health:** The Epidemiology and Surveillance Division is responsible for management of health emergencies. The IDSR committee, which meets on a monthly basis reviews the actions of the departments and makes recommendations to ensure proper actions are taken. When an emergency occurs, the National Task Force is convened and coordinates the wider response. Uganda has a shortlist of about 20 notifiable diseases for which health units are supposed to make weekly reports. These are selected either because they are epidemic prone, or are targeted for eradication and elimination, or because of their public health importance. A lot of technical support is provided by CDC and MUSPH. HMIS Focal persons from 30 districts have undergone IDSR training. Recently, the emergence of avian influenza as a potential public health hazard has resulted in training activities by different agencies. AFENET has prepared a matrix of agencies involved in influenza preparedness and what they are doing.

**Gaps:**
1. While emergency plans exist, they are not always accompanied by resources. The ESD is severely understaffed.
2. Several new districts have been formed and coverage with IDSR training is only at about 40% of districts

**Other Regional Bodies, Organisations and Agencies involved**
**The School of Public Health:** MUSPH provides technical assistance to the Ministry of Health in disease surveillance, and disaster response. It also services the health sector with the much needed man-power for managing health services.

**The Uganda Red Cross Society:** It is the largest indigenous non-governmental agency in the country, with a network of 49 branches. Its volunteers assist in disaster mitigation at sub-national levels. At the national level, there is a disaster management department that coordinates large scale response operations. The society is also involved in road safety campaigns and blood donor mobilisation.

**NGOs:** National and International Development and Humanitarian Organizations and civil society organizations play a large role in disaster management

**The Private Sector:** According to the draft policy, the key role of the private sector will be to ensure that their investments do not increase vulnerability of communities to natural or technological hazards. They should also actively participate in disaster preparedness and management interventions.

**The Fire brigade:** The fire fighting department of police plays a vital role in rescue, search and evacuation.

**The African Field Epidemiology Network:** AFENET supports FETPs in member institutions and also works closely with the Ministries of Health in investigating outbreaks in the respective countries.

**International Agencies:** Several International agencies are involved including the WHO and CDC. Other UN agencies are involved in mitigation of different types of disaster, including the WFP, UNHCR and UNICEF. The agencies are coordinated by UN-OCHA. There are many other agencies especially operational in Northern Uganda, including MSF, CRS, IRC, ICRC, IFRC, AVSI, COOPI, Caritas and World Vision.

**Gaps:**
The biggest challenge has been the coordination of different agencies and mapping ‘who is doing what where’

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