

Uganda



Country indicators

- **Conflict period and mine/ERW use:** Uganda suffers from ERW and some nuisance mine contamination as a result of four decades of conflict. Mines were used by government forces in the early 1980s and by resistance forces since then.¹

- **Estimated contamination:** There are only a few suspected mined areas or ERW-contaminated areas throughout the country, but fears of existing mine contamination and ERW contamination impede development and the return of internally displaced persons (IDPs).²

- **Human development index:** 154th of 179 countries, low human development (compared to 146th of 177 in 2004).³

- **Gross national income (Atlas method):** US\$420 – 189th of 210 countries/areas (compared to US\$272 in 2004).⁴

- **Unemployment rate:** 3.5% official rate, but additional underemployment of at least 17% (unknown in 2004).⁵

- **External resources for healthcare as percentage of total expenditure:** 28.5% (compared to 23.5% in 2004).⁶

- **Number of healthcare professionals:** Eight per 10,000 population.⁷

- **UNCRPD status:** Ratified both the Convention and its Optional Protocol on 25 September 2008.⁸

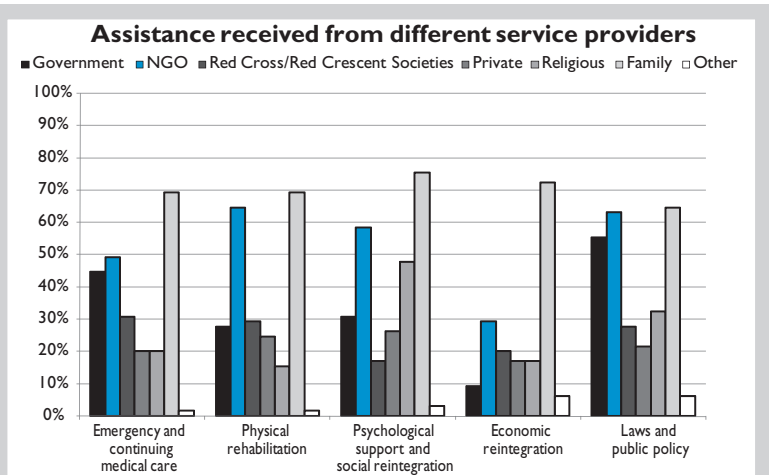
- **Budget spent on disability:** A budget line supposedly exists for VA at the Office of the Prime Minister (OPM) and there is a national disability budget, both of unknown size.⁹ Sources indicate the government might be “reluctant” to spend money on disability.¹⁰

- **Measures of poverty and development:** Uganda is a poor country, devastated by decades of conflict. Some 35% of the population lives below the poverty line and income inequality continues to increase despite relative stability leading to economic growth. Average life expectancy is less than 53 years of age.¹¹

VA country summary

Total mine/ERW casualties since 1986: Unknown – at least 1,414			
Year	Total	Killed	Injured
2004	31	5	26
2005	40	11	29
2006	50	11	39
2007	23	10	13
2008	16	10	6
Grand total	160	47	113

- **Estimated number of mine/ERW survivors:** Around 864.¹²
- **VA coordinating body/focal point:** The *de facto* coordinator is the Ministry of Gender, Labour and Social Development (MoGLSD), but divisions of tasks are unclear.
- **VA plan:** Uganda Comprehensive Plan of Action for Victim Assistance 2008-2012; disability is also included in several other relevant strategies.
- **VA profile:** Although Uganda showed increased national ownership for VA between 2005 and 2009, it continues to depend heavily on external resources, technical advice and international NGOs for VA implementation. Uganda’s health and social infrastructure suffered from years of conflict, particularly in mine-affected areas. Many mine/ERW survivors are IDPs and were initially assisted through services in or around IDP camps. Increased IDP return in recent years has created challenges to providing similar, adequate services in all parts of Uganda. NGOs carried out most of the service provision in mine/ERW-affected northern Uganda in 2009. Very limited government or NGO services continue to be available in western Uganda. Throughout 2005-2009, it was reported that health facilities were ill-equipped and under-staffed. Few survivors have access to physical rehabilitation. Only two centers were available in mine/ERW-affected areas in 2005-2009; one was run by an international NGO and in the other the ICRC resumed support in 2008. Long distances and accommodation challenges are even greater obstacles to accessing services. Throughout the period, very limited opportunities for psychosocial support and economic reintegration existed, particularly in remote, uninformed western Uganda. Activities were mainly carried out by national and international NGOs, which did expand the variety of their services. The few government initiatives that exist were under-funded and too expensive for survivors. Since 2004, survivors have been assisted by NGOs and disability organizations to form associations and become self-sustaining. By 2009, these associations had been increasingly successful in negotiating their own demands, but still depended on international NGO support. Throughout the period under



review, the government highlighted the survivor associations' importance, but was not able to aid them. Uganda has a well-established disability sector with a Minister of State for Disabled Persons, a National Council for Disability (NCD), and a national disability strategy in place even before 2005 – all of which lack funding to carry out activities. Persons with disabilities are represented at various government levels. Disability issues have been mainstreamed into the various relevant strategies and, since 2005, legislation has been strengthened

and developed, implementation has lagged. As of August 2009, Uganda does not have complete or reliable data on mine/ERW casualties or services received by survivors, despite promises to develop a complete database dating back to 2005.

VA progress on the ground

Respondent profile¹³

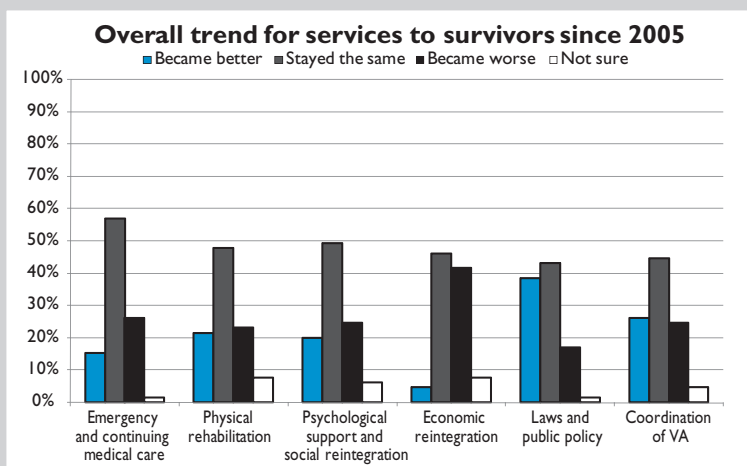
By July 2009, 65 survivors between 13 and 70 years old had responded to a questionnaire on VA in Uganda: 71% were men, 26% were women, and boys and girls accounted for 1.5% each. Some 66% were heads of households (including 41% of the women) and 83% owned property. Respondents came from mine-affected areas in the north and in the west; some had moved back to their area of origin after being displaced for years. Nearly half of the respondents (49%) lived in remote areas without services; 42% lived in villages with some services; just 8% lived in the capital or a large city with a variety of services (one person did not answer this question).

Some 69% of people had not gone further than primary school, and nine people have never received any education. Just 29% (35% of them women) went on to secondary education or higher. Ten people were unemployed at the time of the survey, including eight who had lost their job as a result of their incident; one person said he was a beggar. Most of those employed had to change their employment after their incident. The vast majority (85%) said their income was insufficient. Some 11% were military or police; most experienced their incident prior to 2000. The respondents' profile corresponds to the recorded casualty data, which indicates that the vast majority of casualties were young civilians injured in the late 1990s.¹⁴

General findings

The vast majority of respondents felt that, overall, services had stayed the same since 2005 in most sectors, while around 25% saw deterioration. Some 86% said more services were not available, and 75% said services had not improved. Responses were not more positive for those living in urban centers. Just over one-third (34%) thought services for women were "equal" to those for men (44% of women respondents thought this). Almost 68% of people said services for children were "never" or "almost never" adapted to their age level, 11% said they were "sometimes" adapted, and the remainder were not sure.

More than half of respondents (54%) had been surveyed by NGOs or authorities at least four times since 2005, while for 22% this survey was their first. More than half (52%) said previous surveys had resulted in more information about services and in their feeling listened to. However, 86% said being surveyed did not lead to fewer bureaucratic difficulties, and 77% said it did not result in more services. Most people had also received a chance to explain their needs to government representatives more than once.



This corresponds to the government's efforts to include persons with disabilities in local government and to involve survivors in workshops and meetings. These results also confirm government reports about their surveys and needs assessments, the information from which has not yet been consolidated and is not usable for planning purposes. NGO survey activity is a result of patient registers, so it would have covered many people already receiving treatment.

Emergency and continuing medical care

Most respondents (57%) said healthcare had stayed the same overall since 2005, while 26% said it had deteriorated. Some 37% said survivors "never" received the healthcare they needed, while 11% said survivors "almost never" receive the necessary services. More than three-quarters (78%) said healthcare for survivors was not a government priority. Responses to specific progress indicators were overwhelmingly negative, and respondents reporting improvement never exceeded 25%. Better equipment and supplies at facilities were reported by 9% of respondents only; more complete medical teams, more emergency transport, or an increased ability to conduct medical procedures were reported by just 11% each; more first aid workers or medication available was reported by 12% each; more affordable healthcare was reported by 14%; healthcare closer to home, better quality healthcare, better trained staff or better physical access were reported by 17% each; more health centers were reported by 18%; and 22% reported improved infrastructure. Practitioners' responses were similar, with 50% indicating the situation had stayed the same and 17% seeing deterioration. Improvements were seen in more centers, better infrastructure and quality. Practitioners saw the least progress in emergency care and said government efforts had been maintained but not increased.

These responses confirm reports since 2005 of a dire healthcare situation as a result of conflict. As in 2005, the government noted in 2008 that emergency response capacities are inadequate, facilities ill-equipped,¹⁵ and lack of trained staff is "one of the most critical factors limiting the delivery of a minimum package of services."¹⁶ The VA plan is said to link to a comprehensive health strategy for 2005-2009/2010 which aims to decentralize health services and includes specific measures for persons with disabilities. Survivor responses indicate this has not been achieved. In its VA plan, Uganda also committed to improving emergency capacities by 2009; plan implementation only started in mid-2009 due to a lack of resources.

Physical rehabilitation

Nearly half of all respondents (48%) felt the physical rehabilitation situation had remained the same since 2005; 22% saw improvement, and 23% saw deterioration.¹⁷ Some 42% felt survivors "never" or "almost never" received the physical rehabilitation they needed, while 35% said needed assistance was received only "sometimes". In addition, 88% said physical rehabilitation was not a government priority. Responses were again negative on specific progress indicators. Only 2% report more centers; 5% said it is easier to get replacements; 6% said more types of mobility devices or rehabilitation closer to home were available; 8% reported shorter waiting periods; 11% reported better infrastructure or more mobile workshops; 13% reported transport and accommodation being increasingly included as part of services; and 15% reported that physical rehabilitation teams were either better trained or more complete. Half of all practitioners saw an improvement in physical rehabilitation, but attributed this to NGO activities. In quite a few areas practitioners saw

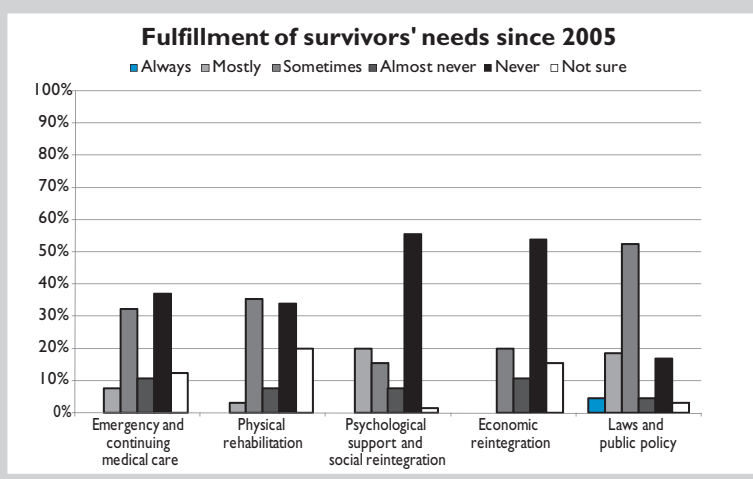
reduced government efforts, particularly as concerned enhancing quality, making teams more complete, or upgrading infrastructure at centers.

These responses confirm that physical rehabilitation needs are not being met, particularly in western Uganda. The government estimated in 2008 that just 25% of persons with disabilities had access to services.¹⁸ There were no reports of increased physical rehabilitation capacity in 2005-2009; in fact, one center closed in 2006.¹⁹ Government services were not free and were of lower quality than NGO services, and most staff was not trained to international standards. In 2009, the main NGO service provider reported difficulty in keeping up with ever-increasing demand, adding that local governments do not respect commitments to cover transport and accommodation costs, which are a challenge for most survivors. In late 2008, the ICRC resumed its support to a center in western Uganda which it had previously handed over to the government in 2002.²⁰ The existence of a government CBR strategy and network apparently has not improved responses.

Psychological support and social reintegration

Nearly half of all survivors (49%) said that, overall, the psychological support and social reintegration situation had remained the same since 2005. One-quarter saw deterioration and 20% saw improvement.²¹ Some 55% of respondents said survivors “never” received the psychosocial assistance they needed, while 83% thought it was not a government priority. Some 43% said they were increasingly involved in community activities and psychosocial support activities for other survivors; women were even more involved (50% in community activities and 44% in psychosocial support for others). Some 29% of survivors felt more empowered. About 29% also noted more peer support groups and 28% said they were no longer considered to be “charity cases.” The least progress was seen in the quality and availability of counseling. Again, practitioners’ responses concurred with survivors’ responses; 50% of practitioners said the situation was unchanged, while 33% saw improvement. Those who saw improvement were directly involved in supporting survivor associations. Psychosocial support was the only area where practitioners saw increased government support, particularly in awareness raising, reducing the stigma around this type of service, and including more survivors in service provision.

The more positive responses on psychosocial support as compared to other sectors is in large part due to the existence of survivor associations. These organizations existed throughout 2005-2009 (and prior to that) and had become increasingly organized and capable of defining their own strategies and resources by 2009. Since 2004, the government has stressed the importance of these associations and the need to strengthen and structure them under an umbrella organization. However, capacity-building and financial support have been left largely to non-governmental actors. Formal structures for psychosocial support remain weak due to a lack of awareness, culturally sensitive methods, trained staff and structures at community level. In 2009, Uganda noted negative attitudes to such support still persist. This was underscored by the survivor responses, indicating that awareness raising efforts have not paid off yet.



Economic reintegration

Nearly 42% of survivors said economic reintegration opportunities have worsened overall since 2005; just 5% said they had improved. Additionally, 54% felt survivors “never” received the economic reintegration assistance they needed, while 20% said the needed assistance was “sometimes” received. Nearly 91% said economic reintegration was not a government priority and 85% said unemployment was so high that survivors were the last to be chosen for a job. The greatest improvement was noticed in access to programs not specifically targeting survivors (49%) and in decreased educational and professional discrimination (46%). However, just 15% saw more economic or employment opportunities, only 12% saw better enforcement of employment quotas, and just 5% had less difficulty in getting bank loans. Some 23% said there was more vocational training, but just 22% of them said such training increasingly met market demand. In this area, practitioner responses differed significantly from survivor responses, with 50% of practitioners saying the economic integration situation had stayed the same and 33% seeing improvement. However, they did not attribute this improvement to increased government support overall. One respondent said: “Plans are there, meetings are held, and these are all beautiful, but implementation is still dependent on funds coming from donors through NGOs.”

Again, these results confirm the lack of progress reported by the government between 2005 and 2009. Economic reintegration activities were mostly carried out by NGOs. In 2009, as in 2005, Uganda reported there were inadequate resources for vocational training.²² Construction of new training centers was ongoing as of 2008 and support to existing ones had been reinforced, but quality issues remained and admission was fee-based.²³ The government had difficulty covering costs for survivors, thus limiting their access. No system to track employment after training exists. High general unemployment is an obstacle, as is the low education level of survivors, according to a government representative. Representatives of survivor and disability organizations remarked that the main problem was the lack of survivor inclusion in program design and the absence of “positive discrimination” for survivors in program implementation.

Laws and public policy

Some 38% of survivors felt their rights situation had improved since 2005, while 43% said the situation was unchanged. More than half (52%) said survivors’ rights were “sometimes” respected, 18% said this was “mostly” the case, and 17% said this was “never” true. Some 77% said the rights of survivors were not a government priority. Unlike other sectors, a majority of respondents saw improvement in some specific areas here. Two-thirds saw improvement in the representation of persons with disabilities in government and said negative terms describing persons with disabilities were being used less. Some 62% also said discrimination has decreased, and 55% were aware that new legislation and policies relevant to survivors had been developed. However, just 37% felt these laws and policies were actually enforced. Most practitioners (83%) saw an overall improvement in the rights situation since 2005. The greatest progress was reported in developing legislation (100%), while the least progress was reported in including survivors in policy-making (33%); 67% thought discrimination had decreased.

These responses confirm the steps Uganda has taken to develop and strengthen disability legislation, its ratification of the UNCRPD, and its work to start implementing the national disability strategy. Five seats are reserved for persons with disabilities in parliament, and two of the people first elected as disabled representatives were re-elected on the ordinary ballot in 2006. Persons with disabilities are also represented at local levels.

When asked to respond to preliminary survey results, a government representative felt a lot of work had been done and that survivors would not say the situation had remained the same. The representative added: “We have given them physical rehabilitation, we have mobilized NGOs to carry out psychosocial support and economic reintegration, and we have helped them resettle and integrate into their communities.”

VA process achievements

Year	Form J with VA	ISC VA statement	MSPVA statement	VA expert	Survivor on delegation
2005	NO	YES	YES	YES	NO
2006	NO	YES	YES	YES	NO
2007	NO	YES	YES	YES	NO
2008	NO	YES	YES	YES	NO
2009	NO	YES	N/A	YES	NO

National ownership of VA increased in Uganda between 2005 and 2009 and VA has evolved from being a “mere NGO program”²⁴ to a government responsibility. However, the government lacked both the funding and staff capacity to effectively facilitate VA implementation and remained heavily dependent on external funding and advice, usually through NGOs.

Throughout 2005-2009, Uganda reported that its main priority for VA was to develop an integrated approach in which VA would be included into existing health, disability, poverty reduction, and peace-building frameworks. While this may ensure long-term sustainability, for 2005-2009 it appears to have resulted in a lack of concrete improvements for survivors. Several disability-related frameworks were already in place prior to 2005, but their impact on facilitating improved coordination or implementation of Uganda’s commitment to the Nairobi Action Plan remains unclear. Additionally, Uganda does not appear to have applied its integrative approach systematically.

In 2004, Uganda identified the main goals of what more than three years later would become its VA plan. These goals were: collection of baseline data; government capacity building; increased coordination, decentralization and improvement of rehabilitative services; and increased psychosocial and economic reintegration activities.²⁵ In June 2005, it presented some of its 2005-2009 objectives, plans, and the means for their implementation saying it would not “isolate [survivors] in a separate program.”²⁶ Uganda released largely SMART objectives in November 2005, but it was not until 2007 that it “recognized that while there were many laws and policies, we needed a comprehensive plan of action to operationalize existing policies...”²⁷ This then resulted in the Comprehensive Plan for Landmine Victim Assistance 2008-2012 (budgeted at nearly US\$3 million),²⁸ which integrated strategic goals from the poverty eradication, social development and health sector plans and was supposed to support the broader disability sector.²⁹

Already in 2000, Uganda had a disability strategy in place, and health and other sectoral plans already included provisions for persons with disabilities prior to 2005. However, the government focal point for disability and VA was unable to explain how these plans interacted in practice. Several of these plans remain largely unimplemented due to a lack of funding and capacity. In addition, some operators noted that new plans and programs for war victims in general are under development but do not include the advances made under the 2008-2012 VA plan and are likely to result in duplication. A monitoring mechanism for the VA plan has been developed but is not used because the NCD, which was appointed to monitor the VA plan, receives less than US\$1,000 per year in government support to carry out the task.³⁰

While an integrated approach should increase national sustainability, in practice it has not had a beneficial impact on the coordination and implementation of assigned responsibilities. Coordination has changed hands several times, moving from the Ministry of Health (2004-2005) to the mine action center and OPM (since 2006) – although in 2009 the mine action center noted it was responsible for all parts of mine action *except* VA. MoGLSD has *de facto* claimed the focal point role since 2008, but its relation to the MoH and other governmental stakeholders is unclear. Neither the inter-ministerial committee on disability

(in place at MoGLSD prior to 2005), nor the NCD coordinating all disability activities³¹ were assigned responsibility to become the VA focal point, and it is not clear why.

In principle, implementation is split between the two main ministries, but how they actually divide execution of tasks is unclear as well. Some even say delays in implementing the VA plan for 2008-2012 are being caused by government stakeholders not wanting to take responsibility for the tasks assigned to them. Practical coordination and survivor inclusion work better at local level, particularly through the efforts of some survivor organizations. These ambiguities were reflected in the survivor responses. Just 35% said they knew who coordinated VA; 46% said the government is better-coordinated with NGOs than previously; 29% said the government provided regular information on VA achievements; and only 8% said the government allocated more funds to VA.

Since 2006, Uganda has noted the importance of strengthening survivor groups, their organization into a national federation, and their inclusion in policy-making. Progress in inclusion has been reported by the survivor organizations, but it remains unsystematic. Just 29% of survivor respondents thought survivors were included in coordination, 34% thought the needs of survivors had been taken into account when developing plans, and 31% thought survivors had been involved in developing plans. One organization has been identified to grow into the national federation. This organization has tried to fulfill its role, but has not received formal assistance to achieve its task. The first meeting of the national federation was held in July 2009 and a president and vice-president elected.

The implementation of the 2008-2012 VA plan did not start until June 2009 because funding had been blocked since 2007 and a technical advisor was needed. This has resulted in little demonstrable improvement in survivors' lives. According to a well-informed source, part of the problem is that the roadmap and funding strategy for 2008-2012 seem to have been developed mostly by the UN or an external advisor without taking the real capacity in the country into account. Funding promises were based on this and did not include any resources for capacity building of district/level staff to actually implement the 2008-2012 plan, which resulted in the MoGLSD struggling to get programs into place with insufficient capacity. Funding was only unblocked in 2009, with the message that the money needed to be spent by year-end if more funding was to follow.

All actors agreed Uganda's main achievement during 2005-2009 was the development of the VA plan, which has already helped guide the actions of some NGOs in order to avoid duplication. However, one practitioner noted: "Government has put plans, legislation, documents, and coordination systems in place, but has not allocated a budget for the survivors, nor has [it] been very pro-active in ensuring that all the good efforts written down are being implemented." However, others noted that because of fighting in the north, all the work there had been done by NGOs, some of which started to leave before the government "got itself organized" to expand activities into these areas. Neither the government nor the NGOs have focused on western Uganda.

A government representative noted that being part of the group of 26 countries with significant numbers of mine survivors and therefore the greatest responsibility to act, but also the greatest needs and expectations for assistance, has brought Uganda recognition as a country with this particular problem and has probably resulted in financial gains. The person further noted that being part of the group gave Uganda the courage not to lag behind.

Conclusions

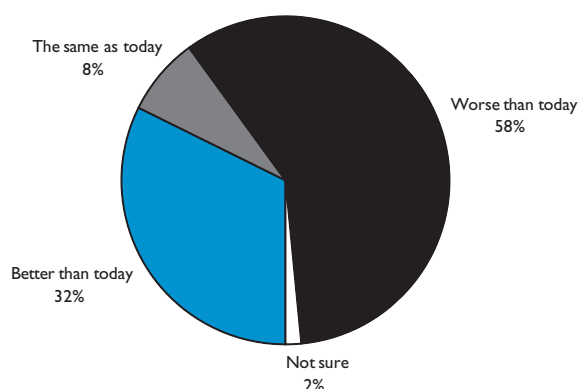
- Legislative improvements have been made, but fewer advances in service provision have been made.
- Activities were largely implemented by NGOs and funded by international donors.
- Challenges and weaknesses (capacity, unequal national coverage, funding, inadequate data) pinpointed early on were not solved between 2005 and 2009.
- The existence of a relatively well-established, albeit under-funded, disability sector prior to 2005 does not appear to have had a direct impact on VA progress.
- The importance of survivor inclusion was recognized early on and acted upon, but needs further strengthening.
- Implementation of a clear plan of action has been delayed because of dependency on external financial and technical resources.

Suggestions for the way forward

When asked about how they saw their situation in five years, 58% thought it would get worse, 8% thought it would remain the same, and 32% thought it would be better.³² To assist in a better future ahead, the following suggestions may be taken into account:

- Urgently address the needs of survivors by implementing the VA plan for 2008-2012.
- Continue efforts to integrate VA into disability and to streamline practical interactions with development, health, and social sector plans to avoid duplication.
- Diversify funding for the 2008-2012 VA plan to avoid further delays.
- Define clear government responsibilities and divisions of tasks.
- Focus more planning and government funds on western Uganda.
- Intensify and clarify linkages to broader economic reintegration programs for conflict-affected and resettlement areas.

What do you think your situation will be like in five years?



- Allocate sufficient long-term national funds for the survivor national federation and groups, and continue to include them more systematically in relevant planning and implementation processes.
- Increase budgets to enable the NCD to carry out activities and monitor the VA plan.



Patrick Omule
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Lilly Akullu and her daughter
© Margaret Arach Orech

In her own words:
the life experience
of one woman now
working for the

National Union of Disabled Persons of Uganda (NUDIPU)

In their own words...

Respondents described themselves as: professional, result-oriented, disabled lady, coordinator of landmine survivor group, female survivor who has had both legs amputated, needing immediate help, having many dependents, hard-working man who cannot use a prosthesis due to topography, combatant abandoned by the government...

In their own words...

The main priority for VA for the next five years is:

- Economic reintegration.
- Increasing physical rehabilitation and economic empowerment.
- Survivor resettlement.
- Providing school materials and fees for school-going survivors.
- Strengthening and lobbying for assistance for survivors' basic needs.
- Financial empowerment of survivors / survivor groups.
- Providing survivors with capital.
- Housing compensation.
- Assisting female survivors in earning a living.
- Creation of a landmine survivor center.
- Building for survivors and empowering their businesses.

This 46-year-old, describing herself as a “professional, results-oriented disabled lady,” experienced her incident in 1989 in Karamoja, when she was traveling. After initial treatment she was referred to the main hospital in Kampala, where bone-setting and skin grafting saved her leg. These services were not free of charge and put a heavy financial burden on her. She now walks with a limp. She needs orthopedic shoes to walk more easily, but cannot afford them. As a university graduate, she was working as a teacher prior to her incident, but she had to change jobs afterwards due to discrimination and her disability. She thus became a community worker and needs to supplement her salary by working for NUDIPU.

As someone involved in disability and VA activities, she said the main achievement of the last five years has been the development of the comprehensive VA plan. However, in her assessment, many services have not improved over the last five years because of the conflict and displacement. She added that the main priority for VA for the next five years is economic reintegration, as there are no specific programs to access micro-credit or vocational training. She further noted a “lack of implementation of most of the policies in place.” She concludes by saying: “Much as Uganda is a part of the Mine Ban Treaty, victim assistance is not yet quite felt on the ground.”

In their own words...

A diverse range of opinions were expressed in survey responses and some respondents chose to include comments about services, such as:

Patrick Omule, 49, of Lira said the main achievement since 2005 has been: “Organizing survivors and sensitizing them... The existence of survivor groups made a huge difference... at least we now have people to talk to who are close to home.”

Lilly Akullu, a married woman with eight children, said: “I am only spoken to, but with no material benefit... The quality of prostheses is poor and we need to be taken to another district to get them... I only hear psychosocial support programs on the radio... Loans should be made available for survivors, and survivors' children's education should be supported... The capacity of survivor groups should be built so that our information is used correctly.”