BASELINE STUDY PROFILING THE STATUS OF PWDS IN RISK & EMERGENCE SITUATIONS IN UGANDA
“A CASE OF DISASTERS IN BUDUDA”

Submitted to
Uganda National Action on Physical Disability

Supported by
Disability Rights Fund

Prepared By:

P.O. Box 26924 Kampala- Uganda

Contact Person: Wabwire Julius
Email: datelskills@yahoo.com; juliuswabwire@gmail.com
Tel: +256 782--207100, +256 712-404207

July 30th 2016
Authors’ Acknowledgements
We would like to sincerely thank the various Authorities in Bududa District for their unreserved cooperation and willingness to provide information during this study. More so to the LC 1 of Bumwalukani the epi-center of the 2012 land slide hazard. The FGD participants of Nametsi and Bumwalukani PWD community, and the chairperson of Bududa Association of Persons with physical disabilities (BUDAPD) who guided the researcher for having been available and cooperative during the assessment.

We are deeply grateful to all the study participants including Bududa District Chairman LC V, CAO, DHO, DCDO, Red Cross focal person, Bukhalasi Sub County chief, Buchigai, NEMA Elgon representative and District disaster coordinator including the office of the Prime Minister.

We are also grateful to UNAPD and the project officer who was resourceful and cooperative all the way. The entire UNAPD team. To the Executive Director- UNAPD and Vincent and Richard who gave technical support and informed commentaries at all stages, thank you all.
Acronyms
CAO  Chief Administrative Officer
CSO  Civil Society Organisation
DCDO  Deputy Community Development Officer
DDMC  District Disaster Management Committee
DDPM  Department of Disaster Preparedness and Management
DHO  District Health Officer
DEO  District Environment Officer
DPO  Disabled People’s Organisation
DPSIR  Driver- Pressures- State Impact and Response
FGD  Focused Group Discussion
JICA  Japan International Development Agency
IUCN  International Union for Conservation of Nature
IIRR  International Union of Rural Reconstruction
MDA  Ministries, Departments & Agency
MoFPED  Ministry of Finance Planning and Economic Development
MoGLSD  Ministry of Gender Labour & Social Development
MoLG  Ministry of Local Government
MoWE  Ministry of Water and Environment
OPM  Office of the Prime Minister
NAADS  National Agricultural Advisory Services
NARO  National Agricultural Research Organisation
NEMA  National Environment Management Authority
PACE  Programme for Accessible Health Communication and Education
PWD  Persons with Disabilities
SDS  Strengthening Decentralization for Sustainability
SNV  Netherland Development Organisation
UCDA  Uganda Coffee Development Authority
UNCRPD United Nations convention on The Rights of Persons with Disabilities
UNICEF United Nations International Education Fund
URF  Uganda Rural Fund
USAID United States Agency for International Development
UWA  Uganda Wild life Authority
WHO  World Health Organisation
WWF  World wildlife Fund
Contents

Authors’ Acknowledgements ........................................................................................................ 2
Acronyms ......................................................................................................................................... 4
Executive Summary .......................................................................................................................... 8

1.0 Introduction ................................................................................................................................. 10

1.1 Background of the Study ............................................................................................................. 10

1.2 Uganda Hazard/Disaster and Disability Profile .......................................................................... 11

1.3 Study Framework for Bududa Humanitarian Emergencies ...................................................... 12

1.4 Rationale, Purpose and Objectives of the Baseline Study ......................................................... 12

1.4.1 Specific Objectives .................................................................................................................. 13

1.5 Study Scope ................................................................................................................................. 13

1.5.1 Scope of the Risk and Humanitarian emergencies .................................................................. 13

1.5.2 Assessment Criteria for DRR Responsiveness to PWDs ........................................................ 13

1.5.3 Baseline Study Questions ....................................................................................................... 14

2.0 Methodology ............................................................................................................................... 14

2.1 Data collection Methods ............................................................................................................. 14

2.1.1 Document review, Focused Groups and Key Informant Interviews ...................................... 14

2.1.2 Stakeholders Consulted in Bududa ....................................................................................... 14

2.1.3 Procedure for Data Collection .............................................................................................. 15

2.1.4 Data Management and Analysis ........................................................................................... 15

2.1.5 Data Presentation, Interpretation and Discussion .................................................................. 15

2.1.6 Limitations of the Study ....................................................................................................... 15

3.0 Baseline Survey Findings and Analysis ....................................................................................... 15

3.1.1 Context of Risk in Emergence Situations and Disability ......................................................... 15

3.1.2 Institutional Context of Disaster Response In Uganda .......................................................... 16

3.1.3 Bududa Landslide Hazards ................................................................................................... 18

3.1.4 Terrain and Climatic Change Effects ..................................................................................... 18

3.1.5 Weather .................................................................................................................................. 19

3.2 State of PWDS in Disaster Prone Communities of Bududa ...................................................... 20

3.2.1 Risk and Emergence Situational Analysis in Bududa District: ............................................. 20

3.2.2 Vulnerability Assessment of PWDs in Bududa ...................................................................... 21

3.2.3 Effects of Disaster Risks and Emergencies on the Livelihoods of PWDs in Bududa District 24

3.3.1 Impacts of Emergencies on Life and Life Support systems .................................................. 26
3.3.2 Measures and Coping Strategies for PWD in Emergencies.................................................26
3.3.3 Disaster Risk and Emergence Services and Programs for and of PWDs ..............................29
3.3.4 PWD Involvement in Rehabilitation and Recovery Efforts ...........................................33
4.0 Conclusions and Recommendations .................................................................................34
  4.1 Conclusions ......................................................................................................................34
  4.2 Recommendations for raising the Profile of PWDs in Emergencies ...............................35
Executive Summary

Elgon Mountain ranges in eastern Uganda is an important fragile eco-system with recurring hazardous risks and humanitarian emergencies. Different kinds of hazards occur in several places in Uganda, among them drought and famine due to prolonged dry periods occurring in a cyclic pattern every 3 to 5 years. PWDs are highly susceptible and vulnerable to the vagaries of climatic change. The Elgon region is experiencing recurrent and calamitous landslides and epidemic outbreaks triggered by heavy rains, leaving scores dead and destroying homes and gardens of people including those of PWDs.

PWDs are suffering due to the effects of the climate change for lack of clear mechanism by government and Emergence service providers that raises the profile of PWDs in situations of risk and humanitarian emergencies as enshrined in the United Nations Convention on the Rights of People with Disabilities.

This study highlights disability disaster issues that can be incorporated in risk and emergence response mechanisms and to support UNAPD to design and implementation disaster responsive interventions, as well as advocate and lobby for inclusive planning and response. The study assessed the practices and behaviours of MDAs and CSOs in disaster planning, prevention, preparedness, and response and recovery programs. Various documents related to international and national policies on disaster and disability were reviewed. Key informants interviews were done and provided evidence on policy and practices; together with focused group discussions with PWDs were conducted at Nametsi in Bukalasi Sub-county and Bumwalukani in Bulucheke sub county epi centers of recent disasters.

Findings showed that PWDs endure worse health and socio-economic outcomes in risk and humanitarian emergence situations that worsen health conditions, negatively impact education, complicate economic and social participation and exacerbate their levels of poverty. Floods and Hailstorms are usually intense and destroy both economic and social infrastructure in the area. Roads, Bridges, houses and crops get destroyed increasing the levels of poverty among the community and compounding the disability situation to be even worse. The study noted that ignorance was a major driver and enhancer of other susceptible conditions among person with disability. PWDs lacked the mitigation and preventive knowledge like how and where to construct a house, high dependence and practice on mono-cropping; inadequate knowledge on soil preservation and environmental management know how combine to increase exposure to hazard effects. Limited social capital, being disconnected from one another and loose groups affect access to information; hilly terrain increases the vulnerability of PWDs.

Climatic change in Bududa is exposing the livelihood assets of the entire community including PWDs to hazard risks. Hail storms, lightening and flooding can devastate whole livelihood streams with capacity to strike at economic, natural, social and physical infrastructure. As a
result disaster effects are transforming PWD’s lives into perpetual refugees, and dependency on hand outs from sympathizers. Generic response programs under the custodianship of the OPM and district Disaster Management Committee unconsciously do not favour nor affirm PWD’s realization of rights enshrined in article 11 of the UNCRPD in risk and emergence situations.

Programs enhancing community resilience against hazards through creating awareness, livelihood coping mechanisms, health promotion, conservation of the environment and economic empowerment are provided by civil society and private initiatives. Since disability is invisible in these programs, UNAPD including other DPOs should lobby and advocate relief and emergence service providers for inclusive programming.

In conclusion CSO’s and MDA policies and practices are passive about disability interests and rights, and are inadequately funded. PWDs lack capacity to effectively participate and be able to assert disability rights in humanitarian emergence programmes and plans. As a result they are not included in opportunities of participating in and don’t benefit from vulnerability reduction and preparedness Initiatives.

UNAPD should build the capacities of people with disabilities and their leaders in disaster prone areas in humanitarian emergence informatics and planning for effective consultation and representation in emergency risk management systems. UNAPD should also create Awareness, Knowledge and Skills of MDAs and organisations dealing in emergence response and recovery programmes.
1.0 Introduction
This section presents the background to the baseline study conducted in Bududa District, the study purpose and the specific objectives of the study.

1.1 Background of the Study
Uganda National Action on Physical Disabilities (UNAPD) is a membership organisation with forty registered district associations with over 5600 individual members, five specific groups of physical disabilities including Youth with Physical Disabilities and Women with Physical Disabilities. UNAPD has a mission is to “Remove barriers in society that prevent People with Physical disabilities from enjoying their full rights” through building their capacity to become self advocates, promoting mainstream development of PWDs through all government and non-government programmes. UNAPD envisions a society where “People with physical disabilities are accorded rights enjoyed by all citizens”.

Climate change and its resultant effects in the Elgon Mountains in eastern Uganda is increasingly an important fragile eco-systems leading to annual humanitarian emergencies. Due to uncontrolled human activities and unpredictable weather patterns, annual impacts both on human life and activities are increasingly calamitous. This environment of perpetual crisis and humanitarian emergencies concerns UNAPD whose membership spans the entire Bugisu mountainous region. PWDs are highly susceptible and vulnerable to the vagaries of climatic change. Disasters disproportionately place people with a disability in vulnerable situations. People with a disability experience increased vulnerability during and after natural disasters due to separation from family, loss of a shelter, known friends who occasionally give support and loss of mobility and other devices.

UNAPD has a registered membership of 6013 individuals, scattered in the different regions of the country including Bugisu sub region; whose livelihoods either depends on subsistence or commercial agriculture to earn an income. Since 2010 – to date the Elgon mountainous eco-system (Bugisu sub region); home to UNAPD’s district associations of Mbale, Sironko and Bududa, is experiencing recurrent and calamitous landslides triggered by heavy rains, leaving scores dead and destroying homes and gardens of people including those of PWDs.
During disaster responses, people with a disability become invisible and excluded from accessing emergency support and essential services such as food distribution, medical care, shelter and water, sanitation and hygiene. Although the Government of Uganda is responding by re-settling the disaster victims in Kiryandogo district 600 kms away from Bududa district; however, the entire process became mired with influence peddling of politicians; and opportunist characters which led to exclusion of the genuine disaster victims especially PWDs.

PWDs are suffering greatly due to the effects of the climate change because there is no clear mechanism by government and private actors to raise the profile of PWDs in situations of risk and humanitarian emergencies as enshrined in the United Nations Convention on the Rights of People with Disabilities (UNCRPD), Article 11 which states that ‘State Parties are required to take action, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters’. The UNCRPD and its Optional Protocol was signed by Uganda on 30th March 2007 and ratified on 25th September 2008 without reservations.

1.2 Uganda Hazard/Disaster and Disability Profile

Hazards complicate and are a major cause of disability conditions in Uganda. Persons with disabilities can be found in all places in Uganda. Uganda is prone to several hazard occurrences in different parts of the country, among which drought and famine due to prolonged dry periods occur in a cyclic pattern every 3 to 5 years. Areas of Karamoja, Teso region’s and areas reaching the Ankole cattle corridor are the most affected with significant food insecurity, often necessitating humanitarian assistance; there is a high prevalence of under nutrition especially among the vulnerable groups like PWDs. Secondly epidemics and diseases rank as the most important public health emergencies in some districts of Uganda. In Bududa Cholera, HIV/AIDS ad Malaria precedes landslides. Highly lethal Ebola, and Marburg, occasionally can emerge in any part of the country as a result eating wild meat. 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.

Pests and diseases are a major problem and lead to food insecurity. Common pests in include weevils and caterpillars; diseases include coffee wilt, banana wilt and cassava mosaic. Most PWDs generate their livelihoods through farming thus are greatly affected by food crop failures thus food insecurity. In the past Uganda has been affected by own successive armed conflicts, but currently spillover conflicts from neighbouring South Sudan and the Democratic Republic of the Congo create disaster situations. War and disability are closely related and inevitably lead to emergence conditions. The aftermath of the LRA insurgence in Northern Uganda left many PWDs in internally displaced people’s camps in Acholi sub region.

According to WHO, Uganda ranks 2nd only to Ethiopia in the magnitude of Road Traffic Accidents in Sub-Saharan Africa. In the first six months of 2016, two hundred people have perished in road accidents leaving behind over 700 people with broken limbs and severe
impairments. Health facilities get overwhelmed and pressured, and lack adequate resources to handle emergencies of this scale; the situation is confounded by Boda–boda (motor cycle riders engaged in providing public transport services).

In the last 3 decades, Uganda is facing significant damage to its environment; increasing in relation to an increasing population with a potential for major natural disasters. This is closely related to deforestation in the rural areas and encroachment into wetlands in the urban areas. Floods are relatively common in parts of Uganda, especially during the cycle of adverse weather that follows the El-Niño years. Recently, there was a large scale disaster of floods in the areas of Kasese and the Elgon region (Bududa) in the East. Environmental degradation, flooding and landslides are inextricably linked more in the mountains of Rwenzori and Elgon ranges. Human activities like agriculture on these hilly places accelerate the effects.

1.3 Study Framework for Bududa Humanitarian Emergencies
The framework which informed this study is the Driving forces, Pressure-State Impact-Response (DPSIR) contextual model. The DPSIR framework focuses on what went wrong with the environment and the efforts to fix it. In the humanitarian emergency analysis in Bududa, the consultant understood driving forces to refer to fundamental processes in society, which drive activities that cause a direct impact on the environment. Economic activities are a key factor in terms of human well-being just as much as they are in terms of their impacts on environmental change. Population growth and the quest to feed an increasing population are the forces behind climatic changes in the Elgon Mountains. The pressures directly fueling hazardous climate change in the Elgon ranges include the social and economic sectors of society. Cultivation and house construction on steep slopes including tree cutting to give way for coffee and banana plantains are key factors creating vulnerable conditions. Climatic change resulting into natural hazards including landslides, floods, hailstorms, pest and diseases, lighting and epidemics, and land conflicts are emerging issues in the mountain districts. Social and economic impacts are affecting various groups. Human well-being, vulnerability and coping capacity are dependent on access to social and economic goods-and-services and exposure to social and economic stresses. Responses (interventions) in the framework consist of elements among the drivers, pressures and impacts which may be used for managing society in order to alter the human-environment interactions. Responses can occur at different levels: for example, environmental laws and institutions at the national level, and institutions at the regional and international levels. Responses address issues of vulnerability of both people and the environment, and provide opportunities for enhancing human well-being.

1.4 Rationale, Purpose and Objectives of the Baseline Study.
The overall purpose of this study was to collect baseline data which will guide inclusive planning and implementation of disaster risk reduction programmes - preparedness, prevention and mitigation, along with disaster relief, rehabilitation and recovery programmes. The survey seeks to highlight disability measures to be incorporated in disaster response mechanisms, through creating awareness, building knowledge and capacities of governments, organisations, communities and individual PWDs to anticipate impact on PWDs and how they could respond to humanitarian emergencies.
To support UNAPD to design and implementation disaster responsive interventions, as well as advocate and lobby for inclusion.

1.4.1 Specific Objectives
The specific objectives were:

i. To understand the levels of exclusion and discrimination of PWD in the landslide management cycle in Bududa, from Disaster Planning, Prevention, Preparedness, Response and Recovery programs.

ii. How people with disabilities and other populations with specific needs should be included in all stages of planning, mitigation and reconstruction in order to guarantee equal access to disaster response and relief.

iii. The study should help improve inclusive disaster preparedness, prevention and mitigation, along with disaster relief, rehabilitation and recovery programmes and promote the rights of disabled persons in line with the CRPD.

1.5 Study Scope

1.5.1 Scope of the Risk and Humanitarian emergencies
The issues covered by this study included an analysis of PWD’s humanitarian emergency situation in Bududa and in related hazardous situations. It also included an understanding of the national disaster preparedness and management framework including how the extent of disability mainstreaming by CSO in their programmes. The study sought to analyse the capacity gaps and vulnerability situations of PWDs and their leaders, including the interaction between DPOs and humanitarian emergency response mechanisms.

1.5.2 Assessment Criteria for DRR Responsiveness to PWDs.
The study assessed the responsive nature of disaster risk reduction interventions by MDAs and other partners basing on interlia:

- Knowledge of applicable policy and international frameworks like the Humanitarian charter and minimum standards disaster response.
- Practices and behaviours of MDAs and CSOs in Disaster Planning, Prevention, Preparedness, Response and Recovery programs.
- DPO’s levels of organisation, knowledge and involvement in planning for humanitarian emergencies, and networks with relief and humanitarian assistance organisations.
1.5.3 **Baseline Study Questions.**

Four study questions where used to guide understanding on how to profile PWDs in Risk and Humanitarian emergence situation.

1. What is the status of PWDs in Risk and Humanitarian emergence situations?
2. What factors contribute to the susceptible conditions and expose PWDs to the impacts of environmental hazards in Bududa?
3. What are the available disaster risk reduction programmes and services; including the different players in Prevention, Preparedness, Response and Recovery systems?
4. What affirmative strategies can be adopted to improve the disaster risk reduction programmes on a sustainable basis?

2.0. **Methodology**

2.1. **Data collection Methods**

The study mainly employed a qualitative approach of data collection and analysis. These included the following:

2.1.1 **Document review, Focused Groups and Key Informant Interviews.**

This study reviewed various documents related to international and national policies on disaster and disability. Documents reviewed included the humanitarian charter and minimum standards in disaster response, the United Nations framework for convention on climatic change, the UNCRPD and Promoting Disability Inclusion in the International Red Cross and Red Crescent Movement among others. A systematic review of the climatic changes and landslide hazards using the DPSIR framework was done. Scheduled appointments were done with key informants for face to face interviews and to provide evidence on policy and practices in disaster risk reduction. Almost all informants agreed to provide face to face interviews. Focused group discussions with PWDs were conducted at Nametsi in Bukalasi Sub county and Bumwalukani in Bulucheke sub county epi centers of recent disasters. The discussions assessed factors and challenges of PWDs in risk and emergence situations; vulnerability factors; impact on life and life support systems; and appropriate coping strategies. Disaster experiences and coping mechanisms through narration were elicited from two individuals and totally blind man and a physically disabled woman for case development.

2.1.2 **Stakeholders Consulted in Bududa**

Respondents included the administrative and political staff of Bududa District including the chairperson LC V, chief administrative officer, District Community Development Officer, Medical preparedness Officer, District disability union Chairperson, Red cross focal person for Bududa, World vision, NEMA regional Officer, Department of disaster preparedness and Refugees- OPM, Persons with disabilities and sub County Chiefs.
2.1.3 Procedure for Data Collection
Following a review of the TORs by the consultancy team on one hand and the staff of UNAPD on the other hand, a tentative field timetable was drawn indicating the different locations where to administer the tools. Following this timetable, tentative travel arrangement was made for the consultant to meet the respondents in over 6 sub counties in Bududa the key informant tools and focus group discussion guide and case study development was done simultaneously by the studying expert.

2.1.4 Data Management and Analysis
The process of data management started from the field and the approach was empirically qualitative. The data obtained by qualitative methods was edited first in the field by the consultant for purposes of ensuring completeness and accuracy. The summaries of the Key informant interviews, focus group discussions, observations and documentary review were compiled, categorized into themes based on the study questions.

2.1.5 Data Presentation, Interpretation and Discussion
The results were discussed comparing all information derived from the key informants, focus group discussions, observations and documentary reviews, which later formed a basis for drawing conclusions and recommendations of the study.

2.1.6 Limitations of the Study
The period this study was conducted is after 3-4 years after the major disaster occurred at Bumwalukani in June of 2012. Memory lapses of PWD respondents of the exact hazard stress, and unrealistic expectations when invited for a meeting (FGD) biases the information provided. However, through expertise the research was able to triangulate key questions to unearth the real status and obtain valid responses.

3.0. Baseline Survey Findings and Analysis
This section presents the findings and analysis to enable the drawing of the conclusions and recommendations. The findings are presented according to the specific objectives of the assessment.

3.1.1 Context of Risk in Emergence Situations and Disability
According to the WHO report¹ (2013), titled guidance note on disability and Emergence risk management for health; people with disabilities, across the world, face widespread barriers to accessing services such as health, education, employment and transport. These barriers include inadequate policies and standards, lack of provision, lack of accessibility, negative attitudes, inadequate information and communication, inadequate funding, and lack of participation in decisions that directly affect their lives. As a result, people with disabilities endure worse health and socio-economic outcomes than people without disabilities, more so in emergence risk

¹ Guidance note on disability and emergency risk management for health
situations that worsen health conditions, negatively affect access to education, complicate economic and social participation and exacerbate rates of poverty.

While disability correlates with emergencies, the degree to which a person with disabilities is disadvantaged directly varies with the severity of the disability. People with more severe impairments often experience greater disadvantage during emergencies. In some contexts, women with disabilities, children with disabilities, older age induced disability people and people with mental health conditions and intellectual impairments experience more hardships and exclusion than other people with disabilities. Emergencies in particular usually increase the vulnerability of people experiencing disability.

People with visual, hearing and intellectual impairments and severe mental health conditions who already are socially and institutionally excluded living in isolated unreachable mountainous terrain may be unprepared for events that lead to emergencies, and in many cases don’t know or comprehend what is happening. Unsuitable modes of communication for people with hearing impairments, seeing or understanding do exclude them from receiving critical information in pre and during emergency times. In emergency situations, PWDs are less able to escape from hazard occurrences, will in most cases lose essential assistive devices such as hearing and mobility aids and/or medications, or are left behind when a community is forced to evacuate. They face difficulty in accessing basic needs, including food, water, shelter, latrines and health-care services.

In many instances emergencies reduce the capacity of caregivers and care settings such as residential homes to provide for and support people with disabilities. The vulnerability of children and older people with disabilities becomes even more acute during emergencies when they are separated from their families, and traditional caring mechanisms in the community such as the extended family and neighbors break down. People with disabilities can also face higher risks associated with safety, protection and dignity; they may be particularly vulnerable to violence, exploitation and sexual abuse.

3.1.2 Institutional Context of Disaster Response In Uganda.

The 1995 Constitution in the sixth schedule, points out that the primary responsibility for Disaster Preparedness and Management rests with the state. The Department of disaster Preparedness, Management & Refugees under the Office of the Prime Minister (OPM) is charged with the task of coordinating and implementing policies related to disaster preparedness and management in Uganda. The Department is tasked to coordinate risk reduction, prevention, preparedness, mitigation and response actions in the country (OPM 2012). The Minister is responsible for developing rules and regulations on the management of likely disasters and present annual reports to the Cabinet. Landslides are mentioned in The National Policy for Disaster Preparedness and Management (October 2010) where a list of policy actions and responsible institutions are listed. (Section 2.1.4.1 in the Policy document):
There exist an official network for the communication of disaster and early warning response in the districts (Fig above). Local villagers are the first to see the early warning signs and in most cases they report to the local council in the village (LC1), who is then supposed to report to the sub-county chief, by oral or written report. After this, the sub-county chief has to report in written to the District Office, usually the District Environment Officer (DEO). The following procedure is that the DEO is supposed to assess the early warning sign on-site and take further actions, which could for example be to encourage relocation of villagers from hazardous areas.

In case a disaster occurs, the main person is the DEO whom, after receiving the information about the land slide from either the LC1 or Sub county chief or from other is supposed to contact the Office of the Prime Minister (OPM). The DEO is supposed to conduct investigations on site and give a rapid response report, with information on lives and house losses and missing people. Depending on the scale of the disaster the OPM responds by resource mobilization and send out relief to the affected villages. The relief items are distributed by LC1 to the affected families who have lost people, crop and property.

Figure 1: Adopted From Mt Elgon Information Needs Report
3.1.3 Bududa Landslide Hazards
Bududa district is located in Eastern region of Uganda, one of the 8 districts in the Elgon Mountains. The population is projected at 201,857 (2014 Ubos) with a growth rate of 3.8%; and the population density is 916 persons per Sq/km compared to the national average of 175 per Sq/Km.

Due to the topography of the district which is characterized by volcanic hills and mountain ranges, combined with climatic changes there has been an increase in the humanitarian emergencies incidences that has led to displacement of the people, loss of life and property.

3.1.4 Terrain and Climatic Change Effects
The terrain of Bududa is characterized by very hilly and steep slopes that rise up to (altitude of) 2,068 meters above sea level. Landslides have become one of the most common and destructive hazards in Uganda. In 2010, Bududa district experienced one of the worst landslides that affected about three villages in Nametsi (watery) parish, Bukalasi sub county- killing more than 109 people, displacing over 700 families while scores of people were seriously injured. Property destroyed is estimated in hundreds millions of shillings. At least 6-8% victims in the landslide hazard are usually persons with disabilities.

On the other hand there is potential danger of rock falls, a different type of landslides which occur when a piece of rock on a steep slope is dislodged and falls down the slope, the debris that fall with it involve a mixture of soil, regolith and vegetation. These are equally dangerous and there are reports of deaths and injuries arising from these geological occurrences on the slopes of Mt. Elgon.

*Picture 1: Steep and sloppy Hills in Bududa.*

---

2 Water fountains and spring are constant sub terrainian streams flowing throughout the year, hence the term Nametsi implying watery place.
Another environmental issue contributing to humanitarian emergencies in Bududa is the gradual climatic change which is redefining the livelihoods of the inhabitants. Whereas by the time of this study there were no pronounced hazards, several humanitarian emergencies are common these days in Bududa. Their pattern of occurrence coincides with the rainy season. Common among the hazards are the floods, hail storm, pests and diseases, lightening, epidemics (cholera, dysentery, typhoid). In recent times the El Niño occurrences has increased in the world leading to similar increases in the health hazards in the mountainous districts of Bududa, Bulambuli, Manafwa, and Mbale. Prolonged and high-intensity rainfall in Bududa creates cracks on hills, water oozing from the ground which weakens the bed rocks triggering occasional massive ground movement which are catastrophic. The recent such happening was on the 25th June 2012 landslide which occurred in Bumwalukani Parish- in the sub county of Bulucheke. This disaster left 8 people dead, injuring 11 and leaving 117 survivors homeless. Studies conducted in Bumwalukani parish indicate that 4,000 people are at high risk of mudslides including PWDs.

3.1.5 Weather
Bududa district being a mountainous area attracts a lot of rainfall. It has a bimodal rainfall pattern with a dry season spanning from December to March. Most of the time the mountains are wet, the steep hills instantly become very difficult to climb due to slimy (creepy) soils. Floods and hailstorms are frequent in Bududa in the sub counties of Bulucheke, Bushika Nalwanza, Bukigai, Bushiribo, Bubiita, Buwali and Bududa Town Council. Floods and Hailstorms are usually highly intense and destroy both economic and social infrastructure in the area. Roads, Bridges, houses and crops are get destroyed increasing the levels of poverty among the community and compounding the disability situation to be even worse. Mobility and access to social services including health and education facilities worsens in relationship to the weather patterns for PWDs not only in Bududa but in other areas with similar conditions within the ten Elgon Districts.

Picture 2: Showing the Effect of Weather on the Roads, crops, Bridges and Housing in Bumwalukani - Bududa District.
3.2 State of PWDS in Disaster Prone Communities of Bududa.

3.2.1 Risk and Emergence Situational Analysis in Bududa District:

Bududa district like the rest of Uganda is prone to several hazard factors recurring in nature. The most common and prominent humanitarian emergencies are ten including landslides, floods, hail storm, pests and diseases, lightening, epidemics (cholera, dysentery, typhoid); motor cycle accidents, land conflicts and domestic violence.

<table>
<thead>
<tr>
<th>Hazard factor</th>
<th>Probability score (riskiness)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land slides</td>
<td>0.3</td>
</tr>
<tr>
<td>Floods</td>
<td>0.2</td>
</tr>
<tr>
<td>Hail storms</td>
<td>0.1</td>
</tr>
<tr>
<td>Pests and diseases</td>
<td>0.1</td>
</tr>
<tr>
<td>Lightening</td>
<td>0.05</td>
</tr>
<tr>
<td>Road accidents</td>
<td>0.05</td>
</tr>
<tr>
<td>Epidemics (Cholera, Dysentry, Typhoid)</td>
<td>0.05</td>
</tr>
<tr>
<td>Land conflicts</td>
<td>0.05</td>
</tr>
<tr>
<td>Influx of refugees</td>
<td>0.05</td>
</tr>
<tr>
<td>Domestic violence and mob justice</td>
<td>0.05</td>
</tr>
</tbody>
</table>

The probability of occurrence of hazards is below average, with the likelihood of landslides at 30%, floods at 20%, hailstorms, pest and diseases at 10% with rest just at 5% level. These hazards can occur throughout the entire district and threaten several thousand people with devastating effects on both economic and social life streams e.g. reduced productivity, loss of income, food shortage, and loss of animals. Among the discussants in the focused groups, some testified of how they lost their crops, cows and goats and relatives.
3.2.2 Vulnerability Assessment of PWDs in Bududa.

The effect of climate change in Bududa is contributing to many people, including PWDs being susceptible to hazards including floods, lightening, hailstorms, pest and diseases, epidemics and refugee influx from Kenya. Several of the respondents in this study associated risky humanitarian emergencies with climatic change; between rainfall, landslides and epidemic outbreaks.

Persons with disabilities in Bududa are highly vulnerable to the effects of climatic change. Though it was untenable to interview different categories of PWDs, conventionally the degree of vulnerability for PWDs is confounded by the degree and nature of the disability. This study noted that ignorance was a major driver and enhancer of other susceptible conditions among persons with disability. The researcher observed that PWDs lacked the mitigation and preventive knowledge to disastrous occurrences; like how and where to construct a house, high dependence and practice of mono-cropping; inadequate knowledge on soil preservation and lack of and environmental management know how combine to increase exposure to hazard effects. It was observed that PWDs dwell in lone isolated houses terraced beside steep hillsides, in fragile eco systems.

“We stay in the Hills, and the hills have springs of water, when it rains the earth movements occur” PWD in FGD

PWDs have limited social capital because they are disconnected from one another and their groups are not strong and very loose. During interviews PWDs present demonstrated a clear lack of information on fellow PWD’s where about and could not identify them by name or location. The hilly terrain, increases the vulnerability of PWDs since it makes movement from one place to another a dangerously risky exercise in meandering strong currents of river Manafwa. This river though is a threat to the lives of PWDs in case they slide into it. Peasantry (subsistence cultivation) was observed to be the major livelihood stream coupled with large families. The facilitator asked the focused group discussion members in Bukalasi sub county, how many children each one had?. The response was stunning as the average number of children per participant was 7, with the highest number of 14 and a range of 10 children. This implies that population pressure is increasing at a household level and more land is required for to grow food to feed more people. Land conflicts with social consequences are being reported in the entire district. The district disaster focal person reported that food scarcity and loss of sources of livelihood is increasing, forcing people to walk long distances in search of food, fuel wood and igniting the level of domestic violence to rise. The scramble and fight for land fuels the attitude problem of denying PWDs the right to own land since they lack the physical energy to work the gardens. Some external vulnerable factors emanate from the local government and civil society planning and budgeting systems which do not specify disability needs in humanitarian emergency planning and service delivery. But even then, since local governments
depend on central government for funding, their budgets are extremely inadequate for response and recovery initiatives exposing PWDs to hazard effects. Climatic change in Bududa is exposing the livelihood assets of the entire community including PWDs to hazard risks. Hail storms, lightening and flooding can devastate whole livelihood streams with capacity to strike at economic, natural, social and physical infrastructure. Coffee and banana crops being the major staple food and cash crops are constantly at risk of getting destroyed. Community markets, schools, health centers get affected when produces reduces and income levels drop due to occurrence of hazards. Milk coolers, Coffee hullers and maize mills are rendered redundant each time a disaster happens. Groups affected by risk emergences include women, children, youths and PWDs who get affected differently by malnutrition, food insecurity, domestic violence, divorce separation and loss of livelihoods.

Picture 3: The facilitator holding an FGD at Nametsi in Bukalasi Sub – county
Pictorial evidence (picture 2) shows that trees and grass cover get washed away; soils fertility is suddenly reduced, water sources get contaminated leading to outbreak of water bone diseases as cholera, typhoid and dysentery. Statistical information in Bududa indicates that the education has borne the brunt of risk emergencies. The economic hardship of disasters hits hard, when parents remove children from schools due to reduced incomes.

Figure 2: General information of Bukalasi sub County and Education Status

Basic primary education is greatly affected in risk and emergence situations. With only 302 pupils in primary schools and out of approximately 300 children and only 38 students in secondary schools makes education to retards the development of education in emergence situations. As matter of fact the statistics are exclusive of children with disability being in primary schools.
3.2.3 Effects of Disaster Risks and Emergencies on the Livelihoods of PWDs in Bududa District

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Areas Prone to specific Hazards</th>
<th>Effects of the Hazards</th>
<th>Number of affected population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Land slides</td>
<td>All over the District</td>
<td>Death of lives&lt;br&gt;Food insecurity&lt;br&gt;Destruction of infrastructure&lt;br&gt;Domestic violence&lt;br&gt;School drop outs&lt;br&gt;Loss of income&lt;br&gt;Malnutrition&lt;br&gt;Displacement of people&lt;br&gt;Psychological trauma&lt;br&gt;Disease out break</td>
<td>204,500</td>
</tr>
<tr>
<td>2. Floods</td>
<td>Bulucheke&lt;br&gt;Bushika&lt;br&gt;Nalwanza&lt;br&gt;Bukigai&lt;br&gt;Bushiribo&lt;br&gt;Bubiita&lt;br&gt;Buwali&lt;br&gt;Bududa Town Council</td>
<td>Displacements&lt;br&gt;Food shortage&lt;br&gt;Disruption of education&lt;br&gt;Death of animals and people&lt;br&gt;Disease out break&lt;br&gt;Loss of soil fertility&lt;br&gt;Destruction of crops&lt;br&gt;Destruction of infrastructure</td>
<td>102,900</td>
</tr>
<tr>
<td>3. Hail storms</td>
<td>Bukigai&lt;br&gt;Bushiyi&lt;br&gt;Nabweya&lt;br&gt;Bukibokolo&lt;br&gt;Bukalasi&lt;br&gt;Bumayoka&lt;br&gt;Bushika&lt;br&gt;Bulucheke</td>
<td>Food shortage&lt;br&gt;Destruction of crops&lt;br&gt;Disruption of education&lt;br&gt;Death of animals&lt;br&gt;Disruption of movements&lt;br&gt;Loss of income</td>
<td>85,000</td>
</tr>
<tr>
<td>4. Pests and diseases</td>
<td>All over the District</td>
<td>Reduced productivity&lt;br&gt;Loss of income&lt;br&gt;Food shortage&lt;br&gt;Loss of animals</td>
<td>168,000</td>
</tr>
<tr>
<td>5. Lightening</td>
<td>All over the District</td>
<td>Loss of life&lt;br&gt;Destruction of infrastructure&lt;br&gt;Fear to use phones</td>
<td>65,000</td>
</tr>
<tr>
<td>Hazard</td>
<td>Areas Prone to specific Hazards</td>
<td>Effects of the Hazards</td>
<td>Number of affected population</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------</td>
<td>------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>6</td>
<td>Road accidents</td>
<td>• All over the District</td>
<td>Death&lt;br&gt;Death of property&lt;br&gt;Reduced labour&lt;br&gt;Reduced access to markets</td>
</tr>
<tr>
<td>7.</td>
<td>Epidemics (Cholera and Dysentery)</td>
<td>• Nalwanza&lt;br&gt;• Bududa Town Council&lt;br&gt;• Bushika&lt;br&gt;• Bukigai&lt;br&gt;• Buwali</td>
<td>Loss of lives&lt;br&gt;Reduced productivity&lt;br&gt;Pressure on the health facility, financial resources&lt;br&gt;Psychological trauma</td>
</tr>
<tr>
<td>8.</td>
<td>Land conflicts</td>
<td>• All over the Districts</td>
<td>Displacements&lt;br&gt;Death&lt;br&gt;Loss of lives &amp; properties&lt;br&gt;Divorce&lt;br&gt;Domestic violence&lt;br&gt;Early marriages&lt;br&gt;Prostitution</td>
</tr>
<tr>
<td>9.</td>
<td>Refugees influx from Kenya</td>
<td>• Bulucheke&lt;br&gt;• Bukalasi&lt;br&gt;• Bumayoka&lt;br&gt;• Buwali&lt;br&gt;• Bubiita&lt;br&gt;• Bududa Town Council</td>
<td>Food shortage&lt;br&gt;Disease out break&lt;br&gt;Poor sanitation&lt;br&gt;Prostitution</td>
</tr>
<tr>
<td>10</td>
<td>Domestic violence and mob justice</td>
<td>• All over the Districts</td>
<td>School drop-out rates&lt;br&gt;Destruction of families&lt;br&gt;Divorce&lt;br&gt;Creation of street children&lt;br&gt;Reduced productivity&lt;br&gt;Psychological trauma&lt;br&gt;Loss of lives/death</td>
</tr>
</tbody>
</table>
3.3.1 Impacts of Emergencies on Life and Life Support systems

The study found out that disaster occurrences have transformed people’s lives including PWDs into perpetual refugees. Because they can’t go back to their pieces of land which instantaneously become barren, some PWDs resort to depending on hand outs from sympathizers or in circumstances where one has relatives or children then support can be sought from them. The young people who usually play a critical role of caring for a disabled parent or relative migrate to far urban centers to look for alternative means; leaving the PWD in despair. Water become scarce and very hard to get from unprotected wells. Shelters and all forms of life support systems like animals, crop gardens of coffee and banana plantains get cut off instantly. The emergence support system becomes messed up as people who are not affected by the hazard get the relief supplies instead of the genuine survivors. Community infrastructure like primary schools and health centre got destroyed leading the breakdown of the education and health systems. The researcher witnessed situations of destitution and vagabond among PWDs who attended the focused group discussions. Some PWDs talked of lack of places of abode and moving from place to place to look for survival. Famine, poverty and malnutrition especially among Children and PWDs were pronounced. Social cohesion is affected as land conflicts erupt as demarcations become very difficult to ascertain; psychological trauma, displacement, family breakdown and school dropout and productivity also get affected. All those evils impact on the lives of PWDs in relation to their social status since they are highly vulnerable. Psycho-social and traumatic conditions were seen during this study. Divorce, dropping out of school, rise in redundancy, and interrupted development accompany emergency situations.

Alice Nalali a PWPD telling experience of adopting after Nametsi disaster occurrence.

It was in the morning 9 am, March 2010, it was raining heavily. I was sitted in the house, I had something exploding like a bomb, next we saw the neighbors houses and the health unit had been swept away. Then I started seeing dead bodies, and the body of the nurse. There were about 40 bodies, I was shocked and got a stroke, I saw pieces of flesh. I took me time to start eating meat. On that day I was transferred to Bukalasi 6 km away down on the slopes. I was allocated a 3 x 4 sq meter room with my 4 children. I now share on my auntie’s shamba on which I plant beans, cassava, though very small but we are surviving. I sell vegetables, ripe bananas and produce from the garden. I have no plans of going back to Nametsi. Because going there is to face death face to face and the land was annext by government promising to re settle us in kiryandongo but I was not included on those who were taken because I did not stay in the camp.

3.3.2 Measures and Coping Strategies for PWD in Emergencies

Persons with disabilities are not a prioritised group during emergence situations in Bududa. They fall in the blanket policy under the custodianship of the OPM and district disaster management Committee. In 2010 Bukalasi (Nametsi) disaster occurrence the adopted measure involved
erecting a camp for the survivors, which after the hype became expensive to maintain and run. In the 2012, Bumwalukani disaster occurrence, authorities adopted another strategy thought to be less expensive, which encouraged community involvement and participation in rescue and response mechanisms.

The community around Bumwalukani in areas of Nakatsi, Bushiyi, Bushika and Nabweya sub-counties were tasked to absorb victims of landslide hazard in their homes. Relief items and emergence support went to relieve both the host family and the surviving disaster victims. Although this approach enhanced the communal capacity to absorb disaster shocks and build resilience; it was disadvantageous to PWDs given the unique and special life styles required.

In our focused group discussion in both Nametsi and Bumwalukani; PWD’s talked of providing manual labour to other farmers like slashing their gardens or vending vegetables and fruits to cope with after math effects of disaster situations. Because PWD have limited or lack skills at all, and options their leverage in generating sustainable livelihoods in the aftermath of disasters is very minimal; lack of which lead to a dependency syndrome. Some PWDs are practicing horticulture of growing passion fruits, tomatoes, vegetables and bananas. However their efforts are frustrated by middle men who buy their produce below the market price. Specifically several coping strategies are practiced by different institutions and individuals to address distressful conditions in Bududa. Most of which are also practiced by persons with disabilities. Although some strategies are at the individual’s level but most are also promoted by government and civil society orgainastions and the private sector in the mainstream development agendas.
Table 3: Hazard Conditions and Coping Strategies in Risk and Emergence Situations in Bududa

<table>
<thead>
<tr>
<th>Hazard Conditions</th>
<th>General Community and Individual Coping Mechanisms</th>
</tr>
</thead>
</table>
| Floods and landslides      | Temporal relocation  
                            | Doing of casual labor in return for money and food  
                            | Consumption of seed stocks  
                            | Sale of household and community assets  
                            | Removal of children from education |
| Hail Storms                | Strengthening of houses and other infrastructure to resist storms  
                            | Fast maturing varieties of crops  
                            | Promotion of IGS  
                            | Planting trees to control strong winds  
                            | Community awareness on seasonal calendar  
                            | Promoting Community seed banks |
| Pest and Diseases          | Use of pests and disease resistant varieties  
                            | Spray affected crops and livestock  
                            | Practice crop rotation  
                            | Sensitization of the farmers on better production methods  
                            | Sterilize farm inputs  
                            | Uproot the affected crops and burn them |
| Lightening                 | Awareness creation amongst the community  
                            | Installation of lightening arrestors on public buildings |
| Epidemics (Typhoid, dysentery and Cholera) | Awareness creation, mobilization and sensitization.  
                            | Going to Health centers |
| Land Conflicts             | Physical planning in both rural and urban  
                            | Land use planning  
                            | Judicial justice both at courts of law and community dispute settlements.  
                            | Improvement on tenure systems like surveying, gazzetting and titling of land.  
                            | Creation of awareness about land tenure system and management |
3.3.3 Disaster Risk and Emergence Services and Programs for and of PWDs

Several international organisations, including government departments and agencies are engaged in disaster preparedness, response, and rehabilitation and recovery activities in Bududa district. Programs targeting enhancement of community resilience against hazards through creating awareness, livelihood coping mechanisms, health promotion, conservation of the environment and economic empowerment are provided by civil society and private initiatives. However, this study established that all these initiatives do not incorporate affirmative measures to include PWDs. Furthermore, MDA’s and CSO’s have limited disability related knowledge and lack capacity to effectively anticipate and plan for PWDs in pre and post humanitarian emergence situations. Respondents who have previously responded in humanitarian emergencies in Bududa revealed that preparedness, rescue and relief plans are generalistic in approach. The Emergence medical officer of Bududa district explained that, they hardly plan anticipating coming across person with disabilities during emergence situations; thus mobility aides are neither budgeted for nor stockpiled. A visit to Bududa hospital and Buchigai health center three showed that the facilities did not have a specific plan or special needs supplies or communication mechanism in alternative formats for the deaf.

The main humanitarian agency working in Bududa is the Uganda Red Cross Society, which provides training in mitigation and prevention mechanisms. Strategies include planting trees and grass, digging of drainage trenches and building community capacity to detect early warning systems; e.g. too much rain is a sign to start vacating the slopes. URCS works in liaison with international agencies in coordination with the Office of the Prime Minister – Department of Disaster Preparedness and Management. Government responses and Interventions in Bududa emergence situations, the study learnt that, are planned for and budgeted for in the main stream ministries and related sectors that must include the element of disaster response. The OPM’s office or
Department of Disaster Preparedness and Management (DDPM) is the coordinating organ of all MDAs whenever risky humanitarian situations occur. The component of disability emergence response and rehabilitation was discovered to be very weak or none existent in MDA plans. MDAs and CSO approach the response and rescue initiatives in a general manner with limited concern for special interest groups which include PWDs. The practice in government for planning for women, youth and PWDs is to put an insignificant budget line just to fulfill the policy proclamations. Within the special interest groups, disability is usually allotted the smallest portion of the budget. In reality the effect of humanitarian response initiatives on disability mainstreaming is insignificant. The disaster response Programs are guided by the disaster contingency plans of the district, led by the District Disaster Management Committee (DDMC). During emergence, action plans are provided by the DDMC through which liaises with OPM, MDAs and the civil society organisation to cooperate in responding to the emergence. In emergencies the role of DDMC is to coordinate and monitor relief and rehabilitation support and post-disaster recovery programs. The study found out that disaster response includes search and rescue activities, provision of survival kits, emergence medical treatment, counseling and resettlement. The current disaster management policy does not go far into rehabilitation, recovery and reconstruction. The implication is that within days after the disaster has occurred, survivors are left to grapple with life, as the political and International attention wanes. Since PWD are invisible; the immediate waning of international and National attention makes them more invisible to suffer in obscurity as the case is of Mwawule Yusuf a survivor of Bumwalukani landslide disaster (2012) elucidated in the boxed text right:

Mwawule Yusuf- Total Blind survivor of Bumwalukani – Bulucheke sub county

I got blind in 1983 when a friend of mine slapped me in the face. I tried to use herbs but my sight was not restored, I got totally blind. I use other senses to manage life.

I became mentally confused then. I had a wife and two children. My wife divorced me; I never married again. I went to Bumwalukani after my father bought some land for me. Because of my mental problems I forgot the year I settled in Bumwalukani. I stayed with the family of my cousin brother, Guloba, who took care of me, giving me food, clothing and treatment.

One day in 2012, I heard a terrible sound, the people came running shouting at me, come!, come!, run and rescued me. My cousin brother’s family survived, but half of their land and my land was swept away, their cow, and four goats perished. Neighbours died with all their belongings. I started feeling bad, the only property I had, had gone. The cousin brother could no longer stay with me, I went to stay with my father of 80 years in the same parish. I have stayed there for 4 years now. I have never been given any thing or support by anybody. My father is looking after me. I cannot return to my piece of land because it is barren, and un utilizable, even government took it over.

The CSO and Agencies found to be doing some work in Bududa include the following but with limited focus on disability and general lack of affirmative concern for PWDs. This calls for advocacy and Lobbying with various organisations to make their programs more inclusive.
### Table 4: Emergence Community Services and Programs for Person with Disabilities

<table>
<thead>
<tr>
<th>CLUSTER / SECTOR</th>
<th>PRIORITY AREA/S FOR RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education:</strong></td>
<td>Support the Program of Girl Child- (Go to Slow and Stay in School), Promotion of sanitation in schools, Hand washing facilities, Sanitary pads, Provision of food and NFI, school fees. A forestation in schools, Construction of more classroom, provision of furniture, sensitization of parents and school administration.</td>
</tr>
<tr>
<td><strong>Health:</strong></td>
<td>Construction of health facilities, emergency drugs and cholera kits, ART clinic, Family Planning, PMTC, Ambulances, Support to recruitment of key staff like Doctors, Nurses, Provision of drugs and management, accommodation of staff houses, capacity building.</td>
</tr>
<tr>
<td><strong>Production and Marketing:</strong></td>
<td>Disease and pest control, disease surveillance, provision of improved drought resistant seeds, Market linkage and information, plant clinic</td>
</tr>
<tr>
<td><strong>Natural Resources:</strong></td>
<td>Tree planting and river bank restoration, energy saving stoves, promotion of biogas, Early warning system, Wetland management, Construction of contour hedge rows and trenches, soil conservation and water management, bye laws and ordinances. Exchange visits.</td>
</tr>
<tr>
<td><strong>Community Based Services:</strong></td>
<td>Mobilization and Sensitization, group formation, child protection, promotion of rights of vulnerable groups, psychosocial support, functional adult literacy, research data collection, community mapping. Planting trees, sanitation campaigns, networking, social protection and gender mainstreaming.</td>
</tr>
<tr>
<td><strong>Works and Technical services:</strong></td>
<td>Construction of roads, maintenance of roads, construction of bridges and buildings, provision of water through construction/rehabilitation of springs, gravity flow schemes, rain water</td>
</tr>
<tr>
<td>Administration: SDS, USAID, UNICEF, MoLG, MoPS, OPM,</td>
<td>Coordination and chairing disaster committees, provision of facilities and funding, resource mobilization, monitoring, building partnership with other stakeholders on disasters, planning, evaluation and reporting, accountability for funds and other resources. Provision of human resource for programme implementation, counseling and guidance, induction of staff, performance assessments, procurement and stores management.</td>
</tr>
<tr>
<td>Finance audit and planning: MoFPED, Local Government Finance Commission,</td>
<td>Budgeting and planning for disaster, timely release of funds and other logistics, accountability, financial reporting, resource mobilization. Auditing and reporting, data collection and analysis, allocation of funds to other departments.</td>
</tr>
</tbody>
</table>
3.3.4 PWD Involvement in Rehabilitation and Recovery Efforts

The DPO in Bududa is weak in terms of organizational and mobilization capacity, leadership, planning and resource mobilization. During FGDs, person with disabilities exhibited ignorance in the entire disaster management cycle and processes. This study found out that mere mentioning of the term PWDs in the planning documents or reports has become a ritual to fulfill administrative correctness without substantive meaning to persons with disabilities. The disaster preparedness, response and management framework is aligned with the local government administrative structure as observed from the official response and early warning net work (figure 1) above.

- Disaster Preparedness and Management at the district level is the District Disaster Management Committee.
- At Sub county level, the Sub County Disaster Management Committee is the lead agency for Disaster Preparedness and Management
- The village councils is the first line community response mechanisms for Disaster Preparedness and Management. All LC 1s will be the Disaster Preparedness and Management Committee.

The implication of the frame work is that PWDs involvement in disaster issues is at the village or randomly at district and sub county levels. Given the huge and inadequate capacities at the level of LC 1s, involvement of PWDs can be rated at zero point. Usually central government provides neither financial nor material support to Local council ones not even capacity development to be able to implement necessary activities.

Government rehabilitation efforts ordinarily are centered at restoring and supporting primary food production mechanisms through providing agricultural inputs e.g. Seeds, planting materials and tools and other relevant skills and hands on knowledge for increased agricultural production. Disease and pest control, disease surveillance, provision of improved drought resistant seeds, Market linkage and information, plant clinic through its Agencies like NAADS, NARO, NUSAF and UCDA. Generally government has to ensure that the population in risk and humanitarian emergencies get access to appropriate and fair income-earning opportunities and improved food security through construction of roads, maintenance of roads, construction of bridges and buildings, provision of water through construction/ rehabilitation of springs, gravity flow schemes, including rain water harvesting. However, the element of affirming the rights of persons with disabilities to conveniently access response, recovery and reconstruction emergence services is completely missing in the generic approach.
4.0 Conclusions and Recommendations

4.1 Conclusions

4.1.1 Erratic, extreme and unpredictable changing weather patterns in Uganda; which are triggering hazard occurrences like droughts, floods or landslides, epidemics and diseases correlates with increasing vulnerability of persons with disabilities exposing them to hazard impacts which confounds their health, living conditions and exacerbated poverty.

4.1.2 Disaster Preparedness, Prevention, Mitigation, rehabilitation and recovery programmes of government and non government organisations are general in approach and practice with no affirmation to address special needs of PWDs in humanitarian emergencies. In Uganda People with disabilities, are facing structural barriers to accessing humanitarian emergency services such as emergency health, relief items, rescues support, rehabilitation and recovery services. The MDA policies and practices are passive about disability, terming it Special Interest Groups, and forget the special needs requirements of PWDs and are inadequately funded.

4.1.3 Who are the PWDs?, and where are the PWDs?. Questions are unknown to the entire disaster administrative structure including the local council one and the UNAPD Bududa branch. There is no register for their identification by names, nature and degree of disability and which specific needs, location or telephone contact for easy reach when a hazard strikes. This lack of disaggregated data and systematic identification of people with disabilities has resulted in their invisibility during risk and needs assessments, including that during resettlement phase in Kiryandogo. As a result they are not included in opportunities of participating in and benefit from vulnerability reduction and preparedness measures.

4.1.4 The PWD leadership’s capacity and PWD members, to engage in planning for preparedness, prevention and mitigation; rescues and relief activities; rehabilitation and recovery programmers is lacking. They lack capacity to effectively participate and be able to assert disability rights in humanitarian emergency programmes and plans.

4.1.5 Opportunities abound for building resilience and diversifying coping strategies for PWDs from different capacity building and livelihood programmes in Bududa and elsewhere, in disaster prone areas, but mainstreaming is the challenge for DPOs, Government and CSOs.
4.2 Recommendations for raising the Profile of PWDs in Emergencies
UNAPD Oriented Recommendations

4.2.1 The Disaster Preparedness and management bill (2016) is before parliament; UNAPD should advocate for inclusion of Emergency Risk Management system specific to PWDs. This should incorporate or improve the process of using administrative decisions, organization, operational skills and capacities to implement strategies, policies and coping capacities of the society and communities to enhance disability visibility in emergencies and disasters.

4.2.2 UNAPD should build the capacities of people with disabilities and their leaders in disaster prone areas in humanitarian emergency informatics and planning for effective consultation and representation in emergency risk management systems. This will improve inclusion in planning and designing of emergency programmes, hence their needs may be considered. In longer-term recovery and risk-reduction projects, people with disabilities are often excluded from mainstream rebuilding, livelihood and education programmes.

4.2.3 Create Awareness, Knowledge and Skills of MDAs and organisations dealing in emergency response and recovery programmes. Staff and volunteers engaged in humanitarian Emergencies are uncertain about how to engage with people with disabilities. In poorly resourced settings specific needs of different categories of PWDs, become particularly difficult to consider. This field study identified a lack of confidence and competence among emergency staff about how to appropriately identify, register, treat and engage people with different types of impairments, as well as communication difficulties between medical staff and significantly affect decisions about who is prioritized during emergencies. Negative attitudes toward people with disabilities, lack of knowledge and information about appropriate and effective actions affected the quality of services provided during emergencies.

4.2.4 Lobby and advocate from civil society organisations that intervene in risk emergence situations to prioritise disability inclusion in their education, health and production services. For example compassion international pays for schools children’s education yet Bududa may have no compassion project. So the project officer can lobby for a project to target children with disabilities.

4.2.5 UNAPD should create disaggregated data on all PWDs in Risk and emergence environment which can assist in systematic identification of people with disabilities and will increase their 'invisibility' during risk and needs assessments, even during the recovery phase. This information will increase their profile to benefit from vulnerability reduction and preparedness measures.
Government and Civil Society Organisations

4.2.6 The 26 households that were displaced by the Bumwalukani disaster of June 2012 should immediately be resettled in Kiryandongo resettlement camp: Among them are PWDs like Yusuf and his cousin brother Guloba referred to in this report. These affected/displaced households have since then been hosted by their relatives. It’s very encouraging to note that the (displaced) households are very willing to be resettled to Kiryandongo.

4.2.7 Central and Bududa Local government should promote urbanization and resettlement of people from the hills where services delivery can be efficient and effective. Even PWDs can conveniently benefit from being resettled in urban areas as infrastructure development in these areas will not be as difficult as it is in most parts of Bududa district. Consultation with land owners: Private Land in the areas assessed to be suitable for urbanisation/ resettlement of the populace at high risk, will require a consultative process between the owners, the district, sub county, Parish and the central government level leadership (OPM, Ministry of Land, Housing & urban development, local Government, Internal Affairs & the Ministry of Justice & Constitutional Affairs). This process should take immediate effect.

4.2.8 Sustainable and adequate funding is needed to maintain and increase access to health and education services for people with disabilities at the local level, and to support the development of disability- related policies and strategic frameworks at the national level. Financing will be needed in all aspects of emergency risk management to provide:

- specific medication, assistive devices and non-food items for people with disabilities;
- transport for people with disabilities to health facilities;
- referral services to specialist clinics and professionals;
- outreach activities in communities, shelters and camps;
- community-based rehabilitation (CBR) services which should be planned and financed at an early stage;
- training and sensitization of staff, volunteers, community workers and DPOs;
- construction and reconstruction of structures that are accessible to people with disabilities before, during and after emergencies;
- Innovation and research in the design of shelters, health facilities and other structures and services that are accessible to people with disabilities before, during and after emergencies.
4.2.9 Government and Non Government Organisations should increase the disability knowledge and awareness of their staff and volunteers across different sectors/ clusters. However, even in the acute emergency phase, staff and volunteers can be briefly oriented and sensitized to priority disability issues and needs. Organisations can review their development plans to increase disability knowledge, expertise and skills among staff, community workers and volunteers, e.g. training of mainstream staff and recruitment of specialist staff.
### Appendix 1: List of Baseline Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Role and Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elungat Solomon</td>
<td>OPM – Disaster Pre &amp; Mgt Department</td>
</tr>
<tr>
<td></td>
<td>LC V Chairperson</td>
</tr>
<tr>
<td></td>
<td>Chief Administrative Officer</td>
</tr>
<tr>
<td>Masamba</td>
<td>District Disaster Focal person</td>
</tr>
<tr>
<td></td>
<td>NEMA Elgon Mount Representative</td>
</tr>
<tr>
<td></td>
<td>Emergency Health Officer</td>
</tr>
<tr>
<td></td>
<td>Uganda red cross society</td>
</tr>
<tr>
<td></td>
<td>Deputy Community Development Officer</td>
</tr>
<tr>
<td>Nabulo Edson</td>
<td>Red Cross Focal Person</td>
</tr>
<tr>
<td></td>
<td>District Health Officer</td>
</tr>
<tr>
<td><strong>Focused Group Members Bukalasi</strong></td>
<td></td>
</tr>
<tr>
<td>Kwaka Pila</td>
<td></td>
</tr>
<tr>
<td>Watseme Loius</td>
<td></td>
</tr>
<tr>
<td>Khuloba Joseph</td>
<td></td>
</tr>
<tr>
<td>Watsemba Mary</td>
<td></td>
</tr>
<tr>
<td>Nakhokho Aloysius</td>
<td></td>
</tr>
<tr>
<td>Wamangodo Jabel</td>
<td></td>
</tr>
<tr>
<td>Wamoka Stephen</td>
<td></td>
</tr>
<tr>
<td>Watuwa Solomon</td>
<td></td>
</tr>
<tr>
<td>Mutimye Ivan</td>
<td></td>
</tr>
<tr>
<td>Namasopho Robina</td>
<td></td>
</tr>
<tr>
<td>Nalali Alice</td>
<td></td>
</tr>
<tr>
<td>Kisenze Julius</td>
<td></td>
</tr>
<tr>
<td><strong>Focused Group  Bumwalukani</strong></td>
<td></td>
</tr>
<tr>
<td>Makhosi Jalilu</td>
<td></td>
</tr>
<tr>
<td>Mangobe David</td>
<td></td>
</tr>
<tr>
<td>Khuloba James</td>
<td></td>
</tr>
<tr>
<td>Makhosi Vincent</td>
<td></td>
</tr>
<tr>
<td>Matinye Zainabu</td>
<td></td>
</tr>
<tr>
<td>Kisamba Charles</td>
<td></td>
</tr>
<tr>
<td>Mawule Yusufu</td>
<td></td>
</tr>
<tr>
<td>Watuwa Ismail</td>
<td></td>
</tr>
<tr>
<td>Masifa Margret</td>
<td></td>
</tr>
<tr>
<td>Nabeya Alice</td>
<td></td>
</tr>
</tbody>
</table>
### Appendix 11: Risk and Emergence Situation baseline – Field Work Time Table

<table>
<thead>
<tr>
<th><strong>Date/District</strong></th>
<th><strong>Morning</strong></th>
<th><strong>Afternoon</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mon - Thur</strong> 11&lt;sup&gt;th&lt;/sup&gt; - 14&lt;sup&gt;th&lt;/sup&gt; 2016</td>
<td>Developing study Tools</td>
<td>Development of Study Tools</td>
</tr>
<tr>
<td><strong>Friday</strong> 15&lt;sup&gt;th&lt;/sup&gt; April 2016</td>
<td>UNAPD and Project officer review study tools</td>
<td></td>
</tr>
<tr>
<td><strong>Friday – Thursday</strong> 15&lt;sup&gt;th&lt;/sup&gt;- 21&lt;sup&gt;st&lt;/sup&gt; Apr 2016</td>
<td>Project Officer Mobilising and contacting participants in Bududa districts. Signing of MoU and finalizing logistical support</td>
<td></td>
</tr>
<tr>
<td><strong>Sat 29&lt;sup&gt;th&lt;/sup&gt; May</strong></td>
<td>Travelling to Bududa</td>
<td></td>
</tr>
<tr>
<td><strong>Mon 30&lt;sup&gt;th&lt;/sup&gt; May 2016</strong></td>
<td>Meeting with LC V, CAO and DCOO - (KII)</td>
<td>Meeting with Uganda Red Cross regional office, NEMA. UWA,</td>
</tr>
<tr>
<td><strong>Tues 31&lt;sup&gt;st&lt;/sup&gt; May 2016</strong></td>
<td>Meeting with DPOs &amp; CSO working in Bududa. (KII)</td>
<td>Meeting with DPOs &amp; CSO working in Bududa. (KII) sub county chiefs</td>
</tr>
<tr>
<td><strong>Weds 1&lt;sup&gt;st&lt;/sup&gt; June 2016</strong></td>
<td>Meeting with PWD &amp; their leaders (FGD) (NI)</td>
<td>Meeting with PWDs, LC1 C/persons of Bubita &amp; Bulucheke (FGD) (NI).</td>
</tr>
<tr>
<td><strong>Thurs 2&lt;sup&gt;nd&lt;/sup&gt; June 2016</strong></td>
<td>Meeting with LC 1 C/persons of Kubehwo, Namangasa and Nametsi villages Bukalasi sub-county. (KII)</td>
<td>Meeting with Director District Referral Hospital &amp; Health center 4 in Bududa. (FGD) (NI).</td>
</tr>
<tr>
<td><strong>Fri 3&lt;sup&gt;rd&lt;/sup&gt; June 2016</strong></td>
<td>Meeting with NEMA, UFA, UWA &amp; ICRC etc</td>
<td>Meeting with CSOs in Bududa.</td>
</tr>
<tr>
<td><strong>Sat 4&lt;sup&gt;th&lt;/sup&gt; June 2016</strong></td>
<td>Meeting with PWDs for Narrative Inquiry in Bududa.</td>
<td>Travel back to Kampala</td>
</tr>
<tr>
<td><strong>Mon 6&lt;sup&gt;th&lt;/sup&gt; June 2016</strong></td>
<td>Meeting with director of the Department of disaster Preparedness and Management OPM</td>
<td>Meeting with responsible officer Ministry of disaster preparedness. &amp; review of reports at NEMA</td>
</tr>
<tr>
<td><strong>Tuesday 13&lt;sup&gt;th&lt;/sup&gt; – 24&lt;sup&gt;th&lt;/sup&gt; June 2016</strong></td>
<td>Data coding, synthesis &amp; analysis Report writing</td>
<td>Data coding, synthesis &amp; analysis Report writing</td>
</tr>
</tbody>
</table>