



# Uganda CO Humanitarian Situation Report



## SITUATION IN NUMBERS

### April 2018

**1.5 million**

# of children in need of humanitarian assistance  
(UNICEF HAC 2018)

**2.3 million**

# of people in need  
(UNICEF HAC 2018)

**866,914**

# of refugee children (OPM, RIMS)  
(60 percent of the refugee population are children)

**1.4 million**

# of refugees (OPM, RIMS)

### UNICEF Appeal 2018

**US \$66.1 million**

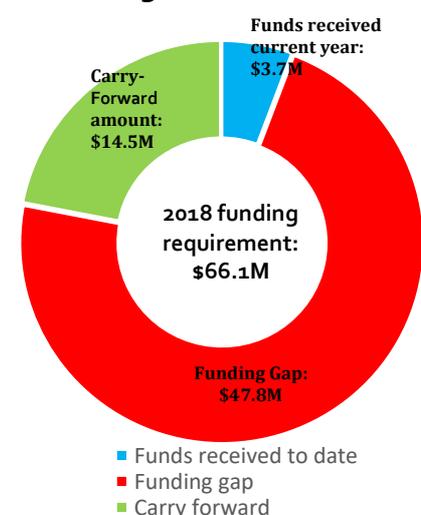
## Highlights

- Refugees continue to arrive from South Sudan and the Democratic Republic of the Congo (DRC). In the reporting period, around 1,100 refugees from [DRC](#) arrived every week compared to 683 in March 2018. 5,095 new refugee arrivals from South Sudan came to Uganda in April compared to 6,397 received in March but slightly higher than 4,947 refugees received in February 2018.
- 82% of all new refugees in Uganda are women and children.
- Uganda continues to be the largest refugee hosting country in Africa with nearly 1.45 million refugees, which represents 3 per cent of Uganda's entire population.
- A cholera outbreak was confirmed in Amudat District in Karamoja on 23 April. 46 cases have been confirmed with two deaths. UNICEF is supporting Government social mobilisation efforts and water, sanitation and hygiene interventions.
- An Oral Cholera Vaccine campaign is under way in Hoima District targeting around 370,000 people - both refugees and host population - from five affected sub-counties.
- Nearly 34,000 South Sudanese refugee children are accessing formal or non-formal basic education through ECD learning centres and adolescent learning programmes.
- UNICEF and Uganda Red Cross Society have reached over 4,000 refugees through home visits in Kyaka II settlement. Over 1,000 of those reached are children under the age of five years.

## 2018 UNICEF Response with Partners

Targets	UNICEF Target	Total results
WASH: Number of people accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene	133,000	27,241
Education: Number of children accessing formal or non-formal basic education	123,361	33,402
Health: Number of children aged 6 months to 15 years vaccinated against measles	776,900	40,200
Nutrition: Number of children aged 6 to 59 months who received Vitamin A supplementation in the first semester	663,036	37,987
Child Protection: Number of children registered as unaccompanied or separated receiving appropriate alternative care services	16,544	2,824

### Funding Status 2018



\* Funds available include funding received against the 2018 appeal as well as carry-forward from the previous year..

## Situation Overview and Humanitarian Needs

**Refugees:** Uganda is home to 1,444,856 million refugees including: over 1 million from South Sudan; 276,570 from Democratic Republic of Congo (DRC); approximately 40,500 from Burundi; and close to 37,100 from Somalia; among others. As of 27 April 2018, nearly 160,000 individuals have been verified by UNHCR and the Office of the Prime Minister's (OPM) Department of Refugees, representing 11 per cent of the estimated target of 1.4 million registered refugees. The verification exercise started on 1 March 2018 and is ongoing in the Nakivale, Imvepi, Bidibidi, Palabek and Adjumani settlements.

South Sudan refugees continue to come to Uganda with 5,095 new arrivals in April compared to 6,397 in March but slightly higher than refugees received in February 2018 totaling 4,947. All new arrivals from South Sudan are being resettled in Rhino Camp. An average of 1,100 refugees from DRC were received on a weekly basis during the month of April. According to UNHCR interagency operational update on DRC as of April 30, 2018, a total of 1,245 refugees entered the country in the week of April 24-30, 2018, a slight increase in the arrival from the previous week (17-23, 2018) where 1,034 arrived. Most of the refugees from DRC are being settled in Kyangwali and Kyaka II refugee settlements. A total of 77,429 DRC refugees have arrived since January 2018 higher than the initial planned contingency figure of 60,000 refugees.

The Government and partners are now planning for 200,000 new arrivals from DRC by the end of December 2018, compared to the 60,000 that were planned for in the last quarter of 2017. Eighty-two per cent of the newly arrived population are women and children. 277 Burundians were received at the Kabazana Reception centre in Nakivale settlement. This brings the total number of Burundians to arrive in Uganda since January 2018 to 1,286. All new arrivals from South Sudan and DRC have been granted *prima facie* status and biometric registration is on-going.

The Education Response Plan (ERP) for refugees and host communities was approved by the Ministry of Education and Sports (MoES). The ERP sets a strategic, planned and costed direction for strengthening education response for the next three years. UNICEF together with UNHCR have been supporting MoES to develop this plan as co-chairs of the Education Task Force. A funding modality is being explored and preparations are being made for setting up a steering committee for the ERP.

In April, a joint UNICEF and UNHCR Education cross-border mission took place with participation from Education staff from Uganda, South Sudan and Regional Offices in Yumbe and Arua Districts (Imvepi and Bidibidi Settlements respectively). The mission was carried out to assess how to ensure the most continuous, smooth, inclusive, and quality learning outcomes in the refugee-hosting context. Preliminary findings highlighted barriers and opportunities for adolescents to access the Ugandan education system. Some of the challenges include prospective secondary school students lacking documents from previous level of attainment at entry into secondary school and placement at relevant level. This challenge is exacerbated by the need to have Primary Leaving Examination Certificate at the time of registering for Senior Four exams. In the ECD and primary levels, the main issues pertain to language of instruction and accreditation of refugee teachers, while ECD and ALP programming featured as important – but overstretched. An action plan was developed to address identified challenges.

### Disease Outbreaks

**Cholera in Amudat District:** The index case was a 32-year-old female with history of traveling to Kacheliba, Kenya who reported to Amudat hospital with acute watery diarrhoea on 10 April 2018. She was referred to Matany Hospital, Napak district. The second case died on 15 April in Amudat hospital also with a history of travel to Kacheliba, Kenya. One case was laboratory confirmed with vibrio cholera. By 30 April, 46 cases had been recorded with the majority of cases coming from Lolero and Amudat sub-counties. Five per cent of all cases are children under five years. Some of the challenges identified are low staffing levels for case management; open defecation as result of low latrine coverage; a mobile population across the border with Kenya; and limited coordination by local leaders. Key challenges are managed through the national and district task force partners' action. Details of the response including UNICEF led interventions are detailed below.

**Cholera in Hoima, Kagadi and Kyegegwa Districts:** A cumulative total of over 2,000 cases have been reported with 44 deaths in Hoima District. In Kyegegwa District, the cumulative number of cases stands at 132. Kagadi district has reported 78 cholera cases with zero deaths recorded. 96 per cent of the cases are newly arrived DRC refugees.

Situation reports from Kyegegwa and Hoima reported that the last discharge of a cholera case was on 22 April and 25 April respectively. This is an indication that the interventions supported by UNICEF and other partners are helping to prevent

transmission. The on-going Oral Cholera Vaccine complementary campaign targeting over 360,000 people in five sub-counties in Hoima district is aimed at controlling the outbreak in this district.

#### **Anthrax Outbreak in Arua and Kween districts:**

An outbreak of Anthrax disease has been confirmed in Arua and Kween districts, affecting both animals and humans. Ten and twelve cases had been reported these two districts, respectively. Due to the increased number of human cases, the National Task Force (NTF) sent a Rapid Response Team (RRT) under One health platform (MoH, Ministry of Agriculture, Animal Industry and Fisheries, Centre for Disease Control (CDC) and Uganda Wild Life Authority) to conduct a comprehensive assessment and identify key drivers of the outbreak. Another team was sent to Kween district – Eastern Uganda/ neighbouring Kenya, which had reported several cases. Preliminary findings from both Rapid Response Teams revealed that anthrax is associated with skinning, carrying and eating animals (dead cows) that had died suddenly.

### **Humanitarian Leadership and Coordination**

The Department of Refugees in the OPM and UNHCR are the lead coordinators of the refugee response in the country. The OPM's Department of Disaster Preparedness coordinates and leads the country's humanitarian response efforts, primarily through a National Disaster Risk Reduction Platform. The National Platform and District Disaster Management Committees coordinate response to disasters caused by natural hazards and internal displacement caused by floods or conflict, while humanitarian response to disease outbreaks is coordinated through a multi-stakeholder National Task Force co-chaired by the Ministry of Health and WHO. District-led epidemic disease control task forces support the local level containment of disease outbreaks. UNICEF provides technical support within these humanitarian coordination mechanisms, particularly in the WASH, Child Protection, Health, Nutrition and Education sectors.

Following recent allegations of corruption, abuses, and discrepancies of figures of refugees hosted in Uganda, independent investigations are ongoing by OPM, WFP and UNHCR. UNICEF is also strengthening its mechanisms of safe guarding children, enterprise risk management, and is working towards setting up stronger mechanisms on Accountability to Affected Population and Prevention (AAP) of Sexual Abuse and Exploitation (PSE). In addition, OPM and UNHCR are registering all the refugees in all settlements since 1 March 2018. The exercise is scheduled to be completed by the last quarter of 2018.

### **Humanitarian Strategy**

UNICEF supports the Government of Uganda to incorporate emergency preparedness and response into its multi-year development plans, particularly in refugee-hosting districts. UNICEF and the United Nations High Commissioner for Refugees implement a long-term refugee and host communities' empowerment strategy, which is aligned with the Government's Settlement Transformative Agenda and the Comprehensive Refugee Response Framework and contributes to grand bargain commitments. Capital intensive infrastructure, equipment, supplies and technical guidance is provided in high-priority emergency districts to support the expansion of routine social services. Support is provided to national education and health strategies to link ongoing development programming with the humanitarian refugee response. Technical advice is also provided to support the scale up of child-sensitive social protection services for both refugees and host communities. Support for government-led emergency preparedness and response continues to mitigate the effects of disease outbreaks. Additional emergency response capacity is provided through an emergency stand-by partnership with the Uganda Red Cross Society.

### **Summary Analysis of Programme Response**

UNICEF is providing equipment, supplies and technical guidance to complement Government efforts to respond to the refugee influx and contain disease outbreaks in refugee hosting districts and other parts of the country. UNICEF in collaboration with Ministry of Health (MoH) has developed a Terms of Reference (ToR) for Nutrition in Emergencies (NiE) and Integrated Management of Acute Malnutrition (IMAM) thematic working group. The working group will enable stakeholders directly implementing Nutrition in Emergencies and IMAM to: co-ordinate NiE and IMAM services amongst themselves; synchronize the utilisation of harmonized guidelines (Field guidelines and Operational Tools); and Institute a time-reporting mechanism on Nutrition in Emergencies and IMAM services. UNICEF and partner Uganda Red Cross Society reached 125,647 people in April with key life-saving and behavior change messages on public health risks focusing on Cholera preparedness and response. These were mainly refugees and host communities. Overall, 5,503 refugees from South Sudan and DRC were provided with appropriate sanitation facilities in order to declare environments free of open defecation and promote good hygiene amongst communities.

## Response to refugee influx from DRC

### Health and Nutrition

The refugee hosting districts have been supplied with Micro Nutrient Powder (MNP) as they prepare for Ministry of Health MNP trainings. The MNP supplies have been distributed to refugee households for improved complementary feeding of Congolese refugee children between 6-23 months. Screening of children is ongoing at all transit centres and settlements for malnutrition to provide appropriate care. On job mentorship and coaching for health workers in Kamwenge, Isingiro and Kyegegwa districts was conducted focussing on integrated nutrition service delivery, supplies management (especially of Ready to Use therapeutic spread (RUTF)) and reporting information in the standard health systems in Mbarara and Fort Portal Regional Referral hospitals.

### Education and Child Protection

A new partnership with Save the Children will ensure the management of 21 Child Friendly Spaces for the response to Congolese refugees in Kamwenge (17 sites) and Hoima (6 sites). UNICEF is currently exploring the expansion of its child protection service delivery to Kyaka II settlement, including the provision of psychosocial support in a Child Friendly Space (CFS) as well as strengthening child protection case management services. During this reporting period, 741 children benefited from psychosocial activities.

24 ECD kits were distributed to 24 ECD centres in Kyaka II. The kits will benefit an estimated 1,200 children at the centres. Training of head caregivers from the 24 centres was done by UNICEF and partner Kabulasoke Primary Teachers College on the use, maintenance and safe keeping of the kits. Parenting support sessions based on the key family care practices were conducted in a review meeting with caregivers to assess the implementation of the parenting programme in Nakivale and Oruchinga refugee settlements.

## Response to disease outbreaks

### Health, WASH and Social Mobilisation and Advocacy

#### Hoima and Kyegegwa

UNICEF continued to support the cholera response in Kyaka II and Kyangwali refugee settlements. In Kyaka II, there is limited access to safe water, with the water distribution currently at 8 - 12 litres per person per day compared to the recommended 20 litres per person per day. The settlement is also experiencing low latrine coverage of less than 20 per cent.

UNICEF partner Uganda Red Cross Society (URCS) is conducting hygiene promotion in Mukondo Zone (3 villages) and Itamba-biniga zone in Kyaka II settlement. Volunteers are conducting home visits, demonstrations, community meetings and school visits. Over 4,000 people were reached through home visits and, of these, over 1,000 were children under the age of five years. Key messages focused on hand washing, household water treatment and encouraging people to construct household latrines. The volunteers visited four schools and a total of over 2,000 children were reached with hygiene messages. 32 community meetings were held for mass sensitization. URCS and the District Health Team (DHT) broadcasted 60 radio spots focusing on cholera prevention. Since January, nearly 200,000 people have been reached with key life-saving and behaviour change messages on public health risks.

**Amudat:** UNICEF is supporting WASH, social mobilization and coordination activities, including engagement with the

#### UNICEF and URCS have conducted the following C4D activities; Hoima District

- Nearly 14,000 households visited by URCS volunteers
- 578 hand washing demos conducted
- Cumulative number of 135 community meetings held to sensitize communities on Cholera prevention and control reaching over 40,000 people
- 8 radio talk shows have been conducted on Liberty FM and Spice FM
- Distribution of Cholera Information, Education and Communication (IEC) material is on going

#### Kyegegwa District

- 3,082 household visits conducted
- 4 schools targeted for hygiene promotion interventions with a total of over 2,000 children reached
- 32 community meetings have been conducted
- 7 radio talk shows have been conducted on Kyegegwa Community Radio and radio spots on Cholera prevention, transmission and signs and symptoms are airing in the relevant local languages
- Continued distribution and use of Cholera and WASH IEC materials in the relevant local languages to cover host communities and the refugee language needs (Runyoro-Rutooro, Swahili, French, Lingala and Alur)

#### Amudat District

- Translating radio messages and IEC materials to Swahili, Pokot, Ng'akarimojong.
- Distribution of Cholera IEC materials
- Airing of messages and community mobilization by village health teams.

Regional Office and UNICEF Kenya to harmonize the response in order to prevent the spread of Cholera.

**Arua and Kween:** National Task Force (NTF) has recommended to Ministry of Agriculture, Animal Industry and Fisheries (MAAIF) and FAO to conduct massive anthrax vaccination of animals and strengthen social mobilization in all the affected districts. UNICEF, as a member of the National Task Force, is providing technical support to MOH in areas of social mobilization and coordination.

### Response to refugee influx from South Sudan

**WASH:** Efforts to improve safe water coverage in South Sudanese settlements continue. UNICEF in partnership with Water Mission Uganda (WMU), Norwegian Refugee Council (NRC) and Lutheran World Federation (LWF) are nearing completion of 6 hybrid motorized water supply production systems in Arua, Adjumani, Yumbe and Lamwo refugee settlements, respectively. All these systems combined on completion will serve about 84,000 children and women in the six settlements of Omugo in Arua, Bidi Bidi Zone III in Yumbe, Maaji II and Boroli in Adjumani, and Palabek in Lamwo districts. The systems are expected to be completed in May 2018. Training of Refugee Water Committees (RWCs) and Water User Committees (WUCs) on the operation and management of each tap stand is in progress to ensure sustainable utilization of these facilities by the refugees and host communities.

**Health and Nutrition:** A total of 21 health workers were mentored by District Health Team (DHT) members and UNICEF Implementing Partner, Doctors with Africa (CUAMM) between 12<sup>th</sup> and 28<sup>th</sup> March 2018 to collect District Health Information System (DHIS 2) data in five health centres. Focus areas for mentorship support included: Outpatient department, nutrition units, Health Management Information System (HMIS) tools, maternity units, antenatal care, nutrition assessments, and early infant diagnosis.

**Child Protection:** Nearly 8,000 children participated in psychosocial activities in 11 Child Friendly Spaces in Adjumani and Yumbe refugee-hosting districts. Activities ranged from life skills in peace building and peer-to-peer support group activities, as well as play and recreation supported by UNICEF and partner Word Vision International (WVI). 147 south Sudanese refugee children from psychosocial support which aimed at reconnecting children with family members, fostering social connections and interactions among others. 697 South Sudanese unaccompanied and separated children received appropriate alternative care services including kinship care, foster care and other forms of family based placements. In Yumbe, 635 foster parents participated in group sessions reflecting on the quality of care for children. Foster parents continue to be challenged by the lack of income-generating activities to support their families in all aspects of life. Caregivers agreed to report any cases of abuse of children to the Child Protection Committee for resolution of basic cases and referral of advanced cases to the Police and District Community Development office. World Vision International (WVI) and UNICEF supported 71 refugee adolescents to participate in International Women's Day celebrations in Adjumani, Arua and Yumbe districts through staging dramas on ending child marriage and other advocacy campaigns focusing on the role of community leaders in ending child marriage.

**Education:** UNICEF and partner Plan International provided continuous on-site support monitoring and supervision of the Early Childhood Development (ECD) Centre activities in all three districts of Adjumani, Arua and Yumbe. This provided opportunity for on-site support to caregivers in terms of managing the day-to-day activities of the ECD centres and techniques of managing large classroom size and delivering parenting sessions. Nearly 1,800 parents were reached with parenting sessions in the three districts of Adjumani, Arua and Yumbe to benefit over 5,000 children. Similarly, 179 home visits were conducted by caregivers. Home visits are part of the four practices under the standard parenting package. They are follow up visits after the parenting sessions that ensure that parents are adopting the agreed practices. Caregivers also offer further guidance to the parents and identify vulnerable children for appropriate care. The parenting sessions have contributed to improved parenting practices that are supportive of child development as observed during home visits.

### Funding

UNICEF's 2018 Humanitarian Action for Children (HAC) appeal for Uganda is **US\$ 66,119,117**. With only US\$18,313,607 received so far, a funding gap of US\$47,805,510 or 72 per cent exists. A breakdown of the appeal is as follows:

- UNICEF US \$47.6 million appeal for the South Sudan refugee response is only US\$2.3 million funded;
- UNICEF US\$ 10.6 million appeal for the DRC refugee response is only US\$1.5 million funded;

- UNICEF US\$ 4.2 million for the Burundi refugee response has not received funding<sup>1</sup>.

With the increasing influx of refugees from the DRC and continued influx from South Sudan, as well as other humanitarian needs in the country that include disease outbreaks, floods, landslides, UNICEF requires additional funding support to effectively complement the Government's efforts to protect the rights of children affected by emergencies.

UNICEF extends its gratitude to the United Nations Central Emergency Response Fund (CERF), the UK Department for International Development (DFID), the United States Agency for International Development (USAID), the European Commission (ECHO), the Government of Japan, the United Kingdom Committee for UNICEF, the United States Fund for UNICEF and the Belgian Committee for UNICEF for the 2018 funding received to-date.

Funding Requirements 2018					
Appeal Sector	Requirements	Funds available		Funding gap	
		Funds Received Current Year	Carry-Over	\$	%
Nutrition	9,581,550	690,073	849,699	8,041,778	84
Health	15,268,014	851,622	1,285,334	13,131,058	86
Water, sanitation & hygiene	13,093,000	1,658,189	2,032,783	9,402,028	72
Child Protection	8,550,013	595,548	648,300	7,306,165	85
Education	17,712,664	0	9,702,059	8,010,605	45
HIV and AIDS	1,913,876	0	0	1,913,876	100
<b>Total</b>	<b>66,119,117</b>	<b>3,795,432</b>	<b>14,518,175</b>	<b>47,805,510</b>	<b>72</b>

(\*) Funds available include funding received against the 2018 appeal as well as USD 14,518,175 carried forward from the previous year.

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<sup>1</sup> As per the Regional Refugee Response Plans (RRRPs) for the South Sudan, DRC, and Burundi situations. Important to note that for Uganda an integrated RRRP for all the refugee responses have been developed.

## SUMMARY OF 2018 PROGRAMME RESULTS

UNICEF Uganda Humanitarian Targets 2018	2018 targets	2018 results	Change since last report ▲▼
<b>NUTRITION (**)</b>			
Number of children aged 6-59 months who received vitamin A supplements in semester 1 in humanitarian situations	663,036	37,987	No change
Number of pregnant women who received iron and folic acid supplements or multiple micronutrient supplements in humanitarian situations	129,920	29,886	No change
Number of children aged 6-59 months affected by severe acute malnutrition who are admitted into treatment in humanitarian situations (*)	21,194		
<b>EDUCATION</b>			
Number of children and adolescents accessing formal or informal education (including pre-primary school/early childhood learning spaces)	123,361	33,402	▲ 2,566
<b>HEALTH (**)</b>			
Number of children aged 6 months to 15 years in humanitarian situations who are vaccinated against measles	776,900	40,200	No change
Number of people in humanitarian situations reached with key life- saving and behaviour change messages on public health risks	1,603,911	196,422	▲ 125,647
<b>WASH</b>			
Number of people in humanitarian situations accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene	133,000	27,241	No change
Number of people in humanitarian situations accessing appropriate sanitation facilities and living in environments free of open defecation	190,000	11,101	▲ 5,503
<b>HIV/AIDS</b>			
UNICEF targeted HIV positive children continued to receive antiretroviral therapy*	3,513		
<b>CHILD PROTECTION</b>			
Number of children registered as unaccompanied or separated receiving appropriate alternative care services	16,544	2,824	▲ 697
Number of children in humanitarian situations benefiting from psychosocial support	279,704	12,949	▲ 888

(\*) Data compiled from HMIS on a quarterly basis

(\*\*) Nutrition and Immunisation data will be updated in the May SitRep (still pending validation by Ministry of Health Resource Centre)