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Situation Reporting Period – 1 to 28 February 2017

# Uganda

## Situation Report

Refugees and Natural Hazards

### SITUATION IN NUMBERS

## Highlights

- The arrival rate for South Sudanese refugees into Uganda is still high at almost 2,000 per day.
- Women and children fleeing conflict from South Sudan, DR Congo and Burundi are in desperate need of critical health services, clean water, education, and support to help them deal with the extreme stress they have experienced. However, UNICEF’s Humanitarian Action for Children (HAC) appeal is only 6 per cent funded to date.
- Over 20,000 South Sudanese children have been screened for acute malnutrition at active refugee entry points by UNICEF and Concern World Wide, District Health teams and UNHCR partner Medical Teams International (MTI), of which 394 have been admitted for severe acute malnutrition (SAM) treatment.
- Since the beginning of the year, 8,528 unaccompanied and separated children were reached with appropriate alternative care services, including reunification and fostering.
- Cumulatively, 38,003 children have been immunized against Polio and 27,635 have received Vitamin A supplementation in all refugee districts.
- Radio messages were played in different dialects (Dinka, Arabic, English, Aringa and Madi) in South Sudanese refugee settlements in an effort to mobilize for children’s return to school at the start of the term in early February.

**443,309**  
 Refugee children (<18 years) from South Sudan  
 (OPM and UNHCR reports as of 28 February 2017)

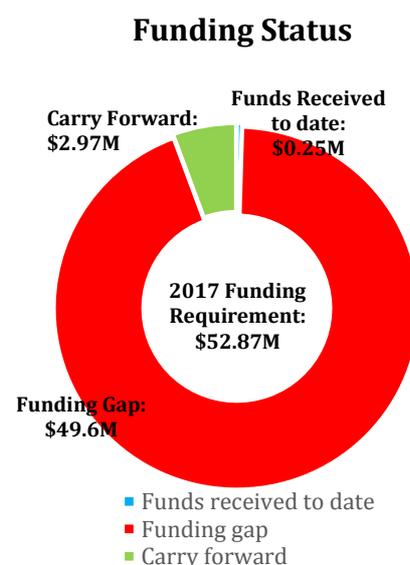
**129,600**  
 Refugee Children (<18 years) from DRC  
 (OPM and UNHCR as of 01 February 2017)

**24,686**  
 Refugee children from Burundi  
 (OPM and UNHCR as of 01 February 2017)

**UNICEF HAC appeal 2017**  
**US\$ 52.87 million required**  
**Funding Gap 94%**

## UNICEF Response with partners

Indicator	UNICEF and IPs		
	Targets 2017	Cumulative Results	Target Achieved (%)
Number of people accessing safe water for drinking, cooking and personal hygiene	530,000	81,147	15.2%
Number of children and adolescents accessing formal or informal education	179,800	57,188	31.8%
Number of children immunised against Measles	1,023,000	32,556	3.1%
Number of children under 5 years with SAM admitted to treatment programmes	31,000	394	1.2%
Number of children/adolescents requiring continuation of ART in humanitarian situation	9,000	424	4.7%
Number of unaccompanied and/or separated children receiving appropriate alternative care services	32,640	8,528	26.1%



\*Funds available includes funding received for the current appeal year as well as carry forward from 2016.

## Situation Overview & Humanitarian Needs

### Refugees

Uganda is hosting 1,064,043 refugees as of 01 February 2017, according to reports from UNHCR and the Office of the Prime Minister's (OPM) Department of refugees. The number of refugees coming to Uganda from South Sudan remains very high, and there are currently over 443,000 refugee children from South Sudan. As of 21 February 2017, Imvepi settlement is now hosting new refugees as the Palorinya, Yumbe and Pagirinya settlements have reached their capacity. According to UNHCR reports, refugees arriving in Uganda – mainly women and children – continue to report general insecurity, limited access to food and basic services, violence, incidents of rape and sexual and gender based violence (SGBV) of women and girls, arbitrary detention, indiscriminate killings, and destruction of property by armed forces, as reasons for fleeing their homes in South Sudan. Refugees indicate that due to insecurity they are unable to use the main roads to the border, and are thus forced to walk in the bush to reach Uganda many for several days and usually with few belongings and limited access to food, water and other needs.

The Burundi Minister for Home Affairs was in Uganda in February to appeal to the Burundian refugees in Nakivale settlement and the Isingiro district to return home. There is reportedly increased fighting in the DR Congo, although, this has not resulted in a major escalation of Congolese fleeing the country into Uganda. The average daily influx from DR Congo is 40 persons, but it has been as high as 81 (as observed at the beginning of February). The main reasons for people leaving include night attacks by armed groups leading to injuries and deaths, SGBV, and forceful recruitment of youth into armed groups.

**Refugees and host communities food security and nutrition:** Findings from the UNICEF, UNHCR and WFP led food security and nutrition assessment conducted in December 2016, within refugee settlements indicates critically high global acute malnutrition (GAM) levels in settlements receiving the bulk of the new arrivals from South Sudan. GAM rates in Rhino Camp are currently 21.5 per cent and 14.9 per cent in Lobule camp. Other settlements recorded rates above the WHO "serious" threshold (above 10 per cent), including Kiryandongo, BidiBidi and Adjumani. The remaining settlements predominantly in the western region have GAM below 10 per cent. In comparison with findings from the same time in the previous year (December 2015), a notable deterioration of the nutrition situation is observed in Rhino camp from 10.5 per cent to 21.5 per cent and Lobule camp from 2.6 per cent to 14.9 per cent. Minimal changes are observed in the other settlements.

### Prolonged Dry Spell

According to the Integrated Food Security Phase Classification (IPC) report for 27 January 2017, the proportion of food secure population (IPC 1) has declined from 83 per cent in July 2016 to 69 per cent in January 2017. The recent Food Security and Nutrition Assessment (FSNA), supported by UNICEF with the OPM, UNHCR and WFP indicates an overall stable and improved under-five nutrition situation, although there are critical hotspots for urgent action and close monitoring. The ongoing rains will keep Uganda out of the 'drought' situation, but the time lag before the next harvest is still quite long, and the already current high levels of stunting and anaemia in many of assessed areas (24 most vulnerable districts) may require continuous attention by actors. In Karamoja, there have been two weeks of occasional rainfall in the region from mid-February. This is beginning to improve the status of pasture and water for animals. Household level farming activities are seen to be taking shape with few households beginning to prepare their lands for the next planting season. If the current rainfall regime is maintained, there is hope that the livelihood status of the communities will gradually improve.

### Humanitarian leadership and coordination

The OPM's Department of Refugees and UNHCR are the lead coordinators in the refugee response in the country. Similarly, the OPM's Minister'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 responses to disasters caused by natural hazards and internal displacement caused by floods or conflict. 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 local level containment of disease outbreaks. UNICEF provides technical support to these humanitarian coordination mechanism for water and sanitation and hygiene (WASH), Child Protection, Health, Nutrition and Education.

## Humanitarian Strategy

UNICEF's humanitarian support to refugees in Uganda continues to be based on the long term refugees and host community empowerment framework (ReHoPE). Through the Country Program, UNICEF supports the most vulnerable districts, including all refugee hosting districts, to cater for the expansion of routine social services in health, nutrition, WASH, education and child protection to reach both refugees and host communities. UNICEF employs a systems strengthening approach, building the adaptive and responsive capacity of districts affected by natural hazards while continuing to support the government's emergency preparedness and response mechanisms to mitigate the effects of disease outbreaks. UNICEF utilizes Communication for Development (C4D) as a cross-cutting approach to achieving programme results in all sectors.

## Summary Analysis of Programme Response

**South Sudanese Refugees:** During the reporting period, 10,732 (5,346 male and 5,386 female) children aged 3-5 years are accessing early childhood development (ECD) centres with support from UNICEF and PLAN in settlements within the Yumbe, Adjumani and Arua Districts. In February, nine Centre Management Committee members in Ofua IV were trained on their roles and responsibilities in the effective and sustainable running of the ECD centres. This was in collaboration with the Arua Education Department technical staff bringing the cumulative number trained since January 2017 to 27.

**Adolescent Development:** Danish Refugee Council (DRC) began an intervention to strengthen the safety and security of adolescent girls in BidiBidi Refugee Settlement and two host parishes in Iyete and Onoko through supporting the girls' social support networks. 482 adolescent girls from Zone 1 and 2 Iyete and Onoko Parishes were supported with soap and sanitary pads and 26 social networking groups were established. As a part of the programme, 26 mentors work with 18 adolescent girls per group on life skills, including decision-making, communication, leadership, and peer relations.



UNICEF and Water Mission Uganda (WMU) have 90 per cent completed the installation of a motorised water system in Zone 1 of Uganda's largest settlement – Bidi Bidi in Yumbe. Water quality monitoring continued across the settlements with over 90 per cent positive results at household level. Additionally, sanitation campaigns continued with a greater focus on household latrine construction before the rainy season begins. The average household latrine coverage in Bidi Bidi stands at 11 per cent while communal latrine coverage is at approximately 44 per cent only across Bidi Bidi settlement zones, household latrine coverage is as follows: 22 per cent in Zone 1; 16 per cent in Zone 2; 9 per cent in Zone 3; 2 per cent in Zone 4; and 7 per cent in Zone 5. Kiryandongo reported a household coverage of 79 per cent.

Between 1 and 28 February, 44,555 persons were reached by the hygiene promotion team, and key messages of the campaign included: malaria prevention; safe excreta disposal; hand washing practices; and safe water usage. Hygiene promoters focused more on women and children during home visits and also supported the affected families to access health services through referrals. During the campaign, jerry cans were cleaned, soap distributed to communities, hygiene kits distributed to girls and women, and Effective Micro Organisms (EMO) distributed in five schools.

Following the opening of the Imvepi settlement in Arua district, an Outpatient Therapeutic Centre (OTC) was established at the Reception Centre. UNICEF and Concern World Wide provided information, education, and communication (IEC) materials and monitoring and evaluation tools to support the delivery of nutrition services. Two district health workers were deployed to support nutrition screening at the Reception Centre. Moderate acute malnutrition management (MAM) is supported by WFP and Medical Teams International.

UNICEF, Concern Worldwide, District health teams and other partners continue to support medical and nutrition screening at active entry points of Kei and Kerwa (Yumbe district), Leforie in Moyo district, Elegu in Adjumani district,

Ocea in Arua district, Kuluba and Busia at Koboko. Support is being extended to the new settlement Imvepi that has an estimated capacity of 115,000 people (opened on 20 February in Rhino camp Arua).

During the reporting period, 11,571 children accessed psychosocial support through 35 UNICEF supported child friendly spaces in Yumbe, Adjumani and Arua. Out of these children, 510 (295 boys, 215 girls) attended for the first time. Partners have also continued to provide psychosocial counselling to children in communities through home visits. 53 (28 boys, 25 girls) children with mental health problems accessed services provided by UNICEF and partner Transcultural Psychosocial Organisation (TPO). Sensitization sessions with children and adults in schools (including senior men and women) continued in schools and communities with a focus on referral pathways and child protection concerns, including identification and reporting of psychosocial problems. In the last two weeks of February, 3,191 (1,640 male, 1,551 female) individuals were reached.

Through home visits to vulnerable and children at risk, 251 (129 boys, 122 girls) were reached during the reporting period. 38 (10 boys, 28 girls) cases of abuse were identified and supported to access appropriate services. Psychological abuse remains high in the refugee community (20 cases of the 38 cases), followed by 8 cases of child labour. Other child abuse cases reported include sexual violence and child neglect. 98 adolescent girls convened two meetings to discuss various issues that affect and matter most to them. Issues reported that hinder their participation in community activities included menstrual periods and house chores. Over 327 (192 girls, 135 boys) children were engaged in peer support groups on problem solving, protection and peace building life skills around the settlements. Competitive sports leagues were formed and 1,753 children (1,055 boys, 698 girls) joined.

**Burundi and DRC Refugees:** UNICEF with Save the Children registered and provided appropriate support to 267 separated children and 255 unaccompanied children. Of these, 123 children were reunified with relatives or fostered. UNICEF continued to actively engage children in recreation and play activities, such as structural learning, alphabetical reading, storytelling, drawing competitions, and other related activities at the child friendly space. Both indoor and outdoor activities are provided. The Child Protection Management Information System (CPMIS) has been rolled out amongst Congolese refugees, although more partner training is required.

**Prolonged Dry Spell:** UNICEF supports health and nutrition surveillance for early warning, early action and is engaged in national level coordination within the National Disaster Risk Management platform and other fora on preparedness and response to the prolonged dry spell. Traditionally food insecure districts are part of the UNICEF targeted districts for multi-sector interventions to reduce children's vulnerability. UNICEF works with the Government of Uganda in collaboration with partners (CUAMM in Karamoja, CONCERN and AVSI in northern Uganda) to provide broad nutrition support to at-risk districts as part of a health systems strengthening approach. Nutrition supplies continue to be monitored and replenished with support from an online real time End-User Monitoring system.

UNICEF continues to work with government and partners in Karamoja and refugee areas on multi-sector action. Broad nutrition support forms part of a health systems strengthening approach including provision and monitoring of supplies, capacity building and information management. This includes screening, identification, referral and treatment of severely malnourished children through inpatient therapeutic care and outpatient therapeutic care services operated through existing health facilities. The approach supports integration of nutrition into ongoing health services in addition to support for multi-Sectoral Coordination of nutrition actions through the District Nutrition Coordination Committees.

## Communications for Development (C4D)

UNICEF continued to support airing of radio spots in different dialects (Dinka, Arabic, English, Aringa and Madi) in an effort to mobilize children to go back to school in South Sudan refugee hosting districts and as a result increase in enrolment will be realized for both formal and informal learning.

## Funding

UNICEF is grateful to all donors for their contributions to UNICEF Uganda, including the Central Emergency Response Fund (CERF) and the Department for International Development (DFID), whose support to preparedness and response has, in addition to UNICEF core resources, supported timely humanitarian action to the renewed influx of refugees from South Sudan.

UNICEF's 2017 Humanitarian Action for Children (HAC) appeal for Uganda is US\$ 52.87 million and to date \$3,218,190 has been received, leaving a funding gap of \$49,651,810 or 94 per cent. With the continued influx of refugees from South Sudan and other humanitarian needs in the country, especially food insecurity, UNICEF will not be able to meet the needs of children and women in humanitarian situation unless more funding is made available.

2017 Funding Requirements (as defined in the Humanitarian Action for Children appeal for 2017)				
Appeal Sector	Requirement (US\$)*	Funds Available (US\$)**	Funding gap	
			US\$	%
Nutrition	6,700,000	551,015	6,148,985	92%
Health	10,385,000	534,584	9,850,416	95%
Water, sanitation & hygiene	12,210,000	966,262	11,243,738	92%
Child Protection	13,061,000	756,052	12,304,948	94%
Education	9,113,000	365,001	8,747,999	96%
HIV and AIDS	1,401,000	45,276	1,355,724	97%
<b>Total</b>	<b>52,870,000</b>	<b>3,218,190</b>	<b>49,651,810</b>	<b>94%</b>

\*The requirement for sector coordination costs has been included in sub-costs for Nutrition, Health, WASH, Child Protection, Education and HIV/AIDS.

\*\*Funds available include funding received against the current appeal as well as carry forward funds from the previous year (approximately US\$2,968,190).

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Annex 1

**SUMMARY OF PROGRAMME RESULTS** (as of 28 February 2017)

	UNICEF and IPs	
	2017 Targets	Cumulative Results
<b>NUTRITION</b>		
Number of children under 5 years admitted for SAM treatment	31,000	394
Number of children aged 6 to 59 months receiving vitamin A supplementation	446,395	27,635
Number of pregnant women receiving folic acid	345,000	2,490
<b>EDUCATION</b>		
Number of children and adolescents accessing formal or informal education	179,800	57,188
<b>HEALTH</b>		
Number of children aged 6 months to 15 years vaccinated against measles	1,023,000	32,556
<b>WASH</b>		
Number of people accessing safe water for drinking, cooking and personal hygiene	530,000	81,147
Number of people with access to appropriate sanitation facilities	318,000	22,785
<b>HIV/AIDS</b>		
Number of children/adolescents requiring continuation of ART in humanitarian situation	9,000	424
Number of HIV positive pregnant women who receive ART to prevent mother-to-child transmission of HIV in humanitarian situations	4,540	1,539
<b>CHILD PROTECTION</b>		
Unaccompanied and separated children receiving appropriate alternative care services	32,640	8,528