Situation Overview and Humanitarian Needs

According to UNHCR and OPM, an estimated 84 per cent of the new arrivals after 1 July 2016 are women and children. 84 per cent of the arrivals are women and children.

UNHCR and OPM report that Kiryandongo settlement has reached maximum capacity. The settlement will stop receiving new refugees as of next week when the reception centre will be closed. At Bidibidi, over 6,147 refugees have been settled since its opening about one week ago. Refugees continue to be transferred from Adjumani to Yumbe Districts by OPM and UNHCR. Congestion of refugees still pose multiple public health risks.

Children and women of child bearing age have been immunized against Polio (17,357 children 0-5 years), Measles (20,507 children 6 months - 14 years) and Tetanus (1,032 women).

8,862 children under five have now been screened for malnutrition; 3.8 per cent are malnourished while 2.0 per cent are severely malnourished. All malnourished children have been referred for appropriate treatment.

Cholera (Diarrhoeal Disease Set Packing) and an inter-agency health care kit prepositioned for disease outbreak response in Adjumani District can cover 10,000 people.

33,622 children are receiving psychosocial support at child friendly spaces near refugee reception centres.

14 water tanks (10,000 litre capacity) have been installed to provide safe water to over 14,000 people in the new Bidibidi settlement.

New arrivals continue to require service provision in basic Health, WASH, Protection and Nutrition.

Highlights

- 75,842 South Sudanese refugees have now arrived in Uganda since 1 July 2016, with 64 per cent comprising children. 84 per cent of the arrivals are women and children.
- UNHCR and OPM report that Kiryandongo settlement has reached maximum capacity. The settlement will stop receiving new refugees as of next week when the reception centre will be closed. At Bidibidi, over 6,147 refugees have been settled since its opening about one week ago. Refugees continue to be transferred from Adjumani to Yumbe Districts by OPM and UNHCR. Congestion of refugees still pose multiple public health risks.
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- New arrivals continue to require service provision in basic Health, WASH, Protection and Nutrition.
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Given the high influx, the South Sudanese Regional Refugee Response Plan (RRP) will be revised for Uganda.

Needs

Child Protection partners continue to coordinate services in order to protect boys and girls from violence, abuse and exploitation in reception, transit sites and settlements. Gaps still remain in the provision of psychosocial support services, especially at collection and reception centers, and on-the-job training for humanitarian workers on child Protection Minimum Standards in humanitarian action. Post joint assessment on child protection, partners are working to improve the current registration process of unaccompanied and separated children, by having a more efficient verification and best interest determination process that enables access to appropriate services. A concern during the decongestion of the reception areas is secondary family separation. Additional child friendly spaces are required given the overwhelming number of children. Awareness on protection services needs to be scaled up.

Response on health and nutrition by government and partners includes a package of Nutrition services such as Vitamin A supplementation and nutrition screening of all under five newcomers. Other services provided are deworming of all 1-14 year old children and adults, severe acute malnutrition treatment under in and outpatient therapeutic centres as well as maternal, infant and young child feeding counselling at health facilities (health centres or outreach posts).

WHO has confirmed cholera cases among the South Sudanese refugees in Adjumani District. Partners engaged in water, sanitation and hygiene (WASH) promotion as well as provision of health care services are coordinating to facilitate support to District health services’ surveillance, prevention and control of Cholera. Medical Teams International, UNHCR, WHO are providing input into the District Health Office’s review of preparedness plans and immediate containment interventions. With respect to case management, an isolation facility has been identified and partners are supporting surge arrangements for additional District Health staff to engage in case management. Cholera line list has 16 suspected cases with one confirmed case on culture and sensitivity. Health partners in Rhino camp have also alerted of suspected Measles cases and investigations are underway. In Kiryandongo, the Ministry of Health has confirmed cases of Hepatitis B (07) and Tuberculosis (03).

The inter agency assessment on Education confirmed gaps in early childhood development facilities, as well as community based institutions. Classrooms, supplies, as well as teachers with orientation on refugee education, are very limited, for both primary and secondary education, and for accelerated learning are limited. Teachers’ accommodation and WASH facilities for pupils and teachers is a challenge. Upcoming schools will require instructional and scholastic material. There is need for teacher recruitment and capacity strengthening to support learning of refugee children, learning spaces, desks, latrine stances for children and teachers, recreation kits, school in a box and replenishment kits among others.

Humanitarian Leadership and Coordination

The Refugee Department of the Office of the Prime Minister together with UNHCR continue to coordinate the national response. Sector coordination arrangements have been revised with UNICEF now assuming co-leadership in Child Protection. The Government of Uganda’s refugee policy prioritizes integration into Ugandan communities, therefore UNICEF’s model of engaging directly with district governments is highly relevant. UNICEF has technical specialists based in the Zonal Office covering the Northern Region of the country (in Gulu). Technical specialists participate in coordination efforts and work with the district and sector line ministries to provide health, nutrition, WASH and education support as required.

Humanitarian Strategy

The UNICEF humanitarian support to refugees from South Sudan is based on strategic priorities agreed in an inter-agency planning meeting led by OPM and UNHCR on 27 July. The inter-agency meeting on 11 of August confirmed the previously agreed priority: (1) decongest and improve reception conditions at Elegu collection point and increase transit and reception centre capacity at all possible locations; (2) improve reception conditions (protection, WASH, shelter, public health) at all reception and transit centres; and (3) open new settlement sites to decongest temporary reception facilities at Yumbe. UNICEF has a dedicated team for the emergency planning and response, and they are also part of the regular programme support to further strengthen the linkage between emergency and development programming.
Summary Analysis of UNICEF Programme Response

Health and Nutrition

- UNICEF and Concern Worldwide have been screening for malnutrition at the newly opened Bidibidi settlement since 4 August 2016. 120 children (6-59 months) have been screened with six children found to be severely malnourished and 22 children moderately malnourished.
- 52,000 measles and 45,500 polio doses respectively have been prepositioned in Gulu District vaccine store to support vaccination of affected children. Following a suspected case of measles in Eden settlement in Rhino camp Arua, the District Health Team conducted a mini campaign on 8 August 2016. 380 under 5 children were immunized. The team will continue with the exercise until all children in the settlement are covered.
- UNICEF, together with other WASH and health actors are stepping up interventions such as the promotion of hygiene and handwashing to support the containment of the cholera outbreak. This is particularly in light of a current investigation of cholera cases from Pagirinya reception centre in Adjumani District. WHO and UNICEF have placed cholera kits at the District Health office in Adjumani and these should be sufficient for an initial response. Given mobility of at risk people in West Nile, UNICEF is supporting preparedness actions in all districts at risk of cholera outbreak due to refugee movements in Amuru, Arua, Kiryandongo, Moyo and Yumbe Districts.
- A cholera kit as well as an inter-agency health emergency kit (IHEK 2011 supplementary) kit were delivered in Adjumani District to support in case management and preparedness for disease outbreak.
- Concern Worldwide has deployed additional health workers to support the cholera response with Local government and Medical Team International.
- A total of 50 tarpaulins in addition to one large tent have been sent to Adjumani to support the construction of Cholera treatment centre in Pagirinya.

WASH

- In Bidibidi settlement, 14 water tanks (10,000 litre capacity) have been installed (four of which were provided by UNICEF). The tanks are estimated to provide safe water to 14,000 people through water trucking.
- UNICEF and Water Mission have completed pump testing two boreholes at Bidibidi reception centre. Construction of a motorized system at reception centre is ongoing and will be completed next week. The system will serve 3,600 people.
- The District WASH Office (DWO) is rehabilitating 5 boreholes with support from UNICEF. Eight more boreholes have been identified for rehabilitation.
- Water quality testing (physio-chemical and bacteriological) will also be done by the DWO with support from UNICEF.
- In Arua, hydrological investigation for five boreholes in Rhino camp was completed; drilling is to commence next week.
- In Kiryandongo, two boreholes out of five have been drilled within the settlement. The remaining three will be completed next week.
- In addition to existing sanitation facilities in Elegu reception centre, two mobile toilets specifically for Persons with Special Needs (PSNs) were installed, and two rubbish bins of 74 m$^3$ were each placed at strategic places for waste management. Drainage was improved with soak pits for the bathing shelter. An additional five refugee hygiene promoters and two cleaners are supporting regular cleaning of the latrines and bathing shelters.
- UNICEF and the Danish Refugee Council have completed water quality monitoring and water user committee trainings in the three refugee districts of Arua, Adjumani and Kiryandongo.

Education

- 1,040 children in school in Adjumani have benefited from three education kits.
- Additional emergency procurement is on-going for the play and school areas, including school in a box, recreation kits, and early childhood development (ECD) kits.
- Plan International and War Child Canada are implementing education interventions.

Child Protection

- Save the Children continues to conduct identification, registration, and on-spot family re-unification of separated and unaccompanied children as well as provide psychosocial support and non-food items (NFI). These interventions have been conducted at Elegu collection point, Nyumanzi and Pagirinya reception centers.
• In Bidibidi, World Vision has deployed nine staff to work alongside the Uganda Red Cross to identify, register and foster separated and unaccompanied minors to ensure that children are registered and receive NFIs, food rations and other support as required.

• UNICEF partner, World Vision, has identified a space for a Child Friendly Space to be constructed within Bidibidi settlement.

Status of children among the new arrivals (1-7 August 2016)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Pagirinya Reception Centre</th>
<th>Nyumanzi Reception Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separated children registered</td>
<td>125 (76M, 49F)</td>
<td>9 (3M and 6F)</td>
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<tr>
<td>Unaccompanied children</td>
<td>58 (34M, 24F)</td>
<td>8 (5M and 3F)</td>
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<tr>
<td>Referrals</td>
<td>53 (31M and 22F)</td>
<td>11 (6M and 5F)</td>
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<tr>
<td>Re-unification</td>
<td>0</td>
<td>13 (7 M and 6F)</td>
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<tr>
<td>Psychosocial first aid</td>
<td>24 (13M and 11F)</td>
<td>12 (7M and 5F)</td>
</tr>
<tr>
<td>Child Friendly Space Attendance</td>
<td>743 (382M, 361 F)</td>
<td>3,061 (1910M, 1151 F)</td>
</tr>
</tbody>
</table>

Source: UNICEF & Save the Children Field Reports

Communications for Development (C4D)

UNICEF with its partner, Uganda Red Cross Society (URCS) is rolling out community engagement activities in the emergency districts. Currently, the partner continues to conduct a C4D rapid assessment to inform more specific interventions to be carried out by URCS. Information, Education and Communication (IEC) materials for WASH, Infant and Young Child Feeding (IYCF) and Immunization are being adapted and translated into the relevant local languages and these will be distributed during the implementation of inter-personal communication/social mobilization activities. A social mobilisers’ message kit is being shared with all partners in order to disseminate key messages on Health, WASH, Nutrition, Child Protection and Education.

Funding

UNICEF is grateful to all donors for their support, including DFID, whose contribution to preparedness and response has, in addition to UNICEF core resources, supported humanitarian action to the new influx from South Sudan. UNICEF’s 2016 Humanitarian Action for Children (HAC) appeal for Uganda is US$ 14.4 million, of which US$ 9.8 million is for the South Sudan refugee response.

More info on the South Sudan Crisis on:
www.unicef.org/southsudan; http://www.childrenofsouthsudan.info/
www.facebook.com/unicefsouthsudan
http://www.unicef.org/appeals/

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<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Funds available*</th>
<th>Funding gap</th>
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</thead>
<tbody>
<tr>
<td>WASH</td>
<td>900,000</td>
<td>336,000</td>
<td>564,000</td>
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<tr>
<td>Education</td>
<td>1,500,000</td>
<td>191,808</td>
<td>1,308,192</td>
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<td>Health &amp; Nutrition</td>
<td>3,688,000</td>
<td>1,550,600</td>
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<tr>
<td>Child Protection</td>
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<td>937,150</td>
<td>1,062,850</td>
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<td>Programme Support</td>
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<tr>
<td>Total</td>
<td>5,978,000</td>
<td>3,316,485</td>
<td>664,515</td>
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* Funds available includes funding against current appeal as well as carry-forward from 2015