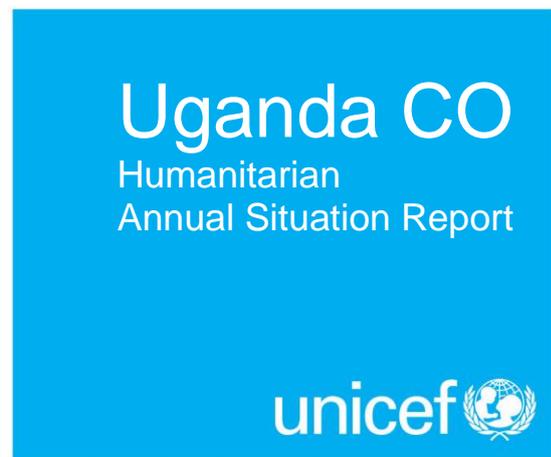


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REPORTING PERIOD: JANUARY - DECEMBER 2018



SITUATION IN NUMBERS

JANUARY- DECEMBER 2018

2.3 million

people in need (*)
(UNICEF HAC 2018)

1.5 million

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

(*) Figure represents planned number of people or children in need of humanitarian assistance in Uganda in 2018 after experiencing the shock of refugee influx, disease outbreaks and hydro-meteorological hazards such as floods and landslides.

1,190,922 ()**

refugees (OPM, Pro Gres V4)

692,611 ()**

refugee children (OPM, Pro Gres V4)

(**) Population figures as of December 2018

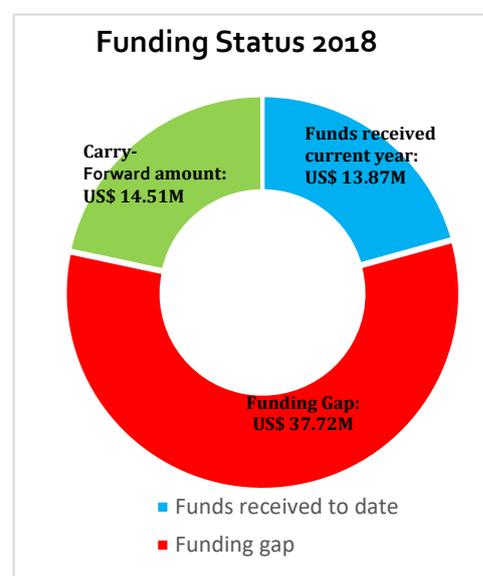
Highlights

- In 2018, Uganda responded to several crises including the refugee influx from DRC, Burundi and South Sudan, disease outbreaks such as cholera, and flooding in Bududa, Eastern Uganda.
- Those most affected by emergencies in Uganda were women and children. Sixty per cent of refugees and host communities were children still in need of essential services for their survival, development and well-being.
- With UNICEF support, 25,100 children were treated for severe acute malnutrition; and 475,700 children aged 6 months to 15 years were vaccinated against measles in refugee hosting districts. While 4,700 unaccompanied and separated children benefitted from individual support and alternative care services.
- Since the start of the Ebola outbreak in August, in neighbouring Democratic Republic of the Congo (DRC), UNICEF has been involved in Ebola prevention and preparedness efforts with the Ministry of Health and partners

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	146,946
Education: Number of children accessing formal or non-formal basic education	123,361	45,775
Health: Number of children aged 6 months to 15 years vaccinated against measles	776,900	475,727
Nutrition: Number of children aged 6 to 59 months who received Vitamin A supplementation in the first semester	663,036	653,434
Child Protection: Number of children registered as unaccompanied or separated receiving appropriate alternative care services	16,544	4,748

UNICEF Appeal 2018 US \$66.1 million



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

Situation Overview and Humanitarian Needs

In 2018, the Government of Uganda with support from UNICEF and other partners responded to several humanitarian crises including the refugee influx from DRC, Burundi and South Sudan, disease outbreaks such as cholera, the threat of EVD from neighbouring DRC, and flooding in Bududa, Eastern Uganda.

Refugees

Uganda is home to over 1.2 million refugees. A verification exercise conducted by the Office of the Prime Minister (OPM) and UNHCR in 2018 showed that over 789,099 refugees originated from South Sudan; 312,699 from DRC; 34,981 from Burundi; and over 54,000 from Somalia, Rwanda and other countries.

Children in refugee settlements in Uganda continue to be at risk of abuse, neglect, violence and exploitation. Case management reports from the field revealed that the types of violence against children include separation from caregivers/families, psychosocial distress, sexual and gender-based violence, physical violence, child labour and neglect. New arrivals mainly children continued to display symptoms of distress caused by witnessing violence and conflict in their countries of origin. These protection concerns require adequate and timely provision of critical child protection services.

In 2018, Uganda's Ministry of Education and Sports with support from partners launched the Education Response Plan for Refugees and Host Communities (ERP) as a means to facilitate the integration of the planning of education services to benefit refugee children and host communities. The increasing number of refugees put pressure on Early Childhood Development (ECD) centres, primary and secondary schools, many of which already face challenges of poor infrastructure and insufficient teachers. For example, in Yumbe district, the school-aged population has more than doubled since early 2016. As a result, many children, adolescents and youth in refugee settlements and host communities are not able to obtain an education, either because they have missed the opportunity for schooling due to the protracted crisis and are too old to join the formal schools, or do not have the necessary examination certificates. Education interventions are particularly important to build social cohesion among refugees and between refugees and host communities. Life skills interventions, accelerated learning programmes and vocational training are essential opportunities for adolescents and young people.

The OPM, UNHCR and REACH Initiative, conducted a joint Multi-Sector Needs Assessment of refugees and host communities in Uganda. The assessment reported high levels of food insecurity among refugees.¹ The average Global Acute Malnutrition (GAM) (WHZ < -2 SD) increased from 7.2 per cent in 2016 to 9.5 per cent in 2017; above the WHO emergency threshold. Stunting was also above the WHO emergency threshold of 20 per cent across all settlements in the South West. Across all settlements, women and children suffered from anaemia, which was above the WHO emergency threshold of 40 per cent. There is need to intensify efforts to address micronutrient deficiency, GAM, and stunting to reduce the current burden of Severe Acute Malnutrition (SAM) across the refugee hosting districts. According to the Lancet series, about 20 per cent of all child morbidity and mortality can be averted with appropriate infant and young child feeding practices of breast and complementary feeding and these will continue to be prioritised in 2019.

With an increasing refugee population and anticipated refugee influxes through to 2020, the capacity and resources of primary healthcare institutions remain at a constant risk of being overstretched. In particular, refugees living in urban areas and outside the settlements access government health facilities that have not planned for additional patient caseload, leading to increased workload on health workers, frequent shortage of medicines and out-of-pocket medication expenditures by both refugee and host communities during stock-out periods².

On average, refugee hosting sub-counties accessed 16 litres of water per person per day (lppd). According to sector reports, supply was inequitably distributed between settlement, hosting populations and districts. Refugee and host populations from West Nile had the highest lppd (average 17.5 lppd for host community, 18.7 litres for refugees). Households of refugees from DRC and Burundi in the southwest region accessed 15 lppd or less (68 per cent for host community, 74 per cent for refugees) and 10 lppd or less (38 per cent for host community, 49 per cent for refugees) respectively.

¹ Joint Multi Sector Needs Assessment- Identifying humanitarian needs among refugees and host community populations. August 2018. UNHCR, OPM, REACH Initiative

² MoH Health sector integrated refugee response plan (HSIRRP), 2018.

Seventy nine per cent of households in host community and amongst refugees own a family latrine. The unavailability of materials for construction of family latrines coupled with low levels of community participation to shift from communal to family latrines, especially amongst South Sudanese refugees, is hindering efforts to ensure all households own a latrine.

Child poverty and deprivation in refugee settings

The first study to apply a consensual approach to measuring poverty³ and deprivation in emergency situations in the country and globally – Child Poverty and Deprivation in Refugee Hosting Areas – was launched in June 2018. The study⁴ assessed child poverty, deprivation and social service delivery and provided unprecedented evidence on the situation and vulnerability of refugees in Uganda, including urban refugees in Kampala, and that of host communities in the main refugee-hosting regions. The analysis identified the determinants of social service insufficiency and provided practical recommendations on how to manage social service delivery equitably for both refugees and host communities. The evidence highlighted that while refugee children tend to be more deprived of socially perceived necessities, deprivation among refugees tends to reduce over time. Within five years of residence, deprivation rates among refugees were on a par with those of host communities; the reason being that levels of deprivation among host communities are already high. As such, the evidence reiterates the urgent need to facilitate integration of services provided for both host and refugees and special focus is for refugee-hosting districts. More details on the report can be accessed on <https://www.unicef.org/uganda/ChildPovertyRefugees-FINAL-Lores.pdf>

Disease outbreaks

Throughout 2018, refugee producing countries neighbouring Uganda and refugee-hosting areas inside Uganda remained vulnerable to communicable disease outbreaks due to cross border movement, congestion, inadequate sanitation and geographic location of settlement necessitating preparedness and response for disease outbreaks especially at district and local level.

Cholera: In 2018, the Ministry of Health (MOH) with support from UNICEF and other humanitarian partners responded to Cholera outbreaks in eleven districts⁵ with a total of 2,699 cumulative cases and Case Fatality Rate (CFR) of 2.22 per cent which is above the WHO threshold. Majority of the cases were refugees from DRC who imported the outbreak Ituri (DRC), other outbreaks to note are Amudat and Bulambuli that were believed to be associated with cross border engagements among the Pokot and Karamojong in North Eastern Uganda. The re-emergence of cholera in Kampala city in December, two months after controlling an earlier outbreak, has been attributed to risk factors of poor sanitation and lack of clean water. There is need to address the risk factors associated with WASH in addition to risk communication and social mobilization for behaviour change.

Crimean-Congo Haemorrhagic Fever (CCHF): Uganda experienced sporadic cases of CCHF in the eight districts of Ibanda, Isingiro, Kabarole, Kakumiro, Kiboga, Kiryadongo, Nakaseke, Masindi and Sembabule, along the cattle corridor. The cumulative number of confirmed cases reached 14 with six fatalities (CFR = 43 per cent).

Rift Valley Fever (RVF): In 2018, Uganda contained a RVF outbreak that was reported along the cattle corridor in 17 districts;⁶ 33 cumulative cases, and 18 deaths were reported.

Anthrax: In 2018, an Anthrax outbreak was reported in four districts of Arua (West Nile), Kiruhura (South western), Isingiro (West Nile) and Kween (Eastern). Ten cases were confirmed with one death. The outbreak has been contained.

Black Water Fever: Fourteen children were affected by a Black Water Fever in Manafwa District, Eastern Uganda. The MOH deployed a rapid response team and provided timely treatment to the affected thus controlling the outbreak.

³ Consensual approach to Poverty measurement is defined as deprivation measured in terms of enforced lack of socially perceived necessities as determined by public opinion.

⁴ Child Poverty and deprivation in refugee hosting areas. Evidence from Uganda. 2018. UNICEF, EPRC

⁵ Hoima, Kisoro, Kyegegwa, Kagadi, Amudat, Kampala, Tororo, Busia, Mbale, Kween, Bulambuli

⁶ Kasese, Isingiro, Ibanda, Mbarara, Lwengo, Sembabule, Mubende, Kween, Kiruhura, Lyantonde, Rakai, Arua, Buikwe, Kiboga, Kyankwanzi, Mityana and Sheema

Measles and rubella: In 2018, Uganda was hit by a measles outbreak with 76 out of 122 districts affected with 1,216 cumulative cases. About 33 districts also reported a rubella outbreak across the country with 196 cases and zero case fatality rate. With Global Alliance for Vaccines and Immunisations (GAVI) support, the country will now introduce the Measles Rubella combined vaccine into the national immunization schedule in 2019.

Ebola preparedness and prevention: As of 31 December 2018, the MOH had not confirmed any case of Ebola Virus Disease (EVD) in Uganda. Surveillance continues at the community, health facilities, formal and informal points of entries (POE) in all 30 high risk districts. MOH and partners continue to identify alerts, validate, isolate suspected cases and collect samples which are tested in-country at the Uganda Virus Research Institute.

Floods and Landslides

In October, a flood and landslide occurred in Bukalasi sub county, Bududa district, affecting 13 villages and killing 43 people, including eight children, and injuring 21. The OPM and partners rescue teams conducted search and recovery of the dead bodies and evacuated the injured. Road infrastructure, water and sanitation facilities, and education facilities were destroyed.

Humanitarian Leadership and Coordination

In 2018, the Department of Refugees in the Office of the Prime Minister (OPM) and UNHCR were the lead coordinators of the refugee response in Uganda. UNICEF continued to co-chair the Refugee Child Protection Sub Working Group with UNHCR; the Refugee WASH Working Group with the Ministry of Water and Environment; as well as the National Nutrition in Emergency Working Group with the Ministry of Health. 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 responses to disasters caused by natural hazards and internal displacement caused by floods or conflict, while humanitarian response to disease outbreaks was coordinated through a multi-stakeholder National Task Force (NTF) co-chaired by the Ministry of Health and WHO. UNICEF continued to co-chair the Risk Communication and Social Mobilisation sub-committee of the NTF. District-led epidemic disease control task forces supported the local level containment of disease outbreaks. UNICEF provided technical support within these humanitarian coordination mechanisms, particularly in the WASH, Child Protection, Health, Nutrition and Education sectors at national and district levels and within the cash working group.

Humanitarian Strategy

UNICEF supported the Government of Uganda to incorporate emergency preparedness and response into its multi-year development plans. UNHCR, UNICEF and other partners supported the implementation of a long-term refugee and host communities' empowerment (ReHOPE) strategy, which is aligned with the Government's Settlement Transformative Agenda and the Comprehensive Refugee Response Framework (CRRF) and contributed to Grand Bargain commitments. Capital intensive infrastructure, equipment, supplies and technical guidance were provided in high-priority emergency districts to support the expansion of routine social services. Support was provided to national education and health strategies to link ongoing development programming with the humanitarian refugee response. Technical advice was 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 continued to mitigate the effects of disease outbreaks. Additional emergency response capacity was provided through an emergency stand-by partnership with the Uganda Red Cross Society (URCS). Alongside WHO, UNICEF supported intensified preparedness and response interventions for Ebola. In addition, UNICEF also contributed to infection prevention and control, including strengthening risk communication, social mobilization and WASH activities in health facilities, schools and public places.

Summary Analysis of Programme Response

In 2018, UNICEF strengthened its linkages of development and humanitarian programming through focused engagement with district authorities. In addition, UNICEF supported capacity building of district local planning and budgeting authorities in some of the refugee-hosting districts to strengthen integrated service delivery. Districts were also supported to develop risk-informed plans to enable stronger preparedness and response to refugee arrivals, among other shocks. Below are UNICEF interventions by sector for 2018;

Refugee Response Child Protection

UNICEF and partners Save the Children, World Vision and Lutheran World Federation provided recreational and psychosocial support services to 90,700 (53,998 boys; 36,702 girls) refugee children in 2018. Five new child friendly spaces (CFS) were constructed by partners with UNICEF support in settlements receiving newly arrived refugees. A total of 4,748

(2,404 boys; 2,344 girls) unaccompanied and separated children were provided with alternative care services, including placement in foster families and regular follow-up support. Referrals to service providers, including health, education, legal and psychosocial sectors were arranged to ensure provision of services in line with children's individual needs. Foster care families benefitted from regular support, including trainings and dialogue sessions. A total of 375 children (224 girls, 151 boys) who experienced sexual violence or were at risk benefitted from access to individual and specialised services, including direct support and referrals. Implementing partners continued to raise awareness with children, caregivers and key community structures on sexual and gender-based violence including sexual exploitation and abuse to strengthen prevention and response mechanisms. High numbers of children at CFS, particularly in settlements receiving newly arrived refugees, and high ratios of number of case workers to children continued to be a challenge throughout 2018. A total of 188 children (101 girls, 87 boys) were reunited with families or caregivers. This included intra and inter-settlement as well as on the spot reunifications.

WASH

UNICEF supported the provision of safe and clean water to nearly 146,946 children, men and women. Our partnership with Water Mission Uganda (WMU), Norwegian Refugee Council (NRC), Lutheran World Federation (LWF), Samaritan Purse (SP) and Oxfam led to the completion of the construction of 12 motorized systems in the settlements of Omugo, Imvepi zones 1, 2 and 3 in Arua district; Bidi Bidi Zone 2, 3 and 5 in Yumbe district; Boroli and Maaji 2 in Adjumani district; Palabek in Lamwo district and Kyangwali in Hoima district. Over 50,600 people were reached with messages on hand washing at critical times, food hygiene and use of latrines. Sixty per cent of those who received messages were children of school going age. A total of 5,500 school children in eight schools accessed WASH facilities and hygiene education. 148,178 people accessed improved sanitation facilities such as latrines, hand washing facilities and refuse pits. Household sanitation coverage increased substantially in Palabek, Omugo and Bidi Bidi Zone 3. This is attributed to efforts by UNICEF and partners including UNHCR, WMU, NRC, LWF, SP, Danish Refugee Council (DRC) and Oxfam.

Health

Over 475,000 children were vaccinated against measles in refugee hosting districts in West Nile and western Uganda. MoH stepped up efforts to respond to a Measles outbreak through introduction of the combined measles and rubella vaccine. UNICEF supported districts to plan and strengthen routine immunization interventions by reaching every child/community and focusing on poorly performing districts that were characterized with measles outbreaks. More than 1,965 children were reached with key life- saving and behaviour change messages on public health risks.

Nutrition

UNICEF supported the refugee hosting district local governments to plan, budget, implement, monitor and scale up quality nutrition interventions for children and women. In addition to the procurement of nutrition commodities and supplies across all the refugee hosting districts, capacity building of health workers was also done. Approximately 25,000 children were treated for severe acute malnutrition, with the cure rate consistently remaining above the SPHERE standard recommendation of 75 per cent. UNICEF with its partners MoH and district level government reached 653,434 and 197,146 children and women with Vitamin A and folic acid supplementation respectively. The achievements made in nutrition reflect the UNICEF investment of core and other resources.

Education

Education in Emergencies interventions in refugee hosting areas reached nearly 46,000 (21,768 boys; 24,007 girls) children and adolescents with direct education services. A total of 26,700 (12,824 boys; 13,893 girls) adolescents (in school as well as out of school) participated in skills development and accelerated education for successful re-entry into viable learning pathways. UNICEF supported community-driven ECD services in six refugee hosting districts directly benefitting 20,979 children (10,559 male, 10,420 female). UNICEF piloted and completed multi-purpose education facilities with water and latrines in multi-purpose centres in Arua and Yumbe refugee hosting districts. These facilities provided a conducive and stimulating environment to 7,224 (3684 girls, 3540 boys) children to play and learn and consequently increased enrolment.

UNICEF engaged in the development of the Education Response Plan (ERP) and supported six out of 11 refugee hosting districts in the development of contextual, District-level Education Response Plans. As a member of the ERP Steering Committee, UNICEF participated in the operationalization and strategic direction of the implementation of the Education Response Plan. The committee is co-chaired by Ministry of Education and Sports and the Education Development Partners forum.

HIV/AIDS

UNICEF supported the district local governments in the refugee hosting districts to re-engage cultural, religious and political leaders to promote social behaviour change communication on HIV/AIDS and tuberculosis. UNICEF continued to prioritize strengthened community facility-linkages through family support groups (PMTCT mothers, their partners and children) as well as active patient tracking using trained peers and community health workers in refugee hosting sub-counties. Patient tracking focused on adolescents living with HIV (LHIV) and a family-centred approach for women and children LHIV. The district health teams were able to provide quality technical support to the lower level facilities within refugee sub-counties. UNICEF in collaboration with the President's Emergency Plan for AIDS Relief (PEPFAR) partners including Baylor Uganda, Infectious Disease Institute, Inter Religious Council, Regional Health Integration conducted mapping of HIV and tuberculosis. UNICEF prioritized systems strengthening and capacity building for quality service delivery for elimination of mother to child transmission (eMTCT), pediatric and adolescent HIV and TB services; and HIV testing. 4,418 HIV positive refugee children continued to receive anti-retroviral therapy. 2,706 pregnant women in refugee hosting districts received treatment to prevent mother to child transmission of HIV/AIDS. Despite a substantial funding gap, these significant achievements were made possible by UNICEF investment of core and other resources.

Communicable Diseases

In 2018, UNICEF provided technical and financial support to MOH to support districts in areas of risk communication and capacity building for districts that reported outbreaks. This was possible through activation of the Partnership Cooperation Agreement with the Uganda Red Cross Society to support the implementation of WASH, social mobilisation and risk communication activities in the affected districts. UNICEF is a core member of the national and district taskforces, which coordinate and provide technical guidance on the response.

Cholera: UNICEF and MoH supported 18 cholera prone districts along Lake Albert and those hosting refugees to develop comprehensive cholera preparedness plans. Hoima district government in partnership with UNICEF and MoH successfully carried out an Oral Cholera Vaccine (OCV) campaign in Kyangwali refugee settlement with overall coverage of 95 per cent for both round 1 and 2 in addition 21 districts classified as cholera hotspots were supported to develop costed contingency cholera preparedness plans.

Measles: UNICEF and WHO through Reaching Every District/Reaching Every Child strategy supported MOH and several districts to strengthen routine immunization. A Multi-Antigen Catch-up Vaccination Campaign was run in refugee settlements in the and supported with C4D activities in districts through VHT mobilization and the dissemination of Information Education Communication (IEC) materials.

Nutrition

In all refugee hosting districts that fall in the high-risk categorisation for EVD, capacity building of health workers on Infant Young Child Feeding (IYCF) was conducted. Orientation of 52 health workers from Bundibugyo, Kabarole, Ntoroko and Kasese district Ebola treatment units on the adapted key messages for Infant and Young Child Feeding was completed.

Child Protection

UNICEF and URCS trained 180 (108 male; 72 female) volunteers in seven high risk districts on psychosocial support provision. UNICEF supported selected at-risk districts to ensure district probation officers and community development officers engage in preparedness efforts, including coordination.

Floods and Landslides

UNICEF in collaboration with the Uganda Red Cross Society distributed 332 boxes of water purification tablets to support water treatment in the affected communities in the four districts of Katakwi, Bukedea, Kumi and Amuria. Based on prioritization by OPM, UNICEF dispatched and erected 25 tents to 16 flood-affected schools in Kumi, Bukedea, Amuria and Katakwi Districts with a total of 11,069 learners enrolled. UNICEF provided technical support in the response to the District Disaster Management Committee.

Social Protection/Cash Based Programming

Programming on social protection was maintained along the humanitarian-development continuum. UNICEF strengthened overall government capacity to plan and manage social protection programmes through targeted training and participation/contributions to international meetings on social protection, for example, by hosting of the regional Community of Practice on cash transfer programmes. This is envisaged to support development of the national social protection system with a focus on inclusive, child sensitive social protection programmes, building on the relatively recent adoption of the National Social Protection Policy (NSPP) and the Programme Plan of Interventions (2016).

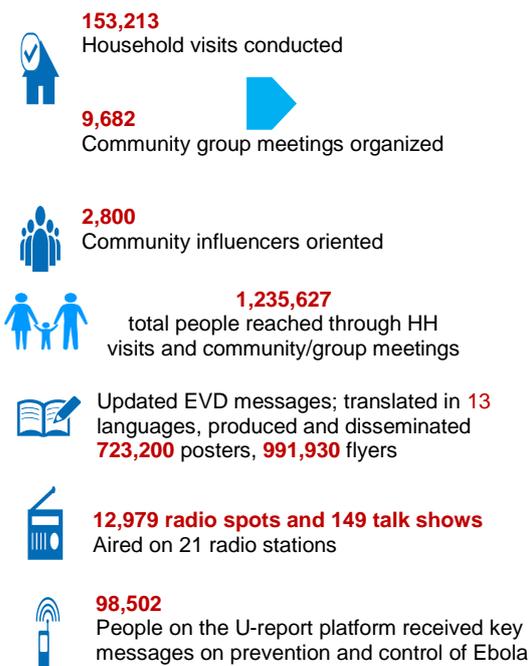
UNICEF, together with WFP, made progress in advocating for a child-sensitive social protection programme for refugee and host communities, harnessed on strengthened health systems in the West Nile sub-region's refugee-hosting districts. UNICEF actively contributed to strengthened linkages between humanitarian and development as the co-chair of the UNDAF Social Protection Working Group and an active member of the Development Partner Social Protection Working Group and the technical working group on cash-based activities for the refugee response. Through these fora, UNICEF continued to support national efforts to develop an integrated management information system for social protection.

Communications for Development (C4D), Community Engagement and Accountability

In 2018, UNICEF supported the Advocacy, Communication and Social Mobilization committee at the MoH National Task Force to develop and review IEC materials to facilitate risk communication for prevention and/or containment of the following diseases: Rift Valley Fever, CCHF, Ebola, cholera, measles, Rubella, Black water fever and anthrax. The materials were developed in English, French, and various other languages (Luganda, Runyoro-Rutooro, Kiswahili, Lingala, Alur, Madi, Ngakarimojong, Pokot, Leb Thur and Rufumbira).

UNICEF facilitated airing of radio spots in English, French and local languages for cholera and measles prevention and control and good hygiene and sanitation practices. In partnership with URCS, hygiene promotion and sanitation interventions were undertaken in Kyangwali and Kyaka II refugee settlements and host communities in Hoima and Kyegegwa districts. A total of 13,291 households were visited by URCS volunteers and 135 community meetings held to sensitize people on cholera prevention and control as well as demonstrate how to construct, use and maintain tippy-taps/hand washing facilities. As a result, 41,710 persons were reached during the visits and 196,422 people with key life-saving and behaviour change messages on public health risks.

Key results for EVD Preparedness



UNICEF supported Ebola preparedness efforts through media engagement activities in 30 districts and building capacity of community stakeholders on effective risk communication, social mobilisation and community engagement. UNICEF and URCS rolled out inter-personal communication (community engagement) through community-based volunteers. During the year, 1,235,627 people were reached with key messages on EVD through household visits and community/group meetings in the districts of Kasese, Kabarole, Bundibugyo, Ntoroko, Bunyangabu, Kanungu and Kisoro.

UNICEF also supported the national and sub national government, directly and through partners, to implement preparedness activities and build sustainable capacity for infection prevention, control and outbreak response within targeted communities and institutions.

UNICEF and Save the Children conducted community dialogue sessions with refugee families to raise awareness on violence against children, forms of sexual abuse, and how to prevent and respond to the issues. In some communities, especially Kyangwali, it was noted that community members were not aware of the mechanisms for reporting violence like Child Protection Committees (CPCs), Centre Management Committees, and the toll-free child helpline 116 hence the need to carry out more

community dialogues in the second half of the year.

Supply and Logistics

UNICEF leveraged its role in humanitarian preparedness and response to enhance the internal supply and logistics strategy and strengthen national systems. In health, UNICEF continued to supplement traditional Expanded Programme on Immunisation (EPI) vaccines funded by the government with additional resources for vaccines to respond to measles outbreaks and campaigns in refugee hosting districts. UNICEF facilitated the procurement of oral cholera vaccines for two campaigns in focus districts, directly linked to outbreaks faced in 2018.

Supply contribution under EVD preparedness focused on WASH inputs including provision of standard preparedness items to risk districts and the procurement of 50 chlorine generators. The generators were introduced as an innovative intervention to support health facilities' capacity for sustainable access to chlorine and are believed to offer significant value for money as a long-term investment. UNICEF continued to support the Government's Ebola preparedness and response efforts with the procurement of supplies including, 973 hand washing facilities, 1,575 kilograms of chlorine, 1,201 cartons of soap and 502 boxes of water purification tablets, which were dispatched to Kisoro, Kasese, Bundibugyo, Ntoroko, Kabarole, Kikuube, Kyegegwa, Kanungu, Rubirizi, Rukungiri, Bunyangabu and Kamwenge districts.

In nutrition, UNICEF procured and supplied Integrated Management of Acute Malnutrition (IMAM) commodities to Karamoja and refugee hosting districts, with a total of 280 metric tonnes of therapeutic supplies delivered. UNICEF worked with key ministries to accelerate the regularization and integration of the supply chain for therapeutic and preventive nutrition commodities into the national health supply system. This approach will leverage funding and support originating from the emergency context to catalyse the integration, thereby creating a clear pathway from humanitarian response to the development/systems agenda.

A total of 111 new transitional multipurpose centres (three classroom structures) were initiated during the year with most completed by the end of 2018. In addition, Uganda is the first country to conduct field trials for the new multipurpose tents under a Supply Division led global innovation project. The trials took place in Bidibidi settlement, providing valuable input to conclude the evaluation of prototypes, which already offer clear advantages over the current design, especially for the humanitarian context applicable to Uganda.

Funding

To prepare for and respond to the imminent threat of Ebola coming into Uganda, the increasing influx of refugees from the DRC and the continued influx of refugees from South Sudan, as well as other humanitarian needs, UNICEF issued an appeal for **US\$ 66,119,117** funding to effectively support the Government's efforts to meet the needs of children affected by emergencies in 2018. UNICEF's 2018 HAC appeal had a funding gap of 57 per cent. A breakdown of the appeal for refugees is as follows:

- US \$47.6 million appeal for the South Sudan refugee response; only US\$5.7 million was received in 2018;
- US\$ 10.6 million appeal for the DRC refugee response; only US\$5.3 million was received in 2018;
- US\$ 4.2 million appeal for the Burundi refugee response has received no funding in 2018⁷.

UNICEF is grateful 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 contributions received in 2018.

UNICEF received 70 per cent of the required funding for education in 2018. Funded actions included support for short and long-term running costs for educational institutions providing both ECD services and accelerated education, interventions that succeed best with multi-year and continuous funding. Particularly, as a result of unanticipated delays in replicating an approved multi-purpose education facility only 37 per cent of targeted children were reached in 2018. The reporting of 40,000 beneficiaries reached with this funding will only mature in early 2019, which explains the difference between funding level (70 per cent) and proportion of targeted beneficiaries reached (37 per cent) in 2018 in the table below.

Funding Requirements 2018					
Appeal Sector	Requirements	Funds available		Funding gap	
		Funds Received Current Year	Carry-Over	\$	per cent
Nutrition	9,581,550	2,230,714	849,699	6,501,137	68
Health	15,268,014	2,720,623	1,285,334	11,262,057	74
Water, sanitation & hygiene	13,093,000	3,639,531	2,032,783	7,420,686	57
Child Protection	8,550,013	2,271,933	648,300	5,629,780	66
Education	17,712,664	2,644,056	9,702,059	5,366,549	30
HIV and AIDS	1,913,876	369,015	0	1,544,861	81
Total	66,119,117	13,875,872	14,518,175	37,725,070	57

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

⁷ As per the Regional Refugee Response Plans for the South Sudan, DRC and Burundi situations. Important to note that for Uganda an integrated RRP for all the refugee responses has been developed.

ANNEX A SUMMARY OF 2018 PROGRAMME RESULTS

UNICEF Uganda Humanitarian Targets 2018	2018 Targets	2018 Results
NUTRITION (*) (***)		
Number of children aged 6-59 months who received vitamin A supplements in semester 1 in humanitarian situations	663,036	653,434
Number of pregnant women who received iron and folic acid supplements or multiple micronutrient supplements in humanitarian situations	129,920	197,146
Number of children aged 6-59 months affected by severe acute malnutrition who are admitted into treatment in humanitarian situations	21,914	25,150
EDUCATION		
Number of children and adolescents accessing formal or informal education (including pre-primary school/early childhood learning spaces)	123,361	45,775
HEALTH (***)		
Number of children aged 6 months to 15 years in humanitarian situations who are vaccinated against measles	776,900	475,727
Number of people in humanitarian situations reached with key life- saving and behaviour change messages on public health risks	1,603,911	1,966,199
WASH		
Number of people in humanitarian situations accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene	133,000	148,178
Number of people in humanitarian situations accessing appropriate sanitation facilities and living in environments free of open defecation	190,000	148,178
HIV/AIDS (**)(***)		
UNICEF targeted HIV positive children continued to receive antiretroviral therapy	3,513	4,418
CHILD PROTECTION		
Number of children registered as unaccompanied or separated receiving appropriate alternative care services	16,544	4,748
Number of children benefiting from psychosocial support	279,704	90,700

* In the last quarter of 2018, the Nutrition Sector Working Group with leadership from MoH recommended that reporting of nutrition results be maintained at district level and not sub county level in line with the UNICEF support provided. The achievements made for nutrition reflect the UNICEF investment of core and other resources.

(**) The HIV AIDS achievements indicated were made possible by UNICEF investment of core and other resources. HIV and AIDS results were reported using district-wide data for nationals and refugees in all 11 refugee-hosting districts.

(***) While 2018 reports from the health management information system represent both nationals and refugees, in 2019, the Ministry of Health plans to roll out the revised health management information system tools, which will enable reporting on disaggregated data.

Links to Media and External Communication

Human interest stories	<p>Water, sanitation and hygiene club improves learning environment in a rural primary school https://www.unicef.org/uganda/media_21992.html</p> <p>UN CERF and UNICEF supporting effective vaccine management to reach every child https://www.unicef.org/uganda/media_21698.html</p> <p>How UNICEF integrated ECD Centres and Child friendly Spaces are healing South Sudanese refugee children https://www.unicef.org/uganda/media_21697.html</p> <p>"I almost lost my 2-year-old to malaria and anaemia" https://www.unicef.org/uganda/media_21696.html</p> <p>UNICEF nutrition support saves baby Rita, enriches mother's knowledge on better feeding practices https://www.unicef.org/uganda/media_21695.html</p> <p>Refugees and host communities commend improved health workers' attitude in Northern Uganda https://www.unicef.org/uganda/media_21509.html</p> <p>70 per cent of refugees in Imvepi Settlement have latrines https://www.unicef.org/uganda/media_21471.html</p> <p>VHTs lead to increase in demand of health services in Northern Uganda https://www.unicef.org/uganda/media_21470.html</p> <p>Northern Uganda: Deliveries and ante-natal care attendance at health centres shoot up https://www.unicef.org/uganda/media_21469.html</p> <p>"Our water is enough" https://www.unicef.org/uganda/media_21464.html</p> <p>My children rarely fall sick because of immunization https://www.unicef.org/uganda/media_21463.html</p> <p>For baby Gilbert and other babies, breast milk is no ordinary food https://www.unicef.org/uganda/media_21436.html</p> <p>61per cent of Congolese refugees crossing into Uganda are children https://www.unicef.org/uganda/media_21244.html</p> <p>Hundreds of unaccompanied and separated Congolese refugee children enter Uganda https://www.unicef.org/uganda/media_21299.html</p> <p>Cholera outbreak further stresses the DRC refugee Influx response https://www.unicef.org/uganda/media_21357.html</p> <p>John and family are hopeful even after displacement from DRC https://www.unicef.org/uganda/media_21300.html</p>
Videos	<p>SIDA and UNICEF support helping mothers survive and babies breathe https://youtu.be/otC919Ltx_g</p> <p>Government of Japan and UNICEF support for improved immunization in Northern Uganda https://youtu.be/4olqUxWISD8</p> <p>Government of Japan and UNICEF-supported sustainable water system https://youtu.be/RFsaBXaL5DI</p> <p>Early Childhood Development Centres transforming lives in refugee hosting districts https://youtu.be/ukW_JVIq2Ug</p> <p>Voices of South Sudan refugee children and women in Uganda https://youtu.be/zMXQBZ7XyIE</p>

	<p>Water pump stations bring safe water closer to refugees and host communities https://youtu.be/BWigA8ZNFfA</p> <p>Training of health workers improves delivery of immunization services https://youtu.be/8Cq7nnQYI8A</p>
Photo Essay	<p>UNICEF supports Ebola preparedness in Uganda</p> <p>https://www.unicef.org/uganda/21346.html</p>
ICON	<p>https://icon.unicef.org/iconhome/Pages/FullStory.aspx?Title=LinkTitle&List=1699371f-2b32-4333-bdd7-6cc9397808b1&Fulltext=Full_x0020_Text_x0020_of_x0020_S&ItemID=3041</p>
Facebook	<p>https://www.facebook.com/unicefuganda/photos/a.180805626447.126508.150109206447/10155528492096448/?type=3&theater</p> <p>https://www.facebook.com/unicefuganda/photos/a.180805626447.126508.150109206447/10155539564136448/?type=3&theater</p> <p>https://www.facebook.com/unicefuganda/photos/a.180805626447.126508.150109206447/10155539857851448/?type=3&theater</p>