Highlights

- 22,376 refugee children in Nakivale and Oruchinga settlements were reached through the UNICEF, District Local Government and Ministry of Health supported vaccination campaigns.
- 1,645 ECD going children have benefited from the construction of 12 ECD classroom blocks, with support from UNICEF in Nakivale, the Burundi hosting refugee settlement.
- Children and women in cholera affected districts benefited from UNICEF and Ministry of Health supported hygiene social mobilization interventions which were conducted through community sensitization meetings and home visits.
- Over 337 South Sudanese separated children were registered between 23 Jan and 23 Feb, with one child reunited with the family.
- To improve capacity in the treatment and care of malnourished refugee children, 45 Arua Regional Referral Hospital staff were trained on the revised Integrated Management of Acute Malnutrition (IMAM) guidelines and tools.

UNICEF & Partners Response in Child Protection

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<thead>
<tr>
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</tr>
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<tbody>
<tr>
<td>Number of children benefiting from child protection services</td>
<td>60,000</td>
<td>7,017</td>
<td>15,500</td>
<td>3,250</td>
<td>25,767</td>
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<tr>
<td>Number of unaccompanied and/or separated children receiving family tracing and reunification support and placement in interim foster care.</td>
<td>5,500</td>
<td>827</td>
<td>0</td>
<td>0</td>
<td>827</td>
</tr>
</tbody>
</table>

Date: 15 April 2016

128,503
Refugee children from South Sudan

111,272
Refugee children from DRC

15,553
Refugee children from Burundi

8,714
Ugandan Children displaced by conflict in Bundibugyo District

784
Cholera cases reported Jan-March, 2016

5,920
Primary School pupils in Kasese District affected by Storm

UNICEF Appeal 2016
US$ 14.4 million

Funding Gap 64%
Situation Overview & Humanitarian Needs

Refugees: Refugees Uganda have arrived mainly from South Sudan, Democratic Republic of the Congo (DRC) and Burundi. As of 1 April 2016, the number of refugees and asylum seekers in Uganda was 525,968. As of 29 March 2016, Uganda has assisted an estimated 200,786 South Sudanese refugees (64 per cent children, 86 per cent women and children) since the influx began late in December 2013. The number of South Sudanese refugee arrivals has recently sharply increased with an average daily arrival of 326 people since the start of April, with a total of 2,284 entering through Elegu border in the month of April only. Maaji 3, a new settlement, was opened in February to cater for the new influx of refugees. This settlement has very limited basic services across all sectors, as existing services have been stretched beyond capacity. In 2015, UNHCR and Office of the Prime Minister (OPM) carried out a refugee verification exercise, which ended early this year. Since November 2014, a total of 33,810 Burundian refugees (46 per cent children and 69 per cent women and children) have entered Uganda, citing fear of violence as the main reason for leaving their Country. OPM and UNHCR reports show some 191,848 (58 per cent children and 78 per cent women and children) refugees from DRC are currently in Uganda.

Malnutrition: Although the nutritional situation has improved among refugees compared to previous years, the nutrition situation remains of concern in some areas. Some Congolese settlements have severe acute malnutrition (SAM) rates of 2.4 per cent while some South Sudanese refugee settlements have recorded SAM rates of 1.9 per cent. Monitoring reports shared by UNHCR on the newest refugee arrivals from South Sudan in February indicate high Global Acute Malnutrition (GAM) rates (based on mid-upper arm circumference) of 17.5 per cent. In addition, there have been observed increases in facility admissions for SAM cases in most refugee hosting districts. Nutrition services at Health Facilities will need to be enhanced in order to manage the increased caseloads. Recent monitoring visits to South Sudanese refugee settlements show improvements in knowledge on Infant and Young Child Feeding (IYCF). With respect to nutrition services within the South Sudanese refugee settlements there is integration of Integrated Management of Acute Malnutrition (IMAM) services into routine service delivery for all UNICEF and Concern Worldwide supported treatments centres in coordination with Action Contre la Faim and Medical Teams International (MTI).

Disease outbreak response Cholera: During the period January-March 2016, a total of 784 cholera cases were reported by the Ministry of Health in the Districts of Mbale, Hoima, Moroto, Manafwa, Busia, Sironko, Bulambuli, Bududa, Bulambuli, Butaleja, Namayingo and Kapchorwa. UNICEF continues to respond to cholera through social mobilisation, Village Health Team training and through the provision of supplies including cholera kits, water purification tablets, handwashing facilities, jerry cans and laundry soap. The most recent cholera outbreaks are attributed to the effects of El Nino and the onset of the rainy season. Working under the direction of the National Task.
Force, UNICEF continues to work with WHO to support the District local government’s early action in cholera preparedness and response.

**Yellow Fever:** As of the 10th of April 2016, 3 confirmed cases of Yellow Fever have been reported in Masaka District. The National Task Force (NTF) reports that the Ministry of Health’s rapid response team, Masaka Regional Hospital and Masaka District leadership are continuing with active case searches and surveillance as well as the collection of laboratory samples and case management. Planned multi-stakeholder response includes the investigation of two nearby counties where community alerts have been raised, support to the Masaka District Task Force to respond to the yellow fever outbreak and the distribution of case definition to health facilities in Masaka District.

**Rift Valley Fever:** Uganda has reported an outbreak of the Rift Valley Fever (RVF) in Kabale District. The index cases were a student aged 19 years and a meat seller, who were both treated in isolation wards of Mbarara Regional Referral Hospital (MRRH) and Kabale Regional Referral Hospital (KRRH). The National Task Force (NTF) conducts regular meetings to support the containment of the outbreak. The response is the result of a collaboration between the Ministry of Health and Ministry of Agriculture, Animal Husbandry and Fisheries. The District Veterinary office in collaboration with the District Health office are conducting social mobilization for the affected community, reaching more than 16 schools (primary and secondary) outside the Kabale municipality, leaders in the affected Kashambilta Sub County and tea growers and community members from Maya village (within the same county). Daily radio talk shows and radio spots have been running on all channels in the region. District health offices have conducted an orientation of health workers on Standard Case Definitions, case identification and reporting of suspect RVF cases. Awareness sessions have been conducted with the media to prevent misinformation on the outbreak. In addition, psychosocial counselling has been provided for people with suspected cases and their family members.

**Malaria:** Since April 2015, children are amongst those affected by a malaria outbreak in the Northern part of Uganda in 10 districts (Gulu, Nwoya, Kole, Apac, Lamwo, Agago, Pader, Oyam, Amuru and Kitgum). A Ministry of Health and WHO joint mission conducted from 24 August – 6 September, 2015 confirmed the outbreak. The Ministry of Health’s epidemiological week 8 (15th - 21st February 2016) reported a total of 145,350 cases of malaria. Clinical malaria cases have reduced by 26 per cent compared to the previous week. An expert review meeting for malaria was held with national and district level participants and implementing partners. Challenges to the containment of the malaria outbreak include limited resources to support social mobilization, procurement of additional stocks of rapid diagnostic tests (RDTs) and artemisinin-based combination therapy (ACTs), as well limited blood for transfusions. Mosquito net possession and use is still low in all the affected districts and there is limited indoor residual spraying (IRS) interventions to disrupt the vector transmission of malaria. Village health teams require additional financial support to continue conducting mass fever treatment.

**Response to Sango Bay displacement:** An estimated 2,050 children out of 4,500 Ugandans who were expelled from Tanzania in 2014 are still camping at Sango Bay (Rakai District), and until February were assisted by UNICEF with WASH, education, health and nutrition services. Following recent discussions, the Office of the Prime Minister (OPM) confirmed its commitment to move them to Kyaka 1 locality, (previously a refugee camp) where fertile land is available. When these people move to the new locality, they will be in need of initial support in the sectors of WASH, protection health, nutrition and education. The Government of Uganda and UN partners are currently planning to conduct a full assessment in the receiving area to facilitate timely provision of sustainable and durable solutions in this new settlement.

**Bundibugyo clashes:** Following a sudden revival of long standing ethnic differences, some 8,714 children out of 17,427 people (3,442 households) were displaced in Bundibugyo District, in the Ruwenzori region of Uganda. This latest crisis, which started at the end of February, has left about 30 people dead, many wounded and more than 300 homesteads completely burned down. UNICEF provided critical humanitarian assistance, particularly in the area of WASH, and with UN partners is soliciting the OPM to re-assess the situation of the displaced and host communities, and to enhance peace building efforts. While the establishment of permanent displacement camps is not envisaged nor recommended, the Bundibugyo clashes continue - therefore a full return of the displaced to their original villages may take time.
Kasese storms: Some 5,920 pupils in several primary schools in Kasese District, in the Ruwenzori region, experienced serious problems in continuing their lessons after winds and storms heavily damaged their classroom blocks. UNICEF is initially providing 12 large tents to ensure children’s education is not interrupted, while discussions are ongoing with the Ministry of Education and Local Government about the rehabilitation of damaged schools.

Humanitarian leadership and coordination

The Government of Uganda through the OPM, and UNHCR, are the lead coordinators in the refugees’ response in the country. The United Nations Country Team complements the response, with UNICEF leading and technically supporting the WASH, Nutrition and Education sectors within the UNHCR led coordination mechanisms. The Government’s Refugee policy pivots around integration in local communities. UNICEF has contributed to the inter-agency Regional Refugee Plans for Burundi and South Sudanese Refugees, and to the DRC refugee contingency plan for Uganda, developed with partners. Other refugee partners in the country include American Refugee Committee, Windle Trust Uganda, Concern World Wide, Africa Development Corps, Danish Refugee Council, World Vision Uganda, Uganda Red Cross Society, Medical Teams International, among others. Other key UN agencies responding to the refugee crisis include, WHO, WFP and UNFPA. The Office of the Prime Minister maintains the overall coordination in response to disasters, while response to disease outbreaks is coordinated through a multi-stakeholder National Task Force chaired by Ministry of Health and WHO at the national level.

Summary Analysis of Programme Response

South Sudanese refugees: To contributed to a safe environment for children, UNICEF and partners have strengthened child protection systems, have constructed 40 Child Friendly Spaces, trained care givers, facilitated structured recreational activities and providing psychosocial support reaching 36,976 (22,577 boys, 14,399 girls) South Sudanese children, including 11,940 youth and adolescents. By February 2016, the total number of separated children registered among South Sudanese refugees was 4,400. The number of closed cases add up to 316 (169 boys & 147 girls), with 61 family reunions, 2,115 cases followed up and 335 cases under family tracing. At least 25,972 both national and refugee children have been registered for birth certificates and over 17,253 certificates have been printed. UNICEF and partners supported peace building activities for in and out-of-school children in Kiryandongo and Adjumani, which led to increased social cohesion and reduced risk of conflict in the settlements. Early Childhood Development (ECD) centres are being supported through the training of caregivers and Centre Management Committees, and through the distribution of learning material for children. To improve the capacity of health care staff who are supporting refugees at Regional Referral hospitals (centres of excellence for nutrition and health programming), a total of 45 staff from Arua Regional Referral Hospital were trained on the revised IMAM guidelines and tools. Arua Hospital is a referral site for refugees and nationals with complicated nutrition and health conditions from the West Nile region and neighboring counties. The Regional Nutrition Support team for West Nile supported Koboko, Arua and Adjumani districts Outpatient Therapeutic Centres and Inpatient Therapeutic Centres with a training on quality management according to protocols, documentation and reporting. Successful mass Polio vaccination
campaigns have been carried out during the first quarter of 2016 with the aim to reach all refugees (South Sudan, DRC and Burundi) and host communities. Statistics of children reached will be shared in the next report.

Burundi Refugees:

- UNICEF with partners supported the establishment and training of 30 Child Protection Committees in the new Burundian refugee settlement in Nakivale and furthermore supported the District Senior Probation and Welfare officer to hold 16 dialogue meetings/community Baraza’s on violence against children in Burundi refugee settlement areas.
- UNICEF with partners supported the construction of 12 ECD classroom blocks, plus six, three stance VIP lined latrines in the new Burundi refugee settlements in Nakivale. Primary teachers were trained in the newly developed teacher’s manual for refugee settlements, and mentoring of ECD caregivers was provided. UNICEF also established 12 ECD centre management committees for Burundi Refugee children, and provided copies of Teacher manuals and ECD guidelines in addition to ECD materials to the centers. Six tents were provided and set up by UNICEF to create ECD spaces for Burundi refugee children who were beyond the required 5 kilometre distance to established facilities.
- UNICEF supported the nutrition screening of children, and provided 180 Burundi refugee children with treatment for severe acute malnutrition since January 2016. Additionally, UNICEF continued to support the mentoring of previously trained health facility staff and Village Health Teams in the refugee hosting settlements on nutrition related activities. Some 100 cartons of therapeutic feeds were provided to Nakivale Health Centre III for case management. UNICEF also supported four radio talk shows that covered integrated Management of Acute malnutrition for children aged 6 – 60 months.
- Successful mass Polio vaccination campaigns have been carried out in the first quarter of 2016 to reach all refugees (South Sudan, DRC and Burundi) and host communities. Statistics of children reached will be shared in the next report. UNICEF also supported routine immunisation outreaches in 60 out posts in Nakivale Refugee settlement.
- In WASH, UNICEF supported Burundi refugees with pipeline extensions to five villages supporting approximately 8,000 people, provided poles for latrine construction targeting 4,000 people, distributed various sanitation items including hand washing facilities, Jerri cans and provided effective micro-organism (EMO) for disinfecting community latrines.

Disease Outbreaks:

Cholera: The Ministry of Health is supporting cholera case management in the response. UNICEF continues to support rapid assessments in new districts registering Cholera outbreaks, and is monitoring visits to districts with on-going Cholera outbreaks. Cholera treatment and hygiene supplies that have recently been issued to affected districts include: cholera kits, tents, WASH supplies (soap, aqua tablets, hand washing facilities and jerry cans). UNICEF is extending support for social mobilization to contain the spread of cholera amongst at risk women, men and children based on requests from the affected districts.

Rift valley Fever: UNICEF is currently providing technical assistance through participation in NTF meetings and is supporting social mobilization for the containment of VHF. UNICEF has supported the development of IEC materials which are scheduled for mass production to support the response as well as future response preparedness.

Yellow fever preparedness: The Ministry of Health has initiated the screening of passengers at ports of entry to prevent and control Yellow Fever Transmission. UNICEF is participating in the coordination of Yellow fever preparedness and response through the national task force.

Malaria: UNICEF is engaged in social mobilisation on the prevention and control of Malaria within the affected 10 districts.

Bundibugyo Clashes: UNICEF and partners supported women, men and children displaced by conflict in Bundibugyo through the following interventions:
- Thirteen recreation kits for children were provided for displaced people in Bubukwanga, Izahura Primary School, Harugale Sub County, Bunguha site and two other smaller sites.
- UNICEF distributed Nutrition supplies of 100 Cartons of Plumpy nut, 10 cartons of F100 and 5 cartons of F75. UNICEF also facilitated a nutrition team from Kabarole regional referral hospital to support the district nutrition teams’ response to cases of severe malnutrition, particularly for the health facilities of
Bubukwanga HC III, Bukangama HC III, Busunga HC III, Kakuka HC III, Ntandi HC III, Busaru HC IV, Nyahuka HC IV and Busunga HCII.

- Two inter-agency emergency health kits (IEHK kits) with essential medicines and supplies to reach 10,000 displaced people were dispatched to Bundibugyo Hospital in the second week of March to respond to the displaced in Bundibugyo. In addition, 10,000 sachets of ORS/Zinc following an outbreak of diarhoea in the main IDP camp in Bubukwanga were also delivered to the hospital.
- UNICEF provided Bundibugyo district, through the Uganda Red Cross Society (URCS), with 1,600 Jerry cans, 185 cartons of Soap, and 20 hand washing facilities and supplied 4,000 sachets of aqua tabs. These supplies were distributed to over 1,600 displaced households whose family members include some 4,800 children. Additionally, UNICEF provided three 20 litre Jerry cans of Effective Micro Organisms (EMO) of which were used to disinfect community latrines in Bubukwanga, Bukangama and Haruga Internally Displaced People (IDP) camps. In addition, 595 households received Jerry cans and soap, while 3 water tanks of 10,000 litres each for water storage were provided to complement URCS provision of water supplies to the displaced camps.

### Funding
UNICEF is grateful to all donors for the contributions that have been received from 2015 as well as new grant support received so far this year, which have made the current response possible. UNICEF is appealing for US$ 14.4 million in 2016, to address the immediate needs of emergency affected women and children in Uganda.

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<tr>
<th>Appeal Sector</th>
<th>Original 2016 HAC Requirement (US$)</th>
<th>Funds Received Against 2016 HAC (US$)</th>
<th>Funding gap</th>
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<td>WASH</td>
<td>2,217,590</td>
<td>700,000</td>
<td>1,517,590 68%</td>
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<tr>
<td>Education</td>
<td>1,463,840</td>
<td>0</td>
<td>1,463,840 100%</td>
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<tr>
<td>Nutrition and Health</td>
<td>7,929,929</td>
<td>1,075,000</td>
<td>6,854,929 86%</td>
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<td>Child Protection</td>
<td>2,818,404</td>
<td>600,000</td>
<td>2,218,404 79%</td>
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<tr>
<td>Sub-Total</td>
<td>14,429,761</td>
<td>2,375,000</td>
<td>12,054,761 84%</td>
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<tr>
<td>Carry-forward</td>
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<tr>
<td>Total funding available</td>
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<td>5,189,370</td>
<td>9,240,391 64%</td>
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