Highlights

- Uganda remains free of Ebola Virus Disease (EVD) as of March 2019. UNICEF is supporting the Ministry of Health (MoH) in extending the National Ebola Preparedness Plan through to September 2019 due to the continued risk of disease importation from the Democratic Republic of Congo (DRC).

- During the reporting period, 43,364 children (20,249 boys and 23,115 girls) were immunized against measles in refugee-hosting districts.

- A total of 399 unaccompanied and separated refugee children (199 boys and 200 girls) in alternative care placements in West Nile benefitted from follow-up visits, placements, and referrals by UNICEF and partners.

- UNICEF, in collaboration with MoH and Uganda’s Infectious Diseases Institute, conducted mentorship and coaching for 45 health workers in West Nile focusing on the elimination of mother-to-child transmission of HIV/AIDS (e-MTCT) among refugees and host communities.

- Concerns about the food security and the nutrition situation in Karamoja and Teso have been raised due to drier-than-usual conditions in March and forecasts of below-average rainfall for April.

### 2019 UNICEF Response with Partners

<table>
<thead>
<tr>
<th>Indicators</th>
<th>2019 Targets</th>
<th>2019 Results to-date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health: Number of boys and girls immunized against measles in refugee-hosting districts</td>
<td>489,866</td>
<td>72,905</td>
</tr>
<tr>
<td>Nutrition: Number of children aged 6 to 59 months who received Vitamin A supplementation in the first and second semester</td>
<td>745,074</td>
<td>17,336</td>
</tr>
<tr>
<td>HIV/AIDS: Number of HIV-positive pregnant women receiving treatment to prevent mother-to-child transmission</td>
<td>942</td>
<td>320</td>
</tr>
<tr>
<td>Education: Number of children accessing formal or non-formal basic education including ECD</td>
<td>184,467</td>
<td>27,763</td>
</tr>
<tr>
<td>Child Protection: Number of refugee children registered as unaccompanied or separated who received appropriate alternative care services</td>
<td>7,368</td>
<td>845</td>
</tr>
<tr>
<td>WASH: Number of people accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene</td>
<td>197,000</td>
<td>0</td>
</tr>
</tbody>
</table>

Funding Status 2019

- March 2019
  - 2.4 million
    - # of children in need of humanitarian assistance*
      - (UNICEF HAC 2019)
  - 4 million
    - # of people in need of humanitarian assistance (*)
      - (UNICEF HAC 2019)
  - 733,820
    - # of refugee children as of 28 February 2019 (OPM, Pro Gres V4)
  - 1,223,033
    - # of refugees as of 28 February 2019 (OPM, Pro Gres V4)

#### UNICEF Appeal 2019

- US $51.76 million

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REPORTING PERIOD: March 2019

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Situation Overview and Humanitarian Needs

According to UNHCR and Office of the Prime Minister (OPM), Uganda is host to 1,223,033 refugees as of 28 February 2019, with 95 per cent living in settlements in 11 of Uganda’s 128 districts, and five per cent living in Kampala. Sixty per cent of the refugee population are children. Most refugees are from either South Sudan (801,555), the DRC (326,383), or Burundi (36,256). According to UNHCR, while the refugee influx from South Sudan to Uganda continues, there are recent reports of voluntary returns to South Sudan. UNHCR and OPM are following up with colleagues in South Sudan to ensure the safety of voluntary returnees. If such information is confirmed, the Uganda contingency plan for refugees from South Sudan will be revised accordingly.

Ebola Preparedness and Response Overview: Uganda remains Ebola Virus Disease (EVD) free as of March 2019, although the risk of EVD importation remains very high given the continuous spread of EVD in DRC and significant cross-border population movements from DRC into Uganda. Surveillance of border points and community-based surveillance for EVD continues, including coordinated cross-border contact tracing, to ensure prompt detection of EVD cases and timely initiation of management and control activities.

Measles Overview: Uganda continues to experience measles outbreaks in 38 districts (nine of which are refugee-hosting). Outbreaks are attributed to frequent stock-outs of measles vaccines at the district and health facility levels, compounded by irregular outreach activities. The basic causes are related to chronic underfunding of traditional vaccines, stagnated funding for primary health care services in the context of rapid population growth, and delayed implementation of measles Supplementary Immunization Activities (SIAs).

Climate change: Concerns about the food security and nutrition situation in Karamoja and Teso have been raised due to drier-than-usual conditions in March and forecasts of below-average rainfall for April. The impact of poor rainfall on food security and nutrition could be serious as 2019 could become a second failed season for Karamoja after a below-average season in 2018. SAM admissions in the last few months have shown a higher trend than in previous years.

The District Water Officers in Nakapiripit, Kaabong, Amudat and Moroto do report some water stress although figures are not provided yet. In Loro sub county in Amudat a number of boreholes have dried up, forcing people to move long distances in search for water; while in Nakapiripit, the pressure from incoming cattle from the Pokots from Kenya, is being felt and some pastoralists migrated with their herds to Teso.

Humanitarian Leadership and Coordination

The Office of the Prime Minister’s Department of Refugees, together with UNHCR, lead the refugee response in Uganda. UNICEF co-chairs the Refugee Child Protection sub-working group with UNHCR; the Refugee Water, Sanitation and Hygiene (WASH) working group with the Ministry of Water and Environment; and the National Nutrition in Emergency and Integrated Management of Acute Malnutrition (IMAM) working group with MoH. 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.

Meanwhile, humanitarian responses to disease outbreaks are coordinated through a multi-stakeholder National Task Force (NTF) co-chaired by MoH and WHO. UNICEF also continues to co-chair the Risk Communication and Social Mobilisation sub-committee of the NTF. UNICEF contributes to the Mental Health Psychosocial Support working group for both EVD response and district-led epidemic disease control task forces to support local efforts to contain disease outbreaks. UNICEF provides 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 supports the implementation of durable solutions to chronic displacement in line with Uganda’s Refugee and Host Population Empowerment Strategic Framework, the Settlement Transformation Agenda, and the Comprehensive Refugee Response Framework. UNICEF, in partnership with GoU, supports efforts to adapt Uganda’s nutrition, health, WASH, child protection, education, and social protection systems to humanitarian situations. Using a decentralised approach, UNICEF also strengthens the country’s humanitarian response, including localising capacity-building, monitoring and reporting, and procuring essential equipment and supplies. Community-based support is designed to improve the delivery of targeted protection and basic services for affected children and adolescents.

UNICEF, along with GoU and partners at the national and sub-national levels, is strengthening multi-year planning processes to leverage domestic and international resources for at-risk communities. Government contingency planning and response
efforts are supported to mitigate the effects of disease outbreaks and natural disasters. In high-risk communities, UNICEF is applying and scaling up existing civic engagement platforms, such as U-report, to promote accountability to affected populations, build linkages between communities and local governments, and guide responsive district and sub-district planning and budgeting. Gender, HIV/AIDS, conflict sensitivity, and communication for development (C4D) programming are mainstreamed into all interventions.

**Summary Analysis of Programme Response**

**Refugee Response**

**Child Protection:** During this reporting period, 399 unaccompanied and separated children (199 boys and 200 girls) in West Nile received alternative care support from UNICEF and partners (Save the Children, Lutheran World Federation, and World Vision), of which 93 children (45 boys and 48 girls) were new beneficiaries. Children actively participated in different psychosocial support activities including creative, physical, and cultural play, life-skills activities, peace-building activities, and peer-to-peer support groups in 53 child friendly spaces. UNICEF ESARO provided technical support to the Uganda Country Office on Child Protection in Emergency (CPIE) programming and strengthening Protection from Sexual Exploitation and Abuse (PSEA) mechanisms. UNICEF Headquarters conducted a mission in March 2019 to review a PSEA toolkit for implementing partners, which included field and national-level meetings with partners such as Save the Children.

**Nutrition:** UNICEF continues to co-chair the Ministry of Health’s Nutrition technical working group, as well as the Nutrition in Emergency and Integrated Management of Acute Malnutrition thematic working group. To improve service provision and monitoring outcomes for acute malnutrition, UNICEF is supporting MoH in finalising the revision of the integrated management of acute malnutrition guidelines and training packages. Between January and February, a total of 4,161 SAM children were admitted for treatment, including 2,194 children in refugee hosting districts. No supply chain breaks were experienced during the reporting period. To support the information management system from Ministry of Health (HMIS), 122 health workers from the refugee hosting districts of Kyegegwa and Kamwenge in Western Uganda were trained in nutrition data collection for HMIS. Refugee data will be fully integrated into the system by the end of 2019. The revised HMIS platform has a provision for monthly reporting on the management of severe acute malnutrition using the SPHERE indicators.

**HIV/AIDS:** UNICEF, in collaboration with MoH and the Infectious Diseases Institute, conducted refresher trainings and mentorship/coaching on the Consolidated Guidelines of Prevention and Treatment of Paediatric, Adolescent and Adult HIV/AIDS for 45 new health workers recruited in 2018. These health workers provide services in 25 health facilities in refugee settlements bordering South Sudan. The mentorship and coaching focused on the technical implementation of e-MTCT services, and action plans on mother-baby retention to reduce MTCT among refugees and host communities. A total of 263 children, adolescents, and women (92 males and 171 females) living with HIV and (in certain cases) childhood tuberculosis (TB) who missed their appointments were provided with follow-up services and linked to treatment and care in the districts of Arua and Adjumani.

**Health (Measles Response for Refugees and Routine Vaccinations):** During the reporting period, 43,364 children (20,249 boys and 23,115 girls) were immunized against measles. UNICEF continues to support districts with high numbers of under- and unimmunized children by strengthening routine vaccinations through improved Reaching Every District/Reaching Every Child (RED/REC) microplanning, communication, social mobilisation, and service delivery. UNICEF and GAVI are supporting MoH and 12 refugee-hosting districts to implement a Multi-Antigen Vaccination Catch-up Campaign (MAVC) among refugee children aged 0-59 months. This campaign complements the routine vaccination of refugee children entering Uganda at all border points throughout the country. Targeted interventions also exist for the provision of the Bivalent Oral Polio Vaccine (BOPV) for children aged 0-59 months, and the provision of the measles vaccine for children aged 6 months to 15 years.

In conjunction with the development of the new fiscal year budget, UNICEF conducted numerous advocacy activities with MoH, the Ministry of Finance, and Parliament to increase the allocation of traditional vaccines. In the interim, UNICEF facilitated the country’s access to the pre-financing modality for traditional vaccines.

**Education:** As of March 2019, a total of 12,250 children (6,112 boy and 6,138 girls) have been enrolled in early childhood learning and stimulation in all centres supported by UNICEF and Plan International in the three districts of Adjumani, Yumbe, and Arua. In March, Yumbe district enrolled 421 children in ECD centres, and 996 children (564 boys and 432 girls) in the Accelerated Education Programme (AEP).
Support was also provided to district education departments and education working groups on the management and coordination of refugee education responses. A SWOT analysis of district education departments was conducted in six districts bordering South Sudan (Arua, Koboko, Yumbe, Adjumani, Moyo, and Lamwo), which helped inform capacity needs and gaps, as well as activities for system strengthening at the district level. A training on International Network for Education in Emergencies (INEE) Minimum Standards for Education in Emergencies was conducted for 46 staff (11 female and 35 male) of district governments, UN agencies, and education NGO partners. The education sector is still facing challenges with limited classrooms, water scarcity, poor sanitation, and the high child-to-caregiver ratios in ECD centres.

Karamoja Response

In the first two months of 2019, a total 1,967 children were admitted to the SAM treatment program in Karamoja area. To prepare for a worst scenario, which could see a worsening food security situation and water scarcity, UNICEF will:

(a) strengthen supply chain management system for nutrition commodities and where necessary support the pre-positioning of supplies for emergency purposes;
(b) make steps for the activation of surge model - the model improves the identification of thresholds and preparedness planning for rapidly expanding health facility service delivery capacity, including Human Resources, in response to shocks;
(c) support timeliness, completeness and quality of nutrition data in HMIS/DHIS2, and support implementation of a data quality assessment to ensure use of data during key programme planning and review processes at the district level, and strengthening the linkages between health facilities and communities.

UNICEF in partnership with the OPM and the Ministry of Local Government continued to orient members of the Sub County and Town Council Nutrition Coordination Committees (SNCCs) of Kaabong district. To date, 195 members of the 14 SNCCs of Kaabong have been oriented. UNICEF supported joint maternal and newborn health (MNH) and nutrition coaching and mentorship for a total of six collaborative learning sites in Kaabong and Moroto.

Communicable Diseases: Ebola Virus Disease

Overview

As part of Uganda’s EVD preparedness efforts, UNICEF and partners continue to support National and District Task Force meetings, while providing technical assistance to national and district-level partners with a focus on risk communication, social mobilisation, psychosocial support, and infection prevention and control through WASH and nutrition services. UNICEF, in partnership with WHO, provides technical support to MoH to update and extend the National EVD Preparedness Plan until September 2019. UNICEF has also updated its EVD Contingency Plan and Budget and Monitoring Plan to align with GoU’s plan. As of 15 March 2019, UNICEF had mobilised US$ 4,653,765 and utilised US$ 2,705,165 in supply, cash, and human resources to support EVD preparedness activities.

Nutrition for Ebola

With support from UNICEF, MoH in collaboration with a regional team of trainers supported the orientation of 66 health care workers on the MoH-adapted recommendations for infant and young child feeding in the Ebola context. This brings the total number of health workers oriented from 2018 to date to 387, covering 15 of the 20 high-risk Ebola districts as categorised by MoH.¹

UNICEF has reserved 954 cartons (150 sachets each) of Ready-to-Use Therapeutic Food (RUTF) and 768 sachets of Ready-to-Use Infant Formula (RUIF) as part of the contingency stock for Infant and Young Child Feeding (IYCF). The RUIF and RUTF are managed in accordance with the Uganda Guidance on IYCF in the Ebola context to prevent misuse and protect breastfeeding children. The interventions will only be accessed by children admitted to the Ebola Treatment Units (ETUs) or children whose mothers are admitted to ETUs.

WASH for Ebola

Procurement and distribution of WASH supplies and Information, Education & Communication (IEC) materials on key Ebola messages for schools continued during March, including last mile delivery to service delivery points (health facilities, primary schools, and points of entry) in the 17 target districts. The WASH supplies that were distributed included chlorine, chlorine generators, water purification tablets, soap, water tanks, hand washing facilities, and other related supplies.

¹ The numbers of trained workers by district are as follows: Isingiro (46), Kamwenge (46), Kyegegwa (46), Kampala (2), Kisoro (33), Adjumani (22), Rubirizi (22), Bundibugyo (14), Ntoroko (4), Kabarole (30), Kasese (4), Kanungu (5), Hoima (51) and Lamwo (30).
Risk Communication, Community Engagement, and Social Mobilisation for Ebola

UNICEF commissioned an anthropological study on EVD. Fieldwork for the study was carried out in 16 high-risk districts from 25 February to 15 March 2019, with findings currently being compiled into a draft report for review. UNICEF continues to support implementation of EVD risk communication, social mobilisation, and community engagement activities in 20 high-risk districts bordering DRC, along with the two central districts of Kampala and Wakiso. A total of seven C4D emergency consultants have also been deployed to support EVD Risk Communication and Social Mobilization (RCSM) interventions in the 20 high-risk districts.

Funding
UNICEF’s 2019 Humanitarian Action for Children (HAC) appeal for Uganda is US$ 51,764,731 million. To date, US$ 4,975,411 was carried forward from 2018 and is available to support vulnerable children. In addition, US$ 1,750,044 was received in 2019 from United Nations Central Emergency Response Fund (UNOCHA) and the Government of Japan, leaving a funding gap of US$ 45,039,276 (87 per cent).

UNICEF extends its gratitude to UNOCHA and the Government of Japan for their contributions received in 2019 to support humanitarian interventions. With the continued influx of refugees from the DRC and South Sudan, as well as other humanitarian needs in the country, including EVD preparedness and food insecurity, UNICEF seeks additional funding to complement GoU’s efforts to protect the rights of children affected by the emergencies.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds Available</th>
<th>Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Funds Received</td>
<td>Carry-Over</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Current Year</td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td>7,703,412</td>
<td>0</td>
<td>247,449</td>
</tr>
<tr>
<td>Health</td>
<td>9,190,623</td>
<td>210,962</td>
<td>421,471</td>
</tr>
<tr>
<td>Water, sanitation &amp; hygiene</td>
<td>12,170,004</td>
<td>1,230,846</td>
<td>551,589</td>
</tr>
<tr>
<td>Child Protection</td>
<td>6,912,427</td>
<td>308,236</td>
<td>837,250</td>
</tr>
<tr>
<td>Education</td>
<td>14,351,658</td>
<td>0</td>
<td>2,648,292</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>1,436,607</td>
<td>0</td>
<td>269,361</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>51,764,731</strong></td>
<td><strong>1,750,044</strong></td>
<td><strong>4,975,411</strong></td>
</tr>
</tbody>
</table>

(*) The requirements for cross sectoral support have been included in sub-costs for Nutrition, Health, WASH, Child Protection, Education, and HIV/AIDS.

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2 The 16 districts include Kisoro, Kanungu, Isingiro, Rukungiri, Kasese, Bunyangabu, Ntoroko, Bundibugyo, Luweero, Wakiso, Arua, Pakwach, Kabarole, Kagadi, Buliisa, and Hoima.
### UNICEF Uganda Humanitarian Targets 2019

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2019 Targets</th>
<th>2019 Results</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children aged 6-59 months who received vitamin A supplementation in semester 1 and 2 (**):</td>
<td>745,074</td>
<td>35,373</td>
<td>▲18,037</td>
</tr>
<tr>
<td>Number of children aged 6-59 months affected by severe acute malnutrition admitted for treatment:</td>
<td>22,278</td>
<td>4,161</td>
<td>▲1,966</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children accessing formal or non-formal early childhood education/pre-primary education:</td>
<td>108,704</td>
<td>27,481</td>
<td>No change</td>
</tr>
<tr>
<td>Number of children accessing formal or non-formal basic education:</td>
<td>75,763</td>
<td>282</td>
<td>No change</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of boys and girls immunized against measles:</td>
<td>489,866</td>
<td>72,905</td>
<td>▲43,364</td>
</tr>
<tr>
<td>Number of people reached with key health/educational messages:</td>
<td>1,963,705</td>
<td>388,676</td>
<td>▲171,330</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene:</td>
<td>197,000</td>
<td>(*)</td>
<td></td>
</tr>
<tr>
<td>Number of people accessing appropriate sanitation facilities and living in environments free of open defecation:</td>
<td>255,100</td>
<td>(*)</td>
<td></td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Number of positive children continuing to receive antiretroviral treatment:</td>
<td>3,433</td>
<td>(*)</td>
<td></td>
</tr>
<tr>
<td>Number of HIV-positive pregnant women receiving treatment to prevent mother to child transmission:</td>
<td>942</td>
<td>320</td>
<td>No change</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children registered as unaccompanied or separated receiving appropriate alternative care services:</td>
<td>7,368</td>
<td>845</td>
<td>▲93</td>
</tr>
<tr>
<td>Number of children benefiting from psychosocial support:</td>
<td>47,824</td>
<td>16,108</td>
<td>No change</td>
</tr>
</tbody>
</table>

(*) Indicators pending system update; will be reported in the April Sitrep.  
(**) the large part of the target number will be met through campaigns, twice a year