UNICEF Uganda Humanitarian Situation Report - May 2016

Highlights
- Go Back to School (GBS) campaigns have started in the eight sub counties of Arua and seven sub counties of Adjumani in preparation for second term which starts early June 2016.
- UNICEF supported the installation of six solar suitcases in six health facilities in transit as well as refugee settlements in Isingiro district to provide sufficient lighting in the operation theatre, delivery rooms and maternity wards.
- The Ministry of Health, with support from UNICEF, WHO and other partners successfully carried out a reactive vaccination campaign in Masaka and Rukungiri districts from 19-22 May in an effort to interrupt transmission of Yellow Fever disease. The campaign reached 267,424 and 304,605 people in Masaka and Rukungiri respectively (92 per cent coverage).
- UNICEF’s education response remains underfunded with only 7 per cent of humanitarian funding needs received. Due to a lack of funding, UNICEF is unable to meet the current education needs of over 30,000 young and adolescent children.
- Some 561,000 children (18.7 per cent) under the age of five are amongst more than three million people at risk of malaria, in an outbreak that has been characterized by chronicity despite interventions running over more than a year now.

UNICEF’S Response with Partners

<table>
<thead>
<tr>
<th>Indicator</th>
<th>UNICEF Targets 2016</th>
<th>UNICEF Cumulative Results Jan-May 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people provided with access to at least 15 litres of clean water per person per day</td>
<td>109,000</td>
<td>34,500</td>
</tr>
<tr>
<td>Number of children accessing early childhood development services</td>
<td>16,200</td>
<td>2,255</td>
</tr>
<tr>
<td>Number of children immunised against polio</td>
<td>100,000</td>
<td>65,551</td>
</tr>
<tr>
<td>Number of children under 5 years with SAM admitted to treatment programmes</td>
<td>12,000</td>
<td>7,249</td>
</tr>
<tr>
<td>Number of children benefiting from child protection services</td>
<td>60,000</td>
<td>25,767</td>
</tr>
</tbody>
</table>

Date: 01 June 2016

128,908
Refugee children from South Sudan (OPM and UNHCR 17 May 2016)

113,719
Refugee children from DRC (OPM and UNHCR 17 May 2016)

17,663
Refugee children from Burundi (OPM and UNHCR 17 May 2016)

8,714
Ugandan children displaced by conflict in Bundibugyo District

2,159
Cholera cases reported Jan-May 2016

UNICEF Appeal 2016
US$ 14.4 million required
Funding Gap 65%

Funding Status

*Funds available includes funding received for the current appeal year as well as the carry-forward from the previous year.
Situation Overview & Humanitarian Needs

Refugees: The latest arrivals of children, women and men seeking refuge and immediate support in Uganda, have mainly originate from South Sudan, Democratic Republic of the Congo (DRC) and Burundi. As of 12 May 2016, Uganda has assisted refugees that include an estimated 179,039 South Sudanese refugees (72% children, 86% women and children) since the influx began late in December 2013. Since November 2014, a total of 38,231 Burundians (46% children and 69% women and children), have entered Uganda citing fear of violence as the main reason for leaving their country. The Office of the Prime Minister (OPM) Department of Refugees and UNHCR reports show some 203,070 (58% children and 78% women and children) refugees from DRC are currently supported in Uganda. A total of 3,857 South Sudanese new arrivals have arrived in Uganda as of 12 May.

The new arrival trend increased in the last week of April following the return and swearing in of South Sudan Vice President Riek Machar to the capital Juba. The Maaji III settlement, opened earlier this year, has already reached its 12,000 capacity. A new site has been identified, Pagirinya, which will be able to host up to 22,000 refugees. An extension has been made to the Maaji II settlement in the meantime to accommodate 2,500-3,000 people. This settlement has very basic services across water, sanitation and hygiene (WASH), nutrition, health, education and child protection, and the new refugees are stretching the capacity of existing services. UNHCR and OPM resumed the refugee verification exercise in the West Nile which will be completed by the end of June.

Malnutrition: The refugee nutritional situation has improved compared to previous years, with some Congolese settlements having severe acute malnutrition (SAM) rates of between 1.9 and 2.4 per cent. The food security and nutrition assessment conducted in Adjumani district and Rhino camp settlements and host communities in December 2015 indicated generally reduced global acute malnutrition (GAM) and SAM rates compared at the start of the influx in May 2014. However, the prevalence of iron deficiency anaemia was found to be high, above 40 per cent (WHO threshold) among refugees and host community children 6-59 months of age. The prevalence of acute malnutrition among South Sudan refugee children remains high at about 17 per cent GAM, particularly among the new arrivals settling in Maaji and Latode (new settlements in Adjumani district). This is attributed to communities fleeing due to hunger in South Sudan. With respect to nutrition services within the South Sudanese refugee settlements, there is integration of Management of Acute Malnutrition (IMAM) services into routine service delivery, which is the approach used by UNICEF and Concern Worldwide supported treatment centres in coordination with Action Contre la Faim and Medical Teams International (MTI). All newly arriving refugee children are screened for malnutrition.
Disease outbreaks

**Cholera:** The cholera outbreak appears to be under control in Butaleja district with no new cases reported in the past week. Mayuge district continues to report some cases although with a decreasing trend. The cholera outbreaks were attributed to the effects of El Nino increasing with the onset of the rainy season.

**Floods and mudslides:**
In May 2016, Sironko District in Eastern Uganda received above normal rainfall resulting in the flooding of several villages across the district. The Uganda Red cross Society and the District Disaster Management Committee conducted a rapid needs assessment to guide emergency response and reported 1,975 households affected. On 15 May, heavy rain lasting over four hours in Matuwa parish, Bushi Sub County, triggered mudslides in seven different locations affecting about 307 households in five villages of Matuwa, Namamuka, Namabunzze, Tsebiliti, and Namurodolo. A total of 74 people from 8 households sought refuge in the nearby church and with relatives in the low lying areas. Out of the 74 people affected, 39 are children, 15 are women, 15 are men and three are persons with disabilities (two elderly). Communities that had sought refuge in safer zones have unfortunately relocated back to the same villages that are considered currently at high risk. Other recommended actions from the assessment team include, continuous sensitization and awareness creation through mass media (sensitizing households in the affected areas to relocate to safer places). UNICEF provided two boxes of Aquatabs to help with water purification for the affected families.

**Yellow Fever:** A reactive vaccination campaign was organized in Masaka and Rukungiri districts from 19 – 22 May 2016 in an effort to interrupt transmission of the Yellow Fever disease. The National Task Force has also formed a response team that targeted early detection through surveillance, social mobilization, effective case management and coordination. A Yellow Fever vaccination campaign in Kalangala district (a district where a Yellow Fever case was confirmed) will start on 1 June 2016.

**Rift Valley Fever:** The National Task Force conducts regular meetings to support containment of the Rift Valley Fever outbreak. The response is a collaboration between 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 Kabale municipality, the affected Kashambya Sub County leaders, tea growers and community members from Maya village within the same county. Daily radio talk shows and radio spots have been running on all radios in the region to bring awareness and provide preventative actions that can be taken. District health offices have conducted an orientation for health workers on standard case definitions, case identification and reporting of suspected cases. Awareness sessions have been conducted with media to prevent misinformation. Psychosocial counselling has been provided for people with suspected cases and their families. No new cases have been reported since the last situation report, which reported two cases of Rift Valley Fever.

**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). The Ministry of Health’s epidemiological week 8 (15-21 February 2016) reported a total of 145,350 cases of malaria. An expert review meeting for malaria was held with national, district level participants and implementing partners. Challenges to containment of the malaria outbreak include limited resources to support social mobilization, procurement of additional stocks of rapid diagnostic tests (RDTs) and artemisinin combination therapy (ACTs), as well as blood for transfusion. There is shortage of ACT reported in all the 10 former IRS districts in Northern Uganda. There is limited indoor residual spraying (IRS) interventions to disrupt the vector transmission of malaria. Village health teams require financial support to continue conducting mass fever treatment. Monitoring reports suggest low bed net usage in affected districts. UNICEF in partnership with Uganda Red Cross Society and Ministry of Health have initiated a social mobilization campaign to support the hanging up of nets in households in affected districts.

**Bundibugyo clashes:** Following a sudden revival of long standing ethnic differences, 17,427 people (including 8,714 children/3,442 households) were displaced in Bundibugyo District, in the Ruwenzori region of Uganda. This latest crisis, which started at the end of February 2016, has left about 30 people dead, many wounded and more than 300 homesteads completely burned down. In early May, the district experienced heavy rains that led to
flooding and the River Humya bursting its banks killing 17 people and destroying UNICEF and Uganda Red Cross Society supported water treatment tanks. The OPM Department of Disaster Preparedness and Management, Uganda Red Cross and partners carried out an assessment to determine the extent of damage, identify needs and triggering response. While establishment of permanent displacement camps is not envisaged nor recommended, the actual situation has not calmed down - therefore the full return of displaced people to their original villages may take some time. Peace and reconciliation efforts are being emphasized by the OPM and its partners.

Kasese storms: Some 5,920 pupils in several primary schools in Kasese District, in the Ruwenzori region, experienced challenges in continuing their lessons after winds and storms heavily damaged their classroom blocks. UNICEF supported with providing space for continued learning with an initial stock of 12 large tents in four primary schools of Kenyange, Kasokero, Mundongo and Muhindi. 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 Office of the Prime Minister (OPM, Department of Refugees), and UNHCR are the lead coordinators in the Refugees response. The United Nations Country Team allocates complementary functions in responding to the range of needs posed by the influx of refugees into Uganda. UNICEF is leading and technically supporting the WASH, nutrition and education sectors within the UNHCR led coordination mechanisms. The Government Refugee policy pivots around the integration of refugees into local communities. UNICEF has contributed to the inter-agency Regional Refugee Plans for Burundi and South Sudanese Refugees, while for the DRC influx, a Uganda contingency plan was developed with partners. Other refugee partners include American Refugee Committee, Windle Trust Uganda, Concern World Wide, Africa Development Refugees, while for the communities empowerment framework (ReHope)

UNICEF is also partnering with the Uganda Red Cross Society to respond to disease outbreaks, internal displacements among other risks to Uganda communities.

Humanitarian Strategy
UNICEF's humanitarian support to refugees in Uganda is based on inter-agency response planning and a longer term refugees and host communities empowerment framework (ReHope). The Uganda Government allocates land to refugees with the aim of integrating them into local communities with service provision provided by the district government. This practice has significant resource implications compared to a policy based on encampment. UNICEF's support to the districts caters for the expansion of routine social services in health, nutrition, WASH, education and child protection to reach both refugees and host communities. In coordination with the Office of the Prime Minister of Uganda, UNICEF in partnership with UNHCR, ICRC and WFP will continue to respond to the needs of refugees and affected Ugandan communities. Strengthening of humanitarian and development innovations is envisaged to improve the efficiency of response activities.

Summary Analysis of Programme Response

South Sudanese Refugees:
- UNICEF and partner Water Mission Uganda (WMU) are in the process of completing water works aimed at **upgrading water systems** in Ayilo 1 settlement, Adjumani, Yoro base in Rhino camp and kiryandongo settlement which are expected to supply additional amounts of water to refugees by Mid-June. In Ayilo 1, **four additional water points/taps** have been established to meet the increasing demands. WMU has
started to repair the faulty motorized water points, while the Danish Refugee Council (DRC) will start its implementation with a focus on the new settlement. Sustained WASH services remain one of the challenging sectors in all the refugee districts especially in the new settlements of Adjumani and Arua despite the fact that the water coverage per person appears to be adequate. UNHCR is still trucking water in Maaji settlement as boreholes drilled are not adequate to meet the demands of the increasing population.

- UNICEF supported polio endgame activities and monitoring conducted by the Ministry of Health and respective refugee District Local Governments in Adjumani, Kiryandongo and Arua. In Kiryandongo district, the cold chain management system is still in need of support.

- UNICEF, with its nutrition partner Concern World Wide, will continue to monitor the situation, support coordination and build capacity of District Health teams in the four South Sudanese emergency hosting districts. Working with Arua Regional Referral Hospital, Adjumani, Arua and Koboko districts received technical support from the West Nile nutrition support team on improving quality of nutrition data. Nutrition supplies for all districts have been replenished and end user monitoring visits and training have been completed.

- Under maternal new born and health, UNICEF supported refugee hosting districts with e-ranger motorcycle ambulances and set up ambulance committees to support management of the system. Baylor has continued with the Helping Babies Breathe (HBB+) training of health workers in West Nile and has continued with mentorship. UNICEF will support the refugee districts of Arua, Adjumani, Koboko and Kiryandongo with HIV/AIDS interventions aimed at capacity development of the district teams for prevention of HIV and treatment of those affected both host communities and the refugee population. Key issues include knowledge gaps for newly recruited midwives on Emergency Obstetric Care (EMOC), support to train districts on e-ranger riders and maintenance, continued assessment of gaps in sites to be opened, and critical gaps in staffing in the refugee districts.

- Over 197 new separated children have been identified and registered in the month of April, adding to a total of 738 new refugee children registered as separated since January 2016. In total 4,801 (2,237 girls and 2,564 boys) separated South Sudanese children have been registered in Uganda. Training of partners on how to use the Child Protection Information Management Systems (CPIMS) was conducted for partners in Arua, Adjumani and Kiryandongo. UNHCR and partners are scheduled to present for completion and endorsement the third draft standard operating procedure (SOPs) for case management in Arua, Adjumani and Kiryandongo to the Child Protection Working Group (CPWG). The CPWG conducted a settlement meeting with stakeholders on the well-being of children in Boroli settlement to address the issue of children taking alcohol and missing school due to limited facilities.

- To keep affected children learning, UNICEF supported Maaji II & III primary schools with 10 tents and tarpaulins for temporary classrooms. However, the population has increased, Maaji III primary school alone had 1,747 children by closure of the first term. The most congested class is Primary one with over 569 children. Three small tents of 24 square metres were given to Plan International for shelter for one Early Childhood Development (ECD) centre close to Maaji III primary school (the centre has already registered over 290 children and more are yet to come at the beginning of the second term as relocations are ongoing). Go Back to School (GBS) campaigns have started in the eight sub counties of Arua and seven sub counties of Adjumani in preparation for the second term to increase community awareness and acceptance for children’s education needs and accountability at all school levels. (i.e. ECD, primary and post-primary).

Burundi Refugees:

- UNICEF, in partnership with the Ministry of Health, Office of the Prime Minister, Isingiro District Local Government and Medical Teams International supported the Mass Polio House to House Immunization campaign in which 25,097 refugee and host community children were immunized.

- UNICEF supported the installation of six solar suitcases in the six Health facilities in Isingiro District. These will provide sufficient lighting in maternity wards, operation theatres and delivery rooms in order to promote safe motherhood in the facilities and to directly benefit refugees in transit (at the boarder point of Kikagate) and in the settlement.

- UNICEF, working with the District Local Government Senior Probation Officer, in partnership with UNHCR and American Refugee Council, trained 60 Child Protection Committee members in Nakivale Youth Centre, Nakivale Settlement. The participants were from the newly established Burundi villages. Plans are underway
to support refugee children under five years in the districts of Isingiro, Kamwenge and Kyegegwa with birth registration. UNICEF, UNHCR, OPM, District Local Government and the Ministry of Gender, Labour and Social Development will implement the activities.

- UNICEF supplied various learning materials to the newly created ECDs in Nakivale settlement to assist caregivers with materials for over 1,600 ECD going children within the centers.
- UNICEF, with Isingiro District Local Government is upgrading six ECD facilities to make them Child Friendly and will establish a fully-fledged Child Friendly space in the Kabazana Reception Center in Nakivale Refugee settlement. A total of 36 ECD caregivers were trained on how to manage the 12 newly established ECD centres in Nakivale Refugee Settlement.
- UNICEF, in partnership with UNHCR carried out nutrition screening of 4,034 children. Some 16 children were enrolled for SAM and 17 for MAM treatment. A total of 610 children benefited from Vitamin A and 85 from deworming, while 1,079 pregnant mothers received Folic Acid.

Disease Outbreaks:

Cholera: Working under the guidance of the National Task Force, UNICEF and WHO are supporting the District Local Government’s early action. The Ministry of Health is supporting case management in this response. UNICEF continues to support rapid assessments in new districts registering cholera outbreaks as well as monitoring visits to districts with ongoing cholera outbreaks. During the period January-May 2016, a total of 2,159 cholera cases were reported by the Ministry of Health in the Districts of Mbale, Hoima, Moroto, Manafwa, Busia, Sironko, Bulambuli, Bududa, Bulambuli, Butaleja, Namayingo, Bududa and Kapchorwa. UNICEF continues to respond to the outbreaks by supporting social mobilisation, Village Health Team training and provision of supplies including cholera kits, water purification tablets, handwashing facilities, jerry cans and laundry soap.

Rift Valley Fever: UNICEF is currently engaged and providing technical assistance in the response, through participating in National Task Force meetings, and through support to social mobilization for the containment of RVF. UNICEF has supported the development of information, education and communication (IEC) materials which are scheduled for mass production to support the response as well as future response preparedness.

Yellow fever: The mass Yellow Fever vaccination campaign conducted in May in Masaka and Rukungiri districts was organized by Ministry of Health in partnership with WHO and UNICEF, among other partners. The target population for the campaign was 301,743 people (98%) and 314,155 people (98%) for Masaka and Rukungiri districts and the campaign reached 267,424 and 304,605 people respectively. All 21 sub counties in both districts were covered during the exercise that was conducted through some 345 posts each manned by four health workers and a village health team.

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

Bundibugyo Clashes: Following recent landslides in the same area initially affected by conflict, UNICEF supported search and rescue operations with an unmanned aerial vehicle (UAV)/drone which allowed access to affected areas and showed additional risks to the communities that are currently living in this area. UNICEF has assisted the displaced, especially with WASH, nutrition, health and child protection services, and with UN partners, is scheduled to re-assess the situation and enhance peace building efforts.

Communications for Development (C4D)
UNICEF has supported the airing of cholera radio spots and radio talk shows in 26 districts that were classified as high risk during the period of the El Nino phenomenon, and printed and distributed cholera and Yellow Fever communication materials (signs and symptoms, transmission and prevention) in English and local languages. Communication and social mobilisation activities include the delivery of key messages: on signs and symptoms, transmission and prevention of Rift Valley Fever, cholera; on the importance of using insecticide treated bed nets; on animal handling practices, on consumption of well-cooked animal products and on early referral of suspected cases. Radio spots, talk shows and social mobilisation activities were supported by district leadership, opinion leaders and village health teams. Community dialogues in affected sub-counties were also held. Radio campaigns on the signs and symptoms, transmission and prevention of Yellow Fever is ongoing.
Supply and Logistics
UNICEF piloted a supply end user monitoring system (SEUMS) together with Arua, Koboko, Adjumani and Gulu District Local Government and Arua and Gulu Regional referral hospitals. The pilot was conducted through the training of one or two Store Officer(s) and a member of the management committee for each institution mentioned above. The system hinges on a computer based tracking of the quantity and quality of supplies released from UNICEF’s warehouse in Kampala to designated implementing partners and to end users (for example health centres). When supplies are received on the ground, the end user can provide feedback to UNICEF.

Funding
UNICEF is grateful to all donors for the contributions that have been carried over 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 to address the immediate needs of emergency affected women and children in Uganda and to date has $5,081,949 available funds leaving a funding gap of $9,347,812 (65 per cent).

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>2016 HAC Requirement (US$)</th>
<th>Funds Received Against 2016 HAC (US$)</th>
<th>Funding gap</th>
<th>US$ Funding Gap</th>
<th>% Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH</td>
<td>2,217,590</td>
<td>1,050,000</td>
<td>1,167,590</td>
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<tr>
<td>Education</td>
<td>1,463,840</td>
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<td>1,363,840</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</td>
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<tr>
<td>Child Protection</td>
<td>2,818,404</td>
<td>700,000</td>
<td>2,118,404</td>
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<td>Sub-Total</td>
<td>14,429,763</td>
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<td>Carry-forward*</td>
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<td></td>
<td>2,156,949</td>
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<tr>
<td>Total funding available**</td>
<td>14,429,763</td>
<td>2,925,000</td>
<td>11,504,761</td>
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<tr>
<td><strong>Total funding available</strong></td>
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<td>11,504,761</td>
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</tbody>
</table>

*The carry-forward amount of $2,156,949 was carried forward from the previous year and was available as of 1 January 2016.
**The total funding available includes funds received against the HAC appeal plus carry-forward from 2015.

UNICEF Uganda web page: www.unicef.org/uganda
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## SUMMARY OF PROGRAMME RESULTS

<table>
<thead>
<tr>
<th>Area</th>
<th>UNICEF and IPs</th>
</tr>
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<tbody>
<tr>
<td><strong>UNICEF Uganda Programme Targets 2016</strong></td>
<td></td>
</tr>
<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
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<tr>
<td>Number of people provided with access to at least 15 litres of clean water per person per day</td>
<td>109,000</td>
</tr>
<tr>
<td>Number of people provided with hand washing facilities</td>
<td>42,000</td>
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<tr>
<td><strong>EDUCATION</strong></td>
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<tr>
<td>Number of children accessing early childhood development services</td>
<td>16,200</td>
</tr>
<tr>
<td>Number of Adolescents accessing formal or informal education</td>
<td>35,000</td>
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<tr>
<td><strong>HEALTH</strong></td>
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<tr>
<td>Number of children immunized against polio</td>
<td>100,000</td>
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<tr>
<td>Number of children immunized against measles</td>
<td>121,000</td>
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<td><strong>NUTRITION</strong></td>
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<td>Number of children under 5 years with SAM admitted to treatment programmes</td>
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<tr>
<td><strong>CHILD PROTECTION</strong></td>
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<tr>
<td>Number of children benefiting from child protection services</td>
<td>60,000</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>
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