Highlights

- Uganda is host to the fastest growing refugee crisis in the world. As a result, Uganda is now Africa’s leading refugee-hosting country and has jumped from the 8th largest refugee-hosting country in the world in mid-2016 to the 3rd largest, after Turkey and Pakistan, today.
- UNICEF and partners are supporting the Government respond to the increasing refugee influx from DRC. In addition to conflict, the refugees have experienced a cholera outbreak that has affected over 2,000 people, including 40 deaths.
- From January to March 2018, over 60,000 refugees have arrived from DRC. The daily average influx for refugees in March from DRC is 683, while the daily refugee arrivals is 191.
- UNICEF and Uganda Red Cross Society have reached 10,584 people with hygiene promotion messages and hand washing and tippy tap construction demonstrations in Kyeggega and Hoima districts.
- With funding from the Government of Japan, construction of three motorised water systems has been completed in Imvepi and Ariwa settlements in West Nile providing access to safe water to 27,241 South Sudanese children and women.
- Over 2,000 unaccompanied and separated refugee children have been placed in appropriate alternative care as of March 2018.
- UNICEF’s Humanitarian Appeal for Children remains critically underfunded with a funding gap of 72 per cent.

2018 UNICEF Response with Partners

<table>
<thead>
<tr>
<th>Targets</th>
<th>UNICEF Target</th>
<th>Total results (*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH: Number of people accessing a sufficient quantity of water</td>
<td>133,000</td>
<td>27,241</td>
</tr>
<tr>
<td>of appropriate quality for drinking, cooking and personal hygiene</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education: Number of children accessing formal or non-formal basic education</td>
<td>123,361</td>
<td>30,836</td>
</tr>
<tr>
<td>Health: Number of children aged 6 months to 15 years vaccinated against measles</td>
<td>776,900</td>
<td>40,200</td>
</tr>
<tr>
<td>Nutrition: Number of children aged 6 to 59 months received Vitamin A supplementation in the first semester</td>
<td>663,036</td>
<td>37,987</td>
</tr>
<tr>
<td>Child Protection: Number of children registered as unaccompanied or separated receiving appropriate alternative care services</td>
<td>16,544</td>
<td>2,132</td>
</tr>
</tbody>
</table>

March 2018

1.5 million
# of children in need of humanitarian assistance (UNICEF HAC 2018)

2.3 million
# of people in need (UNICEF HAC 2018)

881,373
# of refugee children (OPM, RIMS)

1.4 million
# of refugees (OPM, RIMS)

UNICEF Appeal 2018
US $66.1 million

Funding Status 2018

Funds received current year: $3.7M
2018 funding requirement: $66.1M
Funding Gap: $47.8M

* Funds available include funding received against the 2018 appeal as well as USD 14,518,175 carried forward from 2017. Carried forward funds are provisional and subject to change.
Situation Overview and Humanitarian Needs

Refugees: Uganda is home to over 1.4 million refugees including: over 1 million from South Sudan; over 275,000 from Democratic Republic of Congo; approximately 40,500 from Burundi; and close to 37,100 from Somalia; among others. Following allegations of inflation of refugee numbers, UNHCR and Office of the Prime Minister (OPM) Department of Refugees have initiated a verification process across all refugee settlements. Verification in Oruchinga settlement was completed, where there are currently 6,970 refugees.

UNICEF field reports indicated that the daily average of new arrivals from South Sudan was at 191 refugees in March. All the new arrivals, are settled in Omugo settlement in Rhino camp, Arua District. The refugees have fled due to fear of being caught up in fighting, hunger, and lack of access to social services, notably education and health services. UNCHR reports an increase in the number of Dinka and Nuer new arrivals to Uganda.

According to UNHCR and Office of the Prime Minister, while there is still a significant number of new arrivals from DRC, there are no longer many arrivals across Lake Albert. This is due to reports of movement restrictions on civilians in Ituri region, DRC, and bad weather on the lake. The daily average influx is 683 for the month of March. From January to March 2018, the arrival of over 60,000 Congolese refugees has exceeded planned arrivals for the year. All new arrivals have been granted prima facie status and biometric registration is on-going. Over 2,500 unaccompanied and separated children have been identified. The unaccompanied children have been provided with appropriate care, including foster care, while all the separated children were referred for family reunification. Due to the increased DRC influx, Kyangwali refugee settlement in Hoima may reach its maximum capacity sooner than expected. As such, Madi Okollo in Arua district has been identified as a potential settlement for DRC refugees. Over, 1,300 children under five years of age were screened for nutrition in Maratatu village in Hoima District by Medical Teams International (MTI) in early March. Preliminary results show that Proxy Global Acute Malnutrition (GAM) is 11.2 percent (Standard is <10 percent) and Proxy Severe Acute Malnutrition (SAM) is 2.5 percent (Standard is <2 percent). All malnourished children were provided with appropriate treatment whereas crude mortality rates remain within limits of 0.12 deaths/10,000/day despite the cholera outbreak.

In February 2018, the UN in Uganda and government unearthed cases of gross mismanagement, fraud and corruption in the humanitarian aid operations of refugees. Government through the Office of Prime Minister has since interdicted the implicated officials and tasked the Directorate of Criminal Investigations-Uganda Police to investigate the allegations. As investigations are on-going, the UN, government and development partners have developed a joint plan of action to address financial and protection-related risks in the response.

Cholera outbreak in Hoima and Kyegewa Districts: As of 27th March 2018, there were 2,022 cases line listed (Hoima/Kyangwali – 1,910 and Kyegewa/Kyaka II- 112) with 40 (Case Fatality Rate of 1.96 per cent) reported deaths. Field reports show a declining trend in cholera cases as seen below. This is attributed to key interventions in disease surveillance, water, sanitation and hygiene, social mobilization and case management by Government together with partners UNICEF, WHO, UNHCR, URCs, Action Africa Help (AAH) and MSF.

36 per cent of all cholera cases are children under five years of age.

Over 76,000 people are estimated to be at risk of cholera in Kyangwali settlement. Kyangwali is known as a cholera endemic district with many hot-spot areas around the shores of Lake Albert. Social mobilization efforts are still on-going in the affected areas.

Humanitarian Leadership and Coordination

The Department of Refugees in the OPM and UNHCR are the lead coordinators of the refugee response in the country. 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 response to disasters caused by natural hazards and internal displacement caused by floods or conflict, while humanitarian response to disease outbreaks is coordinated through a multi-stakeholder National Task Force co-chaired by the Ministry of Health and WHO. District-led epidemic disease control task forces support the local level containment of disease outbreaks. UNICEF provides technical support within these humanitarian coordination mechanisms, particularly in the WASH, Child Protection, Health, Nutrition and Education sectors.

Following recent allegations of discrepancies of figures of refugees hosted in Uganda, independent investigations are ongoing by OPM, WFP and UNHCR. In addition, OPM and UNHCR have commenced the preparations for the process of re-enrollment of the refugees in all settlements. Partners have been invited for meetings and briefed about the process, which started on 1 March. Refugees are being verified by six teams working at the same time across the settlements. The exercise is scheduled to be completed by end of August 2018.

**Humanitarian Strategy**

UNICEF supports the Government of Uganda to incorporate emergency preparedness and response into its multi-year development plans, particularly in refugee-hosting districts. UNICEF and the UNHCR implement a long-term refugee and host communities’ empowerment strategy, which is aligned with the Government’s Settlement Transformative Agenda and the Comprehensive Refugee Response Framework (CRRF) and contributes to the Grand Bargain commitments. Capital intensive infrastructure, equipment, supplies and technical guidance is provided in high-priority emergency districts to support the expansion of routine social services. Support is provided to national education and health strategies to link ongoing development programming with the humanitarian refugee response. Technical advice is 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 continues to mitigate the effects of disease outbreaks. Additional emergency response capacity is provided through an emergency stand-by partnership with the Uganda Red Cross Society.

**Summary Analysis of Programme Response**

**Response to refugee influx from DRC (including Cholera outbreak response)**

In response to the refugee influx and Cholera outbreak, UNICEF is providing equipment, supplies and technical guidance to complement Government efforts to contain the outbreak among refugees and host population.

**Health, Nutrition, WASH and Social Mobilisation and Advocacy**

UNICEF supported Hoima district to re-deploy additional staff to affected areas. Uganda Red Cross Society continues to distribute Information, Education and Communication materials to the affected villages. Motorization of a borehole in Kyangwali settlement is on-going and upon completion will serve 30,000 refugees with safe and clean water. 266 household latrines have been constructed in the cholera affected communities in Kabwoya, Kyangwali and Buseruka sub counties. Aquatabs for household treatment of drinking water were provided to 20 villages affected by cholera in Kabwoya and Kyangwali sub counties every two weeks. Four community engagement meetings were held in cholera affected villages of Kiina, Kyakapere, Nsonga, Nsunzu and Kyabashambo, with technical support from UNICEF and WHO.

Working with District Local Governments, UNICEF continues to support immunization and nutrition screening at transit sites and reception centers in the settlements. A total of 6,235 children under five years of age and 1,879 pregnant women were screened amongst the new arrivals in the first two weeks of March. Of these, 100 children under five years of age and 57 pregnant women were admitted for severe acute malnutrition (SAM) treatment.

**Education and Child Protection**

UNICEF has provided four temporary learning spaces for establishing Early Childhood Development (ECD) centers in Kakoni and Byabakora zones of Kyaka II refugee settlement. A total of 202 caregivers are currently trained to support the ECD services in Kyaka II and Kyangwali settlement, of which 28 have graduated to date. 15 ECD kits have been supplied to Kyangwali settlement and 43 kits have been procured for distribution to the ECD centers in Kyaka II. The 58 kits are estimated to benefit 2,900 children.

In addition, UNICEF continues to support case management and strengthening community based structures for the protection of children in the DRC refugee settlements. UNICEF is providing technical assistance in the area of child protection response coordination with all the child protection partners in the rapidly expanding settlements.
Response to refugee influx from South Sudan

WASH

UNICEF and partners, Samaritan’s Purse and Water Mission Uganda, have completed construction of three motorised systems in Imvepi and Ariwa settlements, which are estimated to increase access to safe water to 27,241 children and women. Water users have been trained for the operation and management of each new tap stands.

A cumulative total of 5,598 beneficiaries have been reached with improved access to sanitation facilities as of March 2018. Through home visits, a total of 11,315 people were reached with hygiene and sanitation messages on safe handling of food, hand washing at critical times, safe excreta disposal and prevention and control of diarrhea and malaria awareness campaign.

Health and Nutrition

UNICEF supported mentorship in outpatient and inpatient therapeutic care for malnourished children from South Sudan. UNICEF together with Adjumani district nutritionist and Doctors with Africa (CUAMM) continue to provide technical support to health workers at Mungula refugee settlement at Mungula Health Centre IV. Activities included: interaction with health workers from OTC, ITC, outpatient department (OPD) and antenatal clinic (ANC) units on how nutrition service delivery is carried out in the facility; assessment of data quality from primary tools such as the Health Monitoring Information System (HMIS 077); and the OPD register was done with recommendations to be implemented by the health workers in order to improve service delivery. 23,162 children were immunized against measles in addition to 17,038 children immunized in the previous month.

Child Protection

In March, nearly 1,500 community members participated in initiatives to end child marriage in the community as well as peaceful co-existence. The sessions were facilitated by the police, District Community Development Officers, sub-county chiefs, Medical Teams International and Para Social workers. In Yumbe, Arua and Adjumani, nearly 1,700 adolescent girls and boys participated in life skills and peer to peer mentoring. Over 9,500 adolescent girls at risk of child marriage have been mapped out to benefit from life skills training in refugee and host communities by World Vision International with support of Para Social workers. UNICEF and partners, World Vision, Save the Children and Isingiro District Local Government conducted home visits and monitored the protection and welfare of over 2,000 (boys 1,056; and girls 1,076) unaccompanied and separated children (UASC) placed in appropriate alternative care. Of the UASC supported, 1,195 children were South Sudanese refugees. Inadequate number of case workers continue to challenge regular home visits to all UASC in alternative care and therefore visits are prioritized for children that are most at risk of weak integration, violence, and in weak fostered families. In addition, over 12,000 (6,740 boys; 5,321 girls) refugee children received psychosocial support through structured activities in child friendly spaces helping them to cope with their experiences and building on their resilience.

Education

UNICEF and partner Arua Core Primary Teacher’s College (PTC) conducted training of 243 (91 male and 152 female) caregivers for Module one and two of the In-service training for Early Childhood Development (ECD) Community Child Care Programme. The field support supervision missions of the trained caregivers by college tutors is ongoing. In March, parenting sessions based on the 22 key family care practices continued, reaching over 500 parents (198 male and 314 female) bringing the cumulative total to 1,539 parents (676 men and 863 women) reached with positive parenting messages.

UNICEF and partner Danish Refugee Council facilitated relevant life and enterprise skills trainings for adolescent girls and boys as one of the avenues UNICEF is employing to explore the potential of the adolescents. For instance, in Rhino camp out of the 450 adolescents enrolled in training, 159 have so far started income generating activities through tailoring and trade.

Supply and Logistics

As part of the response to the cholera outbreak in Kyegegwa and Hoima, UNICEF provided direct support to the two districts with WASH supplies, for a total amount of USD 143,000 as of end of March. These include IEC materials on Cholera,
Acute Watery Diarrhea kits, water purification tablets, soap, squatting plates, latrine digging kits and other support materials.

Communications for Development (C4D), Community Engagement and Accountability

UNICEF and partner Uganda Red Cross society (URCS) are conducting hygiene promotion and sanitation interventions in Kyangwali and Kyaka II refugee settlements and host communities in Hoima and Kyegegwa districts through social mobilization and risk communication.

U-report cholera messages were sent out to 12,678 U-reporters in affected and at-risk neighbouring districts including Hoima, Kyegegwa, Ntoroko, Kagadi, Kakumiro, Masindi, Kibaale, Kyenjojo, Kamwenge, Buliisa, Mubende and Kiruhura to increase awareness and control the spread of the outbreak. URCS has conducted C4D rapid assessments in Hoima and Kyegegwa districts to ensure that social mobilisation interventions are tailored to the needs and gaps identified for hygiene and sanitation promotion. Findings from Kyaka II show that although many have heard about cholera and probably have an idea of how it spreads, hygiene practices are still poor, especially handwashing and latrine use. This is evidenced by the low coverage of functional hand washing facilities. Therefore, there is need for more hygiene promotion, health education and sensitization majorly focusing on promoting hand washing and latrine use among others. This will help to prevent further incidences of cholera and other diarrheal disease outbreaks and mortality.

Funding

UNICEF’s 2018 Humanitarian Action for Children (HAC) appeal for Uganda is US$66.1 million. To date, only US$18.3 has been available for the response, leaving a funding gap of US$47.8 million or 72 per cent. UNICEF’s $47.6 million funding requirement for the South Sudan refugee response is only US$2.3 million funded; against the US$10.6 million requirement for the DRC refugee response, the funding level only stands at US$1.5 million funded; and US$ 4.2 million requirement for the Burundi refugee response has not received funding this year. As with an acute influx of refugees from the DRC and continued influx from South Sudan, as well as other humanitarian needs in the country that include disease outbreaks, UNICEF seeks additional funding support to complement the Government’s efforts to protect the rights of children affected by the emergencies.

UNICEF extends its gratitude to United Nations Central Emergency Response Fund (CERF), the Department for International Development (DFID), the United States Agency for International Development (USAID), European Commission (ECHO), the Government of Japan, United Kingdom Committee for UNICEF, United States Fund for UNICEF and Belgian Committee for UNICEF for the 2018 funding received to date.

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1 As per the Regional Refugee Response Plans (RRRPs) for the South Sudan, DRC, and Burundi situations. Important to note that for Uganda an integrated RRRP for all the refugee responses have been developed.
### Funding Requirements 2018

<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 Current Year</td>
<td>Carry-Over</td>
</tr>
<tr>
<td>Nutrition</td>
<td>9,581,550</td>
<td>690,073</td>
<td>849,699</td>
</tr>
<tr>
<td>Health</td>
<td>15,268,014</td>
<td>853,622</td>
<td>1,285,334</td>
</tr>
<tr>
<td>Water, sanitation &amp; hygiene</td>
<td>13,093,000</td>
<td>1,658,189</td>
<td>2,032,783</td>
</tr>
<tr>
<td>Child Protection</td>
<td>8,550,013</td>
<td>595,548</td>
<td>648,300</td>
</tr>
<tr>
<td>Education</td>
<td>17,712,664</td>
<td>0</td>
<td>9,702,059</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>1,913,876</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>66,119,117</strong></td>
<td><strong>3,795,432</strong></td>
<td><strong>14,518,175</strong></td>
</tr>
</tbody>
</table>

(* Fund available include funding received against the 2018 appeal as well as USD 14,518,175 carried forward from the previous year.

### Humanitarian Communication products

#### Human Interest Stories and Photo Essays
- [https://www.unicef.org/uganda/media_21244.html](https://www.unicef.org/uganda/media_21244.html)
- [https://www.unicef.org/uganda/media_21299.html](https://www.unicef.org/uganda/media_21299.html)
- [https://www.unicef.org/uganda/media_21357.html](https://www.unicef.org/uganda/media_21357.html)
- [https://www.unicef.org/uganda/media_21300.html](https://www.unicef.org/uganda/media_21300.html)
- [https://www.unicef.org/uganda/21346.html](https://www.unicef.org/uganda/21346.html)

#### ICON
61% of Congolese refugees crossing into Uganda are children ([ICON story](https://icon.unicef.org/iconhome/Pages/FullStory.aspx?Title=LinkTitle&List=1699371f-2b32-4333-bdd7-6ec9397808b1&Fulltext=Full_x0020_Text_x0020_of_x0020_S&ItemID=3041))

#### Facebook

#### Twitter
- [https://twitter.com/UNICEFUganda/status/969159910415065088](https://twitter.com/UNICEFUganda/status/969159910415065088)
- [https://twitter.com/UNICEFUganda/status/970237416673079296](https://twitter.com/UNICEFUganda/status/970237416673079296)
- [https://twitter.com/UNICEFUganda/status/969875029402951680](https://twitter.com/UNICEFUganda/status/969875029402951680)
- [https://twitter.com/UNICEFUganda/status/970535260034338816](https://twitter.com/UNICEFUganda/status/970535260034338816)

#### Instagram
- [https://www.instagram.com/p/BgK4W4LFnCj/?taken-by=unicefuganda](https://www.instagram.com/p/BgK4W4LFnCj/?taken-by=unicefuganda)
- [https://www.instagram.com/p/Bf8PRrEhaL0/?taken-by=unicefuganda](https://www.instagram.com/p/Bf8PRrEhaL0/?taken-by=unicefuganda)
- [https://www.instagram.com/p/BgNo2bTFuoH/?taken-by=unicefuganda](https://www.instagram.com/p/BgNo2bTFuoH/?taken-by=unicefuganda)

#### Photographs
Over 1,000 photographs depicting the situation of Congolese refugees at border points and transit centres

### Who to contact for further information:
- **Doreen Mulenga**
  - Representative, UNICEF Uganda
  - Tel: +256 4 1717 1001
  - Fax: +256 4 1423 5660
  - Email: dmulenga@unicef.org

- **Stefano Pizzi**
  - Chief, Field Coordination
  - UNICEF Uganda
  - Tel: +256 3 1231 3800
  - Fax: +256 4 1423 5660
  - Email: spizzi@unicef.org

- **Boiketho Murima**
  - Emergency Specialist
  - UNICEF Uganda
  - Tel: +256 3 1231 3800
  - Fax: +256 4 1423 5660
  - Email: bmurima@unicef.org
## SUMMARY OF 2018 PROGRAMME RESULTS

<table>
<thead>
<tr>
<th>UNICEF Uganda Humanitarian Targets 2018</th>
<th>2018 targets</th>
<th>2018 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 supplements in semester 1 in humanitarian situations</td>
<td>663,036</td>
<td>37,987</td>
<td>▲17,225</td>
</tr>
<tr>
<td>Number of pregnant women who received iron and folic acid supplements or multiple micronutrient supplements in humanitarian situations</td>
<td>129,920</td>
<td>29,886</td>
<td>▲11,769</td>
</tr>
<tr>
<td>Number of children aged 6-59 months affected by severe acute malnutrition who are admitted into treatment in humanitarian situations (*)</td>
<td>21,194</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children and adolescents accessing formal or informal education (including pre-primary school/early childhood learning spaces)</td>
<td>123,361</td>
<td>30,836</td>
<td>▼781(**)</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children aged 6 months to 15 years in humanitarian situations who are vaccinated against measles</td>
<td>776,900</td>
<td>40,200</td>
<td>▲23,162</td>
</tr>
<tr>
<td>Number of people in humanitarian situations reached with key life-saving and behaviour change messages on public health risks</td>
<td>1,603,911</td>
<td>70,775</td>
<td>▲60,758</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people in humanitarian situations accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene</td>
<td>133,000</td>
<td>27,241</td>
<td>▲21,689</td>
</tr>
<tr>
<td>Number of people in humanitarian situations accessing appropriate sanitation facilities and living in environments free of open defecation</td>
<td>190,000</td>
<td>5,598</td>
<td>▲2,359</td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNICEF targeted HIV positive children continued to receive antiretroviral therapy*</td>
<td>3,513</td>
<td></td>
<td></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>16,544</td>
<td>2,132</td>
<td>▲342</td>
</tr>
<tr>
<td>Number of children in humanitarian situations benefiting from psychosocial support</td>
<td>279,704</td>
<td>12,061</td>
<td>▲1,773</td>
</tr>
</tbody>
</table>

(*) Data compiled from HMIS on a quarterly basis  
(**) Drop is due to correction of the age group of adolescents. Initially Primary One to Primary Two pupils were included and yet adolescents start from Primary three to Primary Seven levels