



Uganda Country Office

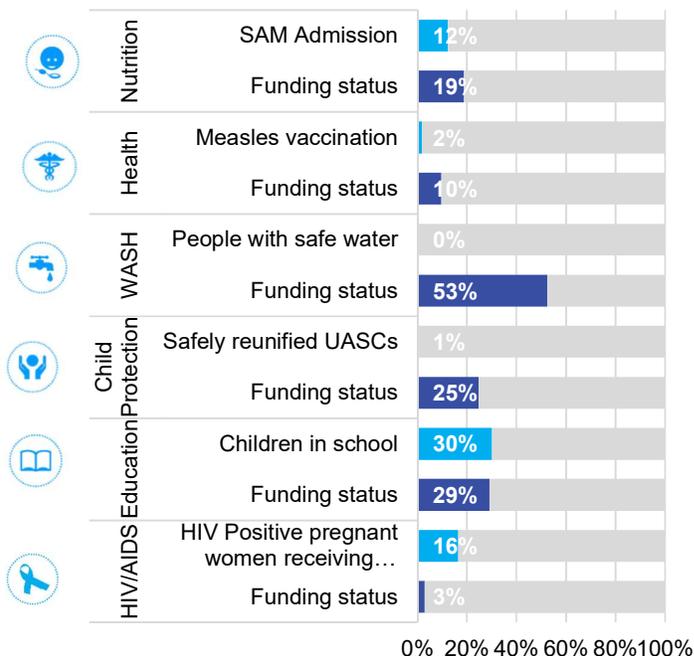
Humanitarian Situation Report No. 2

Reporting Period: February 2020

Highlights

- The Government of Uganda is leading preparedness and response efforts for desert locusts that invaded Uganda on 9 February 2020.
- No cases of Ebola Virus Disease (EVD) or COVID-19 have been confirmed in Uganda as of February 2020.
- 2,781 children (1,387 boys, 1,394 girls) were treated for severe acute malnutrition (SAM) in refugee-hosting districts and the Karamoja sub-region as of February 2020.
- 35,567 children (17,674 boys, 17,893 girls) accessed early childhood education in the West Nile sub-region as of February 2020.
- The Humanitarian Action for Children (HAC) is only 27 per cent funded, hindering UNICEF's 2020 emergency response.

UNICEF's Response and Funding Status



*February data for safe water and reunification of UASC will be reported in the March sitrep as data is unavailable currently.

Situation in Numbers

2.12 million
of children in need of humanitarian assistance (UNICEF HAC 2020)

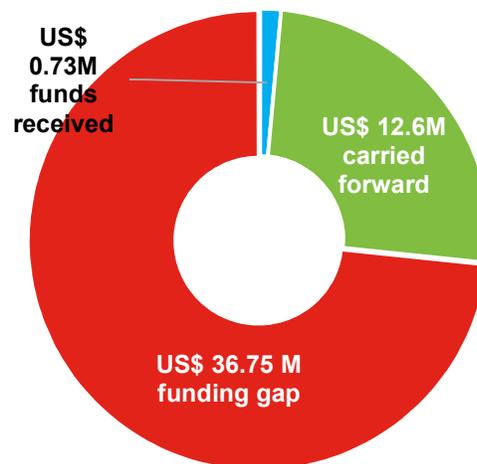
3.48 million
of people in need (UNICEF HAC 2020)

860,770
of refugees and asylum-seekers who are children

1.41 million
of total refugees and asylum-seekers (OPM, Pro Gres V4 29 February 2020)

UNICEF Appeal 2020 US\$50.12 million

Funding Status (in US\$)



Funding Overview and Partnerships

The UNICEF 2020 HAC appeal for Uganda is seeking US\$50.12 million to sustain the provision of life-saving services to vulnerable women and children in Uganda. UNICEF carried forward funds totaling US\$12,642,147, which have enabled UNICEF and its partners to continue implementing humanitarian interventions. In 2020, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) and the UNICEF Eastern and Southern Africa Regional Office (ESARO) have generously contributed US\$593,225 and US\$132,503, respectively, to UNICEF Uganda's humanitarian response. However, the 2020 HAC still has a funding gap of US\$36,752,104 (73 per cent). Without sufficient funding, an estimated 20,000 children will not be treated for SAM in refugee hosting districts and Karamoja region, more than 190,000 people will not have access to sufficient quantities of water of appropriate quality, and more than 41,000 children will not receive the psychosocial support they need. UNICEF seeks additional funding to complement the government's efforts to protect the rights of children affected by emergencies.

Situation Overview and Humanitarian Needs

According to the United Nations High Commissioner for Refugees (UNHCR) and the Office of the Prime Minister (OPM), Uganda is home to 1,411,098 refugees and asylum seekers as of 29 February 2020, over 61 per cent of whom are vulnerable children entitled to humanitarian assistance.

Desert locust swarms entered Uganda through Karita sub-county in Amudat District on 9 February 2020 from North West Pokot in Kenya. The desert locusts that entered were identified to be one of the species (*Schistocerca gregaria*) that are traditionally known for breeding in the semi-arid ecological areas of Sudan, Ethiopia, Eritrea, and Somalia. A recent report from the Ministry of Agriculture, Animal Industries and Fisheries (MAAIF) indicates that locust swarms in Uganda have now been confirmed in the sub-regions of Karamoja, Teso, Acholi, Lango, and Sebei. The existing swarms are classified as mature adult locusts that are mainly laying eggs. The immediate impact of the locust swarms is food insecurity, with UN response efforts currently being led by the Food and Agriculture Organization (FAO) and the World Food Programme (WFP). MAAIF technical teams and the Uganda Peoples Defense Forces (UPDF) are active in the affected sub-regions, boosting surveillance and spraying to ensure that the emerging generation of locusts is controlled. Historically, desert locust swarms have been sighted in different locations and times in Karamoja, but field reports and community discussions suggest that swarms tend to be sporadic and temporary phenomena, not staying long in one place. Community members who have experienced prior swarms reported that the locusts invaded greener areas with trees, and could be seen making pits, which could be an effort to lay eggs. Community members are already expressing concerns about planting. WFP and FAO will be putting together scenarios in terms of impact in March – a time at which the agencies believe there will be more indication on whether the new generation of locusts will thrive or not. When conditions are not favorable, locust numbers decrease through natural mortality or migration. The impact of the ongoing above-average rainfall on the mortality of the locusts is currently still unknown.

An emergency National Task Force (NTF) has been activated to enhance preparedness against COVID-19. By the end of February 2020, no case have been reported in Uganda and Uganda did not have the required laboratory capabilities to test for coronavirus. The Uganda virology laboratory received primers from the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) for confirmatory testing of COVID-19. As of 10 February, 220 travellers from and with links to China have been assessed by medical teams at the airport and advised on appropriate measures to take in case they develop signs and symptoms of infection. The government states that they are under isolation at their homes with daily follow-up by surveillance officers (100 have completed 10 days of self-isolation) and that none have developed signs and symptoms of COVID-19. A country readiness checklist has been completed, having identified gaps in various areas including capacity-building for health workers and accelerated public awareness. A national contingency plan is being developed. Screening is ongoing at points of entry, and high-risk travellers are being followed up and alerts verified. A COVID-19 surveillance strategy has been developed and disseminated.

As of 29 February, there was no EVD case or EVD contacts under follow-up in Uganda. Nevertheless, the country remains at high-risk of EVD importation from the Democratic Republic of Congo (DRC). The Ministry of Health (MoH) and partners have developed a six-month plan to sustain efforts from January to June 2020, costed at US\$1.7 million. EVD preparedness activities are ongoing and include active case search, contact tracing across the border, screening at points of entry, and EVD surveillance mentorship in community and health facilities.

During this reporting period, 230 suspected measles cases have been reported in 18 districts as of 29 February 2020. The districts include Adjumani, Agago, Alebtong, Apac, Bugiri, Bushenyi, Hoima, Isingiro, Kakumiro, Kassanda, Kole, Lamwo, Lira, Nakaseke, Nakasongola, Pader, Serere and Yumbe. Two districts (both refugee-hosting: Lamwo and Isingiro) have had confirmed measles outbreaks since January 2020 to end of February. A total of 73 measles cases have been managed at Nakivale Health Centre IV. No districts have been confirmed for a rubella outbreak in 2020. Trends show that measles cases are reported in districts that either host refugees or share a border with a neighboring country. Enhancing immunization and nutrition interventions in these districts is a crucial preparedness measure.

Uganda had a total of eight confirmed yellow fever cases in Buliisa (3), Moyo (4, and Maracha (1) in western Uganda and West Nile, respectively. This outbreak started on 4 November 2019 and response activities are ongoing. One case of Rift Valley Fever was confirmed at Naguru Referral Hospital during this reporting period.

Summary Analysis of Programme Response

Nutrition

In February 2020, UNICEF provided technical and financial support to MoH to roll out the revised Integrated Management of Acute Malnutrition (IMAM) trainings in refugee-hosting districts and Karamoja. The trainings will be carried out by core cadres that were trained in January 2020. During the reporting period, a total of 2,781 children (1,387 boys, 1,394 girls) with SAM were treated in refugee-hosting districts and the Karamoja region. UNICEF is supporting the Food Security Nutrition Assessment (FSNA) currently being carried out in nine refugee-hosting districts in West Nile (Kiryandongo, Lamwo, Adjumani, Obongi, Moyo, Madi Okollo, Arua, Koboko and Yumbe). This exercise is being carried out by the Makerere School of Public Health, with support from United Nations agencies, district local governments, and nutrition stakeholders in refugee-hosting districts. In total, 31 health workers (15 male, 16 female) have been mentored on District Health Information Systems/Health Monitoring Information System (DHIS/HMIS) nutrition data collection, analysis, and use from six health facilities (Rwenyawa HCIII, Ngurwe HCII, Kyangwali HCIII, Maratatu HCIII, Kasonga HCII and Malembo HCII) within Kyangwali refugee settlement.

The government's nutrition response to the desert locust invasion is ongoing. The inter-agency task force is being spearheaded by MAAIF with support from FAO and UNICEF. Through coordination meetings in Kampala and with zonal office colleagues, UNICEF Uganda is closely monitoring the situation, with UNICEF's Moroto zonal office engaging in stock-taking for the nine districts in Karamoja. The available supply stock of ready-to-use therapeutic food (RUTF) would cater for about 983 children with SAM in the next five weeks.

Child Protection

UNICEF, in partnership with Humanitarian Initiative Just Relief Aid and district local governments, continued training para-social workers at the sub-county level in districts at high risk of EVD importation. A total of 305 individuals (122 male, 183 female) benefitted from training on protection concerns for children in EVD outbreaks and the provision of basic psychosocial support and psychological first aid. The trained individuals included 30 district staff (24 male, 6 female) and 175 para-social workers (98 male, 77 female), bringing the total number of individuals trained in 2020 to 1,033 (604 male, 429 female). Through community outreach activities conducted by para-social workers in Ntoroko sub-counties, 365 community members (159 male, 206 female) were reached with messages on child protection in EVD contexts.

UNICEF and World Vision Uganda signed a partnership to provide critical life-saving child protection services to flood and landslide-affected communities in Bundibugyo, Sironko, and Bududa districts. Affected children and communities will benefit from individual child protection case management services, community-based psychosocial support, and awareness raising on protection concerns related to unsafe physical environments following floods and landslides.

UNICEF and partners (Save the Children, World Vision Uganda, and Lutheran World Federation) have continued to provide critical child protection services to children in eight refugee-hosting districts. Case workers continued to provide individual case management services to an open caseload of 3,044 children (1,479 boys, 1,565 girls), including referrals to other service providers and provision of direct support. Forty-two child-friendly spaces were operational in February, at which trained caregivers provided community-based psychosocial support and awareness-raising on child protection concerns to a total of 21,147 children (11,788 boys, 9,359 girls).

Health

UNICEF continues to provide technical support to districts to micro-plan immunization activities as well as mentorship to health facilities on effective vaccine management. UNICEF supported a response to the measles outbreak in Isingiro through the participation and provision of technical guidance during district task force meetings. UNICEF is a member of NTF, which is chaired by MoH to coordinate preparedness and response efforts towards EVD and COVID-19. UNICEF supported the development of a national preparedness plan for COVID-19 and a transition plan for EVD from January to June 2020. EVD tools for screening at points of entry, especially Entebbe airport, were revised to include screening for COVID-19.

UNICEF Uganda is working with its respective zonal offices to compile contingency plans alongside the districts to prepare for the potential disease outbreaks and water, sanitation and hygiene (WASH) concerns in areas that have experienced flooding.

Education

During this reporting period, UNICEF, in partnership with Lodonga and Kitgum Core Primary Teachers Colleges, conducted a training of 714 (246 male, 468 female) caregivers in the community childcare programme. A total of 35,567 (17,674 boys, 17,893 girls) children access early childhood education in West Nile. The field support supervision to the trained caregivers by the college tutors and partners staff is ongoing. Similarly, in partnership with Plan International, UNICEF supported implementation of early childhood development (ECD) activities in refugee settlements in Arua, Madi-Okollo, Yumbe and Adjumani. The activities included preparation of ECD centres for the beginning of Term 1 learning activities, distribution of learning materials, support supervision of the caregivers, parenting sessions reaching 775 parents, and the caregivers' quarterly review meeting. UNICEF has supported the training of 497 ECD caregivers from refugee-hosting districts. The care givers' training is a three-module face to face training that focusses on introduction to caregiving learning framework as per national curriculum for ECD, methodology of child - care and how to help children play emphasizing the importance of play to stimulate learning and key family care practices. It also involves use of available resources to make learning and play material.

Water, Sanitation and Hygiene

UNICEF is supporting the rehabilitation of 25 boreholes, expected to provide about 10,000 affected individuals with safe and clean water in Bundibugyo District, which experienced flooding in December 2019. UNICEF is also supporting affected communities, schools, and health facilities in the district with materials such as soap, aquatabs, handwashing facilities, and digging tools for the construction of latrines that were washed away in 10 affected sub-counties.

During the reporting period, UNICEF continued to support EVD high-risk districts in preparedness and prevention efforts. A total of 259 health staffs were trained in EVD infection prevention and control (IPC). UNICEF is supporting WASH mentorship of district health teams using training models developed with support from ESARO. The training methodology was participant-led with a one-day practical session in targeted health facilities that included an overview of the global framework for EVD prevention, basic WASH needs for EVD prevention, and how to develop mentorship plans and identify WASH gaps for risk assessments. The districts that received trainings for health workers were Wakiso (140), Arua (60), and Zombo (59). In addition, 148 teachers were oriented on IPC WASH in schools in Wakiso.

HIV/AIDS

During this reporting period, UNICEF and partners (AVSI, Infectious Disease Institute IDI, Inter-Religious Council, and Plan Uganda) supported the orientation and on-site mentorship of health workers from Yumbe, Adjumani, Arua and Madi-Okollo districts on revised Health Monitoring Information System (HMIS) and tools for monitoring viral load among people living with HIV. On-site mentorship also included support for the prevention/elimination of mother-to-child transmission (PMTCT/EMTCT) and paediatric tuberculosis. HIV performance was assessed for Adjumani and Yumbe, with findings shared in quarterly performance review meetings. Key issues identified included low suppression of viral load in children and adolescents, which was attributed to poor quality of psychosocial support in antiretroviral therapy sites in refugee settlements. In total, 42 health workers were mentored (20 male, 22 female). UNICEF conducted community dialogues with youth and peer mothers at health facilities to address adolescent-related issues. In Yumbe District, two dialogues were conducted in Yoyo and Kululu sub-counties (through Yoyo and Dramba Health Centre III), reaching 141 adolescents. Issues discussed included sexual reproductive health, effective communication, and behavioural change. In total, 86 health workers (30 male, 56

female) from Adjumani, Yumbe, Arua and Madi Okolo were trained in paediatric and adolescent psychosocial care and support. This will be followed by mentorship by MoH in March 2020.

Communications for Development (C4D), Community Engagement and Accountability

Ebola Virus Disease: The implementation of risk communication and social mobilization (RCSM) in EVD targeted districts of Arua, Zombo, Nebbi and Buliisa is ongoing. In February, a total of 61,737 people were reached with EVD messages in Zombo (20,307), Arua (15,414) and Buliisa (26,016). Follow-up visits in schools and communities will continue.

COVID-19 and yellow fever: In February, the RCSM-Community Engagement (CE) sub-committee focused mainly on preparedness and response to yellow fever and COVID-19. The RCSM-CE sub-committee developed a response strategy and proposed budget for both yellow fever and COVID-19 and is actively engaged in message development, translation, and design. Funding for the RCSM-CE pillar is still a constraint and the pressure to deliver key inputs is high for UNICEF and the MoH Health Promotion, Education and Strategic Communication Department. The RCSM-CE sub-committee is mobilizing support from other partners and has, in the meantime, developed and shared sets of basic messages including public announcements, fact sheets, and talking points on yellow fever and COVID-19. UNICEF is supporting the development, translation, printing, and dissemination of information, education and communication (IEC) materials, including fact sheets, posters, talking points, leaflets, pull-up banners, and radio spots (production and airing) for COVID-2019 and yellow fever. UNICEF C4D is also supporting the development of messages to be disseminated through U-Report and a social media plan for UNICEF Uganda's Facebook, Twitter and Instagram accounts. The RCSM-CE sub-committee, with support from UNICEF, developed and submitted a yellow fever RCSM-CE response plan and budget for five affected districts (Moyo, Buliisa, Maracha, Yumbe and Koboko) and a proposed yellow fever reactive immunization campaign due to take place on 9-15 March 2020.

Humanitarian Leadership, Coordination and Strategy

The OPM Department of Refugees and UNHCR continue to lead the refugee response in Uganda. UNICEF co-chairs the refugee child protection sub-working group with UNHCR, the refugee WASH working group with the Ministry of Water and Environment, and the national nutrition in emergency and IMAM technical working group with MoH. The OPM Department of Disaster Preparedness coordinates and leads the country's humanitarian response efforts, primarily through a national disaster risk reduction platform. 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 due to disease outbreaks are coordinated through a multi-stakeholder NTF co-chaired by MoH and WHO. MoH is the lead for EVD response and preparedness activities with support from WHO and partners, including UNICEF. Response activities have built on MoH coordination and experience in preparedness activities since August 2018. The National EVD Response Plan is built around the following pillars: (i) coordination and leadership; (ii) surveillance, including laboratory support and point-of-entry screening; (iii) case management, including IPC, and safe and dignified burials; (iv) RCSM-CE; (v) logistics; (vi) vaccination and investigational therapeutics; (vii) and mental health and psychosocial support (MHPSS), including child protection. UNICEF co-leads the RCSM-CE sub-committee, and actively contributes to the coordination and leadership, case management (with a focus on WASH and child nutrition) and MHPSS pillars.

UNICEF supports the implementation of durable solutions to chronic displacement in line with Uganda's Refugee and Host Population Empowerment Strategic Framework (ReHoPE), the Settlement Transformation Agenda (STA), and the Comprehensive Refugee Response Framework (CRRF). UNICEF, in partnership with the Government of Uganda, supports efforts to adapt Uganda's nutrition, health, WASH, child protection, education, and social protection systems to humanitarian situations. Using a decentralized approach, UNICEF also strengthens the country's humanitarian response, including localized capacity-building, monitoring and reporting, and the procurement of 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 the government and partners at the national and district levels, is strengthening multi-year planning processes to leverage domestic and international resources for communities at risk. 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 C4D programming are mainstreamed into all interventions.



Find us online at <https://www.unicef.org/uganda/>.

Our 2020 HAC appeal is available at [https://www.unicef.org/appeals/files/2020-HAC-Uganda\(1\).pdf](https://www.unicef.org/appeals/files/2020-HAC-Uganda(1).pdf)

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Annex A

Summary of Programme Results

UNICEF Uganda Humanitarian Targets 2020	2020 Targets	2020 Results
NUTRITION****		
Number of children aged 6-59 months who received vitamin A supplementation in semesters 1 and 2	782,328	53,605
Number of children aged 6-59 months affected by SAM admitted for treatment	22,723	2,781
EDUCATION		
Number of children accessing formal or non-formal early childhood education/pre-primary education***	46,163	35,567
Number of children accessing formal or non-formal basic education*	71,853	
HEALTH		
Number of boys and girls vaccinated against measles	303,256	5,239
Number of people reached with key health/educational messages	1,963,705	182,151
WASH*		
Number of people accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene	197,000	
Number of people accessing appropriate sanitation facilities and living in environments free of open defecation	255,100	
HIV/AIDS****		
Number of HIV-positive children continuing to receive antiretroviral treatment	3,948	2,799
Number of HIV-positive pregnant women receiving treatment to prevent mother-to-child transmission	1,083	178
CHILD PROTECTION**		
Number of children registered as unaccompanied or separated receiving appropriate alternative care services	6,575	46
Number of children benefiting from psychosocial support	41,899	170

*Results to be reported in the next sitrep

** Partial results provided. Complete results to be shared in the next sitrep

***Results as of February 2020

****Results for January 2020

Annex B

Funding Status*

Funding Requirements 2020					
Appeal Sector	Requirements	Funds available		Funding gap	
		Funds Received Current Year	Carry-Over	\$	%
Nutrition	8,426,009	0	1,366,844	7,059,165	84
Health	9,520,780	0	951,592	8,569,188	90
Water, sanitation & hygiene	11,054,879	404,535	5,400,329	5,250,015	47
Child Protection	6,458,601	321,193	1,063,789	5,073,619	79
Education	13,112,473	0	3,814,422	9,298,051	71
HIV and AIDS	1,547,237	0	45,171	1,502,066	97
Total	59,119,979	725,728	12,642,147	36,752,104	73

* As defined in the Humanitarian Action for Children Appeal for 2020