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REPORTING PERIOD: SEPTEMBER 2018

Uganda CO

Humanitarian Situation Report

SITUATION IN NUMBERS

SEPTEMBER 2018

1.5 million

of children in need of humanitarian assistance* (UNICEF HAC 2018)

2.3 million

of people in need* (UNICEF HAC 2018)

903,194

of refugee children (OPM, RIMS)

1,505,323

of refugees (OPM, RIMS)

*Figure represents planned number of people or children in need of humanitarian assistance in Uganda in 2018 after experiencing the shock of refugee influx, disease outbreaks and hydro-meteorological hazards such as floods and landslides.

UNICEF Appeal 2018

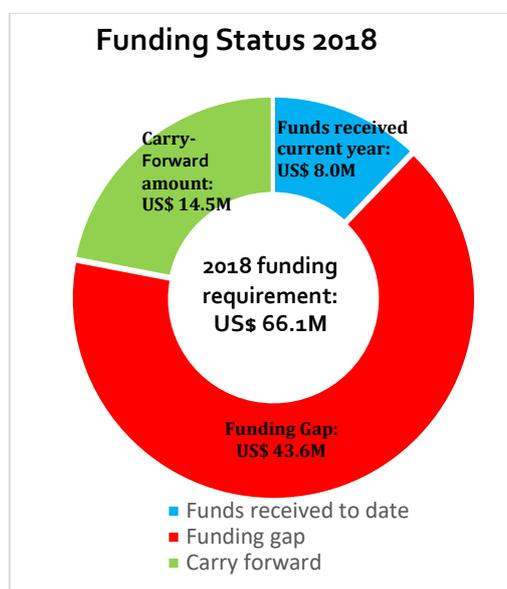
US \$66.1 million

Highlights

- The Uganda Ministry of Health and partners have intensified preparedness and response interventions following a confirmed case of Ebola Virus Disease in Tchomia health zone, near Lake Albert where the Democratic Republic of the Congo borders with Uganda.
- Over 2,200 reports and questions on Ebola were received via SMS from U-Reporters. Most U-Reporters confirmed that they had heard about Ebola through radio, television, community awareness campaigns and posters.
- A total of 349,811 individuals (186,536 female; 163,275 male) were reached with risk communication and hygiene promotion messages on Ebola prevention and control.
- Over 1 million refugees have been biometrically verified in an exercise that kicked off in March 2018 in an effort to improve the reliability of refugee data.
- Sixty per cent of the over 1.5 million refugees in Uganda are children who are in urgent need of basic services to keep them alive and thriving, safe and learning.
- The 2018-2021 Education Response Plan for refugees and host communities, aimed at improving learning outcomes, was launched on 14 September 2018 by Uganda's First Lady and Minister for Education and Sports, Hon. Janet Kataaha Museveni.

2018 UNICEF Response with Partners

Targets	UNICEF Target	Total results
WASH: Number of people accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene	133,000	123,281
Education: Number of children accessing formal or non-formal basic education	123,361	33,621
Health: Number of children aged 6 months to 15 years vaccinated against measles	776,900	105,957
Nutrition: Number of children aged 6 to 59 months who received Vitamin A supplementation in the first semester	663,036	129,345
Child Protection: Number of children registered as unaccompanied or separated receiving appropriate alternative care services	16,544	2,824



** Funds available include funding received against the 2018 appeal as well as carry-forward from the previous year.

Situation Overview and Humanitarian Needs

Refugees: In September, Uganda received over 8,000 refugees from the Democratic Republic of the Congo (DRC) and nearly 2,000 refugees from South Sudan according to the UN Refugee Agency (UNHCR). Uganda continues to be home to over 1.5 million refugees, with over 1.1 million refugees from South Sudan, about 300,000 from the DRC, 40,000 from Burundi, and nearly 40,000 from Somalia, among other countries.

A total of 1,011,996 refugees have so far been verified in a refugee verification exercise initiated by the Prime Minister of Uganda and the UN High Commissioner for Refugees in March 2018. The exercise is set to be completed by the end of 2018.

The First Lady and Minister for Education and Sports, Hon. Janet Kataaha Museveni launched the *2018 – 2021 Education Response Plan for Refugees and Host Communities in Uganda* on 14 September 2018. The plan is aimed at ensuring improved learning outcomes amongst the increasing numbers of refugee and host community children and adolescents across Uganda. Different stakeholders including the Ministry of Education and Sports, donors, civil society organizations and United Nations agencies contributed towards the production and launch of the plan.

The REACH Initiative with Uganda's Office of the Prime Minister (OPM) and UNHCR led a Joint Multi-Sector Needs Assessment (JMSNA) of refugees and host communities in Uganda. Findings included refugee identification for the purposes of targeted interventions and key population groups in specific areas with high levels of needs by sector and across sectors. The three regions analyzed include Midwest (Kiryandongo, Hoima), Northwest (Arua, Adjumani, Koboko, Lobule, Moyo, Yumbe), and Southwest (Isingiro, Kamwenge, Kyegegwa).

Table 1: Percentage of households categorized as in need by sector and region

	Livelihoods		Environment		Education		Protection		Health and nutrition		Food		Site, shelter, & NFIs		WASH	
	HC	Refugee	HC	Refugee	HC	Refugee	HC	Refugee	HC	Refugee	HC	Refugee	HC	Refugee	HC	Refugee
OVERALL	14%	51%	93%	89%	37%	17%	66%	67%	17%	51%	7%	14%	29%	58%	39%	41%
Midwest	17%	37%	96%	96%	42%	23%	66%	62%	22%	64%	4%	9%	26%	66%	33%	52%
Northwest	13%	55%	94%	87%	44%	9%	69%	68%	18%	49%	10%	14%	39%	59%	39%	34%
Southwest	12%	40%	89%	95%	21%	47%	62%	66%	13%	57%	4%	16%	15%	53%	44%	64%

Table 2: Percentage of households categorized as both in need and vulnerable by sector and region

	Livelihoods		Environment		Education		Protection		Health and nutrition		Food		Site, shelter, & NFIs		WASH	
	HC	Refugee	HC	Refugee	HC	Refugee	HC	Refugee	HC	Refugee	HC	Refugee	HC	Refugee	HC	Refugee
OVERALL	7%	30%	41%	52%	18%	10%	34%	45%	8%	32%	3%	8%	14%	35%	19%	24%
Midwest	11%	22%	37%	58%	20%	14%	32%	47%	9%	42%	2%	4%	13%	43%	15%	34%
Northwest	7%	34%	48%	55%	24%	6%	39%	48%	10%	33%	6%	8%	21%	37%	22%	22%
Southwest	4%	18%	32%	42%	9%	22%	28%	31%	5%	25%	1%	9%	7%	25%	16%	29%

When comparing across sectors, the highest proportions of households from both population groups are in need of environment and energy (93 per cent of host community and 89 per cent of refugee households at the national level) followed by protection needs (66 per cent of host community and 67 per cent of refugee households at the national level). A higher proportion of refugee households are in need of WASH, as compared to host community households, however the difference between population groups is not as significant as in other sectors. Besides the environment and energy sector, education is the only sector where a higher proportion of host community households (37 per cent) was categorised as in need, as compared to refugee households (17 per cent). Findings suggest that by district, host community households in Yumbe and Arua, and refugee households in Kamwenge, Kyegegwa and Hoima have the most severe humanitarian needs.

Furthermore, school-aged children not attending school was found to be positively correlated with having separated children in host community households. Additionally, host community households that were categorised as in need in the livelihoods sector, were more likely to have children not attending school. Incidences of malaria in the two weeks prior to data collection was found to be positively correlated with household members not sleeping under mosquito nets for both population groups. Refugee households that reported water collection time taking more than one hour had a higher incidence of young children with diarrhoea.

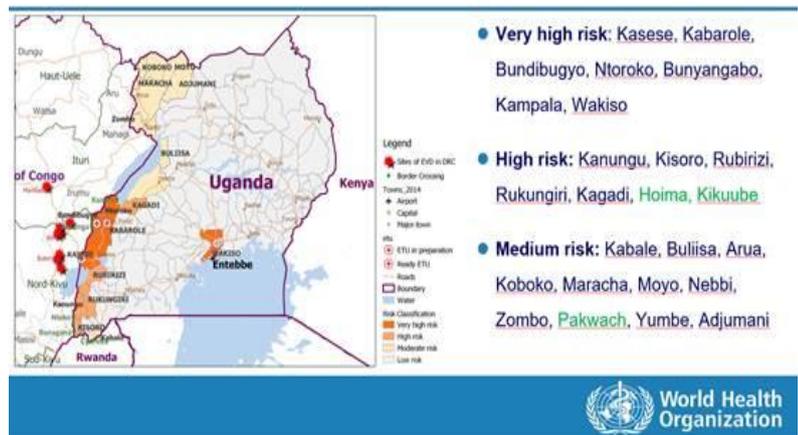
Details of the findings can be accessed via <https://data2.unhcr.org/en/documents/details/65982>

Disease outbreaks:

Ebola preparedness

On 23 September 2018, a confirmed Ebola Virus Disease (EVD) case was reported in Tchomia health zone, by Lake Albert in DRC, bordering Ntoroko, Kagadi and Kikuube districts in Uganda. According to the World Health Organization (WHO), this case poses risks of EVD cross border spread into Uganda due to the regular movement of nationals between the two countries for trade and travel, as well as the DRC refugees fleeing conflict. The Ministry of Health (MoH) and partners continue to intensify risk communication, social mobilization and surveillance in 22 districts in addition to establishing 10 Ebola Treatment Centres in selected very high risk districts along the DRC border and Lake Albert shared by the two countries.

Districts at Risk of Ebola Importation in Uganda



Map 1: Categories of districts at risk of Ebola importation (WHO, 2 Oct)

The National Task Force on EVD preparedness subdivided districts at risk of Ebola importation into three categories - very high risk, high risk and medium risk as indicated in Map 1 above. The Ministry and partners, including UNICEF, are providing financial and technical assistance to the very high risk districts to implement risk communication through mass media and interpersonal communication, enhancing infection prevention and control in schools and health facilities through provision of hand washing facilities, soap and water purification tablets. UNICEF through the Uganda Red Cross Society (URCS) and District Local Governments is supporting additional focused risk communication and monitoring of preparedness activities. In addition, UNICEF is supporting very high risk districts to develop EVD contingency plans through National and District Task Forces.

Cholera outbreak

As at 30 September 2018, Uganda has not recorded any cholera case for the last two months. This is attributed to prevention and control measures by MoH and its partners including UNICEF and 10 district local governments that experienced previous outbreaks. UNICEF supported 17 cholera hotspot districts to develop comprehensive cholera contingency plans and outlined key interventions including introduction of the Oral Cholera Vaccine (OCV) in Buliisa, Pakwach, Nebbi and Zombo to strengthen cholera preparedness.

Other outbreaks

Uganda is still responding to Crimean-Congo Hemorrhagic Fever (CCHF) in the districts of Kakumiro, Isingiro, Kiryandongo and Mukono where 10 cases, including 3 deaths were recorded. Uganda is on the road to be declared free of Rift Valley Fever (RVF) in the next 28 days should there be no new reported cases as Isingiro district had discharged their last RVF case 28 days ago. A measles outbreak has affected 76 districts while rubella cases have been reported in 49 districts. In response, Uganda plans to introduce measles and rubella-containing vaccines in early 2019. The Global Alliance for Vaccines and Immunizations (GAVI) has already approved funding for the roll-out.

Humanitarian Leadership and Coordination

The Department of Refugees in the OPM and UNHCR are the lead coordinators of the refugee response in Uganda. In September 2018, the Comprehensive Refugee Response Framework (CRRF) steering committee supported changes in coordination for more inclusive social delivery through new arrangements that will see sectors in the refugee response work closer with Government sector coordination mechanisms, United Nations agencies and NGO partners incorporated into the sector coordination of the refugee response. UNICEF will continue to co-chair the Refugee Child Protection Working Group with UNHCR and the Ministry of Gender, Labour and Social Development; the Refugee WASH Working Group with the Ministry of Water and Environment; as well as the National Nutrition in Emergency Working Group with the Ministry of Health. 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.

Humanitarian Strategy

UNICEF supports the Government of Uganda to incorporate emergency preparedness and response into its multi-year development plans. UNICEF and UNHCR implement a long-term refugee and host communities' empowerment strategy, which is aligned with the Government's Settlement Transformative Agenda and the CRRF and contributes to 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 URCS.

Summary Analysis of Programme Response

Refugee Response

Nutrition

UNICEF with partner Doctors for Africa (CUAMM) and district local governments continued to support malnutrition screening at border entry points and health centres. In September, 5,000 children under 5 years of age were screened in West Nile, of which 416 children with severe acute malnutrition (SAM) received appropriate care. In western Uganda, 27 Burundians and over 1,000 Congolese refugee children were treated for SAM through provision of therapeutic feeds.

Child Protection

UNICEF continued to provide technical support to partners to strengthen coordination mechanisms and programming in refugee settlements in the western region of Uganda. The support also included strengthening capacities of the districts to provide birth registration services. UNICEF contributed to the development and rolling out of the inter-agency Prevention of Sexual Exploitation and Abuse (PSEA) action plan for Kyangwali refugee settlement in Hoima District. UNICEF hosted a consultation workshop in Kampala to review the second draft of the revised version of the global Minimum Standards on Child Protection in Humanitarian Action (CPMS) and feedback was submitted to the Global CPMS Working Group (of the Alliance for Child Protection in Humanitarian Action). A total of 17 staff from 12 organizations and the Ministry of Gender, Labour and Social Development attended.

Response to disease outbreaks

Ebola preparedness: UNICEF is an active member of the National Task Force led by MoH and provides technical guidance to the task force. Specifically, UNICEF is supporting MoH and very high and high risk districts to implement EVD prevention and preparedness interventions through URCS. UNICEF is also providing direct support to EVD high risk districts in the areas of WASH, risk communication and social mobilization, as well as psychosocial support, among others. With support from UNICEF, URCS trained 180 volunteers in provision of psychosocial support.

Education: UNICEF is advocating for the engagement of education stakeholders in Ebola preparedness and response coordination (National Task Force) to guide WASH infection control, screening and isolation, management and prevention of stigma in schools. Currently, 21 schools in Kikuube district have received 42 hand washing facilities and 42 cartons of laundry bar soap. In collaboration with national and local authorities, an exercise has been undertaken to map out at-risk areas for preparedness and response interventions in schools based on (i) proximity to DRC border (epicentre); (ii) attendance by children from DRC (commute daily); (iii) attendance by refugees; and (iv) proximity to wildlife reserves.

WASH and health supplies: As of 24 September 2018, UNICEF has delivered 500 hand washing facilities, 1,485 kgs of chlorine, 372 cartons of soap and 270 boxes of water purification tablets to Kisoro, Kasese, Bundibugyo, Ntoroko, Kabarole, Kikuube, Kyegegwa and Kamwenge districts. UNICEF and WHO procured and pre-positioned an assortment of Personal Protective Equipment such as examination gloves, heavy duty and surgical gloves, aprons, masks and assortments of boots.

Surveillance: UNICEF continues to support point of entry screening and infection prevention and control through the deployment of URCS volunteers across the seven entry points in the districts of Kasese, Bundibugyo, Ntoroko, Bunyangabo, Kisoro, Kanungu and Kabarole. The 210 URCS volunteers trained in these districts will continue supporting the surveillance and entry point screening activities with a focus on the critical districts. Gaps observed in some points of entry include shelter/tents during the rainy season, furniture, thermometers and basic safety clothing for volunteers.

Communications for Development (C4D), Community Engagement and Accountability:

UNICEF, in partnership with the MoH and WHO, continues to support risk communication and social mobilization to strengthen the country's preparedness efforts following the confirmed outbreak of EVD in neighbouring DRC. UNICEF is supporting district efforts to strengthen public awareness, risk informed communication, infection prevention and control. Innovative technology solutions such as mTRAC have been employed to provide messages to health workers throughout Uganda. Using the U-report platform, 10 short messages on Ebola prevention and control were sent to 98,665 U-reporters in 22 high and medium risk districts bordering DRC. Over 2,200 reports and questions on Ebola have been received from U-Reporters and UNICEF is working with URCS branch managers to respond via the dashboard.

UNICEF is supporting URCS to roll out inter-personal communication through its volunteers (150 currently) and village health teams (VHTs). The teams are conducting house-to-house risk communication, hygiene promotion activities (hand washing demonstrations, general information on Ebola prevention and control) in the seven districts of Kasese, Ntoroko, Bundibugyo, Kabarole, Bunyangabo, Kisoro and Kanungu. In September, UNICEF and URCS reached 349,811 people (186,536 female; 163,275 male) in 47,917 households with Ebola prevention messages. Out of the total reached, 97,802 are children, some of whom are in school.

Risk Communication

Highlights on September achievements that enabled UNICEF and partner URCS to reach 349,811 people

1. 6,397 community meetings on Ebola prevention and preparedness were carried out in the seven high risk districts.
2. 9,700 radio spots were aired, 114 talk shows conducted across 21 radio stations focusing on signs and symptoms, transmission and prevention of EVD across 10 very high and 12 high risk districts including Entebbe Municipality (housing the Entebbe International Airport).
3. UNICEF continues to support the development and leads on printing and dissemination of information, education and communication materials in English and relevant local languages.
4. A total of 431,000 posters in English, 292,200 in 13 local languages, 661,700 leaflets in English and 220,230 in 13 local languages have been distributed to district health offices and disseminated to key locations including health facilities, trading centres, markets, landing sites, points of entry, security/police posts and schools and other strategic locations.
5. Knowledge, Attitudes and Practices (KAP) assessment in at risk districts has been initiated with technical support from UNICEF in partnership with URCS.

Cholera outbreak

UNICEF, in collaboration with MoH, supported the development of district cholera preparedness plans in 17 hotspot districts along Lake Albert and refugee hosting districts. The plans are aimed at ensuring that the districts implement prevention and preparedness activities such as oral cholera vaccination, risk communication, surveillance, water quality testing and improving the capacity of health workers through training. Uganda is planning OCV campaigns; required vaccines are in country to reach four additional districts along Lake Albert (Buliisa, Nebbi, Packwach and Zombo) targeting 615,000 doses for round one.

Other outbreaks

UNICEF provided financial and technical support to MoH to support districts to respond to RVF and CCHF. The support focused on risk communication and social mobilization, and WASH through training of community volunteers, VHTs, health workers, community opinion and religious leaders on how RVF and CCHF can be prevented.

Funding

UNICEF's 2018 HAC appeal is **US\$ 66,119,117** with a funding gap of 66 per cent. A breakdown of the appeal is as follows:

- US \$47.6 million appeal for the South Sudan refugee response, only US\$3.7 million received in 2018;
- US\$ 10.6 million appeal for the DRC refugee response, only US\$3.4 million received in 2018;
- US\$ 4.2 million appeal for the Burundi refugee response has received no funding in 2018¹.

To prepare for and respond to an imminent threat of importation of Ebola Virus Disease into Uganda, the increasing influx of refugees from the DRC and continued influx from South Sudan, as well as other humanitarian needs, UNICEF requires additional funding to effectively support the Government's efforts to protect the rights of children affected by emergencies. Health and HIV/AIDS sectors are currently the least funded. UNICEF has so far received over US\$900,000 to support Ebola preparedness efforts and response.

¹ As per the Regional Refugee Response Plans for the South Sudan, DRC and Burundi situations. Important to note that for Uganda an integrated RRP for all the refugee responses has been developed.

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

Funding Requirements 2018					
Appeal Sector	Requirements	Funds available		Funding gap	
		Funds Received Current Year	Carry-Over	\$	%
Nutrition	9,581,550	1,352,494	849,699	7,379,357	77
Health	15,268,014	1,553,782	1,285,334	12,428,898	81
Water, sanitation & hygiene	13,093,000	2,305,196	2,032,783	8,755,021	67
Child Protection	8,550,013	1,474,859	648,300	6,426,854	75
Education	17,712,664	1,341,199	9,702,059	6,669,406	38
HIV and AIDS	1,913,876	0	0	1,913,876	100
Total	66,119,117	8,027,530	14,518,175	43,573,412	66

(*) Funds available include funding received against the 2018 appeal as well as US\$ 14,518,175 carried forward from the previous year.

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ANNEX A SUMMARY OF 2018 PROGRAMME RESULTS

UNICEF Uganda Humanitarian Targets 2018	2018 targets	2018 results	Change since last report ▼ ▲
NUTRITION			
Number of children aged 6-59 months who received vitamin A supplements in semester 1 in humanitarian situations (*)	663,036	129,345	▲7,689
Number of pregnant women who received iron and folic acid supplements or multiple micronutrient supplements in humanitarian situations	129,920	37,322	▲4,187
Number of children aged 6-59 months affected by severe acute malnutrition who are admitted into treatment in humanitarian situations	21,914	5,641	▲1,725
EDUCATION			
Number of children and adolescents accessing formal or informal education (including pre-primary school/early childhood learning spaces)	123,361	33,621	No change
HEALTH (**)			
Number of children aged 6 months to 15 years in humanitarian situations who are vaccinated against measles	776,900	105,957	▲32,836
Number of people in humanitarian situations reached with key life- saving and behaviour change messages on public health risks	1,603,911	372,145 (***)	▲175,723
WASH			
Number of people in humanitarian situations accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene	133,000	123,281	No change
Number of people in humanitarian situations accessing appropriate sanitation facilities and living in environments free of open defecation	190,000	36,873	▲6,513
HIV/AIDS			
UNICEF targeted HIV positive children continued to receive antiretroviral therapy	3,513	3,314 (****)	No change
CHILD PROTECTION			
Number of children registered as unaccompanied or separated receiving appropriate alternative care services	16,544	2,824	No change
Number of children benefiting from psychosocial support	279,704	89,623	▲210

(*) The target was set for district coverage, however later in the year the Nutrition SWG resolved to consider data by sub county level only.

(**) Data validation for all the refugee hosting districts by Ministry of Health resource centre with support from UNICEF was finalized in September, cleaned data will be reported at the end of October 2018.

(***) Results as of September 2018.

(****) Results are updated on a quarterly basis. The HIV-AIDS appeal remains unfunded; the achievements indicated were made possible by UNICEF investment of core and other resources.