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REPORTING PERIOD: OCTOBER 2018

Uganda CO

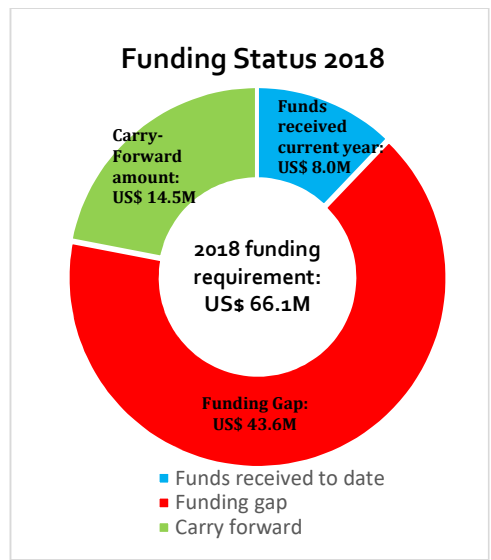
Humanitarian Situation Report

SITUATION IN NUMBERS

OCTOBER 2018

- 1.5 million**
of children in need of humanitarian assistance*
(UNICEF HAC 2018)
- 2.3 million**
of people in need (*)
(UNICEF HAC 2018)
(* 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.)
- 692,611 (**)**
of refugee children (UNHCR ProGres V4, OPM)
- 1,154,352 (**)**
of refugees (UNHCR ProGres V4, OPM)
(**) Figures from the joint OPM/UNHCR refugee verification exercise completed on 24 October 2018

UNICEF Appeal 2018 US \$66.1 million



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

Highlights

- The refugee verification exercise that started in March 2018 by the Office of the Prime Minister and UNHCR has ended, revising the active registered population in Uganda to 1,154,352 individuals as of end of October 2018.
- In October, over 6,536 refugees arrived from the Democratic Republic of the Congo (DRC), South Sudan and Burundi. Sixty per cent of refugees and host communities are children, who continue to be in need of essential services such as health, nutrition, WASH, child protection and education services, for their survival, development and well-being.
- Over 7,000 children are benefitting from the recently concluded 33 multi-purpose education facilities completed in Arua and Yumbe.
- Since the Ebola outbreak in Eastern DRC was declared on 1 August 2018, no cases have been reported in Uganda, largely as a result of intensive prevention and preparedness efforts by the Ministry of Health and partners, including UNICEF. Efforts have included risk communication activities that have reached nearly 400,000 people, including 135,000 children.
- In October, a flood and landslide affected 13 villages in Bududa district, killing 43 people, including eight children.

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	36,144
Health: Number of children aged 6 months to 15 years vaccinated against measles	776,900	362,580
Nutrition: Number of children aged 6 to 59 months who received Vitamin A supplementation in the first semester	663,036*	137,499
Child Protection: Number of children registered as unaccompanied or separated receiving appropriate alternative care services	16,544	3,105

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

Situation Overview and Humanitarian Needs

Refugees: According to UNHCR and the Office of the Prime Minister (OPM), the refugee influx remains significant. OPM and UNHCR concluded the countrywide biometric verification exercise of all asylum seekers and refugees in Uganda on 24 October 2018; the active registered population in Uganda stands at 1,154,352 individuals as of end of October. Of these, 785,104 are refugees and asylum seekers from South Sudan, 284,265 from the DRC, 33,657 from Burundi and 51,326 from Somalia, Rwanda and other countries.

Representatives from the Ministry of Gender, Labour and Social Development (MGLSD), UNICEF and the Uganda Red Cross Society (URCS) attended a workshop in Addis Ababa in October aimed at improving leadership and collaboration of local actors to enhance coordination of child protection in preparedness and humanitarian response. As part of this, an Action Plan was developed highlighting key actions that the MGLSD will take on to strengthen coordination and leadership for child protection in emergencies at national and field levels. Moving forward, the MGLSD, as the technical ministry responsible for child protection in Uganda, will co-chair the Child Protection Sector Working Group for the refugee response with UNHCR and UNICEF, and will implement activities to strengthen coordination and emergency preparedness efforts. The workshop was organised by the Child Protection Area of Responsibility and the International Federation of Red Cross and Red Crescent Societies, in association with the Global Partnership to End Violence against Children.

Disease outbreaks:

Ebola preparedness

As of 26 October 2018, the Public Health Emergency Operations Centre of the Ministry of Health (MoH) had not reported any suspected or confirmed cases of Ebola Virus Disease (EVD) in Uganda. The MoH and partners continue to intensify risk communication, social mobilization and surveillance, including at points of entry in 28 priority districts, as per the revised national EVD contingency plan, in six existing Ebola Treatment Centres (ETC) in Entebbe, Wakiso district; Naguru, Kampala district; Bundibugyo hospital; Ntoroko health centre 3; Rwebisengo and Bwera, in addition to 10 ETCs to be established in selected very high-risk districts along the border with DRC. Comprehensive surveillance continues in all communities, health facilities and at formal and informal border crossings in all districts, especially the 20 high-risk districts. Alert cases continue to be identified and isolated with blood samples taken for testing to the Uganda Virus Research Institute.

Cholera and other outbreaks

There has been a re-emergence of cholera in Hoima/Kikuube, two months after the second round of the Oral Cholera Vaccination (OCV) campaign. Two cases aged 20 years (female) and 27 years (male) were confirmed on culture and sensitivity both from Ndongo village in Kikuube district. Cases were found in the communities. This has been attributed to poor sanitation and lack of safe water. Additionally, 14 cases and six deaths of Crimean-Congo Haemorrhagic fever (CCHF) were reported between July and October in Kakumiro, Isingiro, Kiboga, Kiryandongo, Nakaseke and Sembabule districts; 14 cases of Anthrax with no deaths in Arua, Kiruhura, Isingiro and Kween districts; and 33 cases and 18 deaths of Rift Valley Fever (RVF) had been reported in 17 districts. A total of 264 measles cases were reported in 76 districts while 157 cases of Rubella were reported in 33 districts.

Floods and Landslides:

In October, a flood and subsequent landslide occurred in Bukalasi sub-county, Bududa district, affecting 13 villages, injuring 21 people, and killing 43, including eight children. Rescue teams from OPM and partners conducted search and recovery of the dead bodies and evacuated the injured. The 139 displaced households are currently hosted by neighbours, relatives and friends who were in safer areas, while the Government finalizes their resettlement. Road infrastructure, water and sanitation facilities, and education facilities were destroyed by the incident. Services at the available health facilities in the area are stretched in terms of human resources and medical supplies. According to URCS, more than 4,300 people (2,583 children) across Bududa, Namisindwa, Butalejja, and Manafwa districts in the Mt. Elgon region are at risk given the meteorological forecast of normal to above normal rainfall in most parts of the country until December 2018.

Humanitarian Leadership and Coordination

The Department of Refugees in OPM and UNHCR are the lead coordinators of the refugee response in Uganda. UNICEF continues 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

the World Health Organization (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 are implementing 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 Grand Bargain commitments. Capital intensive infrastructure, equipment, supplies and technical guidance are 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

Refugee Response

Child Protection

A total of 16,400 children participated in regular psychosocial support (PSS) activities in 34 UNICEF-funded Child Friendly Spaces (CFS) in Kamwenge, Hoima, Adjumani, Arua, Kiryandongo, Lamwo, Moyo and Yumbe refugee settlements. The children engaged in different activities including structured play (creative, imaginative, physical, communicative and cultural plays), life-skills and peace building activities, peer-to-peer support groups and other UNICEF-supported recreational activities.

Furthermore, 472 bicycles were distributed to Child Protection Committee (CPC) members in Bidibidi and Adjumani refugee settlements to enable more effective monitoring and support of child protection issues in the communities.

Nutrition

Nearly 1,000 children were treated for severe acute malnutrition (SAM), over 4,600 women received iron folic acid supplementation and over 8,000 children received Vitamin A supplementation over the reporting period amongst South Sudanese, Burundian and Congolese refugee settlements.

WASH



Distribution of latrine construction material and digging kits. Picture by Paul Semakula

UNICEF and partners, Water Mission Uganda, Oxfam and Lutheran World Federation, continue to support the operation and maintenance of motorized water systems in Imvepi, Bidibidi, Boroli, Maaji, Kiryandongo, Palabek settlements in Arua, Kiryandongo, Yumbe and Lamwo districts, ensuring sustained supply of an average of 14 litres of safe water per person per day.

Partners continue to train hygiene promoters in all settlements where sanitation and hygiene messages have been disseminated, and sanitation kits and latrine construction materials distributed.

Education

As a member of the Education Response Plan Steering Committee, UNICEF is providing technical capacity to the task team supporting the review of proposals for the US\$11 million Education Cannot Wait funding allocated to Uganda.

UNICEF has completed the construction of 33 multi-purpose education facilities and equipped them with water and latrines in 11 multi-purpose centres in Arua and Yumbe refugee hosting districts. These facilities will provide a conducive and stimulating environment for 7,200 children to play and learn. UNICEF is supporting parenting education sessions in Adjumani, Yumbe and Arua districts. These strengthen the ability of parents to care for and respond to the needs of young children, embrace feeding programmes in the early childhood development (ECD) centres, engage in making play materials for children and support play sessions. A total of 1,400 parents took part in these sessions.



*Completed facilities in Bidibidi settlement
Picture by Sammy Poro*

Communicable Diseases

Ebola preparedness

Nutrition: UNICEF, through the Nutrition in Emergency Technical Working Group of the MoH, has supported the adaptation of key messages for infant and young child feeding in the context of Ebola. Orientation of health workers on the key messages is ongoing at all Ebola treatment units.

Education: UNICEF supported the development of a draft Ebola prevention package for school teachers and students. The package will be printed and distributed to District Education Offices, primary and secondary schools, Principal Teachers' Colleges and post tertiary institutions.

Communication for Development (C4D), Community Engagement and Accountability

C4D interventions focused on media engagement covering 22 districts, to be expanded to 28 in line with the revised national EVD contingency plan, capacity building of community stakeholders and community engagement to ensure community members are prepared to respond to an EVD outbreak. With technical and financial support from UNICEF, URCS has rolled out interpersonal communication (community engagement) through 180 community-based volunteers in the districts of Kasese, Ntoroko, Bundibugyo, Kabarole, Bunyangabo, Kisoro and Kanungu.

Between August and mid-October 2018, UNICEF and partner URCS reached a total of 439,073 people through household visits in the districts of Kasese, Kabarole, Bundigugyo, Ntoroko, Bunyangabo, Kanungu and Kisoro. Messaging at household level was reinforced by the following activities:

- **7,142** community meetings conducted by URCS volunteers reaching **235,207** people in the seven districts
- **38,555** household visits conducted by URCS volunteers, reaching **203,680** people in the seven districts
- **1,322** community group meetings took place at primary schools, churches and mosques, market places, taxi, boda-boda and bus stops as well as at funeral gatherings. During these meetings, **52,857** persons (**20,881** males, **22,649** females and **9,327** children) were reached with Ebola prevention messages
- **12,979** radio spots and **149** talk shows were conducted on **21** radio stations. The focus of media engagement remains on signs and symptoms, transmission and prevention of EVD across the five sub-regions of West Nile, Bunyoro, Tooro, Kigezi and Buganda

Child Protection: UNICEF, in partnership with URCS, supported the development of a PSS training curriculum and 180 volunteers in seven districts were trained and equipped with basic knowledge and skills on PSS. The volunteers, while conducting risk communication and social mobilization interventions, will utilize the skills to identify PSS needs and offer psychological first aid to at-risk and affected individuals, families and the community at large. Five volunteers have been selected per district to identify family members of persons isolated and ensure that they receive individual support based on their needs.

Health: UNICEF continues to support infection prevention and control, surveillance and screening through 210 URCS volunteers across seven entry points in the districts of Kasese, Bundibugyo, Ntoroko, Bunyangabo, Kisoro, Kanungu and Kabarole. Gaps observed in some points of entry include lack of shelter/tents during the rainy season, furniture, thermometers and basic safety clothing for volunteers.

Cholera and other outbreaks

UNICEF, in collaboration with MoH, is completing the district response to cholera supporting OCV campaigns, risk communication, surveillance, water quality testing and training of health workers in case management in Hoima, Kikube, Kampala, Mbale, Kween and Bulambuli districts.

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

Floods and Landslides

In response to the flooding and landslide in Bududa, UNICEF and URCS supported over 700 people (139 households) with 280 20-litre jerry cans, 23 boxes of laundry soap and two boxes of aquatabs to promote safe water consumption and hygiene amongst the affected population. UNICEF is providing technical support to the Bududa District Disaster Management Committee to enable appropriate response to the impact of the flooding and landslides.

Supply and Logistics

UNICEF complemented government efforts in preparedness against EVD through provision of 884 hand washing facilities, 1,485 kilograms of chlorine, 392 cartons of soap and 377 boxes of water purification tablets to Kisoro, Kasese, Bundibugyo, Ntoroko, Kabarole, Kikuube, Kyegegwa, Kanungu, Rubirizi, Rukungiri, Bunyangabu and Kamwenge districts. Two chlorine generators for on-site production of chlorine have been deployed, and an additional 50 new units are under procurement. UNICEF and WHO procured and pre-positioned an assortment of Personal Protective Equipment (PPE) such as examination gloves, heavy duty and surgical gloves, aprons, masks and assortments of boots. In addition, UNICEF is procuring a contingency stock of Ready to Use Infant Formula as preparedness in the event of cases amongst breastfeeding mothers.

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 meet the needs of children affected by emergencies. Health and HIV/AIDS sectors are currently the least funded.

To date, UNICEF has received over US\$900,000 to support Ebola preparedness efforts and response. An emergency loan of US\$607,000 has also been allocated through the UNICEF Emergency Programme Fund to support Ebola preparedness activities, as fundraising efforts continue.

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.

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.

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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	137,449	▲ 8,104
Number of pregnant women who received iron and folic acid supplements or multiple micronutrient supplements in humanitarian situations	129,920	41,982	▲ 4,660
Number of children aged 6-59 months affected by severe acute malnutrition who are admitted into treatment in humanitarian situations	21,914	6,575	▲ 934
EDUCATION			
Number of children and adolescents accessing formal or informal education (including pre-primary school/early childhood learning spaces)	123,361	36,144(***)	▲ 2,523
HEALTH			
Number of children aged 6 months to 15 years in humanitarian situations who are vaccinated against measles	776,900	362,580	▲ 256,623
Number of people in humanitarian situations reached with key life- saving and behaviour change messages on public health risks	1,603,911	1,125,900	▲ 753,755 (****)
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	40,465	▲ 3,592
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	3,105	▲ 281
Number of children benefiting from psychosocial support	279,704	90,118	▲ 495

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

(**) 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.

(***) Education services were 62 per cent funded however UNICEF experienced unanticipated delays in replicating an approved multi-purpose education facility hence there is limited access to learning spaces.

(****) Significant increase is due to data validation by MoH and intensified Ebola preparedness related activities by URCS and District Local Governments