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Uganda

Due to ongoing conflict, poverty and food insecurity in neighbouring countries, Uganda is expected to receive over 1 million South Sudanese, 600,000 Congolese and 40,000 Burundian refugees by 2020.¹ Children make up 60 per cent of refugee and host community populations, and many lack access to essential services and are facing serious protection risks.² More than half of all primary-level children and over 90 per cent of secondary-level children are out of school, and 22 per cent of children in integrated refugee settlements are enrolled in grades lower than expected for their age.³ The global acute malnutrition rate is above 10 per cent and over 40 per cent of women and children are anaemic.⁴ Water deprivation affects 62 per cent of those living in host communities and 69 per cent of refugees living in Uganda for more than five years,⁵ and water resource management in refugee settlements is disconnected from humanitarian action. Nearly one third of refugee settlement households lack single-family latrines.⁶ For children and women living with HIV, access to and utilization of HIV prevention, care and treatment are inadequate. The country is struggling to manage disease outbreaks, including cholera, and the risk of an Ebola outbreak remains significant.

Humanitarian strategy

UNICEF supports the implementation of durable solutions to chronic displacement in Uganda in line with the country's Refugees and Host Population Empowerment Strategic Framework, Settlement Transformation Agenda and Comprehensive Refugee Response Framework. UNICEF will continue to support the Government to adapt its nutrition, health, water, sanitation and hygiene (WASH), child protection, education and social protection systems to humanitarian situations. Using a decentralized approach, UNICEF will strengthen its humanitarian response, including by localizing capacity building, monitoring and reporting and procuring essential equipment and supplies. Community-based support will improve the delivery of targeted protection and basic services for affected children and adolescents. UNICEF will work with the Government and partners at the national and sub-national levels to strengthen multi-year planning processes to leverage domestic and international resources for at-risk communities. Government contingency planning and response efforts will be supported to mitigate the effects of disease outbreaks and natural disasters. In high-risk communities, applying and scaling up existing civic engagement platforms, such as U-report, will promote accountability to affected populations, build linkages between communities and local governments and guide responsive district and sub-district planning and budgeting. Gender, HIV and AIDS, conflict sensitivity and communication for development programming will be mainstreamed into all interventions.

Results from 2018

As of 31 October 2018, UNICEF had US\$22.5 million available against the US\$66.1 million 2018 appeal (33 per cent funded).⁷ UNICEF supported integrated refugee/host community planning for education, health and nutrition and strengthened the coordination of basic service sectors in the refugee response. Nutrition and HIV and AIDS results were higher than expected considering the limited funding available, primarily due to UNICEF's investment of core and other resources in key services. High-risk districts successfully maintained a cure rate above 75 per cent for malnourished children, but a change in the intervention focus from district-wide to the sub-district level resulted in low coverage of vitamin A supplementation. Fourteen motorized water systems enabled access to water for 93 per cent of the target population. UNICEF supported the Ministry of Health to strengthen its preparedness and response to the threat of Ebola from the Democratic Republic of the Congo, and use communication for development interventions to contain cholera outbreaks. The reduced number of refugees in 2018 meant that fewer unaccompanied and separated children received protection services, including alternate care and psychosocial support. The education response was 62 per cent funded, but unanticipated delays in replicating an approved multipurpose education facility limited education results.

Humanitarian Action for Children

unicef 

Total people in need:
4 million⁸

Total children (<18) in need:
2.4 million⁹

Total people to be reached:
2,708,779¹⁰

Total children to be reached:
1,546,266¹¹

2019 programme targets:

Nutrition

- 745,074 children aged 6 to 59 months received vitamin A supplementation in semester 1
- 22,278 children aged 6 to 59 months affected by severe acute malnutrition (SAM) admitted for treatment

Health

- 489,866 boys and girls immunized against measles
- 1,963,705 people reached with key health/ educational messages¹²

WASH

- 197,000 people accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene
- 255,100 people accessing appropriate sanitation facilities and living in environments free of open defecation

Child protection

- 7,368 children registered as unaccompanied or separated receiving appropriate alternative care services
- 47,824 children benefiting from psychosocial support

Education

- 108,704 children accessing formal or non-formal early childhood education/pre-primary education
- 75,763 children accessing formal or non-formal basic education

HIV and AIDS

- 3,433 HIV-positive children continuing to receive antiretroviral treatment
- 942 HIV-positive pregnant women receiving treatment to prevent mother-to-child transmission

	UNICEF 2018 targets	UNICEF 2018 results
NUTRITION		
Children aged 6 to 59 months affected by SAM who are admitted into treatment	21,914	7,060
Children aged 6 to 59 months who received vitamin A supplements in the first semester ⁱ	663,036	229,219
Pregnant women who received iron and folic acid supplements or multiple micronutrient supplements	129,920	48,803
HEALTH		
Children aged 6 months to 15 years who are vaccinated against measles	776,900	375,885
People reached with key life-saving and behaviour change messages on public health risks	1,603,911	1,229,172
WATER, SANITATION AND HYGIENE		
People accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene	133,000	123,281
People accessing appropriate sanitation facilities and living in environments free of open defecation	190,000	88,545
CHILD PROTECTION		
Children registered as unaccompanied or separated who received appropriate alternative care services	16,544	3,923
Children benefiting from psychosocial support	279,704	90,118
EDUCATION		
Children accessing formal or non-formal basic education (including pre-primary schools/early childhood learning spaces)	123,361	37,111
HIV AND AIDS		
HIV-positive children who continue to receive antiretroviral treatment	3,513	4,418 ⁱⁱ

Results are through 31 October 2018.

ⁱ The target was set for district-wide coverage. However, later in 2018, the Nutrition Working Group resolved to consider data by sub-county level only.

ⁱⁱ HIV and AIDS results were reported using district-wide data for nationals and refugees in all 11 refugee-hosting districts. While 2018 reports from the health management information system represent both nationals and refugees, in 2019, the Ministry of Health plans to roll out the revised health management information system tools, which will enable reporting on disaggregated data.

Funding requirements

UNICEF requires US\$51.8 million in 2019 and US\$47.3 million in 2020 to realize the rights of children, adolescents and women affected by the refugee influx, the increasing incidence of communicable disease outbreaks and climate-related shocks. The appeal is aligned with the Uganda Refugee Response Plan 2019-2020. With more predictable multi-year funding, UNICEF will strengthen the preparedness and response capacities of communities, districts and line ministries, and adapt systems to peacefully integrate social service delivery for chronically displaced refugees and their host communities. UNICEF will facilitate direct support to the Government to bridge central government and district-level planning and budgeting.

Sector	2019 requirements (US\$)	2020 requirements (US\$)
Nutrition	7,703,412	7,260,632
Health	9,190,623	8,911,943
Water, sanitation and hygiene	12,170,004	10,592,368
Child protection	6,912,427	5,955,261
Education	14,351,658	13,112,473
HIV and AIDS	1,436,607	1,547,237
Total	51,764,731	47,379,914

¹ United Nations High Commissioner for Refugees, 'Uganda Country Refugee Response Plan: The integrated response plan for refugees from South Sudan, Burundi and the Democratic Republic of the Congo - January 2019-December 2020' (draft), UNHCR, 2018. The Refugee Response Plan document was not finalized/published at the time of writing this appeal. The appeal will be updated to be aligned with the published Refugee Response Plan, once finalized.

² Ibid.

³ Government of Uganda Ministry of Education and Sports, 'Education Response Plan for Refugees and Host Communities in Uganda', 2018.

⁴ Government of Uganda and United Nations High Commissioner for Refugees, 'Food Security and Nutrition Assessment', 2018.

⁵ Economic Policy Research Centre and United Nations Children's Fund, 'Child Poverty and Deprivation in Refugee-Hosting Areas: Evidence from Uganda', EPRC and UNICEF, 2018.

⁶ 'Uganda Country Refugee Response Plan January 2019-December 2020' (draft).

⁷ Available funds include US\$8 million received against the current appeal and US\$14.5 million carried forward from the previous year. The substantive carry-forward amount is mainly due to generous multi-year funding from donors and funding received in December 2017.

⁸ The total number of people in need is 4 million refugees and host communities affected by displacement that require assistance by 2020. 'Uganda Country Refugee Response Plan January 2019-December 2020' (draft).

⁹ The total number of children in need is children among the refugees and host communities (60 per cent of 4 million) affected by displacement that require assistance by 2020. 'Uganda Country Refugee Response Plan January 2019-December 2020' (draft).

¹⁰ The figure for total people to be reached includes: 745,074 children aged 6 to 59 months to receive vitamin A supplementation in semester 1 in humanitarian situations (including refugees and host communities in refugee-hosting sub-counties / districts) + 1,963,705 people to be reached with key health or educational messages (including refugees and host communities in refugee-hosting districts as well as high-risk districts for disease outbreaks and climatic shocks).

¹¹ The figure for children under 18 years to be reached includes: 745,074 children aged 6 to 59 months to receive vitamin A supplementation in semester 1 in humanitarian situations + children (40.8 per cent of 1,963,705 people) to be reached with key health/educational messages.

¹² Individuals to be reached through communication for development to raise health awareness. Individuals reached will be monitored, using humanitarian performance monitoring, to track progress against this indicator. People reached with key messages include refugees and host communities, those at risk of Ebola, cholera and other disease outbreaks and those affected by climatic shocks.

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