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## Uganda

One million South Sudanese refugees are now living in Uganda, as are 300,000 refugees from Burundi, the Democratic Republic of the Congo and other countries in the region.<sup>3</sup> Sixty-one per cent of all refugees in Uganda are children.<sup>4</sup> By the end of 2018, the refugee population in Uganda may grow to over 1.8 million.<sup>5</sup> Basic services in refugee-hosting districts are overstretched, compromising the quality of services for both refugees and host communities. Sanitation coverage among refugees remains below 40 per cent.<sup>6</sup> While half of all refugees are school-aged children, only 35 per cent of refugee children aged 3 to 5 years are enrolled in pre-primary school.<sup>7</sup> The global acute malnutrition rate for new arrivals in refugee settlements is critically high at 14.9-21.5 per cent,<sup>8</sup> and in the Karamoja region, global acute malnutrition increased from 11 per cent in June 2016 to 13.8 per cent in June 2017.<sup>9</sup> A severe recent outbreak of Marburg virus disease was contained by the Ministry of Health.<sup>10</sup> Children are also vulnerable to outbreaks of measles, malaria and cholera, as well as exposure to floods and landslides. Access to safe water may be limited for up to 650,000 people affected by multiple shocks in 2018.<sup>11</sup>

### Humanitarian strategy

UNICEF will support the Government of Uganda to incorporate emergency preparedness and response into its multi-year development plans, particularly in refugee-hosting districts. UNICEF and the United Nations High Commissioner for Refugees (UNHCR) will implement a long-term refugee and host communities' empowerment strategy, in line with the Government's Settlement Transformation Agenda, the Comprehensive Refugee Response Framework and the Grand Bargain commitments. Technical guidance, equipment and supplies will be provided in priority emergency districts to support the expansion of routine social services. Support to national education and health strategies will link ongoing development programming with the humanitarian refugee response. Technical advice will be provided to support the scale up of child-sensitive social protection services for both refugees and host communities. UNICEF will employ a systems-strengthening approach and build the capacities of communities in districts affected by natural hazards to facilitate effective adaptation and response to threats. Support for government-led emergency preparedness and response will continue to mitigate the effects of disease outbreaks. Additional emergency response capacity will be provided through an emergency standby partnership with the Uganda Red Cross Society. UNICEF will innovate to improve efficiency, including by using m-Trac, a mobile application, to send urgent information to health workers.

### Results from 2017

As of 31 October 2017, UNICEF had US\$16 million available against the US\$52.8 million against the US\$52.8 million (30 per cent funded).<sup>12</sup> Despite limited funding, UNICEF was able to reach between 42 and 100 per cent of all sector targets by integrating development and humanitarian programming, using some core/development funds for humanitarian-related system building and responding rapidly to the significant influx of refugees.<sup>13</sup> UNICEF provided 11 motorized systems for safe water that reached 93,000 additional refugees and host community members and reduced the need for water trucking. UNICEF improved sanitation for 3,750 households, including 750 persons with special needs, though high infrastructure costs prevented full achievement of the target. UNICEF and partners supported continued and accelerated learning<sup>14</sup> for affected school-aged children and supported the expansion of education services, including to address the refugee influx, ultimately achieving 66 per cent of the target. UNICEF's behaviour change communication programme, combined with the provision of appropriate equipment and supplies, supported the Ministry of Health and local government partners to contain outbreaks of Marburg virus disease, measles, cholera and malaria. In addition, the provision of supplies and key technical support enabled district health services to respond to the increasing malnutrition caseloads in Karamoja and refugee-hosting areas.

# Humanitarian Action for Children

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#### Total people in need:

2.3 million<sup>1</sup>

#### Total children (<18) in need:

1.5 million<sup>2</sup>

#### Total people to be reached:

1.6 million

#### Total children to be reached:

983,000

#### 2018 programme targets:

##### WASH<sup>15</sup>

- 133,000 people accessing a sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene
- 190,000 people accessing appropriate sanitation facilities and living in environments free of open defecation

##### Nutrition<sup>16</sup>

- 663,036 children aged 6 to 59 months received vitamin A supplements in the first semester
- 21,914 children aged 6 to 59 months affected by severe acute malnutrition (SAM) admitted into treatment
- 129,920 pregnant women receiving iron and folic acid supplements or multiple micronutrient supplements

##### Health<sup>17</sup>

- 776,900 children aged 6 months to 15 years vaccinated against measles
- 1,603,911 people reached with key life-saving and behaviour change messages on public health risks

##### Child protection

- 16,544 children registered as unaccompanied or separated received appropriate alternative care services
- 279,704 children benefitting from psychosocial support

##### Education

- 123,361 children accessing formal or non-formal basic education (including pre-primary school/early childhood learning spaces)

##### HIV/AIDS

- 3,513 UNICEF-targeted HIV-positive children continued to receive antiretroviral therapy

	UNICEF 2017 target	UNICEF total results
<b>NUTRITION</b>		
Children under 5 years admitted for SAM treatment	31,000	31,327 <sup>i</sup>
Children aged 6 to 59 months receiving vitamin A supplements	446,395	423,989 <sup>ii</sup>
Pregnant women receiving folic acid	345,000	286,120 <sup>ii</sup>
<b>HEALTH</b>		
Children aged 6 months to 15 years vaccinated against measles	1,023,000	667,050
<b>WATER, SANITATION AND HYGIENE</b>		
People accessing safe water for drinking, cooking and personal hygiene	530,000	311,500 <sup>ii</sup>
People with access to appropriate sanitation facilities	318,000	151,980 <sup>ii</sup>
<b>CHILD PROTECTION</b>		
Unaccompanied and/or separated children receiving appropriate alternative care services	32,640	13,821 <sup>iii</sup>
<b>EDUCATION</b>		
Children or adolescents accessing formal or informal education	179,800	119,059 <sup>ii</sup>
<b>HIV/AIDS</b>		
Children/adolescents requiring continuation of antiretroviral therapy	9,000	4,630 <sup>iii</sup>

Results are through 31 October 2017 unless otherwise noted.

<sup>i</sup> Data as of September 2017.

<sup>ii</sup> These results include both refugee and host community children.

<sup>iii</sup> These results refer to refugee children only.

## Funding requirements

In 2018, UNICEF requires US\$66,119,117 to reach children, adolescents and women affected by multiple shocks across Uganda. This appeal is aligned with Uganda's integrated refugee response plan, and covers the response to refugees from Burundi, the Democratic Republic of the Congo, South Sudan and other countries. This funding will help to improve emergency preparedness and response capacities, including the ability of the Government to respond to future disease outbreaks, the ongoing influx of refugees and natural hazards. Adequate funding will ensure that emergency-affected children remain alive and safe and are able to thrive and learn, to the greatest extent possible.

Sector	2018 requirements (US\$) <sup>18</sup>
Nutrition	9,581,550
Health	15,268,014
Water, sanitation and hygiene	13,093,000
Child protection	8,550,013
Education	17,712,664
HIV/AIDS	1,913,876
<b>Total</b>	<b>66,119,117</b>

<sup>1</sup> Uganda Integrated Refugee Response Plan, 2018.

<sup>2</sup> Ibid.

<sup>3</sup> United Nations High Commissioner for Refugees, 'Uganda Refugee Response - Monthly Snapshot', September 2017.

<sup>4</sup> Ibid.

<sup>5</sup> United Nations High Commissioner for Refugees, 2017; and Uganda integrated refugee response plan for 2018.

<sup>6</sup> Based on Government of Uganda humanitarian WASH sector working group monthly updates.

<sup>7</sup> United Nations High Commissioner for Refugees, 2017; and Uganda integrated refugee response plan for 2018.

<sup>8</sup> United Nations Children's Fund, United Nations High Commissioner for Refugees and the World Food Programme, Joint food security assessment in refugee settlements, 2016.

<sup>9</sup> World Food Programme and United Nations Children's Fund, 'Food Security and Nutrition Assessment', June 2017.

<sup>10</sup> By 31 October 2017, the Ministry of Health had reported three cases of Marburg virus disease and a 100 per cent case fatality rate. By 27 November 2017, there were 220 cumulative cholera cases, with a 1.4 per cent case fatality rate. Sixty-three per cent of cholera cases were children.

<sup>11</sup> Based on Government of Uganda humanitarian WASH sector working group monthly updates.

<sup>12</sup> Available funds include US\$13 million raised against the current appeal and US\$3 million carried forward from the previous year.

<sup>13</sup> Including response campaigns. In October 2017, UNICEF supported child health days in all refugee-hosting districts, supplementing routine services and improving immunization coverage for host communities and refugees.

<sup>14</sup> In collaboration with the Education Cannot Wait initiative.

<sup>15</sup> WASH targets have decreased in 2018 from 2017. These are aligned with the Uganda Integrated Refugee Response Plan target and costing calculations, taking into account cost per beneficiary for refugees and host community.

<sup>16</sup> The nutrition programme targets for SAM and pregnant women receiving folic acid have been reduced in 2018. The recently released Uganda Bureau of Statistics report on population projections by age group and district for each year was used to define the 2018 targets.

<sup>17</sup> Health targets have decreased in 2018 from 2017. These are aligned with the Uganda Integrated Refugee Response Plan target and costing calculations, taking into account cost per beneficiary for refugees and host community.

<sup>18</sup> Where sectors have higher costs and lower targets compared with 2017, this is due to increased investment in a) emergency preparedness and response; b) infrastructure, equipment and assistance that will facilitate service delivery over the longer-term; and c) system strengthening. In addition, for nutrition, increases are due to additional prevention activities; for health, increases are due to additional programming for the Expanded Programme on Immunization, malaria, routine treatment and system building; and for WASH, increases are due to the construction of household latrines, which last longer but are more costly than the communal latrines constructed in 2017.

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