

# UNICEF UGANDA

## 2016 CONSOLIDATED EMERGENCY REPORT



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# UNICEF Uganda 2016 Consolidated Emergency Report

## Table of Contents:

<b>1.1. Executive summary .....</b>	<b>4</b>
<b>1.2. Humanitarian context .....</b>	<b>7</b>
<b>1.3. Humanitarian results .....</b>	<b>10</b>
<b>1.3.1. Results for emergency preparedness and response .....</b>	<b>10</b>
<b>1.3.2. Factors for success and constraints .....</b>	<b>13</b>
<b>1.3.3. UN coherence .....</b>	<b>14</b>
<b>1.3.4. Monitoring and evaluation .....</b>	<b>15</b>
<b>1.4. Resources .....</b>	<b>15</b>
<b>1.5. Future work plan .....</b>	<b>18</b>
<b>1.6. Expression of thanks .....</b>	<b>19</b>
<b>1.7. Human interest stories.....</b>	<b>18</b>

## Abbreviations and acronyms

ART	Ante-Retroviral Therapy
CERF	Central Emergency Response Fund
CEAP	Corporate Emergency Activation Procedure
CRRF	Comprehensive Refugee Response Framework
DRMS	Disaster Risk Monitoring System
DRC	Democratic Republic of the Congo
DRM	Disaster Risk Management
ECD	Early childhood development
FAO	Food and Agricultural Organisation
GBV	Gender based violence
GoU	Government of Uganda
IEC	Information Education Communication
ICRC	International Committee of the Red Cross and Red Crescent
IMAM	Integrated Management of Acute Malnutrition
IOM	International Organisation for Migration
IRS	Indoor Residual Spray
LLIN	Long Lasting Insecticide treated Nets
MVRS	Mobile Vital Registration System
MoH	Ministry of Health
MoES	Ministry of Education and Sports
NGO	Non-government organisation
NECOC	National Emergency Coordination Centre
OHCHR	Office of the High Commission for Human Rights
OPM	Office of the Prime Minister
RCAT	Red Cross Action Team
ReHOPE	Refugee and host population empowerment
SAM	Severe Acute Malnutrition
SMC	School Management Committees
SSOP	Simplified standard operating procedures
UASC	Unaccompanied and separated Children
UNDP	United Nations Development Programme
UNHCR	United Nations High Commission for Refugees
UNFPA	United Nations Population Fund
URCS	Uganda Red Cross Society
WHO	World Health Organisation

## 1.1. Executive summary

Uganda is hosting over 1,064,043 refugees and asylum seekers as of February 1, 2017, most of whom have fled crises in Burundi, the Democratic Republic of the Congo and South Sudan. The majority of the refugees (80 per cent) are women and children. Children alone make up 58 per cent (617,145) of the refugee population, which includes unaccompanied and separated children (UASC) and other vulnerable groups. Refugees from South Sudan account for 67 per cent (712,909) of the refugee and asylum seekers population, while 21 per cent (223,449) are DRC refugees, 4 per cent (42,562) are Burundi refugees and 12 per cent are refugees from Somalia, Rwanda and others. South Sudanese refugees are settled in Arua, Adjumani, Kiryandongo, Yumbe, and Moyo Districts. Burundian refugees are settled in Isingiro district while DRC refugees are settled in Kamwenge, Kisoro, Kyegegwa, Hoima and Isingiro Districts. The Government of Uganda (GoU) offered refugee status on a prima facie basis to refugees.

The South Sudanese refugees started arriving in Uganda since December 2013, however the influx increased immensely due to recommencement of fighting in South Sudan in early July 2016. The large and rapid refugee influx has severely strained social services, including health, education, water and sanitation, especially in the settlements/transit centres hosting the Sudanese refugees. Adolescent refugees lack protection, support with menstruation management and reproductive health services, as well as formal/non-formal learning. Based on current analysis, up to 380,000 more people may flee to Uganda in 2017 due to continued violence and civil unrest.

In addition to the refugee influx, the country was faced with a number of humanitarian situations including a prolonged dry spell. Rainfall during the first half of the October to December season was approximately 50 per cent below average in north western and southern Uganda and overall, the second agricultural season production was below average.

In December 2016, UNICEF, WFP and UNHCR conducted a food security and nutrition assessment in districts that are hosting refugees in Uganda. The assessment showed that the nutritional status in South West settlements has progressively stabilised, while the West Nile side has either medium or high prevalence of malnutrition. The findings show that the levels of acute malnutrition vary from settlement to settlement; with Rhino Camp in Arua district presenting the highest prevalence of Global Acute Malnutrition (GAM) at 14.2 per cent classified as "serious" according to WHO classification. The GAM rates for Adjumani are 9.6 per cent, Kiryandongo 8.2 per cent, Bidibidi 7.6 per cent and Lobule 7.5 per cent, classified as "poor". The GAM rates for rest of the settlements are classified as "acceptable" as they remained below 5 per cent. The prevalence of anaemia in children aged 6-59 months and in non-pregnant women of reproductive age (15-49 years) remained above the WHO threshold of 40 per cent. The highest prevalence of anaemia among refugee children was recorded in Bidibidi (Yumbe district) at 72.4 per cent followed by Lobule (Koboko district) at 72.2 per cent. Anaemia among women of reproductive age was recorded highest in Bidibidi at 56.5 per cent, and Adjumani at 48.1 per cent.

At present, access to formal and non-formal post primary education remains a critical need. Communities' water, sanitation and hygiene facilities are strained and below standards with limited availability at some schools and health centres. Poor sanitation and hygiene is of high concern as 44 refugees share one stance of latrine across all the settlements. Increased utilization of health services by refugees has also led to increased stock outs for supplies for both curative and preventive health services.

Other humanitarian crises included a cholera outbreak that began in October 2015 continued in 2016, with 3,315 cases reported as of December 2016. A malaria outbreak also persisted through 2016 in the districts hosting South Sudan refugees. Other disease outbreaks included Yellow Fever, Rift Valley Fever, increasing the vulnerability of children and adolescents.

UNICEF Uganda continued to support risk informed programming in addition to emergency preparedness and response efforts coordinated by the Office of the Prime Minister in 2016. UNICEF appealed for US\$22,700,000 in 2016. The Country Office (CO) received US\$6,114,069 including carried forward of US\$2,156,949 from 2015 to support immediate needs for women and children affected by refugee influx, disease outbreaks and other hazards. UNICEF is grateful to all donors for the contribution, including DFID and the Central Emergency Response Fund (CERF) whose contribution to preparedness and response has, in addition to UNICEF core resources, supported humanitarian response to humanitarian shocks and stresses.

In 2017, UNICEF and partners will continue to support emergency preparedness, response and peace and resilience-building efforts coordinated by the Uganda Office of the Prime Minister. UNICEF will deliver an integrated response targeting the needs of refugees as well as affected Ugandan communities.



# Uganda

## Refugees and asylum-seekers

as of 01 February 2017



### KEY FIGURES

**1,064,043**

total refugees and asylum-seekers

**825,776**

bio-metrically registered

**238,267**

pending bio-metric registration\*

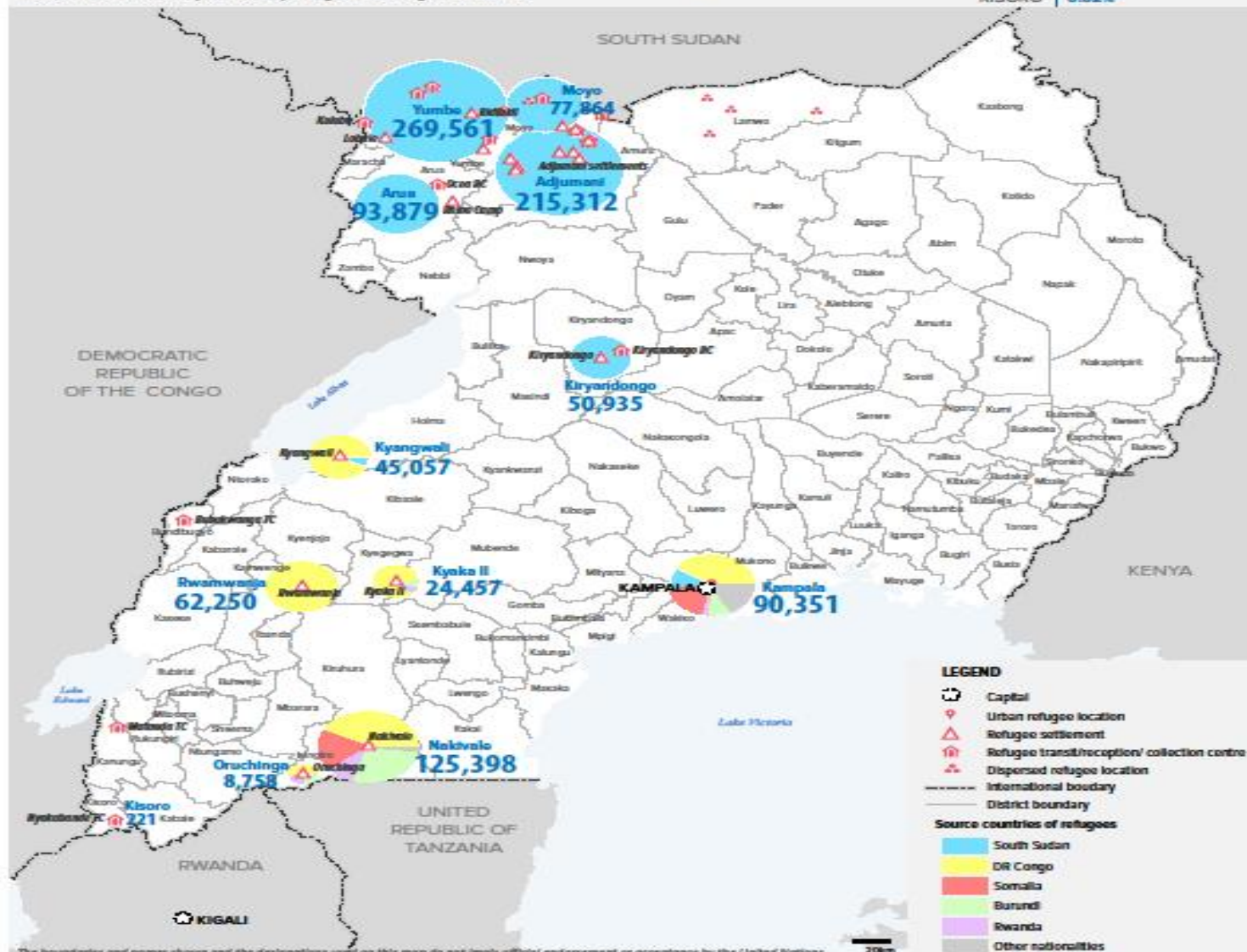
### COUNTRIES OF ORIGIN

SOUTH SUDAN	68%
DRC	21%
BURUNDI	4%
SOMALIA	4%
RWANDA	2%
OTHERS	2%

### REFUGEE LOCATIONS

YUMBE	25%
ADJUMANI	20%
NAKIVALE	12%
ARUA	9%
KAMPALA	8%
MOYO	7%
RWAMWANJA	6%
KIRYANDONGO	5%
KYANGWALI	4%
KYAKA II	2%
ORUCHINGA	1%
KISORO	0.02%

\* new arrivals in transit/reception centres pending bio-metric registration in RIMS



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Creation date: 12 Jan 2017 Sources: Geodata: UNHCR, UNCS, USOS. Statistics provided by Government (OPM), Refugee Department, Registered in (RIMS) and UNHCR Field Offices  
 Author: UNHCR Regional Service Centre in Nairobi Feedback: kenngis@unhcr.org

## 1.2. Humanitarian context

The Office of the Prime Minister's Department of Refugees and UNHCR are the lead coordinators in the refugee response Uganda. The Office of the Prime Minister's Department of Disaster Preparedness coordinates and leads the country's humanitarian response efforts, primarily through a National Disaster Risk Reduction Platform. The National Disaster Risk Reduction Platform coordinates national response to disasters 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. UNICEF provides technical contribution within these humanitarian coordination mechanisms, within the sectors of WASH, Child Protection, Health, Nutrition and Education. UNICEF's humanitarian support to refugees in Uganda continues to be based on the long term refugees and host community empowerment framework (ReHOPE).

In 2016, UNICEF Uganda Country Office responded to a number of humanitarian occurrences including refugee influx, disease outbreaks and internal displacements. Critical needs in health, nutrition, WASH, education and child protection for affected populations were addressed. Humanitarian action contributed to various capacities of local institutions and government, host communities and refugees for preparedness and resilience building. UNICEF deployed a variety of humanitarian and development innovations such as the community based Disaster Risk Monitoring System and U-report to improve the efficiency of its humanitarian preparedness and response activities. UNICEF is also supporting the Government of Uganda to take a leadership role on such innovations and to mainstream them into the national emergency preparedness and response approach.

UNICEF and partners assisted the government to provide refugees and host community children and women with services including child protection services, early childhood development and maternal nutrition counselling to complement nutrition support to children. In addition, more than 269,000 children received vitamin A supplementation in the refugee districts of Arua, Adjumani, Kiryandongo, Yumbe, Koboko, Isingiro and Kyegegwa. UNICEF-supported immunization campaigns reaching more than 209,000 children. Other services included provision safe water and hygiene promotion, ensuring continuation of anti-retroviral therapy amongst children / adolescents and women.

Over 40,062 children affected by the malaria epidemic were under five years of age. There has been a reduction in the number of cases reported in the 10 Indoor Residual Spray (IRS) districts as well as in Arua in 2016, which could be due to the onset of the dry spell. Most malaria epidemic districts in Northern Uganda are still above the respective malaria threshold. The most at risk populations are in the districts of Gulu, Nwoya, Amuru, Kitgum, Lamwo, Agago, Pader, Oyam, Apac, Arua and Kole. UNICEF and partner, Uganda Red Cross Society, carried out social mobilization activities to ensure preventive and control measures are undertaken to overcome the malaria epidemic in 11 epidemic districts through the "Hang up keep up" of LLIN campaign. Through these efforts, 1,565,238 people were reached through dissemination of behavioural change messages through household to household visits and the distribution of Information Education Communication (IEC) materials.

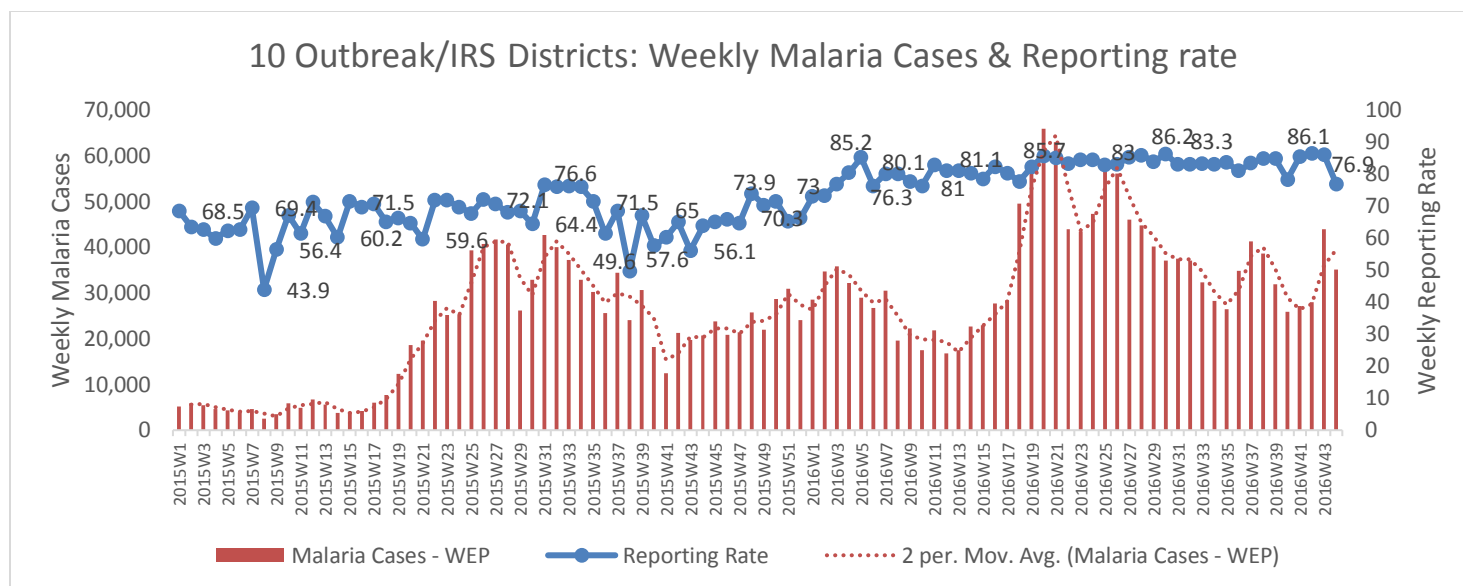


Figure1: Malaria EPI curve

Sango Bay camp in Rakai district was formally closed by the Office of the Prime Minister (OPM). In August, 3,000 returnees from Tanzania, who were in that camp since 2013, were moved to a temporary centre at Rwentuuha health center in Kyaka 1, Kyegegwa District. The OPM allocated each household 3 acres of land for permanent settlement. According to the district, almost 80 per cent of the returnees were resettled in Rwentuuha parish. UNICEF and partner Uganda Red Cross Society supported the displaced persons with tarpaulins and water purification tablets.

A yellow fever outbreak was confirmed on 8 April 2016 when three blood samples from suspected Viral Haemorrhagic Fever (VHF) cases tested positive. On 14 April 2016, a suspected case from Rukungiri district tested positive for Yellow Fever, and since then seven cases of Yellow Fever were confirmed in the country. The yellow fever case fatality rate was 40 per cent, with three deaths reported. In total, 60 suspected cases were reported in Masaka, Rukungiri, Kalangala, Bukomasimbi, Kalungu, Lwengo, Lyantonde, Ntungamo and Rakai districts. The outbreak was successfully controlled and the country was declared free of the outbreak in September 2016. This is due to surveillance and social mobilization efforts by UNICEF and partner Ministry of Health.

In June 2016, UNICEF responded to a Rift Valley Fever (RVF) outbreak with the total of human confirmed RVF cases to four (all alive). All cases were from Kabale District isolated at Kabale Regional Referral Hospital. The disease is transmitted by mosquito bites and drinking or eating animal products that are not well prepared from infected cattle, goats or sheep. The actual prevalence of the disease in animals is still unknown therefore impacting the commercialization of the livestock. UNICEF and Ministry of Health conducted social mobilization in the affected communities while daily radio spots and talk shows were run by all radios in the region to increase awareness. The outbreak was contained by August 2016 but surveillance and social mobilisation continued.

UNICEF responded to a cholera outbreak in Uganda. The Uganda National Meteorological Authority (UNMA) and the Ministry of Health revealed that districts reporting cholera cases in 2015/16 had relatively higher rainfall during the El Nino phenomenon period in late 2015 and early 2016. It is likely that in these areas, there was an increase in poor sanitation and hygiene conditions conducive to the transmission of the water borne diseases. Data from Ministry of Health indicates that Uganda continued to report cholera cases in 2016 with reported 3,315 cases and 98 deaths from 30 districts. Fifty-four per cent of the affected districts fall within the high risk eastern region of Uganda. A case fatality rate was 3.0 per cent above the 1% threshold which suggests gaps in prevention



and control. Improvements in safe water supply, personal hygiene and adequate sanitation are the best means of preventing cholera. In response to the outbreak, UNICEF participated in the multi-stakeholder National Task Force (NTF) as well as District Task Force (DTF) for the development of a national cholera prevention, preparedness and response plan. UNICEF further supported Ministry of Health to revise the 2007 cholera treatment guidelines to include new case definition, Oral Cholera Vaccine, testing and treatment in order to facilitate improved prevention and containment of cholera and trained 364 health workers (from 14 regions) in case management. Supplies distributed by UNICEF to date include cholera kits to treat 100 severe cholera cases or 400 mild cases, tents as well as Information, Education and Communication (IEC) materials. In addition, water, sanitation and hygiene (WASH) supplies (i.e. 10,000 litre collapsible tanks (11); jerry-cans (4,000); hand washing units (140); water purification tablets (NaDCC, 67 mg) (9,328,000); bar soap (662); latrine squatting plates (580); water testing kits H<sub>2</sub>S (2,476); Chlorine, 45 kg drums (10) and latrine digging kit (150)).

Interventions in refugee settlements affected by the cholera outbreak included social mobilization which involved radio spots, radio talk shows and u-report messages on signs and symptoms and prevention of cholera disseminated in 8 districts (Adjumani, Arua, Nebbi, Yumbe, Zombo, Kiryandongo, Koboko and Moyo). Trained hygiene promoters increased to 48 in Bidibidi settlement. Cholera information, education and communication materials were translated into the relevant local languages and distributed during inter-personal communication interventions by the Uganda Red Cross (a total of 37,452 posters in four local languages, 28,338 English posters and 55,400 leaflets for house to house or block by block mobilization). With respect to supplies and equipment to support clinical management of cases, UNICEF delivered solar suitcases to each of the two cholera treatment centres for health facility lighting as well as additional supplies of oral rehydration salts and Zinc (Yumbe and Adjumani) and three tents (Yumbe (2) and Adjumani (1)) to create more space for triage areas in Bidibidi and Pagarinya settlements. UNICEF and Concern Worldwide engaged Village Health Teams (VHTs) in both Adjumani and Yumbe districts to support chemoprophylaxis for contacts, community based surveillance active case search and the administration of oral rehydration therapy. Chlorination of water was done including quality monitoring to assess safety of drinking water for more than 20,000 refugees settling in Yumbe. Hygiene enabling supplies including an additional 25 hand washing facilities and 250 kgs of chlorine powder in Adjumani for bulk water chlorination were provided to some 50,000 women and children in transit sites and settlements with clean water.

As predicted by the Uganda Meteorological Authority (UNMA), the El Niño onset late in October 2015 brought some unusually high rainfall which progressively increased until November 2015 and from February to April 2016. The effects were seen in a number of districts that registered above average rainfall (more than double annual trends in most districts). These districts include 33 high risk districts initially forecasted to be at high risk of negative impacts of El Niño. Alerts of incidents from various districts were received by government and UNICEF in relation to high rainfall and flooding. The alerts included text messages from volunteers with the National Emergency Coordination and Operation Center (NECOC) Disaster Risk Management System (DRMS), from U-reporters as well as media reports and updates from the Uganda Red Cross. UNICEF supported the government to install a Disaster Risk Monitoring system in the National Emergency Coordination and Operation Centre (NECOC). A pool of community-based volunteers relayed alerts through this system to the National Emergency Coordination and Operations Center. The regions targeted were Teso / Elgon, Karamoja, Rwenzori and Acholi.

UNICEF in partnership with the Uganda Red Cross Society (URCS) supported flood response in several villages across Sironko District mobilizing 870 NFI kits which URCS distributed to the most vulnerable people affected. In Kasese District, Ruwenzori region, some 5,920 primary schools pupils were forced to discontinue their lessons after storms heavily damaged several classroom blocks in different schools. UNICEF provided 12 large tents for continued learning in four most affected schools in Kenyange, Kasokero, Mundongo, Muhindi. In the same district, UNICEF supported the construction of VIP Latrines in Karusandara Health Centre III and in Nyakaziga Primary School benefiting 536 children.

Bundibugyo faced post-election violence in February and approximately 18,247 people were displaced and temporarily settled in Bubukwanga transit centre, Bukonzo, Sure Deal and Katumba camps. The Office of the Prime Minister and UNICEF partner, Uganda Red Cross Society carried out an assessment of the IDP situation in the first week of July 2016 which informed Government, UN and NGOs of critical gaps and needs to ensure safe return home. UNICEF supported the IDPs who have now returned home with Non Food items.

In August 2016, UNICEF supported an assessment for refugee adolescents in eight refugee hosting districts of Adjumani, Arua, Koboko, Kiryandongo, Hoima, Isingiro, Kamwenge and Kyegegwa. Based on the results, UNICEF shifted focus to support skills-based education and mentoring for adolescents, reaching 650 out-of-school adolescents with livelihood and life skills. With UNICEF support 9,338 primary and 5,246 secondary school learners and 734 teachers from 14 districts were trained on Child Disaster Risk Management and school safety plans. UNICEF program ensured mainstreaming of conflict sensitivity and peacebuilding in its humanitarian interventions initially in the education response including a review of program cooperation agreements with implementing partners.

UNICEF and partners WFP, UNHCR and Office of the Prime Minister carried out the annual Food Security and Nutrition Assessment amongst refugees and in the Karamoja region. It was recommended that programmers have to critically review the planning, implementation and monitoring of the nutrition program in each location. Technical emphasis on the management of acute malnutrition in the settlements should focus on better improving the community management of acute malnutrition. The systematic screening of children and coordinated referral mechanisms through community outreach will increase the coverage of both out-patient therapeutic and supplementary feeding programme.

### **1.3. Humanitarian results**

#### **1.3.1. Results for emergency preparedness and response**

Partnering with the Office of the Prime Minister (OPM), UNHCR and Civil Society Organizations including the International Red Cross (ICRC) and Uganda Red Cross Society, CONCERN World Wide, Oxfam, Danish Refugee Council, Water Mission Uganda, Transcultural Psychosocial Organisation (TPO), World Vision Uganda, East African Play Grounds, Save the Children and district local governments, UNICEF supported the national emergency preparedness and response to mitigate the effects of additional refugee influx and disease outbreaks. Using a humanitarian response and development synergy, UNICEF provided humanitarian support while strengthening existing national, district and local level operational systems on three fronts: 1) the influx of refugees from the DRC and Burundi; 2) South Sudanese refugee influx; and 3) disease outbreaks of malaria, cholera, Rift Valley and yellow fever. Across all three of these areas, UNICEF focused its emergency response operation on providing life-saving humanitarian support while strengthening existing systems to build resilience against recurring shocks. Risk informed development support to the refugee-hosting district communities of Arua Adjumani, Kiryandongo, Yumbe, Koboko, Moyo, Isingiro and Kyegegwa districts increased the coverage of critical social services for children.

Table 1: Results of UNICEF's Response with partners Jan to Dec 2016	2016 Target	2016 Results
<b>NUTRITION</b>		
Number of children with SAM admitted to treatment programmes	12,000	12,140
Children aged 6 to 59 months received Vitamin A supplementation	200,000	269,367
Children immunized against polio	163,382	195,701
Children immunized against Measles	222,340	209,510
Children/adolescents provided with continuation of Anti-Retroviral Therapy(ART)	6,287	6,222
HIV positive pregnant women receive ART to prevent mother to child transmission of HIV	4,229	3,521
<b>WATER,SANITATION AND HYGIENE</b>		
Children and women with access to at least 15 litres of clean water/person/day	250,000	224,700
Number of people provided with hand washing facilities	251,980	119,380
<b>CHILD PROTECTION</b>		
Number of children benefiting from child protection services	90,000	69,348
Unaccompanied and/or separated children received family tracing and reunification support and placement in interim/foster care	10,000	13,210
<b>EDUCATION</b>		
Number of children accessing early childhood development services	69,160	37,949
Number of adolescents accessing formal or informal education	110,656	35,612

In 2016 UNICEF Uganda's nutrition response supported children with vitamin A supplementation (including both refugee and host community children and provided treatment to an estimated 12,140 children for Severe Acute Malnutrition (refugee and host community).

For Health, children have been reached with life-saving vaccinations for polio and measles respectively. This was possible because of mass vaccination campaigns carried out during the influx of South Sudanese refugees, while continued routine screening and vaccination is now in place for any new arrivals as well as the host communities. Refugee children /adolescents were able to continue with Ante-Retroviral Therapy (ART) and 3,521 HIV positive pregnant women received ART to prevent mother to child transmission of HIV in humanitarian situations. UNICEF was engaged in social mobilisation for the prevention and control of malaria within the affected 10 northern districts as well as in Arua. UNICEF's partner, Uganda Red Cross Society, carried out social mobilization activities primarily through the "Hang up keep up" treated mosquito nets campaign. Through these efforts, 1,565,238 people were reached through dissemination of behavioural change messages through household to household visits and the distribution of IEC materials. Over 41,688 pregnant women were reached during the "hang up keep up" of LLIN campaign and of these 29,384 were found to have slept under treated nets the previous night, while over 231,000 children under five years were found to have slept under treated nets the previous night. Social mobilization activities were done in response to other disease outbreaks including Yellow Fever, Cholera and Rift Valley Fever among others.

UNICEF has provided refugees and affected host community members with access to clean water through construction of boreholes and solar powered water systems and hand washing facilities for hygiene promotion. UNICEF efforts brought water closer to early childhood development centres, schools and homesteads alleviating the situation of women and children. UNICEF supported water chlorination and social mobilisation to promote good hygiene and overcome disease outbreaks. Key messages to create awareness about the disease outbreaks also included maintenance of good sanitation, promotion of good hygiene practices through proper and adequate sanitation and personal hygiene.

In child protection, UNICEF supported child-friendly spaces with activities (games, music, dance, drums) for refugee children to deal with trauma including sexual violence: 69,348 refugee and host community children received psychosocial support (up from 30,844 in 2015). In addition, separated and unaccompanied children received alternative care services that include foster care, living with relatives or under adult supervision. Seventy-six girls received multi-sectoral support (health, shelter etc.) in response to consequences of sexual violence. UNICEF and its partners established child protection community based response mechanisms especially in Bidibidi (largest settlement) and 90 Child Protection Committee members were selected adding up to 309 (128 males, 181 females). The committees help to identify child protection issues and risks at community level and refer victims to child protection actors. Through home visits by members of the committees, 488 (261 boys and 227 girls) South Sudanese vulnerable children were reached (identification and referral for management).

To provide the right to identity, UNICEF and District Local Governments supported birth registration using the National Mobile Vital Registration system (MVRS) in all refugee hosting districts demonstrating the integration of the refugee response within national systems. 89,084 (Boys-45,149, Girls-43,935) refugee and host community children were registered from Adjumani, Arua, Hoima, Kiryandongo, Koboko, Kyegegwa, Isingiro and Yumbe districts. 24,952 (Boys-12,714, Girls-12,238) were refugee children while 64,132 (Boys-32,435, Girls- 31,697) were Ugandans. UNICEF also trained 130 child protection stakeholders responding to Burundi and DRC influx in child protection in emergencies. This included all implementing partners in the refugee settlements plus District Local Government, representatives from Office of the Prime Minister and UNHCR.

Nearly 38,000 refugee and host community children aged 3 – 5 years accessed integrated Early Childhood Development (ECD) services. The services included access to early learning and stimulation, safe water, hygiene, sanitation and holistic health services. UNICEF and partners supported training of over 389 caregivers for them to learn how to handle and support children's cognitive, psychosocial, physical and emotional needs and how to manage centers as well as work with school management committees to ensure that centre activities are providing skills that engage children.

UNICEF conducted Go Back to School (GBS) campaigns in the districts hosting South Sudan refugees, focusing on the settlements with the lowest rates of enrolment and impacting 2,102 people (904 girls, 1,198 boys). 35,612 adolescents accessed formal or informal education in 2016. Since the escalation of the July 2016 influx, UNICEF provided 25 tents and 13 school-in-a-box kits for temporary learning spaces reaching 2,500 children with education services. In August 2016, UNICEF supported an assessment for refugee adolescents. Based on the results, UNICEF shifted focus to support skills-based education and mentoring for adolescents reaching 650 out-of-school adolescents with livelihood and life skills. With UNICEF support, learners and teachers were trained on Child Disaster Risk Management in schools and communities. Due to limited funding for the education sector, only 35,000 adolescents or 32 per cent of those targeted were supported with access to formal or informal education.

UNICEF and partner International Institute of Rural Reconstruction (IIRR) supported GoU Office of the Prime Minister National Emergency Coordination Center (NECOC) to build the capacities of vulnerable communities in drought-prone Karamoja region to predict and relay information on selected environmental and behavioural indicators of negative coping and nutrition deterioration. An additional 100 disaster risk monitors were trained in the seven districts of the Karamoja region; Abim, Amudat, Kaabong, Kotido, Moroto, Nakapiripirit and Napak bringing the total number to 236 community disaster monitors from all the 52 sub counties in Karamoja. A similar effort was led by UNICEF and partner, Uganda Red Cross Society to enrol over 1,598 members of their Red Cross action team (RCAT) at various branches in Northern and western region of Uganda onto the NECOC sms-based risk monitoring system. Since October 2016, a total of 2153 alert messages had been received in the system from 979 Disaster Monitors reporting various occurrences in their communities. Of these, 477 alert messages were received from the Karamoja region. Polls are sent regularly to track occurrences and validate alerts received. The incident reports compiled between July - October from the Karamoja region indicate that, from the 140 alerts received, 80 percent presented issues around dry spells and food insecurity reflecting the level of vulnerability of the communities to malnutrition.

Between February and June 2016, UNICEF and URCS worked on and early warning model building on the effort of the Office of the Prime Minister Department of Disaster preparedness and management to develop an integrated Uganda's Early Warning System. Support provided linked three networks - the pre-existing local volunteer networks; U-Report and the National Emergency Coordination and Operations Centre/District Disaster Management Committees (NECOC/DDMC), to build rapid assessment capacity to collect better data at the subnational level to describe the situation for local communities and to complement the information collected from public sources. This is envisaged to improve functionality of the Disaster Risk Monitoring System at the National Emergency Coordination and Operations Centre (NECOC). The running of the system has subsequently been handed over to Government. UNICEF and Uganda Red Cross recognize the added value of improving the management of data on URCS volunteers to contribute to improvement of the generation and sharing of disaster alerts to this Disaster Risk Monitoring System at the NECOC.

### **1.3.2. Factors for success and constraints**

UNICEF Uganda Office maintained its headquarters in Kampala as well as strategic field offices dedicated to northern, western and Karamoja regions respectively. The July influx of refugees from South Sudan necessitated the establishment of a satellite office in Yumbe, Bidibidi settlement in addition to the one in Adjumani and this was a success factor in addressing the surge.

Use of information from available innovations contributed to early warning and early action within UNICEF's intervention in 2016. Innovative use of mTrac and U-report platforms was observed in sending and receiving over 1 million messages on suspected cases of disease and preventive measures. The NECOC DRMS system was instrumental in providing information from the field which helped to respond to affected children and women.

Challenges were observed through delays by district institutions to rapidly absorb short term humanitarian funding and roll out of a new financial system Integrated Financial Management System (IFMS). Training of district officials was done in 2016 and is still ongoing. Major risks to implementation in particular included failure by expected duty bearers to discharge functions that fell under their responsibility, especially if the concerned sector Management team is committed to implementing planned activities. Capacity limitations were addressed with the involvement of relevant and strong Non-Government Organisations (NGOs). The presence in emergency districts of UNICEF focal District Programme Officers was also a way of assuring close technical assistance and monitoring of interventions for corrective measures. Due to such mechanisms, UNICEF was able to achieve tremendous success in 2016 and overcome bottlenecks including programme challenges.



Another challenge was the debate about temporary versus semi-permanent and permanent structures. Office of the Prime Minister and UNHCR and partners are advocating for semi-permanent or permanent structures in settlements for sustainability of services for example ECD centres, among others. The process to finalize low cost architectural drawings by relevant ministries is delayed hence lack of standardised buildings.

In 2016, to facilitate resource mobilisation, Uganda contributed to the Regional Refugee Response plan (RRRP) for South Sudan and Burundi and a contingency plan for DRC refugees. In the 2016 Humanitarian Action for Children, the UNICEF Country Programme was committed to emergency response and estimated needs of up to US\$22.7 million to meet the time-critical humanitarian requirements of refugees of whom 80 per cent were children and women. The appeal was only 36 per cent funded. There were funding constraints especially with Education which was only 14 per cent funded. UNICEF remained with a funding gap of 64 per cent and therefore was unable to provide all basic services in Health, WASH, Protection and Nutrition given the increasing influx from South Sudan.

### **1.3.3. UN coherence**

UNICEF collaborated with WFP and FAO and other development partners in order to deliver interventions that build resilience of women, men and children in Karamoja, a region prone to chronic poverty and cyclical shocks and stresses.

UNICEF contributed to the overall emergency response effort coordinated by the Office of the Prime Minister of Uganda and worked closely with the United Nations High Commissioner for Refugees (UNHCR), and the World Health Organization (WHO) to respond to the needs of refugees and affected Ugandan communities as well as disease outbreaks. UNICEF provided technical leadership in response to children's needs in sectors of WASH, nutrition, health, child protection and education and supporting harmonisation of approaches and response within the UNCT. The Government of Uganda's refugee policy pivots around integration into Ugandan community development which made UNICEF's model of engaging directly with district governments highly relevant. Other partners in the response included the Office of the Prime Minister, Ministry of Education and Sports, Ministry of Health, Ministry of Gender, Labour and Social Development, Concern World Wide, Plan International, Save the Children, Transcultural Psychosocial Organisation, World Vision, War Child, American Refugee Committee, and Danish Refugee Council.

Uganda is part of the New York Declaration for Refugees and Migrants (New York Declaration) which is a milestone for global solidarity and refugee protection at a time of unprecedented displacement and will continue to be a focus of learning in 2017. The set of commitments agreed by Member States reflect that the protection of those who are forced to flee, and support for the countries that shelter them are a shared international responsibility – a responsibility that must be borne more equitably and predictably. Uganda is keen to apply the Comprehensive Refugee Response Framework (CRRF) in particular situations, in close coordination with relevant states, other UN agencies and stakeholders. The CRRF specifies key elements for a comprehensive response to any large movement of refugees. These include rapid and well-supported reception and admissions; support for immediate and on-going needs (e.g. protection, health, education); assistance for local and national institutions and communities receiving refugees; and expanded opportunities for solutions. The practical application of the CRRF will inform the preparation of a global compact on refugees, to be included in the High Commissioner's annual report to the General Assembly in 2018.

UNICEF remained active in the United Nations Country Team (UNCT) in the formulation of the Refugees and Host Population Empowerment (ReHOPE) strategy in view of promoting the integration of social services provided to refugees into the Local Government systems and a larger economic empowerment in Refugee hosting areas. The capacities of Local Government and much needed social services to respond were stretched to their limits. Health centres required additional staff, space, and supplies as they absorbed new patients from among the refugee community, and faced increased cases of disease and malnutrition. School enrolment increased dramatically, with more than 300 students per classroom in Adjumani but additional classrooms and desks helped to overcome the congestion. Provision of water, sanitation and hygiene promotion was still below the SPHERE standards. Partners agreed that all planning for recurrent natural hazards must be systematically incorporated into development strategies. Efforts aimed at proactively managing and reducing risks and building the resilience of vulnerable households and communities to recurrent shocks were needed.

#### **1.3.4. Monitoring and evaluation**

Implementation of humanitarian activities was in accordance with the overall UNICEF management arrangement as agreed with the Government of Uganda. The activities were aligned to the Annual Work Plan and the existing monitoring system. Monitoring systems include Programme Quality Assurance, Financial spot checks and routine Level 3 monitoring of key humanitarian indicators. Depending on the extent of capacity limitations, UNICEF entered into a partnership agreement with relevant NGOs for implementation and monitoring and evaluation.

Timely liquidation of funds by implementers was done through direct cash transfer (DCT) monitoring both from UNICEF HQs and partners, but also the involvement of UNICEF programme officers at zonal offices who have a day to day interaction with the district authorities.

UNICEF Uganda utilized innovations in humanitarian action including U-Report, a free short message service for refugees to voice their opinions and concerns. U-report was implemented to report deaths, the breakdown of equipment, gender-based violence and corporal punishment, as well as to ensure that the voices of displaced populations are amplified, heard and incorporated into the national dialogue. Uganda Red Cross action team was enrolled as users of U-report expanding the reach and ability to report hazards in their local areas. UNICEF supported the set-up of a DRM system, a mobile phone based Disaster Risk Monitoring Dashboard at the National Emergency Coordination and Operations Center (NECOC) in order to strengthen early warning and real-time monitoring. mTrac system was used to strengthen health systems and services-tracking stock outs and reporting health indicators. UNICEF supported Office of the Prime Minister to use drones to map effects of storms and landslides in Kasese and Bundibugyo as well as Kiryandongo Settlement.

#### **1.4. Resources**

UNICEF appealed for US\$22,700,000 in 2016 and as at 31<sup>st</sup> of December received US\$6,114,069 including carry-over of US\$2,156,949 from 2015 to support immediate needs for women and children affected by refugee influx, disease outbreaks. There were resource gaps, particularly in the response to Education needs amongst refugees. Due to funding limitations, some crucial needs of the refugees were not met. Funds came from European Commission, UNOCHA and United Kingdom. CERF funds helped to foster the UN humanitarian reform and collaboration.

**Table 2: Funding status against the HAC appeal by sector.**

Appeal Sector	Revised 2016 HAC Requirement (US\$)	Funds Received Against 2016 HAC (US\$)*	Funding gap	
			US\$	%
Nutrition	5,900,000	1,460,923.45	4,439,077	75%
Health / HIV-AIDS	5,450,000	1,057,323.99	4,392,676	81%
Water, sanitation & hygiene	3,500,000	2,485,966.30	1,014,034	29%
Child Protection	5,050,000	2,879,144.29	2,170,856	43%
Education	2,800,000	387,660.05	2,412,340	86%
<b>Total funding available</b>	<b>22,700,000</b>	<b>8,271,018</b>	<b>14,428,982</b>	<b>64%</b>

\*Funds received include carry forward from 2015 of US\$ 2,156,949. The "Funded" column reflects programmable amounts.

Table 3 below shows funding received and available by 31 December 2016 by donor and funding type (in USD)

Table 3 - Funding Received and Available by 31 December 2016 by Donor and Funding type (in USD)		
Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
<b>I. Humanitarian funds received in 2016</b>		
<b>a) Thematic Humanitarian Funds</b>		
Finland	SM/14/9910/0309	550,000
<b>b) Non-Thematic Humanitarian Funds</b>		
The United Kingdom	SM/15/0496	2,946,920
The United Kingdom	SM160630	1,250,000
The United Kingdom	SM150349	9,098
<b>Total Non-Thematic Humanitarian Funds</b>		<b>4,206,018</b>
<b>c) Pooled Funding</b>		
<b>(i) CERF Grants</b>		
<b>(ii) Other Pooled funds</b>		
UNOACHA	SM160160	2,375,000
UNOACHA	SM160423	1,690,000
<b>d) Other types of humanitarian funds</b>		
<b>Total humanitarian funds received in 2016 (a+b+c+d)</b>		<b>8,821,018</b>
<b>II. Carry-over of humanitarian funds available in 2016</b>		
<b>e) Carry over Thematic Humanitarian Funds</b>		
Thematic Humanitarian Funds	SM/14/9910	<b>434,842</b>
<b>f) Carry-over of non-thematic humanitarian funds</b> (List by donor, grant and programmable amount being carried forward from prior year(s) if applicable)		
The United Kingdom	SM130487	171,119
The United Kingdom	SM150317	64,886
The United Kingdom	SM150496	875,934
The United Kingdom	SM160630	1,157,407
UNOCHA	SM160423	264,478
<b>Total carry-over non-thematic humanitarian funds</b>		<b>2,533,824</b>
<b>Total carry-over humanitarian funds (e + f)</b>		<b>2,968,666</b>
<b>III. Other sources</b>		
<b>Total other resources</b>		

Programmable amounts of donor contributions, excluding recovery cost.

**Table 4: Thematic humanitarian contributions received in 2016 (in USD)**

<b>Thematic Humanitarian Contributions Received in 2016 (in USD): Donor</b>	<b>Grant Number</b>	<b>Programmable Amount (in USD)</b>	<b>Total Contribution Amount (in USD)</b>
Finland	SM/14/9910/0309	631,452	665,011
<b>Total</b>		<b>631,452</b>	<b>665,011</b>

### 1.5. Future work plan

UNICEF works with the Government and partners to provide humanitarian support to over-stretched critical services for women, children and adolescents in Uganda, in line with longer-term, risk informed efforts to build self-reliance within the Refugee and Host Population Empowerment framework. UNICEF provides technical guidance, equipment and supplies to high-risk and refugee hosting districts to support the expansion of routine social services for health, nutrition, water, sanitation and hygiene (WASH), education and child protection. UNICEF employs a systems' strengthening approach, building the adaptive and response capacity of districts affected by natural hazards, and supports government emergency preparedness and response efforts to mitigate the effects of disease outbreaks. Communication for Development is used as a cross-cutting approach to achieving programme results in all sectors. Accountability to affected populations, gender, HIV/AIDS and conflict-sensitive approaches are integrated into interventions.

In 2017, UNICEF will support skills based education and mentoring for adolescents in collaboration with their communities. UNICEF will provide an integrated package of health services for women and children including immunization, as well as prevention of and treatment for malnutrition. Provision of water, sanitation and hygiene (WASH) promotion activities will also continue. UNICEF will support the provision of education programmes to promote peacebuilding for adolescents, psychosocial support to children through child-friendly spaces, and critical services to child survivors of sexual violence. UNICEF will work with Government to use innovative programme delivery modalities to systematically improve the efficiency of its humanitarian preparedness and response. Throughout 2017, UNICEF will monitor evolving changes in hazards, shocks and stresses and support systems that promote preparedness for the impacts of these on vulnerable women and children. As a specific activity on preparedness planning, UNICEF will continue to support the Refugee and Host Population Empowerment (ReHoPE) approach endorsed by the UN Country Team, and mainstream gender, HIV and AIDS and conflict-sensitive approaches to emergency programming.

### 2017 programme targets

#### Nutrition

- 31,000 children under 5 admitted for SAM treatment
- 446,395 children aged 6 to 59 months receiving vitamin A supplementation
- 345,000 pregnant women receiving folic acid

#### Health



- 1,023,000 children aged 6 months to 15 years vaccinated against measles

## **WASH**

- 530,000 people accessing safe water for drinking, cooking and personal hygiene
- 318,000 people with access to appropriate sanitation facilities

## **Child Protection**

- 32,640 UASC receiving appropriate alternative care services

## **Education**

- 179,800 children and adolescents accessing formal or informal education

## **HIV/AIDS**

- 9,000 children/adolescents requiring continuation of antiretroviral therapy (ART)

In line with the 2017 inter-agency regional refugee response plans (RRRPs) for Burundi and South Sudan, and the national response plan for Congolese refugees, as well as disease outbreak preparedness arrangements, UNICEF is requesting **US\$52.87 million** for 2017 to meet the humanitarian needs of affected children.

Without additional funding, UNICEF and partners will not be able to keep affected children as well as adolescents alive and thriving, safe and learning. Funding would contribute to critical services for women, men and children suffering from effects of long dry spell as well as those facing the risk of disease outbreaks. Basic supplies for primary education are also urgently needed to uphold children's right to education, especially among the large displaced population.

### **1.6. Expression of thanks**

UNICEF Uganda wishes to express its deep gratitude to all its donors for the contributions that have made the emergency response possible. UNICEF would especially like to thank our major donor, DFID (UKAid) and the Central Emergency Response Fund for the contributions in 2016 as they gave UNICEF essential flexibility to direct resources and ensure the delivery of life-saving supplies and interventions to where they were needed most.

## 1.7. Human interest stories

**Esther smiles again after her one year old baby is cured of severe acute malnutrition by UNICEF and partner**



*Esther Amony stands in front of her house in Bidibidi refugee settlement, Yumbe District, © UNICEF Uganda*  
By Irene Nabisere, UNICEF Uganda

Esther Amony (20 years) and her family are part of over 150,000 South Sudanese refugees living in Bidibidi Refugee Settlement in Yumbe District, West Nile. Dressed in a coffee brown skirt with patterns of white, orange and brown and a black blouse, Amony is at her new home, preparing a meal for her family as she waits for the husband who enrolled in primary school with their two children to return. Esther has three children, her first born is five years delivered at 15 years. The second born is four years. Even after getting displaced by the war in South Sudan, she is happy her family is alive and healthy while in Uganda.

As the situation deteriorated in South Sudan in July, Esther and her family had to seek refuge and their destination was Uganda. Her last born, Lakot James aged one and half years suffered from severe acute malnutrition. "We walked for over eight hours from Serotenya to Madi Opei border in Lamwo District. We lacked food for several days and did not have enough breast milk for Lakot," narrates Amony. At the screening point in Nyumanzi transit centre in Adjumani district, Lakot was found to have marasmus upon her arrival on 10 August, 2016 and was referred to a health post. He was given Vitamin A to boost his immunity and deworming to prevent worm infestation.

Due to congestion at the centre, Amony and the family were relocated to Bidibidi settlement in Yumbe district a day after their arrival. As soon as they reached Bidibidi reception centre, Lakot's condition worsened. He was admitted to the UNICEF and Concern Worldwide Inpatient Therapeutic Feeding Centre (ITC) where he stayed for eight days.

Lakot weighed 6.6kgs with a mid-upper arm circumference (MUAC) of 10.9cm, suffered severe diarrhoea, vomiting and fever. He was given therapeutic milk, amoxicillin, rehydrated with RESOMAL (Rehydration salt for the malnourished) and weighed daily. After two days, Lakot's situation worsened. He lost appetite and stopped feeding. The clinicians and nutritionists introduced nasogastric tube (NGT) for nutritional feeding support with stronger antibiotics to ensure continued feeding; and to stop any other underlying infections. On the fifth day, Lakot started to recover. On the eighth day, Lakot was transferred to Out-Patient Therapeutic feeding centre (OTC) where he was given plumpy nut, antibiotics and the mother received counselling on infant and young child feeding. "I fed Lakot as was told by the nutritionist. I took my recommended food rations and was able to breast feed Lakot again in addition to the plumpy nut and antibiotics," said Amony, Lakot's mother. Within two months, Lakot was discharged from OTC through supplementary feeding program for monitoring. He was weighing 8.7kgs with a MUAC of 13.0cm.

Charlotte Nakate, a nutritionist with Concern Worldwide a UNICEF partner was amazed at how fast Lakot responded to treatment. "It usually takes a child three months to recover but Lakot's mother did everything as recommended hence the quick responsiveness to treatment," Nakate says. At ITC, Mothers who had witnessed Lakot on admission were astonished by the quick recovery and requested for the NGT even those that did not need it. Mothers were sensitized on the ITC programmes.

Amony has a back yard garden where she planted beans, maize and potatoes in order to supplement food rations provided by other partners to ensure nutritious food intake for her family. She is able to harvest the dark green leafy vegetables for a nutritious diet.

Wilson Kirabira, UNICEF Nutrition Officer, Gulu Zonal Office says that the UNICEF curative and preventive nutrition programmes help to have healthy children. The curative programme includes Children in ITC and OTC are able to respond quickly due to quality treatment, monitoring and follow up of cases to household level by UNICEF and its partners Concern Worldwide and District Health staff. Preventive programme includes maternal, infant and young child feeding counselling, micronutrient supplementation through vitamin A to boost immunity and deworming to avoid worm infestation and counselling mothers on proper feeding habits. Majority of the children enrolled are cured.

The nutrition situation among the south Sudanese children has seen improvements from 2014 when they first arrived in Uganda to date. In 2014 GAM (Global acute malnutrition) was at 19.5% with a SAM (Severe Acute Malnutrition) at 4.5 %. Based on the latest Food security and Nutrition assessment in refugee settlements, GAM is now at 9.4% below the WHO emergency threshold. Thanks to support from UNICEF, WFP and other partners. In 2016 UNICEF was able to provide treatment to estimated 5600 children with SAM (about 90%) of the caseload. UNICEF provides technical, financial and material support to districts to support these nutrition interventions.

UNICEF supports refugee children in humanitarian action with WASH, Education, Health and Child Protection services as stipulated by the UNICEF core commitments for children in humanitarian action global framework that promotes predictable, effective and timely collective humanitarian action to fulfil the rights of children affected by humanitarian crisis.

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## UNICEF child friendly spaces make South Sudanese refugee children in Uganda forget their sorrows

**By Catherine Ntabadde Makumbi**

Abia Jacqueline (not real names), 16 years old is manning the goal during a football game at Nyumanzi Transit Centre in West Nile. She is experiencing double tragedy, having lost both her parents and now a refugee in Uganda.

Dressed in a dark navy blue skirt with a cream blouse, Abia directs her team on how to play to ensure the opponent side does not score. Unfortunately after 20 minutes of the game, the opponents score a goal despite Abia diving to save the ball from entering the net.

"When I play football, I forget about my worries. I interact with other children and we play," Abia who is from South Sudan says when interviewed at a child friendly space provided by through Save the Children. About 164 children play at the CFS.



An adolescent refugee girl dives to catch the ball at a Child Friendly Space in West Nile, Northern Uganda ©UNICEF Uganda

UNICEF utilises the child friendly spaces to give hope and new life to the refugee children aged from 0-18 years. The refugee children play indoor and outdoor games which act as a form of therapy.

Interestingly, Abia spends most of her free time playing football. Asked if she knows how to play netball, she says no.

If she is not a goal keeper, she is a winger. Indeed you can see the love she has for the game. "I learnt to play football when I was with a team in Nimule. I like football because it makes my body healthy, it helps me forget my worries. I forget about the war," Abia explained.

Abia saw her neighbours running and she followed them up to Uganda. At Nyumanzi, which has a population of 3,538 refugees that are in transit, Abia was registered as unaccompanied minor. She has not yet joined school since her arrival in July 2016 but she wants to be a doctor. Abia and other refugees are yet to be transferred in a permanent settlement where she can access education and many other services.

The Government of Uganda through Office of the Prime Minister and United Nations High Commissioner for Refugees are coordinating the refugee response.

Peace Lamunu, Save the Children community based mobiliser in Nyumanzi says currently they register about 2 unaccompanied and separated children. During a heavy influx, they register 300 children in a day.

"Most of the children we receive do not have contacts with their parents. Only two out of eleven were successfully reunited in the month of September," Lamunu said.

At the centre, one can see children playing different outdoor games like swinging, racing using car tyres, volley ball and sand. During the visit, a UNICEF team interfaces with Stella Anyanzo (not real names), 16 who also loves football. Anyanzo likes football because it helps her exercise the muscles. She is hopeful that one day, she will become an international star through the sport. Abia and Anyanzo were the only girls playing in the football game that had 20 boys.

Since the July 2016 South Sudanese refugee influx, UNICEF has registered 2,859 unaccompanied and separated children with majority being boys. This has been done through partners, Save the Children, TPO and World Vision.

Dorothy Birungi, UNICEF Emergency Education Officer, Gulu Zonal Office says the CFS relieve the children of trauma. "When they come here, they go through a lot. This acts as therapy and psychosocial support. It relieves them of stress," Birungi explained while taking the team through another UNICEF supported CFS in Pagarinya Refugee Settlement. The settlement has 23,766 refugees.

Birungi noted that at all the CFS' for the refugee children, structured talks and discussions are held. A topic is generated for discussion as a way of giving the children chance to open up and also learn about thematic issues like health, proper hygiene and disease outbreaks.

On a daily basis, 200 children play at the Pagarinya CFS. "I like the swings here. I can swing 3 times a day. I feel happy when I play," says 3 year old Ateng Kouth (not real names). Ateng is at the settlement with her mum, having lost the dad in Juba, South Sudan.

Phiona Mesiku, Save the Children manager of the CSF and ECD centre at Pagarinya said all the refugee children like the child friendly space a lot and they play from Monday-Sunday up to 5:30pm. Some would even miss their lunch.

Apart from provision of child friendly space services, UNICEF Uganda has been and continues to provide humanitarian assistance to the South Sudanese refugees in the areas of health, immunisation, nutrition, water and sanitation, child protection and education. This support has been made possible to by the support of donors like DFID (UKAid) and the Central Emergency Response Fund.

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#### **Links to human interest stories are accessible on these sites:**

UNICEF child friendly spaces make South Sudanese refugee children in Uganda forget their sorrows

[https://www.unicef.org/uganda/media\\_18825.html](https://www.unicef.org/uganda/media_18825.html)

UNICEF Uganda, UNHCR providing education to over 26,000 South Sudanese refugee primary children

[https://www.unicef.org/uganda/media\\_18868.html](https://www.unicef.org/uganda/media_18868.html)

Esther smiles again after her one year old baby is cured of severe acute malnutrition by UNICEF and partner

[https://www.unicef.org/uganda/media\\_18857.html](https://www.unicef.org/uganda/media_18857.html)

#### **Links to videos:**

UNICEF's interventions in Kiryandongo Refugee Settlement, Northern Uganda

<https://youtu.be/6pKkwNvBrKwc>



Bududa landslide victims resettle in Kiryandongo Refugee Settlement, Northern Uganda  
<https://youtu.be/oUBxl-2fIGo>

Voices of South Sudan Refugee Children and Women in Refugee Settlements, Northern Uganda  
[https://youtu.be/j\\_n2DcF4Y1s](https://youtu.be/j_n2DcF4Y1s)

**Links to Blogs:**

UNICEF's response to South Sudan refugees in Uganda  
<https://medium.com/@UNICEFUganda/unicefs-response-to-south-sudan-refugees-in-uganda-38058e1a6066#.l1kh48g6e>

Plight of refugees from South Sudan to Uganda  
<https://medium.com/@UNICEFUganda/plight-of-refugees-from-south-sudan-to-uganda-67c601coe435#.3roa5zp01>