

UNHCR UGANDA

UPDATE FOR THE SOUTH SUDAN EMERGENCY

February 18-March 2, 2016

HIGHLIGHTS

KEY FIGURES

207,620*

Total number of South Sudanese refugees and asylum-seekers registered and active in Uganda as of March 02 2016.

17,908

Pre-December 2013 caseload

189,712

Post-December 2013 caseload.

Settlement breakdown for the post Dec 2013 SSD influx:

112,561

Refugees received in Adjumani

21,654

Refugees received in Arua

47,494

Refugees received in Kiryandongo

7,765

Urban refugees received in Kampala

**statistics are provided by the Government of Uganda Office of the Prime Minister*

PRIORITIES

- Strengthening response capacity and services at the TCs, and conducting site planning to increase the absorption capacity in settlements.
- De-congesting transit centres, by accelerating transfer of new arrivals to settlement areas and identification of new settlements.

- The trend of South Sudanese new arrivals crossing into Uganda saw a decrease this week. A total of 2254 individuals arrived, an average of 161 people every day, down from 3729 new arrivals reported previously (266 individuals daily). However, this is still lower than the rate of new arrivals we have typically been receiving since the start of 2016. The total number of South Sudanese registered and active in Uganda has decreased from the previous reporting due to the completion of a verification exercise.
- The new arrivals, mainly coming from the Mundiri area, Bor County of Jonglei state and Unity County still report armed activities between armed militias, government forces and rebel groups as their reasons for fleeing besides worsening food insecurity precipitated by high inflation rates.
- There were no relocations during the election period, leading to long stays at Transit Centres (TCs) and consequent overcrowding, stretching available services. Nyumanzi RC for instance has been accommodating 3201 new arrivals, almost twice its capacity of 1755 individuals. UNHCR is coordinating with OPM and other partners to provide necessary services to the refugees at the TCs and to accelerate relocations since the situation has normalized. A total of 986 refugees have so far been relocated from TCs/TCs to settlements in West Nile area
- In Adjumani, relatively high Global Acute Malnutrition (GAM) rate was reported among new arrivals due to food insecurity in South Sudan. The prevalence of GAM was 14.1% (UNHCR standard is: less than 15%) and Severe Acute Malnutrition (SAM) was 4.1% (UNHCR standard is: less than 3%).



Staff of Medical Teams International (MTI) conducting nutrition screening of a new arrival child at Elegu Collection Point. © UNHCR / Baidya Prati.

UPDATE ON ACHIEVEMENTS

Operational Context

- In Adjumani, the Office of the Prime Minister (OPM), UNHCR and the Danish Refugee Council (DRC) relocated some 729 refugees (149 families) from Nyumanzi Transit Centre to Maaji III settlement. Another 257 individuals (63 families) were relocated from Ocea Reception Centre to Wanyange village. OPM allocated them plots of land for construction of their shelters while DRC supported them with Core Relief Items including construction tools. They also received food from WFP through World Vision.
- In Kiryandongo, 2,023 individuals (363 households) were relocated to clusters J and OQ in two separate relocation exercises. This number is almost double the previous relocation of 1,060 individuals because of the registration backlog which was handled and cleared over the weekend of 12-14 Feb 2016. Each of the relocated households were given plots of land for shelter construction by OPM, issued with 10-days' food ratios by WFP/Samaritan's Purse, and some relief items and shelter construction materials by UNHCR/Interaid. The full kit of core relief items was not issued because of stock-outs in the warehouse. UNHCR emergency teams are coordinating with the Branch Office Kampala to restock.

Protection

- In Kiryandongo, two families-of seven and three individuals left for Ireland on family reunification and Sweden on resettlement respectively. This brings the total departures from Kiryandongo to three families of 15 individuals since the year started.

Persons with Specific Needs (PSNs)

- In Kiryandongo, some 502 of the persons relocated to settlements were PSNs including 498 separated children, two persons with disabilities and two elderly persons (both female). Seventeen of these families will benefit from the temporary houses being constructed by the youth on a voluntary basis. A single mother of seven children who has been staying at the reception center for 11 months will also benefit from these houses. These youths have completed construction of 27 temporary houses for PSN families. They have also embarked on excavation and construction of 27 latrines.
- In Arua, DRC identified 38 PSNs amongst the new arrivals. Some 30 persons with signs of stress and exhaustion were counselled, while eight individuals with medical conditions were referred to Medical Teams International (MTI) for proper medical attention. Another 22 persons with psycho-social dysfunctions from eight villages of Ariwa, Ngurua, Wanyange, Odobu II, Odobu I, Ocea, Siripi and Agulupi were counseled. Cases attended to ranged from depression associated with chronic illnesses and GBV traumas. DRC will conduct individual home visits to assess the impact of the services provided and conduct capacity assessment for those households for possible livelihood assistance.
- In Adjumani, DRC and LWF supported 36 PSNs, who include elderly, sick and persons with disabilities with hut construction. The PSNs had been identified in late 2015 and works initiated in January 2016. The number of cases that require huts among PSNs is 500 out of 5836 PSNs identified in the assessment conducted in 2015. These remaining PSNs will also gradually be supported.

Sexual and Gender-Based Violence (SGBV)

- In Kiryandongo, International Refugee Committee (IRC) conducted a two-day GBV referral training for 40 participants who were identified by their communities within the 19 clusters as GBV community support volunteers handling both response and prevention. The training was facilitated by Kiryandongo Probation and District Health Education officers. Topics included, trauma, key concepts in GBV, causes and consequences of GBV/Trauma, guiding principles, counseling, and referrals and how to conduct awareness raising. Participants demonstrated increase in knowledge during group work presentations and role plays.

- In Kiryandongo, one case of defilement was reported and referred to the police. The 16-year-old survivor who is three months pregnant was referred for antenatal care, while the perpetrator is still at large after he escaped from the settlement.
- In Adjumani, LWF and DRC supported four cases of SGBV with counselling and basic materials like beddings, mats and kitchen sets. Three of them were related to domestic violence and the other was a case of forced marriage-where the perpetrator escaped to South Sudan. The victims did not have serious injuries which needs medical attention but all the cases were reported to the police and initiated judicial action. All the individuals involved (both victims and perpetrators) were from the refugee community. A total of 106 cases were reported in 2015.
- In Kiryandongo, there was a GBV community dialogue with host community and refugee market women in the spirit of peaceful co-existence. Some 15 women attended, highlighting defilement as the commonest vice, followed by psychological and emotional abuse by their husbands as a result of alcoholism.

Child protection

- In Kiryandongo, Interaid together with Uganda Red Cross (URC) and Save the Children conducted BIAs for 226 children. Some 223 were newly arrived separated children while three are unaccompanied minors. During the interview it was noted that there has been an increase in the number of children registered and reasons for separation are based on hunger, insecurity in some areas of South Sudan and poor access to education. Parents are hence sending their children to come and live with relatives in the settlements in the hope for a better life. A total of 65 youngsters with education concerns (with exemption of three girls below the school-going-age) and were referred to Windle Trust Uganda (WTU) for educational support, while nine children with tracing needs were referred to URC for follow-up.
- In Arua, 80 children have been screened as vulnerable and at risk including 13 unaccompanied minors and 67 separated children. Eight BIAs were conducted to identify their short and long term needs upon which two foster care arrangements were initiated and one-for a female unaccompanied minor, was successfully concluded. Two male children are undergoing treatment for Hepatitis B and another three are being treated for malaria.
- In Kiryandongo, as a way of encouraging and supporting foster care arrangements among the refugees, Interaid distributed solar-powered lamps that use both electricity and solar power (one each) to 38 foster parents.

Peaceful co-existence

- In Adjumani, UNHCR and LWF held a meeting with the District Football Association, who agreed to support the refugee operation with training the referees and linesmen who will ensure standards of the games are followed. There are many sporting activities often organized between refugees and host communities, the most popular being soccer.

Education

- In Adjumani, the Special Needs Education (SNE) institution in Pakele that was supported by UNHCR in 2015 and currently with support from Fin Church Aid was launched. A first parent board meeting was convened to discuss sustainability factors and fee contribution. The committee fixed a full board rate at 160,000 UGX for both refugees and nationals. It is expected that once the institution stabilizes, UNHCR and WTU will relocate the SNE children from Gulu for admission to the new institution closer to home.



Health

- Malaria remains a leading cause of illness across all the settlements. Despite the high morbidity rates, no related deaths were reported
- In Kiryandongo, there were 2572 medical consultations made in the reporting period, down from were 2572 (1,890 4,527 reported previously. Two new patients were enrolled on the anti-retroviral therapy (ART) bringing the total to 30 new patients in the month of February.
- In Kiryandongo, a total of 629 children below five years received BCG, Polio, DPT and Measles.

Reproductive health

- In Kiryandongo, the District Health Assistant and the District Health Educator with support from IRC, conducted an induction training for 35 (out of 40) Village Health Teams on Reproductive Health messaging. The training was aimed at equipping them with basic knowledge to enable them carry out health education and awareness raising on sexual reproductive health. These teams are expected to conduct health education sessions on key reproductive health messages, distribute condoms, refer and follow up of mothers in the community.
- In Kiryandongo, IRC distributed three sets of color-coded bins for the three maternity units in Kiryandongo Settlement health centers. The color-coded bins are to be used by the midwives while segregating rubbish as designed by Ministry of Health. This will simplify the work of the support staff who later dump rubbish to either a placenta pit, waste pit or incineration. Disposal of hospital/health facility waste (especially birthing and associated medical products) has been noted as a challenge, partly due to poor segregation modalities.
- In Kiryandongo, UNHCR/Interaid Kiryandongo, served 3,200 girls and women of reproductive age with a 6-months' package of sanitary materials in response to the High Commissioner's commitments to women. This brings it to a total of 5,149 women/girls served this year, out of a targeted 10,396. Each individual received six packets of Silky pads, six pieces of 250grams of soap and three knickers.



Water and Sanitation

- In Adjumani, the average water coverage is 22 l/p/d. The highest coverage is 76 l/p/d in Olijji while the lowest is 09 l/p/d in Ayilo II and Maaji III where ground water availability is limited. Water is being trucked to Ayilo II and Maaji II and III to meet minimum water requirement to the refugees.
- In Arua, the water indicator remained at 12.5 l/p/d across Rhino Camp Settlement, Siripi and Wanyange villages. UNHCR, DRC, and Welthungerhilfe continued delivering 30,000 litres of water daily by trucks to Wanyange B and C villages. WASH partners agreed to pump additional water from Odobu II hybrid water system using the generator to Wanyange B and do pipe extensions to Wanyange C. The long-term plan is to drill and motorize production well to increase on safe water supply in Wanyange village to serve both the refugees and host community.
- In Kiryandongo, Interaid Uganda conducted water quality surveillance on 16 boreholes and 16 households of ranch 37. All 32 analyzed samples showed no E.coli indicating that it is safe for consumption. The purpose for this was to monitor the water quality provided to the persons of concern both at the source and at the delivery point (at homestead level).
- In Kiryandongo, the average available safe water per person per day is still at 16.5 litres.
- In Kiryandongo, InterAid has finally completed the 100 latrines and 45 bath shelters which were in the 2015 programme budget, a development expected to greatly improve the dignity, safety and hygiene of vulnerable families. At a general community level only 14 households were able to complete pit latrine excavation and hence receive the latrine slabs and treated logs. This slow pace is blamed on the hard ground that has been aggravated by the dry season and also the fact that new arrival families are more concerned with putting up a residential house before a latrine.



Food Security and Nutrition

- In Adjumani, Relatively high Global Acute Malnutrition (GAM) rate reported among new arrival due to food insecurity in South Sudan. The prevalence of GAM was 14.1% (UNHCR standard is: less than 15%) and Severe Acute Malnutrition (SAM) was 4.1% (UNHCR standard is: less than 3%). Before the emergency, the prevalence rate of GAM was around 8 % and SAM around 1 %. Children aged 6-59 months were screened for malnutrition using weight for height at Elegu Reception Centre. MTI admitted all malnourished children into appropriate feeding program for nutritional rehabilitation.
- In Kiryandongo, World Food Programme/Samaritan's Purse have started the second food distribution cycle for 2016 targeting 50,160 beneficiaries in the settlement.

Community Empowerment, Self-Reliance and Environment

- In Kiryandongo, recruitment of 19 refugee community social workers (under Interaid) was concluded and they have started work. The recruitment was jointly done by a panel consisting of UNHCR, Interaid and OPM.
- In Kiryandongo, the tree nursery site has been connected to National Water and Sewerage grid aimed at improving the growth and survival rate of the seedlings. This came as the result of having difficulties in accessing water since the nearest borehole (Crop Valley) is always overcrowded with other water users especially for domestic work.

Working in partnership

UNHCR and OPM work in partnership with:

Kiryandongo refugee settlement

Government partners: OPM, Kiryandongo District Local Government (KDLG) and the Uganda Police Force.

Humanitarian partners: Action Contre la Faim (ACF), Concern Worldwide (CWW), AIRD, Inter-Aid Uganda (IAU), International Rescue Committee (IRC), Real Medicine Foundation (RMF), Samaritan's Purse (SP), Transcultural Psychosocial Organization Uganda (TPO), UNICEF, UNWFP, Save the Children International (SCI), Feed the Hungry, Windle Trust Uganda (WTU), Danish Refugee Council (DRC), Uganda Red Cross Society (URCS), Africa Development Corps (ADC) and War Child Canada.

West Nile

Government partners in all locations: OPM, Adjumani, Arua and Koboko DLG authorities, various technical departments, and Uganda Police Force.

Adjumani humanitarian partners: AAH-U, ACF, ACORD, ADRA, Welthungerhilfe (WHH)/Concern Worldwide(CWW) as Alliance 2015, Baylor, Caritas, Catholic Relief Services (CRS), DRC-DDG, HelpAge International, IOM, LWF, Marie Stopes, MSF-F, MTI, OXFAM, PLAN International Uganda, SCiU, UNFPA, UNICEF, URCS/ICRC, TPO, War Child Canada, WFP, WHO, WTI and WVI.

Arua humanitarian partners: ACAV, ADRA, AIRD, Care International, Caritas, Concern World Wide, International Aid Services (IAS), IOM, DRC-DDG, Global Refuge International (GRI), KATO, Malteser international, MTI, NRC, Oxfam, SCiU, URCS/ICRC, Touch Africa, WTI, War Child Canada, WFP, Rice and UNICEF.

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Links:

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