Uganda
1 – 28 February 2022

By the end of February, Uganda hosted 1,595,405 refugees and asylum seekers. The borders have remained closed for asylum since March 2020 due to COVID-19. Spontaneous movements to and from South Sudan and the Democratic Republic of the Congo (DRC) continued via unofficial crossing points.

COVID-19 UPDATE
Cumulatively, as of 28 February 2022, 163,273 COVID-19 cases were confirmed. Of these, 5,867 were refugees and 1,371 humanitarian workers. 3,580 deaths were reported since March 2020, including 61 refugees and 3 humanitarian workers.

A total of 16,152,210 doses of COVID-19 vaccines have been administered to date, including 210,997 in the refugee settlements.

KEY FIGURES:
1,595,405 *
Number of refugees and asylum seekers as of 28 February 2022.

1,529,904
Total refugees in Uganda as of 28 February 2022

45,401
Total asylum-seekers in Uganda as of 28 February 2022.

*Increase in number is attributed to the registration of the backlog of asylum seekers and new-born babies.

UNHCR’S 2022 FINANCIAL REQUIREMENTS:
USD 343.4 million

UNHCR Funding (as of 28 Feb 2022)

Unfunded: 93% - USD 318.3M

Tightly earmarked
Earmarked
Softly earmarked (indicative allocation)
Unearmarked (indicative allocation)
Funding gap (indicative)

POPOULATIONS OF CONCERN
Refugees and Asylum-Seekers by Nationality

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<th>Nationality</th>
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Contextual and operational highlights

COVID-19: Since March 2020, a total of 5,860 refugees were tested positive for COVID-19, with 61 reported deaths. The cumulative countrywide figure for COVID-19 positive cases stood at 163,266 cases, with 159,614 recoveries and 3,652 reported deaths. In total, 1,371 humanitarian workers tested positive for COVID-19 across the country. The Ministry of Health continued to carry out COVID-19 vaccination for both citizens and refugees. As of 28 February, a total of 16,152,210 vaccine doses had been administered countrywide. A total of 231,147 people in the refugee response have so far received the first dose (incl. 210,997 refugees, 3,612 health workers, 7,328 teachers, and 9,210 humanitarian workers) and 27,879 people have received the second dose (incl. 17,343 refugees, 2,765 health workers, 4,074 teachers, and 3,697 humanitarian workers).

New arrivals: In February, 7,340 asylum seekers arrived through Bubukwanga Transit Centre, Bundibugyo district, at the border with DRC. Palabek Reception Centre in Palabek settlement, Lamwo district, received 231 individuals from South Sudan. A total of 577 new arrivals were registered in Kagoma Reception Centre, in Kyangwali refugee settlement, awaiting relocation.

Verification and Individual Profiling Exercise (IPE): as part of the ongoing IPE/Verification exercise, 271,819 refugees (17% of the refugee population in Uganda) has been verified. The exercise has been completed in Lobule and Oruchinga refugee settlements, representing 89 % of the target population in each location. In Nakivale,
118,436 individuals (31,088 households) have been verified representing 78% of the target population. In Rwamwanja, 51,133 individuals (11,300 households) have been verified representing 65% of the settlement population and in Kyaka II settlement, 59,043 individuals (16,197 households) have been verified, representing 45% of the population. In Kyangwali, 27,346 individuals (7,710 households) representing 20% of the settlement population have been verified.

**Burundi Voluntary Repatriation:** The third convoy, in 2022, of 345 individuals left on 22 February 2022. This brings the total number of refugees repatriated to Burundi to 5,024 since October 2021.

**IKEA Foundation Mission:** UNHCR, together with AVSI Foundation, conducted a joint field-level scoping mission, on the design of the IKEA Foundation Rural Anchor Programme to Kyangwali and Palebek refugee settlements. The mission comprised UNHCR colleagues from Private Sector Partnerships (PSP) Geneva and Copenhagen; the Regional Bureau for East and Horn of Africa and the Great Lakes; AVSI Foundation Uganda Director of Programmes and Graduation/Resilience team; and Mandulis Energy. Development Alternatives Incorporated (DAI) is engaged in the programme design in relation to rural market systems development. Discussions were held with the Office of the Prime Minister, livelihoods, energy and environment partners, district authorities, local leaders, refugees and the host community members engaged in income generation activities and clean technology approaches.

**Final Investment Decision (FID) for Uganda's Oil and Gas Sector:** On 2 February 2022, President Yoweri Kaguta Museveni witnessed the announcement of the Final Investment Decision (FID) for Uganda's oil and gas projects by the Total Energies EP Uganda, CNOOC Uganda Limited, the Uganda National Oil Company (UNOC), and the Tanzania Petroleum Development Corporation (TPDC). The ceremony, which took place at the Kololo Independence Grounds was also attended by His Excellency Phillip Isdor Mpango, the Vice President of Tanzania. The FID announcement signifies commitment of the oil companies to invest close to USD 10 billion to develop Uganda's oil and gas resources through the implementation of the Tilenga Project in Buliisa and Nwoya districts; the Kingfisher Project in Hoima and Kikuube Districts (approximately USD 6-8 billion); and, the East African Crude Oil Pipeline (EACOP) that will cross the 10 districts of Hoima, Kikuube, Kakumiro, Kyankwanzi, Gomba, Mubende, Lwengo, Sembabule, Kyotera and Rakai in Uganda. Kikuube district hosts Kyangwali refugee settlement.

**HEALTH**

**Achievements and impact**

**Health statistics:** In February, 192,302 consultations were registered across the refugee response (27% nationals, 73% refugees) with an average of 55 consultations per clinician per day. The major disease burdens were malaria (45%), Lower Respiratory Tract Infection- LRTI (10%), Upper Respiratory Tract Infection-URTI (7%), skin diseases (5%), and watery diarrhea at (4%). Among children under five years of age malaria was the most prevalent disease (35%), followed by LRTI (16%), URTI (12%), diarrhea (10%) and skin diseases (6%).

**Mortality rate:** Crude Mortality Rate (CMR) stood at 0.07 deaths per 1,000 population per month. Leading causes of death were LRTI (17%), malaria (15%), neonatal death
(2.5%), Tuberculosis (1.5%), and HIV-related (1.2%). The under-five mortality rates stood at 0.14 per 1,000 population per month which is within the public health (<1.5 deaths per 1,000 population per month. The major causes were LRTI (27%), malaria (20%), and neonatal death (7.9%).

**Live births and child immunization:** Of the 3,509 live births registered in February, 96% were assisted by skilled health workers at health facilities (64% refugees and 36% nationals). A total of 5,291 children were immunized against measles, while 14,326 received the diphtheria and polio vaccine.

**HIV prevention, care, and treatment:** A total of 5,502 individuals were tested for HIV in the settlements, of whom 142 tested positive and were enrolled into HIV care and treatment. 24,173 mothers attended antenatal care clinics, of whom 5,048 attended for the first time and were tested for HIV in a bid to prevent mother-to-child transmission. A total of 18,942 patients are currently receiving HIV treatment in the settlements (37% refugees and 63% nationals).

**WATER AND SANITATION**

**Achievements and impact**

**Water supply:** In February, UNHCR, through partners maintained full functionality of 203 motorized water supply systems through operation and maintenance and provision of water treatment chemicals (alum, chlorine and lime, where required). The systems were powered by a combination of solar and other renewable sources of energy, the national electricity grid and diesel generators. In addition, 1,084 hand pumps provided 36.6% of the daily water requirements in the 12 settlements. To address emergency needs due to new arrivals in Rwamwanja, water connections were made to the reception centre through pipeline extension from national systems.

**Infection prevention & control and risk communication:** These routine activities continued during the month of February across the response, including through home sensitization at water points and radio talk shows. Similarly, village health teams (VHTs) continued to promote the use of tippy taps for household level handwashing. Soap distribution was sustained at 250g per person per month to support hand hygiene in response to COVID-19. The use of solar technology for water treatment is being embraced by the community.

**Latrine coverage:** Household latrine coverage stood at 74% in February. Twenty emergency latrines have been constructed to support the new arrivals in Rwamwanja.

**Challenges and Gaps:**

- Continued drying up of boreholes, especially in settlements in northern Uganda, is a major challenge to water provision. Five replacement production wells are needed.
ENVIRONMENT AND ACCESS TO ENERGY

Achievements and Impact

**Tree seedlings:** In preparation for tree growing of the first planting season, 75 hectares of land have been identified for woodlot establishment in the Arua operation. This is in addition to the 45 hectares of land identified in January 2022, bringing the cumulative amount to 120 hectares. In Palorinya, 26 per cent of the seedling requirements for 2022 have been raised.

**Sustainable resource management:** Local environment committees in West Nile have been sensitized and trained on various aspects related to environmental conservation such as farmer-managed natural regeneration and dangers of bush burning. The committees comprise 47 male and three female members.

**Clean and sustainable energy:** In West Nile, 2,323 households acquired improved energy technologies (Fixed Lorena stoves) through community-based local stove artisans. This is to further reduce use of firewood to cook, thereby alleviating pressure on the existing forest resources.

**Challenges and Gaps:**
- Wildfires burning woodlots.
- Stray animals destroy woodlots and household trees in refugee and host communities.

COORDINATION

Achievements and impact

**January refugee statistics:** UNHCR compiled and verified the January 2022 refugee statistics, as received from OPM. As of end of January 2022, the population stood at 1,582,892 individuals, marking an increase of 8,644 individuals (0.6 %) from the population in December 2021. The population increase is mainly linked to registration activities (new birth registration) where the top five locations of registration are: Kampala, Adjumani, Kyaka II, Rhino and Bidibidi. Of the total registered population, 1,538,606 (97 %) are refugees and 44,286 (3 %) are asylum seekers with 94 % residing in the settlements. South Sudan (60.8 %), DR Congo (29 %) and Somalia (3.5 %) remain the top three countries of origin of the registered population. Women and girls comprise 51 % of the registered population with women and children contributing 80 % of the population. Three % are elderly (60+) while the youth is 25 % of the total population.
Working in partnership with:

**Government** - Office of the Prime Minister (OPM), District Local Governments (DLGs), Ministry of Agriculture Animal, Industry and Fisheries (MAAIF), Ministry of Education and Sports (MoES), Ministry of Energy and Mineral Development (MEMD), Ministry of Gender Labour and Social Development (MGLSD), Ministry of Health (MoH), Ministry of Local Government (MoLG), Ministry of Trade Industry and Cooperatives (MTIC), Ministry of Water and Environment (MWE).

**District authorities in refugee-hosting/receiving districts** – Adjumani, Arua, Isingiro, Kampala, Kamwenge, Kanungu, Kikuube, Kyirandongo, Kisoro, Koboko, Kyegwega, Lamwo, Madi Okollo, Moyo, Ntoroko, Obongi, Terego and Yumbe


**NGOs** - Action Africa Help (AAH), Action Against Hunger (ACF), Adventist Development and Relief Agency (ADRA), Africa Humanitarian Action (AHA), African Initiatives for Relief and Development (AIRD), African Medical and Research Foundation (AMREF), African Women and Youth Action for Development (AWYAD), Agency for Accelerated Regional Development (AFARD), Agency for Cooperation and Research in Development (ACORD), Agency for Technical Cooperation and Development (ACTED), American Refugee Committee (ARC), Ande Foods International (AFI), Association for Aid and Relief Japan (AARJ), Association of Volunteers in International Service (AVSI), Associazione Centro Aiuti Volontari (ACAV), A-Z Children’s Charity, Baylor, Building Resources Across Communities (BRAC), Belgian Development Agency (ENABEL), CARE, Care and Assistance for Forced Migrants (CAFOMI), Caritas Uganda (CU), Catholic Organization for Relief and Development Aid (CORDAID), Catholic Relief Service (CRS), Child Voices International, Communication and Education (PACE), Community Empowerment for Rural Development (CEFORD), Community Technology Empowerment Network (CTEN), Concern World Wide (CWW), Cooperazione Sviluppo (CESVI), DanChurchAid (DCA), Danish Refugee Council (DRC), Doctors with Africa (CUAMM), Drop in the Basket (DiB), Finn Church Aid (FCA), Finnish Refugee Council (FRC), Food for the Hungry (FH), Friends of Kisoro, German International Cooperation, GIZ), Give Directly, Global Aim, Global Refugee International (GRI), Healing Kadi Foundation, Help Age International, Humane Africa Mission (HAM), Humanitarian Assistance and Development Services (HADS), Humanitarian Initiative Just Relief Aid (HIJRA), Humanitarian Open Street Map Team (HOT), Humanity & Inclusion (HI), Infectious Disease Institute (IDI), InterAid, Inter-church Organization for Development Cooperation (ICCO Cooperation), International Aid Services (IAS), International Center for Research in Agro Forestry (ICRAF), International Committee of the Red Cross (ICRC), International Rescue Committee (IRC), IsraAid, Jesuit Refugee Service (JRS), Johanniter, Kabarole Research and Resource Centre (KRC), Lutheran World Federation (LWF), Lutheran World Relief (LWR), Maltese International (MI), Medical Teams International (MTI), Mercy Corps (MC), Norwegian Refugee Council (NRC), Nsamizi Training Institute of Social Development (NSAMIZI), OXFAM, Peace Winds Japan (PWJ), Peter C. Alderman Foundation (PCAF), Plan International (PI), Programme for Accessible Health, Real Medicine Foundation (RMF), Regional Health Integration to Enhance Services in Eastern Uganda (RHITES), Reproductive Health Uganda (RHU), Right to Play (RtP), Rural Initiative for Community Empowerment in West Nile (RICE-WN), Salvation Army, Samaritan’s Purse (SP), Save the Children International (SCI), Self Help Africa (SHA), The Uganda National Apiculture Development Organization (Tunado), Transcultural Psychosocial Organization (TPO), Trocaire, Tutapona Trauma Rehabilitation (TTR), Uganda Law Society (ULS), Uganda Red Cross Society (URCS), Uganda Refugee Disaster and Management Council (URDMC), War Child Canada (WCC), War Child Holland (WCH), Water Mission Uganda (WMU), Welthungerhilfe (WHH), Windle International Uganda (WIU), World Vision International (WVI), Young Women’s Christian Association (YWCA), ZOA – Uganda (ZOA).
Financial information

UNHCR is grateful for donors’ critical support to this operation and those who have contributed to UNHCR programmes with unearmarked and broadly earmarked funds.

**Funding received: USD 25,158,915**

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**Other softly earmarked contributions | USD**

Norway | Private donors

**Unearmarked contributions | USD**

Sweden 77.6 million | Norway 72.5 million | Netherlands 37.2 million | Denmark 35.6 million | Germany 27.6 million | Switzerland 18.4 million | Belgium 11.9 million | Ireland 11.8 million

Algeria | Armenia | Bulgaria | Canada | Estonia | Finland | Iceland | Liechtenstein | Lithuania | Luxembourg | Monaco | Montenegro | Peru | Qatar | Republic of Korea | Saudi Arabia | Singapore | Thailand | Turkey | Uruguay | Private donors

A group of Congolese asylum-seekers wait at the Bunagana border point after crossing into Uganda from the Democratic Republic of the Congo. © UNHCR
The Refugee Response in Uganda is coordinated jointly by the Office of the Prime Minister (OPM) and the United Nations High Commissioner for Refugees (UNHCR).

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South Sudan Regional Portal