

## UGANDA – BIDIBIDI SETTLEMENT, YUMBE

### UNHCR OPERATIONAL UPDATE

4 November 2016

#### KEY FIGURES

**278,808**

No. of South Sudanese refugees in Uganda from 1 July – 4 November

**195,342**

No. of South Sudanese refugees in Bidibidi Settlement (3 Aug – 4 Nov)

**2,304**

Average daily arrival of SSD refugee into Uganda since 7 July 2016

#### OPERATIONAL PRIORITIES

- Continue to explore additional sources of water to ensure an adequate and sustainable supply of water in Bidibidi.
- Implement livelihood activities to expedite refugee self-reliance
- Ensure alternative health facilities in preparation of closure of Yumbe Hospital in early 2017
- Continue to promote women's participation in community structure including decision-making mechanisms

#### HIGHLIGHTS

- Between 1 – 4 November 17,220 refugees from South Sudan (SSD) arrived in Uganda at an average daily rate of 4,305 individuals. On 1 November, the arrival of 5,892 refugees marked the 3<sup>rd</sup> highest number of arrivals in one day (since July). During reporting week (29 Oct - 4 Nov), 24,785 refugees arrived in at an average daily rate of 3,541 persons. This compared to daily average arrival of 2,485 refugees in October. Since 7 July, 278,808 South Sudanese refugees have arrived in Uganda reflecting 52% of the total SSD refugee population in the country and 84% of those who arrived this year (2016).
- The population of Bidibidi Settlement stands at 195,342<sup>1</sup> persons. All newly arrived refugees were assisted and relocated to their designated plots.



*Yumbe, RDO presentation of Ugandan Policy on Refugees & Asylum Seekers as the opening session of a Protection Training for district authorities, 1 Nov 2016. UNHCR/M. Farman-Farmaian*

- Refugees from South Sudan arrive in Uganda mainly through informal border points often exhausted and hungry. They cite violence including false accusations by Government forces of collaboration with opposition groups, closure of schools and discontinuation of exams, lack of employment and livelihoods as reasons for flight.
- In light of increased arrivals, UNHCR/OPM started the opening of access roads for the development of Zone 5.
- UNHCR/OPM held a Protection Training Workshop on 1 and 2 Nov. Some 80 members of the District authorities, MPs, members of the Police and refugee leaders participated.

<sup>1</sup> These figures have been collected manually; ongoing biometric registration by OPM's Refugee Information Management System (RIMS), will provide final figures on the refugee population in Bidibidi.

## UPDATE ON ACHIEVEMENTS

### Operational Context

There has been an increase of 48% in the number of SSD refugees arriving in Uganda during reporting week compared to the previous week (22-28 Oct). The majority of refugees originate from the Equatoria region of SSD with many among them from Yei, Morobo, Lainya, Kajo Keji and other adjacent areas. There are also refugees from Torit and other regions of the country. Many take detours and spend days travelling on foot to avoid armed groups on the main roads. Refugees continue to arrive into Uganda via the Democratic Republic of Congo (DRC) due to blocked roads between Morobo and Kaya (Oraba).

Refugees interviewed report that they have spent many days walking with limited access to food, water and other needs. UNHCR, OPM and partners ensure that refugees arriving at border points are quickly transported to Bidibidi where access to reception facilities (water, food, shelter and medical attention / nutritional screening) is provided.

Based on interviews with refugees, other reasons for flight are: 1) extreme violence and indiscriminate killings often based on ethnic origin; 2) extortion 3) rape and sexual abuse; 4) forced recruitment of boys and men; 5) burning of villages, property and livestock, 6) hunger and lack of adequate food, medication and basic services, 7) inflation and the soaring cost of living and 8) ethnic discrimination by government forces.

### Achievements

 **Protection** (UNHCR, OPM, UNFPA, UNICEF, Plan International, WVI, TPO, URCS, ADRA and IRC)

#### Achievements and Impact

- **Protection Training Workshop** for Yumbe District authorities and refugee leaders was conducted with the participation of some 80 men and women. The 2-day workshop was opened with an overview of the refugee situation in Uganda, National Policies on refugees and asylum seekers followed by Concepts and Principles of International Protection related instruments and policies. Sessions on Child Protection and SGBV in a refugee context were also covered.
- **Persons with Specific Needs (PSN)** A total of 1,191 Persons with Specific Needs (PSN) have been identified in Bidibidi Settlement. Women at Risk (pregnant/lactating and female-headed households) compose the majority of this group followed by older persons at risk and persons with disabilities.
- Assistance to PSNs includes support to ensure the vulnerable are prioritized during the General Food Distribution (GFD). During reporting period, 59 PSNs (Zone 1: 16 PSNs and Zone 3: 43 PSNs) were assisted and received food. 101 PSN shelters are completed in Zone 1 and 2.
- During reporting time, 1,913 pieces of soap were distributed to PSNs in Zone 1.
- During reporting time, a total of 279 PSN shelters were completed in Bidibidi.
- A training was conducted for 149 Protection volunteers, assistants and others on PSN referral pathways vulnerability categories, codes and restoring family links.



*Bidibidi Settlement, distribution of CRIs to newly-arrived refugees from South Sudan, 4 Nov 2016. UNHCR/F. Kondirolli*

- **SGBV** - 32 cases of SGBV (31 F/ 1 M) were reported between 29 Oct – 3 Nov. bringing the cumulative number of reported SGBV cases in Bidibidi to 135 (130F / 5M). During this period there were: 8 cases of rape (4 in South Sudan, 4 in Uganda) among which 3 survivors were minors; 1 case of sexual assault; 12 cases of physical assault (including domestic violence); 0 forced/early marriages; 6 cases of economic violence and 5 (4F/1M) cases of emotional violence. All cases received counseling, and the cases of rape/defilement were provided with medical examination and treatment. Due to timely reporting, 3 rape survivors accessed PEP through the health facility and cases involving minors were referred to Child Protection partners for BIA/BID. Three survivors of physical assault received medical treatment. Five (5) survivors of physical assault and 4 survivors of economic violence were assisted with mediation including support from community leaders. Four (4) survivors of economic violence and 4 survivors of emotional violence were referred to the Women's Centers for peer counseling and life skills sessions. The sexual assault survivor and 5 survivors of physical assault were referred to the police.
- 114 community awareness raising sessions were conducted by SGBV Refugee Outreach Volunteers (ROV) reaching out to 13,444 refugees (5,788F/7,656M) in Zones 1, 2, 3 & 4. This brings the total number of awareness raising sessions in Bidibidi to 540, reaching 44,819 refugees (18,066 M / 26,753 F) with SGBV prevention messages since the onset of the emergency. During community awareness sessions, SGBV prevention and response messages (e.g. forms of SGBV, causes and effects of SGBV, referral mechanism for appropriate response) are shared. This has resulted in increased reporting of incidents of SGBV since communities are empowered to identify cases and report them.
- 40 SGBV volunteers and 30 members of the women and girls centers participated in a 2-day SASA! training in Zone 2. The training enabled them to appreciate the SASA! methodology on mobilizing communities aimed at prevention of violence against women and HIV and development of skills in creating awareness through dramas, posters, quick chats among others.
- Five additional solar street lights are being installed in Zone 2 to mitigate SGBV risks.
- **Child Protection (CP)** During reporting time, a total of 226 Children at risk were identified among these 217 Unaccompanied and Separated Children (UASC) composed of 85 UAMs and 132 SCs and 9 cases of children at other types of risk (CR). This is 118 more cases than for the previous week and reflects the increase in the number of refugees arriving in Uganda. Relevant partners are following up to provide timely response and assistance. 40 referrals were carried out during the week, 30 regarding assistance with the construction of shelter, the remainder for tracing (4) and medical services (6). There are a total of 2,097 UAM/SC and Children at Risk identified in Bidibidi.
- A total of 1,014 children have been identified for foster care. Selection of foster families is conducted at the time of identification and relocation. These are monitored and followed up to address any arising concerns. Identification of foster families is ongoing in all zones in preparation for future fostering. These are conducted according to *Guidelines for Foster Families* Training is planned for the selected families.
- The first BID case was completed and brought for an ad hoc BID Panel with final recommendations.
- **Protection Information and Counselling Desks (PICD)** There are currently 19 PICDs: 6 in Zone 1; 3 in Zone 2; 8 in Zone 3; 2 in Zone 4. While the PICDs in Zone 1 are in structures, in the other Zones most of the Desks remain informal and in ad hoc and /or temporary locations. Construction of dedicated PICD structures in other Zones will be prioritized with building to start in Zone 2 and move to Zone 4 and 5 by year's end.
- During the reporting period, PICDs received an average of some 250 inquiries per day. The main areas of refugee concern were: Family tracing/reunification; Incidents of theft; CRI distribution; Lost/missing ration cards; Food distribution and Health/medical issues.
- A training was conducted for some 140 PICD workers/volunteers to improve services at the Desks and strengthen follow-up and monitoring of referrals. The training included sessions on referral pathways, the relationship of the



*Bidibidi Settlement, additional solar street lights are being installed in Zone 2 for improved safety and security, Nov 2016. UNHCR/S. Dzikunu*

desks to community structures, prioritization of cases and basic case management, PSN codes, and brief presentations on IPs receiving referrals from the desks.

- UNHCR continued intensive monitoring of the PICDs through regular visit to each of the PICD to ensure comprehensive recording/referral of cases, discuss problematic cases with desk staff/volunteers, and to build capacity among staff/volunteers, particularly with respect to the evolving referral pathways. UNHCR keeps in regular contact with the PICD coordinators on referrals, case follow-up, etc.

#### Identified Needs and Remaining Gaps

- **PSN** Locating PSNs is a challenge as many move to other locations within the Settlement to be closer to community members that could provide support.
- Protection sector to strengthen follow-up and monitoring activities related to PSNs in all Zones. There is also need for partners to strength linkages across sectors such as Community-Based Protection.
- Road access is a concern to allow easy access to services.
- **SGBV** – Need for additional solar street lights to accommodate the growing population and the size of the zones. The initial request for 100 solar street lights should be increased to 150.
- **Child Protection** Need to improve CP reporting, case management/procedures, identification and assessment of children at risk at the Reception and Registration points, as well as to speed up implementation of child protection community structures
- **PICD** Need to strengthen capacity of PICDs staff regarding referral pathways, [feedback and monitoring of cases](#).

### Education (UNHCR, OPM, UNICEF, Plan International, TPO, AAR and WTU)

#### Achievements and Impact

- **Primary** A total of 17,985 (9,887 M/ 8,098 F) students are enrolled in 10 schools in Zones 1 and 2; 305 teachers and classroom assistants are in place.
- Clubs have been formed in 4 primary schools to improve learning capacity and involvement of children in extra curricula activities. These include health promotion club, debate club, games and sports, peace club, girl child education movement, academic club, child protection club, agriculture club, etc.
- During reporting time there was a marked improvement in student attendance 85% (15,272) up from 78% (14,008), across all schools compared to previous week.
- 1,227 girls aged 10 years old have been identified for HPV immunization/vaccination, which will be administered by the district health office.
- Identification of school sites in Zone 3 and Zone 4 was completed. To date, there are 4 schools in Zone 3 and 3 schools in Zone 4.
- A total of 1,337 (951M/ 388F) children were registration in 2 schools in Zone 3.
- **Early Childhood Development (ECD)** 4,289 children are enrolled in 9 ECD centers reflecting an attendance rate of 61% (2,609 children). Monitoring of the ECD centers and caregivers was carried out to improve the learning process and caregivers' activities in various centers.
- Following the mobilization of the community, Center Management Committees were set-up in 2 more of the centers. The role of these committees is to oversee the running of the centers for the welfare of the children, and to increase and sustain parental and community involvement.
- Outdoor play equipment was installed in four ECD centers.
- **Secondary School** There are 2 secondary schools: in Zone 1, Valley View Secondary School, with an enrollment of 669 (525M/and 144F) and in Zone 2, Swinga Secondary School, with an enrollment of 1,296 (1,044M/252F). Enrollment continues in both locations.
- In order to increase the enrollment of females in secondary school, an extensive sensitization campaign was carried out in Zones 1 and 2 using the “Boda Boda Talk Talk”.

#### Identified Needs and Remaining Gaps

- **Primary** With an increase in population in Zones 3 and 4, there is an urgent need to construct primary and secondary schools as well as ECD centers.

- Overcrowding in schools persists with classroom to pupil ratio reaching as high as 1:150. An additional 72 classrooms are needed in Zones 1 and 2 to bring the pupil classroom ratio down to the acceptable level of 1:60.
- **ECD** More ECD centers are needed in Zone 2 as soon as possible.
- **Secondary School** There is a pressing need to increase the number of girls enrolled in secondary school.
- There is need for solar lights within the school compounds.
- Accelerated learning programmes, school bridging programmes, integrated vocational skills programmes, and identification and established pathways to diploma and degree courses are needed.



## Health ((UNHCR, OPM, UNFPA, UNICEF, WHO, IRC, RMF, MTI, TPO, MSF, DCA, GSS))

### Achievements and Impact

- During reporting time, a total of 7,613 OPD consultations were conducted compared to 8,094 reported during the last reporting period. This translates to an estimated health facility utilization rate of 2.1 consultations/refugee/year (expected 2-4) among which 5.6% are members of the host population. The leading causes of illness (proportional morbidity) are malaria (29.8%), Acute Respiratory Tract Infections (RTI) (25.1%) followed by Acute Watery Diarrhea (AWD) (14.2%).
- No new cases of cholera were reported in the refugee settlement marking 15 days since the last registered case. A total of 61 cholera cases (58 refugees/3 nationals) have been registered since the epidemic started on the 11 August 2016. Response mechanisms include social mobilization, active case identification, surveillance, case management, infection control measures, and follow up of patients/contacts at community level.
- Eight cases of bloody diarrhea (dysentery) were reported in the refugee settlement with 4 cases in Zone 2 and 4 cases in Zone 3. This reflects a reduction of 52.9% compared to the 17 cases registered in last week. Information sharing with WASH partners continued.
- A total of 24 mental health cases were registered in the settlement (10 M/ 14 F); 14 of these were new cases and 10 were re-visits.
- A total of 7 deaths were registered during reporting time (4 children under-5 years of age). The Crude Mortality Rate (CMR) and Under-5 year mortality rates are estimated at 0.1 and 0.2 deaths/10,000/day which is below the emergency threshold of 1 and 2 deaths/10,000/day respectively.
- Village Health Team (VHT) services are operational in Zone

### Identified Needs and Remaining Gaps

- Efforts continue to strengthen the capacity of existing health facilities (staffing, structure and supplies). Additional support to partners is required (funding, training, etc.)
- Staff recruitment remains a challenge with partners working around the clock to address. The ratio of skilled health workers to refugees is estimated at 6/10,000 (target 22/10,000).
- Blood transfusion continues as a challenge in Yumbe Hospital. UNHCR and partners are taking steps to address this through provision of power, fridge, etc.
- Six ambulances are required to cover the current gap in Bidibidi Settlement. With the opening of Zone 5, this need will increase.



## Food Security and Nutrition (WFP, UNHCR, UNICEF, WVI, CWW, ACF, SP)

### Achievements and Impact

- General food distribution for the November cycle continued. Contents of the food rations include: 400g of sorghum grain, 80g of pulses, 50g of CSB+, 30g of vegetable oil and 5g of salt per person per day. An additional 2kg of sorghum is provided per person to offset the cost of milling. The ration provides 2,081 kcal/person/day supplying 99% of the required 2,100 kcal/person/day.
- Construction of Food distribution centres continued in Zones 1, 2 and 3.
- Inpatient and outpatient therapeutic care, targeted supplementary feeding care and basic Infant and Young Child Feeding (IYCF) are provided at the 3 nutrition integrated health posts each in Zone 1 and 2. In Zone 3 and Zone 4, nutrition services are provided at the (static /mobile) health facilities.

- Blanket Supplementary Feeding Program (BSFP) for Pregnant and Lactating Women (PLWs) and children between 6 and 23 months started in Zone 2. A cumulative total of 541 clients has been registered in the first two days of the exercise as follows: 355 children 6-23 months; 90 pregnant women and 96 lactating women. Mass MUAC screening for nutrition is also undertaken during the distribution.
- A total of 999 children 6-59 months (22 in ITC, 252 in OTC and 725 in SFP), 211 pregnant and lactating women have been identified in Bidibidi; 1,203 >5 are enrolled in the nutrition centers for rehabilitation in the Bidibidi settlements.
- There are a total of 24 grinding mills in Bidibidi both private and refugee-operated millers are providing services.

### Identified Needs and Remaining Gaps

- Establishment a food basket/post distribution monitoring system in all Zones is needed.
- Continued capacity building to ensure comprehensive nutrition programming and screening and referral of newly-arrived refugees.
- Overall capacity building with regard to awareness, promotion and protection of infant and young child feeding; quality community outreach program; nutrition surveillance and development of a standardized monitoring and reporting framework.
- Scaling up of nutrition rehabilitation infrastructures. Three out of 12 planned nutrition centers in Bidibidi Settlements are in place; three nutrition facilities are near completion.



### Water, Sanitation and Health (WASH) (UNHCR, UNICEF, OXFAM, URCS, WHH, SP, WMI, DRC, MSF, ACF, WVI, NRC, Malteser International, ADRA, CEFORD, HIL, WRU)

#### Achievements and Impact

- During reporting time, a total volume of 9,020 m<sup>3</sup> of water was supplied to the Settlement through water trucking and 33 hand pumps. The average water supply in Bidibidi was 7.63 l/p/d.
- The piped water system previously under construction became operational and provides water to parts of Zone 1 through 30 tap stands.
- Three additional boreholes were drilled in Zone 2 leading to a total of 5 boreholes drilled; these are not yet ready for water extraction. Two New boreholes are in progress in Zone 3
- In Zone 1, 687 household and 809 communal latrines were completed and are functional. In Zone 2, 113 household and 555 communal latrines were completed bringing the total to 1,223 latrines
- In Zone 3, 1,004 communal latrines were completed bringing the total to 2,008 latrines.

### Identified Needs and Remaining Gaps

- Need for additional sources of water to ensure a sustainable supply to the population in the Settlement.



### Community Empowerment and Self-Reliance (UNHCR, WFP, WVI, DCA, OXFAM, IRC, URDMC, Caritas, SP, WTU, Plan International, MUPC)

#### Achievements and Impact

- The Task Force for market assessment met on 2 November to review the consolidated the Rapid Assessment of Markets (RAM) tool and discuss logistics arrangements. It was agreed that the scope of the assessment will include 18 markets around Bidibidi and Rhino refugee settlements, and the secondary markets of Arua and Koboko. Enumerators (mainly from the refugee population with post-secondary education) will be recruited for the data collection and trained on 7 November; data collection will begin on 8 November 2016. Tablets will be used to capture data; partners provide funding for the Market Survey Rapid Assessment.
- Plans are also in motion to commence the Household Economic Assessment (HEA) surveys in refugee and host communities in Bidibidi and Rhino settlements. A task force consisting of UNHCR and partners has been formed to support the HEA. The HEA survey is planned to begin on the second week of November.

- Livelihood sector is providing PSN shelter assistance in combination with cash-for-work projects, recruiting refugees for shelter construction in the settlement. More than 60 shelters were constructed and 46 South Sudanese refugees were benefited from the project.

### Identified Needs and Remaining Gaps

- There is need to strengthen engagement of OPM and District Officials in the livelihood sector and activities to ensure these are aligned with government livelihood initiatives.
- Introduction of more livelihood projects.
- Engagement with the host community to consult issues of refugee access to natural resources and peaceful co-existence around access to these resources.
- Clarify policy issues related to employment of refugees with professional qualifications in teaching, nursing, engineering and others.



## Shelter, Infrastructure and CRIs (UNHCR, WVI, URCS, AIRD, AAR, DCA, IRC)

### Achievements and Impact

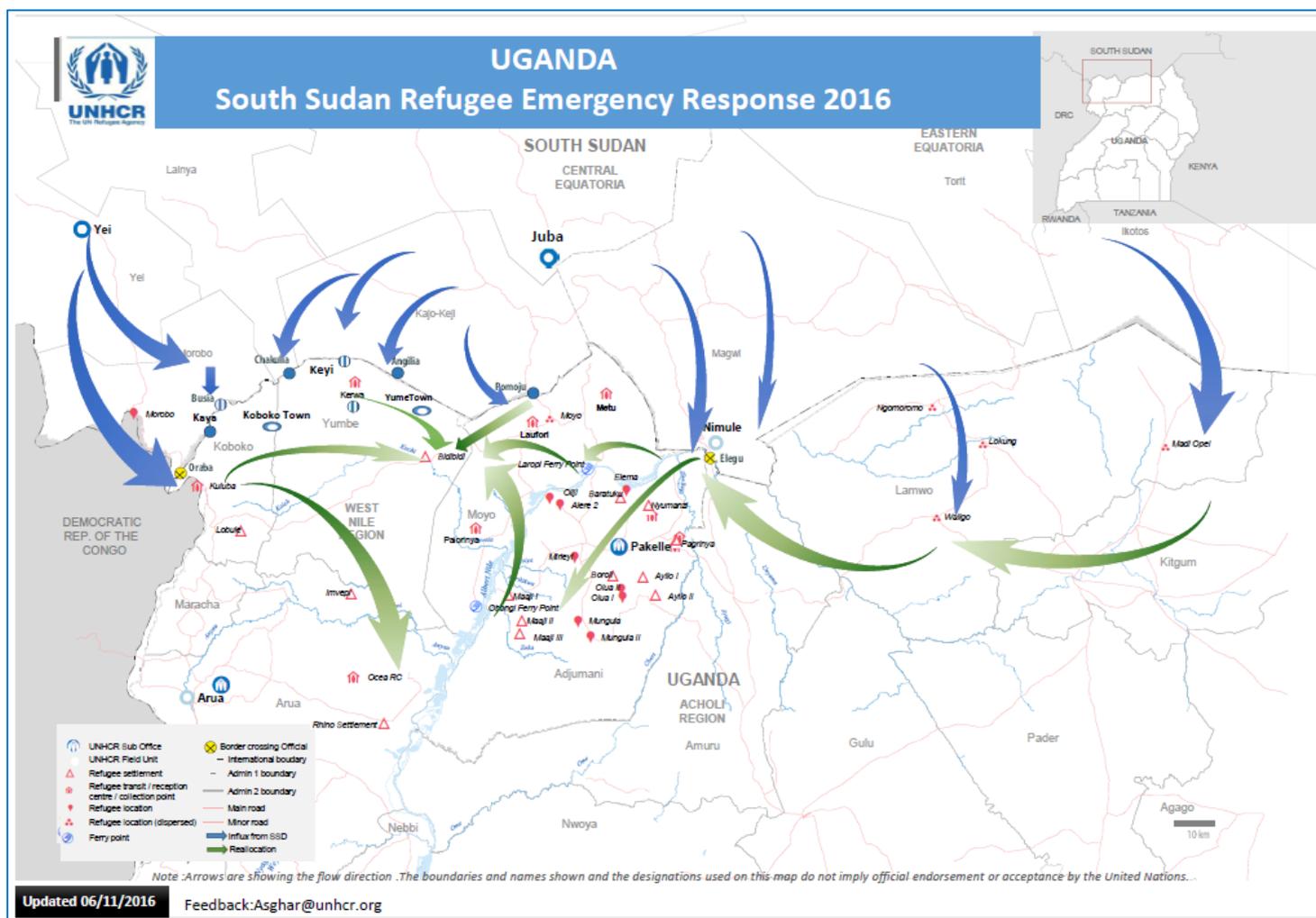
- **Core Relief Items (CRIs)** Distribution of CRIs upon arrival at the Bidibidi Reception Center and once refugees are settled in their designated plots continues. CRIs are composed of: jerry can, basin, slasher, panga, plastic sheeting, rope, soap, sickle, mosquito net, hoe and kitchen set. Solar lamps are also distributed to refugee families in shelters. Shelter kits are provided once refugees are on their assigned plots to assist with the construction of temporary housing structures. The kit is composed of: plastic sheeting, poles, panga, slasher and plastic rope. Woman and girls are also provided with monthly packages of sanitary napkins and underwear.
- UNHCR is coordinating closely with partners to ensure timely distribution of CRIs to the increased number of refugees arriving in Bidibidi.
- **Shelter/Site Planning:** During reporting time, 100 plots were allocated for PSNs; 13.3 km of road were opened and roadworks continues in the new Zone 5. Since the establishment of Bidibidi on 1 August, a total of 74,235 plots of land have been demarcated.
- Population planning figures per Zone are as follows: Zone 1: 56,000; Zone 2: 48,000; Zone 3: 45,000; Zone 4: 42,000.

### Identified Needs and Remaining Gaps

- **CRI:** while coordination of CRI distribution is effective, challenges remain with regard to the timely replenishment of items and maintaining a buffer stock.
- **Shelter/Site Planning:** The limited number of heavy machinery poses challenges to speeding up road works and clearing of sites for communal structures.
- Culverts are being installed however there is need to expedite installation in all zones.

## Working in partnership

- **Bidibidi:** UNHCR cooperates closely with the Office of the Prime Minister (OPM) to coordinate activities in Bidibidi settlement.
- Weekly coordination meetings are in place at the sector (and a number of sub-sector) levels including WASH, Health and Nutrition, Protection (PSN, etc.), Child Protection, SGBV, Community-Based Protection, Education, Livelihoods, Shelter, Site Planning/Infrastructure, etc. These are chaired by UNHCR/OPM. A schedule of meetings, updated by UNHCR, is shared with partners.
- Inter-sector meetings are held to ensure cross-thematic issues are addressed.
- **Yumbe District:** At the district level, monthly inter-agency coordination meetings are held in Yumbe with OPM and local authorities.
- **Arua District:** Weekly coordination meetings are also held in Arua with the Refugee Desk Officer (RDO)/ OPM.



- **Reporting:** Operational Updates on Bidibidi Settlement are shared on a weekly basis. At the Kampala level, UNHCR disseminates Updates 3 times a week.
- **Information Management:** UNHCR also produces and shares a number of maps (relocation flow, Bidibidi Settlement, Zones, etc.). Please refer to <http://data.unhcr.org/>
- **Refugee Emergency Telecommunication (RET)** UNHCR RETS Coordinator Sector has been established and is working to strengthen ICT (Information, Communication Technologies) among partners in the emergency. Monitoring, and support is provided to improve and extend data voice and security communication. In Bidibidi, all ICT services are now available for UNHCR, partners and humanitarian community.
- **PARTNERS:** In addition to Government authorities, partners engaged in Bidibidi, Yumbe include: **AAR Japan** - Association for Aid and Relief Japan, **ADRA** - Adventist Development and Relief Agency, **AIRD** – African Initiatives for Relief and Development, **ACF** – Action Contre la Faim/Action Against Hunger, **ARC** - American Refugee Committee, **Caritas**, **CEFORD** - Community Empowerment For Rural Development, **CWW** - Concern Worldwide, **DCA** – DanChurch Aid, **DRC** – Danish Refugee Council, **GSS** – Global Street Samaritans, **HIL** – Here is Life, **ICRC** – International Red Cross Committee, **IRC** – International Rescue Committee, **MI** – Malteser International, **MSF** – Medecins sans Frontieres, **MUPC**- Makerere University Peace Center, **MTI** – Medical Teams International, **NRC** – Norwegian Refugee Council, **Oxfam**, **PLAN** – Plant International, **RMF** – Real Medicine Foundation, **SP** - Samaritan’s Purse, **TPO** – Transcultural Psychosocial Organization, **UNICEF**, **UNFPA**, **URCS** Uganda Red Cross Society, **URDMC**– Ugandan Refugee and Disaster Management Council, **WFP** – World Food Programme, **WHH** – Welthungerhilfe, **WMI** – Water Mission International, **WRU** - World Renew Uganda, **WHO** – World Health Organization, **WTU** – Windle Trust Uganda, **WVI** – World Vision International.

**Contacts:**

Nasir Fernandes, Snr Emergency Coordinator, [fernandn@unhcr.org](mailto:fernandn@unhcr.org), Tel: +256 0 776 730 013  
 M. Farman-Farmaian, Snr Emergency External Relations Officer, [farman@unhcr.org](mailto:farman@unhcr.org), Tel: +256 0 776 730 015  
 Shahzad Asghar, Emergency Information Management Officer, [asghar@unhcr.org](mailto:asghar@unhcr.org), Tel: +256 0 789 482 920

Links: <http://data.unhcr.org/SouthSudan/regional.php>