



## **UN Uganda Bulletin Vol 12 21st April 2017**

### **OVERVIEW**

- Prime Minister, Dr. Ruhakana Rugunda inaugurated the Immigration Training Academy in Nakasongola on 10th April. The training centre the first and only one of its kind in the country for the Directorate of Citizenship and Immigration Control of the Ministry of Internal Affairs was constructed by the UN Migration Agency – International Organization for Migration (IOM) with the support of the Government of Japan, which provided USD 1.8 million.
- The Government of Uganda and the UN High Commissioner for Refugees officially launched on 24 March the Comprehensive Refugee Response Framework (CRRF) for Uganda.
- The total number of refugees and asylum seekers from South Sudan in Uganda is 834,235 and the total number of refugees and asylum seekers in Uganda is 1,199,051 according to the UNHCR Uganda Flash Update on the South Sudan Emergency Response dated 10<sup>th</sup> April 2017.
- Immunization managers from 20 Eastern and Southern African Countries met in Kampala, to review implementation of immunization in the region and to devise ways of reaching every eligible child and all target populations in the respective countries.
- Karamajong men defy culture to Support Care for Child Development of their children
- UNICEF has introduced nutrition outreaches in the refugee settlements hosting South Sudanese in West Nile to bring services closer to all children.



## SDG 16 – PEACE, JUSTICE AND STRONG INSTITUTIONS

### PRIME MINISTER INAUGURATES IMMIGRATION TRAINING ACADEMY IN NAKASONGOLA

By Michael Wangusa, UN Resident Coordinators Office (RCO)

Prime Minister, Dr. Ruhakana Rugunda inaugurated Immigration Training Academy in Nakasongola on 10th April. The training centre the first and only one of its kind in the country for the Directorate of Citizenship and Immigration Control (DCIC) of the Ministry of Internal Affairs was constructed by the UN Migration Agency – International Organization for Migration (IOM) with the support of the Government of Japan.



**Prime Minister, Dr. Ruhakana Rugunda (centre) with UN Resident Coordinator, Ms. Rosa Malango (fourth from right) Amb. Kazuaki Kameda of Japan (fifth from left) and IOM Chief of Mission, Mr. Ali Abdi, (fifth from left) at the inauguration of Immigration Academy in Nakasongola**

"The academy was constructed as an integral part of the Strengthening Border Security in Uganda Project implemented by IOM with 1.8 million USD funded by the Government of Japan, 'said Ambassador Kazuaki Kameda.

Speaking at the inauguration ceremony earlier this month, the Prime Minister of Uganda, Dr. Ruhakana Rugunda, said: "The establishment of the Academy is a timely addition to government efforts to combat transnational crimes, which include terrorism, human trafficking and irregular migration."

UN Resident Coordinator Ms. Rosa Malango applauded the commissioning of the academy as a dedicated centre for training on immigration and border management as essential components of peace, security and development. "The UN in Uganda commits itself to establishing mechanisms to foster national resilience to cross-border security threats and to support the strengthening of regional partnerships for effective implementation of regional and international instruments that facilitate peacebuilding,' said Ms. Malango.

The academy seats on 30 acres of land in Nakasongola District. It has modern training facilities and dormitories for men and women, each of which can accommodate 40 trainees. There are also several staff houses.

Prior to inauguration of the academy, immigration officers in Uganda have been receiving their training at facilities for other government institutions such as the military. The academy in Nakasongola will be used primarily for training immigration officers, but will also be used to train other government officials.

"IOM Uganda is making plans to continue supporting this Academy in the near future including by strengthening training curricula and developing world class training modules," said Mr. Ali Abdi, Chief of Mission, IOM Uganda.

## COMPREHENSIVE REFUGEE RESPONSE FRAMEWORKS FOR UGANDA LAUNCHES IN KAMPALA

By Rocco Nuri, United Nations High Commissioner for Refugees (UNHCR)

The Government of Uganda and the UN High Commissioner for Refugees officially launched on 24 March the Comprehensive Refugee Response Framework (CRRF) for Uganda, providing formal evidence to development partners of how the national strategy known as the Settlement Transformative Agenda already contains the principles and objectives set out in Annex I of the New York Declaration and provides an opportunity for more robust support from partners especially by providing:

- Support to Government policy and protect asylum space;
- Support to resilience and self-reliance of refugees and host communities;

- Expanding solutions, including third country options;
- Support to Uganda's role in the region and investing in human capital and transferrable skills.

The establishment of a multi-stakeholder Secretariat is underway to support the monitoring of the CRRF implementation through the National Development Plan and its Settlement Transformative Agenda, under the leadership of the Government. The Secretariat will serve as a knowledge hub and platform for strategic discussions, building on refugee structures and initiatives already in place such as the UN-World Bank led Refugee and Host Community Empowerment approach to manage and find solutions for refugees. During the event participants were briefed on the implementation of the Ugandan Refugee and Host Community Empowerment Program and heard directly from Local authorities about the challenges and opportunities in the ongoing refugee response in their districts. High-profile stakeholders attended the event, including national and local government officials, donors, and representatives of UN agencies and NGOs



***Representatives from Government, donors, UN and NGOs at the launch of the Comprehensive Refugee Response Framework (CRRF) on 24 March***



### SDG 3 – GOOD HEALTH AND WELL-BEING

## IMMUNIZATION MANAGERS COMMIT TO IMPLEMENTING THE ADDIS DECLARATION ON IMMUNIZATION

By Edmond Mwebembezi, World Health Organization (WHO)

Immunization managers from 20 Eastern and Southern African Countries met in Kampala, to review implementation of immunization in the region and to devise ways of reaching every eligible child and all target populations in the respective countries.



***The Minister of Health, Dr. Jane Ruth Aceng (centre front row) between the WHO Representative, Dr. Tarande Constant Manzila (left) and UNICEF Representative, Ms. Aida Girma (right) and participants at the Eastern and Southern African Immunization managers meeting at Munyonyo, Kampala***

During the three-day meeting, the managers were updated on the implementation of the Regional Immunization plan 2014 to 2020 and the Ministerial Declaration on the Immunization Roadmap. The shared information on routine immunization, new vaccines

introduction and accelerated immunization initiative; and they also reviewed surveillance activities for the polio eradication initiative.

Opening the meeting, Uganda's Minister of Health, Dr. Jane Ruth Aceng noted the timeliness of the meeting adding that it is important for the region to review progress on the implementation of immunization services in the region. For Uganda, the Minister reported impressive coverage attained since 2013, recorded as 93% for Diphtheria, Pertussis, Tetanus, Hepatitis B and Haemophilus influenza type b (DPT-Hib-HepB 3) vaccine and 92% for Pneumococcal vaccine respectively.

Dr. Aceng added that the Uganda National Expanded Program on Immunization (UNEPI) has aligned its country year plan to the regional and global plans for immunization because disease prevention is a priority for Uganda.

Reflecting the same sentiments, the Acting World Health Organization (WHO) Representative in Uganda, Dr. Tarande Constant Manzila said the meeting was timely as African countries implement several plans of action such as the Global Vaccine Action plan, the Regional Strategic Immunization Plan (RSIP) 2014-2020, the Global Routine Immunization Strategies and Practices (GRISP), Polio Eradication and Endgame Strategic plan, as well as the Addis Ministerial Declaration (ADI) roadmap that is intended to ensure that all the above plans are implemented to accelerate and achieve universal access to immunization. Dr. Tarande requested delegates to address the issues and challenges facing the immunization so that clear action points are developed to enable each country implement the ADI roadmap. He concluded his remarks by committing the continued support of WHO and hoped that the recommendations made during the meeting, will enable countries to refine their Immunization plans and further ensure that coverage and equity is achieved.

The Representative of the United Nations Children's Fund (UNICEF) in Uganda Ms. Aida Girma reiterated the importance of immunization in child growth and development saying that "immunization is one of the most successful and cost effective public health investments countries can make for future generations". She informed delegates that the United Nations has high regard in the power of vaccines and their great impact on the health and wellbeing of children globally. She thus called on partners to continue to work tirelessly, to support government efforts that address current and future barriers to strong immunization programs.

During the 28th Session of the African Union held in Addis Ababa, Ethiopia, Heads of State endorsed the Addis Declaration on Immunization, also known as the Ministerial Declaration on Universal Access to Immunization. This is a historic and timely pledge to ensure that everyone in Africa, regardless of who they are or where they live, receives the full benefits of immunization. The declaration calls on countries to increase political and financial

investments in their immunization programmes. It includes 10 commitments, including increasing vaccine-related funding, strengthening supply chains and delivery systems, and making universal access to vaccines a cornerstone of health and development efforts. The EPI Managers' meeting therefore provides a platform for countries and partners to share experiences and further forge a way forward to implementing the ADI roadmap.

Delegates were from Botswana, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, South Africa, South Sudan, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. Partners supporting the meeting include WHO, UNICEF, United States Agency on International Development (USAID), GAVI Alliance, CDC/AFENET, Bill & Melinda Gates Foundation, Maternal and Child Survival Program, Members of the Regional Immunization Technical Advisory Group, African Population and Health Research Center, Inc., Network for Education and Support in Immunization, Clinton Health Access Initiative, PATH and the American Red Cross.

## KARAMAJONG MEN DEFY CULTURE TO SUPPORT CARE FOR CHILD DEVELOPMENT OF THEIR CHILDREN

By Catherine Ntabadde Makumbi, UNICEF Uganda

In their culture, women have to literally do everything from housework to constructing houses, providing water to the animals. It was never heard of that the men would support their wives in house chores or even carry the baby if he/she cried. Not even play with their children. With the knowledge acquired from the health workers, district authorities and humanitarian agencies, the Karamajong men are now champions of early childhood development (ECD). They are keen at participating in the growth and development of their children right from the time their wives conceive. This is a critical element of ECD because the earliest environments can influence a child's development.

During an interactive one-one session with a cross section of men in Nakapiripirit, Amudat and Napak districts in North Eastern Uganda, the UNICEF team discovered that the fathers appreciate the role of bonding with their children and wives as it results into healthier, happier children and adults. Twenty five year old Amos Lomerigorok of Katukumwok village, Loro Parish, Loro Sub County in Amudat says, "It is a new phenomenon for us to get involved in the lives of our children. I get time to play with my children. I know by interacting and playing with them, our relationship grows stronger. Mostly we play the kraal games where the children collect small stones and we depict how a kraal looks like."

Amos is a father of 3 children and his wife is expecting their fourth child. He mentioned that he has been preparing for delivery in a health facility noting that his three children were delivered in bushes. He has already been to the health centre with the wife for antenatal

care services. "When I first went to the health centre, I was asked to go back home and return with my husband," says Chepsera Paulina. Indeed, Amos adhered to the health workers' call and escorted his wife to the doctors. Borrowing from the public education messages given at the health centres, Amos was advised to always ensure that the wife delivers in the hands of the experts to avoid complications.

Chemukea Lokwabong, 45, who had a 1 week baby at the time of the visit says when his 23 year old wife was pregnant, he helped fetch water, milk the cows and do other chores at home. He revealed that he plays with his children, carries them and throws them up in the air as a way of creating a strong relationship with them. He is optimistic that by interesting himself in the lives of his children, he can secure them a better future through education after which the children can get jobs instead of herding cattle.

"I make sure that all my children know each other and understand that they are related. I also carry my children which most women cannot do. Before we acquired this knowledge, we thought that children should only play with their mothers and not fathers," added Chemukea who has 4 wives. He felt very happy to hold his 1 week baby since he was doing it for the first time since he was born. Chemukea said he would have held his new born like in the 2nd week according to culture. The new born baby is regularly breastfed. "My husband is providing milk and porridge so that I have what to feed the baby on," Nachadee Lobwakong says. She adds that all her three children were breastfed exclusively for 6 months as was advised by the health workers. Chemukea agreed to champion all the men in his community and highlighted the impact of the knowledge he has. Asked how the family acquired knowledge on breastfeeding and eating nutritious foods, the couple said the health workers conduct health education sessions on nutrition. UNICEF with funding from UKAid is enhancing resilience in Karamoja programme.

Through the programme, UNICEF and WFP have scaled up nutrition interventions targeting malnourished children under five, pregnant and lactating women. The interventions are implemented at both health facility and community level. One of the components, according to Alex Mokori, UNICEF Nutrition Specialist in Karamoja is to counsel and treat severe acute malnutrition among children, breastfeeding and complementary feeding support.

The Chief Administrative Officer Amudat Chelimo Alex noted that women in Karamoja are over burdened. "They build and thatch houses while the men are seated. Even when the women are pregnant, they still do hard labour. With the increased education and exposure, things are changing. Some men are getting involved in the lives of their children," he explains. Chelimo says he supports his wife in the growth of their children including taking on house chores, bathing the children and cooking. He believes supporting his wife provides good parenting to the children.

In Napak District, Loru Abraham (25) and Nate Vicky (20) have had a three weeks baby boy, their first born. Loru says as a father, he feels it is his responsibility to see that the family stays together now that his wife has given birth. "We went together at the health centre for antenatal care visits. At the health centre, I was told to take good care of my wife, reduce on the work load and avail foods for a balanced diet," Loru says. He carried his son from hospital after delivery to home. Because of culture, when they reached home, he handed over the child to the mother and will stay away for 2 months before they are re-integrated. He comes around during the day to check on the family and provide the necessary needs. He demonstrated how he sung and hissed to the baby to calm him and keep quiet at the time he was crying. "I was excited when I saw the baby respond to my songs and hisses," adds the smiling father. Loru notes that he is aware that the early years of a child are important for the future. To achieve this, he provides welfare to the child, works to earn income for feeding the mother and knows the importance of providing medical support should the need arise.



***A Karamajong father playing with his children***

Loli Lowakabong, 38, is looking forward to the unborn child. He is providing nutritious foods like milk, silver fish to his 7 months pregnant wife, Aguma. Lowakanga demonstrated the games he plays with his children some of them include snake games and ties rags to act as

balls for football. He also tells fox stories to the children. During our visit, he threw one of his daughters up in the air, which she seemed to like. Before he goes out of home to interact with peers, he will ensure that he has provided food to his family. This he does through the income earned from cultivation and selling of sun flower, sorghum, maize. His hope is to educate all his children so that they become future leaders in the Police force and medical professions.

These practices were shared during a UNICEF visit to the communities to document ECD best practices involving a male figure ahead of Father's Day in June. The documentation was done to portray quality parenting support programmes through the stories of the whole family. The implementation of the UKAid supported nutrition programme is complemented by other UNICEF interventions including early childhood development, child protection, water and sanitation, health and social safety nets.

High-profile stakeholders attended the event, including national and local government officials, donors, and representatives of UN agencies and NGOs.



## **SDG 2 – ZERO HUNGER**

### **UNICEF UGANDA INTRODUCES NUTRITION OUTREACHES TO REACH ALL SOUTH SUDANESE REFUGEE CHILDREN**

By Catherine Ntabadde Makumbi, UNICEF Uganda

UNICEF has introduced nutrition outreaches in the refugee settlements hosting South Sudanese in West Nile to bring services closer to all children.

Launched in February 2017, the outreach missions conducted by Concern Worldwide, a UNICEF Uganda partner are aimed at improving the active case surveillance, identification and screening of any malnourished South Sudanese refugee children.

Using the village health teams, the situation in the refugee settlements has changed with increased referrals to the health centres on nutrition, immunisation, water, sanitation and hygiene and any health related challenge. "During the emergency, the number of children managed at the health centre was high with over 120 cases in a month but when the situation normalised, we noted a reduction in the number of new cases and high default rates among the children who have not completed their treatment," Benedicto Nsana, Technical Operations Manager, Adjumani and Moyo districts, Concern Worldwide explains about the new approach.

Funded with support from UKAid, the village health teams underwent training and were given parameters to regularly report on. The VHTs are required to record the situation they find in the refugee households in a summarised way in a book. Apart from screening services, the VHTs also conduct health education services among the refugees. Nsana says that they are targeting children aged 6 months – 59 months but if the VHTs identify older malnourished children, the teams will attend to them.



***A Concern Worldwide official assessing the nutrition status of South Sudanese Refugee child***

During our visit to Pagirinya Refugee Settlement in Adjumani district, Tulio Deng and Elizabeth Nyibo revealed that they had benefited from the nutrition outreach missions. Their daughter, Nyakundi (not real names) was malnourished at 7 years old. She was admitted to Pagirinya Health Centre until she recovered. Nsana revealed that Nyakundi was admitted on 28th November 2016 with a Mid-Upper Arm Circumference (MUAC) of 14.2cm. At the time she was successfully discharged on 6th February 2017, Nyakundi's MUAC was at 15.4cm. Deng explained that the VHTs have constantly visited his home and educated him on the need to keep all his children healthy and ensure that none of them is admitted.

In an interview, UNICEF Nutrition Manager Abiud Omwega says, "We have strengthened active case identification of the children for all our health programmes especially in the

settlements and camps where health centres are not easily accessible for some sites.” “Our numbers are very low yet we want to reach every child in the settlement. Concern Worldwide is undertaking the outreaches so that children around benefit from these services that have come closer to them. There is evidence that there are more children than what we are reaching at the health facilities,” Omwega further elaborated.

He adds that the outreaches provide integrated services in that apart from the nutrition assessment, they provide opportunities for counseling on Maternal and Infant Young Child Feeding while acting as pharmacy points, vaccination points noting that access to nearby health facilities in the settlements can take about 40 minutes.

Simon Anyanzo Chira and Susan Kiden say they have benefited from the public health sessions whereby they learnt complimentary feeding for their 6 months baby. Kiden says she feeds the baby porridge, juice, soup to supplement on the breast milk.

**For more information, please contact:**

Michael Wangusa  
[michael.wangusa@one.un.org](mailto:michael.wangusa@one.un.org)  
+256 (0) 771 005 988

Monicah Aturinda  
[monicah.aturinda@one.un.org](mailto:monicah.aturinda@one.un.org)  
+256 (0) 772 147 505

UN Resident Coordinator’s Office (RCO)