Districts of Kampala, Hoima, Gulu, Mukono, Isingiro, Mbarara, Rakai, Kiryandongo, Lyantonde, Kyegegwa, Kisoro, Ntungamo, Amudat, Kaabong, Moroto; and in the refugee settlements of Nakivale, Kyangwali, Kyaka II.
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FOREWORD

It is my pleasure to present to you the Annual Report of IOM Uganda for the year 2016. The report is but a summary of the work IOM Uganda and its partners have done in 2016, to support the Government’s and other actors’ efforts to manage migration and address related challenges.

As it has been variously said, migration is both inevitable and desirable – the latter only if well managed. IOM strongly believes that safe, orderly and humane migration benefits both migrants and society in general.

The year 2016 was particularly momentous for IOM. On 19 September, IOM officially joined the United Nations, with the signing of the historic agreement between our Director General, Ambassador William Lacy Swing, and UN Secretary General Ban ki-Moon. This meant that for the first time in its 71 years, the UN now has its own Migration Agency. As Director General Swing noted in his speech on the day, the agreement only formalized a decades-long partnership between IOM and the UN.

In Uganda, 2016 witnessed a strong partnership, yet again, between IOM, UNHCR, Office of the Prime Minister and diplomatic missions, in the Movement and Resettlement Programme. IOM’s resilience, flexibility and efficiency were called upon earlier in the year, when the United States Refugee Admissions Programme (USRAP) requested 6500 persons to be processed within two months. This initiative, called the Surge, was a particularly successful illustration of our commitment to quality work regardless.

As refugees from the Democratic Republic of Congo continued to flock into Uganda, IOM was on hand to ensure that diseases related to Water, Sanitation and Hygiene were kept at bay.

Also, IOM embarked on the Strengthening Border Security in Uganda project – together with our partners, the Directorate of Citizenship and Immigration Control. This project is most important at a time when the Government is looking for the right balance between borders open for business and borders secured.

And in August, with support from the European Union Trust Fund, IOM started implementing the groundbreaking Strengthening Social Cohesion and Stability in Slum Population project. Over three-and-a half years, IOM and its implementing partners will work address the root causes of conflict and radicalization.

We report on the above, but also on our ongoing work in assisting migrants in various categories, migration health and migration governance.

I cannot end without thanking our donors and partners – not least the Government of Uganda – for the healthy collaboration and support for IOM’s work.

Thank you all very much!

Ali Abdi,
CHIEF OF MISSION
International Organization for Migration,
Uganda
February 2016
Established in 1951, the International Organization for Migration (IOM) is committed to the principle that humane and orderly migration benefits both migrants and society in general. As the United Nations Migration Agency, IOM works with its partners in the international community to assist in meeting the growing operational challenges of migration, advance understanding of migration issues, encourage social and economic development through migration, and uphold the well-being and human rights of migrants. The IOM constitution gives explicit recognition to the link between migration and economic, social and cultural development, as well as to the principle of freedom of movement of persons. As at the end of 2016, IOM had 166 member states, with eight countries holding observer Status.

IOM works in the four broad areas of migration management: migration and development, facilitating migration, regulating migration, and addressing forced migration. Cross-cutting activities include the promotion of international migration law, policy debate and guidance, protection of migrants’ rights, migration health and the gender dimension of migration.

IOM’s office in Uganda was established in 1988 and has since been supporting the Government to address migration challenges, and building capacity of relevant stakeholders. Besides its head office in Kampala, IOM has field sub-offices in Nakivale, Kyangwali and Kyaka II refugee settlements, with more sub-offices expected in Karamoja and West Nile in 2017. IOM also operates a Migration Health Assessment Centre (MHAC) and a Transit Centre for refugees, in Kampala.

“[Our thesis is that migration is inevitable in this century owing to the drivers that I mentioned; necessary if our economies and societies are to flourish; and highly desirable if we have responsible and humane migration policies]”

IOM implements a range of programmatic interventions in areas such as Movement and Resettlement; Emergency Response; Migration Health (Assessments and Promotion); Labour Migration and Human Development; Counter-Trafficking and Migrant Assistance, including return and reintegration assistance for stranded migrants; Immigration and Border Management; and Migration Governance.

In terms of broad objectives, IOM Uganda works to:

- Enhance capacity, knowledge and dialogue on migration, migration management, and migration policy-making among relevant stakeholders.
- Promote safe and regular migration, in full respect of the human rights of all migrants, with a view to improving development outcomes of migration for migrants and communities.
- Build and enhance capacity for responses to migration dimensions of humanitarian crises, with a focus both on vulnerable mobile populations and affected communities.
OUR PARTNERS

• Office of the Prime Minister (OPM) • Ministry of Internal Affairs • The European Union • United Nations’ Central Emergency Response Fund (CERF) • Government of Japan • DFID (through the Joint Programme on Population) • IOM’s Development Fund • IOM’s Global Assistance Fund • Irish Aid (through Joint UN Programme of Support on AIDS) • UNHCR • Ministry of Gender, Labour and Social Development • Ministry of Foreign Affairs • Ministry of Health • Private Health sector (Clinics, Hospitals and laboratories) • Ministry of Agriculture, Animal Industry and Fisheries • Ministry of Energy and Minerals Development • Ministry of Works and Transport • Uganda AIDS Commission • Kampala Capital City Authority (KCCA) • The AIDS Support Organization • Uganda Cares • Federation of Uganda Employers • Recruitment agencies • District Local Governments in areas of operation • Action for Fundamental Change and Development (AFFCAD) • InterAid Uganda • Algo Africa Limited • Community Initiative for the Prevention of HIV and AIDS in Uganda (CIPA) • Lutheran World Federation • Resettlement Support Center (RSC) Nairobi • HIAS Kampala • Canadian Embassy • Swedish Embassy Kampala • Danish Embassy Kampala • United States Embassy Kampala • United Nations Country Team • VFS Global • Canada Immigration and Citizenship (CIC) • Centers for Disease Control (CDC) • Inter-Governmental Authority on Development (IGAD) • Government of Switzerland • Government of Australia
A screenshot from a 2016 IOM video profiling the world’s migration challenge. IOM works at various levels to improve migration governance.
As a multilateral organization, IOM works to shape a common platform for cooperation among local and international partners to address migration challenges.

In 2016, IOM Uganda continued to strengthen coordination through the National Coordination Mechanism on Migration (NCM). The NCM in Uganda has membership from a wide range of Government ministries and agencies, international Organizations and civil society organizations, with a migration related role. It has two levels of participation: the technical level committee (comprised of senior technical officials) and the policy level committee (comprised of ministers of the relevant Government ministries).

The NCM has been actively participating in and contributing to national, regional and international discussions on migration, including the IGAD Regional Consultative Process (RCP). For example during the 7th RCP in May 2016, the NCM lead (OPM) was invited to share Uganda’s experience on the Whole of Government Approach to Migration Governance and on the NCM concept. Within the East and Horn of Africa region, Uganda is now considered a good-practice country with regard to this approach.

Plans are underway to build the capacity of the NCM on the various migration aspects, including relevant policies and regimes, and strengthening migration profiling for a strong evidence base.

IOM also continued to support the Ministry of Internal Affairs with the development of the National Migration Policy. This policy is expected to be finalized in 2017.
MIGRANT ASSISTANCE

A primary school opened by a returnee in Buloba, Wakiso district, with support from IOM
In coordination with relevant Governments, civil society partners and IOM missions globally, IOM continued to assist migrants in need, including victims of trafficking, stranded migrants, failed asylum seekers and unaccompanied minors. IOM provided return and reintegration assistance to the migrants in their countries of origin. The reintegration support included processing of travel documents in coordination with the relevant Government institutions; airport assistance, onward transportation from the airport to the migrant’s final destination; assistance with access to social services including medical services; support with setting up small businesses; cash allowances; and follow-up support to the beneficiaries. IOM assisted beneficiaries to start businesses such as hair dressing, poultry, piggeries, clothing, and general merchandise businesses. These businesses enabled some of the beneficiaries to become self-sustaining.
During 2016, IOM provided direct assistance to a total of thirty seven migrants. Of these, eight were victims of trafficking while 29 fell in other categories of vulnerability, including stranded migrants and failed asylum applicants.

Female migrants accounted for 62 per cent of the total number of migrants assisted by IOM. In terms of actual figures, out of the 37 migrants assisted in the year, 23 were female and 14 were male.
Country of destination

About 95 per cent of the migrants assisted were Ugandans returning from abroad. The destination countries for majority of the migrants were Libya, Malaysia, Netherlands and Zimbabwe, as shown below.

Age distribution of the Migrants

Migration has no age limit. People in all age categories constantly migrate due to various reasons. The youngest migrant IOM assisted was seventeen years old and the oldest was 56. The majority of the migrants fell between the ages of 26 – 30 years, as shown in graph below.
Japanese Ambassador to Uganda Kazuaki Kameda and IOM Uganda Chief of Mission Ali Abdi applaud as the Internal Affair State Minister, Obiga Kania, tries out a new border patrol vehicle donated to his ministry. This was one of the fruits of IOM’s Strengthening Border Security in Uganda project, funded by the Government of Japan.
With the increasing movement of people and goods across borders, governments face the challenge of finding the right balance between keeping their borders open and keeping them secure and controlled. Over the years, IOM Uganda has worked to build the government’s capacity in this regard by focusing on skills development and acquisition of infrastructure and equipment.


SBSU, worth USD 1.8 million over 12 months, was funded by the Government of Japan.

The project’s key outcomes were:
1) Improved infrastructure, equipment and border management information systems along the borders
2) Migration and border management duties are carried out in accordance with international standards and best practices.
3) Improved intra-agency coordination on integrated border management.

During the period under review, the project team registered several achievements. Among others, the team:

• Designed and began construction of the country’s first Immigration Training Academy, located in Nakasongola district;
• Installed the Migration, Information and Data Analysis System (MIDAS) in four border crossing points. MIDAS is now operational in eight border crossing points in Uganda, including a One-Stop Border Point (OSBP);
• Installed two document inspection labs (one at Immigration headquarters and one at Entebbe International Airport);
• Donated four vehicles for border patrols and one vehicle for Immigration’s IT Unit so that they can provide on-site support to MIDAS around the country;
• Trained officials on MIDAS, document inspection and immigration intelligence.

Border points with MIDAS
- Lwakhaka (Manafwa District)
- Suam (Bukwo District),
- Afogi (Moyo District),
- Vurra (Arua District),
- Goli (Nebbi District),
- Ntoroko (Ntoroko District),
- Bunagana (Kisoro District)
- Cyanika (Kisoro District).
Youth from Blessed saving Group in Katwe, Kampala, explain some of their economic activities to the IOM staff coordinated by the National Slum Dwellers Association of Uganda. Katwe is one of the areas served by IOM and its partners in the SCoS Project.
Uganda is one the most rapidly urbanizing countries in Africa. But with unplanned rural-urban migration, most town dwellers end up in slums. About 64 per cent of Uganda’s urban population and 85 per cent of Kampala’s low-income earners live in slums.

A typical slum is characterized by poor, temporary housing especially single-room; poor water and sanitation facilities; overcrowding; poverty; unemployment; drug abuse; prostitution; demographic diversity; unreliable power; high crime rates – all in a rundown area. Slums are often in wetlands or reclaimed areas vulnerable to floods. These are the some of the conditions in the Kampala areas of Bwaise, Kisenyi, Katwe and Kabalagala.

Also, Uganda has one of the world’s youngest populations – 78 percent below 30 years of age – and the economy can’t create enough jobs for them; this means they are young, almost idle, poor. Yet studies show that poverty, weak law and order enforcement, grievances, and marginalization can fuel conflict and despair. All this makes for a fertile ground for recruitment into radicalized groups.

This situation is what inspired IOM Uganda’s Strengthening Social Cohesion and Stability in Slum Populations project, being implemented in the above city slums.

The 42-month project started in August 2016 and is wholly financed by the European Union Trust Fund (EUTF).

The overall objective of the project is to address the root causes of inter-communal conflict in slum populations by addressing the sources of grievances and by strengthening community cohesion around shared development assets. This is to be attained through the enhancement of employment opportunities and basic local services, as well as preventing conflict in marginalised slum communities.

Dignitaries during the launch of SSCoS in October 2016: FRONT ROW L-R: EU Head of Delegation Kristian Schmidt and IOM Regional Director Jeff Labovitz. SECOND ROW L-R: Irish Ambassador Dónal Cronin, United States Ambassador Deborah Malac and IOM Uganda Chief of Mission Ali Abdi.
The project is being delivered in collaboration with the inaugural implementing partner, the Action for Fundamental Change (AFFCAD), based in Bwaise. More implementing partners are expected to come on board in 2017.

By its end, the project will have:

1. Led to increased knowledge of conflict drivers;
2. Built AFFCAD’s capacity to blunt drivers of conflict and radicalization and to provide opportunities for vulnerable youths;
3. Improved the community capacity to resist radicalization and combat extremism;
4. Improved the capacity of security agencies to combat radicalization and violent extremism and address human rights abuses soundly;
5. Built the capacity of Government agencies to provide conflict-sensitive services without discrimination;
6. Created employment opportunities and provided financial services for vulnerable youths.

The project was formally launched on 20 October 2016 in Bwaise, in the presence of community members; the state Minister for Internal Affairs, Hon Obiga Mario Kania; The EU Head of Delegation, Ambassador Kristian Schmidt, and other diplomats; IOM regional director Jeffrey Labovitz; several other dignitaries, as well as IOM and AFFCAD staff.

By the end of the year, an MoU had been agreed with AFFCAD and baseline study for the project had been conducted. IOM also met several Government ministries to introduce the project and secure their collaboration for this unprecedented initiative.
EMERGENCY RESPONSE

IOM Uganda Chief of Mission Ali Abdi (2nd Right) is impressed by a tippy-tap in Rwamwanja
The East and Horn of Africa region has been in an almost permanent state of conflict, driving hundreds of thousands of people out of their homes into neighbouring areas and countries. Arriving in a foreign land with anxiety and little else, refugees and asylum seekers usually need a lot of support to prevent displacement from degenerating into fully fledged humanitarian crises. Over the years, IOM has responded to these emergencies by providing safe water, strengthening sanitation, and supporting healthcare facilities.

With political instability continuing to stalk the Democratic Republic of Congo (DRC) in 2016, tens of thousands of Congolese fled to Uganda. The greater majority of them ended up in Kyangwali, Kyaka II and Rwamwanja refugee settlements, where each household was allocated a plot of land to set up a new home.

Situation- and eyewitness reports coming from the camps were ominous. They spoke of widespread open defecation among the refugees, with an imminent risk of Water, Sanitation and Hygiene (WASH)-related diseases.

“Out of ten families, only two had such latrines. The rest defecated in bushes and it was normal to find faeces scattered around households and on roads. It was a normal lifestyle, no community member complained about the situation,” recalled Jackson Bahati, a refugee leader in Rwamwanja.

With funding from the United Nations’ Central Emergency Response Fund (CERF), IOM executed a nine-month project titled: Emergency Sanitation, Hygiene and Water Provision for Congolese Refugees in South-West and Mid-West Uganda.

The project, with the Lutheran World Federation as implementing partner, set out to build modern latrines and other sanitation facilities for schools and health centres; support 1,500 households to build latrines; and build two piped-water systems.

A major development was that between June and December 2016, at least 5,432 new Congolese refugees arrived and were distributed among the three settlements.

Nevertheless, the project was a success. Instead of the planned 20,000 beneficiaries,
the project reached a total of 22,101. These included 16,101 refugees and 6,000 members of the host community. At least 14 institutional blocks of latrines were built, while 1,762 households received all materials needed for building latrines and hand-washing facilities.

Meanwhile local drama groups and refugee and host-community leaders and faith leaders were mobilized, trained and facilitated to disseminate messages against open defecation and in favour of using latrines and washing hands thereafter.

“LWF with funding from IOM supported our communities with 98 sets of latrine digging kits, plastic slab, treated logs and hand washing facilities,” said Rwamwanja refugee leader Jackson Bahati. “In my village nearly every family has constructed latrine by themselves with tippy tap for hand washing. Those who are yet to construct share with other families. There are less cases of diarrhoea in my village.”

However, IOM was not able to install the two piped-water systems as originally planned. After consultations with other partners on the ground (OPM, UNHCR, Danish Refugee Council), there was an operational decision to increase the scope and capabilities of the water systems, which were not factored into the original scope of the project. In coordination with OPM, UNHCR, DRC, IOM produced a detailed design for a water supply system for Mukindo health centre, Sweswe reception centre and surrounding host community in Kyaka 2 settlement. Once implemented, the system will provide water to 38,000 people (inclusive of 6,000 individuals from host community). The design includes water catchment protection, water treatment plant, and water distribution networks to 5 villages of Mukindo, Bukere, Byabakora, Itambabbiniga and Sweswe.

<table>
<thead>
<tr>
<th>DIRECT BENEFICIARIES</th>
<th>PLANNED</th>
<th>ACTUAL NUMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Children</td>
<td>3,850</td>
<td>3,875</td>
</tr>
<tr>
<td>Adults</td>
<td>6,075</td>
<td>6,200</td>
</tr>
<tr>
<td>Total</td>
<td>9,925</td>
<td>10,075</td>
</tr>
</tbody>
</table>
MOVEMENT AND RESETTLEMENT OPERATIONS

Children play at IOM’s Transit Center in Nakasero, Kampala, before departure

IOM staff explain the resettlement process to refugees during the Surge in Kampala

Resettlement 2016

<table>
<thead>
<tr>
<th>Destination</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>6093</td>
</tr>
<tr>
<td>Canada</td>
<td>1022</td>
</tr>
<tr>
<td>Sweden</td>
<td>577</td>
</tr>
<tr>
<td>Australia</td>
<td>261</td>
</tr>
<tr>
<td>Others</td>
<td>244</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8197</strong></td>
</tr>
</tbody>
</table>

International Organization for Migration (IOM)
The UN Migration Agency
Under one of its longest-running programmes, IOM has been facilitating the resettlement of refugees from Uganda to the United States of America, Australia, Canada, Sweden and other European countries.

Through its three sub-offices in in the Western Uganda refugee settlements of Kyangwali (Hoima District), Kyaka II (Kyegegwa District) and Nakivale (Isingiro District), IOM was able to effectively manage the simultaneous movements of refugees for various appointments. These included medical assessments, cultural orientation, departures, and interviews by the United States Citizenship and Immigration Services (USCIS).

During the period under review IOM also opened the doors of the newly-refurbished Transit Center that is equipped to meet all aspects of transitory needs for refugees brought from the camps to Kampala, before resettlement to 3rd countries that have accepted them.

In Uganda, the refugees for resettlement mostly come from the three remote camps in the west. And the Transit Centre, with a capacity of up to 270 persons, plays an important role. For instance, refugees under the United States Refugee Admissions Programme (USRAP) required travel by road to Kampala six days prior to the flights out of the country. Their stay at the TC allowed for pre-departure medical screening and observation, as well as sensitization on various aspects of life in America.

IOM’s trained staff is on site to look after and support refugees during their transit, and prepare for their onward movement to the airport, along with IOM escorts and medical professionals as required.

The outstanding activity of 2016 was the “Surge” operation, whereby the United States government requested the expedited processing of over 6,500 Congolese refugees for resettlement within two months. The Surge operations consisted of moving thousands of refugees from the three settlements to the nearest town for medical screening by IOM medical teams. It also included transportation and accommodation assistance to the refugees scheduled for RSC pre-screening and USCIS adjudication interviews in Kampala. IOM was further responsible for instituting and supervising the interview site and providing the overall security to ensure a smooth and effective process, while also meeting refugee’s needs during the process. In the end, 2,004 cases of 6,265 refugees were approved or recommended for approval under the United States Refugee Admissions Programme.

Beyond the Surge, 2016 saw a total of 8,197 refugees resettled out of Uganda – 6,093 to the United States, 1,023 to Canada, 577 to Sweden, 261 to Australia and 241 to various other countries such as the United Kingdom, France, Norway, Germany and Ireland.

### 2016 resettlement by Gender

<table>
<thead>
<tr>
<th>Category</th>
<th>2015 Number</th>
<th>2016 Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>2,092</td>
<td>4,091</td>
</tr>
<tr>
<td>Female</td>
<td>2,208</td>
<td>4,106</td>
</tr>
<tr>
<td>Total</td>
<td>4,300</td>
<td>8,197</td>
</tr>
</tbody>
</table>

### 2016 resettlement by Age

<table>
<thead>
<tr>
<th>Category</th>
<th>2015 Number</th>
<th>2016 Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>2,756</td>
<td>5,357</td>
</tr>
<tr>
<td>Children</td>
<td>1,408</td>
<td>2,467</td>
</tr>
<tr>
<td>Infants</td>
<td>136</td>
<td>373</td>
</tr>
<tr>
<td>Total</td>
<td>4,300</td>
<td>8,197</td>
</tr>
</tbody>
</table>
As minorities in the broader context of their host-populations, migrants can be particularly vulnerable to a range of health risks. These include inadequate access to sound healthcare and stereotypical accusations of ‘bringing’ diseases. IOM works at the axis of migrants, hosts and health, striving to ensure healthy migrants in healthy host communities.
MIGRATION HEALTH ASSESSMENT AND TRAVEL ASSISTANCE

From a modest beginning in 2004, the IOM Migration Health Assessment Center (MHAC) has grown into a paragon of excellence providing Health Assessment and Travel Assistance services to migrants. The year 2016 in particular demonstrated both MHAC’s commitment to quality and its resilience.

Migration Health Assessment involves evaluation of the physical and mental health status of migrants, prior to departure to the destination country. MHAC works with various medical consultants and medical facilities, including laboratories, for further evaluations and case management. MHAC also closely collaborates with the immigration health authorities of destination countries, Embassies, UNHCR and Other Camp-based Non-Governmental organization (NGO).

In the year under review, MHAC continued implementing its core activity, which revolves around:

- Immigration medical examination to government-funded resettling refugees and self-paying migrants bound for the USA, Australia, Canada, United Kingdom and New Zealand. Immigration medical examinations are done according to the technical instructions given by the health authority of the recipient country.
- Conducting pre-departure medical screening and presumptive treatment to USA-bound refuges.
Number of Health Assessments per Country of Intended Destination

<table>
<thead>
<tr>
<th>Country of Destination</th>
<th>Refugees</th>
<th>Self-Payers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>10,523</td>
<td>254</td>
<td>10,777</td>
</tr>
<tr>
<td>Australia</td>
<td>114</td>
<td>375</td>
<td>489</td>
</tr>
<tr>
<td>Canada</td>
<td>889</td>
<td>885</td>
<td>1,774</td>
</tr>
<tr>
<td>New Zealand</td>
<td>0</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>UKTB</td>
<td>0</td>
<td>1,425</td>
<td>1,425</td>
</tr>
<tr>
<td>UNHCR MAF</td>
<td>0</td>
<td>87</td>
<td>87</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>14,570</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Number of Pre-departure Medical Screening/Pre-embarkation check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refugees</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>5,993</td>
</tr>
<tr>
<td>172</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>983</td>
</tr>
<tr>
<td>455</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>0</td>
</tr>
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<td>0</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
</tr>
</tbody>
</table>

- Performing fitness-to-travel checks prior to departure of migrants.
- Completing the Medical Assessment Forms (MAF) of refugees referred from UNHCR.
- Providing standard treatment to migrants against communicable diseases, mainly tuberculosis and syphilis.
- Immunizing migrants against vaccine-preventable diseases.
- Collection of DNA samples.

The year 2016 stood out because of the “Surge” in numbers under the United States Refugee Admissions Programme between April and June 2016. Due to the Surge, MHAC examined around 10,523 USA-bound refugees in the year 2016. The medical examinations were conducted in the capital Kampala for Kampala-based refugees and mobile medical missions were organized in Mbarara, Hoima and Kyenjojo for the camp-based refugees. The Surge certainly boosted the centre’s capacity and, with some temporary staff enhancement, it was completed successfully.

MHAC continued to build the staff’s capacity, with training in areas such as TB Intensive Care in USA, CDC National Immunization Conference and Vaccination training in USA, Panel Physician training in Prague and Manila, HAP data management and Teleradiology Users Radiology in Nairobi and Finance Management Training in Addis Abba.

In the course of 2016, MHAC staff supported IOM missions in Rwanda, Zambia, Tanzania, South Sudan and Beirut on short-term assignments.

In December MHAC moved from Kololo into the more spacious current premises at Plot 47 Bukoto Crescent, Naguru.

By the close of the year, MHAC had assessed 14,570 intending migrants. Similarly pre-departure assessment and fitness-to-travel checks were performed to 7,908 migrants.
This programme seeks to contribute to improved health of migrants and mobile populations and their host communities through ensuring access to sound healthcare services so as to develop themselves and their communities. Hence, the programme advocates and delivers comprehensive preventive and curative health programmes that are beneficial, accessible and equitable for migrant and mobile populations and, host populations.

In 2016, the focus of IOM Uganda’s Health Promotion interventions remained HIV/AIDS awareness and prevention. Over the years Uganda has made progress in the fight against HIV, reducing new infections from 135,000 in 2010 to approximately 60,000 by 2016. Still, during the year under review an estimated 1.4 million people were living with HIV in Uganda. Of these, 1.04 million were enrolled in care and 980,954 are on antiretroviral treatment. HIV infections in Uganda is significantly higher among key populations that live and operate in ‘hot spots’, majority of which are located along the transport corridors, including water ways.

Despite the increased risk of HIV infection among key populations (Truck Drivers, bodaboda riders, uniformed forces, miners, and sex workers), there are limited HIV prevention services for this category of population. Hence IOM contributed to the national HIV response and the NSP goals of zero new HIV infections, zero HIV-related mortality and morbidity and zero discrimination. IOM’s health promotion response is implemented under the two programmes of JUPSA and PHAMESA programmes. The areas of interventions are focused on HIV and SRHR service delivery for the MARPS along major transport corridors and fishing communities, generation of evidence to support migration health programming, and strengthen collaboration with partner institutions.

Specifically, the programme sought to achieve the following goals:

1. To increase availability of data and evidence on migration and health generated through research.
2. To increase awareness and knowledge among policy makers and stakeholders.
to influence policies, legislations and strategies that address migration health related issues.

3. To improve access to, and use of, migration-responsive health services to migrants, their families and migration-affected communities.

4. To strengthen partnerships and capacity for partners to develop and implement initiatives that address migration and health issues.

Key Achievements
Under the Joint UN Programme of Support on AIDS in Uganda (JUPSA) and Partnership on Health and Mobility in East and Southern Africa PHAMESA programmes, IOM Uganda continued to build capacity for migration health in Uganda. Specifically, IOM successfully mainstreamed migration and health into existing training and academic programmes and, key national strategies in Uganda. At Makerere University College of Humanities and Social Sciences, Kampala, IOM supported the development and rollout of the curriculum on Migration Health Training Course, which is offered annually.


By April 2016, IOM Health Promotion Programme had successfully completed its implementation of the JUPSA Phase 2 activities, with impressive results. Irish AID has since renewed funding for JUPSA Phase III for the period 2016-2020, targeting the Karamoja sub-region in northeastern Uganda.

In line with the Uganda Government Multi-Sectorial response to HIV/AIDS, our engagement with local governments (districts) and civil society organizations as implementing partners contributed to strengthening service delivery through increased access and uptake of HIV and SRH services among the most vulnerable MARPS, migrants and host communities along major transport corridors and fishing communities in the districts of Rakai and Kiryandongo. IOM has been providing technical and material support to ensure health services are better tailored to meet the needs of truck drivers, sex workers and communities living in the hotspots. This has contributed to substantial reductions in HIV risky behaviors in the targeted communities. An estimated 30,000 people have been reached with HIV prevention services in ‘hot spots’ along the transport corridors.

Studies Conducted
1. An assessment of the Multi-Drug Resistant Tuberculosis among Migrants and Residents of Kampala City, Uganda (October 2016). The report was disseminated among officials of KCCA and the Ministry of Health with a view to helping address the identified bottlenecks.

2. The HIV Social and Behavioural Change Communication Materials Inventory (April 2016)

National Strategies supported

OM’s work in the area of migration management also includes offering visa support for governments and migrants worldwide, by operating not-for-profit Visa Application Centres (VACs) on behalf of diplomatic missions.

In Uganda, the Canada Visa Application Centre (CVAC) opened its doors to intending migrants and travelers on 16 October 2013, under an arrangement with the Government of Canada. CVAC provides administrative support to Ugandans and clients of other nationalities that are able to submit their visa applications at its offices at Plot 41-59, Mackenzie Vale, in the Kololo suburb of Kampala. This result has reduced costs and workloads for visa and Immigration offices, faster visa processing times and improved service standards for visa Applicants. Most importantly, it enables Visa and Immigration officers to make informed decisions based on complete information. It is important to note that the visa decision-making process rests entirely with the Canadian Visa Officers.

In 2016, IOM continued playing its role in the visa process, which revolves around the following steps:

<table>
<thead>
<tr>
<th>Visa applications processed</th>
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<tbody>
<tr>
<td>Year</td>
</tr>
<tr>
<td>2014</td>
</tr>
<tr>
<td>2015</td>
</tr>
<tr>
<td>2016</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
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1. Guiding visa applicants, receiving completed application forms and transferring them to the Canadian High Commission in Dar es Salaam, Tanzania, and arranging visa interviews where necessary. Interviews are conducted either in Dar es Salam, or at the Canadian Consulate in Kampala.

2. Capturing the necessary biometric data and biographical information required by the relevant diplomatic mission.

3. Tracking and returning passports to the applicants at the end of the visa process.

The period under review witnessed a 40 per cent growth in the number of applications processed from 1,982 in 2017 to 2,788 by the close of 2016.