Uganda

Consolidated Emergency Report 2018

A focal person for the Expanded Programme on Immunization in Bujubuli Health Centre III in Kyaka II refugee settlement provides polio drops to a child during an outreach immunization session for refugees and host communities.
©UNICEF/UN0221528/ADRIKO

Prepared by:
UNICEF Uganda
March 2019

Applicability

UNICEF Uganda Country Office took part in the integrated interagency Refugee Response Plan (IIRRP), and Humanitarian Action for Children (HAC) which were launched between late December 2017 and early 2018. In addition, the Country Office had unused balances from earlier humanitarian contributions (ORE) which were utilized in 2018.

Purpose and objectives

The consolidated emergency report depicts humanitarian response activities and results achieved in 2018. It outlines progress made to reach the most vulnerable children and women using humanitarian funding including both thematic and non-thematic funding. It acts as the UNICEF annual report for emergencies which highlights results, strategies employed to achieve results, challenges and needs which still require humanitarian funding support in 2018.

Shaping the Reporting Storyline: Core Commitments for Children

UNICEF Uganda and its partners based the 2018 humanitarian response on the Core Commitments for Children (CCCs) framework for humanitarian action for children. This includes planning, implementation and results-based monitoring. UNICEF partnered with the Government, NGOs, Civil society among others to mobilize both domestic and international resources. The CCCs are driven by the need to fulfil the rights of children affected by humanitarian crisis, and they are therefore relevant in all countries. The CCCs are also applicable to both acute sudden-onset and protracted humanitarian situations. UNICEF works with partners in pursuing a principled approach and seeks to build an alliance with partners around the CCCs. The organization contributes to the achievement of the CCCs through resource mobilisation and direct support to partners and advocacy. The fulfilment of the CCCs, however, depends on many factors, including the contributions of other partners and the availability of resources. The CCC sector-specific programme commitments form part of a collective programmatic response for children affected by humanitarian crises and are designed to support wider interagency sector coordination.

UNICEF Uganda 2018 Consolidated Emergency Report

Table of Contents

Abbreviations and Acronyms

AAP	Accountability to Affected Populations
ALP	Accelerated Learning Programme
CCC	Core Commitments for Children in humanitarian action
CCHF	Crimean Congo Haemorrhagic Fever
CERF	Central Emergency Response Fund
C4D	Communication for Development
CFR	Case Fatality Rate
CFS	Child Friendly Space
CMP	Catchment Management Plans
CPC	Child Protection Committees
CRRF	Comprehensive Refugee Response Framework
DCT	Direct Cash Transfer
DDP	District Development Plans
DFID	Department for International Development
DLG	District Local Government
DRC	Democratic Republic of the Congo
DRMS	Disaster Risk Monitoring System
DRM	Disaster Risk Management
ECD	Early childhood development
ECHO	European Commission
eMTCT	Elimination of Mother of Child Transmission of HIV
EPI	Expanded Programme on Immunisation
ERP	Education Response Plan
EVD	Ebola Virus Disease
FSNA	Food Security and Nutrition Assessment
GAM	Global Acute Malnutrition
GoU	Government of Uganda
GAVI	Global Alliance for Vaccines and Immunisation
IEC	Information Education Communication
IMAM	Integrated Management of Acute Malnutrition
iRRP	Integrated Refugee Response Plan
IYCF	Infant and Young Child Feeding
LHIV	Living with HIV
LWF	Lutheran World Federation
MoH	Ministry of Health
MoES	Ministry of Education and Sports
MoWE	Ministry of Water and Environment
MUAC	Mid-Upper Arm Circumference
NGO	Non-Governmental Organisation
NRC	Norwegian Refugee Council
NSPP	National Social Protection Policy
NTF	National Task Force
OPM	Office of the Prime Minister
OCV	Oral Cholera Vaccine
ORE	Other Resources Emergency
PEPFAR	President’s Emergency Plan for AIDS Relief
PMTCT	Prevention of mother to child transmission of HIV
POE	Points of Entry

ReHOPE	Refugee and host population empowerment
RVF	Rift Valley Fever
SAM	Severe Acute Malnutrition
SP	Samaritan's Purse
STA	Settlement Transformation Agenda
TB	Tuberculosis
UASC	Unaccompanied and separated children
UN	United Nations
UNHCR	United Nations High Commission for Refugees
UNDAF	United Nations Development Assistance Framework
URCS	Uganda Red Cross Society
USAID	United States Agency for International Development
VHT	Village Health Team
WASH	Water Sanitation and Hygiene
WHO	World Health Organisation
WMU	Water Mission Uganda
WV	World Vision

A. Executive Summary

More than half of the 1.2 million refugees living in Uganda as of December 2018 are children. They bear the brunt of the displacement and continue to be at risk of abuse, neglect, violence and exploitation. Case management reports from monitoring of response interventions reveal that the types of violence against children include separation from caregivers or families, psychosocial distress, physical, sexual and gender-based violence, child labour and neglect. New arrivals continue to display symptoms of distress caused by witnessing violence and conflict in their countries of origin.

Increased coverage of protection services is urgently required to address these concerns. In 2018, UNICEF provided critical child protection support to refugee children from South Sudan and the DRC. A total of 90,633 children (53,999 boys, 36,634 girls) received psychosocial support and 4,748 (2,404 boys, 2,344 girls) unaccompanied and separated children were provided with appropriate alternative care services.

The increasing number of refugees has put pressure on Early Childhood Development (ECD) centres, as well as primary and secondary schools, many of which already faced challenges of poor infrastructure and insufficient teachers. For example, in Yumbe district, the school-aged population has more than doubled since early 2016. In 2018, UNICEF and partners reached 26,717 adolescents (in school and out-of-school) with education in emergency services in refugee-hosting areas. A total of 4,720 out-of-school adolescents were re-enrolled in education, of which 1,580 graduated from a technical training course while 3,140 enrolled in accelerated education. After completion of two out of three terms, a transition rate to formal education of 65 per cent was recorded among learners benefitting from accelerated learning (female 63 per cent, male 67 per cent).

With an increasing refugee population and anticipated refugee influxes through 2020, the capacity and resources of primary healthcare institutions remain at a constant risk of being overstretched. Refugees living outside refugee settlements access government health facilities that have not planned for additional patient caseload, leading to increased workload on health workers, frequent shortages of medicines and out-of-pocket medication expenditures incurred both by refugee and host communities during stock-out periods. There is a critical need to intensify efforts to address micronutrient deficiency, Global Acute Malnutrition (GAM), and stunting to reduce the current burden of Severe Acute Malnutrition (SAM) across the refugee hosting districts.

In 2018, UNICEF compensated for the limited humanitarian funding available by leveraging its development resources for emergency health. For example, the HIV/AIDS section did not receive any humanitarian funding in 2018 but exceeded its target by reaching 4,418 out of the targeted 3,513 emergency-affected HIV-positive children with antiretroviral treatment. In addition, more than 1.9 million people were reached with key life-saving and behaviour change messages on public health risks. Measles vaccinations were provided to 475,727 children aged 6 months to 15 years old (48 per cent of targeted population), and high-risk districts successfully maintained a treatment cure rate of at least 75 per cent for malnourished children.

On average, refugee hosting sub-counties accessed 16 litres of water per person per day (lpd) in 2018. A more equitable distribution of water services and increased coverage of household sanitation will help prevent the spread of diseases, among other health benefits. UNICEF supported a total of 146,946 people with improved access to safe drinking water – through 14 motorized water systems – while 148,178 people gained access to adequate sanitation.

Throughout 2018, the refugee origin countries neighbouring Uganda and refugee-hosting areas inside Uganda remained vulnerable to communicable disease outbreaks including the Ebola Virus Disease (EVD). UNICEF invested in preparedness and response interventions for disease outbreaks, supporting the coordination of the national response, as well as the government contingency planning and response efforts at both central and district levels. In high-risk communities, UNICEF scaled up civic engagement platforms, such as the U-Report, strengthened community-local government linkages and supported responsive district and sub-district planning and budgeting.

In Uganda, durable solutions and sustainable humanitarian response solutions to chronic displacement are part of the national response and Uganda's progressive policy environment emphasizes a comprehensive and integrated response to the needs of refugees and their host communities (Comprehensive Refugee Response Framework – CRRF). In this framework, UNICEF supported a system strengthening approach to disease surveillance, preparedness planning and response mobilisation; with a strong emphasis on district-level capacities to anticipate, plan for and manage humanitarian and development challenges in an integrated and comprehensive manner.

UNICEF purposefully linked the development and humanitarian programming through its engagement at district level, which is coherent with the government's decentralised policy and approach to governance. UNICEF also focused on building the capacities of district local planning and budgeting authorities in some of the refugee-hosting districts as an approach to strengthen integrated service delivery, including by supporting district local governments to develop risk-informed plans that enable stronger preparedness and response to refugee arrivals, among other shocks.

An example of the humanitarian development continuum support at national level is UNICEF's active engagement in policy work towards the inclusion of refugees in national systems specifically through the development of costed sector plans. The Government of Uganda employs a progressive policy granting refugees access to the same rights as its citizens, including the right to education. In a process led by the Government of Uganda, UNICEF co-chaired a task team with the Ministry of Education and UNHCR, to develop and launch an *Education Response Plan for Refugees and Host communities in Uganda* (ERP) to address challenges of quality and access to education. The planning engaged donors, UN organizations and Civil Society Organizations in refining a situational analysis, appropriate interventions, results, costing, monitoring and evaluation. Fully aligned with sector policies and priorities, it clarifies the role of the government and non-state actors. A District-level ERP planning process supported by UNICEF, is envisaged to strengthen the local governments' integrated planning and financing. Efforts to develop integrated refugee response plans for Health, Nutrition and WASH started in 2018 and they will be finalized in 2019.

UNICEF fell short of the ambition to support 13.5 per cent of overall refugee response needs in 2018 due to underfunding, with only 43 per cent of its appeal budget of US$ 66.1 million funded. Nonetheless, UNICEF was able to reach more than 50 per cent of its targets, thanks to its capacity to leverage development resources to complement humanitarian funding.

B. Humanitarian Context

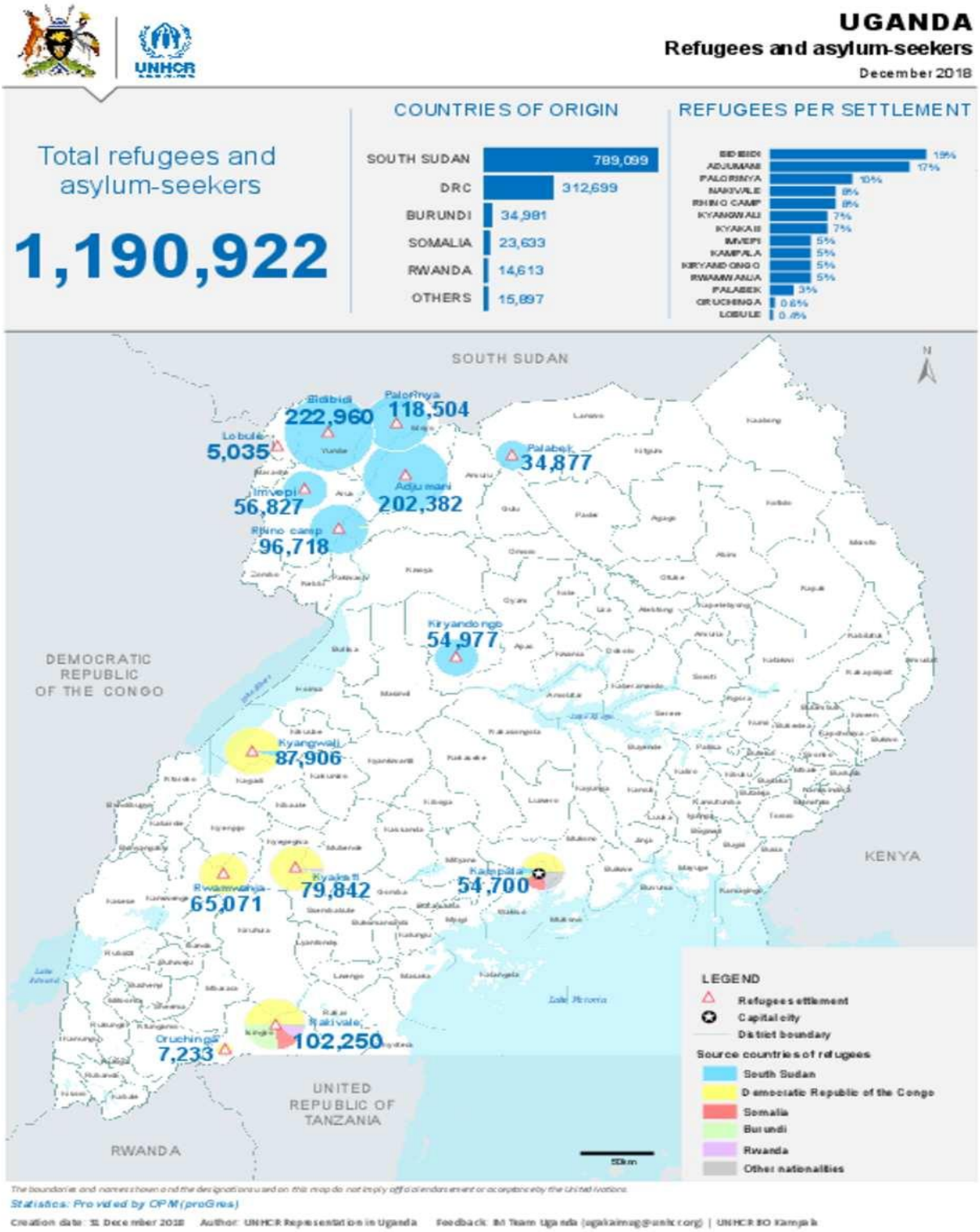


Figure 1: Refugee influx to Uganda as of December 2018

In 2018, the Government of Uganda responded with support from UNICEF and other partners to several humanitarian crises including the refugee influx from DRC, Burundi and South Sudan, disease outbreaks such as cholera, the threat of EVD from neighbouring DRC, and flooding in Bududa, Eastern Uganda.

Refugee children on the move

Over one million refugees have fled to Uganda in the last two and a half years, making the Pearl of Africa the third largest refugee-hosting country in the world after Turkey and Pakistan[1], with over 1.2 million refugees living in Uganda by December 2018. Wars, violence and persecution in the Horn of Africa and Great Lakes Region were the main drivers of forced displacement into Uganda, led by South Sudan's conflict, insecurity and ethnic violence in the Democratic Republic of the Congo (DRC) and political instability and human rights violations in Burundi. South Sudanese make up the largest refugee population in Uganda, with 789,099 refugees from South Sudan living in Uganda. In addition, 312,699 refugees from DRC; 34,981 refugees from Burundi; and over 54,000 refugees from Somalia, Rwanda and other countries are also hosted by Uganda. More than 60 per cent of Uganda's refugees are children and 82 percent are women and children.

Twelve of Uganda's 121 districts host the majority of refugees. About 92 per cent live in settlements alongside the local communities, mainly in northern Uganda or West Nile (Adjumani, Arua, Koboko, Moyo, Lamwo and Yumbe) with smaller numbers in central Uganda or Mid-West (Kiryandongo and Hoima/Kikuube) and southern Uganda or South West (Kyegegwa, Kamwenge and Isingiro). Urban centres are home to eight per cent of the refugee population, especially Kampala.

The increasing number of refugees has put pressure on Early Childhood Development (ECD) centres, primary and secondary schools, many of which already face challenges of poor infrastructure and insufficient teachers. For example, in Yumbe district, the school-aged population has more than doubled since early 2016. As a result, many children, adolescents and youth in refugee settlements and host communities are not able to obtain an education, either because they have missed the opportunity for schooling due to the protracted crisis and are too old to join the formal schools, or do not have the necessary examination certificates. Education interventions are particularly important to build social cohesion among refugees and between refugees and host communities. Life skills interventions, accelerated learning programmes and vocational training are still essential opportunities for adolescents and young people.

In 2018, Uganda's Ministry of Education and Sports, with support from partners launched the Education Response Plan for Refugees and Host Communities (ERP) to facilitate the integration of the planning of education services to benefit refugee children and host communities.

Uganda's Office of the Prime Minister (OPM), UNHCR and the REACH Initiative, conducted a joint Multi-Sector Needs Assessment of refugees and host communities in Uganda. The assessment reported high-levels of food insecurity among refugees. The average Global Acute Malnutrition (GAM) (WHZ < -2 SD) increased from 7.2 per cent in 2016 to 9.5 per cent in 2017 (above the WHO emergency threshold). Stunting was also above the WHO emergency threshold of 20 per cent across all settlements in the South West. Across all settlements, women and children suffered from anaemia, which was above the WHO emergency threshold of 40 per cent. There is a need to intensify efforts to address micronutrient deficiency, GAM, and stunting to reduce the current burden of Severe Acute Malnutrition (SAM) across the refugee hosting districts. According to the Lancet series, about 20 per cent of all child morbidity and mortality can be averted with appropriate infant and young child

[1] UNHCR, 2017 Global Trends Report: http://www.unhcr.org/5b27be547

feeding practices of breastfeeding and complementary feeding, and these will continue to be prioritised in 2019.

According to Uganda's refugee response plan for 2019-2020, there is still a need to further harmonize approaches in the implementation of WASH programmes in the settlements and refugee-hosting districts in the future. Service delivery modalities in the settlements are structured around humanitarian principles and do not consider tariff policy or transition plans for operation and maintenance. It is essential that WASH initiatives are in line with and coordinated with District Development Plans (DDPs) and Catchment Managements Plans (CMPs). There is also a need for a shared knowledge management platform to help partners deliver services in line with government frameworks and priorities. Enforcement of statutory policies and regulations from Ministry of Water and Environment remains weak.

On average, refugee hosting sub-counties accessed 16 litres of water per person per day (lpd). According to sector reports, supply was inequitably distributed between settlements, hosting populations and districts. Refugee and host populations from West Nile had the highest lpd (average 17.5 lpd for host community, 18.7 litres for refugees). Households of refugees from DRC and Burundi in the Southwest region accessed 15 lpd or less (68 per cent for host community, 74 per cent for refugees) and 10 litres of water per person per day or less (38 per cent for host community, 49 per cent for refugees) respectively. Approximately 79 per cent of households in host communities and refugee households own a family latrine. The unavailability of materials for construction of family latrines coupled with low levels of community participation to shift from communal to family latrines, especially among the South Sudanese refugees is hindering efforts to ensure all households own latrines.

With an increasing refugee population and anticipated refugee influxes through to 2020, the capacity and resources of primary healthcare institutions are at constant risk of being overstretched. Refugees living in urban areas and outside the settlements access government health facilities which have not planned for additional patient caseloads, leading to increased workload on health workers, frequent shortage of medicines and out-of-pocket medication expenditures by both refugee and host communities during stock-out periods.[2]

Child Poverty and Deprivation in Refugee Setting

The first study to apply a consensual approach to measuring poverty and deprivation in emergency situations in the country and globally – Child Poverty and Deprivation in Refugee Hosting Areas – was launched in June 2018. The study assessed child poverty, deprivation and social service delivery and provided unprecedented evidence on the situation and vulnerability of refugees in Uganda, including urban refugees in Kampala, and that of host communities in main refugee-hosting regions. The analysis identified the determinants of social service insufficiency and provided practical recommendations on how to manage social service delivery equitably for both refugees and host communities. The evidence highlighted that while refugee children tend to be more deprived of socially perceived necessities, deprivation among refugees tends to reduce over time. After five years of residence in Uganda, deprivation rates among refugees were on par with those of host communities; considering that deprivation among host communities was already high. The findings reiterate the urgent need to facilitate integration of services provided for both host and refugees, with a focus on refugee-hosting districts.

Climatic Shocks of Floods and Landslides

[2] Ministry of Health. Health sector integrated refugee response plan (HSIRRP), 2018

In October 2018, a flood and landslide occurred in Bukalasi sub county, Bududa district, affecting 13 villages and killing 43 people, including eight children, and injuring 21. The Disaster Preparedness and Management Department of the Office of the Prime Minister and rescue teams of partners teams conducted search and recovery of the dead bodies and evacuated the injured. Road infrastructure, water and sanitation facilities, and education facilities were destroyed.

Communicable Diseases

Measles and Rubella: In 2018, children in Uganda were at heightened risk of measles, with 76 out of 122 districts affected and 1,216 cumulative cases reported. About 33 districts also reported rubella outbreaks across the country with 196 cases and zero case fatality rate. With support from GAVI, the country will now introduce the Measles and Rubella combined vaccine into the national immunization schedule in 2019.

Ebola preparedness and prevention: On 1 August 2018, an Ebola Virus Disease (EVD) outbreak was declared in Mabalako health zone, Beni territory, in the North Kivu province of DRC. On 23 September 2018, a confirmed Ebola Virus Disease (EVD) case was reported in Tchomia health zone, by Lake Albert in DRC, bordering Ntoroko, Kagadi and Kikuube districts of Uganda. According to the World Health Organization (WHO), there was a high-risk of EVD spreading across borders into Uganda due to the regular movement of nationals between the two countries for trade and travel, as well as the DRC refugees fleeing the conflict. The National Task Force on EVD preparedness subdivided districts at risk of Ebola infection into three categories - very high risk, high risk and medium risk, as indicated in the above map. The Ministry of Health (MoH) and partners, including UNICEF, continue to provide financial and technical assistance to the very high-risk districts to implement risk communication through mass media and interpersonal communication; to control and prevent infection in schools and health facilities through provision of hand washing facilities and soap, and water purification tablets. UNICEF is working with the Uganda Red Cross Society (URCS) and District Local Governments to support accelerated and focused risk-communication and monitoring of preparedness activities. UNICEF is also supporting very high-risk districts to develop EVD contingency plans through National and District Task Forces.

As of 31 December 2018, the MoH had not confirmed any case of Ebola Virus Disease (EVD) in Uganda. Surveillance continues at the community level, in health facilities, and in formal and informal points of entries (POE) in all 30 high-risk districts. The MoH and partners continue to identify alerts, validate, isolate suspected cases and collect samples which are tested in-country at the Uganda Virus Research Institute.

Cholera: The MoH, with support from UNICEF and other humanitarian partners responded to cholera outbreaks in 11 districts with a total of 2,699 cumulative cases and a case fatality rate (CFR) of 2.22 per cent, which is above the WHO threshold. The majority of cases were refugees from DRC, with other outbreaks recorded in Amudat and Bulambuli Districts that were believed to be associated with cross border engagements among the Pokot and Karamojong ethnic groups in North Eastern Uganda. The re-emergence of cholera in Kampala city in December 2018, two months after controlling an earlier outbreak, has been attributed to risk factors of poor sanitation and lack of clean water. There is a need to address the risk factors associated with WASH, in addition to conducting risk-communication and social mobilisation for behaviour change.

UNICEF supported the Government of Uganda to incorporate emergency preparedness and response into its multi-year development plans. UNHCR, UNICEF and other partners supported the implementation of a long-term refugee and host communities' empowerment (ReHOPE) strategy, which is aligned with the Government's Settlement Transformative Agenda and the Comprehensive Refugee Response Framework (CRRF), which contributed to the Grand Bargain commitments.

Capital intensive infrastructure, equipment, supplies and technical guidance were provided in high-priority emergency districts to support the expansion of routine social services. Support was provided to national education and health strategies to link ongoing development programming with the humanitarian refugee response.

Other Disease Outbreaks

Crimean-Congo Haemorrhagic Fever (CCHF):
Uganda experienced sporadic cases of CCHF in eight districts of Ibanda, Isingiro, Kabarole, Kakumiro, Kiboga, Kiryadongo, Nakaseke, Masindi and Sembabule along the cattle corridor. The cumulative number of confirmed cases reached 14 with six fatalities (CFR=43 per cent).

Rift Valley Fever (RVF):
In 2018, Uganda contained a Rift Valley Fever outbreak that was reported along the cattle corridor in over 17 districts 33 cumulative cases and 18 deaths were reported.

Anthrax:
In 2018, an Anthrax outbreak was reported in four districts of Arua (West Nile), Kiruhura (South western), Isingiro (West Nile) and Kween (Eastern). Ten cases were confirmed with one death. The outbreak has been contained.

Black Water Fever:
14 children were affected by a Black Water Fever in Manafwa District, Eastern Uganda. The Ministry of Health deployed a rapid response team and provided timely treatment to the affected and controlled the outbreak.

Technical advice was also provided to support the scale-up of child-sensitive social protection services for both refugees and host communities. Support for government-led emergency preparedness and response continued to mitigate the effects of disease outbreaks. Additional emergency response capacity was provided through an emergency stand-by partnership with the URCS. Along with WHO, UNICEF supported intensified preparedness and response interventions for Ebola. Additionally, UNICEF also contributed to infection prevention and control, including strengthening risk-communication, social mobilisation and WASH activities in health facilities, schools and public places.

Coordination is crucial in any emergency response. UNICEF works closely with the GoU, UNHCR and WFP to coordinate the refugee response in line with the Country's Refugees and Host Population Empowerment Strategic Framework; Settlement Transformation Agenda; and Comprehensive Refugee Response Framework (CRRF). Uganda is one of the pilot countries for CRRF, which established a foundation for stronger collaboration between humanitarian and development partners. UNICEF invests significantly in coordination as co-lead of the Nutrition, Child Protection and WASH sectors, and co-chair of three technical working groups in the same areas.

C. Humanitarian Results

In 2018, Uganda responded to several crises including the refugee influx from DRC, Burundi and South Sudan, disease outbreaks such as cholera, and flooding in Bududa, Eastern Uganda. UNICEF focused on strengthened linkages between development and humanitarian programming through focused engagement with district authorities. UNICEF supported capacity building of district local planning and budgeting authorities in the refugee-hosting districts to strengthen integrated service delivery. Districts were also supported to develop risk-informed plans to enable stronger preparedness and response to refugee arrivals, among other shocks. UNICEF and partners contributed to ensuring a protective environment for children by strengthening systems at national and local level and building capacity of partners in all sectors.

UNICEF continued to co-chair the Refugee Child Protection Sub Working Group with UNHCR; the Refugee WASH Working Group with the Ministry of Water and Environment; as well as the National Nutrition in Emergency Working Group with the MoH. The OPM's Department of Disaster Preparedness coordinated and led the country's humanitarian response efforts, primarily through a National Disaster Risk Reduction Platform. The National Platform and District Disaster Management Committees coordinated responses to disasters caused by natural hazards and internal displacement caused by floods or conflict, while humanitarian response to disease outbreaks was coordinated through a multi-stakeholder National Task Force (NTF) co-chaired by the MoH and WHO. UNICEF continued to co-chair the Risk Communication and Social Mobilisation sub-committee of the NTF. District-led epidemic disease control task forces supported the local level containment of disease outbreaks. UNICEF provided technical support within these humanitarian coordination mechanisms, particularly in the WASH, child protection, health, nutrition and education sectors at national and district levels and within the cash working group.

Although UNICEF planned to support 13.5 per cent of the overall needs of the refugee response in 2018, this was not possible due to underfunding, with UCO only receiving 43 per cent of its appeal of US$ 66.1 million fundraising appeal, as of December 2018. The success in reaching children and women affected by crises was due to UNICEF's ability to leverage its development resources to respond to the most urgent needs in the 11 refugee-hosting districts.

Nutrition

UNICEF Uganda Humanitarian Targets 2018	2018 Targets	2018 Results
Number of children aged 6-59 months who received vitamin A supplements in semester 1 in humanitarian situations	663,036	653,434
Number of pregnant women who received iron and folic acid supplements or multiple micronutrient supplements in humanitarian situations	129,920	197,146
Number of children aged 6-59 months affected by severe acute malnutrition who are admitted into treatment in humanitarian situations	21,914	25,150

UNICEF supported the refugee hosting district local governments to plan, budget, implement, monitor and scale up quality nutrition interventions for children and women. In addition to the procurement of nutrition commodities and supplies across all refugee hosting districts, UNICEF also contributed to capacity building of health workers, contributing overall to the treatment of 25,150 children (10,563 male, 14,587 female) for severe acute malnutrition, with a cure rate consistently remaining above the SPHERE standard recommendation of 75 per cent. UNICEF supported MoH

and District Local Governments to reach 653,434 children (274,442 male, 378,992 female) and 197,146 women with Vitamin A and folic acid supplementation respectively. These achievements reflect the investment made with UNICEF's regular resources and other resources.

UNICEF procured and delivered 280 metric tonnes of therapeutic and essential supplies for Integrated Management of Acute Malnutrition (IMAM) in Karamoja and refugee hosting districts. UNICEF worked with key ministries to accelerate the regularisation and integration of the supply chain for therapeutic and preventive nutrition commodities, into the national health supply system. This approach will leverage funding and support originating from the emergency context to catalyse the integration, thereby creating a clear pathway from humanitarian response to the development/systems agenda.

Ebola Preparedness and Response: In all refugee hosting districts at high-risk of EVD, UNICEF strengthened the capacity of health workers on Infant Young Child Feeding (IYCF). Fifty-two health workers from Bundibugyo, Kabarole, Ntoroko and Kasese districts working in Ebola treatment units received an orientation on adapted key messages for IYCF.

Health

UNICEF Uganda Humanitarian Targets 2018	2018 Targets	2018 Results
Number of children aged 6 months to 15 years in humanitarian situations who are vaccinated against measles	776,900	475,727
Number of people in humanitarian situations reached with key life- saving and behaviour change messages on public health risks	1,603,911	1,966,199

Guided by the Core Commitments for Children (CCC), UNICEF implemented lifesaving health interventions in all 12 refugee hosting districts[3]. The interventions addressed both immediate and long-term interventions aimed at building resilience through health systems strengthening approaches. UNICEF supported vaccination of 475,727 children (199,805 male, 275,922 female) aged 6 months to 15 years with measles vaccine; and 287,968 children aged 0-59 months were vaccinated against polio. The MoH also stepped up efforts to respond to a measles outbreak through introduction of the combined measles and rubella vaccine. UNICEF supported districts to plan and strengthen routine immunization interventions by reaching every child/community by focusing on poorly performing districts affected by measles outbreaks. In total, 1,966,199 people (825,804 males, 1,140,395 females, and 48 per cent children) were reached with key life-saving and behaviour change messages on public health risks.

UNICEF co-financed the procurement of 16,000 doses of Pneumococcal Conjugate Vaccine (PCV); 62,500 doses of Penta valent vaccine and 15,000 doses of Rota vaccine to address vaccine stock outs in refugee hosting districts. In addition, UNICEF procured cold chain equipment; five Solar Direct Drive (SDD) fridges, 200 vaccine carriers and two Cold Boxes to ensure safe storage of the vaccines in refugee hosting districts. UNICEF also supported the financial incentives for 140 health surge staff including four Medical officers, 23 clinical officers, 38 nursing officers, 51 midwives, 16 health assistants and eight data-entry staff in Arua and Yumbe districts to address gaps in human resources for health caused by the influx of refugees. UNICEF supported the training of 213 new health workers in the districts of Hoima, Kyegegwa, Moyo and Arua with trainings on the new 'Immunisation in Practice' manual. To improve uptake of health services in refugee settlements, UNICEF supported 96 community dialogue sessions including 36 in Bidibidi, 13 in Omugo, 11 in Imvepi, 26 Rhino camps

[3] Arua, Hoima, Isingiro, Kampala, Kamwenge, Kikuube, Kiryandongo, Kisoro, Kyegegwa, Lamwo, Moyo and Yumbe

and four in Palorinya targeting 28,456 people (zonal leaders, religious leaders, village health teams and school teachers). Eleven refugee hosting districts were supported to develop comprehensive cholera preparedness and response plans in line with the new MoH 'Cholera Strategic Plan 2017 to 2021'.

UNICEF leveraged its role in humanitarian preparedness and response to enhance the internal supply and logistics strategy and strengthen national systems. UNICEF continued to supplement the traditional Expanded Programme on Immunisation (EPI) vaccines funded by the government with additional resources for vaccines, to respond to measles outbreaks and campaigns in refugee hosting districts. UNICEF facilitated the procurement of oral cholera vaccines for two campaigns in focus districts, in response to the outbreaks.

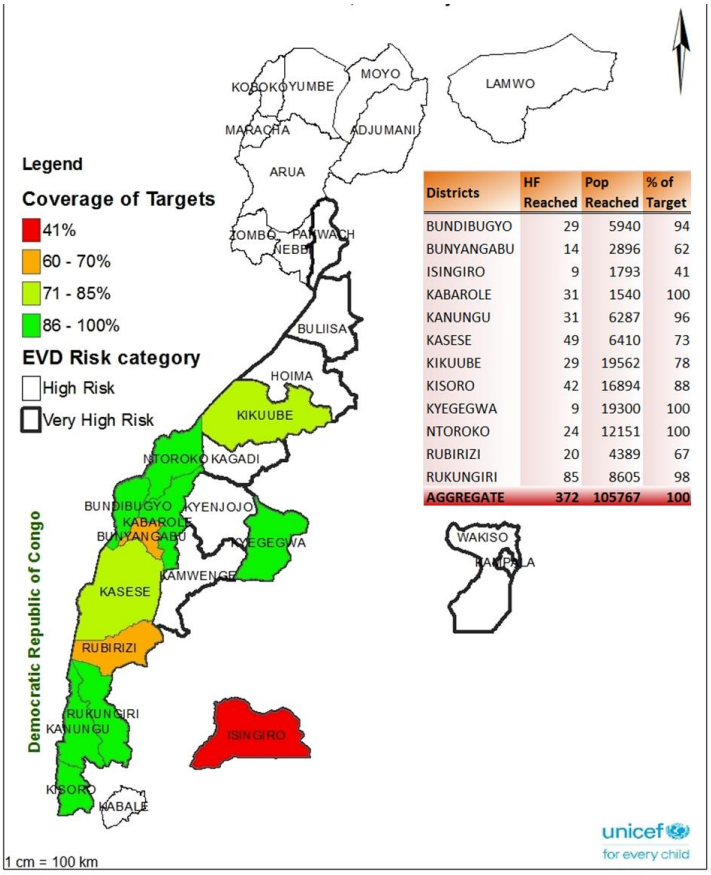
Communicable Diseases: In 2018, UNICEF complemented government led action in the containment of disease outbreaks by providing technical and financial support to MoH to support districts that reported outbreaks with risk communication and capacity building. This was possible through activation of the stand-by partnership Cooperation Agreement with the URCS to support the implementation of WASH, social mobilisation and risk-communication activities in the affected districts. UNICEF is a core member of the National and District task force meetings, which coordinate and provide technical guidance on preparedness and response.

Cholera: UNICEF extended support to many districts that continued to be at risk from multiple shocks of displacement and disease outbreaks. UNICEF and MoH supported 18 cholera-prone districts along Lake Albert and refugee hosting districts to develop comprehensive cholera preparedness plans. In partnership with UNICEF and MoH, Hoima district successfully carried out an Oral Cholera Vaccine (OCV) campaign in Kyangwali refugee settlement with overall coverage of 95 per cent for both rounds 1 and 2; in addition to the 21 districts classified as cholera hotspots which were supported to develop costed contingency cholera preparedness plans.

Measles: UNICEF and WHO complemented MoH efforts to strengthen routine immunization, supporting the Reaching Every District/Reaching Every Child strategy in several districts; a multi-Antigen Catch-up Vaccination Campaign was conducted in refugee settlements in refugee hosting districts together with communication for development activities such as village health teams mobilisation and the production and dissemination of information, education and communication (IEC) materials.

Ebola Preparedness and Response: In 2018, UNICEF supported the Advocacy, Communication and Social Mobilisation committee of the MoH National Task Force to develop and review information, education and communication (IEC) materials to facilitate risk communication for prevention and/or containment of the following diseases: Rift Valley Fever, CCHF, Ebola, cholera, measles, rubella, Black Water fever and anthrax. The materials were developed in English, French, and various other languages (Luganda, Runyoro-Rutooro, Kiswahili, Lingala, Alur, Madi, Ngakarimojong, Pokot, Leb Thur and Rufumbira).

UNICEF facilitated airing of radio spots in English, French and local languages for cholera and measles prevention, and control, good hygiene and sanitation practices. Hygiene promotion and sanitation interventions were undertaken in Kyangwali and Kyaka II refugee settlements and host communities in Hoima and Kyegegwa districts in partnership with URCS. A total of 13,291 households were visited by URCS volunteers and 135 community meetings were conducted to sensitise people on cholera prevention and control, as well as demonstrate how to construct, use and maintain tippy-taps/hand washing facilities. As a result, 41,710 persons were reached during the visits and 196,422 people with key life-saving and behaviour change messages on public health risks.



Districts	HF Reached	Pop Reached	% of Target
BUNDIBUGYO	29	5940	94
BUNYANGABU	14	2896	62
ISINGIRO	9	1793	41
KABAROLE	31	1540	100
KANUNGU	31	6287	96
KASESE	49	6410	73
KIKUUBE	29	19562	78
KISORO	42	16894	88
KYEGEGWA	9	19300	100
NTOROKO	24	12151	100
RUBIRIZI	20	4389	67
RUKUNGIRI	85	8605	98
AGGREGATE	372	105767	100

UNICEF EVD Preparedness: Targeted Health Facilities supported with IPC through WASH interventions.

UNICEF supported Ebola preparedness efforts through media engagement activities in 30 districts and capacity building of community stakeholders on effective risk communication, social mobilisation and community engagement. UNICEF and the URCS rolled out inter-personal communication (community engagement) through community-based volunteers. During the reporting year, 1,235,627 people were reached with key messages on EVD through household visits and community/group meetings in the districts of Kasese, Kabarole, Bundibugyo, Ntoroko, Bunyangabu, Kanungu and Kisoro. UNICEF also supported the national and sub national governments, working directly and through partners, to implement preparedness activities and build sustainable capacity for infection prevention, control and outbreak response within targeted communities and institutions.

Water, sanitation and hygiene

UNICEF Uganda Humanitarian Targets 2018	2018 Targets	2018 Results
Number of people in humanitarian situations accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene	133,000	146,946
Number of people in humanitarian situations accessing appropriate sanitation facilities and living in environments free of open defecation	190,000	148,178

UNICEF supported the provision of clean and safe water to nearly 146,946 children, men and women (61,717 male, 85,229 female). In partnership with Water Mission Uganda (WMU), Norwegian Refugee Council (NRC), Lutheran World Federation (LWF), Samaritan's Purse (SP) and Oxfam, UNICEF completed 12 motorized systems in the settlements of Omugo, Imvepi zones 1, 2 and 3 in Arua district; Bidi Zone 2, 3 and 5 in Yumbe district; Boroli and Maaji 2 in Adjumani district; Palabek in Lamwo district and Kyangwali in Hoima district. Over 50,600 people (21,252 male, 29,348 female) were reached with messages on hand washing at critical times, food hygiene and use of latrines. Sixty per cent of those who received messages were children of school-going age. A total of 5,500 school children in eight schools accessed WASH facilities and hygiene education; and 148,178 people (62,234 male, 85,944 female) accessed improved sanitation facilities such as latrines, hand washing facilities and refuse pits. As a result, household sanitation coverage increased substantially in Palabek, Omugo and Bidi Zone 3.

Ebola Preparedness and Response: UNICEF supported the GoU's Ebola preparedness and response efforts with the procurement and delivery of standard preparedness items to high-risk districts including 973 hand washing facilities, 1,575 kilogrammes of chlorine, 1,201 cartons of soap and 502 boxes of water purification tablets, and 50 chlorine generators. The generators were introduced as an innovative intervention to expand capacity of health facilities for sustainable access to chlorine, and is believed to offer significant value for money as a long-term investment. UNICEF dispatched the supplies and equipment to Kisoro, Kasese, Bundibugyo, Ntoroko, Kabarole, Kikuube, Kyegegwa, Kanungu, Rubirizi, Rukungiri, Bunyangabu and Kamwenge districts.

Child protection

UNICEF Uganda Humanitarian Targets 2018	2018 Targets	2018 Results
Number of children registered as unaccompanied or separated receiving appropriate alternative care services	16,544	4,748
Number of children benefiting from psychosocial support	279,704	90,700

UNICEF and partners Save the Children, World Vision and LWF contributed to keep affected children safe by providing recreational and psychosocial support services to 90,700 (53,998 boys; 36,702 girls) refugee children in 2018. Five new Child Friendly Spaces were constructed by partners with UNICEF support, in settlements receiving newly arrived refugees. A total of 4,748 (2,404 boys; 2,344 girls) unaccompanied and separated children were provided with alternative care services, including placement in foster families and regular follow-up support. Referrals to service providers, including health, education, legal and psychosocial sectors were arranged to ensure provision of services in line with children's individual needs.

Foster care families benefitted from regular support, including trainings and dialogue sessions. In addition, 375 children (224 girls, 151 boys) who experienced sexual violence or were at risk benefitted from access to individual and specialised services, including direct support and referrals. Implementing partners continued to raise awareness with children, caregivers and key community structures on sexual and gender-based violence including sexual exploitation and abuse to strengthen prevention and response mechanisms. The high numbers of children at Child Friendly Spaces, particularly in settlements receiving newly arrived refugees, and the low number of case workers to support the large number of children, was a challenge throughout 2018. The number of children reunited with families and caregivers in 2018 was 188 children (101 girls, 87 boys). This included intra and inter-settlement, as well as on-the-spot reunifications.

UNICEF and Save the Children conducted community dialogue sessions with refugee families to raise awareness on violence against children, the forms of sexual abuse, and how to prevent and respond to such issues. In some communities, especially Kyangwali, many community members were not aware of the mechanisms for reporting violence such as the Child Protection Committees (CPCs), Centre Management Committees, and the toll-free child helpline number 116.

Ebola Preparedness and Response: UNICEF and URCS trained 180 (108 male, 72 female) volunteers on psychosocial support provision in seven high-risk districts. UNICEF supported selected at-risk districts to ensure district probation officers and community development officers engage in preparedness efforts, including coordination.

Education

UNICEF Uganda Humanitarian Targets 2018	2018 Targets	2018 Results
Number of children and adolescents accessing formal or informal education (including pre-primary school/early childhood learning spaces)	123,361	45,775

Education in Emergencies (EiE) interventions in refugee hosting areas reached nearly 46,000 (21,768 boys, 24,007 girls) children and adolescents with direct education services. A total of 26,700 (12,824 boys, 13,893 girls) adolescents (in school as well as out of school) participated in skills development and accelerated education for successful re-entry into viable learning pathways. UNICEF also supported community-driven ECD services in six refugee hosting districts directly benefitting 20,979 children (10,559 male, 10,420 female). UNICEF also piloted and completed multi-purpose education facilities with water and latrines in multi-purpose centres in the refugee hosting districts of Arua and Yumbe. These facilities provided a conducive and stimulating environment for 7,224 (3,684 girls, 3,540 boys) children to play and learn, and an increase in enrolment.

The GoU employs a progressive policy granting refugees access to the same rights as its citizens, including the right to education. In a process led by the GoU, UNICEF co-chaired a task team with Ministry of Education and UNHCR to develop an *Education Response Plan for Refugees and Host communities in Uganda* (ERP) to address challenges of quality and access to education. The planning engaged donors, UN organizations and civil society organizations in refining a situational analysis, appropriate interventions, results, costing, monitoring and evaluation. Fully aligned with sector policies and priorities, it clarified the role of the government and non-state actors. UNICEF also supported six refugee hosting districts in the development of contextual, District-level Education Response Plans. As a member of the ERP Steering Committee, UNICEF participated in the operationalization and strategic direction of the implementation of the Education Response Plan. The committee is co-chaired by MoES and the Education Development Partners forum.

A total of 111 new transitional multipurpose centres (3-classroom structures) were initiated during the year with most them completed by the end of 2018. In addition, Uganda was the first country to conduct field trials for the new multipurpose tents under a Supply Division led global innovation project. The trials took place in Bidibidi settlement, providing valuable input to conclude the evaluation of prototypes, which already offer clear advantages over the current design, especially for the humanitarian context in Uganda.

Unanticipated delays in replicating an approved multi-purpose education facility led to delayed results and only 37 per cent of targeted children were reached in 2018, despite the relatively high funding level (70 per cent) received for education.

HIV/AID

UNICEF Uganda Humanitarian Targets 2018	2018 Targets	2018 Results
UNICEF targeted HIV positive children continued to receive antiretroviral therapy	3,513	4,418

UNICEF supported the district local governments in refugee hosting districts to re-engage cultural, religious and political leaders to promote social behaviour change communication on HIV/AIDS and tuberculosis. UNICEF continued to prioritise strengthened community-facility linkages through family support groups (including HIV-positive mothers, their partners and children) and active patient tracking, using trained peers and community health workers in refugee hosting sub-counties. Patient tracking focused on adolescents living with HIV (LHIV) and a family-centred approach for women and children LHIV. The district health teams were able to provide quality technical support to the lower level facilities within refugee sub-counties.

UNICEF in collaboration with the President's Emergency Plan for AIDS Relief (PEPFAR) partners including Baylor Uganda, Infectious Disease Institute, Inter Religious Council, and Regional Health Integration, conducted a mapping of HIV and tuberculosis. UNICEF prioritised systems strengthening and capacity building for quality service delivery for elimination of mother to child transmission (eMTCT), paediatric and adolescent HIV and TB services; and HIV testing. A total of 4,418 HIV positive refugee children continued to receive anti-retroviral therapy with UNICEF's support, as well as 2,706 pregnant women living in refugee hosting districts who received treatment to prevent mother to child transmission of HIV/AIDS. While no humanitarian funding was received for the HIV/AIDS responses in 2018, these achievements were made possible thanks to UNICEF's investment of core funds and other development resources.

Towards Durable Solutions for Refugee Children on the Move

The rapid review of UNICEF's response to the refugee crisis undertaken in 2018, found that the "UNICEF response is relevant, well aligned with national priorities and refugee response frameworks (CRRF, Refugee and Host Population Empowerment framework – ReHoPE, Integrated Refugee Response Plan – iRRP); and that the engagement at district level is coherent with the government's decentralised policy and approach to governance. It has also evolved over time to adapt to changing circumstances and to new, different needs detected through assessments".

UNICEF is supporting the Comprehensive Refugee Response Framework, to ease the pressure on host districts and meet the needs of refugees and host communities through a comprehensive response. The CRRF is a multi-stakeholder model with support from different agencies. UNICEF is financing the monthly salary of the Senior Planning Officer to ensure business continuity.

Uganda's CRRF Road Map identifies the CRRF pillars of engagement and priority interventions within the humanitarian-development nexus, required for stabilisation and recovery from the emergency. Simultaneously, the Road Map lays the operational foundation for inclusion and longer-term development engagement, including through the development of comprehensive sector plans to address the needs of host communities and incorporate refugees into its national service delivery strategies.

Given Uganda's progressive refugee model (open borders and a non-camp policies) and noteworthy progress made in implementing the CRRF, Uganda serves as a role model globally and has been widely recognised as "*proof of concept*" in terms of being able to apply many of the elements as

contemplated in the world's new refugee deal, even in times of significant influx. A continuous coordinated effort and increased burden and responsibility-sharing, as articulated in the Global Compact on Refugees will be critical to yield concrete results at district level, benefiting refugees and host communities alike.

Addressing Impacts of Climatic shocks: Floods and Landslides

In partnership with URCS, UNICEF distributed 332 boxes of water purification tablets to support water treatment in the affected communities in the four districts of Katakwi, Bukedea, Kumi and Amuria. Based on prioritisation by the OPM's Department of Disaster Preparedness, UNICEF dispatched and erected 25 tents to 16 flood-affected schools in Kumi, Bukedea, Amuria and Katakwi districts and as a result enrolled 11,069 learners. UNICEF provided technical support to the District Disaster Management Committees managing the response.

Bridging the gap on social protection and cash-based programming

Programming on social protection was maintained to bridge the humanitarian-development continuum. UNICEF strengthened overall government capacity to plan and manage social protection programmes through targeted training and participation/contributions to international meetings on social protection, by hosting the regional Community of Practice on cash transfer programmes. This supported development of the national social protection system with a focus on inclusive, child sensitive social protection programmes; building on the relatively recent adoption of the National Social Protection Policy (NSPP) and the Programme Plan of Interventions (2016).

UNICEF together with WFP, advocated for a child-sensitive social protection programme for refugee and host communities, by harnessing strengthened health systems in the West Nile sub-region's refugee-hosting districts. UNICEF actively contributed to linkages between humanitarian and development as the co-chair of the UNDAF Social Protection Working Group, and an active member of the Development Partner Social Protection Working Group, and the technical working group on cash-based activities for the refugee response. Through these fora, UNICEF continued to support national efforts to develop an integrated management information system for social protection.

a. NON-THEMATIC CASE STUDY

Case Study 1: Review of the Multipurpose Child-friendly Learning Spaces Approach

The innovative, purposeful piloting of integrating accelerated learning programme (ALP) services at the same location as early childhood development (ECD) services and psychosocial support services/child friendly spaces (CFS) was reviewed through a participatory process in May 2018. The two key opportunities that were discussed are (a) increasing access for children to protection and developmental services and (b) leveraging UNICEF's comparative advantages in realising learning and protection outcomes for children. This review was instrumental in informing UNICEF's strategic approach for ALP, CFS and ECD in the refugee context going forward.

The underlying assumptions of the integrated approach were the following:

i. Operating child protection and education activities side-by-side would have synergetic effects;
ii. Increasing the number of users accessing the shared facilities would result in a more cost-effective and constructive investment case.

A holistic, in-depth and participatory consultation was conducted at two multi-purpose centres selected from a sample of 'best performing' and 'lowest performing' centres. At each centre, an

inclusive, formative review process took place with the participation of children enrolled in CFS and ALP (aged 12-17 years old), teachers/caregivers/facilitators of the three services, centre management committees and parents. This was complemented with consultations with staff from implementing partners from World Vision Uganda and War Child Canada at Kampala and in the field.

A cross-cutting theme that emerged was the very high subscription to the services and the impact it had on the adequacy of space (pre-construction), materials and resources. An important learning point was that multi-purpose centres are in high demand, across all age groups. Looking ahead, specific attention should be provided to the fair geographical spread of available resources and consideration for adequate absorption capacity of centres selected to implement the new approach. The need and demand for education services is massive with a refugee population of 798,197 school-aged children in the settlements alone and attracting funding for investment in this generation is essential.

Additionally, the multi-purpose approach was highly relevant as clear dividends and synergies were reported to exist between the three services. The centres also have capacity to include the most vulnerable children and adolescents in an education system that they had otherwise given up on. There are mutually augmenting effects such as ALP teachers supporting as day-to-day resource persons for the ECD caregivers, and enhancing the quality of ECD delivery. Such dynamics will be continually explored and further documented.

The integration of ALP with ECD and CFS services within the same centre has further enabled identification of vulnerable children and those who have experienced violence or abuse. All ALP teachers and ECD caregivers were trained on the basics of child protection and case management, allowing them to identify distinct types of protection concerns, leading to referrals for children from all types of services to child protection case workers. Adolescents participating in the ALP further highlighted the positive impact that participation in learning activities while in the CFS had on their psychosocial well-being. Parents reported that the integration of ALP with ECD/CFS services resulted in less stress for them about their younger children who are now being accompanied by older siblings to the centre.

Considering the high demand and limited resources – more cost-effective and quality-oriented investments are required. Considering this and findings from the beneficiary consultations, UNICEF has outlined the following possible scenarios to continue provision of ALP, ECD and CFS:

Table A: Possible Scenarios of providing ALP services

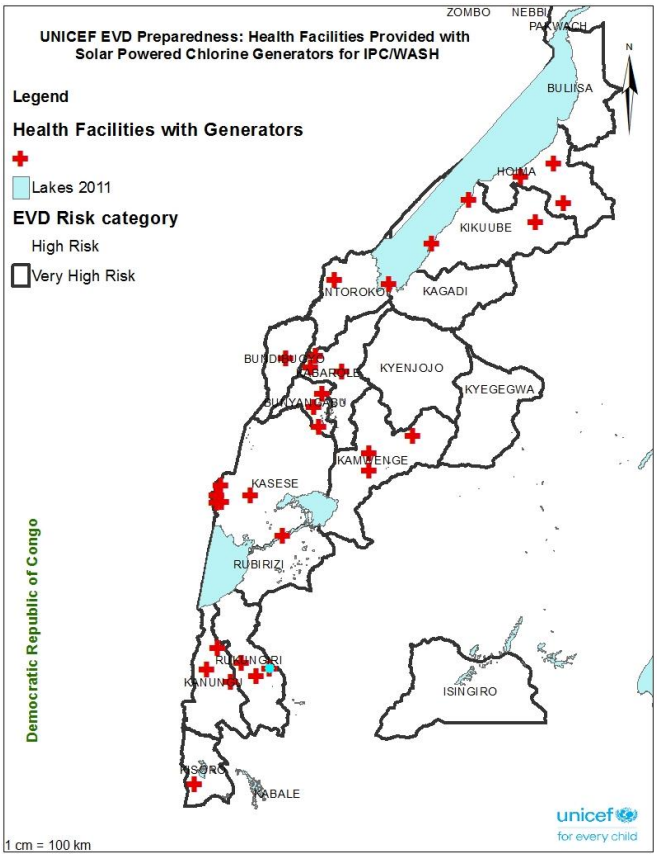
Modality	Advantages	Disadvantages	Factors of success / prerequisites
1. Continuation of multi-purpose centres in the current form combining ALP, CFS and ECD in one location	Child protection and education services are mutually embedded, enhancing access for children and ensuring vulnerable children receive individual support if and as needed. The multi-purpose centres have capacity to attract and enrol vulnerable children not reached by the formal education system.	Spaces that were originally designed as child friendly spaces now serve additional purposes and attract more children than they were designed for. CFS and ALP may become pull factors of children supposed to attend formal primary school	Scaling centre infrastructure and operations to have absorption capacity for the demand and use of the centres when all three services are offered. To retain young mothers and secure their learning outcomes, care arrangements are needed for children below two years.

2. Mainstreaming ALP centres into the functions of formal primary schools	ALP is closely linked with formal schools for easy transition. ALP methods may serve as inspiration for the mainstream teaching Schools are made accessible for children who thought they were not welcome	Synergies with internal referrals to and from the child protection system may be missed. Formal schools may not have the same capacity to enrol and retain the most vulnerable children and identify cases of concern	Strengthened linkages with child protection system required to ensure individual support is provided Creation of a school environment where vulnerable children – young mothers in particular – would feel welcome
3. Mainstreaming ALP into formal primary schools, while maintaining ALP services for those most in need of joint access to ECD and psychosocial support (i.e. young mothers)	Same as above + Purposefully inclusive and supportive education services for those with the biggest need for multiple services to effectively re-enter education	Stigmatisation of vulnerable children getting 'special treatment'	Highly integrated and structured case management and education To retain young mothers and secure their learning outcomes, care arrangements are needed for children below two years.
4. Integrating the multi-purpose centre model with CFS, ALP and ECD into the functions of formal primary schools	Schools become an integrated platform for service delivery for children and adolescents The structure encourages continuous access to education and learning in a life-cycle approach	Distances for children might increase, enrolment in ECD and CFS services may decrease and result in lack of individual support provided to children via case workers	Scaling school infrastructure and operations to have absorption capacity. To retain young mothers and secure their learning outcomes, care arrangements are needed for children below two years. School personnel to have capacity to identify children in need of individual support and linkages to the child protection system required to provide case management support. Strong community support in management and contributing to school feeding.

In the immediate short term, UNICEF recommends a continuation of modality 1, as piloted. Funding for the educational activities has been secured for 12 months, thanks to the generous support of the UK Government, which will allow the approach to be further assessed. In the long term, UNICEF envisions modality 4 with schools as integrated platforms for service delivery as the most relevant, effective and appropriate approach to reach children with a multitude of developmental services. Building on the lessons learned from this intervention, this will be the approach that UNICEF will advocate for and programme in the future.

Case Study 2: Sustainable technology as backup for infection prevention and control at high volume health facilities in communities at risk of outbreaks: The Solar Powered Chlorine Generator

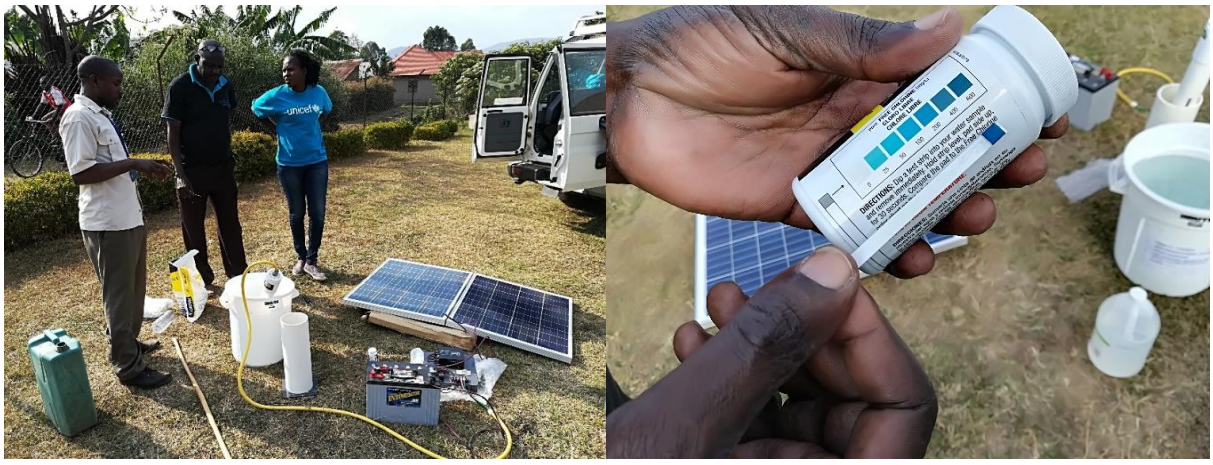
***Rationale*:** Infection control remains a major challenge in health facilities that serve large populations, with limited staff and infection control supplies. The use of correct concentrations of chlorine solutions has proven to be an effective way to disinfect and prevent infection, especially during outbreaks of highly infectious diseases such as Ebola, Rift Valley Fever (RVF), Crimean Congo Haemorrhagic Fever (CCHF), and cholera among others. Chlorine solution is also used routinely for disinfection and prevention of nosocomial (hospital-acquired) infections. During disease outbreaks, use of new concentrations of chlorine is introduced to health workers, posing adherence challenges not only to the use, but also correct preparation of desired solutions.



Following the declaration of the Ebola outbreak in the Democratic Republic of Congo (DRC), and subsequent classification of Uganda as one of the countries at risk, UNICEF and partners supported the GoU to implement preparedness activities in districts that were classified as very high risk. The criterion was based on a district having direct borders with the affected provinces of North Kivu and Ituri in DRC, hosting refugees from DRC and high-volume population movement due to trade between the two countries.

***Intervention*:** Thanks to the generous support received from DFID, UNICEF procured and distributed 53 solar powered chlorine generators, and trained over 250 frontline health workers at high-volume health facilities in the targeted districts, as part of the preparedness interventions for infection prevention control through water, sanitation and hygiene (IPC through WASH). This was to ensure that there shall be no stockout of chlorine solution if there is an infectious case, and that staff are well trained to assemble, use and maintain the equipment.

The on-site chlorine generator produces a solution of sodium hypochlorite from regular table salt, which is an effective disinfectant for drinking water. The solution can also be used for cleaning medical equipment, bedsheets, toilets and floors. The ingredients needed for preparing the solution are only salt, water and solar energy. The energy is provided by solar panels whereas water and salt are locally available at low cost. The system is simple, and health workers can produce the sodium hypochlorite on-site after following simple instructions.



Assembling and demonstrating chlorine production using the solar generator and testing the concentration of chlorine (*Photo: UNICEF*)

The solar powered chlorine generator is a reliable and sustainable system that will ensure availability of quality chlorine, which is produced using locally available supplies of table salt/cooking salt and water. The unit has a capacity of producing 20 litres of 0.66 per cent chlorine solution in six hours. Using 20 litres of solution, 120,000 litres of water can be disinfected with the '1 Part Per Million' (PPM) concentration equivalent to chlorine in the water. This will ensure safe water for about 6,000 persons.

To produce 20 litres of chlorine, 600 grams of salt is needed; 18 Kgs per month. The cost of salt is about US$ 35 for 100 kgs. Five litres of vinegar is required every two months for the cleaning of the electrodes and is locally available at a cost of US$ 15. The total approximate cost per month is therefore US$ 14. The cost of purchasing an onsite generator is about U$ 1200 per unit with accessories.

Training health workers on the use of the solar powered chlorine generator

Table B: Comparison of chlorine generators with other forms of chlorine

	On site Solar Powered Chlorine Generator	**Hypochlorite HTH 65% Granule**	**NaDCC Tablets**
Costs per month US$	14	15	13
Advantages	Solar energy is free Water is free Salt locally available and cheap	Simple to prepare required solution and use. It has been used at health facilities before and is sometimes part of the routine supplies	Simple to prepare required solution and use. It has been used at health facilities before and is sometimes part of the routine supplies
	All requirements are readily available and affordable (Water and regular salt)		
	High acceptance among health workers	High acceptance among health workers	High acceptance among health workers

Disadvantages	Instruction for installation and operation is necessary. Motivated and qualified operator needed. Financial input needed.	It is imported and stockouts must be avoided. High concentrations can cause chemical accidents including inhalation	It is imported
	Low utilisation rates due to availability of other regular forms of chlorine	High utilisation rates	High utilisation rates
		During periods of high demand, stockouts can occur, jeopardising Infection Prevention and Control (IPC) especially in outbreaks	During periods of high demand, stockouts can occur, jeopardising Infection Prevention and Control (IPC) especially in outbreaks

Moving forward: The operating costs for disinfection with onsite generation is comparable with the operating costs of sodium hypochlorite or purification tabs. However, selection should not be based only on costs. The hypochlorite powder or purification tabs may not be available on-site and must be imported. The most important requirement for the on-site generator is the presence of motivated staff to operate and produce the sodium hypochlorite on-site. Although the system is simple it requires alertness with electricity, dosing and diluting. Therefore, it is important to monitor the use of the on-site generators in the field after they are distributed to the various districts and to provide support when needed. UNICEF field teams will continue to monitor utilisation of the equipment and monitoring reports will inform future decisions for adaptation and distribution to more health facilities in high-risk districts.

D. Results Achieved from Humanitarian Thematic Funding

UNICEF has successfully scaled-up its response to multiple refugee influxes, through mobilisation of high calibre technical support, and rapid deployment of emergency supplies, financial support and technical capacity through partnerships (e.g. Doctors with Africa CUAMM) and emergency stand-by agreements (e.g. UCRS). Utilising its strong field presence (zonal offices), UNICEF has provided direct advice and support for district planning, partner coordination and the delivery of emergency health, education and child protection services. These efforts have helped deliver progress by building resilience and preparedness to respond to climate-related shocks and stresses in Karamoja; enhance disease outbreak preparedness and control capabilities; and the operationalising of 'humanitarian-development continuum' approach by integrating development and emergency assistance in refugee-hosting districts with positive results.

The provision of global thematic humanitarian funds enabled UNICEF to provide support for EVD preparedness and cholera outbreaks in the DRC refugee hosting settlements of Hoima and Kyegegwa districts. UNICEF and partners, including the MoH and District Local Governments have provided safe water and improved sanitation by introducing technology to generate chlorine, an

innovative intervention to support the capacity of health facilities for sustainable access to chlorine, which offers significant value for money as a long-term investment.

Social mobilisation efforts with URCS were effective and led to a reduction in reported cholera cases; in addition it prevented the circulation of EVD in Uganda in spite of the proximity to DRC as a neighbouring country. This would not have been possible without the thematic humanitarian funds that enabled investment in outbreaks preparedness.

a. THEMATIC FUNDING CASE STUDIES

Case Study 1: Evidence on Child Poverty and Deprivation in Refugee-Hosting Areas

On 6 June 2018, UNICEF Uganda hosted a national symposium on *Child Poverty and Deprivation in Refugee-Hosting Areas,* in partnership with the Economic Policy Research Centre (EPRC). The symposium served as a soft launch of the *Child Poverty and Deprivation in Refugee-Hosting Areas* report. The analysis presented in this report builds on the post-2015 SDG agenda and Uganda's traditionally generous and progressive refugee policy. On the latter, in 2016/17, largely due to the crisis in South Sudan, Uganda's refugee population almost doubled, reaching 1.38 million. Given the recent upheaval in the DRC, this figure is likely to escalate even further. Between January and February 2018, more than 40,000 refugees had already entered Uganda from the DRC, against a projection of 60,000 in Uganda's integrated refugee response plan for 2018.

This has put refugee-hosting areas, most of which are extremely poor and lack the economic resources and technical capacity to support the increasing numbers of refugees, under enormous pressure. Humanitarian efforts have contributed significantly in responding to the emergency and attempts have been made to build the resilience and livelihoods of both refugee and host communities. Key interventions aim to support refugees to integrate and become self-reliant, so that their living conditions are on par with that of the host population.

This study assesses child poverty, deprivation and social service delivery in refugee and host communities in selected districts in the country's three major refugee-hosting areas: West Nile, a sub-region in the North that borders South Sudan; the country's south-west, which borders the DRC and Rwanda; and the capital, Kampala. The overall aim of the study is to compare child poverty and deprivation among refugee and host communities, determine whether there are any inequities in the delivery of social services, and identify obstacles to the effective delivery of services. Primary data was obtained from households and communities in the districts of Arua, Yumbe, Adjumani, Kamwenge, Isingiro and Kampala.

Emerging evidence suggests that:

1. Refugee children are more deprived of socially perceived necessities
For all items perceived by most of the population to be necessities for children, refugee children are more deprived than children of hosts, ranging from 8 per cent to 32 per cent depending on the item. Refugee children are much less likely to receive gifts on special occasions and less likely to have new sets of clothes than children of hosts.

2. Deprivation among refugees tends to reduce over time

For selected basic indicators (water, sanitation and shelter), recent arrivals are the most deprived. Within five years of residence, deprivation rates among refugees are on par with those of hosts, the reason being that levels of deprivation among host communities are already high. At the time of the survey, the deprivation rates for hosts were already 62 per cent, 46 per cent and 49 per cent for water, sanitation and shelter respectively, while the corresponding proportions for refugees residing more than five years were 69 per cent, 25 per cent and 42 per cent.

3. There are wide regional disparities in deprivations
While water deprivation is far lower in Kampala than in other refugee hosting areas, the West Nile has the highest levels of sanitation deprivation, with over 80 per cent of host households deprived. Among refugees, households that have been in Uganda for 'less than two years' experience the highest rates of deprivation. Shelter deprivation is highest in West Nile, with over 80 per cent of all households – hosts as well as refugees – being deprived.

4. Except the West Nile, access to services tends to be similar for both host and refugee communities
Service delivery shows some differences – but most of these are not necessarily inequitable. Apart from a concentration of refugee-specific social service interventions in West Nile – which can be explained partly by the state of emergency there – host and refugee communities in the same area tend to experience similar social service conditions.

5. There is an urgent need to facilitate integration
To sustain the lives and livelihoods of refugees and hosts, there is a need to facilitate integration – not just in the physical sense. This would improve communication between the various parties and allow for the peaceful sharing of limited resources. At the intervention level, stakeholders need to go beyond emergency response and help build the livelihoods and resilience of recent arrivals without compromising that of longer-term refugees; while continuing to prioritise poverty reduction programmes aimed at lifting Ugandans out of poverty.

6. A special focus in refugee-receiving districts is required
Overall, both refugee and host communities experience a significant level of deprivation, given that the main refugee-hosting areas are among the poorest and least developed in the country. Although conditions for refugees improve over time, basic needs deprivation among hosts remains high – in some cases higher than among refugees (e.g. water and shelter deprivation in the West Nile). Such situations represent important social challenges in terms of growing resentment and potential conflict between host and refugee communities. Deliberate and targeted efforts to improve service delivery and the livelihoods of the host community should be explored as a measure to foster long-term peaceful coexistence. More details on the report can be accessed at:
https://www.unicef.org/uganda/ChildPovertyRefugees-FINAL-Lores.pdf.

Case Study 2: Integrating Humanitarian and Development Work in Vulnerabilities and Emergencies in Uganda

In recent years, Uganda has responded simultaneously to multiple and compound crises including the three most prominent i) the refugee crisis; ii) communicable disease outbreaks; and iii) climate-related shocks. With UNICEF's technical support, logistical assistance and supplies, and sector systems at national and district levels have been extended and expanded to accommodate the needs of both host communities and refugees. In addition, the focus on systems strengthening has proven instrumental in ensuring uninterrupted access to time critical, lifesaving services for affected women and children.

Background: Uganda continues to welcome refugees from several neighbouring countries and is now the number one refugee hosting country in Africa with over 1.2 million refugees. A recent assessment by the GoU and UNICEF indicated that both refugee and host communities experience significant levels of deprivation. Although conditions for refugees have improved over time, basic needs deprivation among refugee hosting populations remains high and, in some cases, higher than among refugees themselves. This is especially the case for deprivations related to access to water and shelter in the West Nile sub-region, home to approximately three quarters of Uganda's refugee population. The country level adaptation of the CRRF has established a foundation for stronger collaboration between humanitarian and development interventions. Uganda is experiencing increasing multiple and critical outbreaks of communicable diseases including cholera, Marburg, Anthrax, Rift Valley Fever, CCHF and measles. Drought, flooding and pest infestation are the most significant climate-related shocks also affecting the country.

Resources allocated: In 2018, UNICEF received US$ 1,008,964 thematic contributions to strengthen linkages between development and humanitarian programming through focused engagement with district authorities on basic services delivery for women, men and children affected by forced displacement. The grant enabled UNICEF and partners to provide technical guidance in planning, budgeting, implementation, monitoring and scale up, as well as equipment and supplies in refugee hosting districts to support the expansion of routine social services in health, WASH and nutrition.

Progress and Results: UNICEF worked with sector line ministries, district local governments hosting refugees, and other partners to contribute to some of the following results during 2018:

- Joint implementation of immunization activities targeting both refugees and host populations (integration) in refugee hosting districts characterised with measles outbreaks using Reaching Every Child (REC). This improved immunization coverage.
- This grant contributed to UNICEF and partners expanding support for the provision of safe and clean water to nearly 146,946 children, men and women. The joint interagency multi-sector needs assessment (JMSNA) in 2018 showed that on average, refugee hosting sub-counties were accessing 16 litres of water per person per day (lpd)[4].
- More than 1,965 children were reached by UNICEF partners with key life-saving and behaviour change messages on public health risks. Awareness on handwashing appears to be relatively high among refugee households as per the 2018 JMSNA, with 77 per cent reporting washing their hands after defecating, 76 per cent before eating and 56 per cent when hands are dirty.
- The distributed nutrition commodities and supplies ensured that all the refugee hosting districts continued to receive services and did not stock-out during periods of fluctuating populations. According to the 2017 Food Security and Nutrition Assessment (FSNA), the prevalence of Acute GAM remained within the acceptable standard in settlements hosting refugees. However, a nutrition screening of new Congolese arrivals in 2018 through Mid-Upper Arm Circumference (MUAC) measurements showed that both GAM and Severe Acute Malnutrition (SAM) were above emergency thresholds, at 11.2 per cent and 2.5 per cent respectively, and may require additional attention.
- The secondment of a Planning Analyst in Uganda's CRRF secretariat to contribute towards broader risk informed programming.

Challenges: Several opportunities remain for improved social service provision while integrating humanitarian and development work. Firstly, there is a complete lack of integrated water resource management, with developments in the settlements often failing to consider the larger catchment

[4] Joint Multi Sector Needs Assessment- Identifying humanitarian needs among refugees and host community populations. August 2018. UNHCR, OPM, REACH Initiative

area for planning and programming. Secondly, there is a need to harmonise approaches in the implementation of WASH programmes in the settlements and refugee-hosting districts. Service delivery modalities in the settlements are structured around humanitarian principles and do not consider tariff policy or transition plans for operation and maintenance. It is essential that WASH initiatives are in line and coordinated with District Development Plans (DDPs) and Catchment Managements Plans (CMPs). There is a need for a shared knowledge management platform to help partners deliver services in line with government frameworks and priorities. Enforcement of statutory policies and regulations from the MoWE remains weak. Thirdly, the lack of a harmonised and context-specific behaviour change communication strategy for hygiene awareness initiatives continued to slow down adoption of positive hygiene practices among refugees. Lastly, more efforts are needed to enhance targeted supplementary feeding programme, skills training for health workers in IYCF practices in emergencies, and to expand the use of the newly introduced vaccine into the routine immunization. Preventive approaches to address acute malnutrition and micronutrient deficiencies are needed to complement the existing curative measures[5].

Criticality and Value Addition:
Supporting the development of national and local systems and capacities to reduce vulnerability to shocks: Uganda has demonstrated a progressive and proactive approach to responding to humanitarian crises. This is based on the development and strengthening of national systems and capacities to respond to multiple crises while simultaneously ensuring that the development agenda and trajectory is sustained. This grant support was catalytic and facilitated UNICEF support for strengthening local capacities for adapted health, WASH, nutrition and other services delivery in refugee hosting districts.

Basic service delivery and policy support through the Comprehensive Refugee Response Framework (CRRF): Together with the Ugandan Government, UNICEF delivered social services to both refugees and host communities. In early 2018, an agreement was reached by the Office of the Prime Minister (responsible for refugees) and Ministry of Local Government to co-convene the CRRF secretariat, with strong participation of sectoral line ministries. Such efforts are expected to ensure greater harmony between humanitarian interventions and national planning and budgeting processes. UNICEF Uganda and partners have a unique opportunity to invest and operationalise the humanitarian-development continuum through the CRRF and its related Global Compact. At sector level, UNICEF engaged in policy work towards the integration of refugees in sector plans. For example, with support from UNICEF and other sector stakeholders, UNICEF supported a process to finalise a costed plan for the health sector.

Leveraging partnerships to strengthen systems: Together with the United Nations Country Team and the World Bank in Uganda, UNICEF supported the Government's STA to develop a ReHOPE strategy within the overall framework of the CRRF. UNICEF has strengthened engagement with the East African Community (EAC), which most recently organized a round table on Protection of Refugee Children in April 2018, where six EAC Partner States (Burundi, Kenya, Rwanda, South Sudan, Tanzania, Uganda) and Ethiopia attended and committed to take practical steps for the inclusion of refugees in national systems. UNICEF continues the unique stand-by partnership agreement with URCS which was activated more than five times to support government-led responses during disease outbreaks, escalation in refugee arrivals and responses to other shocks.

Moving Forward: UNICEF will continue to highlight the devastating impact of violence and displacement on the lives of children, adolescents and women and use evidence to influence regional

[5] Uganda Refugee Response Plan 2019 to 2020

and global efforts to promote peace in neighbouring countries, as well as reduce vulnerabilities and accelerate results for all affected children and their families.

Acknowledging that refugees are hosted in districts which are already among Uganda's most deprived, UNICEF will continue to work with government and partners to strengthen systems for integrated service delivery in border regions that can benefit both host and refugee populations. This will be done through taking a collaborative and integrated approach in planning and implementation of responses to refugee arrival and hosting, along with adequate investment in the related information systems. Within the context of CRRF, UNICEF will work with government and other partners towards the inclusion of refugees in national and local government planning and budget cycles. UNICEF will continue to advocate for multi-year funding to enable implementation of this approach.

While committed to the development of national systems and capacities, and recognising that cyclical climate-related shocks and the continuing insecurity in neighbouring countries, UNICEF will work with government and partners to build resilience and capacities of local and national systems, and structures. UNICEF will continue to promote evidence-based decision making for better programming to alleviate the burden of poverty and vulnerability on children and women. These efforts are also expected to enhance national preparedness, response and advocacy for effective public investments.

E. Assessment, Monitoring and Evaluation

Implementation of humanitarian activities was in accordance with the overall UNICEF management arrangement as agreed with the government. The activities were aligned to the Annual Work Plan and the existing monitoring system. Monitoring systems included Programme Quality Assurance, Financial spot checks and routine Level-3 monitoring of key humanitarian indicators. Depending on the extent of capacity limitations, UNICEF entered into a partnership agreement with relevant non-governmental organizations (NGOs) for implementation, monitoring and evaluation. Timely liquidation of funds by implementing partners was made possible through direct cash transfers (DCT), with monitoring both by UNICEF Country Office and partners, and the involvement of UNICEF District Programme Officers who conducted daily interactions with district authorities.

During the Country Office midterm review of the country programme implementation, recommendations specific to the refugee response were formulated for future actions, to improve the programme's effectiveness and capacity to achieve planned results for children affected by emergencies. The recommendations are:

1. *Leverage resources for refugees and host communities:* Strengthen evidence-informed advocacy for inclusion of refugees in district and national planning and budgeting. Develop evidence and analysis and engage with the ministries of finance and local government, sector ministries of health, education and labour and OPM to leverage increased resource allocations to districts, to respond to refugee and host community service needs as per the CRRF framework.

2. *Guidance for integrated development and emergency planning:* Support national authorities to provide guidance to integrate potential refugee numbers and needs within national and district plans. Immediate priorities are to a) finalise and operationalise the Integrated Health and Nutrition Response Plan for Refugees and Host Communities; b) expand/revise the adolescent strategy to include adolescent refugee needs; and c) advocate for the inclusion of child protection in the CRRF framework and develop a child protection plan for refugees and host communities linked

to the National Strategy to End Child Marriage and Teenage Pregnancy, and the Alternative Care Framework and Action Plan.

3. *Integrated district planning and implementation:* Further strengthen the consistency and rigour of UNICEF support for district planning, implementation, coordination and accountability processes that integrate refugee and host community needs. This includes exploring opportunities to operationalise the integrated education and health plans and guidance on adolescents, ECD and child protection as these initiatives are rolled out in humanitarian contexts. Attention needs to be devoted to getting and keeping children in school, ensuring safety of children in communities and schools, protecting children from violence, ensuring adolescents' access to essential health services (including sexual and reproductive health care) and increasing resilience through vocational training and employment preparedness.

4. *Preparedness planning*: Support district preparedness to plan and respond to disease outbreaks, natural disasters and rapid changes in refugee flows by supporting districts to develop risk-informed multi-hazard preparedness plans and to integrate these, as much as feasible, within district plans and budgets – as per the CRRF Roadmap 2018–2021. Consider mechanisms to strengthen UNICEF's immediate initial response capability, including the establishment of a crisis response fund, stand-by PCAs with implementing partners and internal surge rosters etc.

5. *Community accountability*: Explore methods to apply and scale up the Accountability to Affected Populations (AAP) approach to build community-local government linkages, guide responsive district and sub-district planning and budgeting, and build transparency and accountability.

6. *Emergency response tracking and reporting:* Strengthen national and district capacities and systems to monitor and report humanitarian responses. This includes the tracking and reporting of UNICEF investments in CRFF/ReHoPE by district and programme area (CSD, BEAD, Child Protection), showing UNICEF's combined humanitarian and development contributions, and clearly linking results with resources.

7. *Resource mobilisation:* Ensure a more aggressive implementation of the resource mobilisation strategy, focusing on critical gaps of the refugee and humanitarian response.

UNICEF Uganda utilised innovations in its humanitarian action including U-Report which is a free short message service for refugees to voice their opinions and concerns. The U-Report was used to report deaths, the breakdown of equipment, gender-based violence, corporal punishment, as well as to ensure that the voices of displaced populations are amplified, heard and incorporated into the national dialogue. The URCS action team continues to use U-Report which has expanded the reach and ability to report hazards in local areas. The mTrac system was used to strengthen health systems and services to track stock-outs and reporting health indicators.

F. Financial Analysis

UNICEF required US$ 66,119,117 in 2018 to effectively support the GoU's efforts to reach children, adolescents and women affected by multiple shocks across Uganda: including the preparedness and response to the imminent threat of Ebola; the increasing influx of refugees from the DRC and South Sudan; as well as other humanitarian needs.

Thanks to generous contributions received from humanitarian donors, UNICEF's 2018 HAC appeal was 43 per cent funded.

UNICEF is grateful to the United Nations Central Emergency Response Fund (CERF), the UK Department for International Development (DFID), the United States Agency for International Development (USAID), the European Commission (ECHO), the United Kingdom Committee for UNICEF, the United States Fund for UNICEF and the Belgian National Committee for UNICEF for the generous contributions received in 2018.

Considering UNICEF Uganda's approach to strengthen government systems and the capacities of communities to respond to the refugee crisis and other humanitarian crises, the availability of predictable multi-year funding is very important. During the last few years, this support has helped to ensure UNICEF's delivery and support of life-saving interventions, and longer-term programmatic shifts that support the strengthening of national and local systems for the most vulnerable girls, boys and their families.

Table 1: 2018 Funding Status against the Appeal by Sector (Revenue in USD)

Sector	Requirements	Funds available Against Appeal as of 31 December 2018*		% Funding gap
		Funds Received in 2018	Carry-Over	
Nutrition	9,581,550	2,230,714	849,699	68
Health	15,268,014	2,720,623	1,285,334	74
Water, sanitation & hygiene	13,093,000	3,639,531	2,032,783	57
Child Protection	8,550,013	2,271,933	648,300	66
Education	17,712,664	2,644,056	9,702,059	30
HIV and AIDS	1,913,876	369,015	0	81
Total	**66,119,117**	**13,875,872**	**14,518,175**	**57**

** Funds available includes funds received against current appeal and carry-forward from previous year.*

Table 2: Funding received and available by donor and funding type

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2018		
a) Thematic Humanitarian Funds		
See details in Table 3	SM/18/9910	**1,008,964**
b) Non-Thematic Humanitarian Funds		
The United Kingdom	SM180424	5,528,877

United Kingdom Committee for UNICEF	SM180383	1,341,199
European Commission / ECHO	SM180202	1,234,568
United States Fund for UNICEF	SM180572	980,000
Total Non-Thematic Humanitarian Funds		**9,084,643**
c) Pooled Funding **(i) CERF Grants: 3,782,265** **(ii) Other Pooled funds** - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc		
CERF - UNOCHA	SM180102	2,100,000
CERF - UNOCHA	SM180043	1,086,717
CERF - UNOCHA	SM180118	595,548
Humanitarian Response Fund		0
Total Pooled funding		**3,782,265**
d) Other types of humanitarian funds		
Example: In-kind assistance (include both GRANTs for supplies & cash)	KM/18/xxxx	0
Total humanitarian funds received in 2018 (a+b+c+d)		**13,875,873**
II. Carry-over of humanitarian funds available in 2018		
e) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM/14/9910	**849,953**
f) Carry-over of non-Thematic Humanitarian Funds		
United States Fund for UNICEF	SM170639	5,807,407
The United Kingdom	SM160630	3,070,797
United Kingdom Committee for UNICEF	SM170647	1,896,480
European Commission / ECHO	SM170245	1,274,215
Japan	SM170328	1,098,174
USA USAID	SM170157	454,476
Belgian Committee for UNICEF	SM170216	66,673
Total carry-over non-Thematic Humanitarian Funds		**13,668,222**
Total carry-over humanitarian funds (e + f)		**14,518,175**
III. Other sources		
Example: Regular resources diverted to emergency		
Example: Regular resources set-aside or RR for unfunded OR used for emergency		
Example: EPF if not reimbursed by 31 Dec 2018**		
Total other resources		**0**

Table 3: Thematic Humanitarian Contributions Received in 2018

Thematic Humanitarian Contributions Received in 2018 (in USD): Donor	Grant Number[6]	Programmable Amount (in USD)	Total Contribution Amount (in USD)
Allocation from global Thematic Humanitarian*	SM189910	1,008,964	1,008,964
Total		**1,008,964**	**1,008,964**

G. Future Work Plan

In 2019 and 2020, UNICEF will continue to support the implementation of durable solutions to the chronic displacement in Uganda, in line with the country's Refugees and Host Population Empowerment Strategic Framework, Settlement Transformation Agenda and Comprehensive Refugee Response Framework.

UNICEF will support the GoU to adapt its nutrition, health, water, sanitation and hygiene, child protection, education and social protection systems to humanitarian situations. Using a decentralised approach, UNICEF will strengthen its humanitarian response, including by localising capacity building, monitoring and reporting, and procuring essential equipment and supplies. Community based support will improve the delivery of targeted protection and basic services for affected children and adolescents. UNICEF will work with the government and partners at the national and sub national levels to strengthen multi-year planning processes to leverage domestic and international resources for at-risk communities. The government's contingency planning and response efforts will be supported to mitigate the effects of disease outbreaks and natural disasters. In high-risk communities, applying and scaling up existing civic engagement platforms, such as U-report will promote accountability to affected populations, build linkages between communities and local governments, and guide responsive district and sub-district planning and budgeting. Gender, HIV and AIDS, conflict sensitivity and communication for development programming will be mainstreamed into all interventions.

In line with the multi-year inter-agency 2019/2020 integrated refugee response plan for Burundi, DRC and South Sudan, including the disease outbreak and natural disasters preparedness arrangements, UNICEF requires US$ 51.8 million in 2019 and US$ 47.3 million in 2020. This will enable UNICEF to realise the rights of children, adolescents and women affected by the refugee influx, increasing incidences of communicable disease outbreaks and climate related shocks, as shown below.

With more predictable multi-year funding, UNICEF will strengthen the preparedness and response capacities of communities, districts and line ministries, and adapt systems to peacefully integrate social service delivery for chronically displaced refugees and their host communities. UNICEF will facilitate direct support to the GoU to bridge central and district level planning and budgeting.

Funding support will provide infrastructure, equipment and supplies and strengthen overwhelmed basic services in health, WASH, education and child protection, to provide much needed support to unaccompanied and separated children. The preparedness responses will be critical to containing Uganda's continuing nutrition crisis and disease outbreaks. Funding will contribute to essential services for women, men and children suffering from the effects of the long dry spell, as well as those facing the risk of disease outbreaks. Basic supplies for primary education are also urgently needed to sustain children's right to education, especially among the large displaced population.

UNICEF Uganda Humanitarian Indicators 2019	2019 Targets
NUTRITION	
Number of children aged 6-59 months who received vitamin A supplementation in semester 1 and 2	745,074
Number of children aged 6-59 months affected by severe acute malnutrition admitted for treatment	22,278

EDUCATION	
Number of children accessing formal or non -formal early childhood education/pre-primary education	108,704
Number of children accessing formal or non-formal basic education	75,763
HEALTH	
Number of boys and girls immunized against measles	489,866
Number of people reached with key health/educational messages	1,963,705
WASH	
Number of people accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene	197,000
Number of people accessing appropriate sanitation facilities and living in environments free of open defecation	255,100
HIV/AIDS	
Number of positive children continuing to receive antiretroviral treatment	3,433
Number of HIV-positive pregnant women receiving treatment to prevent mother to child transmission	942
CHILD PROTECTION	
Number of children registered as unaccompanied or separated receiving appropriate alternative care services	7,368
Number of children benefiting from psychosocial support	47,824

H. Expression of Thanks

UNICEF wishes to express its deep gratitude to all donors for the contributions that have made the current response possible.

UNICEF would especially like to thank donors who have contributed un-earmarked funding, which gives UNICEF essential flexibility to direct resources towards the most urgent needs and ensures the delivery of life-saving supplies and interventions to where they are needed most. UNICEF is also very grateful for multiyear grants provided by donors. Longer-term and predictable funding has played a crucial role in strengthening preparedness and resilience of affected communities.

Continued donor support will be critical to continue scaling up the response in 2019 and 2020.

Annex 1: Human Interest Stories and Communications

How UNICEF integrated ECD Centres and Child friendly Spaces are healing South Sudanese refugee children

South Sudanese refugee children play at the UNICEF-supported child friendly space in Yumbe District

By Catherine Ntabadde Makumbi

It took five-year-old, Mary Imani, a year to stop dreaming about the gun shots she had experienced in South Sudan. This was after she enrolled at an integrated early childhood development (ECD) and child friendly space Centre in Zone 1, Bidibidi Refugee Settlement in Yumbe District.

In August 2016, Imani, her parents alongside four siblings ran at night from their home into bushes after gunshots were fired at their house. This experience did not leave Imani, the last born of four, the same. "When we came here in 2016, every night Imani would shout in her dreams, do-do-do, the sound of the gunshots she heard. She was always in fear. It took us a year for her to normalize and heal. She is now well," says Joyce Opani, Imani's mother.

Opani attributes the healing to a Bright Integrated ECD and child friendly space Centre which is a stone throw away from her home. At the Centre, Opani says play therapy has been a major contributing factor to healing her daughter.

"She enjoys singing, dancing and playing and teaching others how to count, multiply and mention alphabetical letters. At school the Caregivers encourage us to play with our children at home. The situation is good now. Imani has forgotten what we went through and she easily interacts with friends and neighbors," she says. Opani says she plays with her children while at home.

Bright Centre with a population of 515 pupils, is one of the 30 UNICEF-supported Centres in Northern Uganda providing integrated early childhood development, child friendly space and accelerated learning services to refugees and host communities. The Centres are funded by UKaid and services provided by Plan International.

The head teacher of the Centre, Jamila Shida says when it was opened in 2016, she noted several traumatized children. "When a child isolates themselves, refuses to play and is always by themselves, you know there is a problem. We always encourage them to play and interact with other children. We have seen what play can do to transform their lives," Shida explains.

Shida notes that the school has a variety of play materials which keeps the children busy, active and are able to forget their sorrows. "At the Centre, whereas children are from different tribes in South Sudan, we encourage integration and they all play together. We recently learnt how to use local available materials to make play items. We comfort them as they come," she adds. The popular games at the Centre ae skipping ropes, sliding, swings and moulding according to Shida.

Boniface Wani, four-year old, says the Centre is "very nice because it has a variety of play materials." Through play, Wani says he has forgotten about the bombs, running through the bushes and all the scary experience. He attends the Centre with his 3-year-old sister. "I play as many times as I want. At home I also play," he says.

At the Centre, children are given an hour's break time to play and enjoy a simple meal. Jamila Ademun, ECD Officer for Plan International says the children at the Centre play freely and have fun. They live a happy life and their skills are developed. They can now hug each other after completing a game which was not the case before. The children used to fight a lot," she says.

Ademun notes that the integration of services in all the 30 Centres has promoted socialization and development of values in children. The Centres provide early childhood development care services, psychosocial support, protection issues, music, dance and drama activities, menstrual hygiene management sessions, parenting sessions where parents are taken through the key family care practices and how to engage in talk and play with their children.

With funding from UKaid, UNICEF through its partners is promoting the increased access to integrated child protection and early childhood care, development and positive parenting services to stimulate early learning and recovery of children from war related stress disorders.

Azabo Abubaker Abasi, 55-year-old, a national of Twajiji village, Bidibidi Parish, has a 6-year-old son in the Centre. "Before the Centre was opened, our children were always at home. They never used to go to school. This Centre opened our eyes. Through the Centre, we are able as a community to have access to services like water, hygiene promotion and knowledge of growing vegetables to feed children a balanced meal," he says. The Centre opened in 2016.

He is very grateful to the knowledge imparted to their children by the ECD Caregivers.

UN CERF and UNICEF supporting effective vaccine management to reach every child

Francis Habyaremye, EPI Focal Person, Bujubuli Health Centre III, prepares vaccines before the immunisation session at the Health Facility.

By Proscovia Nakibuuka Mbonye

It is an early start for Yakobo Kahesi, Emergency Health Coordinator, Africa Humanitarian Action, at Bujubulu Health Centre III, Kyaka II refugee settlement in Kyegegwa District. Mothers with their children, fathers, adolescents, pregnant women, enter the health facility, majority refugees from the Democratic Republic of Congo (DRC). Many of these are children who constitute 40 per cent of the total population in the refugee settlement.

It is immunization day, a service offered daily, to protect children from highly contagious and deadly diseases. On a single day, about 110 children – both refugees and those from host communities - are immunized against polio, measles, diphtheria, pneumonia, whooping cough, among other diseases. Women are also receiving tetanus shots at the immunization shelter. It is a busy corner.

UNICEF response

Following the massive refugee influx from the DRC in December 2017, there has been a 70 per cent increase in the population seeking health services at Bujubulu Health Centre III. The number of children and women seeking immunization services also shot up drastically, demanding for more vaccines and improved storage.

UNICEF with financial assistance from UN Central Emergency Response Fund (UNCERF) and UKaid have supported the procurement of life-saving vaccines and the cold chain system for effective vaccine management.

According to Kahesi, stocking vaccines alone is not enough. If they are not kept at the right temperature, in the right places, they will not be able to save children's' lives. "The cold chain support package means we will not only have vaccines, but also be able to store them very well. This means that our vaccines are kept at the right temperatures – between 2 and 8 degrees celicius or else they get spoilt."

The cold chain support package included a solar powered refrigerator complete with solar panels, vaccine carriers, ice packs and motorcycles. Unlike the old refrigerators, the new UNICEF-provided refrigerator has an innovative and special feature known as a fridge tag which measures and displays the minimum and maximum temperatures at once, and is easy to read and interpret. In addition, it also records and stores temperatures for several months in case comparisons in vaccine temperatures need to be made. The Health centre now has a complete cold chain room where the materials are stored and monitoring of temperatures done.

Kahesi confirms that before the investments in the cold chain, the health centre relied on refrigerators powered by electricity and gas which was very unreliable. "With the frequent power cuts, we often used ice packs to store the vaccines, which sometimes compromised the temperatures when the packs melted. We sometimes transferred the vaccines to other health centres with electricity which was very cumbersome. Many vaccines would change in colour, hence losing their effectiveness which caused losses and shortages. This greatly affected the immunization services and campaigns."

To support the monthly outreaches, especially for the hard-to-reach areas, Kahesi and his team also ensure the vaccines dispatched are stored at the right temperatures and transported in a timely manner. They utilize vaccine carriers that are stacked with ice packs and ensure the vaccines are used within 6 hours from dispatch to utilisation, otherwise, they lose their potency. The UNICEF-provided motorcycles are supporting the transportation for timely delivery of vaccines.

Kahesi always supervises the loading and dispatching of the vaccines for outreaches to ensure no mistakes are made. This he does, to ensure that vaccines reach every child, in the right condition, regardless of where the children are. "Once the temperature of the vaccines is altered, they become poisonous to the recipients and in this case, children and women," he emphasizes.

With the UNICEF interventions, Kyegegwa and the other districts hosting refugees in Western Uganda are boasting of a better and well maintained cold chain system. "We have a fridge that is always functional and enough vaccines, no shortages and this has ensured that our beneficiaries receive the vaccines they need at the right time." Kahesi brags.

What is cold chain management

According to UNICEF, the system used for keeping and distributing vaccines in potent condition is called the 'cold chain'. High temperatures or fall in temperatures below zero for freeze sensitive vaccines can cause vaccines to lose their potency – that is, their ability to provide protection against diseases.

Red Cross, UNICEF sensitise communities and schools in Western Uganda about Ebola

Volunteers from Uganda Red Cross conduct house-house sensitization on Ebola.

By Catherine Ntabadde Makumbi

A group of men and women working in a stone quarry in Kyabwire village in Kabarole district take time off to listen to Uganda Red Cross Society (URCS) volunteers who are conducting house-house sensitization about Ebola.

After the sensitization exercise, Mary Munihizi explains that through the sessions, they have learnt about Ebola transmission, how to prevent it, the signs and symptoms of Ebola Virus Disease. Munihizi demonstrated to his workmates the process of washing hands. "We were told not to eat dead animals. If we come across a suspected case, we were told not to touch the person but instead notify the authorities," she says.

Ibrahim Posumbiri, an herbalist in Mirami I village, Kasese District, says he treats about 20-30 people in Uganda and DRC daily and appreciated Red Cross for the house-house sessions which have equipped them with knowledge on Ebola prevention.

He threw the audience comprising men, women and children into laughter when he requested for a thermometer and very long gloves that cover the entire arm. "I want a thermometer so that I detect the temperatures of all those people that come to me. But even without the thermometer, I am now able to look out for signs and symptoms on my patients because Red Cross has been teaching us about Ebola," he says with a smile.

Supported by UNICEF with funding from UKaid, URCS is educating the communities in Western Uganda about the dangers of Ebola, how its transmitted and prevention methods including effective hand washing. This is done through household visits, sessions at schools and entry points, music, dance and drama, and community dialogues.

The risk communication and social mobilisation, water, sanitation and hygiene interventions are part of UNICEF's support to government's Ebola preparedness and prevention efforts.

During the sessions, communities are provided with Information, Education and Communication (IEC) materials and are encouraged to disseminate the information to neighbors and relatives they visit in Democratic Republic of Uganda. Members of the community are also given an opportunity to ask questions which are responded to by the Red Cross volunteers, sub county and district health teams.

Nathan Mugisa, a Red Cross volunteer in Mirami 1 Village, Kasese says on average, they conduct sessions in 25 households.

Franklin Nyakojo, the Karangura Sub County Chief in Kabarole District noted that the communities are very receptive and are willing to learn. "Karangura is a high-risk area. We are bordering Congo and near a national park (Rwenzori Mt. National Park). These community interventions including messages aired on radio have raised awareness about Ebola and our communities are alert," says Nyakojo.

At a community dialogue in Kazingu Trading Centre, Karangura Sub County, Boniface Bakamwenga told the meeting that they were cautioned against shaking hands to avoid contracting diseases including Ebola and advised to always wash their hands with soap.

Moses Maate, Vice Chairman Mirami village in Kasese revealed that, "Some of our people are eating meat from the parks. We have told them to stop eating dead animals, birds."

In Nyakibira Village, Arugongo Sub County, Kabarole district, communities have formed a music, dance and drama (MDD) group to sensitise the masses about Ebola. The group has composed songs, poems and plays that depict messages on dangers of Ebola, transmission and prevention including how to handle suspected cases. The drama group also demonstrates how to burry a community member who has died of Ebola.

"We realized in some places, the IEC materials are removed so we reactivated the drama group to educate our people. The group was reactive after I was trained by Red Cross on Ebola," says Grace Safari, a community member that started the drama group. During community performances, the instruments are played by Congolese who live within the community. The instruments are borrowed from Kiswa Church of Uganda.

Dennis Mwesigye, URCS Kabarole Branch Manager appealed to community members that attended the MDD sessions to pass on the knowledge to those that were not in attendance. "Through MDD, we have seen our community change their behaviours. This drama group will be moving from one village to another to educate more people and also encourage them to participate in the MDD activities," he said.

At Nyabugando Primary School in Kabuyiri 1 Village, Kasese District, Primary 7 pupils demonstrated their knowledge on Ebola by responding to all the questions asked by a team from Red Cross and UNICEF.

Links to Media and External Communication

Human interest stories	**Water, sanitation and hygiene club improves learning environment in a rural primary school** https://www.unicef.org/uganda/media_21992.html **UN CERF and UNICEF supporting effective vaccine management to reach every child** *https://www.unicef.org/uganda/media_21698.html* **How UNICEF integrated ECD Centres and Child friendly Spaces are healing South Sudanese refugee children** *https://www.unicef.org/uganda/media_21697.html* **"I almost lost my 2-year-old to malaria and anaemia"** *https://www.unicef.org/uganda/media_21696.html* **UNICEF nutrition support saves baby Rita, enriches mother's knowledge on better feeding practices** *https://www.unicef.org/uganda/media_21695.html* **Refugees and host communities commend improved health workers' attitude in Northern Uganda** https://www.unicef.org/uganda/media_21509.html **70 per cent of refugees in Imvepi Settlement have latrines** *https://www.unicef.org/uganda/media_21471.html* **VHTs lead to increase in demand of health services in Northern Uganda** *https://www.unicef.org/uganda/media_21470.html* **Northern Uganda: Deliveries and ante-natal care attendance at health centres shoot up** *https://www.unicef.org/uganda/media_21469.html* **"Our water is enough"** *https://www.unicef.org/uganda/media_21464.html* **My children rarely fall sick because of immunization** *https://www.unicef.org/uganda/media_21463.html* **For baby Gilbert and other babies, breast milk is no ordinary food** *https://www.unicef.org/uganda/media_21436.html* **61per cent of Congolese refugees crossing into Uganda are children** https://www.unicef.org/uganda/media_21244.html **Hundreds of unaccompanied and separated Congolese refugee children enter Uganda** *https://www.unicef.org/uganda/media_21299.html* **Cholera outbreak further stresses the DRC refugee Influx response** *https://www.unicef.org/uganda/media_21357.html* **John and family are hopeful even after displacement from DRC** *https://www.unicef.org/uganda/media_21300.html*

Videos	**SIDA and UNICEF support helping mothers survive and babies breathe** https://youtu.be/0tC919Ltx_g **Government of Japan and UNICEF support for improved immunization in Northern Uganda** https://youtu.be/40IqUxWISD8 **Government of Japan and UNICEF-supported sustainable water system** https://youtu.be/RFsaBXaL5DI **Early Childhood Development Centres transforming lives in refugee hosting districts** https://youtu.be/ukW_JVIg2Ug **Voices of South Sudan refugee children and women in Uganda** https://youtu.be/zMXQBZ7XylE **Water pump stations bring safe water closer to refugees and host communities** https://youtu.be/BWigA8ZNFfA **Training of health workers improves delivery of immunization services** https://youtu.be/8Cq7nnQYl8A **UNICEF with support from UNCERF boosts hygiene promotion in Kyaka II refugee settlement** https://youtu.be/wTwP3ADhnqQ **UNICEF reaching Congolese refugees and host communities with immunization services** https://youtu.be/MaAGU4HhjVo **Localising the production of toys for children's play and learning in Bidibidi refugee settlement** https://youtu.be/AOVEb5ml4tE **Preventing and treating anaemia with Micro Nutrient Powders (MNPs) in Northern Uganda** https://youtu.be/Vz8GfQailfw **Integrated Early Childhood Development Centres heal traumatized refugee children** https://youtu.be/cI8GJiStqt8

Photo Essay	UNICEF supports Ebola preparedness in Uganda https://www.unicef.org/uganda/21346.html
Blogs	**Improved cold chain management: UNICEF reaches children with life-saving vaccines** https://medium.com/@UNICEFUganda/improved-cold-chain-management-unicef-reaches-children-with-life-saving-vaccines-39e1f25f55cf **A young refugee promotes good sanitation and hygiene to curb diseases** https://medium.com/@UNICEFUganda/a-young-refugee-promotes-good-sanitation-and-hygiene-to-curb-diseases-feff26cde52
ICON	*https://icon.unicef.org/iconhome/Pages/FullStory.aspx?Title=LinkTitle&List=1699371f-2b32-4333-bdd7-6cc9397808b1&Fulltext=Full_x0020_Text_x0020_of_x0020_S&ItemID=3041*
Facebook	https://web.facebook.com/unicefuganda/posts/10156250831866448?__xts__[0]=68.ARB_Rg0fnKeo0P89Itz-lc2wfYMHs1dL47L6RlM5KeXplvOdxt1-igNZUtwlv3OMkLZh65PxM_RJW5xfDd3smZn_58bFHOcsAG_MEC4yBJ844LSDulSW9C1j7Ff8Lijwk23rgmEq8dNaWcRSbPPGvqbqjiKzKwd1VeTgDVWvWT49adhAcZHhzSRCazptMOAEVLFUJ_bSy6ssHST5p96KQY-NB2p7JNC-Kxe1t_LbWaqOZiczqDdCpcGK5mVizVSHIwdqE-otw_yTa3l78vKtqldDbj19mbmDREuhMD1lQrrYD8i7eKssKROe8IigxF9j-m3aqGJA7sWCFhyXHGtD&__tn__=-R https://web.facebook.com/unicefuganda/photos/a.180805626447/10156248774801448/?type=3&theater https://web.facebook.com/unicefuganda/photos/a.180805626447/10156248700576448/?type=3&theater https://web.facebook.com/unicefuganda/photos/a.180805626447/10156246742936448/?type=3&theater https://web.facebook.com/unicefuganda/posts/10156240101371448?__xts__[0]=68.ARBBe1wnchg0LZLZz9vwBaLx_h5hbvawEBf5wQGdz0j518xMRepzCMS7t31VcHZnlcS__SowxzQGAuOQc2qipUZDLeQr6cAZH195N4bZPbYnnWtPDHSfQJc-lfxmuzAZWOx6pUCK4aM-5-XWaIQWNkQ2CKSvAA0snMbv6mXiZVabDsGsAFwCn0AAYsb8tFXBDbrI-8WVsj8Gb8XddGCRPDI1YhXcdXaJpPTmQ98yHgSqoQmVEpm6d4eZU1Mxk5f7272xtn5ICxHD7OKJAorbaskLEC2CHJmCFvCSnMnhgDGU7X-FaOUrHX2qH9E7_TbeW3Jr89zQgOR1gWNyurtI&__tn__=-R https://web.facebook.com/unicefuganda/posts/10156238262191448?__xts__[0]=68.ARA_13iayxfZb_bp72PWHZOpJ8FUhRRN5FxN8-vNIEdDQ_X5Kcs_RQBY2Ib6EaZaELbPrtOYCz3EcmpBFTUfiAz3shsIJL55H_e7zqVuxqLQlpHQUljbL3gavt0jOK3pT3G_UGqkUSkr7px3_C_70Royrsgzpb-9WWme0-PkuyEljcD2JFiQCDqH2i8baBQL5thN4wcCndX-H6ZkAX8aTnrXJm9Y5-YKxcUicXOIoAMTaHqDKQ6lg4vKrp8zJOzL6MnU-2Wuuin1xXwOR9Lc1iEoRomxr_L3FgDapAL8ZGW61obXFQcBsOO1nasOu_vW0fzlGXhABTVLqPZtJVTP&__tn__=-R https://web.facebook.com/unicefuganda/posts/10156203195841448?__tn__=-R&__m_async_page__=1&_rdc=10&_rdr

	https://www.facebook.com/unicefuganda/posts/10156238262191448?__xts__[0]=68.ARCYKu9ewC9xliDwsn3XVvGo6OuU3DlBTQwer3iuxhavbzM2H6iLvb3rS7gdajcCS2B6nPtp7hE2rujopIPfPCTn8qyq7OJZCseuRzPG2EWufFJDkj8ZNyX9eSin8hixjFGh37669C5bd8SOLLSbrgn6nNsUgCt_g-JLGXJr28PLHIPnOb15rxoJqalcFmN1fGUs1CWS-IckyEfnwcoUNLcpGQSqAbgByz7zHYZPuwRDIvJUPKAKy2ycRgiItcMixtjpl3L8P5iNZpClCNSE5CCPlQRy8XsZ7Ao3MI6-TfrHNl7Bxfg8eI8V-LX2eJUKa7NNI2FETRm20ZlVe_J5&__tn__=-R https://www.facebook.com/unicefuganda/posts/10156238221766448?__tn__=-R https://www.facebook.com/unicefuganda/posts/10156236460666448?__xts__[0]=68.ARDXqcOutDgJjKmtTb6qSqD7NWnw_C5fYrIoZ8rdN5po1DCbIsrqETTTDhVOytigTbtCg1K3rOHidMK0pERXLunoMvOcaPeUJR59VptN7hPKl34Jonxoei54g39LrPPep6rPfSuWHpMWNsWgeTHQHJyXHIOynErjWBpxQ8wOa4re-o5LmSFXr9p25MV2O9m-O4kg_w8CAauxT0XCtkoLRNsOZzx3qG6RJdtyB7yxMOyEb1D4cbLMF1nrY3mk6EEaVoU1kRI8F6uyOP0tqkJ0RMqVhH_oZtSstQRfT_ZlbrINduUdq6ht11-5cldwvQ7FL-q4OapD1IeuJXCWlONN&__tn__=-R https://www.facebook.com/unicefuganda/photos/a.180805626447/10156236459451448/?type=3&theater https://www.facebook.com/unicefuganda/posts/10156195446366448?__tn__=-R https://www.facebook.com/unicefuganda/posts/10156070739051448?__xts__%5B0%5D=68.ARAdThVZRd-d4krmTmA1Kg5iIsE13GpO49r2rQjIFjcDg8hDfrwXRS1FP_i2Q2L4prjPmWkGRH7NnE3vs-Lsd5utmxH5YqrTCZ1sLh0Bh8LEEbVCxVbLaJtXULPd9khiJ_AEJpVCflu7Qal-E6BrstQSWK2stwwowFWQ-Ty1ns8Msw1oBjDR8mq1QOPsaLSxYzVtbEUvTqplGarpSYpjyAiM4xisufoKI3wIKGWKjPnjRpsC38IR-wh0oQa37QhQZmnRD6G8XR7eLI48_WG_DBRGaW5RIME7n4gN7x5Yftb_LbPiZWJ3gogySHe4U4m9wN4ee-cBdZ7CPe6o3obM&__tn__=-R https://www.facebook.com/unicefuganda/photos/a.180805626447/10156070734581448/?type=3&__xts__%5B0%5D=68.ARDv6tH-4nbF4RaqTg-F8X_-e1sa6jzF8r9iy2BpRRyzY2lb238Pc1w-CgnkmtZxxtnyPOQMPAxcLCC2Qv2LwF826HhNQSuVj0is0XmjnIeX1WQGDb30oWo2Wda1xkUOO-8GM-qi2CspWkF_a561eXwhbSomQtCN0fM5FSI2xjAfh0cggMULqBYfFGNPmB8fG68kYuwHvH0IDQvixVEAvH5LDfzgphrPnZyutVAFFCjk9mZKyx2s8rk8-2IkFrKGVJQ-DXnq31TjT_-m8zJIHSgqWN8mXNA6YwtOmL5cj2QFXLp_S1185qgpaReW3nO1ifY5e7BDTbUaduyRHMqv&__tn__=-R https://www.facebook.com/unicefuganda/videos/286858798796216/?__xts__[0]=68.ARCvZ7OeYa-A_KX-ckC2pLOdGqGFFWQ-VA2slD179dCfWamq7YcCY8sn4o9NphlW5zDjo16Dtl0TGUqjMNAsRUSGrwsnWalupsYDgl-9_68XkXl0G26sA7_KTvt7r_8VJFas1n9aPS6pwEpYUPlMTwr2VhU-6Ujp2h-wTU3EXTB6JZSZIErHfdCwuHa5dZe_vRq24w65Lf3JEtQ_XN34WmJKH7GDcSjABH937ALgi0p3C1aquJLfhhsb78D6hb6ZKIRjO3-_eMnLOyevfG8VNkJ0yZksZwAiOln0qxQj9kwXQfxmUOL5T2w4LtCyiYZM3lWyawZvpTdlT9DhMtjdV5S-9qwfcOk2Bq8Akuki6zESNe7Ctqv78_0rUzJUbX_ECMJZAfs8q89IziJhR3N56Jc25mZzqTFyKImNGJ-QTOE9&__tn__=-R https://www.facebook.com/unicefuganda/photos/a.180805626447/10155963789336448/?type=3&theater

	https://www.facebook.com/unicefuganda/posts/10155961830661448?__tn__=-R https://www.facebook.com/unicefuganda/photos/a.180805626447/10155961829046448/?type=3&theater https://www.facebook.com/unicefuganda/posts/10155961827321448?__tn__=-R https://www.facebook.com/unicefuganda/photos/a.180805626447/10155954370496448/?type=3&theater https://www.facebook.com/unicefuganda/photos/a.180805626447/10155954367646448/?type=3&theater https://www.facebook.com/unicefuganda/photos/a.180805626447/10155954367141448/?type=3&__tn__=-R https://www.facebook.com/unicefuganda/posts/10155954360871448?__tn__=-R https://www.facebook.com/unicefuganda/posts/10155950575226448?__tn__=-R https://www.facebook.com/unicefuganda/photos/a.180805626447/10155950569331448/?type=3&theater https://www.facebook.com/unicefuganda/photos/a.180805626447/10155917646586448/?type=3&__xts__%5B0%5D=68.ARA7uCGxOhsTztZE55jfORJZ4MzxU2gbHVb8XS27p5aeZ_tGtJfmMTaWHidI3E2wVxQ3KqsTDi2a1L7HQwBSqajPnOwnxW2SKFyhUMF2BD4rPzW105tzwSUh-lFcjpen08Y04CkhzMoaqiLV-xINZ1pAu-cAj6CWhzZEAVJTpHta8RqSFD8QFfmtN9Wv876VvDpHlYV4WhDxaSk8ha9SzUZoAFHygPPPdDqE_SXmr6n3uAUdDur3RCHKMLYSBmr1jnLV3R8UXnoiU5GVi4FmY7X-jF_x85EDy3o3XhR-tjZdKVmLmQxntWFgTStA7kOTh--rrAA2uZnI_GDvk-Kt&__tn__=-R https://www.facebook.com/unicefuganda/posts/10155902442186448?__tn__=-R https://www.facebook.com/unicefuganda/photos/a.180805626447/10155902432691448/?type=3&theater https://www.facebook.com/unicefuganda/photos/a.180805626447/10155899848311448/?type=3&theater https://www.facebook.com/unicefuganda/posts/10155899848666448?__tn__=-R https://www.facebook.com/unicefuganda/posts/10155899847296448?__tn__=-R https://www.facebook.com/unicefuganda/videos/10155897199376448/?__xts__[0]=68.ARBJRolJR2btU9c02h29kmqKRZM21if3IOecTa-11PVgx-269vemLEpMwtz8oT1rx4Zwrup5_Ijb7iyU6FX4zWsTS8uBdQiZr833plrfnXIkRXiXr-seim7hdnXqQxzLWjSKNr6g2qht-nC2JUEzMYEAqPT9E4SBUCCKYfVrLWgoiBy6cuGtSCsV7GT4gEbaaRLGiw9tM4o1Xi_y71MGkJFxwxvOxhLEXtu-

	rePSYYoQqUFoiosfRLknCUexVD7vtZZ9qbf6HaMJJTqRl-Gi5NO3OteZPb8Wb1rwiwR2a210aE9ByUGsnHi-qzcG7S7e5cBVNMvR58OGWvkEC8xdapKXGvicDIzs4bUinao3V4IZgEkobkLN23AzKC-e66DED9Qn1XpgCsXkPl9pYnK4zjx0SQsRwwuxu7MTIvemGYwFKyYpsw&__tn__=-R https://www.facebook.com/unicefuganda/videos/10155897197681448/?__xts__[0]=68.ARDTxZi7HyBVHoBsdk5me09gldkS0soK7iymF53rhx2PlPRAaS32M9VCJOI7ajrM7Wih8R3-jVHEaAIG6b9c1DgSTsvFwcZKDnykDQxjmTQXy29QRX1SQJ-JyhxNmzFGUzyJX20Fb4IURADc7Z2XyvrRhKagyeL60Y9_PUF4gUTie3jBggWmayQyvI8UP5cjguuG2zIVzBlwWreugRT_FFYE7l_n8d88WOzG3c5UUlLmrMV_iJg_UsLCn-ZWE-GFcp-eZXwrztSMDFwrUxS8_xrg07T7uuD01Bh9Ly-9rBZHhYgMAzwOq7ep8AfKXexNEI0_mKQ1Ne5Vopt3dygcqt2-9ceAD85yfEzMbwllCK7b4_dPoJ0J44TNN8o-kLyx1pkOWqzUpIJs-9d8Obiz6idbUbRzRVqyshFyP2w3gcJst1B6qw&__tn__=-R
Twitter	https://twitter.com/UNICEFUganda/status/1083653976724307968 https://twitter.com/UNICEFUganda/status/1082931668443451392 https://twitter.com/UNICEFUganda/status/1082931131480199169 https://twitter.com/UNICEFUganda/status/1082728649156001792 https://twitter.com/UNICEFUganda/status/1082713551041515522 https://twitter.com/UNICEFUganda/status/1082603685656576000 https://twitter.com/UNICEFUganda/status/1082512030177918976 https://twitter.com/UNICEFUganda/status/1082351160470786048 https://twitter.com/UNICEFUganda/status/1082184009512296449 https://twitter.com/UNICEFUganda/status/1081271547749371906 https://twitter.com/UNICEFUganda/status/1081260221555789828 https://twitter.com/UNICEFUganda/status/1081124016423878656 https://twitter.com/UNICEFUganda/status/1081122676687687681 https://twitter.com/UNICEFUganda/status/1081066355259047936 https://twitter.com/UNICEFUganda/status/1080924259411738630 https://twitter.com/UNICEFUganda/status/1080916712013234176 https://twitter.com/UNICEFUganda/status/1080909160135430144 https://twitter.com/UNICEFUganda/status/1080901611239526401 https://twitter.com/UNICEFUganda/status/1080894060724928514 https://twitter.com/UNICEFUganda/status/1080786504803328000 https://twitter.com/UNICEFUganda/status/1080786501196226561 https://twitter.com/UNICEFUganda/status/1080786501196226561 https://twitter.com/UNICEFUganda/status/1080773150743375872 https://twitter.com/UNICEFUganda/status/1080771338074230784 https://twitter.com/UNICEFUganda/status/1080740761329696768 https://twitter.com/UNICEFUganda/status/1080547022321545216 https://twitter.com/UNICEFUganda/status/1080539221348237314 https://twitter.com/UNICEFUganda/status/1080531677535858690 https://twitter.com/UNICEFUganda/status/1080384355065827328 https://twitter.com/UNICEFUganda/status/1080384352171839489

	https://twitter.com/UNICEFUganda/status/1080373762158149633 https://twitter.com/UNICEFUganda/status/1073611955909332992 https://twitter.com/UNICEFUganda/status/1073611949575933952 https://twitter.com/UNICEFUganda/status/1052514565693435906 https://twitter.com/UNICEFUganda/status/1052318267010736128 https://twitter.com/UNICEFUganda/status/1052203113539616768 https://twitter.com/UNICEFUganda/status/1052200196283801600 https://twitter.com/UNICEFUganda/status/1047191997147049984 https://twitter.com/UNICEFUganda/status/1047145408751788038 https://twitter.com/UNICEFUganda/status/1047145280674488320 https://twitter.com/UNICEFUganda/status/1034540121247371265 https://twitter.com/UNICEFUganda/status/1034525022101143553 https://twitter.com/UNICEFUganda/status/1034509670449262592 https://twitter.com/UNICEFUganda/status/1034384573533220864 https://twitter.com/UNICEFUganda/status/1034383669555814405 https://twitter.com/UNICEFUganda/status/1034383273743540225 https://twitter.com/UNICEFUganda/status/1034162885390413824 https://twitter.com/UNICEFUganda/status/1034153576795234307 https://twitter.com/UNICEFUganda/status/1034146026746195968 https://twitter.com/UNICEFUganda/status/1034064256440983552 https://twitter.com/UNICEFUganda/status/1034063734535335938 https://twitter.com/UNICEFUganda/status/1034042937775218688 https://twitter.com/UNICEFUganda/status/1033429553476038658 https://twitter.com/UNICEFUganda/status/1033293658005491713 https://twitter.com/UNICEFUganda/status/1033073960299188224 https://twitter.com/UNICEFUganda/status/1033066914636066816 https://twitter.com/UNICEFUganda/status/1032938064581222402 https://twitter.com/UNICEFUganda/status/1032930766940864512 https://twitter.com/UNICEFUganda/status/1032707797794914305 https://twitter.com/UNICEFUganda/status/1032700247833604096 https://twitter.com/UNICEFUganda/status/1032559658920230912 https://twitter.com/UNICEFUganda/status/1032343145269395456 https://twitter.com/UNICEFUganda/status/1032334085312704512 https://twitter.com/UNICEFUganda/status/1032251014156636161 https://twitter.com/UNICEFUganda/status/1032250488543227904 https://twitter.com/UNICEFUganda/status/1027214759085723648 https://twitter.com/UNICEFUganda/status/1025093878028726272 https://twitter.com/UNICEFUganda/status/1025090103582941184 https://twitter.com/UNICEFUganda/status/1025086328227000320 https://twitter.com/UNICEFUganda/status/1024969558073860096

	https://twitter.com/UNICEFUganda/status/1024966287108268032 https://twitter.com/UNICEFUganda/status/1024958737264521216 https://twitter.com/UNICEFUganda/status/1024723939547705344 https://twitter.com/UNICEFUganda/status/1024720165445881856 https://twitter.com/UNICEFUganda/status/1024716393269391362 https://twitter.com/UNICEFUganda/status/1024606919044943872 https://twitter.com/UNICEFUganda/status/1024603144561418241 https://twitter.com/UNICEFUganda/status/1024361553032667136 https://twitter.com/UNICEFUganda/status/1024354006481743872 https://twitter.com/UNICEFUganda/status/1024233211075936257 https://twitter.com/UNICEFUganda/status/1024240755911491585 https://twitter.com/UNICEFUganda/status/1024184851212234752 https://twitter.com/UNICEFUganda/status/1023999163724226561 https://twitter.com/UNICEFUganda/status/1023991615805743106 https://twitter.com/UNICEFUganda/status/1023880002859876352 https://twitter.com/UNICEFUganda/status/1014569534626250752 https://twitter.com/UNICEFUganda/status/1014448735793893376 https://twitter.com/UNICEFUganda/status/1014418594053132289 https://twitter.com/UNICEFUganda/status/1014409927048290304
Instagram	https://www.instagram.com/p/BspjLCVn7Xj/ https://www.instagram.com/p/BsnNoxuHKxy/ https://www.instagram.com/p/BsnNjtLnbza/ https://www.instagram.com/p/BsaqBSinOqP/ https://www.instagram.com/p/BsXaTRHHxGm/ https://www.instagram.com/p/BsVOnfWnoUb/ https://www.instagram.com/p/BsVOaRxHGt9/ https://www.instagram.com/p/BsNFajbnagV/ https://www.instagram.com/p/BsNE__zHZw/ https://www.instagram.com/p/BsLI1owHaLb/ https://www.instagram.com/p/BsLIuven2-5/ https://www.instagram.com/p/BsLIiwEnnxD/ https://www.instagram.com/p/BrhyHxOnOHQ/ https://www.instagram.com/p/BrZ1njTneYV/ https://www.instagram.com/p/BnBZNcUhX3j/ https://www.instagram.com/p/BnBY0xaB6H4/ https://www.instagram.com/p/BnBYp6PhL1R/ https://www.instagram.com/p/BnBYaf5hfEu/ https://www.instagram.com/p/BnBYNu_hjUx/ https://www.instagram.com/p/Bm2tv8NhaJP/

	https://www.instagram.com/p/Bm2tiC-BH4M/ https://www.instagram.com/p/Bmz8gFvB0Ta/ https://www.instagram.com/p/Bmz8EDkBmJr/ https://www.instagram.com/p/Bl7YVRRBowt/ https://www.instagram.com/p/Bl5O2KyhkSe/ https://www.instagram.com/p/Bl28ngShLpP/ https://www.instagram.com/p/BlAtj0PBO-y/ https://www.instagram.com/p/BlAttivhQYM/ https://www.instagram.com/p/BknL_WChWYW/