Uganda

Consolidated Emergency Report 2021

Pupils at Kalas Girls' Primary School in Amudat District attending classes with their masks on due to the COVID-19 pandemic. The school homes one of the rescue centres for girls fleeing forced marriages and female genital mutilation (FGM)
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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 multi-year grants provided by donors. Longer-term and predictable funding has played a crucial role in strengthening preparedness and resilience of affected communities. Flexibility of thematic funding support has contributed to the results against programme area targets. Continued donor support will be critical to continue scaling up the response in 2022.

UNICEF's work for children is funded entirely through individual donations and the voluntary support of our partners in government, civil society, and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF.

UNICEF Uganda 2021 Consolidated Emergency Report

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Abbreviations and Acronyms

AAP	Accountability to Affected Populations
ACF	Action Against Hunger
AEP	Accelerated Education Programme
AoR	Area of Responsibility
AVSI	Associazione Volontari per il Servizio Internazionale
CCC	Core Commitments for Children in humanitarian action
CCHF	Crimean Congo Haemorrhagic Fever
C4D	Communication for Development
CDC	Centre for Disease Control and prevention
CE	Community Engagement
CEA	Community Engagement and Accountability
CO	Country Office
COVID	Corona Virus Disease
CP	Child Protection
CPC	Child Protection Committees
CRRF	Comprehensive Refugee Response Framework
CUAMM	Doctors with Africa
DCDO	District Community Development Officers
DCT	Direct Cash Transfer
DDP	District Development Plans
DDMC	District Disaster Management Committees
DERP	District Education Response Plans
DFID	Department for International Development
DLG	District Local Government
DRC	Democratic Republic of the Congo
DTF	District Task Force
ECD	Early childhood development
EID	Early Infant Diagnosis
EiE	Education in Emergency
eMTCT	Elimination of Mother of Child Transmission of HIV
EPI	Expanded Programme on Immunisation
EPR	Emergency Preparedness and Response
ERP	Education Response Plan
ESARO	Eastern and Southern Africa Regional Office
EVD	Ebola Virus Disease
ETU	Ebola Treatment Unit
EU	European Union
GBV	Gender Based Violence
GoU	Government of Uganda
HAC	Humanitarian Action for Children
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMIS	Health Monitoring Information System
ICWG	Inter Cluster Working Group
IMAM	Integrated Management of Acute Malnutrition
IOM	International Organisation for Migration
IPC	Infection Prevention and Control

IYCF	Infant and Young Child Feeding
LC	Local Council
MHPSS	Mental Health and Psychosocial Support
MIYCAN	Maternal, Infant, Young Child and Adolescent Nutrition
MoES	Ministry of Education and Sports
MoH	Ministry of Health
MoU	Memorandum of Understanding
MUAC	Mid-Upper Arm Circumference
MSF	Médecins Sans Frontières
NDC	Nationally Determined Contribution
NFI	Non-Food Items
NGO	Non-Governmental Organisation
NiE	Nutrition in Emergency
NMS	National Medical Stores
NPA	National Planning Authority
NRP	National Response Plan
NRC	Norwegian Refugee Council
NTF	National Task Force
NVDP	National Vaccine Deployment Plan
OPM	Office of the Prime Minister
PPE	Personal Protective Equipment
PSEA	Prevention of Sexual Exploitation and Violence
PSS	Psychosocial Support
ReHOPE	Refugee and host population empowerment
RCCE	Risk Communication Community Engagement
RCSM-CE	Risk Communication Social Mobilisation Community Engagement
RRH	Regional Referral Hospital
RRT	Rapid Response Teams
RUTF	Ready to Use Therapeutic Feed
RVF	Rift Valley Fever
SAM	Severe Acute Malnutrition
SBC	Social Behaviour Change
SBS	School Based Surveillance
SDG	Sustainable Development Goals
SEA	Sexual Exploitation and Abuse
SOPs	Standard Operating Procedures
STA	Settlement Transformation Agenda
TaRL	Teaching at the Right Level
ToT	Training of Trainers
TWG	Technical Working Group
UNDP	United Nations Development Programme
UNHCR	United Nations High Commission for Refugees
URCS	Uganda Red Cross Society
USAID	United States Agency for International Development
VAC	Violence against Children
VHF	Viral Haemorrhagic Fever
VHT	Village Health Team
WASH	Water Sanitation and Hygiene

WHO World Health Organisation

Executive Summary

In 2021 Uganda continued to face multiple humanitarian challenges, including disease outbreaks, meteorological disasters, and refugee influxes. These emergencies were compounded by the unprecedented coronavirus disease (COVID-19) pandemic.

As of end of December 2021, according to the United Nations High Commissioner for Refugees (UNHCR) and Uganda's Office of the Prime Minister (OPM)[1], Uganda hosted 1,573,291 refugees and asylum-seekers, over 58 per cent of whom were vulnerable children.[2] Of the total registered population, 97 per cent were refugees and three per cent were asylum seekers, with 94 per cent residing in settlements. South Sudan (65.4 per cent), the Democratic Republic of Congo (DRC) (31 per cent), and Burundi (3.6 per cent) remained the top three countries of origin of the registered refugee population in Uganda. Women and children represented 81 per cent of the population of which 52 per cent were female. In line with the Comprehensive Refugee Response Framework (CRRF) and the UNICEF Uganda Country Programme Document 2021–2025, UNICEF complemented direct implementation through partners with a district system strengthening (DSS) approach. District actors were supported to incorporate humanitarian preparedness and response in their annual and midterm district plans to support the provision of vital nutrition, health, WASH, child protection, education and social protection services to Uganda's most vulnerable, while also increasing synergies between humanitarian action and development programmes.

Uganda had initially registered a steady decline in new cases of COVID-19 between January and February 2021. Between March and April, upon confirmation of the circulation of multiple new variants in the country, including Alpha, Beta, Eta, and especially Delta, Uganda registered an increase in new cases of COVID-19 across the country. A second lockdown was instituted in June 2021 for 42 days to contain the impact of what became Uganda's second wave of the pandemic—a lockdown that slowed and, in some cases, halted the business recovery from the March 2020 lockdown. In addition, schools that had barely recovered from the 2020 lockdown were closed again, worsening employment prospects for teachers and undermining the educational gains made by learners. According to a study carried out by UNICEF's Eastern and Southern Africa Regional Office (ESARO),[3] the high level of household food insecurity amidst the COVID-19 pandemic adversely affected the dietary consumption and consequently nutritional status of children under five years.

According to the Ministry of Health (MoH), as of 31 December 2021, a cumulative figure of 152,571 COVID-19 cases had been reported, including 3,369 deaths (for a case fatality rate of 2.2 per cent). Average positivity rates throughout the year remained below 1.6 per cent for all tested samples, with variations in positivity rates across districts and regions. By the end of the year, about 13.6 per cent of all confirmed cases were in children, an increase from 8.5 per cent by end of August 2021. The number of infections among health workers had greatly declined, though it remained an issue of great concern. There were gaps in the caseload data of patients under home-based care and the extent to which they had access to health facilities. There were also gaps in the documentation and follow-up of cases under home-based care.

[1] https://data2.unhcr.org/en/country/uga Uganda Comprehensive Refugee Response Portal.
[2] https://ugandarefugees.org/en/country/uga.
[3] Impacts of COVID-19 on diets of young children, adolescents and pregnant and lactating mothers by ESARO.

The COVID-19 National Response Plan (NRP) was built on the significant investments made by UNICEF and partners in recent years to support national health systems and incorporate learning from previous health emergencies (e.g., Ebola outbreaks). UNICEF continued to support the government in the areas of risk communication and community engagement, coordination and leadership, supplies and logistics, information and communication technology, innovation, and case management. UNICEF focused on WASH services and psychosocial support (PSS) through the newly established sub-committee on the prevention of and response to gender-based violence (GBV) and violence against children (VAC), among other means. UNICEF mainstreamed GBV risk mitigation, gender sensitivity, HIV/AIDS, accountability to affected populations (AAP), conflict sensitivity, and communication for development (C4D) into all interventions.

According to OPM and the International Organization for Migration (IOM),[4] 351,242 people were affected by drought, floods, landslides, heavy storms and fire outbreaks in 2021. Approximately 48 per cent of those affected were children. Among these, 24,303 individuals were displaced internally.[5] High-priority needs in the affected districts included food assistance, water supply, sanitation, hygiene promotion, health, shelter, non-food items (NFIs), and nutrition services. In 2021, the Government of Uganda, with support from the United Nations Development Programme (UNDP), launched the National Risk Atlas. The atlas was designed to guide early warning and risk-informed programming at the district level for threats such as floods.

In high-risk communities, UNICEF scaled up field monitoring to incorporate beneficiary feedback through civil engagement mechanisms such as U-Report; promoting accountability to affected populations in line with the Grand Bargain commitments; building linkages between communities and local governments; improving the demand for and delivery of targeted protection and basic services; and guided responsive district and sub-district planning and budgeting.

UNICEF co-led three sectors and one area of responsibility (AoR). UNICEF co-led both the child protection AoR and the education sector with Save the Children; the nutrition sector with Concern, Action Against Hunger (ACF) and the World Food Programme and the WASH sector with the Norwegian Refugee Council (NRC). Memoranda of Understanding (MoU) have been signed between UNICEF and each co-lead agency at the country level to guide effective and efficient coordination and to ensure clear roles and responsibilities for each party. UNICEF co-led clusters and AoRs are all part of the Inter-Cluster Working Group (ICWG) led by the Office for the Coordination of Humanitarian Affairs (OCHA) at the national and sub-national levels. UNICEF participated in the in-country interagency Prevention of Sexual Exploitation and Abuse (PSEA) Task Force.

Based on analysis of all Humanitarian Action for Children (HAC) programme targets, 12 out of 14 indicators were over-achieved. The achievements are attributed to strong coordination with national level stakeholders including line ministries, development partners and UN agencies with a focus on continuity of services and planning for safe re-opening of schools. Two indicators related to GBV and PSEA were constrained due to limited capacities across those indicators. This included lack of dedicated human resource within UNICEF for these areas of work to consistently integrate PSEA and GBV considerations in all programmatic sectors and increase reach.

[4] Uganda Multi-hazard Infographic-DRR Platform.

[5] Affected districts included Kapelebyong, Katakwi, Napak, Obongi, Sironko, Bududa, Masaka, Busia, Tororo, Namisindwa, Bulambuli, Butaleja, Kagadi, Kampala, Kibaale, Kyotera, Amolatar, Dokolo, Kwania, Yumbe, Koboko, Oyam, Kapchorwa, Kiryandongo, Kasese, Ntoroko, Wakiso, Amuria, Ngora, Sironko, Rakai, Bukomansimbi, Bundibugyo, Masindi, Napak, Nabilatuk and Buliisa.

Flexible and humanitarian-development funding including thematic funds added value and supported a better response and results during emergencies hence enabling these results to be more sustainable.

Humanitarian Context

In 2021, Uganda continued to experience the direct and indirect effects of COVID-19 pandemic and severe contraction in economic activity impacting negatively on livelihoods and lockdown-related disruptions to protection and social services.

There was an estimated rise in poverty from 18.7 per cent before the COVID-19 outbreak to 21.9 per cent after the implementation of containment measures, representing nine million people living in poverty (up from 7 million before COVID-19).[6] This happened when Ugandan children already bear the brunt of deprivation, with 56 per cent living in multidimensional poverty, and reinforces the need for government to strengthen social protection interventions and increase social sector spending.

In 2021, the government reported 152,571 confirmed cases of COVID-19 and 3,369 deaths. The upsurge in COVID-19 cases in March 2021 prompted the government to resume lockdown measures, disrupting the continuity of essential services. Health worker nutrition screening decreased by 10.8 per cent, but mother-led screening with mid-upper arm circumference tapes was introduced. The pandemic also highlighted WASH system weaknesses and the need to prioritize safe water coverage in rural areas. In addition, lockdowns and school closures led to a worrying spike in teenage pregnancies, especially in poorer rural areas.

Uganda secured more than 32 million doses of COVID-19 vaccines and administered over 11 million doses by the end of December 2021.[7] However, the overall COVID-19 vaccination rate remains very low, at 18 per cent (3,901,121 people fully vaccinated with either one single dose vaccine or two dose vaccine). UNICEF also assessed the impact on children of other outbreaks such as cholera and Ebola and used targeted WASH activities as mitigation strategies.

The pandemic significantly affected children's education as schools remained closed for most learners since March 2020. Access to alternative remote learning modalities also remained very limited. While the phased reopening of schools enabled candidates to sit for their final examinations, the second wave of infections in June led to new school closures and further learning losses, affecting 15 million learners. By the end of 2021, nearly six million children in the lower primary grades (1–3) had missed two academic years.

Weakened parental care, increased teenage pregnancy, child labour, and loss of interest during the long school closure are likely to result in many children not returning to school. The National Planning Authority (NPA) predicts that 30 per cent of the learners who had enrolled in February 2020 may not return when the schools reopen. Similarly, many teachers, particularly from private schools, who were not paid during the closures may have left teaching to take up alternative employment. The same source projects that more than 4,000 private primary and secondary schools may have closed for good.

[6] 2019/2020 Uganda National Household Survey

[7] Government of Uganda COVID-19 Response Information Hub-https://covid19.gou.go.ug/

The COVID-19 lockdown triggered increased VAC, particularly for girls. Sexual violence was the most reported form of VAC, making up 38.3 per cent of cases, with neglect being the second highest at 35.8 per cent.

At a time when children, adolescents, and families urgently needed information and support to adopt positive and safe behaviour, the restrictions on movement and gatherings and school closures disrupted the major platforms for engagement with communities and children. These actions delayed or disrupted community based C4D activities and necessitated innovative approaches.

Uganda's children continue to be threatened by the effects of climate change. By December 2021, 351,242 people were affected by drought, floods, landslides, heavy storms, and fire outbreaks. A total of 24,303 people were internally displaced due to the destruction of infrastructure and at risk of waterborne and climate-sensitive diseases.[8] Natural hazards also exacerbated already high levels of food insecurity and malnutrition. 30 per cent of the population in Karamoja, Uganda's most deprived sub-region, was in Phase 3 (food crisis) and above.[9] About one quarter of children under 5 years of age in Karamoja are stunted, and 1 child in 10 is wasted.[10]

By December 2021, Uganda was host to 1,573,291 refugees, most of whom fled insecurity and political upheaval in Burundi, the DRC, and South Sudan. Of these, 84 per cent are women and children.[11] The Government of Uganda (GoU) continues to restrict cross-border movement due to COVID-19 and the number of registered new arrivals in the country remains low. Due to overcrowding in urban settlements, poor access to WASH, a high prevalence of undernutrition, and multiple protection risks, an estimated 4.1 million refugees and host -communities will need humanitarian assistance by the end of 2022.

Addressing programme challenges

The GoU put in place restrictions to curb the spread of COVID-19 which posed challenges to smooth delivery of services. UNICEF provided tents to ensure continuity of essential health services and decongest 60 per cent of the regional hospitals. Personal Protective Equipment (PPEs) were procured for health workers in those hospitals to continue child health services while oxygen supply was strengthened in the hospitals through provision of oxygen cylinders and an oxygen plant.

UNICEF printed and provided home-based learning materials (including braille materials for learners with disabilities), at the upper primary and secondary levels to ensure continuity of learning for children in humanitarian situations. To facilitate the transition from mother tongue to the English medium of instruction, lessons for Primary 4 were broadcast to 9.8 million viewers on national Television (TV). A digital curriculum and life skills content were provided via the Kolibri online platform for 7,300 users, with 2,700 new users registered in 2021. In preparation for school reopening and to support the psychosocial needs of children, recreation materials were distributed to schools.

Furthermore, 7,407 refugee adolescents (3,852 girls, 3,555 boys) who were not enrolled in schools enhanced their life skills and resilience through the UNICEF-supported life skills programme. Some 1,051 teachers (388 female), trained on the Reporting, Tracking, Response and Referral mechanism to prevent VAC, contributed to making schools safe for all learners. With technical support from UNICEF

[8] Uganda Multi-hazard Infographic-DRR Platform.
[9] 2021 Integrated Food Security Phase Classification
[10] Ibid
[11] Uganda Comprehensive Refugee Response Portal-https://data2.unhcr.org/en/country/uga

and in partnership with UNHCR, all 13 refugee-hosting districts developed education response plans for effective delivery of education services to refugees and host communities.

To strengthen the government's ability to deliver critical services to all children, UNICEF in partnership with the Uganda Red Cross Society (URCS) and OPM supported capacity building of District and Sub-County Disaster Management Committees (D/SCSMCs) on emergency preparedness and response (EPR) in six[12] districts.

COVID-19 refocused attention on hygiene to prevent disease transmission. UNICEF provided WASH supplies for 621,723 people (against the target of 280,000) to reduce the spread of COVID-19. The provision of PPE and Infection, Prevention and Control (IPC) supplies for frontline and auxiliary/peer personnel contributed towards keeping service providers safe and working. UNICEF also provided essential hygiene supplies for 2,035 schools including sanitary pads for adolescent girls in preparation for the safe reopening of schools. In addition, UNICEF supported the construction of climate change responsive water systems and friendly sanitation facilities for differently able children.

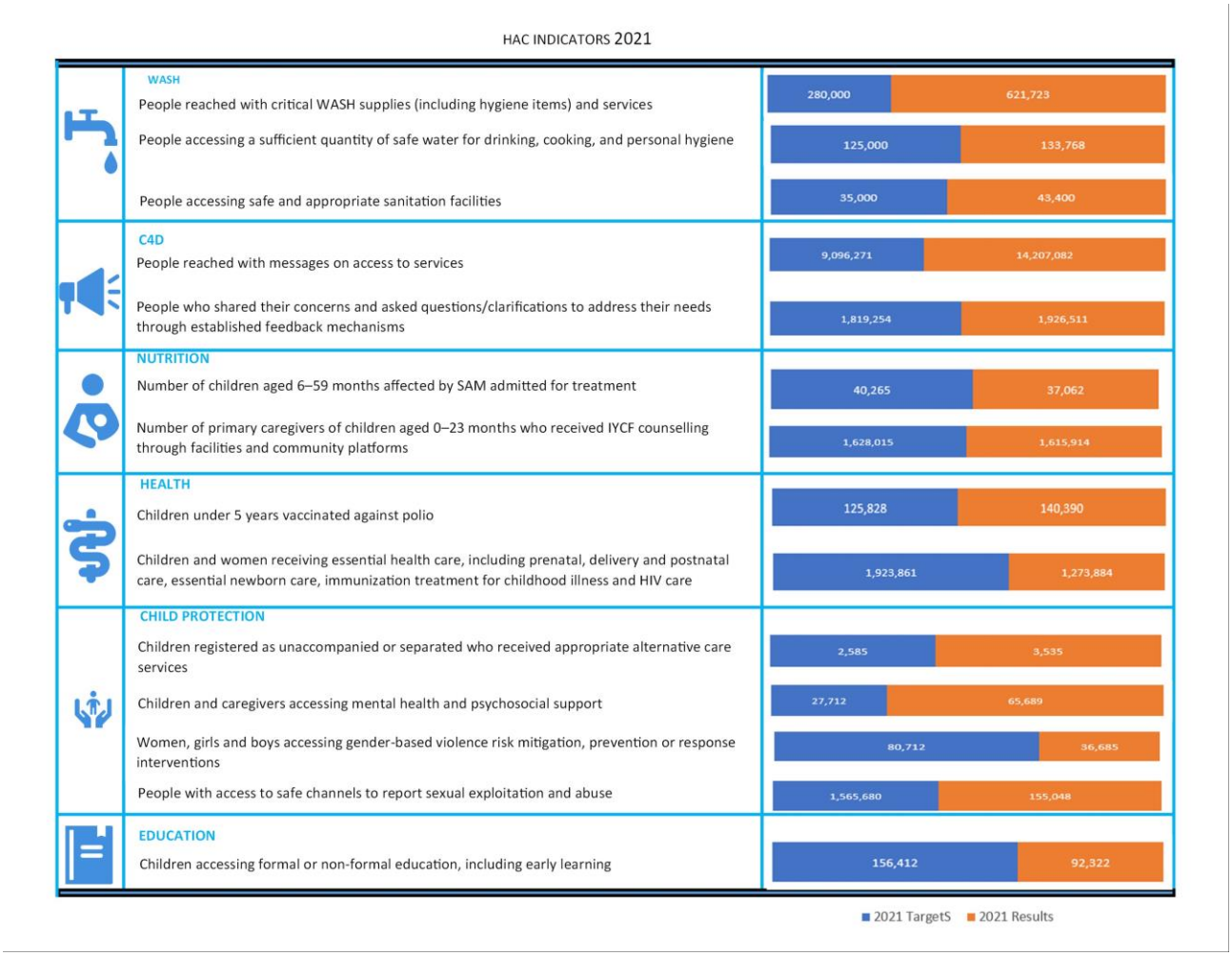
UNICEF supported evidence generation and AAP using several platforms including U-Report polls, the MoH call centre, an anthropological study on COVID-19, and community rapid assessments. Through social listening mechanisms such as comments published in print media on relevant topics, social media discussions through WhatsApp, Facebook, Twitter among others. UNICEF strengthened community feedback. PSEA) was integrated in programme implementation, resulting in 155,048 individuals accessing mechanisms to report sexual exploitation and abuse.

UNICEF's role as co-chair of the Risk Communication and Social Mobilization Sub-Committee of the National Task Force (NTF) on Disease Outbreaks contributed to timely implementation of an integrated risk communication plan for COVID-19.

To ensure coordinated delivery of key services for refugee and host community children and women, UNICEF co-chairs the refugee Child Protection Sub-Working Group with UNHCR, the refugee WASH Working Group with the Ministry of Water and Environment, and the national Nutrition in Emergencies (NIE) and Integrated Management of Acute Malnutrition (IMAM) Technical Working Group (TWG) with MoH. UNICEF co-leads the RCSM-CE Sub-Committee as part of the MoH-led COVID-19 response and preparedness and provides technical and financial support to the national PSEA Network. Two emergency stand-by partnerships were set up in 2021 with World Vision and the Uganda Red Cross Society to provide an immediate response in the event of natural disasters and disease outbreaks.

[12] Kasese, Bundibugyo, Obongi, Koboko, Karenga and Nakapiripit

Humanitarian Results



In 2021, UNICEF Uganda continued to support the national multi-sectoral COVID-19 response, whilst sustaining other critical humanitarian programme interventions and advocating for reimagining a world fit for children, post-COVID-19. In addition, UNICEF engagement with three key ministries enabled the development of a real-time monitoring system for Sustainable Development Goals (SDG) 6.1 and 6.2 data, disaggregated to the sub-national level. This has demonstrated the need for a robust monitoring system to track progress in SDG reporting. Furthermore, UNICEF contributed to position WASH in the revision of the Nationally Determined Contribution (NDC) and climate risk assessment to address climate-related risks in WASH and leverage climate financing in coming years.

UNICEF in partnership with the URCS and OPM supported capacity building of D/SCSMCs on emergency preparedness and response in six[13] disaster-prone districts of Uganda. 183 members of local government were trained in various aspects of EPR that included: Disaster Management and Coordination Framework, International Disaster Response Laws, Rules and Principles, The Disaster Management Concepts and cycle, Disaster Assessment and reporting, Enhanced Vulnerability and Capacity Assessment, and Community Engagement and Accountability (CEA/AAP), and PSEA. The training involved hands-on participatory drafting of contingency plans based on individual risk profiles. DDMC members from Koboko and Obongi visited Yumbe district in an exchange learning visit to enable them to operationalise contingency planning in their respective districts. Kasese and Bundibugyo DDMCs participated in a similar visit to Isingiro district.

With the prioritisation of the AAP agenda globally, UNICEF Uganda analysed the gaps and entry points in the country, to mainstream AAP across its workstreams. This included assimilating feedback from beneficiaries, setting up indicators and clauses within all its programme cooperation agreements, training staff, and developing a two-year UNICEF Uganda Country Office action plan. This groundwork has enabled UNICEF Uganda to adapt its programmes to the needs and preferences on the ground and enhance local ownership and help build trust between UNICEF and the communities it seeks to serve. This was done by launching monthly U-report polls on dedicated themes of impact to specific sectors. The results from the field were analysed and presented with clear actions to address concerns raised by the communities.

UNICEF focused on strengthened linkages between development and humanitarian programming through engagement with district authorities. 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.

Uganda Country Office received 62 per cent of the HAC appeal as of December 2021. 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. 86 per cent of HAC appeal indicator targets respectively were reached.

Nutrition

NUTRITION	Target	Result
Primary caregivers of children aged 0-23 months who received infant and young child feeding (IYCF) counselling	1,628,015	1,615,914
Children aged 6-59 months with severe acute malnutrition (SAM) admitted for treatment	40,265	37,062

In 2021, UNICEF, in partnership with MoH and other partners, provided a comprehensive package of interventions for the prevention and treatment of wasting in children under 5 years old. Achieving this involved capacity-building and strengthening of nutrition systems in the detection and timely management of acute malnutrition, and the delivery of MIYCAN services. Over 434 health workers were trained on MIYCAN in West Nile, Karamoja, and southwestern Uganda. These health workers cascaded the capacity-building to their colleagues in the targeted districts and facilities.

Nationally, UNICEF worked through the MoH and the Integration Task Force to provide technical assistance to the government to integrate therapeutic nutrition supplies into the mainstream National

[13] Kasese, Bundibugyo, Obongi, Koboko, Karenga and Nakapiripit

Medical Stores (NMS) systems. Technical assistance included the quantification and monitoring of the supplies delivered to different service delivery points in the country.

As a result of the above investments, UNICEF and MoH reached 37,062 children aged 6-59 months (or 92 per cent of the target of 40,265) with in- and outpatient therapeutic care. These included 18,795 in Karamoja, 10,136 in West Nile, and 8,131 in southwestern and western Uganda. The COVID-19 lockdowns affected enrolment and SAM management services, especially for people who had to travel long distances to reach facilities. Despite these challenges, UNICEF and partners reached 1,615,914 primary caregivers of children aged 0-23 months who received infant and young child feeding counselling. This represents 130 per cent of the annual target of 1,239,229.

UNICEF and its implementing partners AVSI, Baylor and CUAMM procured and supported the last-mile distribution of 2,616 cartons of Ready to Use Therapeutic Feed (RUTF), 366 of F75, 122 of F100 and nine cartons of ReSoMal powder used in the preparation of oral rehydration solution exclusively for people suffering from SAM to all health facilities providing SAM management services in the country, including in refugee-hosting districts and Karamoja.

The achieved results are attributed to a number of things including capacity building for district teams and community service providers on family led MUAC and MIYCAN, strong support for Health Management Information System (HMIS) for nutrition data documentation and reporting by technical teams from the MoH, Regional Referral Hospitals (RRH) and district health offices and continuous availability of nutrition supplies for the management of SAM. The introduction and rollout of the family led MUAC strategy in which caregivers are empowered to screen for SAM among their children aged 6-59 months contributed to timely identification and referral of children for care in facilities. Strengthened capacity of the managers and service providers to plan, deliver, document and report on quality package of preventive nutrition services including MIYCAN ensured targeted caregivers are reached. With the launch of the MIYCAN guidelines, counseling cards and other job aides by the Ministry in August 2021; UNICEF supported the timely training of these service providers across the country so that quality services are offered to clients to increase adoption of the recommended practices and behaviours which prevent stunting and wasting in children.

The reasons for not reaching all of the targeted people included negative attitudes and harmful social norms of caregivers, high food insecurity affecting SAM programme performance, weak community engagement and mobilisation for improved practices and behaviours of caregivers for the prevention and timely care for SAM and other forms of malnutrition especially among children under five years and limited funding for preparedness and response for nutrition in emergencies.

There is need for timely procurement of SAM management supplies to avoid anticipated pipeline break; build strong community engagement and mobilisation for wasting prevention, timely identification and referral of SAM cases and improve treatment outcomes.

Health and HIV/AIDS

HEALTH AND HIV/AIDS	Targets	Results
Children under 5 years vaccinated against polio	125,828	140,390
Children and women receiving essential health care, including prenatal, delivery and postnatal care, essential new-born care, immunization treatment for childhood illness and HIV care	1,923,861	1,273,884

In 2021, UNICEF engaged with MoH and partners through the NTF for public health emergencies and other pillars and task force technical coordination structures, while prioritising the continued delivery of

essential health services, and risk communication and community engagement for COVID-19 and other public health events such as polio (circulating vaccine derived polio virus type 2)**,** plague, Crimean Congo Haemorrhagic Fever (CCHF), Ebola Virus Disease (EVD), Rift Valley Fever (RVF), cholera, Viral Haemorrhagic Fever (VHF), and measles.

The initial strategy and plan for COVID vaccine provision was based at facility/static posts. However, with increased demand and availability of vaccines, the strategy was modified to include outreaches, mobile clinics and mass campaigns. UNICEF supported the MoH to plan for the polio vaccination campaign following the confirmation of circulating vaccine derived polio virus type 2 in two samples picked around Kampala. Additionally, following confirmation of the Ebola outbreak in DRC with 11 cases recorded, UNICEF engaged with the World Health Organization (WHO), the Center for Disease Control and Prevention (CDC) and other partners to revise the EVD country response plan. The MoH increased surveillance and screening at points of entry in 10 districts bordering DRC, collected data on EVD district preparedness and readiness levels using standard tools, and printed and distributed the case definition for Ebola. WHO declared the EVD outbreak in DRC over in November 2021.

In November 2021, the country recorded a cholera outbreak in Isingiro district, a refugee-hosting district in western Uganda, with over 150 cases and zero deaths recorded. UNICEF, alongside WHO, UNHCR and Médecins Sans Frontières (MSF), provided technical support and supplies, including aqua tablets for water treatment in response to the outbreak before it crossed to neighbouring districts.

UNICEF continued to play a key role as a technical member of the National COVID-19 pillar meetings, including the Oxygen Task Force, providing additional support in the form of oxygen accessories and working with the MoH to assess preparedness and readiness for four pressure swing absorption plants at four selected regional referral hospitals. By the end of December 2021, one oxygen plant had been installed at Soroti RRH while three other plants were still in the pipeline. Oxygen demand across the country continued to remain a huge challenge throughout the year, although by December there was a marked improvement in the production capacity, storage and transportation and reporting on utilisation by facilities. The MoH engaged with local private firms for support in refilling oxygen cylinders at no cost. UNICEF also maintained and supported MoH to refill and distribute gas cylinders for the management of COVID-19 cases, while advocating for oxygen use for pneumonia, especially in children.

Cumulatively in 2021, 1,273,884 children and women, including 319,750 refugees, received essential health care services in the 29 districts supported by UNICEF, including immunizations and prenatal, postnatal, HIV and gender-based-violence care. A total of 140,390 refugee children were vaccinated against polio in the UNICEF-supported districts during the year.

The enabling factors included UNICEF and partners on ground implementing activities with a health systems strengthening approach which provided an opportunity for improved planning for service delivery especially around outreaches amidst COVID-19. UNICEF was an active partner in various key structures/pillars such as Incident Management Team, National Task Force, and the surveillance and case management pillar meetings at the national level. UNICEF was also a co-chair of the service continuity pillar within the COVID-19 response structures and an active member of the technical working group on maternal and child health, immunization technical coordination committee, and malaria working group. UNICEF engaged in promoting and disseminating national guidance on essential health services continuity.

The targets were reached and beyond due to flexibility in reprogramming which paved way for advancing support for COVID-19 interventions at national and sub national levels. The lockdown that was instituted in June 2021 to contain the impact of what became Uganda's second wave of the pandemic affected access to health services to some extent by the community members hence the average performance on the related indicator.

Moving forward, capacity building to the district Rapid Response Teams (RRTs) and District Task Forces (DTF) to roll out the community engagement strategy up-to the village level is crucial in order to create resilience and preparedness among communities. UNICEF through zone colleagues, and implementing partners such as AVSI, Baylor among others will continue to promote continuity of essential services, creation of awareness for prevention and control of COVID-19.

WASH

WASH	Targets	Results
People reached with critical WASH supplies (including hygiene items) and services	280,000	621,723
People accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	125,000	133,768
People accessing safe and appropriate sanitation facilities	35,000	43,400

In 2021, UNICEF supported the National Task Force's COVID-19 coordination efforts through the provision of technical support to the WASH sub-committee under the case management pillar. UNICEF, together with other partners in the IPC WASH sub-pillar, contributed to the development of guidelines for the safe re-opening of schools.

Throughout 2021, the WASH sector supported COVID-19 preparedness and response through the provision of WASH supplies to health facilities and schools, including the replenishment of consumable WASH supplies and the construction and refurbishment of WASH infrastructure to mitigate the impact of COVID-19. A total of 586 health facilities (benefitting 566,163 patients and health workers) and 463 schools (benefitting 55,560 students and staff) were reached with WASH supplies. In addition, UNICEF supported 87 taxi and bus stations within Kampala City and nine regional remand homes for juveniles (in Kampiringisa, Gulu, Arua, Masindi, Naguru, Kabale, Mbale and Fort Portal) with critical hygiene and sanitation materials to improve IPC. A total of 621,723 people were reached with critical WASH supplies and services, and 133,768 people accessed safe water for drinking, cooking and personal hygiene through the rehabilitation of water supplies via solar power, boreholes and gravity water schemes, and through the distribution of aquatabs. UNICEF supported the improvement of WASH infrastructure in Bugambe, Bujalya, Muhwiju and Kyehoro Health Centre IIIs in Kikuube district and Bigodi and Kamwenge Health Centres in Kamwenge district in western Uganda. UNICEF also provided 39 mobile toilets to eight regional referral hospitals in response to COVID-19 to decongest outpatient areas at the height of the second wave of COVID-19.[14]

UNICEF supported flood-affected districts of Kasese, Ntoroko and Buliisa through the provision of hygiene items and mobile toilets to 30,006 affected people. UNICEF also supported Kasese district through the rehabilitation of three community gravity water schemes destroyed by floods, providing 1,800 people with access to safe water. Similar support was extended to Obongi, Kasese, Ntoroko, Nakapiripirit and Moroto district local governments which rehabilitated 30 boreholes in communities displaced by floods, benefitting 9,000 people with safe and clean water, while 4,100 people affected by floods received access to safe sanitation facilities. Moreover, support was extended to the DRC refugee

[14] Kabale, Gulu, Moroto, Arua, Mbale, Mubende, Jinja and Hoima

influx in Bundibugyo district through IPC supplies, mobile toilets, and a water tank for the reception centre.

A number of issues enabled these achievements including provision of WASH services with a focus on sustainable and reliable water and sanitation services, more emphasis on long term solutions with guidance and involvement of Ministry of Water and Environment as well as close collaboration with the district office and timely provision of supplies. AAP U-report poll assessments resulted into better planning and programming for affected population basing on feedback provided by the affected populations.

Major challenges were funding constraints as donors mainly funded COVID-19 preparedness and response activities and limited funds allocated for refugee and hydrometeorological responses. This led to limited access to the affected communities.

Child protection

CHILD PROTECTION	Targets	Results
Children registered as unaccompanied or separated who received appropriate alternative care services	2,585	3,535
Children and caregivers accessing mental health and psychosocial support	27,712	65,689
Women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions	80,712	36,685
People with access to safe channels to report sexual exploitation and abuse	1,565,680	155,048

In 2021, child protection in the COVID-19 context was at the forefront of UNICEF's work. With support from UNICEF, 19,633 children who were either at-risk of, or victims of violence during the pandemic (11,218 girls and 8,415 boys, including 327 children with disabilities), benefitted from critical case management services, including referrals to treatment centres with healthcare, social welfare and justice services as part of UNICEF's COVID-19 response. Among these, 1,145 children (721 girls, 424 boys) benefitted from alternative care services in the COVID-19 context.

UNICEF continued to put the provision of mental health and psychosocial support (MHPSS) for children at the centre of its response to the COVID-19 pandemic. During the year, 14,082 children (8,004 girls, 6,078 boys) and 22,523 adults (12,328 female, 10,195 male) were reached with psychosocial support (PSS) services. This included the direct provision of PSS at treatment centres through specialised staff and the provision of door-to-door visits at the community level. To ensure adequate capacity across the country, UNICEF provided community-based psychosocial support training for community volunteers and social welfare staff in district local governments (including community development officers, sub-county chiefs, district community development officers (DCDOs), probation and social welfare officers, social welfare officers, and teachers). Additionally, UNICEF partnered with Butabika National Referral Hospital to train health workers in regional referral hospitals, district local governments, and Village Health Teams at the community level on MHPSS and supervised the deployment of the newly trained MHPSS teams to communities for service provision. At the national level, UNICEF worked closely with MoH to strengthen the functionality of the National Task Force's MHPSS sub-committee and ensure that all UNICEF interventions were coordinated through the sub-committee.

A total of 507,754 individuals across the country were reached with key messages on COVID-19, including the availability of PSS and protection services for children in emergency context. Outreach strategies took a variety of forms, including dialogue meetings, community drives, door-to-door visits, local radio talkshows, and DJ mentions. A total of 155,048 individuals, including children and adults, had access to safe channels to report SEA and other concerns through the use of U-Report.

In the refugee response, UNICEF and partners provided 4,202 children from refugee and host communities (2,129 boys, 2,073 girls, including 261 children with disabilities) with critical child protection case management services, including direct support and referrals to other service providers (health, education, legal, psychosocial support) in refugee-hosting districts. This included 2,390 unaccompanied and separated children (1,264 boys, 1,126 girls) who were provided with alternative care services, including placement in foster families in the refugee response. Seventy-two children (69 girls, 3 boys, including 15 children with disabilities) affected by different forms of sexual violence received multi-sectoral services such as health, psychosocial, legal, and safety support by UNICEF and partners. Recreational and psychosocial support services continued to be provided through the newly devised mobile Child Friendly Spaces approach, which helped reach 25,850 children (13,038 boys, 12,812 girls) in line with government regulations on COVID-19.

At the national level, throughout the year UNICEF continued to co-chair the national refugee child protection sub-working group with UNHCR, providing guidance and technical support to all partners to ensure a harmonised response to protection concerns faced by refugee children and ensuring adaptation to the COVID-19 context. In 2021, UNICEF reached a total of 36,686 individuals (13,810 boys, 14,812 girls, and 8,063 women) with GBV risk mitigation interventions across education and child protection programmes.

Finally, in an effort to include emergency preparedness in UNICEF system strengthening work, a total of 145 local government staff from community-based services and education departments across six districts participated in UNICEF's training on child protection in emergency preparedness and response. The training aimed to strengthen district preparedness to respond to and provide adequate child protection services in the event of any emergency, and included topics such as preparedness planning, needs assessments, case management, and psychosocial support provision.

Across all responses, overachievement of results in the Alternative Care and PSS indicators stem from the integration of Case Management and PSS in the COVID context across regular programming. The continued partnership with Butabika Hospital (National Mental Health Referral Hospital) to strengthen Mental Health Psychosocial Support (MHPSS) structures at regional, district and community level through training of trainers (ToTs) and staff deployment allowed for a greater availability and ease of access to PSS services for children and their families. Based on lessons learnt from 2020, continued provision of recreational and psychosocial support services in 2021 through mobile teams who visited children directly in their communities (as Child Friendly Spaces remained closed in line with government regulations on COVID-19) was found efficient to improve access to service and strengthen referral mechanisms. Regular feedback meetings with and capacity building of Zonal Offices and external partners on data collection helped ensure the quality and regularity of data reporting. ToTs for District Local Government (DLG) staff and officials from most affected sub-counties (because of floods, refugee influx and COVID-19) on child protection emergency preparedness, with a focus on MHPSS, protection of children, care to affected children, families and communities. The ToT has to date been piloted in seven districts and will be rolled out to all remaining districts throughout 2022.

Low results for GBV and PSEA were due to limited capacities across sectors on GBV risk mitigation and PSEA impacted on reach of both indicators. This includes lack of dedicated human resources within UNICEF for these areas of work to consistently integrate PSEA and GBV considerations in all programmatic sectors and increase reach.

Moving forward- there is need to focus on expanding availability of tele-counselling/access to MHPSS support across the country, including through the development of a MHPSS chatbot linked to the Uganda Child Helpline.

Education

EDUCATION	Targets	Results
Children accessing formal or non-formal education, including early learning	156,412	92,322

The prolonged closure of schools and learning institutions in response to COVID-19 has gravely impacted Uganda. Schools were initially closed in March 2020, and then reopened through a phased approach in the first half of 2021 for candidate and a few non-candidate classes. Uganda's second COVID resurgence in June 2021 led to the re-closure of all institutions. A few months later, in September 2021, medical and health training institutions were re-opened, followed by all universities and tertiary institutions in November 2021.

The GoU committed to fully re-open the economy, including all educational institutions in January 2022. However, it is emphasized that preparations for the safe reopening of the education sector required a whole-of-government approach, with clear responsibilities for key sectors and stakeholders. Criteria included ensuring the vaccination of all staff in educational institutions, all learners above 18 years old, and all individuals in vulnerable categories in the general population, as well as instituting effective COVID-19 surveillance in educational institutions and observance of the standard operating procedures (SOPs) approved by the Ministry of Education and Sports (MoES). UNICEF provided technical support for the development of a comprehensive plan for the safe reopening of educational institutions in collaboration with education sector stakeholders. As part of a joint task team comprising MoH, MoES, and development partners, UNICEF facilitated the collaborative work between the two ministries by harmonizing the separate plans for the safe reopening of schools into one comprehensive plan. UNICEF teams contributed to drafting a motion on the safe reopening of schools for tabling in the Parliament of Uganda and supported the development of an abridged curriculum for learners, which is being rolled out to schools for implementation. As part of preparations for school re-opening, UNICEF supported the nationwide mobilisation and rollout of trainings on school-based surveillance (SBS) for COVID-19 targeting 36,200 primary and secondary schools in Uganda.

In the refugee education response, UNICEF provided technical support to the Education Response Plan (ERP) Secretariat, MoES, for the development of ERPII. By the end of 2021, approximately 74 per cent of teachers had received at least one COVID vaccine dose (406,773 out of 550,000), with 32 per cent (176,155) of teachers being fully vaccinated.[15] The low full vaccination coverage for teachers is one of the major challenges to the safe re-opening of schools. UNICEF Uganda supported MoES, district local governments, schools and communities to provide resources for the continuity of learning and skilling activities for vulnerable children and adolescents when institutions were closed. Cumulatively, 92,322 of the targeted 156,412 of children (59 per cent) accessed formal or informal education, including early learning. The continuity of learning was achieved through the provision of printed self-learning materials, radio and TV lessons, distance learning through the Internet, and support for community-based home learning centres.

At the district level, UNICEF zonal offices supported efforts to mobilise teachers for vaccination and facilitated engagement with education stakeholders and communities to plan for the continuation of

[15] Data from the Ministry of Health (8 January 2022).

learning and the safe re-opening of schools. A total of 427 schools were supported with WASH supplies, including water tanks, liquid soap, gumboots, bar soap, mops, and sprayers to help institutions maintain SOPs for COVID-19. Through a pilot programme in Isingiro district, 93 teachers from 30 primary schools were trained as instructors for Teaching at the Right Level (TaRL) as a strategy to recover learning loss due to school closures. UNICEF also supported 112 refugee and host community out-of-school adolescent learners (57 boys and 55 girls) in Nakivale Refugee Settlement through the Accelerated Education Programme (AEP). A total of 50 adolescents (27 girls and 23 boys) sat for National Primary Leaving Examination and were by the end of the reporting period waiting to transit to the next level of education.

A total of 150 adolescents (85 boys and 65 girls) were supported with radio robots, including memory cards, aimed at helping adolescents live a positive life during the COVID-19 pandemic through listening to well-tailored messages in the form of songs, poems and motivation speeches developed by youth mentors. Eighty-seven adolescent peers (38 girls and 49 boys) were reached and mentored in life skill packages. Overall, 6,895 adolescents (2,895 girls and 4,000 boys) were reached through these peer-to-peer sessions.

UNICEF also supported the development of District Education Response Plans (DERPs) in 12 refugee-hosting districts and 11 of the districts[16] had their plans already approved by district councils. The approval of the plans is a key step towards aligning refugee education responses to decentralised local governance systems to strengthen service delivery and accountability.

Results were achieved due to strong coordination with national level stakeholders including MoES, development partners and UN agencies with a focus on continuity of learning and planning for safe re-opening of schools. Collaborative work at the field level between UNICEF partners, District Education Departments, schools and communities in implementing continuity of learning interventions through home learning materials, radios, TV and home learning circles.

Challenges in meeting the targeted children included prolonged school closure which meant that a significant proportion of the targeted population could not be directly reached with support. Low coverage of home learning materials, radio and TV programmes especially in underserved rural communities. Limited funding to facilitate district education teams and teachers to reach out and support parents and learners during the period of school closure.

Moving forward, with schools re-opening in January, the focus will be to ensure safe re-opening, support MoES to implement the abridged curriculum and recovery of lost time and sustain operations by strengthening school-based surveillance system and implementation of SOPs.

Communications for Development (C4D), Accountability to Affected Populations (AAP) and Localization

C4D, AAP and Localization	Targets	Results
People reached with messages on access to services	9,096,271	14,207,082
People who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms	1,819,254	1,926,511

UNICEF supported risk communication activities at the national level and community engagement activities in 29 partner districts to ensure the sustained high uptake of vaccines and the prevention of

[16] Districts include Yumbe, Koboko, Madi-Okollo, Lamwo, Kamwenge, Isingiro, Kyegegwa, Adjumani, Obongi, Kikuube and Kiryandongo.

COVID-19 transmission. Cumulatively, 14,207,082 people were reached with messages on access to services, whilst 84,947 people, including influencers and community-based resource persons, engaged in sharing lifesaving and protective information. A total of 1,926,511 people shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms.

UNICEF efforts led to improved publicity on COVID-19 vaccination, especially in greater Kampala and in the southwest region. UNICEF supported two major mass media campaigns in 2021 on 20 radio stations and four TV stations. A COVID-19 vaccination campaign conducted from June to August reached over five million radio listeners across the country (2.7 million males and 2.4 million females); the majority of the listeners (76 per cent) lived in rural areas, while 24 per cent were in urban areas. Over 1.7 million television viewers were exposed to COVID-19 vaccine-related messages. UNICEF supported the MoH's Health Promotion Education and Communication department to conduct a series of virtual orientations of 95 district health educators and 280 local administrators before, during and after the different phases of the COVID-19 vaccine roll-out. The communication and education activities were implemented through four district-based implementing partners: AVSI (northern and northwestern regions), Baylor (southwestern region), CUAMM (Karamoja), and Uganda Red Cross Society (central region/Kampala metropolitan area).

The MoH declared a polio outbreak in the country on 7 August 2021. In response, the Global Polio Eradication Initiative (GPEI) partners, under the leadership of MoH, rolled out a national house-to-house polio immunisation campaign.

UNICEF engaged beneficiaries in U-Report polls aimed at soliciting feedback on different topics related to WASH, nutrition, education, child protection, emergency preparedness and response, climate change, and youth as champions for change, among others. As a result of this feedback, UNICEF technical teams discussed how to further sensitise communities about their entitlements and strengthen liaisons with districts to monitor the back-end of the humanitarian response.

A number of factors enabled results achieved including intense information dissemination on COVD-19 and promotion of vaccines. UNICEF supported two strategic and phased mass media nation-wide campaigns on COVID-19 vaccination promotion on 20 radio stations and four TV stations. Over 95 per cent of the population have heard about COVID-19 vaccination. Social listening and management of misinformation/rumours on COVID-19 - the introduction of several mechanisms[17] for receiving concerns from the public and daily assessment of social media and mass media interaction on COVID-19. On average 70 per cent of the public have a positive attitude towards vaccination. Building capacity for local leaders and the community to be in charge of prevention and enforcement of the preventive measures. UNICEF provided extensive financial and technical support for community engagement (CE) in 29 districts. The CE activities were implemented through four district-based implementing partners: AVSI (Northern and North-Western region), Baylor (South Western region), CUAMM (Karamoja region) and Uganda Red Cross Society (Central region/Kampala Metropolitan). Cumulatively, 84,947 influencers and persons were successfully oriented and engaged/participated in the mobilisation process as community-based resource persons; and 1,926,511 people were able to share their concerns, ask questions and receive timely feedback on COVID-19. Flexible thematic funds enabled the said achievements. Partnership with the URCS which aimed at improving community resilience and action to disease outbreaks like COVID-19; it involves training of Village Taskforces (VTF) on how to conduct simple community rapid assessments and utilize the results to develop action plans for better mobilisation, compliance and information sharing with other stakeholders/service providers.

Challenges included the evolution of new unwanted behaviours and practices among communities which made delivery of activities difficult. Socio-economic effects of COVID-19 (e.g. prolonged lockdowns and closure of schools) led to unwanted behaviors and societal challenges like mental health, school-drop-out, teenage pregnancy and decline in livelihood. Despite the high awareness on COVID-19 (95 per cent) and reported willingness to get vaccinated (74 per cent)[18] there was low vaccine uptake. The fear or threat of relapse to the risky behaviours and practices is still high: government fully opened up the economy by in January 2022 and there are varying perceptions of risk in the public.

There are proven pockets of vaccine hesitancy especially in rural areas. UNICEF will support district-based assessments to enable better understanding and relevant prompt response to the contextual drivers to COVID-19 vaccination hesitancy and uptake.
Misinformation on COVID-19 vaccines has been aggravated by the global and national infodemics on COVID-19, the existence of multiple vaccines and the emergency of new variants of concern.

Moving forward, UNICEF will continue to improve Social Behaviour Change (SBC) system strengthening, strategy development, planning and coordination including preparedness and response in humanitarian action at national and district levels by supporting a mix of RCCE and social behaviour change interventions (e.g. continuous public health education and promotion through strategic mix of channels and approaches like mass media, social media, print and interpersonal communication channels, targeting different audiences and in different settings). Interpersonal skills training of health educators, regular orientation of influencers and local administrators will improve confidence levels on vaccines and capability to address people's concerns and timely response to misinformation and myths. UNICEF will continue to conduct and support data collection systems, including social media listening and rumour management, and assessing behavioural and social data for evidence generation, advocacy, and better understanding of the contextual drivers of COVID-19 vaccination hesitancy and accountability on vaccine uptake. Promotion of community resilience to disease outbreaks will remain a priority, through capacity building of existing social structures of governance and leadership at parish and village levels, mainly the village taskforces. Enabling effective engagement and feedback at household and village levels with different groups of affected persons through support to and deployment of trained VHTs to conduct house-to-house visits, community dialogue meeting and monthly review meetings between VHTs and health teams/supervisors will continue – through inter-agency collaboration and inter-ministerial joint planning and budgeting.

Results Achieved from Humanitarian Thematic Funding

UNICEF has successfully scaled-up its response to COVID-19 preparedness and response, multiple refugee influxes and meteorological factors, through mobilisation of high calibre technical support, and rapid deployment of emergency supplies, financial support and technical capacity through partnerships and emergency stand-by agreements (e.g. URCS, World Vision Uganda). 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

[18] U-Report Poll, UNICEF, November 2021

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 COVID-19 response and preparedness for cholera outbreaks. During the lock down, it was noted that GBV cases increased. Using the flexible thematic funds, UNICEF was able to carry out interventions aimed at reduction of such cases. Social mobilisation efforts with URCS were effective and enabled over 100 per cent reach of the set targets. This would not have been possible without the thematic humanitarian funds that enabled investment in outbreaks preparedness.

THEMATIC FUNDING CASE STUDY

Case Study 1: Social Behaviour Change – Risk Communication success story

Uganda launched the COVID-19 vaccination process in March 2021 and by May 2021, there was an imminent threat of a third wave associated with the Delta, yet vaccine uptake was still very low and with minimal compliance to the preventive measures. Kampala city reported the highest number of COVID-19 confirmed cases. In response, UNICEF Uganda launched a three-months project to intensify sensitisation and engagement of people living and working in crowded places in urban and peri-urban areas of greater Kampala – these included refugees. Kampala hosts about 105,076 refugees (6 per cent) of the total refugee population in Uganda.

Despite the intensive mass-media awareness efforts and the high level of awareness, there was minimal adherence to the recommended preventive measures and vaccine hesitancy was still high. Greater Kampala Metropolitan Area (Kampala, Wakiso and Mukono) still accounts for the greater bulk of the COVID-19 confirmed cases with Kampala district single-handedly contributing over 40 per cent to the national case count. A significant proportion of the population including the urban poor depend on word-of-mouth information and they were prone to misinformation which leads to recurring mistrust and hesitancy to the ongoing vaccination process.

The main objective of the 2021-2022 RCSM-CE Communication Strategy was to achieve total compliance to COVID-19 preventive measures and to improve COVID-19 vaccine uptake by supporting the Demand Generation and Vaccine Acceptance pillars of the National Vaccine Deployment Plan (NVDP). This was to be achieved by extending sensitisation to the established hard-to-reach and vulnerable groups and by strengthening the capacity of local leaders and mobilisers to disseminate messages using innovative means like drama, participatory approaches/dialogue and informal channels like mobile and fixed megaphone radios. It was also to ensure that communities in the urban, peri – urban areas, the urban-poor in slums and congested places are sensitised on a regular basis about COVID – 19 prevention and achieve total compliance to the SOPs as well as to increase vaccine acceptance as a means of self and communal protection.

These would improve generation of community-led preventive measures, improve the management of misinformation on COVID-19 and improve COVID-19 vaccine uptake in greater Kampala under the assumptions that radio listenership in Uganda is high at 78 per cent[19]. However, high disparities exist in accessibility to timely information and capability to make informed decisions; this is, by gender, location,

[19] The National Information Technology Survey 2017/18, The Collaboration on International ICT Policy for East and Southern Africa (CIPESA) Sample of 2,400 individuals

income and by population subgroups e.g., the urban poor and refugees. Therefore, it was important to alert the public of the impending crisis by using innovative and other informal channels of communication.

The community engagement strategy focused on strengthening the capacity of local leaders at community level to disseminate messages using participatory approaches; creating opportunities for dialogue through door-to-door visits and meetings with small groups using trained community-based mobilisers that include Village Health Teams (VHTs), Local Council (LCs) and supporting use of mobile messaging using boda-boda riders equipped with megaphones and using community radios.

US$ 60,000 of Global Thematic Humanitarian Response were utilised for this intervention.

Results at output level:

1. REACH: 535,539 people were reached and received messages on COVID-19 prevention and vaccination (185,884 adolescents, 209,206 parents, 37,655 caregivers, and 102,794 children). 101 per cent coverage of the planned target.

2. ENGAGE: 4,924 local leaders and influencers committed to act, mobilise and be part of positive change in their communities. This includes a cross-section of leaders (formal, informal and influencers) and influential groups e.g. elders and women in markets, shared identity (e.g. youths, and the sense of belonging by vocation or workplace).

3. FEEDBACK: 862 respondents participated in community dialogue meetings and provided feedback to structured questions; 49 per cent were in Kampala, followed by 29 per cent in Mukono and 23 per cent in Wakiso.

4. INCLUSION: 2,033 people in need and as special categories reached: 190 refugees, 646 persons with disabilities, 1029 older persons, and 168 street children.

Factors that enabled progress:

- Use of a private social marketing agency to build on the job skills and work with the existing mobilisers and local leaders.
- Liaisons with local leaders: Local and religious leaders were key in creating COVID-19 moments, sharing hope messages, and encouraging the community to observe the SOPs.
- Coalitions with the informal leaders through their smaller associations (traders, youths, women groups, boda-bodas).
- Joint efforts with ongoing similar efforts of the Kampala Capital City Authority (KCCA) and the private sector/municipality leaders
- Engagement of Buganda Kingdom - the Buganda Kingdom offered 175 Sub County chiefs to mobilise the communities for COVID – 19 moments and sensitisations.
- Coalitions with other IPs: United States Agency for International Development (USAID) SBCA offered DJ mentions on 10 radio stations in the Buganda region.

Challenges included-Some of the mobilisers could not respond/cope with the overwhelming level of misinformation, the high anxieties, and public queries around the COVID-19 vaccines. The people's concerns, the social economic impact of COVID-19 and the demands of the population were gross, beyond the scope of the social behavioural communication intervention. The project was also short, intensive and expensive.

UNICEF will continue to identify and use Champions/Peers (people who are willing to share COVID – 19 experiences within the same circles); provide regular updates on COVID-19 to mobilisers, local leaders and health workers to improve their confidence levels and awareness on the vaccination process; as well as improve interpersonal and group facilitation skills of frontline mobilisers and local leaders, so that they can ably lead teams to come up with community-led solutions and action plans.

Moving forward, UNICEF will continue to replicate the strategy process in other regions especially the urban centres and districts with high transit populations; continue to build on coalitions with other institutions formal e.g., the cultural, religious, the private sectors and informal like the owners of informal community radios/tower-radios. UNICEF will continue advocating with the Ministry of Health for better reach, efficient and reliable roll-out of the vaccination process and the availability of testing services in these selected communities and advocate for more resources with a longer-term implementation span.

Case Study 2: Using family led MUAC approach for early detection of children with malnutrition to avoid preventable death.

Wasting is a severe form of acute malnutrition among children. SAM increases the risk of death up to 11 times that of a well-nourished child. There is an estimated 250,000 children suffering from SAM in Uganda. SAM is highest in Karamoja and West Nile, two of the focus regions where COVID-19 is expected to have an additional impact on child wasting. Early detection and referral of children with wasting is important for timely care and treatment of such death to avoid preventable death.

To move treatment for children with severe wasting closer to communities, community-based management of acute malnutrition was endorsed in 2017. With RUTF, the community approach was supposed to drastically scale up treatment by making it easier for families to access the services, thus

improving coverage. However, many years down the road, SAM treatment coverage remains low in Uganda.

Challenges of the health system in reaching out to children early to detect and refer those malnourished to health facilities for care leads to children presenting to health facilities late with complicated SAM and poor treatment outcomes.

UNICEF and the MoH initiated an innovative and simplified approach for early detection of children with malnutrition through 'family MUAC'. Under this initiative, mothers and other caregivers are trained to screen for malnutrition among their children using colour coded MUAC tapes. These colour coded tapes enable the caregivers to easily interpret the results, detect signs of malnutrition and sick treatment at health facilities early enough.

UNICEF supported the MoH to train national trainers for family MUAC, who thereafter trained regional and district facilitators. These facilitators cascaded the training to health facilities and communities. The trained community health workers and the caregivers received MUAC tapes and stationery for documenting the details for children screened and referred for treatment in health facilities.

UNICEF Uganda's Nutrition Specialist and a consultant (IMAM) provided technical support to the MoH and district local governments in West Nile to build the capacity of the service providers and caregivers to implement and report on family MUAC. UNICEF provided financial resources for capacity building of the MoH, district, health facility and caregivers on the initiative. The agency also procured the supplies for the initiative including colour coded MUAC tapes and stationery for documentation and reporting of the initiative. The Humanitarian Global Thematic Response funds, US BPRM and BRAER/FCDO grants were the main source of funding for the family led MUAC initiative in West Nile. With these grants expiring in 2021, there is need for an additional $ 1,000,000 to sustain the initiative in West Nile and to continue with the scaling up in the rest of the country in 2022.

The family MUAC has contributed to improved screening of children for SAM at community level and to increased reporting rates in West Nile, Western Uganda and Karamoja. The total number of children 6-59 months screened increased from 262,416 in July-September 2021 to 617,657 in October-December 2021. These numbers are expected to rapidly increase in 2022 as the capacity of more caregivers is not built yet. The data is captured by VHTs through HMIS quarterly reporting forms. The primary data is documented in black books provided to them by UNICEF. The VHTs follow up with the caregivers to record the details of the children screened for malnutrition. At health facility level, the reports from the VHTs are incorporated into the quarterly HMIS reports for submission to the District Biostatistician who thereafter enters them into DHIS2.

Involving mothers and other family members in nutrition screening activities recognises the fact that they are best placed to identify early signs of malnutrition and reinforces their role in protecting and promoting their children's health while strengthening community ownership and sustainability of health and nutrition services in Uganda. While the MoH with support from UNICEF has made progress in strengthening nutrition supply chain including government commitment to procure RUTF in the coming year to boost this essential commodity pipeline and prevent mortality due to malnutrition, the 'family MUAC approach will in the long term prevent many children from becoming malnourished, thereby reduce the need and cost for treatment.

So far, the Ministry of Health with support from UNICEF and partners have integrated this approach in the national IMAM guidelines and included it in the Health Sector Management Information systems

(HMIS/DHIS2) for roll out across the country. The initiative has been scaled up from West Nile to Western Uganda and Karamoja through MoH structures. As part of the increased ownership for the initiative, UNICEF and MoH are increasingly empowering the district health teams to lead and manage the family led MUAC approach through ongoing capacity building and facilitation in the monitoring of the facilities and communities implementing the activities.

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 monitoring of key humanitarian indicators. Depending on the extent of capacity limitations, UNICEF entered into partnership agreements with relevant non-governmental organisations (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.

The MoH led COVID-19 response and preparedness activities with support from WHO and partners, including UNICEF. The national COVID-19 response plans were built around the following pillars: (i) coordination and leadership; (ii) surveillance, including laboratory support and point-of-entry screening; (iii) case management, including IPC, and safe and dignified burials; (iv) RCSM-CE; (v) logistics; (vi) vaccination and investigational therapeutics; and (vii) MHPSS, including child protection. UNICEF co-led the RCSM-CE sub-committee, and actively contributed to coordination and leadership, case management (focusing on WASH, health, education, and child nutrition), and the MHPSS pillars. UNICEF also provided technical and financial support to the National Protection against Sexual Exploitation and Abuse Network.

UNICEF supported implementation of durable solutions to chronic displacement in line with Uganda's Refugee and Host Population Empowerment Strategic Framework (ReHoPE), the Settlement Transformation Agenda (STA), and the Comprehensive Refugee Response Framework (CRRF). UNICEF, together with the GoU, supported efforts to adapt Uganda's nutrition, health, WASH, child protection, education, and social protection systems to humanitarian situations. Using a decentralised approach, UNICEF also strengthened the country's humanitarian response, including localised capacity-building, monitoring and reporting, and procurement of essential equipment and supplies. Community-based support was designed to improve delivery of targeted protection and basic services for affected children and adolescents. UNICEF, along with the government and partners at the national and district levels, strengthened multi-year planning processes to leverage domestic and international resources for communities at risk. Government contingency planning and response efforts were supported to mitigate the effects of disease outbreaks and natural disasters. In high-risk communities, UNICEF applied and scaled up existing civic engagement platforms such as U-Report to promote accountability to affected populations and build linkages between communities and local governments, and guided responsive district and sub-district planning and budgeting. Gender, HIV/AIDS, conflict sensitivity and communication for development programming were mainstreamed into all interventions.

UNICEF strengthened evidence-informed advocacy for inclusion of refugees in district and national planning and budgeting at district and inter agency levels. 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.

UNICEF integrated district planning and implementation to 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 included operationalisation of the integrated education and health plans and guidance on adolescents, ECD and child protection in humanitarian contexts.

UNICEF supported district preparedness to plan and response 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. This was done at the beginning of the year and mid-year. Consider mechanisms to strengthen UNICEF's immediate initial response capability, including the establishment of a crisis response fund, stand-by Programme Cooperation Agreements with implementing partners and internal surge rosters etc

UNICEF strengthened national and especially 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 (Child Survival & Development, Basic Education & Adolescent Development, Child Protection), showing UNICEF's combined humanitarian and development contributions, and clearly linking results with resources. In addition, UNICEF ensured a more aggressive implementation of the resource mobilisation strategy, focusing on critical gaps of the unprecedented COVID-19 disease outbreak, flooding and the refugee and humanitarian response.

UNICEF Uganda explored methods to apply and scale up the AAP approach to build community-local government linkages, guide responsive district and sub-district planning and budgeting, and build transparency and accountability. It utilised innovations in its humanitarian action including U-Report which is a free short message service for affected populations to voice their opinions and concerns. The U-Report was used to report hazards, 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 emergency partners established action teams who continue to use U-Report which has an expanded reach and ability to report hazards in local areas.

Financial Analysis

In 2021, UNICEF HAC appeal for Uganda was US$ 24.9 million to sustain life-saving services for women and children affected by multiple shocks across Uganda: including the preparedness and response to the imminent threat of COVID-19; the refugee influx from the DRC and South Sudan; flooding and long dry spells as well as other humanitarian needs. As of 31 December 2021, Japan, Liechtenstein, the Netherlands Committee for UNICEF, the Global Thematic Humanitarian Response Fund, the UN Multi-Partner Trust Fund, the US Bureau of Population, Refugees and Migration (BPRM), the Japan Committee for UNICEF (Saraya), British Government Building Resilience and an Effective Emergency Refugee Response (BRAER), Spanish Committee for UNICEF and Australian Committee for UNICEF have generously contributed US$ 9.6 million to UNICEF Uganda's humanitarian response. This is in addition to carry-over funds from 2020, totalling US$ 5.8 million. UNICEF expresses its sincere gratitude to all donors for the contributions received.

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 flexible funding is very important for development and humanitarian programme delivery. 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.

In 2021, UNICEF experienced low interest in humanitarian funding for hydrometeorological disasters, impacted by multiple global emergencies, changing global policies, donor fatigue and challenges with the global COVID-19 pandemic. Multi-year funding is ideal for different hazards since it enables a stronger focus on linking humanitarian and development programming approaches.

Table 1: 2021 Funding Status against the Appeal by Sector (Revenue in USD)

Funding Requirements 2021					
Sector	Requirements	Funds Available		Funding Gap	
		Humanitarian resources received in 2021	Resources available from 2020 (carry-over)	US$	%
Nutrition	3,412,058	633,435	494,996	2,283,627	67
Health	8,758,312	5,563,909	590,872	2,603,530	30
WASH	5,594,508	1,460,139	1,249,963	2,884,407	52
Child Protection, GBViE and PSEA	2,379,122	1,229,270	551,375	598,477	25
Education	4,855,995	695,035	2,932,534	1,228,426	25
Total	**24,999,995**	**9,581,788**	**5,819,740**	**9,598,467**	**38**

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

Table 2 - Funding Received and Available by 31 December 2021 by Donor and Funding type (in USD)

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2021		
a) Thematic Humanitarian Funds (Paste Programmable Amount from Table 3)		
See details in Table 3	SM/18/9910	10,002
	SM/20/9910	525,070
	SM/21/9910	810,830
b) Non-Thematic Humanitarian Funds (List individually all non-thematic emergency funding received in 2021 per donor in descending order)		
USA (BPRM)	SM/21/0378	3,500,000
Japan	SM/21/0240	1,640,442
Japan	SM/21/0073	1,146,981
European Commission/ECHO	SM/21/0782	929,362
Consolidated Funds from Natcoms	SM/21/0355	920,000
US Fund for UNICEF	SM/21/0623	895,069
Australia Committee for UNICEF	SM/21/0897	517,812
GAVI The Vaccine Alliance	SM/21/0563	445,392
Multi Donor Trust Fund	SM/21/0259	399,684
GAVI The Vaccine Alliance	SM21/0562	243,000
Multi Donor Trust Fund	SM/21/0261	239,776
Spanish Committee for UNICEF	SM/21/0600	237,812
Netherlands Committee for UNICEF	SM/21/0152	146,542
Liechtenstein	SM/21/0035	112,613
Japan Committee for UNICEF	SM/21/0404	100,000
Luxembourg Committee for UNICEF	SM/21/0528	100,000
Spanish Committee for UNICEF	SM/210/601	99,881
GAVI The Vaccine Alliance	SM/21/0559	36,288
Total Non-Thematic Humanitarian Funds		**11,710,654**
c) Pooled Funding **(i) CERF Grants** (Put one figure representing total CERF contributions received in 2021 through OCHA and list the grants below) **(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. (Put the figure representing total contributions received in 2021 through these various pooled funding mechanisms.)		
d) Other types of humanitarian funds		
Example: In-kind assistance (include both GRANTs for supplies & cash) Norway		

Total humanitarian funds received in 2021 (a+b+c+d)		**13,056,556**
II. Carry-over of humanitarian funds available in 2021		
e) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM/18/9910	448,299
Thematic Humanitarian Funds	SM/21/9910	315,327
f) Carry-over of non-Thematic Humanitarian Funds (List by donor, grant and programmable amount being carried forward from prior year(s) if applicable)		
UNOPS New York	SM/20/0739	869,362
The United Kingdom	SM/19/0414	336,056
GAVI The Vaccine Alliance	SM/20/0764	300
Total carry-over non-Thematic Humanitarian Funds		
Total carry-over humanitarian funds (e + f)		**1,969,344**
III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)		
Total other resources		

Table 3: Thematic Humanitarian Contributions Received in 2021

Thematic Humanitarian Contributions Received in 2021 (in USD): Donor	Grant Number[20]	Programmable Amount (in USD)	Total Contribution Amount (in USD)
US Fund for UNICEF	SM/18/9910/0633	9,526	10,003
Total		**9,526**	**10,003**

Future Work Plan

In 2022, UNICEF will continue to work in line with the Comprehensive Refugee Response Framework, support the Grand Bargain Commitments and the UNICEF Uganda Country Programme Document, which includes, providing vital nutrition, health, WASH, child protection, education and social protection services to an estimated 15.6 million women, children and men. This will include 10.9 million people reached with basic health services, over 51,000 children with treatment for SAM, 92,000 people with access to safe water, nearly 38,000 children with mental health and psychosocial support services and over 107,600 children with access to education. UNICEF intends to support over 173,000 people to safely report sexual exploitation and abuse.

UNICEF will support district local governments to incorporate humanitarian preparedness and response into their mid-term and annual district plans and adopt the health systems strengthening approach for programming for both development and emergency settings and strategies; aligned with governments' COVID-19 preparedness, response plan and strategies to ameliorate the impact of COVID-19. In the COVID-19 context, UNICEF will ensure support to preventive health guidelines, roll out of Government pandemic control protocols and mechanisms and procure and distribute critical WASH supplies and services to targeted schools, communities and health facilities; and build capacity to prevent disease transmission. UNICEF nutrition programme will primarily focus on scaling up interventions among the

[20] International Aid Transparency Initiative (IATI) requires all grants to be listed in reporting. http://iatistandard.org/

existing populations with a focus on building systems for the prevention and treating wasting and other forms of malnutrition.

Furthermore, UNICEF aims at delivering integrated lifesaving interventions to affected populations, including Risk Communication and Community Engagement (RCCE), Infection Prevention and Control (IPC) and the prevention of and protection from sexual exploitation and abuse and the accountability to affected populations. UNICEF will also provide case management and continuity of essential health and HIV and AIDS services, immunization, Child Protection and community based psychosocial support and Education. UNICEF will mainstream gender-based violence including risk mitigation measures, gender sensitivity and apply a conflict sensitivity lens to all its programmes.

To strengthen service delivery, UNICEF will focus on decentralization, scaling up preparedness planning and response, capacity building and community-based support. UNICEF will ensure that supplies reach the end-user through the established field teams. In high-risk communities, UNICEF will apply and scale up field monitoring to incorporate beneficiary feedback (through civil engagement mechanisms such as U-Report, among others); promote accountability to affected populations in line with the Uganda Country Office AAP Strategy; and local governments, build linkages between communities, ensure gender equality representing adolescent girls, women's rights and youth engagement; improve the demand for and delivery of targeted protection and basic services; and guide responsive district and sub-district planning and budgeting.

To accomplish these activities, UNICEF requires funding of US$25 million. This requirement is in line with the COVID-19 Response Plan which includes US$ 13 million for Covid-19 response as well as US$ 12 million related to the refugee response (US$ 5 million) and mitigation and management of non-COVID-19-related crises (US$ 3.5 million), including disease outbreaks and meteorological disasters (US$ 3.5 million). The CP, GBViE and PSEA sector will become a priority for 2022 given the significant increase in requirement.

UNICEF's funding requirements have been formulated with system strengthening objectives in mind and considering the presence of other actors on the ground with the capacity to cover gaps. With predictable, multi-year funding, UNICEF will be able to deliver sustainable results and strengthen the preparedness and response capacities of communities, districts, and line ministries. UNICEF will support in-country logistics and capacity-strengthening along the supply chain to include storage, warehouse, prepositioning and data management. Without sufficient funding, over 1.8 million women and children will not have access to essential health, protection, education and WASH services.

UNICEF Uganda Humanitarian Indicators 2022	2022 Targets
NUTRITION	
Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	51,015
Number of primary caregivers of children aged 0 to 23months receiving infant and young child feeding counselling	1,301,264
HEALTH and HIV and AIDS	
Number of children and women accessing primary healthcare in UNICEF-supported facilities	1,804,350
Number of children under one year vaccinated against polio	101,985
WASH	

Number of people accessing a sufficient quantity of safe water for drinking and domestic needs	125,000
Number of people use safe and appropriate sanitation facilities	35,000
Number of people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services	280,000
CHILD PROTECTION, GBViE and PSEA	
Number of children and parents/caregivers accessing mental health and psychosocial support	37,872
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	3,133,121
Number of people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	173,166
Number of unaccompanied and separated children accessing family-based care or a suitable alternative	1,838
EDUCATION	
Number of children accessing formal or non-formal primary or secondary education	93,103
Number of children accessing formal or non-formal education, including early learning	14,436
C4D, RCCE and AAP	
Number of people reached through messaging on prevention and access to services	10,983,000
Number of people engaged in risk communication and community engagement actions	2,196,600
Number of people with access to established accountability mechanisms	7,688,100

c. Human Interest Stories and Communication

Moving the diagnosis of malnutrition to the family

Ministry of Health and UNICEF launch the 'Family-Led Mid Upper Arm Circumference (MUAC) approach for early identification and referral of children with child wasting

20 December 2021

By Zakaria Fusheini, Nutrition Manager

UNICEF Uganda/2021/Abdul

It's been five months since two year-old Benjamin was diagnosed with severe acute malnutrition and enrolled on treatment at Karinga Health Centre in Nakapiripirit District.

Benjamin is among tens of thousands of children affected by malnutrition in Uganda. Nationally, an estimated 250,000 children are suffering from severe acute malnutrition, A Ministry of Health report from the routine Health Management Information System indicates that the number of severe and acute malnutrition admissions nearly doubled between January 2020 and October 2021. Worse still, a recent national report shows that nearly 6.9 per cent of the Ugandan population is food insecure, with infants and young children often bearing the brunt of nutritional deficiencies. Consequently, children's brain and body development is being compromised, negatively impacting their cognitive potential irreversibly.

Nutrition inspite of the COVID-19 pandemic

Government's restrictions to control the spread of COVID-19, social distancing, school closures, trade and movement restrictions, and countrywide lockdowns disrupted the production, transport, and sale of nutritious and affordable foods, pushing millions of families towards nutrient-poor alternatives. It is estimated that only about one out of every ten children in Uganda consume a diet with the necessary food combinations for growth and less than 20 per cent of children who require treatment for severe acute malnutrition are receiving it.

To protect children from and ensure treatment for those with severe acute malnutrition, it is important to ramp up public health efforts to support children and mothers in need while ensuring that the most vulnerable are not left behind. Globally and in Uganda, UNICEF remains a key partner of the Ministry of Health, in delivering high impact nutrition interventions aimed at preventing and treating child malnutrition in all contexts.

Through UNICEF support, Benjamin and other children suffering from severe acute malnutrition are able to receive lifesaving ready-to-use-therapeutic foods also known as RUTF, an energy-dense food that is enriched with micronutrients. Other children suffering from severe acute malnutrition and other medical complications are also able to receive therapeutic milks and rehydration salts at supported health facilities in Uganda. However, tackling malnutrition requires collective effort, right from the family level and in a timely manner.

Engaging the family in diagnosis and treatment of malnutrition

Whereas prevention and treatment of severe acute malnutrition among children cannot be postponed, the COVID-19 pandemic continues to restrict the number of children who can be reached with these life-saving services. The Ministry of Health with support from UNICEF is implementing a new innovative approach known as the 'Family-Led Mid Upper Arm Circumference' (MUAC), to support early identification, care and referral of children with malnutrition as well as reduce on the number of children presenting to health facilities late, resulting in poor treatment outcomes. The *'Family-Led Mid Upper Arm Circumference (MUAC) approach'* will be launched today in Karamoja and West Nile Sub Regions and will be scaled to the rest of the country.

Through the innovative approach, families and other caregivers are empowered to diagnose signs of malnutrition in their children using MUAC tapes, instead of purely relying on community health workers. These tapes are color-coded to enable mothers interpret the results, detect signs of malnutrition, provide appropriate care and seek treatment at health facilities early enough. Most importantly these routine checks can be done from home.

Through a consistent regimen of ready-to-use-therapeutic foods the change is Benjamin is evident and he is alert and even playful! Though Benjamin is on his way to a full recovery, there still are over children at risk of malnutrition in Uganda. Through the 'Family-Led Mid Upper Arm Circumference (MUAC) approach, it is now possible for every family to monitor, and seek early treatment to ensure health, survival, growth and development for every child.

Working towards improved responsiveness to disasters in high risk districts and communities

By Joachim Buwembo

06 September 2021

UNICEF Uganda/2021/Adriko

The old saying that "failing to prepare is preparing to fail" has been manifesting dangerously in western Uganda as floods and landslides ravage the mountainous Rwenzori sub region in recent years. This has prompted UNICEF to step in and help the affected districts learn to prepare to avert the disasters occasioned by the weather elements.

Besides climate-related issues, UNICEF has been responding to other crises in this region so prone to other disasters arising out of proximity to the Democratic Republic of Congo. These include Ebola outbreaks and frequent refugee influxes.

By policy, districts must have a District Disaster Management Committees (DDMC). However, most DDMCs have been dormant hence the efforts to awaken them as the 'natural' disasters become more frequent.

UNICEF Uganda/2021/Adriko

Flooding and landslides in the region have in fact taken on a predictable annual pattern, occurring twice a year after the rainy seasons. With the destruction of human settlements and lives becoming worse every year, UNICEF has been supporting the operationalization of the DDMCs, helping awaken them to strengthen the Emergency Preparedness Response (EPR). Disaster Preparedness in Uganda falls under the docket of Office of the Prime Minister (OPM). With funding from the People of Japan, UNICEF has enlisted Uganda Red Cross Society (URCS) to support OPM to create capacity in the affected districts for making District Contingency Plans.

From Fort Portal city, a one-hour drive on the modern road that snakes along cliffs hanging over deep valleys in the scenic alpine setting ends in the small Bundibugyo town, headquarters of the densely populated Bundibugyo District. Red Cross and OPM teams are busy with the top district management team of departmental heads and the chiefs of all the 18 sub counties and seven town councils of Bundibugyo, unpacking modern contingency planning concepts in the local context.

UNICEF Uganda/2021/Adriko

In this training session, the wisdom of the saying that failing to prepare is preparing to fail becomes abundantly clear as a URCS expert leads the local leaders through the disaster planning boot camp. At the stage of identifying the hazards in their area and the disasters facing them, some leaders - mostly women - insist on listing gender-based violence at the top. Skillfully, the Red Cross trainer illustrates that while GBV is very serious and certainly must be addressed, there is a more appropriate place where planning for it can be actioned effectively. The danger in the temptation to copy and paste a contingency plan for another district was also addressed as participants were told of the mess it caused elsewhere when a manager tried to be clever by plagiarizing another district team's plan. In the district which the URCS and OPM officials did not name, officials had done a copy and paste job of another district's plan, to avoid the rigorous process like the one the Bundibugyo team is going through. The voluminous document, which must be scrutinized in the ministries of Local Government, Finance and OPM for approval, was caught out as tell-tale signs indicated embarrassingly inexplicable similarity of some data with the other district.

Before the five-day exercise that took place over the last week of August 2021, the sub county and town council chiefs as well as the district departmental heads were required to prepare key data which they reported with to Bundibugyo town. Their team, constituted as the DDMC led by the Acting Chief Administrative Officer and

substantive Bundibugyo Town Clerk Francis Senyondo, then got down to the training that was to culminate in drafting the district's contingency plan.

Once approved, the contingency plan becomes the official document used for budgeting, advocacy, coordination, implementation, monitoring and reporting for disaster in the district. It will then be integrated into the District Development Plan for 2021-25 and get a budget line for funding. UNICEF strongly advocated for this process and mobilized the Japanese funding because it agrees with the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) on the principle that a dollar invested in preparation saves seven in response.

In the first three days, participants managed to localize concepts like the disaster cycle of preparedness, actual disaster, response, recover and mitigation. They mapped their stakeholders and identified potential ones; assessed resources and finally got down to preparing the draft on the fourth and fifth day.

Finalizing the draft, Town Clerk Senyondo expressed great optimism that they had done a good job and could not thank UNICEF enough for the support that he says is set to increase the resilience of the communities in the disaster-prone region.

End

Links to External Media and Communication

HUMAN INTEREST STORIES

COVID-19 vaccination in Uganda's remote highlands
https://www.unicef.org/uganda/stories/covid-19-vaccination-ugandas-remote-highlands

Something bad can also bring something good
https://www.unicef.org/uganda/stories/something-bad-can-also-bring-something-good

UNICEF distributes WASH supplies to schools and health centres to contain spread of COVID-19
https://www.unicef.org/uganda/stories/unicef-distributes-wash-supplies-schools-and-health-centres-contain-spread-covid-19

Uganda launches first phase of COVID-19 vaccination exercise
https://www.unicef.org/uganda/stories/uganda-launches-first-phase-covid-19-vaccination-exercise

Amidst uncertainty, 18-year-old Congolese refugee keeps her nursing dream alive
https://www.unicef.org/uganda/stories/amidst-uncertainty-18-year-old-congolese-refugee-keeps-her-nursing-dream-alive

More schools and health centres supported with WASH services in northern Uganda
https://www.unicef.org/uganda/stories/more-schools-and-health-centres-supported-wash-services-northern-uganda

Children learning how to survive with knowledge acquired from Integrated ECD programme in Lamwo
https://www.unicef.org/uganda/stories/children-learning-how-survive-knowledge-acquired-integrated-ecd-programme-lamwo

Early childhood development centres imparting life skills to children in northern Uganda
https://www.unicef.org/uganda/stories/early-childhood-development-centres-imparting-life-skills-children-northern-uganda

How the Uganda Muslim Supreme Council is leading the delivery of integrated ECD services in the West
https://www.unicef.org/uganda/stories/how-uganda-muslim-supreme-council-leading-delivery-integrated-ecd-services-west

"Though the school closed, they still come"
https://www.unicef.org/uganda/stories/though-school-closed-they-still-come

Vocational education renewing hope for refugee children in West Nile sub-region
https://www.unicef.org/uganda/stories/vocational-education-renewing-hope-refugee-children-west-nile-sub-region

Village mentors support young people to transition through adolescence
https://www.unicef.org/uganda/stories/village-mentors-support-young-people-transition-through-adolescence

"Social networking has kept me away from bad influences"
https://www.unicef.org/uganda/stories/social-networking-has-kept-me-away-bad-influences

Adolescents use self-study materials to continue learning during COVID-19 lockdown
https://www.unicef.org/uganda/stories/adolescents-use-self-study-materials-continue-learning-during-covid-19-lockdown

COVID-19 pandemic did not deter UNICEF actions in western Uganda
https://www.unicef.org/uganda/stories/covid-19-pandemic-did-not-deter-unicef-actions-western-uganda

Amidst electoral campaigns, UNICEF consolidated health and education interventions in eastern Uganda
https://www.unicef.org/uganda/stories/amidst-electoral-campaigns-unicef-consolidated-health-and-education-interventions-eastern

Over 30,000 children in West Nile screened for malnutrition
https://www.unicef.org/uganda/stories/over-30000-children-west-nile-screened-malnutrition

"Coordination and collaborations contributed to reduction of COVID-19 pandemic in Rwenzori region"
https://www.unicef.org/uganda/stories/coordination-and-collaborations-contributed-reduction-covid-19-pandemic-rwenzori-region

Seeing COVID-19 patients die was depressing
https://www.unicef.org/uganda/stories/seeing-covid-19-patients-die-was-depressing

COVID-19 testing and mass vaccination in Kamwenge District keeping numbers low
https://www.unicef.org/uganda/stories/covid-19-testing-and-mass-vaccination-kamwenge-district-keeping-numbers-low

“We used to re-use our masks”
https://www.unicef.org/uganda/stories/we-used-re-use-our-masks

UNICEF and partners make children suffering from acute malnutrition smile again
https://www.unicef.org/uganda/stories/unicef-and-partners-make-children-suffering-acute-malnutrition-smile-again

Districts in western Uganda share lessons on disaster preparedness and response
https://www.unicef.org/uganda/stories/districts-western-uganda-share-lessons-disaster-preparedness-and-response

"Working in a COVID-19 treatment centre without protective gear was scary"
https://www.unicef.org/uganda/stories/working-covid-19-treatment-centre-without-protective-gear-was-scary

COVID-19 vaccination uptake at Masaka Regional Referral Hospital
https://www.unicef.org/uganda/stories/covid-19-vaccination-uptake-masaka-regional-referral-hospital

"I died and resurrected"
https://www.unicef.org/uganda/stories/i-died-and-resurrected

When oxygen is your only saviour between life and death
https://www.unicef.org/uganda/stories/when-oxygen-your-only-saviour-between-life-and-death

School soap project supports hand hygiene during COVID-19
https://www.unicef.org/uganda/stories/school-soap-project-supports-hand-hygiene-during-covid-19

How workplace engagements are preventing the spread of COVID-19
https://www.unicef.org/uganda/stories/how-workplace-engagements-are-preventing-spread-covid-19

Girls Education Club members register zero teenage pregnancies and early marriages during COVID
https://www.unicef.org/uganda/stories/girls-education-club-members-register-zero-teenage-pregnancies-and-early-marriages-during

First UNICEF Oxygen Plant-in-a-Box heads to Uganda to help with COVID-19 response
https://www.unicef.org/uganda/stories/first-unicef-oxygen-plant-box-heads-uganda-help-covid-19-response

Bundibugyo floods push families into suffering
https://www.unicef.org/uganda/stories/bundibugyo-floods-push-families-suffering

United States donated 647,080 COVID-19 vaccines to Uganda
https://www.unicef.org/uganda/stories/united-states-donated-647080-covid-19-vaccines-uganda

UNICEF supports district planning to reduce impact of Rwenzori's bi-annual floods
https://www.unicef.org/uganda/stories/unicef-supports-district-planning-reduce-impact-rwenzoris-bi-annual-floods

COVID-19 task forces, leaders remain vigilant as the virus spreads to communities
https://www.unicef.org/uganda/stories/covid-19-task-forces-leaders-remain-vigilant-virus-spreads-communities

Stopping COVID-19 from reversing Kasese's health gains
https://www.unicef.org/uganda/stories/stopping-covid-19-reversing-kaseses-health-gains

In Kasese, Village Health Teams take to door-to-door sensitization to battle COVID-19

PHOTO ESSAYS

A journey to deliver COVID-19 vaccines to Bwama Island on Lake Bunyonyi
https://www.unicef.org/uganda/stories/journey-deliver-covid-19-vaccines-bwama-island-lake-bunyonyi

Ugandan health workers relieved to be vaccinated against COVID-19
https://www.unicef.org/uganda/stories/ugandan-health-workers-relieved-be-vaccinated-against-covid-19

UNICEF receives supplies to deliver services for children during COVID-19
https://www.unicef.org/uganda/stories/unicef-receives-supplies-deliver-services-children-during-covid-19

UNICEF and partners strengthen local leaders' capacity to better prepare and respond to emergencies
https://www.unicef.org/uganda/stories/unicef-and-partners-strengthen-local-leaders-capacity-better-prepare-and-respond

COVID-19 survivors in Masaka City share their stories
https://www.unicef.org/uganda/stories/covid-19-survivors-masaka-city-share-their-stories

VIDEOS

Wear a mask, protect yourself and your loved ones from COVID-19
https://youtu.be/Grc9j3h4sSE

Physical distancing critical to reducing the spread of COVID-19
https://youtu.be/TDsALKfqjds

Schools in Uganda are open - parents take your children to school
https://youtu.be/_isqvyndI2w

It is time to teach - schools in Uganda are open!
https://youtu.be/9u2YwWQwTls

It is time to learn - schools in Uganda are open
https://youtu.be/7qxLySViShA

What COVID-19 vaccination means for health workers and health care service delivery in Uganda.
https://youtu.be/LSJn00bfkOY

Containing COVID-19 transmission in health centres through WASH infrastructure and supplies
https://youtu.be/rrlf0yRcI70

What can you do to keep school children learning: Voices of children promising to stay in school
https://youtu.be/C1VOzP67HCs

Curbing COVID-19 transmission in school, UNICEF distributes WASH supplies
https://youtu.be/i41JOVtKqE0

How access to safe and clean water in schools is helping the containing the spread of COVID-19
https://youtu.be/cF8X2uwFk2w

Districts in western Uganda network to better manage and respond to emergencies
https://youtu.be/d0gLn1ecLUY

Skilling adolescents in Nakivale refugee settlement
https://youtu.be/R9E6-eMHqIo

UNICEF supports continuity of health services amidst COVID-19 in Masaka
https://youtu.be/tUrEjhLWO8c

Enhancing safety of health workers during the COVID-19 pandemic
https://youtu.be/txgXFiTPqck

My COVID-19 story - Abdu Kaweesi
https://youtu.be/6h1mxGmOK2U

Impact of disasters on communities - UNICEF responds
https://youtu.be/hreyenW1iXY

Local leaders trained in disaster management and response
https://youtu.be/68ZAWj9E3kA

Infection prevention and control in health facilities
https://youtu.be/WcdCFZOtbo4

Ensuring safety of health workers at the COVID-19 forefront
https://youtu.be/bzyg8qOiaNU

Village Health Teams championing community COVID-19 awareness drive
https://youtu.be/aKojgUzvy4Q

Breastfeeding and COVID-19: The five things you should know
https://youtu.be/hCaupQFukFQ

SOCIAL MEDIA LINKS

Twitter
https://twitter.com/UNICEFUganda/status/1324299123936370688
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d. Donor Feedback form

We continually strive to ensure that our donor reports are of a standard that ensures our partners that funds are being used effectively and in the best interest of the child. Hence, we are interested in your feedback to improve our performance. We kindly request you to spare a few minutes to give us feedback by completing the accompanying donor report feedback form.

Name of Report: Consolidated Emergency Report SM189910

SCORING:	5 indicates "highest level of satisfaction" 0 indicates "complete dissatisfaction"

1. To what extent did the narrative content of the report conform to your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could improve on next time?

2. To what extent did the fund utilization part of the report conform to your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could improve on next time?

3. What suggestions do you have for future reports?

4. Any other comments you would like to share with us?