Uganda

Consolidated Emergency Report 2022

Children smile as they await transportation at Kololo Independence grounds following the Presidential Directive to restrict movements in Mubende and Kassanda districts to curb the spread of the Sudan Ebolavirus Disease (EVD).

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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 lifesaving 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 especially for unprecedented emergencies like the Sudan Ebola Virus Disease (EVD) Outbreak. Continued donor support will be critical to continue scaling up the response in 2023.

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.

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Abbreviations and Acronyms

AAP	Accountability to Affected Populations
AAR	After Action Review
AEP	Accelerated Education Programme
ANC	Antenatal Care
AVSI	Associazione Volontari per il Servizio Internazionale
CCC	Core Commitments for Children in humanitarian action
CCCP	Community Child Care Practices
CCHF	Crimean Congo Haemorrhagic Fever
CDC	Centre for Disease Control and prevention
CE	Community Engagement
CEA	Community Engagement and Accountability
CEHS	Continuity of Essential Health Services
CFR	Case Fatality Ratio
CFS	Child Friendly Space
CO	Country Office
CSO	Civil Society Organisation
COVID	Corona Virus Disease
CP	Child Protection
CPC	Child Protection Committees
CRRF	Comprehensive Refugee Response Framework
DCDO	District Community Development Officers
DCT	Direct Cash Transfer
DDP	District Development Plans
DDMC	District Disaster Management Committees
DEO	District Education Office/r
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
ECW	Education Cannot Wait
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
FSNA	Food Security Nutrition Assessment
GBV	Gender Based Violence
GoU	Government of Uganda
GAVI	Global Alliance for Vaccines and Immunisation
HAC	Humanitarian Action for Children

HBC	Home Based Care
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HICG	Humanitarian Interagency Coordination Group
HMIS	Health Management Information System
HPM	Humanitarian Performance Monitoring
ICWG	Inter Cluster Working Group
ICT	Information Communication Technology
IEC	Information Education Communication
IMAM	Integrated Management of Acute Malnutrition
IMT	Incident Management Team
IOA	Integrated Outbreak Analytics
IOM	International Organisation for Migration
IPC	Infection Prevention and Control
IYCF	Infant and Young Child Feeding
IWYW	I Wash You Wash
KCCA	Kampala Capital City Authority
LC	Local Council
LLIN	Long Lasting Insecticide Treated Nets
LWF	Lutheran World Federation
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
noPV	Novel Oral Polio Vaccine
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
PCA	Programme Cooperation Agreement
PDM	Parish Development Model
PLE	Primary Leaving Examinations
PPE	Personal Protective Equipment
PSA	Pressure Swing Adsorption
PSEA	Prevention of Sexual Exploitation and Abuse
PSS	Psychosocial Support
RED/REC	Reaching every District/Reaching Every Community
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
RTRR	Reporting Tracking Referral and Response
RUIF	Ready to Use Infant Formula
RUTF	Ready to Use Therapeutic Feed
RVF	Rift Valley Fever
SAM	Severe Acute Malnutrition
SBC	Social Behaviour Change
SBS	School Based Surveillance
SCDMC	Sub County Disaster Management Committees
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
UASC	Unaccompanied and separated children
UCO	Uganda Country Office
UN	United Nations
UNDP	United Nations Development Programme
UNHCR	United Nations High Commission for Refugees
UNOCHA	United Nations Office for Coordination of Humanitarian Affairs
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
WFP	World Food Programme
WHO	World Health Organisation
WVU	World Vision Uganda

Executive Summary

UNICEF's humanitarian response in 2022 targeted areas affected by multiple hazards ranging from floods, droughts, refugee influxes to epidemics such as COVID-19 and the Ebola Virus Disease (EVD) and other disease outbreaks including the Crimean Congo Haemorrhagic (CCHF), and malaria. In response to these multi-hazards, UNICEF worked within the Humanitarian Action for children (HAC), guided by the COVID-19 Stabilization Response Plan, the Uganda National Response Plan for Ebola Virus Disease outbreak, and the Comprehensive Refugee Response Framework (CRRF), and provided vital nutrition, health, water, sanitation and hygiene, child protection, education, and Social and Behaviour Change (SBC) services to Uganda's most vulnerable children and women.

In the COVID-19 and EVD context, UNICEF continued to engage with the Ministry of Health (MoH) and partners, through the National Task Force for public health emergencies, while prioritizing continued delivery of essential health services, risk communication and community engagement for the Sudan Virus Disease outbreak. UNICEF ensured support to preventive health guidelines; the rollout of government pandemic control protocols and mechanisms; the safe re-opening of schools; remote learning; the procurement and distribution of critical WASH supplies and services to schools, communities, and health facilities; and undertook capacity building focusing on the prevention of disease transmission. As part of the response to COVID-19, UNICEF provided supplies to the Ministry of Education and Sports (MoES) to facilitate the re-opening of schools, which helped to reduce congestion in classrooms and improved the learning environment in beneficiary schools. As elaborated in the report, a total, 883,800 people in COVID-19 affected communities were reached with critical WASH supplies while 81,500 people had access to clean water through institutional support.

During the EVD response, UNICEF was represented at both strategic and operational levels of the coordination with the government and other UN agencies and was also an observer on the Scientific Advisory Committee. UNICEF co-led the risk communication and community engagement and continuity of essential services pillars, and actively contributed to the coordination and leadership, logistics and supplies, ICT and innovations, and case management (nutrition and Mental Health and Psychosocial Support - MHPSS) pillars. Across interventions, UNICEF prioritized Gender Based Violence (GBV) risk mitigation and Protection from Sexual Exploitation and Abuse (PSEA). In addition, UNICEF field office staff provided technical and operational support to the EVD district task forces in UNICEF focus areas. Overall, a total of 1,804,350 children and women in affected areas accessed primary health care in UNICEF-supported facilities in 2022.

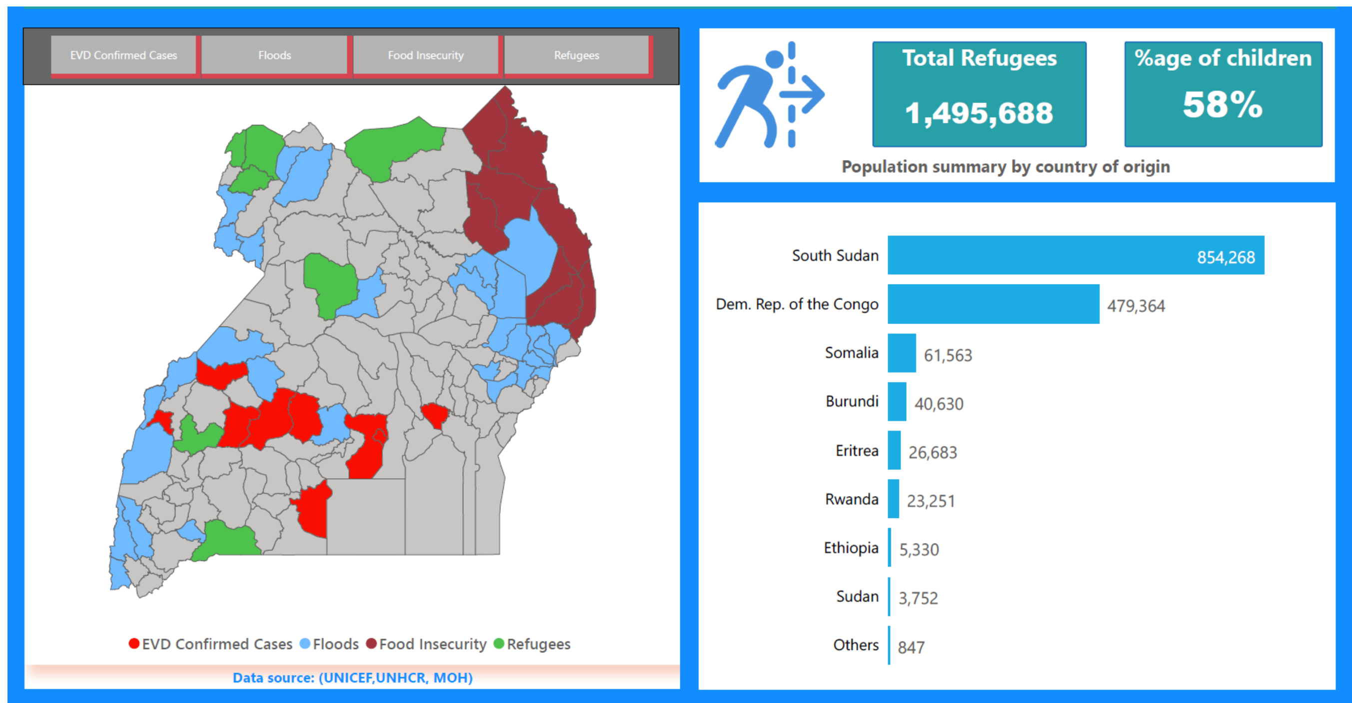
In response to the floods, which damaged infrastructure, including WASH facilities and increased the risk of water-borne diseases, UNICEF provided critical WASH supplies and tents for affected schools and reached over 348,956 (60%) of the affected population with basic messages/risk communication on floods and prevention of related diseases like cholera, malaria, including COVID-19. To respond to the drought-induced humanitarian situation in the Karamoja region, UNICEF rehabilitated boreholes and provided critical nutrition and protection services. Through WASH supply distribution, 277 schools and 79 health facilities in Karamoja were reached, benefitting 176,509 people, mostly children. A total of 294,859 children under-five were screened for malnutrition in all nine districts of Karamoja region; 50,225 (9,306 severe and 40,919 moderate) malnourished children were identified and referred for treatment; and 30,637 of the targeted children with severe wasting were admitted for treatment in inpatient and outpatient therapeutic care. UNICEF also reached 570 children (274 boys, 296 girls) with individual child protection case management services in response to different forms of violence, including sexual violence within the drought affected Karamoja region.

In responding to the refugee influxes UNICEF maintained and implemented its Memorandum of Understanding (MoU) signed with UNHCR aimed at an effective and efficient coordination of the response and at defining clear roles and responsibilities for each party. UNICEF continued to support the government's emergency preparedness and response capacity through trainings and maintained its humanitarian response in refugee-hosting districts, including by supporting the implementation of the CRRF in Uganda. UNICEF continued to co-chair with UNHCR, the national refugee child protection sub-working group providing guidance and technical support to all partners to ensure a harmonized response to protection concerns faced by children in refugee-hosting districts. Similarly, UNICEF also provided strategic support to MoES and the Education Response Plan (ERP) Steering Committee on the management of refugee education response. In total, 6,168 children (2,735 boys, 3,433 girls, including 99 children with disabilities) were reached with critical child protection case management services; 23,746 children (11,871 boys, 11,875 girls, including 82 children with disabilities) were reached with recreational and psychosocial support services; and 31,659 (15,355 male;16,304 female) pre-primary age children were enrolled for Early Childhood Care Development programmes with UNICEF support in the eight refugee-hosting districts[1].

Finally, UNICEF contributed to the strengthening of Inter-Agency coordination mechanisms by actively participating in the in-country interagency PSEA Task Force, and technically supporting the Humanitarian Interagency Coordination Group (HICG) led by the United Nations Resident Coordinator's Office at the national and sub-national levels. The support to HICG included developing a joint contingency plan for natural disasters and supporting the request for a joint Central Emergency Response Fund (CERF) proposal targeting the Karamoja response. UNICEF Uganda in partnership with the Office of the Prime Minister (OPM) and World Vision Uganda continued to build upon the foundations laid out in its 2021 Emergency and Planning and Response (EPR) initiative by scaling up capacity strengthening to 14 selected districts and sub-county disaster management committees on emergency preparedness and response.

[1] Yumbe, Koboko, Terego, Adjumani, Kamwenge, Kyegegwa, Kikuube and Isingiro districts

Humanitarian Context



By the end of 2022, Uganda's MoH recorded a cumulative total of 170,114 COVID-19 cases, including a cumulative 3,630 deaths (with a case fatality rate of 2.1 per cent). Average positivity rates remained below one per cent for all tested samples though with variations across districts and regions. The number of children confirmed with COVID-19 remained low at about 14 per cent.

In 2022, Uganda continued to experience the direct and indirect effects of the COVID-19 pandemic, which put serious strains on the socio-economic activities and the provision of social services in the country. The pandemic and the restrictions imposed to contain the spread of COVID-19 had a destructive impact on the country's economy and its ability to provide support to vulnerable communities. The country experienced one of the longest school closures leaving children out of school for two years. This had a double impact on school retention and child protection. One out of ten school children did not report back to school in January 2022 after schools were closed for the two years. [2] The closures also led to increases in teenage pregnancy and early marriage. The Uganda Child Helpline (SAUTI3) reported 800 cases of sexual abuse from January to May during COVID-19 lock down including increased cases of teenage pregnancies and child marriages and up to 4,442 cases of defilement between January and April. Out of school children are some of the most vulnerable and marginalized in society as they are the least likely to be able to read, write or do basic Math and are cut off from the safety net that schools provide which puts them at an increased risk of exploitation (sexual or nonsexual), violence and a lifetime of poverty and deprivation.

[2] Uganda National Examinations Board (UNEB) study published in 2022

3 This offers a toll-free telephone service on the short code 116 which is accessible on all telecommunication networks in the country. The telephone service operates 24/7 and is just one of the ways in which the Child Helpline aims to protect children.

On 20 September 2022, Ugandan health authorities declared the outbreak of the EVD caused by the Sudan Virus after the confirmation of a case in Mubende District. By 31 December 2022, the outbreak had spread to nine districts (Mubende, Kassanda, Kagadi, Kyegegwa, Bunyangabu, Kampala, Wakiso, Masaka and Jinja) where at least one Ebola case was reported. The total number of confirmed EVD cases in Uganda in 2022 was 142 with 55 deaths out of which 28 cases were children and 12 of them died. The Case Fatality Ratio (CFR) among confirmed cases was 39 per cent, with 87 (61 per cent) recoveries and 22 probable cases. The total number of health workers infected with EVD was 19 and of these, seven died (CFR of 37 per cent). A total of 1,777 contacts were actively followed up in 10 districts (including Kakumiro District) with an average follow-up rate of 87 per cent. The MoH declared Uganda free of the Sudan Ebolavirus on 11 January 2023, following 42 consecutive days with no new confirmed cases. Moving forward, MoH, WHO and Partners, including UNICEF Uganda, will be implementing post-EVD recovery actions with agreed key priorities for the next six months starting mid-January 2023. Though this latest outbreak of EVD was contained four months after the first case, this was the fifth EVD outbreak in Uganda highlighting the need for prevention and preparedness efforts to continue moving forward.

Additionally, in 2022, the country witnessed and responded to several small-scale outbreaks including measles in Lamwo District[4] with eight children whose samples tested positive. A Crimean Congo Haemorrhagic (CCHF) outbreak was confirmed in Rakai District and four other districts: Wakiso, Amuru, Kaberamido and Mubende, and yellow fever cases were reported in the districts of Wakiso, Buikwe and Masaka. MoH, working with the Ministry of Agriculture, set up an Incident Management Team (IMT) and appointed a commander who oversaw the response across the affected districts. As part of its response, UNICEF supported MoH to introduce the yellow fever vaccine into routine immunization in October 2022. Moreover, the country continued to witness a malaria upsurge in almost 70 districts, including disaster-prone ones, and these were responded to with the leadership of the MoH under the Malaria Control Programme. Following the confirmation of cases of monkeypox virus in the Democratic Republic of Congo (DRC), MoH with the support of its partners, developed a monkey pox response plan and maintained a high alert for surveillance and monitoring in order to prevent the virus from spreading in Uganda. Finally, the country also conducted two rounds of *novel oral polio vaccine* (nOPV) house-to-house campaigns in response to a confirmed case of polio in 2021 in all districts affected by hazards except for districts that had Ebola cases[5]. The multiple disease outbreaks experienced by Uganda and its neighbouring countries highlight the increasing risk faced by the country and its population and stresses the need for adequate public health emergency preparedness.

Climate change and its detrimental effects also continue to threaten the lives of the population in Uganda including its children. The International Organization for Migration (IOM)[6] Multihazard Infographic Response/DRR Platform reported between January and December 2022 that a total of 171,148 people had been affected by floods, landslides, and hailstorms of which forty-three per cent were children. Of those affected, 22,456 individuals were displaced internally and now face additional vulnerabilities and challenges. High priority needs in the affected districts included food assistance, water supply, sanitation, hygiene promotion, health, shelter, non-food items (NFIs), protection and nutrition services. The months of March, April, and May were generally characterized by average rainfall countrywide, although the northern and eastern parts of the country, including Karamoja sub

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[4] South Sudan refugee-hosting district.

[5] Kampala, Wakiso, Mukono, Kassanda and Mubende

[6] IOM Uganda Multi-hazard Infographic Response/DRR Platform 2022: https://displacement.iom.int/sites/g/files/tmzbdl1461/files/reports/UGANDA%20MULTI-HAZARD%NOVEMBER%202022%20INFOGRAPHIC.pdf

region, experienced drought conditions due to high temperatures, increasing the risk of food insecurity and conflicts over resources.[7] In June, the country noted a reduction in extreme weather events as the March, April, May (MAM) rainy season came to an end. Towards the end of the second half of the year heavy storms, hailstorms, landslides, and floods were reported in Mbale, Sironko, Kasese, Bundibugyo, Tororo, Busia, Kayunga and Kampala districts resulting in the destruction of infrastructure and the increased risk of waterborne and climate-sensitive diseases. Climate hazards also amplify protection risks for children by increasing separation, psychosocial distress, and neglect and by exacerbating pre-existing levels of violence.

Throughout 2022, the situation in Karamoja has remained a major challenge due to the severe droughts experienced in the region. The preliminary Integrated Food Security Phase Classification (IPC) analysis published in May 2022 indicated a deterioration in the food security situation in the Karamoja sub-region. Compared to 2021, there was a reported decrease in the number of people classified as IPC4 (emergency) and IPC5 (famine). However, those classified as IPC1-3[8] increased, translating into approximately 520,000 food-insecure people (Phase 3+) compared to 361,000 the previous year. The number of people who are food-insecure has thus increased leaving tremendous needs to be addressed to overcome the severe food insecurity. Moreover, the prevalence of acute malnutrition among children in Karamoja was reported to be at critical levels (13.1 per cent, representing an increase from 9.7 per cent in 2020), with Moroto at 22 percent and Kaabong at 19.8 percent exhibiting the highest rates that urgently need to be addressed.

A total of 22,740 children with severe wasting in the sub region required urgent treatment in the first half of 2022. In the second half of 2022, the number of households facing stressed (IPC Phase 2) or worse outcomes was decreasing alongside increased availability of food from own crop production and partner efforts. In Karamoja, however, below-average household food stocks and above-average staple prices continue to constrain food access amidst limited opportunities for income-earning.[9] Across monitored Karamoja markets, prices of staple sorghum grain increased from 17 to 28 per cent from October to November, reaching levels of 22 to 71 percent higher than prices recorded last year and the five-year average. Rising prices are being driven by the below-average 2022 main harvest in Karamoja, below-average national production in 2022, delays in supplies from neighboring sub-regions reaching Karamoja, high prices of fuel, and general inflation in the country. This has also seriously worsened the food insecurity in the region leaving many with no access to food at all.

According to the United Nations High Commissioner for Refugees (UNHCR) and Office of the Prime Minister (OPM), Uganda was home to over 1,495,688 refugees and asylum-seekers as of 31 December 2022. Of these, 58 per cent were children.[10] Of the total registered population, 97 per cent were refugees and three per cent were asylum-seekers, with approximately 94 per cent of the refugees that have been registered since the start of 2022. In March, conflict in the DRC provinces of North Kivu and Ituri resumed, with an estimated 35,129 new arrivals received in Kisoro district since the end of the month. Ongoing fighting in DRC has made the border along Kisoro unpredictable. The continuous influx of refugees puts crucial strains on the Government of Uganda (GoU) and humanitarian and development organizations to provide the necessary socio-economic services to refugees as well as host communities. For instance, the influx has exacerbated the pressure on school facilities in refugee

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[7] The most affected districts include Kasese, Mubende, Bulambuli, Kanungu, Kapelebyong, Kikuube, Mbale, Bukedea, Apac, Katakwi, Nebbi, Amuria, Kisoro, Rwampara, Zombo and Kakumiro.

[8] IPC levels are interpreted as follows: IPC 1 – minimal; IPC 2 – Stressed; and IPC3 - Crisis

[9] Famine Early Warning System Network (FEWS NET): https://fews.net/east-africa/uganda

[10] Uganda Comprehensive Refugee Response Portal: https://data.unhcr.org/en/country/uga

settlements. As new refugees were resettled, school-aged children were enrolled in the nearest schools, most of which were already overcrowded and struggling with inadequate facilities, especially in the lower classes. The same is true for livelihoods interventions aimed at supporting the refugee and host communities, as well, as health and nutrition interventions. The vulnerable populations, particularly women and children, continue to require crucial support where the needs are systematically increasing.

Humanitarian Results

In 2022, Uganda responded to several crises including a nutrition crisis in Karamoja, the refugee influx from DRC, Burundi and South Sudan, disease outbreaks such as Ebola, and flooding in Eastern Uganda. UNICEF focused on strengthened linkages between development and humanitarian programming through focused engagement with district authorities. UNICEF supported capacity building of district local planning and budgeting authorities in the refugee-hosting districts to strengthen integrated service delivery. Districts were also supported to develop risk-informed plans to enable stronger preparedness and response to all hazards. 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.

Below is an analysis of UNICEF's achievements for 2022. UNICEF's ability to leverage its development resources to respond to the most urgent needs in all affected areas largely contributed to the success realised in reaching children and women affected by the crises.

Nutrition

NUTRITION	Target	Result
# of Primary caregivers of children aged 0-23 months receiving infant and young child feeding counselling	1,301,264	1,545,370
# of Children aged 6-59 months with severe acute malnutrition admitted for treatment	51,015	44,348

Following the 2022 Food and Security Nutrition Analysis (FSNA) results in April 2022, which revealed a critical level of child wasting in Karamoja, UNICEF in partnership with the Ministry of Health, conducted mass screening for child wasting and integrated community outreaches; procured and prepositioned therapeutic supplies for the treatment of malnourished children; built the capacity of frontline service providers at health facility and community levels and strengthened human resources for the nutrition crisis response. A total of 294,859 children under-five were screened for malnutrition in all nine districts of the Karamoja region, and 50,225 (9,306 severe and 40,919 moderate) malnourished children were identified and referred for treatment.

From January to December 2022, a total of 30,637 of the target children with severe wasting were admitted for treatment in inpatient and outpatient therapeutic care, constituting 124 per cent of the targeted 22,740 children. In addition, 645,846 people were reached with integrated social behavior change messages on nutrition, including child feeding and nutrition screening. Screening children helped to identify the vulnerable children who were severely malnourished and allowed them to receive the appropriate treatment.

Similar support was extended to the refugee hosting districts in which 13,711 children received treatment for severe child malnutrition between January and December 2022. Up to 130,537 pregnant women attended antenatal care (ANC) in Karamoja and 617,246 pregnant women in refugee-hosting districts received counselling on infant and young child feeding (IYCF). In addition, 239,880 children aged 6-59 months in the Karamoja sub region were supplemented with a dose of vitamin A in the first semester (January-June) of 2022, exceeding the target of 195,185, while 130 per cent (254,633) of the targeted children were supplemented with a dose of vitamin A in the second half of the year by 31 December 2022. Similarly, 699,953 children in refugee-hosting districts were supplemented with a dose of vitamin A in the first semester, while 803,772 were supplemented with a dose of vitamin A in the second semester. Vitamin A supplementation increases children's immunity against diseases given the nutritional challenges arising from the looming drought situation.

To strengthen the nutrition response in Karamoja, UNICEF reinforced the human resource capacity and deployed 11 nutrition consultants, facilitated the deployment of 18 MoH surge teams to the region, and provided financial support to pay the salaries of five nutritionists recruited by the Ministry of Health. Moreover, as part of strengthening nutrition surveillance and emergency preparedness, the Integrated Management of Acute Malnutrition (IMAM) surge approach was rolled out in 71 per cent (99 of the 140) of the health facilities offering IMAM services in the Karamoja region, and efforts are ongoing to reach the remaining health facilities. Additionally, all nine districts were supported to develop 2023 nutrition emergency response and preparedness plans based on the lessons learned from the 2022 nutrition response.

Since the EVD outbreak in September 2022, UNICEF has supported MoH through the case management pillar to draft a national EVD and nutrition response and preparedness plan. To strengthen the response, a total of 749 out of the targeted 800 (94 per cent) health workers have been trained in nutrition care and management in the context of EVD. UNICEF supported appropriate nutritional care and management of EVD patients at established Ebola Treatment Units (ETUs)/isolation units in affected districts; prepositioned 27,184 packs of Ready to Use Infant Formula (RUIF); and continued to support 79 infants 0-6 months with RUIF. A total of 560/647 (87 per cent) children received nutrition screening and 647 children received appropriate nutrition care and management on admission to established ETU/isolation units. A total 16,132 mothers/care takers received key messages on Infant and Young Child feeding through group and individual counseling. A total of 75 of the targeted 79 (95 per cent) lactating mothers were supported through intensive IYCF Counselling and were able to re-lactate successfully. The sensitization helped to increase awareness and confidence among health workers, mothers, and caregivers on infant and young feeding for those affected by Ebola disease including inpatients, outpatients, and care takers. RUIF enabled babies to continue feeding if their mothers were sick and unable to breastfeed as recommended by the doctors.

The achieved results are attributed to a number of actions including; capacity building for district teams and community service providers on family led Mid Upper Arm Circumference (MUAC) and Maternal Infant Young Child and Adolescent Nutrition (MIYCAN) increased information management capacity, and continuous availability of nutrition supplies including RUIF which ensured survival of babies whose

mothers were in the ETU and unable to breast feed and (Ready to Use Therapeutic Feed) RUTF for the management of Severe Acute Malnutrition (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. UNICEF continued to support training of service providers across the country so that quality services are offered to clients to increase adoption of the recommended practices and behaviors which prevent stunting and wasting in children.

The reasons for not reaching all the targeted people with SAM included negative attitudes and harmful social norms of caregivers, high food insecurity affecting SAM program performance, weak community engagement and mobilization and limited funding for preparedness and response for nutrition in emergencies e.g., capacity building for district disaster management committees with emphasis on nutrition issues. There is need for timely procurement of SAM management supplies to avoid anticipated pipeline break. There is also need for stronger community engagement and mobilization for wasting prevention, and timely identification and referral of SAM cases to improve treatment outcomes.

Health and HIV/AIDS

HEALTH AND HIV/AIDS	Targets	Results
# of Children under one year vaccinated against polio	101,985	147,529
# of Children and women accessing primary health care in UNICEF-supported facilities	1,804,350	1,225,346

From January to December 2022, a total of 1,225,346 (68 per cent of 1,804,350) targeted children and women received essential health care services, including immunization and prenatal, postnatal, HIV and gender-based violence care in the 21 UNICEF focus districts. The MoH and implementing partners, including UNICEF, have continued to support and implement the COVID-19 stabilization response plan for Uganda and focused on the vaccination of the missed target groups while opening up the target group to children aged 12 to 17 years. For the 12-17 years target of 6,520,114, 24 per cent (1,583,860) received the first dose, while those fully vaccinated were 6 per cent (401,873), with 76 per cent (4,936,254) not vaccinated at all. By the end of 2022, a total of 26,351,139 COVID-19 vaccine doses had been administered. Of the target population (18+ years) of 21,464,705 people, about 59 per cent have been fully vaccinated,[11] while 82 per cent have received the first dose. The Karamoja region is the only region with a first dose coverage below 50 per cent. The MoH still emphasizes observance of the Standard Operating Procedures (SOPs) with a focus on indoor activities, enhanced school-based surveillance, ensured access to COVID-19 vaccination to all eligible populations using the accelerated mass vaccination campaigns (AMVC) and integrating COVID-19 response activities into routine programming. However, since the outbreak of Ebola less attention has been given to COVID-19 and vaccination.

During this reporting period, UNICEF continued to engage with MoH and partners, through the National Task Force for public health emergencies, while prioritizing the continued delivery of essential health services, risk communication and community engagement for the EVD outbreak. UNICEF provided 11

[11] According to MoH, full vaccination refers to the uptake of at least two doses of the vaccine for a vaccine requiring two doses or receiving a single dose for a single-dose vaccine. It does not include receiving booster doses.

tablets and 15 vehicles to the Ebola response team to support data management at field level in Mubende and other affected districts. This supported timely reporting of cases and prompting of action by health workers. Additionally, two officers were further deployed to support the Go-data roll out and Integrated Outbreak Data Analytics (IOA). UNICEF further provided 17 high performance tents to support the set-up of the ETU in Mubende District (six tents), Kassanda District and Mulago National Referral Hospital to treat confirmed Ebola cases. Two tents were assigned to Mukono District to support decongestion and continuity of health services at Mukono General Hospital and Goma Health Centre IV. UNICEF deployed six vehicles to Kassanda and 10 to Mubende districts to support burial teams, whose allowances were also provided. This facilitated timely safe and dignified burials given that the Ebola virus spreads quickly and if not managed the situation could deteriorate in a very short period of time. UNICEF scaled up risk communication and community engagement to reinforce early reporting and treatment-seeking behaviour as well as adherence to case management and infection prevention protocols through the Village Health Teams (VHTs). These interventions significantly contributed to the control of the spread of Ebola.

Figure 2: Ebola Treatment Unit in Mubende District that was constructed by MSF International with support from UNICEF and WHO. Credit: © UNICEF Uganda/2022/Stuart Tibaweswa

UNICEF working with MoH Malaria Control Programme and through the National Task Force, supported the mass administration of antimalarials and distribution of long-lasting insecticidal nets (LLINs) with the goal of reducing malaria morbidity and mortality in Mubende and Kassanda districts. With support from the Malaria Consortium (MC) as the lead partner, district health teams applied a house-to-house approach through VHTs and a total of 71,489 and 73,556 bed nets were received in Mubende and Kassanda districts respectively though these will be distributed in the first quarter of 2023. This helped to control malaria infections which severely reduces the immunity of children and women and exposes them to Ebola infections when visiting health facilities and can also lead to increased mortality due to co-infections among Ebola infected children and women in the health facilities.

Though there were no new cases of polio reported, UNICEF worked with other development partners, including WHO, to support the MoH to carry out two rounds of polio vaccination campaigns across the country. The coverage for the second campaign was 95 per cent of the targeted 9,046,166 children under 5 years of age, which was an improvement from the 93 per cent covered in the first round. A mass measles rubella campaign was conducted covering refugee settlements, with children up to 15 years targeted. A total of 25,720 children received the measles vaccine over a five-day campaign. Moreover, with the confirmation of monkeypox in many countries, including the DRC, Uganda remained on alert and developed a response and preparedness plan.

These achievements were made possible by the adoption of a health system strengthening approach, which provided an opportunity for improved planning for service delivery especially around outreaches amidst COVID-19 and EVD outbreaks. They were also made possible by UNICEF's active participation in the various key structures/pillars such as the Incident Management Team, the National Task Force, and the surveillance and case management pillar meetings at the national level. Additionally, UNICEF

was also a co-chair of the service continuity pillar within the COVID-19 and EVD 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 played a key role in promoting and disseminating national guidance on the continuity of essential health services.

The targets were exceeded due to flexibility in reprogramming which paved the way for advancing support for COVID-19 and EVD interventions at national and sub national levels. For Polio indicator, the target was exceeded due to the lifting of the lockdown in January 2022 and the promotion of essential health guidelines and social mobilisation efforts that encouraged people to seek health services at facilities. The Polio campaign in April also led to an increase in the access of routine services, hence reaching more children under one year of age than targeted in 2021.

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 especially as momentum is building up towards the implementation of the Parish Development Model (PDM). This model facilitates reaching the village level, which is the lowest administration point. UNICEF through its zonal offices, and implementing partners such as AVSI and Baylor, among others, will continue to promote the continuity of essential health services, and the creation of awareness for prevention and control of EVD and COVID-19.

Child Protection

CHILD PROTECTION	Targets	Results
# of Children registered as unaccompanied or separated who accessed family-based care or a suitable alternative	1,838	1,322
# of Children and parents/caregivers accessing mental health and psychosocial support	37,872	54,458
# of Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions***	3,133,121	19,222
# of People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	173,166	195,596

In 2022, with support from UNICEF, 7,403 children (3,554 girls, 3,849 boys) in humanitarian situations benefitted from individual child protection case management services. A total of 1,322 unaccompanied and separated children (705 boys, 617 girls) were provided with adequate alternative care services. Through multiple approaches, 54,862 individuals, including 19,418 boys, 22,670 girls, 5,824 male caregivers and 6,950 female caregivers, benefitted from mental health and psychosocial support services (MHPSS).

In refugee-hosting districts, UNICEF and partners reached 6,168 children (2,735 boys, 3,433 girls, including 99 children with disabilities) with critical child protection case management services, including direct support and referrals to other service providers (health, education, legal and psychosocial support). A total of 892 unaccompanied and separated children (513 boys, 379 girls, including 15 children with disabilities) were provided with adequate alternative care services, including placement in foster families. In addition, 195 children (180 girls, 15 boys, including 10 children with disabilities) affected by different forms of sexual violence received multi-sectoral services such as health, psychosocial, legal, and safety support from UNICEF and partners. Recreational and psychosocial support services continued to be provided through Child Friendly Spaces, mobile home-based psychosocial support and other community-based activities reaching 23,746 children (11,871 boys, 11,875 girls, including 82 children with disabilities) in refugee-hosting districts. 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 harmonized response to protection concerns faced by children in refugee-hosting districts. These activities have ensured that children are safe and protected from any violence. Through MHPSS and recreational activities at child friendly spaces, this strengthened protective factors for the child, including their ability to identify dangerous and risky situations and know where and how to ask for support and report concerns. Psychosocial support can help promote holistic child and adolescent development, including physical, emotional, and social development.

In response to the nutrition crisis, UNICEF, in partnership with local governments and civil society organisations (CSO) provided critical life-saving child protection, prevention and response services in the Karamoja sub-region. UNICEF trained District Local Government (DLG) staff in affected districts (Kassanda, Mubende, Kyegegwa, Kampala and Wakiso) on child protection in emergencies, strengthening the knowledge and capacity of key stakeholders, and including the community development, education and health departments at district and sub-county levels. This ensures the relevant stakeholders have the relevant knowledge and skills to respond to abuses and disregard faced by children. Up to 570 children (274 boys, 296 girls) were reached with individual child protection case management services in response to different forms of violence, including sexual violence, and were provided with follow-up and referrals based on individual needs. To strengthen children and caregiver resilience and provide them with a sense of stability and belonging whilst strengthening social relationships, 325 caregivers (144 male, 181 female) and 5,649 children (3,607 boys, 2,042 girls) benefitted from community-based psychosocial support.

In response to the EVD outbreak in September 2022, UNICEF integrated MHPSS and Child Protection into all aspects of its response. UNICEF worked closely with the Ministry of Health to ensure the functionality of the national MHPSS sub-pillar under the case management pillar through regular participation and provision of technical and operational support, in addition to being a core member of the sub-national MHPSS sub-pillars in affected districts. To ensure the provision of adequate MHPSS to children and families in communities, isolation sites, ETUs and upon return home, UNICEF, in partnership with Butabika National Mental Health Referral Hospital and DLGs, trained 419 (220 female, 199 male) individuals including health workers, social welfare staff, other district officials, VHT members and para-social workers on MHPSS and child protection in the EVD context. Through deployments of trained staff and volunteers to isolation sites, ETUs and communities, UNICEF provided MHPSS services to 16,359 children (9,520 girls, 6,839 boys, including 4 boys and 1 girl with disabilities) and 4,671 caregivers (3,515 female, 1,156 male). This support was provided to children and families left without care during admission of family members to institutions, to children and caregivers admitted to isolation sites and ETUs during, after discharge, resettlement, and reintegration, and for family and community members in affected locations.

To prevent violence against children within the EVD context, UNICEF conducted sensitization on child protection and mental health and psychosocial issues reaching a total of 3,807 individuals (1,547 female, 2,260 male) in EVD affected districts. UNICEF and partners provided critical child protection case management services to 129 child survivors of violence (77 girls, 52 boys) within the EVD context. In addition, 15 children (10 girls, 5 boys) temporarily separated from caregivers and families, benefitted from alternative care services including placement in foster families. To ensure the safety and well-being of children in isolation sites and ETUs, and to strengthen their psychosocial well-being, UNICEF worked closely with the case management pillar and clinical sub-pillar at national and district levels. UNICEF developed a child-friendly ETU guidance document that was disseminated through the case management pillar and provided practical guidance to health workers in ETUs on ensuring the

protection of children. Play materials for individual children of different age groups was provided to isolation sites and ETUs and administered by MHPSS teams in the sites in close collaboration with the District Community Services Department and with support from UNICEF. In Mubende district, UNICEF, in partnership with the DLG, identified, vetted, oriented, and supported a female survivor to provide temporary support to a baby admitted alone to the isolation site.

UNICEF continued to commit itself to holding the highest standards of PSEA in all of its emergency responses, including establishing community-based complaint mechanisms (CBCMs) for easy access to a reporting channel among the affected communities. Eighty (25 male, 55 female) members of the Child Help Line (Sauti Toll Free 116) team have recently received capacity-building efforts in receiving, recording, and referring SEA cases and rapidly assisting adult and child SEA survivors in all emergencies. A total of 1,496 (634 male, 862 female) community members have had access to at least one of UNICEF's SEA reporting channels during this period. Cumulatively, 19,222 women, girls and boys accessed gender-based violence risk mitigation prevention or response interventions while 195,596 people have accessed safe channels to report sexual exploitation and abuse cases.

Overachievement of results in MHPSS indicators stem from the integration of Case Management and MHPSS across all programming. The continued partnership with Butabika Hospital (National Mental Health Referral Hospital) to strengthen MMHPSS structures at regional, district and community level through training of trainers (ToTs) services for children and their families. The PSEA overachievement was due to dedicated technical support from UNICEF, follow up of partners and strengthened reporting. UNICEF also continued to be part of the interagency coordination efforts for PSEA which enabled development of integrated strategies and hence the results earned.

The GBV targets were set based on assumptions that there would be a large-scale mass media campaign (radio) on GBV risk mitigation, prevention, and response. However, the anticipated funding was not received and thus the campaign could not be rolled out, hence the low targets achieved. The registered achievement was what each sector could integrate in their normal programming.

Conducting safety audits and adoption of safety audit tools by sectors is paramount in effective GBV programming as well as timely integration of GBV/PSEA in public health emergencies.

Education

EDUCATION	Targets	Results
# of Children accessing formal or non-formal primary or secondary education	93,103	118,770
# of Children accessing formal or non-formal education, including early learning	14,436	31,659

The UNICEF humanitarian response in 2022 benefitted a total 150,429 (78,223 male, 72,206 female) children in the fields of Early Childhood Development, Quality Education, and Adolescent Development programmes including primary and secondary education. This support covered refugee settlements and host communities, flood-affected districts and schools, and communities affected by disease outbreak (COVID-19 and EVD). UNICEF also provided technical support to the Ministry of Education and Sports, Ministry of Health and affected district local governments and NGO partners to respond effectively to the needs of communities affected by emergencies.

The Government of Uganda reopened all schools and education institutions on 10 January 2022 following 22 months of COVID-19 school closures that first began in March 2020. UNICEF, in collaboration with MoES and MoH, supported the nationwide rollout of training on school-based disease surveillance system covering more than 32,600 primary and secondary schools in preparation for the

safe reopening of schools. At least 109,000 teachers nationwide were reached with knowledge and skills to implement infection prevention and control measures for COVID-19 enabling schools to remain safe and operational throughout the year. These activities supported the efforts to keep schools open amidst the COVID-19 crisis, which was successful as schools remain open to this day.

To ensure recovery of lost learning, UNICEF supported the training of 480 (224 male, 256 female) teachers from schools in eight refugee-hosting districts on the abridged curriculum, benefitting 84,064 (44,117 male, 39,947 female) children in primary schools in targeted refugee-hosting districts. The teachers also received training to provide psychosocial support to learners as they reported to schools since school closures had impacted the learners and teachers negatively. UNICEF provided 380 tents to the MoES in support of safe school re-opening after COVID-19. This helped to reduce congestion in classrooms and improved the learning environment in beneficiary schools. The tents were installed in 123 schools and educational institutions, benefiting 23,560 (12,251 male, 11,309 female) children in 87 target districts. As a result, these schools were able to admit more learners in lower classes, providing learning opportunity for the two cohorts of Primary One learners who failed to enroll in schools due to the COVID-19 school closures.

Additionally, UNICEF distributed and installed 42 new high-performance tents in 14 schools affected by floods across eight districts to facilitate the safe re-opening of schools and to decongest classrooms, benefitting a total of 5,193 learners (2,512 boys and 2,681 girls). In addition, 234 desks and 13 blackboards were procured and distributed to flood-affected schools, enabling the schools to comply with COVID-19 SOPs and guidelines for safe school re-opening.

After nearly two years of school closure due to the COVID-19 pandemic, two cohorts of pre-primary school children missed the opportunity to enroll for pre-primary education. UNICEF supported the district local government, NGO partners and host communities in eight refugee-hosting districts to enroll 31,659 (15,355 male;16,304 female) pre-primary age children for Early Childhood Care Development programmes. The eight refugee-hosting districts were Yumbe, Koboko, Terego, Adjumani, Kamwenge, Kyegegwa, Kikuube and Isingiro. UNICEF, in collaboration with the MoES and Core Primary Teacher Colleges (PTCs) of Arua, Lodonga and Kitgum, Canon Apollo and Kabulasoke, supported the training of 473 (119 male, 354 female) caregivers on Community Child Care Practices (CCCP). The trained ECD caregivers have supported learning and stimulation of children through play-based learning approaches and recreation in the targeted centers benefiting 31,659 children.

UNICEF also provided strategic support to MoES and the Education Response Plan (ERP) Steering Committee on the management of refugee education response. UNICEF also provided technical support to the development of the ERP including development of costing model and selection of a grant agent to manage a US$27 million grant from Education Cannot Wait (ECW). As a member of the Education in Emergencies Working Group, UNICEF provided technical support on planning and coordination to the Ministry of Education and Sports, UNHCR and partners and District Education Departments in refugee-hosting districts. This plan is a guided document to all stakeholders involved in refugee emergency response as well as advocacy and fundraising for the vulnerable children education.

During the Ebola outbreak, UNICEF supported coordination and collaboration between the School Health Team, MoH, MoES, Kampala Capital City Authority (KCCA), and other education stakeholders, resulting in the development and dissemination of guidelines and SOPs for safe operation of schools. UNICEF supported the MoH and MoES to develop guidelines for safe release of learners to and from the districts of Mubende and Kassanda that were under movement restriction due to the outbreak.

UNICEF successfully facilitated safe transportation of 5,185 children (2,540 males, 2,645 females) to reunite with their families for holidays.

As part of safety measures in the Ebola response, UNICEF provided 9,950 infra-red thermometers for temperature monitoring to 3,300 schools in six very high-risk districts: Kampala city, Mubende, Kassanda, Kyegegwa, Kagadi and Bunyangabo. A total of 1,580 teachers were orientated on EVD management and control and 3,200 copies of job aides and guidelines/SOPs for EVD management in schools were issued to the teachers. UNICEF supported Uganda National Examinations Board with transport for teachers, learners, and examination officials in the districts of Mubende and Kassanda where movement restrictions were imposed, enabling up to 12,468 (6,458 male, 6,010 female) learners in the epicenter of the Ebola epidemic to sit for primary leaving examinations.

UNICEF, through NGO partners, also supported 3,861 (2,205 male, 1,656 female) adolescent and youth to enroll in the Accelerated Education Programme (AEP). This enabled children who had dropped out of school to continue with learning, to complete the primary cycle of education, and to follow other pathways of learning. Similarly, 5,624 youth (2,642 male, 2,982 female) benefitted from remedial learning programmes using the Teaching at the Right Level (TaRL) approach. As part of life skill building for adolescent and youth affected by emergencies, UNICEF supported the MoES to roll out the Life Skills Tool Kit in 290 primary and secondary schools in nine districts, benefitting 13,294 (6,158 male,7,136 female) adolescents. The training on the toolkit provides adolescent boys and girls in refugee-hosting communities who are exposed to various risks with the competencies to make informed life choices. UNICEF also supported MoES officials to conduct orientation of district officials and community leaders in refugee-hosting districts on the guidelines on the prevention and management of teenage pregnancy, as well as the use of Reporting Tracking Referral and Response (RTRR) tools/forms. As a result, about 754 pregnant girls and child mothers were re-enrolled in school.

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 the safe re-opening of schools; and 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.

The overachievement is because the indicator targets were developed in 2021 when the reopening of government schools was not expected. The lifting of the COVID-19 lockdown and the reopening of schools in early January 2022 led to an increase in school enrolment compared to the earlier estimated targets from 2021 that were used to develop the HAC document. To meet immediate response needs in Education, UNICEF Uganda also reprogrammed other resources (Regular Resources (RR) and Other Resources (OR)) totalling to US$1.9 million. All results achieved are attributed to other resources given the limited ORE funding that was available for education response.

Moving forward- UNICEF and partners should ensure that the gains recorded during 2022 especially in public health emergencies are maintained. School-based surveillance system and implementation of SOPs should be maintained. Partners should continue to support MoES to implement the abridged curriculum and recovery of lost time.

WASH

WASH	Targets	Results
# of People reached with critical WASH supplies (including hygiene items) and services	280,000	883,800

# of People accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	125,000	112,600
# of People using safe and appropriate sanitation facilities	35,000	8,850

During the reporting period (January to December 2022), UNICEF WASH interventions focused on public health emergencies (COVID-19 and Ebola) response and climatic shocks (droughts and floods) response.

In the Ebola response, UNICEF procured and distributed critical hygiene and prevention items (including soap, hand-sanitizer, bleach, and other disinfectant materials, as appropriate per the latest guidelines for Ebola, for use in 146 health facilities, four ETUs, and 38 schools, reaching a total estimated 92,000 people either directly affected by, or in EVD-affected districts. In addition, 30 mobile toilets were procured and installed in 4 ETUs, Mubende Regional Referral Hospital (RRH) and other hotspot areas in Mubende, Kassanda, Kampala, Masaka and Jinja districts to promote good sanitation and hygiene practices. In total 8,850 people benefitted through the installation of mobile toilets in ETUs and health facilities. To ensure proper waste management, UNICEF facilitated rehabilitation of the electric incinerator in Mubende RHH to reduce risk of infection arising from poor waste management. A total of 4,176 health care staff were trained on infection prevention and control related to WASH in areas affected and at high risk of EVD transmission. UNICEF also supported water supply provision through equipping 7 ETUs/health facilities with solar-powered pumps in Mubende, Kassanda and Jinja districts. Water supply systems were installed in ETUs in Mubende RRH, Madudu HCIII, and health facilities in Butologo HCIII, Kiyuni HCIII in Mubende district; Kalwana in Kassanda district; and Jinja RRH and Maga-maga HCIII in Jinja district. Through this investment in WASH in health facilities/ETUs, 5,900 people have had access to clean and safe water supply and the results contributed to prevention of further spread of the Ebola disease, protection of staff and patients, and upholding of the dignity of vulnerable people such as pregnant women and persons with disabilities.

Figure 3: Installed water tanks in Mubende to supply water to treatment and isolation centres. Credit: © UNICEF/2022/Joseph Balikuddembe

In the COVID-19 response, UNICEF, being a member of the WASH sub-pillar of the national COVID-19 response, supported the MoH to strengthen its COVID-19 response plan with WASH interventions. UNICEF provided technical support to the MoES to facilitate the safe reopening of schools. Through the provision of WASH packages consisting of WASH supplies, 140 health facilities and 974 schools were reached. In total 883,800 people were reached with critical WASH supplies while 81,500 people had access to clean water through institutional support in districts hosting refugees, in districts with disease outbreaks and in districts affected by meteorological hazards. UNICEF provided WASH

supplies to health facilities which ensured that proper hand hygiene practices were undertaken in institutions and communities to prevent infection with the COVID-19 virus in high-risk districts. Provision of safe water, sanitation facilities and hygiene supplies not only contributed to the reduction of COVID-19 transmission, it also created the necessary conditions for improving hygiene and sanitation practices thus reducing the likelihood of other infectious disease outbreaks, such as cholera and dysentery.

In the drought response, UNICEF supported the Karamoja sub-region with the rehabilitation of 62 boreholes in the drought-affected districts of Moroto, Nabilatuk, Karenga, Kaabong and Kotido. Through WASH supply distribution, 277 schools and 79 health facilities in Karamoja were reached, benefitting 176,509 people, 42 per cent of which were children. UNICEF worked closely with the District Health and Water Officers in the target districts to identify those communities under water stress and with poor sanitation and hygiene practices, which had a direct influence on the nutritional outcome of the children. UNICEF supported all the 5 districts with funds to conduct hygiene promotion targeting communities with high cases of malnutrition, with a focus on improving key hygiene behaviours, especially ensuring safe household drinking water, proper hand hygiene, and effective use of sanitation to reduce the incidence of diarrhoeal diseases. A total of 96,500 people were reached with hygiene promotion messages, while 18,600 people accessed clean and safe water in all the five districts as a result of UNICEF support in collaboration with district local governments. The rehabilitation of boreholes ensured provision of safe water to communities given the fact that most of the boreholes were dry due to the ongoing drought. Hygiene promotion minimized the spread of diseases despite low immunity amongst children.

During the flood response, UNICEF provided immediate support through WASH supplies to affected populations in Mbale, Bulambuli and Sironko districts. In addition, UNICEF, in partnership with Uganda Red Cross Society (URCS), supported affected communities through the rehabilitation of 22 boreholes in Bulambuli and Mbale districts serving 6,600 people, along with community engagement interventions for behaviour change. A total of 35,000 people were reached with messages on good hygiene practices. Hand-washing practices at a household level greatly improved with about 42 per cent of the households in the intervention communities having hand-washing facilities and practicing handwashing at critical moments. Similarly, UNICEF supported flood-affected districts through the provision of WASH supplies and 10 mobile toilets to Kasese and Ntoroko districts where 3,000 people benefited. This played an important role in supporting the displaced communities' access to access to safe water and enabled them to overcome sanitation challenges that arise at temporary shelters established for immediate refuge.

These achievements were made possible through the provision of WASH services with a focus on sustainable and reliable water and sanitation services; more emphasis on long term solutions with the guidance and involvement of the Ministry of Water and Environment; close collaboration with the district office and timely provision of supplies. Accountability to Affected Populations (AAP) U-report poll assessments resulted in better planning and programming for affected populations based on the feedback provided by the affected populations. Flexible funding (global thematic funding) and humanitarian-development linkages enabled the WASH response. The target for people who received critical WASH supplies was exceeded due to earmarked funding (OR and RR) received for school reopening, thus reaching more children than anticipated.

The low number of people reached with safe and appropriate sanitation facilities is due to funding constraints. Donor attention shifted to COVID-19, the Nutrition crisis in Karamoja and the EVD outbreak

leaving less attention on preparedness and response activities for refugee and hydrometeorological response. Moving forward, there is a need to continue planning with the districts and the MoH to extend support to all the affected communities. Resource mobilization efforts for all hazards will continue.

Social behaviour change, accountability to affected populations, and localization

SBC, AAP and Localization	Targets	Results
# of People reached through messaging on prevention and access to services	10,983,000	10,324,020
# of People engaged in risk communication and community engagement actions	2,196,600	1,669,416
# of People with access to established accountability mechanisms	7,688100	3,920,931

As part of the COVID-19 response, over 10 million people were reached with messages on COVID-19 vaccination constituting 94 per cent of the planned target of 10,983,000 people. Over 1.6 million people were engaged in COVID-19 RCCE activities at the community level, representing 76 per cent of the target population of 2,196,600 people. In total, 3.8 million people (51 per cent of the targeted 7,688,100) shared their concerns, asked questions, and received feedback through established online and offline community feedback mechanisms. The five districts of Mukono, Wakiso, Kampala, Kyenjojo and Kiryandongo received RCCE support in partnership with URCS to conduct community-led rapid assessments on COVID-19 vaccination and disease outbreaks in their localities. By the end of the five-month project, over 2,120 members of the village taskforce committees, including village and parish level leaders and local influencers, had been trained and participated in reviewing results from the rapid assessments. About 492,816 people participated in the review and feedback meetings and used the village task force committee/structure to raise concerns and receiving feedback. This strengthened targeted mobilization using results from the community-led rapid assessments and more effective involvement of village task forces in the monitoring of vaccination uptake.

In response to the Karamoja drought, SBC community engagement (CE) activities included structured community dialogue meetings, mobile loudspeakers/*manyatta* drives, and house-to-house visits. The activities were jointly implemented together with the ongoing house-to-house nutrition assessments in the five districts of Moroto, Karenga, Kaabong, Abim and Nakapiripirit. A total of 2,808 VHTs and 1,404 village local council leaders (LCs) were trained on nutrition and key family care practices (WASH and Childcare) and equipped with (Information Education Communication) IEC tools (translated MYICAN cards, posters, and Mid Upper Arm Circumference (MUAC) tapes). The trained VHTs provided key messages and engaged communities in debate/dialogue as they conducted food demonstrations on proper nutrition. A total of 179,520 people were reached with integrated SBC messages on nutrition and mass screening through different SBC activities, including *manyatta* wagons, community barazas, home visits, and dialogue meetings.

In response to the effects of floods, UNICEF-SBC, in partnership with URCS, supported the MoH Health Promotion Department to develop and disseminate alerts to Mbale and Kasese districts that are prone to floods. Over 348,956 (60 per cent) of the affected population were reached with basic messages/risk communication on floods and prevention of related diseases like cholera, malaria, including COVID-19 through radio-talk shows, community dialogue meetings and house-to-house visits coupled with the distribution of the prepositioned IEC materials on cholera and household sanitation.

UNICEF provided SBC support to the training of soldiers and health workers, led by WHO, who were responding to EVD in the districts of Kasese, Bundibugyo, and Ntoroko. UNICEF distributed EVD banners for the entry points and over 2,000 leaflets and 500 posters in local languages with key messages on EVD prevention, signs, and symptoms. The UNICEF team, together with WHO staff and

the district surveillance focal persons, worked closely with the district's local governance team to provide regular updates and feedback to the public through the district-based radio stations.

In response to the EVD outbreak, over 4,555,294 people (70 per cent) of the target population were reached with messages on Ebola through the mass media and interpersonal communication. With UNICEF support 30 radio stations and 8 TV stations disseminated radio spots and TV adverts on EVD prevention, signs, and symptoms and hosted talk shows on a weekly basis. Cumulatively, 36,532 key influencers were trained and became actively engaged in EVD mobilization, this is 56 per cent of the planned target of 65,287. There were intensified engagements with different interest groups (old people, women, adolescents, refugees, and persons with disabilities) within Kampala city and its peri-urban areas, and 625,570 people (183,917 males and 191,425 females, and 250,228 children) were reached through community dialogue meetings. Overall, over 1,558,094 (60 per cent) people shared their concerns and asked questions through established feedback mechanisms (online and offline). The messages relayed increased awareness amongst communities of the Ebola disease and its impacts and what actions can be taken in case of a suspected or confirmed case. Communities were also given an opportunity to participate in interactive sessions that offered the opportunity to ask questions and the provision of relevant feedback hence influence behavior change. However, the declaration of the EVD outbreak in September disrupted the COVID-19 vaccination process and the tendency to relapse to COVID-19 unprotective practices was high especially in urban and crowded places. Risk perception around EVD is still low in many parts of the country, especially in districts where no EVD case was declared. Looking ahead, the Risk Communication and Social Mobilization (RCSM) pillar aims to leverage the COVID-19 and Ebola experiences and resources to improve capacity for preparedness and resilience for public health emergencies at district and subdistrict levels and to promote continuity of essential health services by promoting early care health-seeking behaviour.

In 2022, 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 sensitize communities about their entitlements and strengthen liaisons with districts to monitor the back end of the humanitarian response. UNICEF Uganda Country Office (UCO) was among the 29 countries that conducted a global youth Climate change poll. The U-Report poll was launched focusing on how young people are experiencing and adapting to the impacts of climate change. The findings were released at a youth press conference during the 2022 United Nations Framework Convention on Climate Change (COP27) to amplify the views of young people and bring attention to the actions they are taking to face this crisis. They were shared with relevant teams and partners to provide further analysis on the impacts of climate change and how young people are adapting.

Numerous factors enabled results achieved including intense information dissemination on COVID-19, vaccine promotion and EVD; the availability of flexible thematic funding; and the use of partnerships, particularly with URCS. Challenges included the evolution of new unwanted behaviors and practices; socio-economic effects of COVID-19 and EVD outbreak leading to rising issues like mental health, school-drop-out, teenage pregnancy and decline in livelihood. In 2022, partners were faced with COVID-19 Vaccine hesitancy as there were pockets of vaccine hesitancy especially in rural areas.

Moving forward, UNICEF will continue to improve 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 behavior change interventions including continuous public health education and promotion through strategic mix of channels and approaches.

UNICEF will also continue to conduct and support data collection systems, including social media listening and rumor management; and assessing behavioral and social data for evidence generation, advocacy, and better understanding of the contextual drivers of COVID-19 vaccination hesitancy and accountability on vaccine uptake.

a. Case Studies

Case Study 1: Reaching and involving children in prevention efforts against the Sudan Ebola Virus Disease (EVD) and mitigation of its impacts: *A case of UNICEF SBC experience in Kampala city and its peri-urban areas:*

On 11 January 2023, Uganda was declared Ebola-free. The successful early containment of the EVD outbreak is attributed to a range of factors, namely the timely dissemination of key messages and the intense engagement with a wide range of people in the affected communities including children and young people. By mid-January 2023, over 5.9 million people (90 percent of the target) were reached with messages through mass media and interpersonal communication. With the provision of non-thematic humanitarian funds totaling to US$298,710, UNICEF was able to directly reach 281,507 children and adolescents aged between 10 to 18 years, in the peri-urban areas of Kampala city under the Kampala Capital City Authority (KCCA). They were reached with lifesaving messages on the prevention of EVD and the mitigation of anticipated impacts.

Figure 4: Influencer Florence Nakalema conducts I wash You wash (IWYW) and EVD sensitization in Kisugu lower slum, Kisugu parish Makindye Division (Photo Credit @ UNICEF/ DreamLine -KLA 2022)

As of 2 November 2022, the Ebola virus had reached Kampala. The dense population, high mobility, and the unique settings in the city plus the diversity of the social and economic, activities (markets, transport terminals, shopping arcades, and large gatherings such as festivals, sports events, and religious gatherings) called for urgent and intensive sensitization of the EVD risk.

Children and young people living in urban areas were a critical group of interest and focus to the project since they are at risk of abuse, exploitation, and neglect. UNICEF supported an intensified community sensitization project, labeled as ‘I Wash You Wash’ (IWYW), that promoted handwashing as a key preventive practice against Ebola. The project designed special focus group discussions to create several opportunities to reach children and adolescents in urban areas using an inclusive approach.

Targeted FGDs and community dialogues among pregnant and breastfeeding Karamajong mothers in Kikaramoja - Katenda zone, Katwe II parish Makindye Division

Figure 5: In Kanyogoga slum, Bukesa Parish, Makindye Division IWYW and EVD sensitisation session (Photo Credit @UNICEF/DreamlineUNICEF-KLA 2022)

Teams of trained mobilizers equipped with audio-visual messages and IEC materials used different approaches to reach out to different communities of interest like children, youths, migrant communities, and refugees, living and working in congested places. The different approaches and scenes of engagement included street-preaching or messaging using loudspeakers, meetings in markets and road junctions, meetings in buses/taxis, playgrounds, homesteads, and road drives using branded vehicles and motorcycles that play recorded messages.

Figure 6: Hired vehicle for communication drive in Kampala suburbs (Photo Credit @UNICEF/ DreamLine-KLA 2022)

Timely information and creating opportunities for interaction, sharing of views and concerns to a wide range of populations helped to address discrimination and stigma and improve psychosocial support for those affected by Ebola.

Views from the people

- *"Continue giving us messages on Ebola because some people are not aware of its existence. It is real and my sister succumbed to it" – female respondent from Central Kampala*
- *"You need to go deep in the slums as well since most people do not know about Ebola and how to protect themselves from it" – male respondent Wakiso.*

Figure 7: Engaging with young footballers – Kampala (Photo Credit @ Dreamline/UNICEF-KLA 2022)

Additionally, US$82,456 provided by USAID was spent on the intensified sensitization of Ebola in the greater Kampala area through a vendor, Dreamline, who reinforced awareness and the adoption of positive practices. The children and young people in Kampala city asserted that the new knowledge they got about Ebola made them more self-reliant because it empowered them to identify the signs and symptoms of the disease without having to consult anyone and the majority promised to wash their

hands at critical times and promised to set up washing facilities, volunteering to take up positions on local committees to enforce handwashing.

Barriers to change make it difficult for individuals to adopt simple and basic practices like hand washing, there were many instances where people were aware and willing to change but lacked knowledge on the basics such as hand-washing facilities, and access to clean water and soap.

- *"Install mandatory facilities like toilets, and washing facilities" – Female respondent Wakiso*
- *"KCCA should provide things like liquid soap, especially in the public toilets" – Male respondent Kampala central.*

The highly visual, colorful posters and placards were behavioral "nudges", which prompted individuals to do what was right.

UNICEF will integrate awareness with service delivery. The Ministry of Health Post EVD plan and the After-Action Review (AAR) recommend the use of integrated approaches which include the timely provision of essential services and inputs during emergencies.

The post-Ebola support will sustain awareness and positive behaviour change by re-packaging and disseminating messages focusing on survivors, preparedness for public health awareness, and continuation of essential health services.

- *'Ebola is no longer a threat but continues to teach people how to protect themselves. It can come back anytime' – female respondent Wakiso.*

UNICEF will facilitate the development of integrated information packages that promote behavior change through participatory interventions, early treatment and support for non-medical areas (potential after-effects) like psychosocial support, GBV, and PSEA. Additionally, UNICEF will support improving institutional capacity at the district and sub-district levels to enable the use of integrated teams during community engagement to improve the effectiveness of community dialogue meetings, and regular sensitization of different groups of affected populations for example, children and adolescents in and out of school, women and youth groups, traditional healers, health workers, faith-based leaders, and community volunteers.

Case Study 2: Ensuring safe return of school going children to and from Mubende and Kassanda districts due to movement restrictions to curb the EVD spread

The non-thematic fund (GE 220028) supported Goal Area 2 (Every Child including Adolescent, learns and acquires skills for the future), enabling UNICEF Uganda to facilitate the safe movement of more than 5,100 learners back to their homes for holidays in and out of Mubende and Kassanda districts that were placed under movement restrictions due to Sudan Ebolavirus Disease outbreak. UNICEF hired 167 buses and facilitated District Education Officers (DEOs) in eight districts to coordinate safe movement of learners back to their homes.

When the Government of Uganda declared the EVD outbreak in September 2022, all efforts were geared towards ensuring that schools remained safe and operational. However, nearly two months into the outbreak, Primary Seven and Senior Four candidates were completing final examinations. The key concern revolved around how students would go back home for holidays since the Government had

instituted movement restrictions in Mubende and Kassanda districts to curb the spread of the outbreak. UNICEF supported the School Health Team and the Ebola National Task Force to develop guidelines for safe release of learners ensuring that learners could safely travel back to their families in Mubende, Kassanda and other districts.

UNICEF Uganda spent US$150,000 of non-thematic fund to hire the 167 buses to safely transport learners to and from the two districts back to their homes. In addition, the funds helped to mobilise 120 DEOs and teachers, to facilitate the registration, screening, and safe movement of learners to their home districts. The funds were also used to facilitate District leaders to mobilise parents and communities through radio announcements and radio talk shows to come and receive their children in designated locations. UNICEF provided Infra-red Thermometers and sanitizers for the screening of learners in all pick up and drop off locations as well as meals and allowances for the education officials who were supervising the exercise. Learners were also provided with refreshments and IEC materials.

The safe return of learners to their homes for holidays prevented the potential protection and wellbeing risks that would arise as result of confining large numbers of learners in schools without supervision. The non-thematic fund of US$150,000 enabled 5,100 learners studying in schools in and outside the districts that were under movement restrictions to safely travel and reunite with their families, thereby ensuring their safety and wellbeing.

During the EVD outbreak, the GoU instituted restrictive measures to prevent and control the spread of the disease. However, these measures had a significant impact on learners who are in schools with limited support from teachers or family members since they may not be able to access basic necessities such as food, health care and social support. UNICEF advocated for the safe transportation of learners back home for the holidays due to the perceived risks of keeping many learners with minimal supervision in locations where there was active transmission of EVD. It was assumed that learners would be safer at home with their parents who would provide the appropriate guidance and support.

After several high-level engagement including a meeting with the Honorable Minister of Health, Dr. Jane Ruth Acheng, it was agreed that since all schools in Mubende and Kassanda districts have been complying with the School Based Surveillance protocols including daily screening of learners and no new cases were reported in schools, the risk of spread of infection was minimal and learners could be transported back to their homes following the guidelines for the safe release of learners. UNICEF was requested to support the MoH and MoES to facilitate safe transportation of learners from and into the two districts of Mubende and Kassanda.

Most schools do not have ready data on districts of origin of their learners, this gap of detailed data on students caused significant delays in planning for transportation since it was difficult to determine the number of vehicles required to transport learners to each destination and transport needs for the various districts. The education team in UNICEF Uganda was able to develop a simple application for the head teacher to use for submitting the number of learners travelling to various locations via WhatsApp. A key lesson is that it is important to invest in a database that captures a wide range of student's information.

It was not easy to obtain approval by the National Task Force on EVD response to authorize movement of learners from districts that were still reporting active transmission of disease. However, with effective representation in strategic committees it was possible for UNICEF to influence this decision positively.

Figure 10: The District Education Officer Mityana gives a final briefing to learners before departing for Mubende and Kassanda districts

UNICEF supported the recruitment of an Incident Commander for School Based Surveillance who sits in the EVD National Task Force and Strategic Committee and was able to demonstrate to the national Task Force with evidence that schools were complying with all screening protocols and there were no active transmissions reported in schools, and therefore learners were safe from EVD infections.

Safe transportation of learners was a huge undertaking involving national and local government stakeholders' parents and communities. Within UNICEF, programme teams worked closely with Operations and Finance teams to ensure that vehicles and supplies were secured on time and funds remitted to the various districts to facilitate field teams in pick up and drop off locations, it was a whole Office response.

Figure 11: Learners are screened and registered on arrival at Buhinga stadium Fort portal before parents receive their children.

Figure 12: A parent is re-united with his children at a drop off point in Kagadi district

This is a onetime activity arising from a response to the EVD outbreak and there is limited possibility for replication. However, the Basic Education team picked key learning lessons that will inform better response planning in the future. For some staff members, it was the first time to engage in an emergency response.

Results Achieved Through Thematic Funding

UNICEF utilized the global thematic humanitarian funds to address gaps in social welfare service provision and for trainings to support district systems strengthening activities as part of the emergency response.

As will be noted in the case study below, UNICEF conducted trainings on Child Protection (CP) and MHPSS which increased critical skills for addressing protection response interventions for the EVD outbreak. Thematic funds also supported the supervision and technical support of health and social welfare staff in their work on the ground. Moreover, the funds also enabled the MHPSS pillar to provide critical PSS support to affected or suspected EVD cases. Nine children were supported to access alternative care and case management services when their parents were admitted to the government isolation site. Thus, thematic funds helped to mitigate the unintentional negative impact that the health response strategies had on the affected community members.

The funds supported dissemination of CP and MHPSS awareness messages, strengthening surveillance, protection, and self and social care amongst community members. The funds also strengthened community-based structures such as the para-social workers, village health teams and community development officers to take a lead on CP and MHPSS work, with support from sub-county community development officers and district mental health and social welfare staff.

b. Thematic Funding Case Study

Case Study: Child Protection (CP)/Mental Health Psychosocial Support (MHPSS) response in Masaka during the EVD outbreak

Initially, the Ebola Response was mainly focused on the health aspects of the response with limited or no considerations of how the Sudan Ebolavirus Disease would impact the lives of children beyond the health impacts, and in particular their protection and mental health. Children are most affected during public health emergencies and their protection and mental health can be severely impacted. UNICEF went into the response with thematic funding to ensure that gaps in the social welfare and mental health response were fulfilled. For example, within three months after the EVD outbreak, over 1,823 (867 male, 956 female) individuals including 511 (151 male and 360 female) children were reached with CP and MHPSS messaging to prevent and address issues of separation, stigma, discrimination, exclusion, and other protection risks in Masaka district, where UNICEF had no presence prior to the outbreak. In addition, UNICEF's advocacy and efforts on the ground resulted in first time collaboration between health and social welfare, leaving behind a strengthened system on the ground.

The Sudan Ebolavirus Disease is a highly lethal virus and can claim thousands of lives where the surveillance system is weak, and the situation could get even worse when the health response system is insufficient. As soon as Masaka district in Uganda registered its first Ebola case on 1 November 2022, UNICEF's child protection section responded within the same week joining the Ministry of Health clinical efforts to integrate MHPSS and CP considerations as part of the response, including to provide child protection and psychosocial support to children and caregivers in communities and the government EVD isolation site. This highlights UNICEF's ability to react efficiently and in a timely manner in order to address an unpredictable and volatile health crisis.

UNICEF deployed one full-time staff member to Masaka district for a two-month period through humanitarian thematic funding, and covered costs for a training of DLG health and social welfare staff on CP. Funds utilized for this totaled US$640,000. The staff deployment enabled UNICEF to support the DLG to fully integrate MHPSS and CP within the response, through advocacy, technical support, including for planning, monitoring, and reporting.

With the significant gaps in social welfare service provision and as part of the health-focused response, UNICEF utilized the global thematic humanitarian funds for staff deployment and training to support district systems strengthening activities as part of the emergency response. Below are the results achieved.

UNICEF conducted training on CP and MHPSS, reaching 78 individuals from the social and health sectors, equipping participants with critical skills on needs and response interventions for an EVD outbreak. This activity also included supervision and technical support of health and social welfare staff in their work on the ground. The MHPSS pillar was able to provide PSS support to 69 (39 female, 30 male) affected or suspected EVD cases since the outbreak reached Masaka in November 2022, most of whom received MHPSS through follow up at isolation or at home by specialized staff. Through the MHPSS pillar, with partners including UNICEF, Masaka DLG Probation and Social Welfare Officer, Masaka's Mental Health Department Focal Point and in coordination with local partners, nine children (3 boys, 6 girls) were supported to access alternative care and case management services when their parents were admitted to the government isolation site. This was as a result of the need to mitigate the unintentional negative impact that the health response strategies had on the affected community members, UNICEF initiated the response through conversations with the DLG that revealed the need for a training on CP and MHPSS for frontline workers.

1,823 adults and children were reached with CP and MHPSS awareness messages strengthening surveillance, protection, self and social care amongst community members through identifying integration strategies to include MHPSS in the work of other pillars such as vaccination, risk communication, community engagement, nutrition and infection, prevention and control. The community-based structures such as the para-social workers, village health teams and community development officers took lead on this work, with support from sub-county community development officers and district mental health and social welfare staff.

It is a common phenomenon that during public health emergencies, emphasis is put on health specific interventions, and this was no exception during the EVD response in Uganda. UNICEF's core commitments for children (CCC) clearly stipulate UNICEF's role towards children's wellbeing during emergencies, thus the call to respond to the Ebola emergency that was characterized with children's protection needs falling through the cracks due to impact created by the disease. Children and women were both affected. Efforts were mostly on Ebola with less focus on other needs except health. Schools took an early school break, and the response was characterized by isolation, quarantine, people running away from evacuation due to fear of stigma, limited access to some social services, and other socio-economic effects of the disease. To make matters worse, the district social and welfare services sector was not involved in the EVD response at the beginning and thus the need for UNICEF's involvement in order to ensure holistic and sustainable social service provision.

The intervention therefore sought to integrate mental health and psychosocial support as well as child protection considerations into the health response through building the capacity of the human resources to respond to stressful events and be able to prevent and respond to violence. The

intervention also aimed at strengthening the child protection lens among health and social workers during emergencies so as not to exacerbate protection risks and concerns.

A number of challenges impacted the protection and mental health situation of affected populations. Uganda lacks qualified social workers, counsellors, and psychologists in both the health and social sectors to support protection and mental health service provision in particular case management services from health centers to communities which poses a critical shortage to the pillar in a health response. In addition, there was a lack of child protection and mental health psychosocial support lens among health workers responding to the outbreak which caused a lot of stress among the affected people due to the way they conducted their clinical services within the community. This comes with the understandable principle for health workers not to spend long periods of time with affected persons as it could lead to exposure/ infection and sometimes death of health workers caring for the sick. Training of nurses, psychiatrists, village health teams, para-social workers, probation officers and community development officers became an important activity to implement hence ensuring that service provision was child centered and supported affected communities' well-being, whilst increasing referrals across sectors and improving collaboration between health and social welfare. Working with other pillars helped reach more community members with child protection and mental health and psychosocial support messages. With limited funds available, UNICEF was able to demonstrate results by working through other response pillars, as well as existing community structures.

UNICEF's EVD response has now transitioned to a recovery phase as per the Government's announcement of the end of the EVD outbreak. UNICEF's MHPSS and CP interventions are being integrated into the regular programme, to ensure programme continuity and sustainability of interventions. The affected districts, including Masaka district, were encouraged to use local tax income to sustain and motivate community structures to conduct family-based activities for the benefit of the whole community.

Figure 13: Mental Health PSS pillar lead creating awareness on MHPSS issues among cultural leaders in Masaka district. The next picture shows the probation officer highlighting child protection issues that have been or could arise during public health

Figure 14: Parasocial worker engaging children and mothers on child protection and mental health psychosocial support issues during the Ebola emergency.

Figure 15: IPC and Nutrition integration during MHPSS training for health and social welfare community-based structures

Figure 16: MHPSS pillar team during a home visit to a discharged Ebola suspect. In the next picture, the MHPSS pillar members support the trained counsellor to engage neighbours in response to the index case integration needs.

Figure 18: The above four pictures indicate the MHPSS pillar awareness sessions integrated with other pillars of RCCE and Vaccination. The teams took advantage of burial ceremonies and Mental health days, mobilisation done by other local NGOs among other platforms in order to sensitize communities and educate people on self and social care skills for mental health wellbeing.

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 Humanitarian Action Appeal (HAC), 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 a partnership agreement with relevant NGOs for the 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 Field Offices who conducted daily interactions with district authorities.

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. 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 were 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.

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

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 (CSD, BEAD, Child Protection), showing UNICEF's combined humanitarian and development contributions, and clearly linking results with resources.

Financial Analysis

In 2022, UNICEF appealed for US$25 million to sustain life-saving services for children and women in Uganda. As of 31 December 2022, the UK Government, through the Foreign, Commonwealth, and Development Office (FCDO); the German Committee for UNICEF, the Government of Iceland, the United Kingdom of Great Britain and Northern Ireland, the Netherlands Committee for UNICEF; United States Agency for International Development (USAID); the Government of Sweden; United Nations Office for the Coordination of Humanitarian Affairs (OCHA) - Central Emergency Response Fund (CERF) Secretariat; Global Humanitarian Thematic Fund (GHTF) and the European Community Humanitarian Office (ECHO) and the Government of Netherlands generously contributed over US$24.3 million to UNICEF Uganda's humanitarian response. In addition, UNICEF had carry-over funds from 2021 totalling US$859,000. UNICEF expresses its sincere gratitude to all partners 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.

Multi-year funding is ideal for different hazards since it enables a stronger focus on linking humanitarian and development programming approaches.

Table 1: 2022 Funding Status against the Appeal by Sector (Revenue in USD)

Funding requirements 2022					
Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received in 2022	Resources available from 2021 (carry-over)	US$	%
Nutrition	4,884,958	7,140,170	70,272	-2,325,484	-48
Health and HIV and AIDS	6,981,458	5,951,065	316,010	714,383	10
Water, sanitation & hygiene	4,949,473	4,247,472	44,308	657,693	13
Child protection, GBViE and PSEA	4,491,123	3,996,631	428,460	66,032	1
Education	3,692,988	2,934,268	0	758,720	21

Total	25,000,000	24,269,607	859,050	-128,657	-1

Table 2: Funding Received and Available by 31 December 2022 by Donor and Funding type (in USD)

Donor Name/Type of funding	Grant reference	Overall Amount
I. Humanitarian funds received in 2022		
a) Thematic Humanitarian Funds		
Global Humanitarian Thematic Fund	SM219910	1,700,000
Global Humanitarian Thematic Fund	SM229910	500,000
b) Non-Thematic Humanitarian Funds		
United Kingdom	SM190414	4,890,175
Netherlands	SM220822	4,762,993
USA	SM220059	4,417,764
Japan	SM220657	1,309,710
European Commission/ECHO	SM220815	1,006,006
USAID	SM220579	1,000,000
European Commission/ECHO	SM220705	929,209
Ireland	SM220686	928,712
Sweden	SM220448	923,166
USA	SM220058	641,765
GAVI	SM220771	625,000
US Fund for UNICEF	SM220682	544,444
United Kingdom	SM220110	483,582
GAVI The Vaccine Alliance	SM220027	441,001
German Committee for UNICEF	SM220042	377,442
Iceland	SM220039	277,778
German Committee for UNICEF	SM220724	195,137
Spanish Committee for UNICEF	SM220829	142,890
United Kingdom	SM200202	166,418
Dutch Committee for UNICEF	SM220361	121,576
Czech Republic	SM220728	98,085
Spanish Committee for UNICEF	SM220640	80,599
GAVI The Vaccine Alliance	SM210559	11,200
Total Non-Thematic Humanitarian Funds		**24,374,653**
c) Pooled Funding **(i) CERF Grants** **(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.		
UNOCHA - CERF	SM220468	1,728,972
UNOCHA - CERF	SM220765	981,308
UNOCHA - CERF	SM220836	934,579
d) Other types of humanitarian funds		
Example: In-kind assistance (include both GRANTs for supplies & cash) Norway		0

e) Other resources – development funding towards HAC (SH grant)		
Norway	SH20002	300,000
f) Other resources – development funding towards HAC (SC grant)		
Total humanitarian funds received in 2022		**30,519,513**
II. Carry-over of humanitarian funds available in 2022		
g) Carry over Thematic Humanitarian Funds		
h) Carry-over of non-Thematic Humanitarian Funds		
United Kingdom	SM190414	549,785
US Fund for UNICEF	SM210623	125,146
GAVI The Vaccine Alliance	SM210562	105,875
GAVI The Vaccine Alliance	SM210559	69,664
European Commission/ ECHO	SM210782	8,580
Total carry-over non-Thematic Humanitarian Funds		**859,050**
Total carry-over humanitarian funds (g + h)		**859,050**
III. Other sources		
Regular resources diverted to emergency	Non-Grant	500,000
EPF if not reimbursed by 31 Dec 2022	GE220025	2,500,000
EPF if not reimbursed by 31 Dec 2022	GE220029	500,000
Total other resources		**3,500,000**

Table 3: Thematic Humanitarian Contributions Received in 2022

Donor	Grant Number	Total Contribution Amount (in USD)
Global Humanitarian Thematic Fund	SM229910	535,000
Total:		**535,000**

Future Work Plan

In 2023 UNICEF's humanitarian response in Uganda will be carried out with partners in line with the Comprehensive Refugee Response Framework, Grand Bargain commitments and the Country Programme Document 2021-2025, emphasizing district-level systems strengthening. District actors will be supported to incorporate humanitarian preparedness and response into their annual and midterm district plans.

UNICEF will align its priorities to the 180 days Ebola Recovery Response Plan which prioritises support to research, vaccine, diagnostics, therapeutics, and social anthropology; sustainable infection, prevention and control (IPC) in both public and private health facilities as well as schools and capacity

building of staff using existing infrastructure; comprehensive support to survivors; and establishment of a multidisciplinary team of responders ready to deploy when emergencies occur in the country. The Incident Management Team recommended that survivors, especially children and children of survivors, be prioritized to minimize child morbidity and mortality. UNICEF will also support health worker training, provide critical supplies, improve WASH infrastructure in health facilities, maintain positive feeding practices for infants and young children who are affected by the Ebola outbreak and support the continuity of primary health care services.

UNICEF will support maternal and child health services, with a focus on newborns, adolescents, and young mothers. This will include support for immunization and HIV services and strengthening the health system at the national and district levels. Furthermore, UNICEF will enhance preparedness for any additional influx of refugees in host communities and in those areas affected by other hazards. UNICEF will deliver multipurpose, unconditional humanitarian cash transfers to support the recovery of livelihoods for vulnerable households impacted by drought, and in Ebola-affected districts.

The nutrition programme will strengthen coordination, information, and financing systems to aid scale-up of interventions for prevention and timely treatment of child wasting at the national, district and community levels, including in emergency situations (e.g., drought, in refugee settings and for those affected by the Ebola outbreak). UNICEF will ensure that affected groups and institutions have access to safe water, hygiene products and emergency sanitation by rehabilitating water and sanitation services, supporting a shift to solar-powered WASH systems and distributing hygiene items - and by strengthening WASH management committees, local authorities, and the private sector.

UNICEF will continue providing technical assistance to the Ministry of Education and Sports and to district education offices on quality education interventions. These encompass learning recovery, adolescents, life skills development programmes and integrated early childhood development in refugee-hosting communities. Support will also go to schools affected by Ebola, floods, and droughts to ensure continuity of learning activities. Social and behavioural change will be integrated across programmes.

UNICEF will provide case management and community-based psychosocial support, including referrals to specialized mental health and education services. Assistance to survivors of gender-based violence, along with prevention interventions, will be integrated into the child protection programmes and mainstreamed across all other sectors. In all interventions, UNICEF will implement measures to prevent and respond to sexual exploitation and abuse and use the lens of accountability to affected populations and conflict sensitivity. Within the Ebola coordination framework, UNICEF co-leads the risk communication community engagement and continuity of essential services pillars and actively contributes to other response pillars. UNICEF will further support sector coordination for WASH, education, nutrition, and child protection at national and subnational levels in response to other hazards.

UNICEF Uganda Humanitarian Indicators 2023	2023 Targets
NUTRITION	
Number of children aged 6-59 months with severe wasting admitted for treatment	67,440
Number of primary caregivers of children 0-23 months receiving infant and young child feeding counselling	1,104,787

HEALTH and HIV and AIDS	
Number of children and women accessing primary health care in UNICEF-supported facilities	2,045,688
Number of children vaccinated against measles	602,174
WASH	
Number of people accessing a sufficient quantity and quality of water for drinking and domestic needs	166,000
Number of people accessing appropriate sanitation services	58,300
Number of people reached with critical water, sanitation and hygiene supplies (including hygiene items),	1,494,900
CHILD PROTECTION, GBViE and PSEA	
Number of children, adolescents and caregivers accessing community-based mental health and psychosocial support	89,156
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	218,216
Number of people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	205,644
Number of unaccompanied and separated children provided with alternative care and/or reunified	3,785
EDUCATION	
Number of children accessing formal or non-formal education, including early learning	197,644
SOCIAL PROTECTION	
Number of households reached with UNICEF-funded humanitarian cash transfers	10,000
Cross Sectoral (HCT,SBC,RCCE and AAP)	
Number of people reached through messaging on prevention and access to services	9,677,046
Number of people who participate in engagement actions	1,935,409
Number of people sharing their concerns and asking questions through established feedback mechanisms	3,870,819

Annexes

a. Human Interest Stories and Communication

HUMAN INTEREST STORIES

Thinking in the future but preparing now

https://www.unicef.org/uganda/stories/thinking-future-preparing-now

Serere boosts disaster response efforts with new District Contingency Plan

https://www.unicef.org/uganda/stories/serere-boosts-disaster-response-efforts-new-district-contingency-plan

Emergency preparedness training gives Serere leaders renewed zeal in disaster response

https://www.unicef.org/uganda/stories/emergency-preparedness-training-gives-serere-leaders-renewed-zeal-disaster-response

One village at a time

https://www.unicef.org/uganda/stories/one-village-time

Kisoro Hospital: From pandemonium to stronger health systems

https://www.unicef.org/uganda/stories/kisoro-hospital-pandemonium-stronger-health-systems

"It's all about the water"

https://www.unicef.org/uganda/stories/its-all-about-water

Beyond medicine, water is the greatest need at a Health Centre

https://www.unicef.org/uganda/stories/beyond-medicine-water-greatest-need-health-centre

“You see a tent, I see a good classroom”

https://www.unicef.org/uganda/stories/you-see-tent-i-see-good-classroom

Nutrition committee enables citizens to protect crops from elephants

https://www.unicef.org/uganda/stories/nutrition-committee-enables-citizens-protect-crops-elephants

UNICEF-trained medics co-opt goats into nutrition struggle

https://www.unicef.org/uganda/stories/unicef-trained-medics-co-opt-goats-nutrition-struggle

Perfecting nutrition governance in Napak District

https://www.unicef.org/uganda/stories/perfecting-nutrition-governance-napak-district

Celebrating women making a difference in children and women’s lives

https://www.unicef.org/uganda/stories/celebrating-women-making-difference-children-and-womens-lives

Home learning innovation supports access to education during the pandemic

https://www.unicef.org/uganda/stories/home-learning-innovation-supports-access-education-during-pandemic

50-year-old Kabugho wins sanitation and hygiene campaign

https://www.unicef.org/uganda/stories/50-year-old-kabugho-wins-sanitation-and-hygiene-campaign

UNICEF and Save the Children train community health workers on COVID-19 prevention and vaccination

https://www.unicef.org/uganda/stories/unicef-and-save-children-train-community-health-workers-covid-19-prevention-and-vaccination

UNICEF strengthening psychosocial services in Obongi in Uganda

https://www.unicef.org/uganda/stories/unicef-strengthening-psychosocial-services-obongi-uganda

Photo exhibition: #SuppliesSaveLives

https://www.unicef.org/supply/stories/photo-exhibition-suppliessavelives

Reaching displaced people in Uganda with crucial COVID-19 vaccines

https://www.unicef.org/stories/humanitarian-buffer-reaching-displaced-people-uganda-with-vaccines

Uganda declared Ebola-free

https://www.unicef.org/uganda/stories/uganda-declared-ebola-free

Helping children to overcome Ebola stigma

https://www.unicef.org/uganda/stories/helping-children-overcome-ebola-stigma

Real or hoax? The case of the Ebola outbreak in Madudu, Mubende in Uganda

An Ebola survivor's story

https://www.unicef.org/uganda/stories/real-or-hoax-case-ebola-outbreak-madudu-mubende-uganda

UNICEF's response to Ebola outbreak in pictures

UNICEF Uganda in action to control and contain the spread of EVD

https://www.unicef.org/uganda/stories/unicefs-response-ebola-outbreak-pictures

Sexual abuse, violence training critical to protect women and children from exploitation during ebola response

https://www.unicef.org/uganda/stories/sexual-abuse-violence-training-critical-protect-women-and-children-exploitation-dur

District leaders equipped with skills to prevent sexual exploitation during Ebola response

https://www.unicef.org/uganda/stories/district-leaders-equipped-skills-prevent-sexual-exploitation-during-ebola-response

Health workers no longer use guess work to keep vaccines safe

https://www.unicef.org/uganda/stories/health-workers-no-longer-use-guess-work-keep-vaccines-safe

Voices of health experts, refugees, community mobilisers on the heightened COVID-19 vaccination

https://www.unicef.org/uganda/stories/voices-health-experts-refugees-community-mobilisers-heightened-covid-19-vaccination

COVAX mechanism injects new energy into COVID-19 vaccination of refugees

https://www.unicef.org/uganda/stories/covax-mechanism-injects-new-energy-covid-19-vaccination-refugees

Testimonies on the heightened COVID-19 vaccination among refugees

https://www.unicef.org/uganda/stories/testimonies-heightened-covid-19-vaccination-among-refugees

80 per cent of refugees to be vaccinated in third accelerated COVID-19 vaccination campaign

https://www.unicef.org/uganda/stories/80-cent-refugees-be-vaccinated-third-accelerated-covid-19-vaccination-campaign

UNICEF strengthening psychosocial services in Obongi in Uganda

https://www.unicef.org/uganda/stories/unicef-strengthening-psychosocial-services-obongi-uganda

Child friendly spaces in refugee settlements in Uganda stimulating play and learning

https://www.unicef.org/uganda/stories/child-friendly-spaces-refugee-settlements-uganda-stimulating-play-and-learning

Where there is no classroom

https://www.unicef.org/uganda/stories/where-there-no-classroom

ILO and UNICEF join forces to launch UPSHIFT skills programme in Uganda

https://www.unicef.org/uganda/stories/ilo-and-unicef-join-forces-launch-upshift-skills-programme-uganda

Called to serve

https://www.unicef.org/uganda/stories/called-serve

School at last

https://www.unicef.org/uganda/stories/school-last

VIDEOS

https://youtu.be/LRUzHEtH8HM

https://youtu.be/b9Bd8GFpYcY

https://youtu.be/tNjhnSPOq3A

https://youtu.be/SZLnoWvBmJE

https://youtu.be/2b6zyoTKAKI

https://youtu.be/sHkYvchXcD0

https://youtu.be/zX6A4Uy520g

https://youtu.be/etrt1_nSfaU

https://youtu.be/xAoPFRLoV2w

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