Reporting Period: 16 to 30 June 2020

Highlights

- As of 29 June, Uganda reported a cumulative total of 899 COVID-19 cases, including 819 recoveries and zero deaths. Of all the reported cases, 27 were of frontline health workers and 55 were of children. Cumulatively, 192,813 people have been tested for COVID-19.

- Following a directive from the President on 22 June 2020, schools will remain closed. The Government of Uganda plans to launch a nationwide long-distance education programme using radio, with each homestead receiving a radio set.

- During this reporting period, 769,084 women and children (383,004 male, 386,080 female) were reached with essential health services; 78,393 primary caregivers of children received counselling on infant and young child feeding (IYCF); and 5,810 pregnant women living with HIV continued to receive antiretrovirals (ARVs) to prevent mother-to-child transmission of HIV and for their own health.

- Since the beginning of the response, 7,461,135 people (3,805,178 male, 3,655,957 female) were reached with COVID-19 prevention messages, while 2,126 children, parents and primary caregivers were supported with community-based mental health psychosocial support (MHPSS) services.

UNICEF RESPONSE and Funding Status

|------------------------------------|--------------|

Funding Status (in US$)

- **US$ 4.2 million** funds received
- **US$10.8 million** funding gap

*UNICEF results are attributed to both other resources (emergency) funding received as well as other resources, reprogrammed funds and regular resources.*
Funding Overview and Partnerships

UNICEF Uganda is appealing for US$15 million to support the government response to COVID-19. UNICEF has so far received US$4.2 million through generous contributions, leaving a funding gap of US$10.8 million or 72 per cent. To help support Uganda’s immediate COVID-19 response needs, UNICEF has drawn on other resources, reprogrammed existing funds, and reallocated its regular resources, totalling US$2.1 million, to procure urgent emergency supplies and support national and district coordination and programming.

Situation Overview and Humanitarian Needs

As of 29 June, the Government of Uganda reported a cumulative total of 889 COVID-19 cases among nationals and 1,200 cases among foreigners. Among Ugandans, a total of 55 children have tested positive for COVID-19, along with 27 frontline workers, 18 soldiers, and five police officers. Since the start of the epidemic, Uganda has reported zero COVID-19 deaths and 819 recoveries. During this reporting period, Uganda registered the first case of COVID-19 in a high dependency unit where the patient improved without requiring intensive care management. The majority of confirmed COVID-19 cases in Uganda continue to be male (86 per cent), with 62 per cent (551) of all cases imported by travelers and cross-border truck drivers from neighbouring Kenya, Tanzania, Rwanda, Burundi, and South Sudan. COVID-19 hot-spots include border districts with high-volume points-of-entry from South Sudan, Tanzania, and Kenya. Other hot-spots include Kampala, island districts, and fishing communities with active trading links to Tanzania and Rwanda.

During the reporting period, Uganda began receiving nationals returning from 66 countries and recorded a high positivity rate among returnees from Afghanistan. In addition, the country opened its borders to asylum-seekers from the Democratic Republic of the Congo. Upon entering the country, these groups are tested for COVID-19 and are put into a 14-day mandatory institutional quarantine.

As of June 29, Uganda had conducted a cumulative total of more than 192,800 tests. Testing covers all people who meet the case definition, contacts of positive cases, health workers and other first responders, asylum-seekers, and truck drivers, among others.

As part of the COVID-19 suppression strategy, Uganda continues to implement mandatory institutional quarantine. As of June 29, more than 1,271 people, including 62 children, were in quarantine in 74 facilities in 48 districts.

COVID-19 case management is concentrated in a few national and regional referral hospitals. The majority of admitted cases continue to be asymptomatic, mild, or moderate. HIV is reported as the leading co-morbidity among COVID-19 patients.

In a scheduled address to the nation during the reporting period, the President of Uganda lifted or relaxed some of the previously announced containment measures, including lockdowns in some of the border districts and increasing the number of passengers in private cars. Nevertheless, the curfew remained in place and schools remain closed. To address the needs of the learners, the Government of Uganda plans to launch a nationwide long-distance radio-based education programme, with each homestead receiving a radio set.

The gradual lifting of national lockdown measures has been accompanied by intensified communication of the presidential directives on the mandatory use of masks in public places and the observance of physical distancing measures. The Government of Uganda continued a mass-mask distribution effort across the country, targeting the entire population from the age of 6 and older.

While expecting an increase in the number of COVID-19 cases following the relaxation of some containment measures, the government is working to decentralize all aspects of the response and continues to expand its testing, quarantine, isolation and case management capacity. Hot-spot districts are targeted and supported on a priority basis with intensified surveillance, contact-tracing, and testing alongside enhanced community engagement. Uganda’s COVID-19 response capacity is being challenged by limited availability of testing supplies due to global disruptions in supply chains and shortages of personal protective equipment (PPE) for health and other frontline workers. There is also a continued need to expand case management and MHPSS capacity.

Summary Analysis of Programme Response

UNICEF Uganda’s COVID-19 support is aligned with the Uganda National Preparedness and Response Plan. The main objective of the UNICEF Response Plan is to strengthen Uganda’s national capacity to prevent and reduce
morbidity and mortality associated with COVID-19, including among the displaced population in refugee-hosting districts in Uganda.

UNICEF’s work prioritises two main areas:

- Support COVID-19 emergency response with a focus on enhancing district planning and coordination; risk communication and community engagement (RCCE); procurement of PPE and water, sanitation and hygiene (WASH) supplies; and MHPSS, child protection, and the prevention of sexual abuse and exploitation (SEA) and gender-based violence.

- Prevent and address the secondary impact of the outbreak on children, women and their families in the most vulnerable communities by monitoring the impact of containment measures and supporting access to essential services for health, nutrition, HIV, WASH, education, and child protection.

Health

As part of COVID-19 emergency response, UNICEF actively participates in the COVID-19 Incident Management Team, National Task Force, and the surveillance and case management pillar meetings at the national level. In its role as co-chair of the service continuity pillar within the COVID-19 response structures and as an active member of the technical working group on maternal and child health, immunization technical coordination committee, and malaria working group, UNICEF has been actively engaged in promoting and disseminating national guidance on essential health services continuity. During the reporting period, UNICEF in collaboration with United States Agency for International Development (USAID), the US Centers for Disease Control and Prevention (CDC) and their implementing partners continued to support the dissemination and implementation of guidelines on COVID-19 case management and the continuity of essential health services across several sub-regions including West Nile, Rwenzori, Acholi, Lango, Karamoja, east-central and mid-western.

At the district level, UNICEF and its implementing partners have been supporting district health teams with coordination and monitoring of COVID-19 interventions and essential health services continuity. Cumulatively, 2,516,716 children and women have accessed services, including immunization and prenatal and postnatal care.

HIV/AIDS

At the national level, UNICEF continued to provide technical support through the essential health services continuity pillar, and the weekly Ministry of Health (MoH) HIV and tuberculosis (TB) Incident Management Team platforms. These monitor the trends in HIV and TB services utilization using predefined indicators and existing routine data systems (DHIS2 and mTrac). Given a 50 per cent cumulative decline in testing for HIV-exposed infants between March and May 2020, MoH with support from UNICEF, CDC and USAID developed and disseminated the early infant diagnosis (EID) surge strategy, which uses health facility data for the prevention of mother-to-child transmission (PMTCT) to identify all HIV-exposed infants who missed their clinical care appointments, including scheduled early infant diagnostic tests (polymerase chain reaction – PCR), between April to June 2020.

At the sub-national level (district, health facility, and community levels), UNICEF has supported 27 focus districts, including five refugee-hosting districts, with activities aimed at continuity of HIV services – with a focus on access to medicines (ART, TB), adherence support, EID, and viral load monitoring. Frontline health workers have been supported in actively tracking missed appointments, developing weekly line lists for PMTCT mothers and/or mother-baby pairs, and children and adolescents living with HIV who missed their ART/TB medicine pick-up and could not be reached by telephone. Using locator information, health workers and peers (mentor mothers, expert clients, and adolescent peers) were engaged to deliver drugs to clients, and to update facility records with refill information. Notably, ARV delivery has been integrated with sample collection for viral load monitoring and adherence support. Data from three districts that benefited from early UNICEF reprogramming of funds indicated that a total of 770 children and adolescents living with HIV, and PMTCT mothers who were identified as having missed appointments from facility records were successfully tracked for ARV refills and/or EID, and viral-load testing.

In collaboration with four border district health teams, UNICEF supported radio talk shows, jingles, and DJ mentions using local community radios. Messages were broadcast emphasizing the availability and continuity of ART/TB service delivery during the lockdown and encouraging uninterrupted treatment.

Cumulatively, from the start of the response, 5,810 pregnant women living with HIV received ARVs to prevent mother-to-child transmission of HIV and for their own health between March and June 2020 in the 27 UNICEF focus districts.
Nutrition

During the reporting period, UNICEF continued to support nutrition coordination platforms, engaging partners in discussions about the COVID-19 response and continuity of nutrition services at national and sub-national levels. For example, UNICEF chaired the nutrition development partners’ group and the Karamoja nutrition and health partners coordination group, where partners had the opportunity to come up with solutions on how to better coordinate the COVID-19 response, and how to better support district local governments with data collection and utilization and with supply management. In addition, UNICEF participated and provided nutrition-related inputs in the national meetings for COVID-19 case management and the continuation of essential health services pillars.

To improve the monitoring of nutrition service delivery, UNICEF supported the development of nutrition dashboards in the District Health Information System (DHIS2) that display severe acute malnutrition (SAM) admissions, SAM treatment outcomes, and the number of children reached with vitamin A supplementation in refugee-hosting districts, Karamoja, and regional referral hospitals. During the reporting period, UNICEF provided access to the dashboards to implementing partner AVSI and regional nutritionists and oriented them on the use of these dashboards. In addition, UNICEF continued to improve the monitoring system for continuity of essential health services that has been developed in partnership with Dalberg Data Insights and Makerere University to understand the impact of COVID-19 on key nutrition outcomes and services (SAM, low birth weight, and vitamin A supplementation). UNICEF engaged MoH, district officials, and partners to discuss trends in nutrition data and develop actionable insights to improve the coverage of nutrition services and the overall COVID-19 response.

Since the last reporting period, the Government of Uganda, with support from UNICEF, reached 78,393 primary caregivers of children with IYCF counselling through facilities and community platforms. Cumulatively, 653,983 primary caregivers of children have been reached.

UNICEF implementing partners AVSI, IntraHealth, and Baylor provided technical assistance to district local governments in UNICEF focus districts to improve service delivery and data, including in Karamoja and refugee-hosting districts. The partners supported 1) the orientation of 150 village health teams (VHTs) on active case-finding for SAM in five sub-counties in Lamwo district; 2) nutrition mentorships of 273 health workers in the districts of Koboko, Moyo, Obongi, Yumbe, Arua, and Lamwo, and 70 health workers in the Karamoja sub-region; 3) the re-distribution of nutrition therapeutic milk in UNICEF priority districts to address a reported supply shortage; and 4) the distribution of Health Management Information System (HMIS) and Integrated Management of Acute Malnutrition (IMAM) tools to health facilities in Koboko District.

Water, Sanitation and Hygiene

Between April and June 2020, critical WASH supplies and services reached 190,241 people (94,550 male, 95,691 female). During the reporting period, UNICEF has been supporting MoH and the Ministry of Education and Sports (MoES) to develop WASH guidelines to prepare for the safe re-opening of schools. Based on the field-testing of several versions of hands-free handwashing facilities to further reduce the risk of coronavirus transmission, UNICEF initiated large-scale procurement of successful models.

As of 30 June, 122 health facilities, including 17 regional referral hospitals and high-volume health centres in the high-risk districts of Adjumani (10 facilities), Iganga (13), Kampala (24), Mukono (22), and Wakiso (36) were supported with essential WASH supplies. Last-mile distribution of additional WASH supplies is ongoing in health facilities in the five districts of Kotido (9 facilities), Moroto (8), Hoima (21), Masaka (16), and Mukono (22). A total of 155 boreholes benefitting people living in the high-risk districts of Adjumani (40 boreholes), Yumbe (40), Kiryandongo (40), and Isingiro (35) have been rehabilitated to provide safe and clean water for refugees and host communities, and to ensure the availability of water for handwashing.

Child Protection

UNICEF continues to provide critical child protection services to prevent and respond to risks during the COVID-19 pandemic. Key areas of intervention by UNICEF in targeted districts include the provision of case management and care services, MHPSS, and interventions to prevent parent-child separations, distress, and other forms of violence against children. During the reporting period, UNICEF has continued to provide technical support to districts and partners operating in refugee settlements to strengthen support sector coordination and the COVID-19 child protection response, including technical support to civil society partners, probation and social welfare officers, and sub-county and district community development officers for the continuous provision of remote case management and psychosocial support, including through community structures. To date, a cumulative total of 2,126 children (406 male, 489 female), parents and primary caregivers (608 male, 623 female) in quarantine centres and communities were provided with community-based MHPSS in UNICEF-supported districts.
Prevention and messaging interventions to strengthen the capacities of children, caregivers, and community members to prevent and respond to protection risks faced by children in the context of the COVID-19 crisis reached 597 individuals (81 girls, 87 boys, 242 female adults, and 187 male adults) since 15 June, bringing the total reached to 1,265 individuals. Since 15 June, 581 new child protection cases (320 girls, 261 boys) were also identified and provided with assistance, bringing the total number of children benefitting from case management services to 1,844 children (1,090 girls, 754 boys), including three children with disabilities. Ninety-seven additional staff (psychiatric nurses, health social workers, counsellors, clinicians, etc.) from the western, eastern, and central regions were trained in Butabika Hospital with UNICEF support. Trained staff will be deployed to treatment and quarantine centres to provide mental health services. Forty-one partner staff members were trained in child protection case management and psychosocial support to provide case management services at treatment and quarantine centres.

**Education**

On 22 June 2020, the President of Uganda announced that schools will remain closed in response to the COVID-19 emergency, and it is unclear when they will re-open. The Government of Uganda now plans to launch a long-distance education programme through radio programmes, with each homestead receiving a radio set.

In response to COVID-19, UNICEF works with MoES to support the preparation and implementation of the Education Sector Preparedness and Response Plan. MoES is prioritizing the continuity of learning. UNICEF is closely collaborating with the United Nations High Commissioner for Refugees (UNHCR), the education in emergencies working group, and education development partners to support MoES in ensuring that all children are able to continue their education through self-learning materials, radio, TV lessons, and/or digital learning. UNICEF is chairing the digital learning task force and is supporting MoES to print and distribute self-learning materials.

UNICEF and MoES, in partnership with National Curriculum Development Centre, New Vision, Irish Aid, the Danish Embassy, the Norwegian Embassy, and Global Partnership for Education, handed over home-learning materials during this reporting period. These materials include support to 13 refugee-hosting districts from UNHCR. During the reporting period, New Vision began distributing 2,473,500 learning packs in 48 districts, which are expected to support all primary and secondary school learners in these districts. UNHCR is also distributing 338,125 learning packs in refugee settlements. UNICEF zonal office staff continue to track the distribution of materials at the sub-county and village levels.

The National Curriculum Development Centre has developed Braille materials for learners with visual impairments, with an additional plan to develop more materials for learners with special needs. UNICEF is supporting the assignment of sign language interpreters during TV lesson broadcasts. Learning materials have been adapted through the digital Kolibri platform and made available for children with hearing and visual impairment. Textbooks will be provided to secondary school learners. All the above interventions are meant to benefit more than 8,000 learners with disabilities.

UNICEF and partners are rolling out radio programming to disseminate Key Family Care Practices to parents of children in early childhood development (ECD). Additionally, implementing partners are rolling out radio programming for adolescents where violence against children, child rights, gender and life skills are discussed.

Radio lessons through commercial and community radio are being conducted in Karamoja and in various refugee settlements for continuity of learning. Talk shows to increase awareness of alternative learning platforms are being conducted by district education departments. Key Family Care Practices booklets are being delivered to the districts of Isingiro, Kasese, Kamwenge, Ibanda, Kyegyegwa, Mubende, Kassanda, Kabulasoke, Busubuzi, Lamwo, Adjumani, Moyo, Yumbe, Koboko, Arua, Kiryandongo, Abim, Karenga, Kaabong, Kotido, Moroto, Napak, Nabilatuk, Nakapiripirit, and Amudat. Cumulatively, 2,463,398 children (1,226,772 boys, 1,236,626 girls) were reached with home-based/distance learning.

Meanwhile, UNICEF and other partners continue to work with MoES to explore how to prepare schools, teachers, and students to return to school. MoES shared reopening guidelines with MoH and will share a final draft with the Cabinet for approval. MoH continues to engage with MoES and other stakeholders, including the National Teachers Union and private school proprietors, on the re-opening of schools.

**Communication for Development, Community Engagement and Accountability**

The UNICEF Communication for Development (C4D) team is providing technical support on COVID-19 and co-chairing the MoH Risk Communication Social Mobilization and Community Engagement (RCSM-CE) sub-
committee. The UNICEF C4D team has supported the MoH Health Promotion Education and Strategic Communication Department and members of the national RCSM-CE sub-committee to coordinate the ongoing extensive mass media coverage on COVID-19. A media campaign on face masks is ongoing on 203 radio stations and 20 TV stations nationwide. Messages on the use of face masks were developed in different formats such as posters, social media graphics, televised scripts and mentions, radio spots and DJ mentions, and through government and multiple donor-supported airtime, including from UNICEF. Pictorial messages to address the do’s and don’ts of wearing masks were developed and shared on social media.

A total of 7,461,135 people were cumulatively reached through Facebook, Twitter, Instagram, and U-Report since the beginning of this response. A total of 826,664 people shared concerns, asked questions, and sought clarification on COVID-19 mainly through online platforms like Facebook, the MoH call centre, and U-Report polls. Cumulatively, 31,233 people participated/engaged in the COVID-19 response through RCSM-CE activities like community dialogue meetings, radio call-ins, and support supervision visits. Persons engaged include members of the district-level task force on RCSM-CE, leaders of most-at-risk populations like truck drivers, commercial sex workers, and local council leaders in communities at points-of-entry. Cumulatively, 2,336,996 information, education and communication (IEC) materials were printed and distributed to districts between April and June. This includes additional IEC materials (78,500) developed and delivered to 10 districts hosting refugees in six appropriate local languages: Swahili, Arabic Juba, Dinka, Nuer, and Kinyarwanda. Other IEC materials are in English (including do’s-and-don’ts posters and flyers) and in 30 local languages, including refugee languages. UNICEF continues to support radio talk shows and radio spots on COVID-19 in the most at-risk districts.

UNICEF also continues to support the dissemination of dramatized TV clips on COVID-19 on six TV stations as part of the MoH Tonsemberera (Keep Your Distance) media campaign.

UNICEF is supporting the development of a 2020 Prevention of Sexual Abuse and Exploitation (PSEA) Action Plan to be aligned with the Secretary General’s special measures report. All PSEA risk assessments have been finalized and results communicated to partners and uploaded in the system.

Supply and Logistics

UNICEF continues to support MoH to procure diagnostic tests, PPE items, WASH supplies for infection prevention and control (IPC), and tents for National Medical Stores, national and regional referral hospitals, districts, and quarantine sites, along with information and communications technology (ICT) equipment to enhance the capacity of the Emergency Operation Centre and points-of-entry. During the reporting period, UNICEF finalized the order for the procurement of 70 oxygen concentrators to support case management for COVID-19 in Uganda’s treatment facilities. The value of the UNICEF supply and logistics support to date is estimated at over US$2.1 million.

Humanitarian Leadership, Coordination and Strategy

The Government of Uganda’s response to the COVID-19 epidemic is coordinated through a multi-sectoral coordination mechanism, or National Task Force, led by the Prime Minister and overseen by the President of Uganda. National Task Force members include MoH, MoES, the Ministry of Gender, Labour and Social Development, the Ministry of Transport, the Ministry of Information and Communication Technologies, the Ministry of Finance, Planning and Economic Development, the Ministry of Local Government, and others.

MoH, which plays a key strategic and technical advisory role to national and local governments, has activated the COVID-19 Incident Management Team. The team is chaired by MoH at the strategic level and by the Health Director General at the operational level. A dedicated Scientific Advisory Committee consisting of eminent researchers and experts was set up to synthesize the latest evidence, to guide Uganda-specific research activities, and to provide scientific and technical advice to the Minister of Health and support government decision-makers during the evolution of the epidemic and the adaptation of the response. The World Health Organization provides technical leadership to MoH on behalf of the United Nations and co-chairs strategic and operational structures in the health sector. UNICEF is represented at both the strategic and operational levels of coordination with the government and the United Nations. It is also an observer on the Scientific Advisory Committee.

The COVID-19 response in the health sector is built around the following pillars: (i) coordination and leadership; (ii) surveillance and laboratory; (iii) case management, including WASH/IPC and MHPSS; (iv) RCSM-CE; (v) logistics and supplies; (vi) ICT and innovations; and (vii) essential services continuity. UNICEF co-leads the RCSM-CE and service continuity pillars, and actively contributes to the coordination and leadership, logistics and supplies, ICT and innovations, and case management pillars. In the latter, UNICEF focuses on WASH and MHPSS, including the
newly established sub-committee on the prevention and response to gender-based violence and violence against children. In addition, UNICEF field office staff provide technical and operational support to the COVID-19 district task forces in UNICEF focus areas.

UNICEF is applying and scaling up existing civic engagement platforms such as U-Report to support community engagement and feedback. Gender, PSEA, conflict sensitivity, and C4D programming are mainstreamed into all interventions.

Find us online at https://www.unicef.org/uganda/


Who to contact for further information:

Doreen Mulenga  
Representative  
UNICEF Uganda  
Tel: +256 417 171 001  
Email: dmulenga@unicef.org

Diego Angemi  
Deputy Representative a.i  
UNICEF Uganda  
Tel: +256 417 171 300  
Email: dangemi@unicef.org

Alessia Turco  
Chief Field Operations & Emergency  
UNICEF Uganda  
Tel: +256 417 171 450  
Email: aturco@unicef.org
## Annex A
### Summary of Programme Results

<table>
<thead>
<tr>
<th>UNICEF Uganda COVID-19 Indicators</th>
<th>2020 Targets</th>
<th>2020 Results</th>
<th>Change Since Last Report</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of primary caregivers of children aged 0–23 months who received IYCF counselling through facilities and community platforms</td>
<td>1,860,091</td>
<td>653,983</td>
<td>78,393 ▲</td>
</tr>
<tr>
<td>Presence of IYCF promotion and treatment of wasting within the national health plan on continuation of essential health services</td>
<td>No/Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children reached with home-based/distance learning</td>
<td>1,970,000</td>
<td>2,463,398</td>
<td>2,395,001 ▲</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children and women receiving essential health care services, including immunization and prenatal, postnatal, HIV and gender-based violence care in UNICEF-supported facilities</td>
<td>5,663,331</td>
<td>2,516,716</td>
<td>769,084 ▲</td>
</tr>
<tr>
<td>Number of districts with functional COVID-19 coordination committees</td>
<td>32</td>
<td>32</td>
<td>No change</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached with critical WASH supplies (including hygiene items) and services</td>
<td>315,000</td>
<td>190,241</td>
<td>30,570 ▲</td>
</tr>
<tr>
<td>Number of institutions (health centres, maternities, schools) supported with a minimum WASH and IPC package</td>
<td>250</td>
<td>122^2</td>
<td>22 ▲</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children without parental or family care provided with appropriate alternative care arrangements</td>
<td>100</td>
<td>61</td>
<td>35 ▲</td>
</tr>
<tr>
<td>Number of children, parents and primary caregivers provided with community-based MHPSS</td>
<td>2,600</td>
<td>2,126</td>
<td>1,655 ▲</td>
</tr>
<tr>
<td>Number of UNICEF personnel and partners who have completed training on gender-based violence risk mitigation and referrals for survivors, including for SEA</td>
<td>Staff - 50 Partners - 30</td>
<td>Staff - 36 Partners - 20</td>
<td>Staff - 11 ▲ Partners - No change</td>
</tr>
<tr>
<td>Number of children and adults that have access to a safe and accessible channel to report SEA</td>
<td>428,294</td>
<td>428,294</td>
<td></td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of pregnant women living with HIV who continue to receive ARVs for PMTCT and for their own health</td>
<td>27,218</td>
<td>13,908</td>
<td>5,810 ▲</td>
</tr>
<tr>
<td><strong>C4D</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached on COVID-19 through messaging on prevention and access to services</td>
<td>14,260,834</td>
<td>7,461,135</td>
<td>1,521,023 ▲</td>
</tr>
<tr>
<td>Number of people engaged on COVID-19 through RCCE actions</td>
<td>67,500</td>
<td>31,233</td>
<td>7,600 ▲</td>
</tr>
<tr>
<td>Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established mechanisms</td>
<td>2,500,000</td>
<td>1,186,890</td>
<td>826,664 ▲</td>
</tr>
<tr>
<td>Number of printed COVID-19 IEC materials distributed among partners</td>
<td>3,000,000</td>
<td>2,336,996</td>
<td>78,500 ▲</td>
</tr>
</tbody>
</table>

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^ Only health facilities and maternities have been reached. Schools are still closed as per the President’s directive regarding COVID-19 response measures.
## Annex B
UNICEF Uganda COVID-19 Funding Status Against Appeal

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Programmable requirements</th>
<th>Support costs</th>
<th>Cost recovery</th>
<th>Total funded</th>
<th>Gap (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination and leadership</td>
<td>386,254</td>
<td>38,625</td>
<td>33,990</td>
<td>458,870</td>
<td>0</td>
</tr>
<tr>
<td>Risk communication, social mobilization, community engagement and education</td>
<td>3,897,565</td>
<td>389,757</td>
<td>342,986</td>
<td>4,630,308</td>
<td>1,444,294</td>
</tr>
<tr>
<td>Case management</td>
<td>473,100</td>
<td>47,310</td>
<td>41,633</td>
<td>562,042</td>
<td>537,826</td>
</tr>
<tr>
<td>Case management – HR (support to surge capacity in health facilities)</td>
<td>144,995</td>
<td>14,499</td>
<td>12,760</td>
<td>172,254</td>
<td>223,423</td>
</tr>
<tr>
<td>ICT and innovation</td>
<td>68,142</td>
<td>6,814</td>
<td>5,996</td>
<td>80,953</td>
<td>0</td>
</tr>
<tr>
<td>Logistics and operations</td>
<td>5,998,776</td>
<td>599,878</td>
<td>527,892</td>
<td>7,126,546</td>
<td>1,537,791</td>
</tr>
<tr>
<td>MHPSS support, including child protection</td>
<td>1,657,431</td>
<td>165,743</td>
<td>145,854</td>
<td>1,969,028</td>
<td>470,066</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>12,626,263</strong></td>
<td><strong>1,262,626</strong></td>
<td><strong>1,111,111</strong></td>
<td><strong>15,000,000</strong></td>
<td><strong>4,213,400</strong></td>
</tr>
</tbody>
</table>

*UNICEF results are attributed to both other resources (emergency) funding received, as well as other resources, reprogrammed funds, and regular resources.