Highlights

- Uganda remains Ebola Virus Disease (EVD) free as of November 2019, although the risk of EVD importation remains very high given the porous border shared with the Democratic Republic of Congo (DRC).

- Over 1.2 million of the refugee and asylum seeker population are children and women that require humanitarian assistance.

- Flooding and mudslides have intensified throughout the country, particularly in the sub-regions of Teso, Elgon, West Nile, Rwenzori, Bukedi and Lango and Bundibugyo. The number of displaced and affected people remain unconfirmed as assessments in the areas continue.

- A total of 246 new unaccompanied or separated children (165 girls; 81 boys) benefitted from follow-up visits, placements and referrals by UNICEF and partners in November.

- In November, 55,407 people at risk of EVD were reached with key messages through direct interpersonal engagement during house to house visits and community meetings.

2019 UNICEF Response with Partners

<table>
<thead>
<tr>
<th>Indicators</th>
<th>2019 Targets</th>
<th>2019 Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong>: Number of boys and girls immunized against measles in refugee-hosting districts</td>
<td>489,866</td>
<td>289,329</td>
</tr>
<tr>
<td><strong>Nutrition</strong>: Number of children aged 6 to 59 months who received Vitamin A supplementation in the first and second semester</td>
<td>745,074</td>
<td>697,024</td>
</tr>
<tr>
<td><strong>WASH</strong>: Number of people accessing sufficient quantity of water of appropriate quality for drinking, cooking, and personal hygiene</td>
<td>197,000</td>
<td>20,500</td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong>: Number of HIV-positive pregnant women receiving treatment to prevent mother-to-child transmission</td>
<td>942</td>
<td>1,951</td>
</tr>
<tr>
<td><strong>Education</strong>: Number of children accessing formal or non-formal early childhood education / pre-primary education</td>
<td>108,704</td>
<td>48,800</td>
</tr>
<tr>
<td><strong>Child Protection</strong>: Number of refugee children registered as unaccompanied or separated who received appropriate alternative care services</td>
<td>7,368</td>
<td>2,836</td>
</tr>
</tbody>
</table>

November 2019

2.4 million
# of children in need of humanitarian assistance (*)
(UNICEF HAC 2019)

4 million
# of people in need of humanitarian assistance (*)
(UNICEF HAC 2019)

(*) Figure represents planned number of people or children in need of humanitarian assistance in Uganda in 2019 after experiencing the shocks of refugee influx, disease outbreaks, and hydro-meteorological hazards such as floods and landslides.

837,842
# of refugee and asylum seeker children as of 30 November 2019 (OPM, Pro Gres V4)

1,373,512
# of refugees and asylum seekers as of 30 November 2019 (OPM, Pro Gres V4)

UNICEF HAC Appeal 2019
US$ 51.76 million

Funding status 2019

- Funds received to date: US$ 12.88 M
- Funding gap: US$ 38.88 M
Situation Overview and Humanitarian Needs

Refugees
According to Office of the Prime Minister (OPM) and UNHCR, Uganda continues to host the largest number of refugees in Africa, with over 1.37 million refugees and asylum-seekers within its borders. Of those, 857,268 are from South Sudan, 395,587 from DRC, 45,437 from Burundi, and nearly 75,220 from Somalia, Rwanda and other nearby countries. Sixty-one per cent of Uganda’s refugee population are children.

Disease Outbreaks

Ebola Outbreak: As of 30th November, there were no reported EVD cases, nor any contacts under follow-up. However, UNHCR trend analysis has shown that, due to the festive season, the months of December and January tend to be marked by increased cross-border movement of people from the DRC, posing continued risks of EVD importation. Uganda has 68 doses of Regeneron EVD drug/therapeutics (the only protocol approved in Uganda), prepositioned at the Bwera Ebola Treatment Unit (ETU) in Kasese district. The EVD National Task Force (NTF), District Task Forces (DTFs) in high risk districts and subcommittees continue to monitor the situation and coordinate preparedness activities.

Cholera outbreaks: As of 30 November, all reported cholera outbreaks in the five districts of Bududa, Busia, Isingiro, Kisoro and Kyegegwa have been controlled. The Ministry of Health (MoH) is yet to declare the end of the outbreak since the last confirmed case was in September 2019.

Malaria upsurge: Routine District Health Information System 2 (DHIS 2) data analysis conducted by the MoH National Malaria Control Programme observed that malaria cases doubled between April 29 and 5 May 2019 across Uganda compared to the same period in 2018. The weekly mTrac surveillance data indicated an increase of cases between 14-20 October (115,101 cases) and the last week of November (186,018 cases). However, this is not a true representation of cases since the end of November showed a high reporting rate at 66.1 per cent compared to 48.6 per cent a couple of weeks prior. The key drivers of this upsurge continue to be prolonged intermittent rains, population movement from low to high burden areas and vice versa, human activity that creates artificial vector breeding sites and low utilization of mosquito nets in the communities.

Measles and Rubella outburst: In November, 1,789 suspected measles cases were investigated in 113 districts. Of these, 615 were positive for measles, 329 for rubella and 59 for both measles and rubella. Compared to the 93 cases reported for the month of October, the number of suspected measles cases reported in November reduced to 37, due to the nation-wide mass Measles and Rubella (MR) vaccination campaign. Four measles cases were confirmed in the month of November 2019 from the three districts of Arua, Kiryandongo and Lira. The cases reported are due to the rate at which immunity to measles is achieved (85 per cent) leaving at least 15 per cent with possibility of contracting measles.

Hydro-Meteorological Conditions
Continuous heavy rainfall and consequent flooding has led to widespread damage of roads in rural areas, as well as some crop damage, displacement and deaths in Eastern and Western Uganda in the sub regions of Bugisu, Teso, Bukedi and Kigezi.

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and landslides in Kasese and Bundibugyo districts. In most areas, outcomes for food insecurity (IPC Phase 1) are expected to prevail through May 2020. Populations in these sub regions have experienced severe losses of livelihood assets in addition to damages to common user infrastructure such as schools, roads and bridges. This has been compounded by destructive winds and hailstones. Numbers of those affected and displaced are yet to be confirmed.

Humanitarian Leadership and Coordination

The OPM Department of Refugees and UNHCR continue to lead the refugee response in Uganda. UNICEF co-chairs the refugee child protection sub-working group with UNHCR, the refugee WASH working group with the Ministry of Water and Environment (MoWE), and the national nutrition in emergency and integrated management of acute malnutrition technical working group with MoH. The OPM Department of Disaster Preparedness coordinates and leads the country’s humanitarian response efforts, primarily through a national disaster risk reduction platform. National platform and district disaster management committees coordinate responses to disasters caused by natural hazards and internal displacement caused by floods or conflict. Meanwhile, humanitarian responses due to disease outbreaks are coordinated through a multi-stakeholder NTF co-chaired by MoH and WHO.

MoH is the lead for EVD response and preparedness activities with support from WHO and partners, including UNICEF. Response activities have built on MoH coordination and experience in preparedness activities since August 2018. The National EVD Response Plan is built around the following pillars: (i) coordination and leadership; (ii) surveillance, including laboratory support and point of entry screening; (iii) case management, including IPC, and safe and dignified burials; (iv) risk communication, social mobilization, and community engagement; (v) logistics; (vi) vaccination and investigational therapeutics; (vii) and mental health and psychosocial support (MHPSS), including child protection. UNICEF co-leads the risk communication, social mobilization and community engagement sub-committee, and actively contributes to the coordination and leadership, case management (with a focus on WASH and child nutrition) and MHPSS pillars.

Humanitarian Strategy

UNICEF supports the implementation of durable solutions to chronic displacement in line with Uganda’s Refugee and Host Population Empowerment Strategic Framework (ReHoPE), the Settlement Transformation Agenda (STA) and the Comprehensive Refugee Response Framework (CRRF). UNICEF, in partnership with the Government of Uganda, supports efforts to adapt Uganda’s nutrition, health, WASH, child protection, education, and social protection systems to humanitarian situations. Using a decentralized approach, UNICEF also strengthens the country’s humanitarian response, including localised capacity building, monitoring and reporting, and procurement of essential equipment and supplies. Community-based support is designed to improve the delivery of targeted protection and basic services for affected children and adolescents.

UNICEF, along with the government and partners at the national and district levels, is strengthening multi-year planning processes to leverage domestic and international resources for communities at risk. Government contingency planning and response efforts are supported to mitigate the effects of disease outbreaks and natural disasters. In high-risk communities, UNICEF is applying and scaling up existing civic engagement platforms such as U-report to promote accountability to affected populations, build linkages between communities and local governments, and guide responsive district and sub-district planning and budgeting. Gender, HIV/AIDS, conflict sensitivity, and C4D programming are mainstreamed into all interventions.

Summary Analysis of Programme Response

Education: Alongside its implementing partners and Core Primary Teachers’ colleges, UNICEF continued to conduct technical support and supervision to caregivers (705) in various refugee settlements of West Nile and Lamwo. The visits were to ascertain knowledge utilization and practice after completing the first three modules of Community Based Child Care Programme in Service Training as well as provide continuous monitoring and mentorship of ECD caregivers. The visits revealed that caregivers are demonstrating good practices because of the UNICEF supported trainings by the Centre Coordinating Tutors. They have better classroom display, engage learners in morning circles, develop teaching and playing materials using locally available materials, and make better use of the Government Learning Framework.

Nutrition: UNICEF continues working with the MoH and district hosting refugees, providing technical and financial support to improve the quality of nutrition services in both the community and health facilities. As part of this support, 30 health workers were oriented in the revised Health Management Information System (HMIS) in Lamwo District. The training is aimed at equipping health units in charge to extract nutrition data from the primary nutrition collection tool and report on a quarterly basis. Moreover, 73 health workers from refugee hosting districts were trained in the revised Integrated management of Acute Malnutrition (IMAM) guidelines. In addition, UNICEF supported monthly nutrition data review

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2 FEWS NET Uganda, as of 30 November, https://fews.net/east-africa/uganda
meetings in Kikuube, Kyegega, Kamwenge and Isingiro where 153 health workers and data managers from health centres, districts and regional referral hospitals were engaged. The increasing number of Severe Acute Malnutrition (SAM) cases in the country pose a challenge to the response, as UNICEF Uganda has only sufficient resources until March 2020 to cover the majority of refugee hosting districts.

Health: UNICEF continues to provide technical and financial support to strengthen routine immunization through the Reaching Every District/Reaching Every Child (RED/REC) micro-planning initiative, communication, social mobilization, and service delivery in refugee-hosting districts. To improve maternal and new-born quality of care, UNICEF, in collaboration with the Association of Volunteers in International Service (AVSI), supported the roll out of Continuous Quality Improvement (CQI) in health facilities in the refugee settlements of Adjumani, Arua, Moyo, Lamwo, Yumbe, Kiryandongo and Kikuube. A total of 540 health workers were targeted using the World Health Organization Continuous Quality Improvement framework that is based on a model that depicts eight domains of quality of care for pregnant women and new-borns in facilities and is expected to increase the likelihood of achieving the desired individual and facility outcomes.

UNICEF is supporting MoH’s National Malaria Control Programme to implement key interventions in districts with high malaria cases in line with the comprehensive response plan. Integrated community outreaches for malaria test and treat were done in Gulu and Kitgum hospitals. Some 145,957 Long-Lasting Insecticidal Nets (LLIN) were distributed in 17 high risk districts, targeting in-patients and severe malaria cases. Risk communication and social mobilization activities through radio talk shows, community dialogues on the uptake of preventive services and interpersonal communication/house to house visits were done.

UNICEF supported MoH to procure 900,000 doses of Oral Cholera Vaccines (OCV) targeting cholera prone districts. This is in addition to WASH, Risk Communication-Social Mobilization and Surveillance support, helping to provide a lasting solution to cholera outbreaks in cholera hotspot districts.

HIV/AIDS: UNICEF, in collaboration with AVSI, provided a refresher training to 54 health workers (20 female; 34 male) in defaulter tracing for adolescents that are newly initiated on Anti-Retroviral Therapy (ART) in the districts of Yumbe and Adjumani.

Child protection: During the reporting period, 246 (165 girls; 81 boys) Unaccompanied and Separated Children (UASC) were newly registered and provided with support, bringing the total number of children reached to 2,836 (1,453 girls; 1,383 boys). Children in need also had access to case management support services, including referrals to relevant service providers in terms of medical, counselling and follow up support services. Partners continued to ensure that regular dialogues with foster families and relatives are held to ensure that appropriate care and protection is provided to unaccompanied and separated children. A total of 34,715 children (19,278 boys, 15,437 girls) benefitted from psychosocial support in 2019, with 4,689 (2,449 boys, 2,240 girls) new children reached in this reporting period. These children are fully engaged in ongoing activities across 48 Child Friendly Spaces and through activities in communities. Partners have continued to engage with children, leaders and community-based protection structures to enhance their knowledge and skills for better protection, prevention and response to violence against children.

Response and Preparedness for Ebola Virus Disease (EVD)

In November, in collaboration with the UNICEF Office in the DRC, UNICEF Uganda supported a cross-border meeting on risk communication, social mobilisation and community engagement. The meeting was attended by MoH, Kasese District Local Government, representatives from the Office of the Prime Minister, WHO, Catholic Secretariat, Uganda Protestant Medical Bureau (UPMB), religious and cultural leaders. All participants agreed to sign a commitment to support actions against EVD.

Risk communication, social mobilization and community engagement:
UNICEF continues to actively participate in the NTF meetings at the national level and support DTFs in over 20 districts including Kasese, Arua and other high-risk districts. By the end of November 2019, UNICEF disbursed direct cash transfers to 20 districts to support and strengthen district-led community engagement activities, including on-the-job mentorship and regular supportive supervision. UNICEF support at national level includes co-chairing of Risk Communication and Social Mobilisation (RCSM) sub-committee and support to partner coordination and evidence generation. In November, UNICEF supported the documentation of EVD post-recovery experiences in Kasese district. An outcome of the exercise will be the development of human-interest stories and video clips to be published on the website. (https://www.unicef.org/uganda/ebola).

The second EVD Knowledge, Attitudes, Believes and Practices (KABP) survey was concluded reporting over 95 per cent of the population are aware of EVD, 60 per cent of health workers and village health teams (VHTs) reported behavior change and adaptation of recommended practices for infection prevention control and 60 per cent of respondents reported practicing handwashing to prevent infection in schools. It also showed that the two most preferred forms of communication
are electronic media (76 per cent radio) and interpersonal communication (47 per cent VHTs). The study showed lower risk perception among responders – 63 per cent compared to 79 per cent in December 2018.

10,360 Ebola IEC materials including 3,294 posters, 140 flip charts, 276 job aides and 2,247 leaflets in various local languages were distributed in 15 districts at high risk of EVD. A total of 55,407 people were reached and have received messages on EVD through interpersonal communication (house-to-house visits and community meetings) and 486 teachers and 1,435 community-based influencers were oriented on EVD. In addition to this, 58 radio talk-shows were conducted in 15 districts.

**Infection Prevention Control (IPC)/WASH:** In November, UNICEF provided cash assistance to nine EVD high risk districts for the training of health workers on preparedness and response for infection prevention and control measures in Ntoroko, Bundibugyo, Kasese, Kanungu, Arua, Pakwach, Wakiso, Zombo and Kisoro. In addition, UNICEF supported WASH/IPC for EVD prevention by providing IPC items such as chlorine for disinfection and soap to 237 health facilities in five districts, including 116 facilities in Kasese, 33 in Arua, 13 in Ntoroko, 46 in Kisoro and 29 in Bundibugyo.

**Infant and young child feeding (IYCF)/nutrition in the context of EVD:** UNICEF, in collaboration with WHO, WFP, and UNHCR, continues to support the NTF and case management sub-committee to strengthen IYCF in the EVD context. UNICEF supported the training of 61 health workers from MoH, Regional Referral Hospitals and district nutritionists from high risk districts. This team of trained professionals will support the roll out of integrated nutrition, clinical care and psychosocial support trainings to other health workers in EVD high risk districts.

**Psychosocial support, including child protection:** UNICEF, in collaboration with WHO, is continuing to support MoH in ensuring that a mental health and psychosocial support (MHPSS) sub-committee is functional at the national level. UNICEF, in partnership with Arua district, concluded a two-day training on child protection and the provision of psychosocial support (PSS) in EVD context. The training, which provided guidance on preparedness and prevention activities, was designed to build the capacity of 38 district social welfare staff, including 15 Community Development Officers (CDOs) from the various sub-counties, and develop the community’s understanding on child protection and the provision of psychosocial support to children, families and communities in EVD context. Additionally, UNICEF, in partnership with Kanungu and Kisoro districts, concluded a one-week training for the district Core PSS teams. A total of 38 persons (19 from each Kanungu and Kisoro districts), including CDOs, health assistants, psychiatric nurses and religious leaders participated in the training.

**Logistics support:** UNICEF continues to engage with the NTF logistics sub-committee and DTFs to ensure a streamlined supply management system for all EVD supplies. As part of the response, UNICEF has been managing the procurement and last mile distribution for UNICEF EVD supplies in the high-risk districts.

**Funding**

The UNICEF 2019 Humanitarian Action for Children (HAC) appeal for Uganda is US$ 51.76 million. To date, approximately US$ 7 million was carried forward from 2018 and has been available to support vulnerable children. In addition, US$ 5 million was received in 2019 from the United Nations Central Emergency Response Fund (UNOCHA), US$ 4.2 million from UK Aid, the Government of Japan, the Belgian National Committee, the UK National Committee, the United Kingdom of Great Britain, Northern Ireland and UNICEF’s own resources, leaving a funding gap of US$ 32.1 million (62 per cent).

UNICEF extends its gratitude to UNOCHA, the Government of Japan and the Belgian National Committee for their contributions in 2019 to support humanitarian interventions. With the continued influx of refugees from DRC and South Sudan, as well as other humanitarian needs in the country, including food insecurity, UNICEF seeks additional funding to complement government efforts to protect the rights of children affected by the emergencies.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds Received Current Year</th>
<th>Carry-Over</th>
<th>$</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>7,703,412</td>
<td>2,105,651</td>
<td>586,704</td>
<td>5,031,057</td>
<td>65</td>
</tr>
<tr>
<td>Health</td>
<td>9,190,623</td>
<td>2,381,794</td>
<td>1,254,154</td>
<td>5,554,675</td>
<td>60</td>
</tr>
<tr>
<td>Water, sanitation &amp; hygiene</td>
<td>12,170,004</td>
<td>4,371,026</td>
<td>1,163,337</td>
<td>6,635,641</td>
<td>55</td>
</tr>
<tr>
<td>Child Protection</td>
<td>6,912,427</td>
<td>2,528,891</td>
<td>1,122,317</td>
<td>3,261,219</td>
<td>47</td>
</tr>
<tr>
<td>Education</td>
<td>14,351,658</td>
<td>1,364,206</td>
<td>2,747,405</td>
<td>10,240,047</td>
<td>71</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>1,436,607</td>
<td>335,299</td>
<td>201,530</td>
<td>1,099,778</td>
<td>77</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>51,764,731</strong></td>
<td><strong>12,886,867</strong></td>
<td><strong>7,075,447</strong></td>
<td><strong>31,802,417</strong></td>
<td><strong>61</strong></td>
</tr>
</tbody>
</table>

(*) The requirements for cross-sectoral support have been included in sub-costs for nutrition, health, WASH, child protection, education, and HIV/AIDS.
**EVD-Specific: Funding Figures**

The Uganda 2019 HAC includes EVD preparedness activities that were implemented by the country office during the preparedness phase (Scenario 1) from August 2018 until May 2019, when there were no confirmed cases of EVD in the country. The preparedness phase was supported with funding received from UK Aid, CERF and regional thematic funding.

In addition to the HAC, UNICEF funding needs for the EVD response plan through December 2019 are US$ 4.06 million. The funding needs reflect the country office’s plans during the EVD response phase of the EVD plan activated after three EVD cases were confirmed in Uganda on 11 and 12 June. After the EVD cases were confirmed, the country office received two allocations from UNICEF global thematic humanitarian funding, as well as generous contributions from the US Fund for UNICEF, the German National Committee and UK Aid.

<table>
<thead>
<tr>
<th>Pillars of the National EVD Response Plan</th>
<th>UNICEF Expertise</th>
<th>UNICEF Preliminary Requirements</th>
<th>Funds Available</th>
<th>Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination and leadership</td>
<td>Cross-Sectoral Technical Assistance</td>
<td>$126,123</td>
<td>$106,751</td>
<td>$19,372</td>
</tr>
<tr>
<td>Surveillance, laboratory support and points of entry screening</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Case management, infection prevention and control, safe and dignified burials</td>
<td>WASH/IPC</td>
<td>$1,746,742</td>
<td>$833,752</td>
<td>$912,990</td>
</tr>
<tr>
<td></td>
<td>Nutrition</td>
<td>$437,919</td>
<td>$137,114</td>
<td>$300,805</td>
</tr>
<tr>
<td>Risk communication, social mobilisation and community engagement</td>
<td>Communication 4 Development</td>
<td>$1,184,602</td>
<td>$627,127</td>
<td>$557,475</td>
</tr>
<tr>
<td>Operations support and logistics</td>
<td>Cross-Sectoral Operations Support</td>
<td>$114,048</td>
<td>-</td>
<td>$114,048</td>
</tr>
<tr>
<td>Vaccination and operational research</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Psychosocial support</td>
<td>Child Protection</td>
<td>$451,546</td>
<td>$204,242</td>
<td>$247,204</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>$4,060,980</td>
<td>$1,909,086</td>
<td>$2,151,894</td>
</tr>
</tbody>
</table>

(*) UNICEF also received an internal allocation of USD 1.4 million from its Emergency Programme Fund (EPF). The allocation has reduced to USD 1.29 million in view of the fact that UCO has paid back a portion of the loan. The allocation was distributed to the following pillars of the response: Cross-sectoral technical assistance, WASH/infection prevention and control, nutrition, communication for development (C4D), and child protection.

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https://www.unicef.org/uganda/
ANNEX A: 2019 PROGRAMME INDICATORS AND TARGETS

<table>
<thead>
<tr>
<th>UNICEF Uganda Humanitarian Targets 2019</th>
<th>2019 Targets</th>
<th>2019 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 children aged 6-59 months who received vitamin A supplementation in semester 1 and 2</td>
<td>745,074</td>
<td>697,024</td>
<td>▲ 113,842</td>
</tr>
<tr>
<td>Number of children aged 6-59 months affected by severe acute malnutrition admitted for treatment</td>
<td>22,278</td>
<td>29,022</td>
<td>▲ 570</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children accessing formal or non-formal early childhood education/pre-primary education</td>
<td>108,704</td>
<td>48,800</td>
<td>▲ 18,370</td>
</tr>
<tr>
<td>Number of children accessing formal or non-formal basic education</td>
<td>75,763</td>
<td>40,415</td>
<td>No change</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of boys and girls immunized against measles</td>
<td>489,866</td>
<td>289,329</td>
<td>▲ 42,804</td>
</tr>
<tr>
<td>Number of people reached with key health/educational messages</td>
<td>1,963,705</td>
<td>1,513,852</td>
<td>▲</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene</td>
<td>197,000</td>
<td>20,500</td>
<td>No change</td>
</tr>
<tr>
<td>Number of people accessing appropriate sanitation facilities and living in environments free of open defecation</td>
<td>255,100</td>
<td>9,800</td>
<td>No change</td>
</tr>
<tr>
<td><strong>HIV/AIDS (*)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of HIV-positive children continuing to receive antiretroviral treatment</td>
<td>3,433</td>
<td>3,356</td>
<td>No change</td>
</tr>
<tr>
<td>Number of HIV-positive pregnant women receiving treatment to prevent mother to child transmission</td>
<td>942</td>
<td>1,951</td>
<td>▲ 272</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children registered as unaccompanied or separated receiving appropriate alternative care services</td>
<td>7,368</td>
<td>2,836</td>
<td>▲ 246</td>
</tr>
<tr>
<td>Number of children benefiting from psychosocial support</td>
<td>47,824</td>
<td>34,715</td>
<td>▲ 4,689</td>
</tr>
</tbody>
</table>

(**) The MoH had made good progress in revising the Health Monitoring Information System (HMIS) tools in 2018 to segregate data inputs for host and refugee populations. The HIV targets for 2019 were therefore set for refugee populations only. Due to the delayed rollout of the revised HMIS tools, expected for the second half of 2019, UCO is currently reporting 2019 data for both hosts and refugees in refugee-hosting sub-counties only.
## ANNEX B: JUNE-DECEMBER 2019 EBOLA VIRUS-DISEASE PROGRAMME INDICATORS AND TARGETS

### UNICEF Uganda EVD Targets

<table>
<thead>
<tr>
<th>Category</th>
<th>2019 Targets*</th>
<th>2019 Results**</th>
<th>Change since last report ▼ ▲</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMMUNICATION FOR DEVELOPMENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of at-risk people reached with EVD related messaging through community engagement and interpersonal communication approaches in areas affected by or at risk for EVD</td>
<td>3,258,484</td>
<td>962,989</td>
<td>▲ 55,407</td>
</tr>
<tr>
<td># of teachers oriented on EVD prevention</td>
<td>11,882</td>
<td>4,648</td>
<td>▲ 486</td>
</tr>
<tr>
<td># of key community influencers engaged for EVD prevention and response***</td>
<td>35,280</td>
<td>17,545</td>
<td>▲ 1,435</td>
</tr>
<tr>
<td># of radio talk shows conducted to raise awareness for EVD prevention and control</td>
<td>144</td>
<td>154</td>
<td>▲ 58</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of health facilities provided with WASH supplies in areas affected by or at risk for EVD</td>
<td>607</td>
<td>572</td>
<td>▲ 67</td>
</tr>
<tr>
<td># of staff in health facilities trained on infection prevention and control related to WASH in areas affected by or at risk for EVD</td>
<td>908</td>
<td>723</td>
<td>No change</td>
</tr>
<tr>
<td># of health facilities with improved WASH Infrastructure</td>
<td>4</td>
<td>4</td>
<td>No change</td>
</tr>
<tr>
<td># of schools provided with IPC WASH supplies</td>
<td>1,079</td>
<td>384</td>
<td>No change</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of EVD affected children who received psychosocial support including at community level</td>
<td>11,440</td>
<td>0</td>
<td>No change</td>
</tr>
<tr>
<td># of partner staff and community volunteers oriented on protection and psychosocial support in EVD outbreaks</td>
<td>2,976</td>
<td>883</td>
<td>▲ 489</td>
</tr>
<tr>
<td># of EVD affected children who benefit from child protection case management services</td>
<td>43</td>
<td>0</td>
<td>No change</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of health workers oriented on nutrition in the context of EVD in areas affected by or at risk for EVD</td>
<td>233</td>
<td>99</td>
<td>▲ 61</td>
</tr>
<tr>
<td># of children below 6 months (in treatment, separated or orphaned by EVD) receiving ready-to-use infant formula</td>
<td>16</td>
<td>0</td>
<td>No change</td>
</tr>
</tbody>
</table>

(*) Target includes response and preparedness activities in Kasese district as well as 10 high priority districts and Arua district in the National Plan. In case required, targets will be revised to align with the National Response Plan and if new EVD cases emerge.

(**) To enable a swift response, UNICEF re-programmed funds where possible.

(***) Religious leaders, traditional healers, teachers, Local Council I leaders, Village Health Teams.