

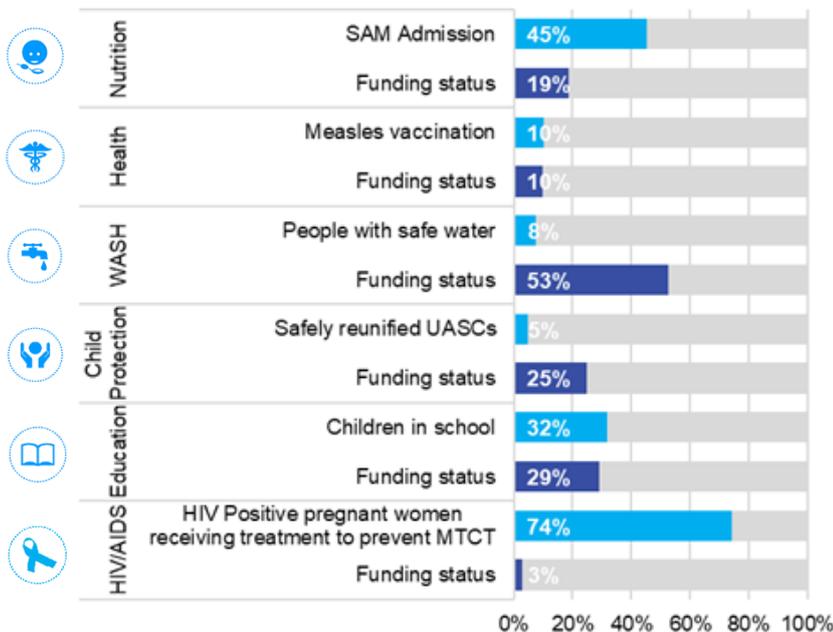


Reporting Period: April 2020

Highlights

- As of 30 April, Uganda reported 81 confirmed COVID-19 cases, 52 recoveries, and zero deaths. Of the reported cases, nine were in children. The majority of cases were imported by travelers and truck drivers. The national lockdown, while effective in slowing the spread of the virus, is affecting access to essential social services.
- During this reporting period, 40,000 children (20,080 girls, 19,920 boys) were reached with home-based distance learning to ensure continuity of learning after schools closed to prevent the spread of the novel coronavirus.
- 10,309 children (5,216 girls, 5,093 boys) were treated for severe acute malnutrition (SAM) in refugee-hosting districts and Karamoja as of April 2020.
- In April, 745,489 children and women (387,654 female, 357,835 male) continued to receive essential health care services, including immunization, prenatal, postnatal, HIV, and gender-based violence care in UNICEF-supported facilities.
- 800,000 risk-communication materials were distributed to 120 districts through partners in April 2020, strengthening COVID-19 information, education and communication (IEC).
- 428,294 adolescents were reached with information on how to report allegations of sexual exploitation and abuse (SEA).

UNICEF Response and Funding Status



Uganda Country Office

Humanitarian Situation Report No. 4

Situation in Numbers



2.12 million

of children in need of humanitarian assistance (UNICEF HAC 2020)



3.48 million

of people in need (UNICEF HAC 2020)



840,007

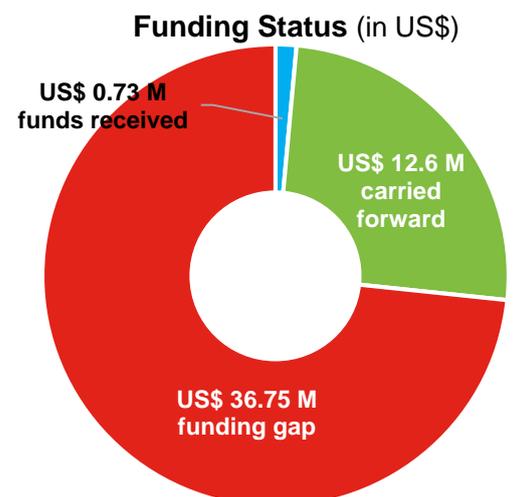
of refugees and asylum-seekers who are children



1.42 million

of total refugees and asylum-seekers (OPM, Pro Gres V4 30 April 2020)

UNICEF HAC Appeal 2020 US\$50.12 million

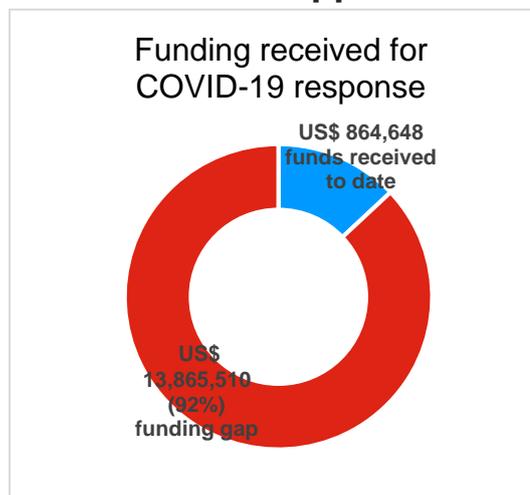


Funding Overview and Partnerships

The 2020 UNICEF Humanitarian Action for Children (HAC) appeal for Uganda is seeking US\$50.12 million to sustain the provision of life-saving services to vulnerable women and children. UNICEF carried forward funds totaling US\$12,642,147, which have enabled UNICEF and its partners to continue implementing humanitarian interventions. In 2020, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) and the UNICEF Eastern and Southern Africa Regional Office (ESARO) have contributed US\$593,225 and US\$132,503 respectively to UNICEF Uganda's humanitarian response. However, the 2020 HAC still has a funding gap of US\$36,752,104 or 73 per cent. UNICEF seeks additional funding to complement the government's efforts to protect the rights of children affected by emergencies.

UNICEF Uganda has revised its COVID-19 response plan and budget, taking into account additional needs outlined by national line ministries. The response plan now appeals for US\$15 million for the COVID-19 response. UNICEF has so far received US\$864,648 through generous contributions, leaving a funding gap of US\$13.87 million, or 92 per cent. If these funds are availed, they will enable UNICEF and partners to ensure coordination and leadership, risk communication and social mobilization (RCSM), continuation of education services for children who are out of school, case management, infection prevention and control (IPC), water, sanitation and hygiene (WASH) services and infrastructure, and treatments including nutrition, mental health, and psychological support. To meet immediate COVID-19 response needs, UNICEF Uganda reprogrammed and reallocated funds from regular resources and received other resources from the Global Partnership for Education totalling US\$2.7 million to procure urgent emergency supplies and support national and district coordination and programming.

UNICEF Uganda COVID-19 Appeal 2020



In an effort to cover both the COVID-19 response and the potential gaps in basic service delivery due to the reprogramming of humanitarian funds, the Resident Coordinator's Office and UNOCHA developed and launched a UN Emergency Appeal in April. For this appeal, UNICEF is requesting an additional US\$23.9 million to cover certain COVID-19 activities as well as activities under HAC that may face constraints within the context of COVID-19 in Uganda.

Situation Overview and Humanitarian Needs

According to the United Nations High Commissioner for Refugees (UNHCR) and the Office of the Prime Minister (OPM), Uganda is home to 1,423,740 refugees and asylum-seekers as of 30 April 2020, over 59 per cent of whom are vulnerable children entitled to humanitarian assistance. OPM, UNHCR and partners have shared COVID-19 prevention messages with refugees. According to field reports, there were no influxes of refugees from neighbouring countries such as the Democratic Republic of Congo (DRC), Rwanda, and Burundi into Uganda following the COVID-19 mitigation measure of closing borders to human movement by the President of Uganda. However, District Internal Security Officers and Border Internal Security Officers reported cases of Congolese refugees moving in and out of Uganda using porous border entry and exit points. These movements put the country at risk for both COVID-19 and the current outbreak of Ebola Virus Disease (EVD) in DRC. Efforts have been put in place including deploying marines from the Uganda People's Defence Force to monitor the lake and enforce a ban on night fishing on Lake Albert.

In April, the World Food Programme (WFP) implemented 30 per cent ration cuts for refugees due to lack of funding, according to FEWSNET Uganda. Despite the cuts, humanitarian food assistance will remain the main source of food among refugees, given that lockdown measures have reduced already limited access to income. With further ration cuts anticipated if funding is not procured, crisis (IPC Phase 3) outcomes are expected to emerge in July/August, which may negatively impact on the nutrition levels of children in refugee settlements. This may in turn lead to increased malnutrition cases in children. UNICEF and refugee hosting district health teams are monitoring situation to ensure that appropriate services are provided to affected children.

As of 30 April, a total of 81 cases of COVID-19 were confirmed in Uganda, 52 of which had recovered from the disease. No COVID-related deaths were registered during the reporting period. The confirmed cases included nine

children who were exposed to the coronavirus while traveling abroad and who had all recovered by the end of April. The majority of confirmed COVID-19 cases in Uganda were travellers from abroad and truck drivers traveling from neighbouring Kenya and Tanzania.

To contain the spread of the novel coronavirus, Uganda implemented a national lockdown and nightly curfew beginning 30 March and extending through the reporting period, during which the country implemented a specific strategy of locating, quarantining and testing all travellers who had entered Uganda as of 7 March. Uganda's early containment measures, including a mandatory quarantine at designated facilities, played an important role in slowing the spread of the virus.

During the lockdown, Uganda improved laboratory capabilities at the Makerere University College of Health Sciences Immunology Laboratory and the Uganda Virus Research Institute to test samples that met the case definition for COVID-19, as well as all contacts of confirmed cases, all truck drivers entering Uganda with cargo, and medical personnel working at designated COVID-19 treatment facilities and those involved in surveillance. In addition, on 28 April, Uganda launched a community Rapid Assessment Survey focussed on high-risk districts and border points. With increased testing capacity, the turnaround time for laboratory testing results is expected to reduce from the current two to three days. UNICEF is an active partner in logistics, case management (covering WASH/IPC and psychosocial support), continuity of health services, information and communications technology (ICT) and innovations, RSCM, surveillance, and partner coordination. Uganda's COVID-19 response capacity is challenged by shortages of personal protective equipment (PPE) for health and other frontline workers, limited testing supplies, and inadequate hospital capacity to manage severe and critical COVID-19 cases.

According to FEWSNET Uganda,¹ the lockdown has disrupted food supply chains and impacted income-earning opportunities across the country, with the urban poor worst affected due to significantly reduced access to income and dependence on market purchases. The government, with support from the private sector and the United Nations, has been mobilizing and distributing relief support to mitigate the negative impact of containment measures on the most vulnerable. These measures, however, have been limited in coverage. In rural areas, most households have access to their own produced food, though access to income from agricultural labour opportunities has also been affected. It is expected that even as COVID-19 prevention measures are eased, the restoration of economic activity is likely to be slow. Though urban areas are likely to transition to Minimal (IPC Phase 1) in June/July as the harvest contributes to declining food prices, the worst affected households in urban areas will likely remain Stressed (IPC Phase 2) through to September at least. The COVID-19 lockdown has also impacted on the programming and implementation of UNICEF activities.

According to FEWSNET,² in Karamoja below-average seasonal incomes, atypically high staple food prices, and the absence of the school feeding programme are expected to constrain household food access, with an increasing number of households expected to deteriorate to Crisis (IPC Phase 3) status before the harvest in July/August. Given the absence of school feeding at the peak of the lean season, a seasonal increase in the prevalence of under-five acute malnutrition is expected through June/July. Meanwhile, ongoing rainfall and shifting wind directions are expected to decrease the risk of additional locust invasions from western Kenya. Locusts previously present in Uganda have now died or have migrated to South Sudan. Only localized crop damage in parts of Teso, Karamoja, and parts of Acholi and Lango sub-regions have so far been reported due to the presence of locusts in April.

As of 30 April, there was no Ebola case or EVD contacts under follow-up in Uganda. Uganda remains at high risk of Ebola importation from DRC where the resurgence of eight confirmed EVD cases were reported in nearby Kasanga Health Area in Beni Health Zone. EVD preparedness activities are ongoing and include active case search, contact-tracing across the border, screening at points of entry, and EVD surveillance mentorship in communities and health facilities. The Ebola Treatment Unit (ETU) in Kasese District has been re-activated and the District Task Force (DTF) meetings are ongoing on a weekly basis. Sub-county task forces have also been activated and are receiving and verifying alerts. The Kasese ETU has been prepared for isolation, treatment and psychosocial support.

Summary Analysis of Programme Response

Health

At the national level, as a member of the National COVID-19 Incident Management System at both strategic and operational levels, UNICEF co-chairs the Essential Health Services Continuity Coordination Committee and

¹ <https://fews.net/east-africa/uganda>

² Ibid

supports the secretariat for the health development partners COVID-19 coordination mechanism. UNICEF health staff also actively participate in the United Nations coordination meetings for COVID-19. UNICEF provided technical support to the Ministry of Health (MoH) to update the costed, scenario-based National COVID-19 Preparedness and Response Plan and has been engaging in the case management pillar of the MoH response to ensure that the guidance includes specific provisions on children and pregnant women, and on breastfeeding and other nutrition recommendations for children; and that it clarifies the role of community health volunteers and decentralization in the COVID-19 preparedness and response.

At the district level, UNICEF supported the activation of district task forces in 32 focus districts, provided technical inputs for the development of costed response plans, and is working to strengthen district-led community engagement activities.

Another key area of UNICEF support has been the establishment of the essential health service continuity monitoring mechanism and the development of guidelines for health managers at national, regional, district, and health facility levels. UNICEF has been engaging with MoH to highlight the issue of reduced service utilization as reported in the national health information system and to develop programmatic standard operating procedures for immunization, malaria, and HIV service delivery in the context of COVID-19.

UNICEF, with Association of Volunteers in International Service (AVSI), Jhpiego, Baylor, and IntraHealth, continues to support mitigation measures to ensure continuity of life-saving interventions for women and children. This is being done by strengthening IPC measures, triage and early identification of suspected COVID-19 cases in health facilities, while supporting the safety of health workers through the distribution of PPE kits.

In April 2020, immunization service delivery faced challenges due to the COVID-19 pandemic. Outreach sessions to communities have declined due to restrictions on social gatherings and transport, which limits population mobility. At the time of this report, 22 per cent (66,668/303,256) of girls and boys had been vaccinated against measles inclusive of an increase of 18,436 girls and boys vaccinated against measles from the previous reporting period. Despite the challenges, UNICEF has continued to provide technical and financial support to the refugee-hosting districts to ensure continuity of immunization service delivery. The support includes ensuring availability of vaccines, distribution of vaccines, functional static and outreach sessions where possible, community mobilization, and radio adverts/spots in all refugee settlements and host districts. To date 387,651 people have been reached with key health education messages. This includes an increase of 100,198 individuals from the previous period.

UNICEF supported four trainings in West Nile, Karamoja and Western Uganda. In total, 141 health workers were trained across the four sites including Hoima (50), Arua (22), Kuluva (28), and Moroto (41). Four health facilities – including Arua Regional Referral Hospital, Kuluva Hospital, Moroto Regional Referral Hospital, and Hoima Regional Referral Hospital – had staff trained in COVID-19 case management, IPC, psychosocial management, surveillance, laboratory investigations and safe motherhood protocol dissemination. The safe motherhood protocols were also disseminated during the trainings to guide teams on continuous maternal newborn and child health service delivery.

UNICEF, the World Health Organization (WHO), and other partners are supporting the MoH National Malaria Control Division to ensure continued delivery of malaria interventions while protecting facility and community health workers from COVID-19. Guidelines on continuity of malaria and other essential service delivery in the context of COVID-19 have been developed and disseminated. To respond to the malaria upsurge, MoH and partners are continuing to implement indoor residual spraying (IRS) in the 10 IRS districts of Northern and Eastern Uganda. MoH has also embarked on spraying of markets and trucks in a bid to control malaria as part of efforts geared to minimize the spread of COVID-19 by market vendors who are encouraged to sleep in the sprayed places. In addition, the distribution of long-lasting insecticide mosquito nets (LLINs) to market vendors and truck drivers started and will continue through the planned LLIN mass distribution campaign.

HIV/AIDS

UNICEF, in collaboration with MoH and regional partners, continued to prioritize district health system strengthening interventions for Adjumani, Arua, Madi-Okollo, Yumbe, Kikuube and Isingiro districts, specifically the continuity of essential HIV services during the COVID-19 outbreak in Uganda.

With a focus on addressing quality of care gaps along the maternal, new born and child health (MNCH) continuum, and the elimination of mother-to-child transmission (eMTCT) and early infant diagnosis-paediatric HIV cascade, targeted mentorship was conducted for 20 antiretroviral therapy (ART) accredited sites in Adjumani, Madi Okollo, and Arua, with 134 (78 female, 56 male) frontline health workers reached. In an effort to address MNCH/eMTCT service uptake gaps for pregnant adolescents in Oruchinga and Nakivale refugee settlements in Isingiro district, targeted mentorships for group antenatal and postnatal care (GANC/PNC) for two resident eMTCT health facilities

were conducted, with 19 health workers (14 female, five male) reached. GANC/PNC entails differentiated antenatal care (ANC) and postnatal care (PNC) delivery through peers for pregnant and breastfeeding adolescents; GANC/PNC helps increase service uptake and retention across the integrated ANC-PNC/eMTCT cascade. As a result, 296 pregnant women continued to receive ART for prevention of mother-to-child transmission of HIV and for their health.

In support of continuity of paediatric HIV services, including childhood tuberculosis (TB), entry meetings to orient and roll out the Young People Adolescent Peer Support (YAPS) model by MoH to the district leadership and regional partners were conducted in Adjumani and Yumbe. The YAPS model is an MoH differentiated service delivery model for HIV prevention, care, and treatment for adolescents and young people living with HIV using a peer support system.

To increase paediatric TB case-finding and contact-tracing, reverse contact-tracing and contact-identification with linkage to TB testing was conducted in Oruchinga, Nakivale, and Kyangwali refugee settlements and neighbouring host communities in Isingiro and Kikuube districts. Out of 80 index TB patients, 296 contacts were identified, with 62 presumptive cases identified and linked to TB diagnostic tests. Eleven (two female, nine male) confirmed TB cases were identified and started on treatment. As a result, 1,488 (754 female, 734 male) children under the age of 14 living with HIV continued to access ART during the first quarter of 2020.

The initial disruption of essential service delivery due to the national lockdown led to reduced service provision and utilization during the month of April. UNICEF collaborated with MoH to develop and to start disseminating guidance on HIV/TB service delivery during the COVID-19 outbreak. Furthermore, district local governments and partners were supported to reprogramme activities to ensure continuity of essential HIV services, with a focus on prevention of mother-to-child transmission, paediatric and adolescent HIV care and treatment, as well as implementation of COVID-19 response activities.

The national transition to revised Health Management Information System/District Health Information Software (HMIS/DHIS2) tools and data elements has affected the quality of reporting, especially completeness and timeliness. This was significant for reporting rates of paediatric HIV data between January and March 2020 where the number of children under the age of 14 receiving ART dropped by 47 per cent between October and December 2019. UNICEF, in collaboration with MoH, will enhance data quality support for the rest of the year.

Nutrition

UNICEF has continued to support MoH to finalize and get final approval for the national guidelines for Integrated Management of Acute Malnutrition (IMAM) and Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN). In addition, UNICEF has continued to support the roll out of the newly revised HMIS. At the district level, UNICEF supported Uganda's eleven refugee-hosting districts and those in Karamoja to plan, budget, implement, monitor, and scale-up quality nutrition interventions for children and women. This support resulted in the treatment of 5,128 children with SAM cumulatively from January to date, and the provision of vitamin A supplements to 126,721 children between six and 59 months of age in the same period. These results are in line with the expected results as per agreed targets for the year.

To respond to COVID-19, UNICEF supported MoH in developing nutrition training materials for health workers in the context of COVID-19. The training materials will be used as part of an integrated training course for the COVID-19 response. The nutrition modules focus on guidance for infant and young child feeding, nutrition status assessments, and meal planning for hospitalized COVID-19 patients.

In addition, UNICEF and AVSI conducted nutrition mentorship on the revised HMIS with support from the regional nutritionist and district health teams. A total of 38 health facilities (13 in Lamwo, 16 in Adjumani, 7 in Arua, and 2 in Yumbe) were supported during the reporting period, with a plan to carry out mentorship in the remaining refugee-hosting districts in West Nile.

WASH

In April 2020, UNICEF continued to support WASH-related COVID-19 preparedness and response. Twenty-Eight health facilities, including maternities, were supported with WASH supplies and PPE targeting the high-risk districts of Iganga, Adjumani, Kampala and Wakiso. UNICEF also supported the MoH environmental health sub-committee to develop a COVID-19 national response plan for WASH interventions. UNICEF, in close collaboration with MoH, drafted and finalized terms of reference for a WASH consultant to be placed at MoH to coordinate, monitor and report on WASH interventions with partners. The number people reached with supplies within the reporting period was 51,250 through health facilities and community support.

In April, there was no reporting against WASH indicators (number of people with access to sufficient quantity of water and number of people reached with sanitation facilities) because the construction of water systems and the distribution of hygiene promotion materials was still in progress. The systems are anticipated to be complete in July 2020.

Child Protection

UNICEF continued to provide critical child protection services in refugee settlements in April 2020. Five new children (three girls, two boys), including two unaccompanied boys, were identified and provided with individual case management support, bringing the total number of children assisted with individual services in 2020 to 1,541 children (770 girls, 771 boys). Three girls who experienced sexual violence were assisted with multi-sectoral support services, bringing the total number of children who received a multi-sectoral response to sexual violence in 2020 to 39 (38 girls, one boy). Recreational and psychosocial support services continued to be provided in targeted child-friendly spaces (CFSs) until mid-March when these were closed to ensure observation of physical distancing and government regulations on COVID-19. An additional 33 new children (13 girls, 20 boys) were registered at CFSs, bringing the total number who have benefited in 2020 to 23,799 children (10,583 girls, 13,216 boys). Following the announcement of gradual lockdown measures in Uganda, UNICEF and partners have reviewed planned activities and service delivery in order to ensure that continued critical case management services are provided in refugee settlements, and that alternative ways of delivering prevention and psychosocial services are adopted, such as radio talk shows, door-to-door sensitisations observing physical distance, use of megaphones, and remote follow-up of risk-children through community structures.

Response interventions in areas affected by the December 2019 to January 2020 flooding were paused for most of this reporting period, and activities were realigned to ensure adherence to government and health guidance on COVID-19. Mapping of volunteer parasocial workers in the targeted districts of Bududa, Sironko, and Bundibugyo was completed, followed by orientation on their roles in the response.

In response to COVID-19, UNICEF continued to support the mental health psychosocial support (MHPSS) sub-committee under the leadership of MoH to ensure its functionality and to put in place key coordination tools. Achievements include the drafting of terms of references for the sub-committee, the drafting of messages for the reduction of COVID-related stigma, and the development of a guidance note for health and mental health staff on the identification of child protection concerns in treatment and quarantine facilities.

UNICEF developed key messages targeting children, caregivers, and communities on child protection and the availability of services during COVID-19 pandemic to be shared via a range of channels. Messages targeting police and social welfare service providers were developed to ensure the protection of children during the COVID-19 response. In April, radio spot messages and talk shows were aired focusing on protection risks and the identification and response to violence against children/GBV during the lockdown. Additionally, a U-Report poll was sent out to assess the level of understanding of the impact of the COVID-19 response on violence against women and children, as well as to clarify incorrect beliefs and increase knowledge of reporting channels.

Education

In response to the COVID-19 emergency, UNICEF continues to work closely with the Ministry of Education and Sports (MoES), supporting the preparation of the Education Sector Preparedness and Response Plan. Support is also being provided for its implementation. The closure of schools has been extended indefinitely and MoES is now prioritizing continuity of learning. UNICEF is engaging in close collaboration with UNHCR, the education in emergencies working group, and education development partners to support MoES to ensure all children are supported to continue their learning through self-learning materials, radio and TV lessons, and/or digital learning. UNICEF is chairing the Digital Learning Task Force and is supporting the ministry to print and distribute self-learning materials. UNICEF and partners are developing radio programming to disseminate Key Family Care Practices to parents of children in early childhood development and primary, as well as radio programming focused on engaging adolescents on topics such as life skills and violence against children. Together with MoES and other partners, UNICEF is exploring how to prepare schools including teachers, and students to return to school in Uganda.

Communication for Development, Community Engagement and Accountability

The UNICEF Communication for Development (C4D) team is providing technical support on COVID-19 and EVD and co-chairing the MoH risk communication social mobilization and community engagement (RCSM-CE) sub-committee. UNICEF collaborates with WHO and district task forces in the border district of Kasese, which was the epicentre of an Ebola outbreak, to ensure effective surveillance of and preparedness for Ebola. 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.

Radio talk shows were conducted on 24 regional radio stations in April, while COVID-19 radio spots were disseminated in local languages.

UNICEF supported the development, printing, and distribution of the following information, education and communication (IEC) materials: 90 pull-up banners delivered to the MoH Emergency Operations Centre for distribution to border points of entry, immigration offices, and airports; 800,000 IEC posters and flyers distributed to 120 districts; and 200 horizontal banners for regional referral hospitals and district local administration offices. The IEC materials (including do's and don'ts posters and flyers) have been translated into 30 local languages, including refugee languages.

UNICEF is supporting the dissemination of dramatized TV clips on COVID-19 on six television stations as part of the MoH *Tonsemerera* (Keep Your Distance) media campaign. Social media messaging and monitoring continue with weekly postings and comments/feedback focusing on truck drivers and the socio-economic effects of the lockdown. There has been a sizable increase of visitors on UNICEF Uganda's social media platforms, which suggests that members of the public are turning to UNICEF for credible information. In April, UNICEF Uganda's Twitter account gained 5,710 new followers, while its Facebook account reached 1,265,077 unique viewers (averaging 40,809 users daily). U-Report messaging and polling on COVID-19, meanwhile, reached approximately 43,000 people, with more than 4,600 dashboard responses logged.

Implementation of community engagement and interpersonal communication efforts are still hampered by the countrywide lockdown. However, MoH sent out guidelines and soft copies of messages on COVID-19 to district health teams, including district health educators through its online forum.

UNICEF has recruited one C4D emergency consultant to support capacity-building at the MoH Health Promotion Education and Strategic Communication Department for the next six months.

Supply and Logistics

UNICEF is procuring additional PPE kits to support the overall MoH COVID-19 response as well as WASH materials for IPC and ICT equipment to enhance the capacity of the Emergency Operation Centre. This support is estimated to cost US\$ 821,092.

The UNICEF supply chain consultant continues to support the National Task Force's logistics sub-committee with quantification, coordination, and the online Logistics Management Information System (eLMIS) to manage supplies. Virtual meetings on how UNICEF Zonal Office teams can support districts to channel supply orders through eLMIS have been completed.

The UNICEF warehouse released supplies valued at US\$27,069 to implementing partners (National Medical Stores, districts, and regional referral hospitals) to ensure last-mile distribution. This includes WASH and PPE items that were previously prepositioned as preparedness for EVD and other emergencies. The supplies were released to regional referral hospitals in March, together with tents for Mulago and Kabale referral hospitals, and chlorine and gloves for disinfection of central hospitals and other sites used for isolation.

Humanitarian Leadership, Coordination and Strategy

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, and the national nutrition in emergency and IMAM 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 National Task Force co-chaired by MoH and WHO. MoH is the lead for COVID-19 and 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 COVID-19 and EVD response plans are built around the following pillars: (i) coordination and leadership; (ii) surveillance, including laboratory support and point-of-entry screening; (iii) case management, including IPC, and safe and dignified burials; (iv) RCSM-CE; (v) logistics; (vi) vaccination and investigational therapeutics; and (vii) MHPSS,

including child protection. UNICEF co-leads the RSCM-CE Sub-Committee, and actively contributes to coordination and leadership, case management (with a focus on WASH, health, education and child nutrition), and the MHPSS pillars. In addition, UNICEF provides technical and financial support to the National Protection against Sexual Exploitation and Abuse Network.

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 localized capacity-building, monitoring and reporting, and the 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.



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Our 2020 HAC appeal is available at [https://www.unicef.org/appeals/files/2020-HAC-Uganda\(1\).pdf](https://www.unicef.org/appeals/files/2020-HAC-Uganda(1).pdf)

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Annex A

(i) Summary of Programme Results

UNICEF Uganda Humanitarian Targets 2020	2020 Targets	2020 Results	Change since last report ▼▲
NUTRITION****			
Number of children aged 6–59 months who received vitamin A supplementation in semesters 1 and 2	782,328	126,721	▲ 33,440
Number of children aged 6–59 months affected by SAM admitted for treatment	22,723	5,128	▲ 1,681
EDUCATION***			
Number of children accessing formal or non-formal early childhood education/pre-primary education	46,163	35,567	No change
Number of children accessing formal or non-formal basic education	71,853	1,731	No change
HEALTH			
Number of boys and girls vaccinated against measles	303,256	30,421	▲ 11,690
Number of people reached with key health/educational messages	1,963,705	387,651	▲ 100,198
WASH			
Number of people accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene	197,000	14,800	No change
Number of people accessing appropriate sanitation facilities and living in environments free of open defecation	255,100	3,600	No change
HIV/AIDS			
Number of HIV-positive children continuing to receive antiretroviral treatment	3,948	754**	▼ 2,045
Number of HIV-positive pregnant women receiving treatment to prevent mother-to-child transmission	1,083	802	▲ 296
CHILD PROTECTION			
Number of children registered as unaccompanied or separated receiving appropriate alternative care services	6,575	318*	
Number of children benefiting from psychosocial support	41,899	23,799	▲ 577

* There is no decline in results, but rather an error in prior reporting.

** The national transition to revised HMIS/DHIS2 tools and data elements has affected the quality of reporting, especially completeness and timeliness. Enhanced data quality support for improvement will be prioritized through the rest of the year.

*** There are no updates for education indicators due to the closure of schools, which is part of the presidential directives to control the spread of the novel coronavirus.

**** There have been no decline in results, but rather an issue with Uganda's national routine data reporting during the prior two months that resulted in over-reporting of SAM admissions data in the last two Sitreps.

***** Results are expected to be reported in July after completion of flood response activities in Bundibugyo. Some WASH activities involving community engagement have been put on hold due to the presidential directive restricting group gatherings to control the spread of COVID-19.

(ii) UNICEF Uganda COVID-19 Indicators and Targets

UNICEF Uganda COVID19 Indicators	2020 Targets	2020 Results
NUTRITION		
Number of primary caregivers of children aged 0-23 months who received IYCF counselling through facilities and community platforms	1,860,091	262,831
Presence of IYCF promotion and treatment of wasting within the national health plan on continuation of essential health services	Yes/No	Yes
EDUCATION		
Number of children reached with homebased/distance learning	1,970,000	39,945
HEALTH		
Number of children and women receiving essential healthcare services, including immunization, prenatal, postnatal, HIV and GBV care in UNICEF supported facilities	5,663,331	745,489
Number of districts with functional COVID-19 coordination committees	32	32
WASH		
Number of people reached with critical WASH supplies (including hygiene items) and services	315,000	51,250
Number of institutions (health centres, maternities, schools) supported with a minimum WASH and infection prevention and control (IPC) package	250	28*
CHILD PROTECTION		
Number of children without parental or family care provided with appropriate alternative care arrangements	100	0
Number of children, parents and primary caregivers provided with community based mental health and psychosocial support	2,600	0
Number of UNICEF personnel and partners that have completed training on GBV risk mitigation and referrals for survivors, including for sexual exploitation and abuse	Staff - 50 Partners - 30	Staff - 10 Partners - 12
Number of children and adults that have access to a safe and accessible channel to report SEA	TBD	0
C4D		
Number of people reached on COVID-19 through messaging on prevention and access to services	14,260,834	0
Number of people engaged on COVID-19 through RCCE actions	67,500	0
Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established mechanisms	2,500,000	233,956
Number of printed COVID-19 IEC materials distributed among partners	3,000,000	800,000

* Only health facilities and maternities have been reached; schools are still closed as per the presidential directive regarding COVID-19 response measures.

Annex B

(i) HAC Funding Status*

Funding Requirements 2020					
Appeal Sector	Requirements	Funds Available		Funding Gap	
		Funds Received Current Year	Carry-Over	\$	%
Nutrition	8,426,009	0	1,366,844	7,059,165	84
Health	9,520,780	0	951,592	8,569,188	90
WASH	11,054,879	404,535	5,400,329	5,250,015	47
Protection	6,458,601	321,193	1,063,789	5,073,619	79
Education	13,112,473	0	3,814,422	9,298,051	71
HIV and AIDS	1,547,237	0	45,171	1,502,066	97
Total	50,119,979	725,728	12,642,147	36,752,104	73

* As defined in the Humanitarian Action for Children Appeal for 2020

(ii) UNICEF Uganda COVID-19 Funding Status against Appeal

COVID-19 Funding Requirements 2020					
Appeal Sector	Requirements	Funds Available		Funding Gap	
		Funds Received Current Year	Carry-Over	\$	%
Nutrition	737,061	0	0	737,061	100
Health	4,584,435	632,448	0	3,951,987	86
Water, Sanitation & Hygiene	4,088,583	232,200	0	3,856,383	94
Child Protection	1,969,028	0	0	1,969,028	100
Education	3,351,051	0	0	3,351,051	100
HIV/AIDS	269,842	0	0	269,842	100
Total	15,000,000	864,648	0	13,865,510	92

*Budget appeal is subject to change due to on-going review process by the relevant ministries.