

## Uganda

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### Executive Summary

With a per capita income of US\$596, Uganda remains a poor country, with over 55 per cent of children aged zero to four years still living in poverty, and ranked 164 of 187 countries on the 2014 Human Development Index. Despite efforts to improve social sector outcomes, the country is yet to achieve several Millennium Development Goal (MDG) targets in health and education; a situation exacerbated by being situated in a fluid and fragile region which is vulnerable to climatic, economic and conflict-related shocks. The outbreak of violence in South Sudan in December 2013 saw over 125,000 South Sudanese refugees arrive in Uganda, bringing the number of refugees in the country to over 400,000.

UNICEF implements a two-pronged, equity-focused approach working in 57 focus districts in Uganda, covering those with the highest proportion of vulnerable children and those with the largest absolute number of children whose rights to survival and development are unfulfilled.

#### 1. Achievements

As part of “A Promise Renewed” (APR) global initiative, UNICEF worked with partners to support the Ministry of Health (MoH) in the implementation of the Reproductive, Maternal, Newborn and Child Health (RMNCH) Sharpened Plan, and the development of the Plan’s Score Card. Other significant achievements include the development of adolescent HIV guidelines, scale up of Monitoring Results for Equity Systems (MORES)-based Community and District Empowerment for Scale-up (CODES) project from five to 13 intervention districts leading to improvement in drug management and reduction in staff absenteeism; provision of safe water to 67,700 beneficiaries including 46,500 refugees from South Sudan and getting 268 villages triggered through Community led Total Sanitation (CLTS), of which 120 villages achieved Open Defecation Free (ODF) status.

UNICEF was instrumental in expanding access to early childhood development (ECD) for the most disadvantaged children through successful advocacy for increased Global Partnership for Education (GPE) funds for ECD, among others. The Reporting, Tracking, Referral and Response guidelines and the National Strategy on Violence against Children in Schools were developed and have supported an effective approach to addressing this issue.

The President launched a UNICEF-supported study on the Situation of Children with Disabilities, whose findings were disseminated to highlight policy and implementation issues. The national child helpline service supported by UNICEF is fully functional and received 214,404 contacts with 86 per cent of the cases of abuse reported responded to. The national birth registration rate for children under five years old increased from 30 per cent in 2011 to an estimated 60 per cent in December 2014. Revised work flow processes for Police, Prosecution, Probation and Courts were approved by the respective Justice Law and Order Sector (JLOS) institutions, setting the stage for systematic roll out of child friendly, age- and gender-responsive service delivery standards within the justice system

The launch of the Child Poverty Report and the Situation Analysis on the Rights of Children with Disability in 2014 marked an important milestone in UNICEF's efforts to promote evidence based policy dialogue. The office's research work was recognised when the Adolescent Girls Vulnerability Index was named as Best UNICEF Research 2014.

UNICEF emergency nutrition response provided treatment to an estimated 13,200 children with severe acute malnutrition. Additionally, children received life-saving vaccinations for polio (183,997) and measles (267,974).

UNICEF launched the "#InvestInUGchildren: Realize Uganda's Vision 2040" media initiative, featuring compelling evidence-based stories highlighting current realities of Uganda's most deprived children. Multi-media materials and messages were framed around #InvestInUGchildren all year.

## II. Key shortfalls

- Keep Children and Mothers Alive programme (ALIVE): ,There was slow progress in rolling out the sharpened RMNCH Plan and the related communication strategy and Score Card due to capacity limitations and human resources shortage at the MOH, inadequate vaccine supply and management.
- Keep Children Learning programme (LEARNING): Major bottlenecks included the shortage of qualified teachers, low teacher motivation, inadequate school infrastructure, shortage of teaching and learning materials, weak capacity of communities to demand quality education, inadequate provision for children with special learning needs, and weak supervision arrangements.
- Keep Children Safe programme (SAFE): System strengthening was constrained by 50 per cent donor budget cuts to JLOS and further exacerbated by shortage of judicial officers, probation services, and police outposts.
- A weak social protection system with only five per cent of the working population enrolled in a pension scheme, and only 4.5 per cent of the total population receiving any kind of support through Direct Income Support.

## III. Partnerships

- UNICEF is collaborating with Cornell University's Africa Nutrition Strategic Partnership in institutional capacity building, including decentralised multi-sectoral coordination and support.
- UNICEF's chairing of the Education Development Partners' (EDPs) Group positioned the office to strategically influence the formulation of key decisions for the sector; and strengthen partnership between the Education Ministry and EDPs.
- SAFE's collaboration with the JLOS Development Partners' Group has raised the visibility of children in contact with the law. A partnership with the Joint UN programme on AIDS (UNAIDS) and the Civil Society Fund for HIV/AIDS strengthened coordination around orphans and vulnerable children (OVCs).

## Humanitarian Assistance

In 2014 Uganda assisted approximately 130,000 newly arrived South Sudanese refugees who entered Uganda through the northwest West Nile sub-region. An additional 80,000 refugees are projected to arrive in 2015, with a total of more than 460,000 registered refugees, asylum seekers and displaced people in Uganda, including women, child survivors of sexual violence, separated and unaccompanied children in urgent need of protection.

UNICEF contributed to emergency response and resilience building efforts coordinated by the Office of the Prime Minister of Uganda, worked with the United Nations High Commissioner for Refugees (UNHCR), International Committee of the Red Cross (ICRC) and World Food Programme (WFP) to respond to the needs of refugees and affected Ugandan communities.

Despite the unexpected scale of the refugee influx from South Sudan, UNICEF continued its humanitarian response operation on three major fronts: 1) responding to the needs posed by the influx of refugees from the Democratic Republic of the Congo (DRC); 2) responding to worsening food security and protection concerns in Karamoja, and; 3) launching a comprehensive set of interventions to support the arrival of South Sudanese refugees into Uganda.

In 2014, UNICEF emergency nutrition response supported more than 244,426 children with vitamin A supplementation and deworming (including both refugee and host community children (42,976) as well as children in Karamoja (201,450). Treatment was provided to an estimated 13,200 children for severe acute malnutrition (refugee and host community, and in Karamoja). Children were reached with life-saving vaccinations for polio (183,997) and measles (267,974). Mass vaccinations campaigns were carried out as soon as the influx of South Sudanese refugees began, and routine screening and vaccination is in place for new arrivals and also includes the host communities.

In child protection, UNICEF supported the construction of 34 Child Friendly Spaces (CFS) and training care givers from within the refugee community to facilitate structured recreational activities and provide psychosocial support to 22,700 children. Centre Management Committees responsible for the selection of caregivers and ongoing maintenance of the CFS were established and trained on child protection. UNICEF worked to strengthen child protection mechanisms for a total of 21,300 children, of whom 6,300 have been reached. An additional 2,500 children have benefitted from interim care arrangements, including 1,900 separated children who are registered using the Rapid Family Tracing and Reunification System (RapidFTR). Support for selection and training of Child Protection Committees (CPCs) within the refugee settlements was provided. UNICEF provided more than 100,000 refugees and affected host community members with access to clean water, and 40,000 school children in Karamoja are benefitting from improved water and sanitation facilities.

Approximately half of the refugees are of school-going age (aged three to 17). Since basic education structures and facilities are in place, UNICEF focused on establishing ECD centres, supporting the existing government primary schools. Supplies were released to schools including: 217 "School in a Box" kits; 218 ECD kits; 69 Recreation Kits and 74 tents. UNICEF also supported the development of a short-course for the teachers identified among the refugees, and the training has concluded. In acknowledgement of ethnic conflict carried over by the refugee population, UNICEF ensured mainstreaming of conflict sensitivity and peacebuilding in the education response, including a review of programme cooperation agreements with implementing partners. UNICEF will continue to emphasize mainstreaming of peacebuilding

activities in interventions.

UNICEF supported the establishment of an SMS-based Disaster Monitoring System at the National Emergency Coordination and Operations Centre. A Disaster Risk Management (DRM) volunteer scheme was launched and close to 100 volunteers recruited and trained on mobile-based disaster monitoring.

UNICEF, as an active member of the National Viral Haemorrhagic Fever Coordination committee and the technical and social mobilization working groups, led communication efforts during the national response to Marburg outbreak and preparedness for Ebola. This included using the mTrac and U-report platforms in sending and receiving over one million SMS messages on suspected cases and preventative measures; broadcasting related messages on major TV channels and radio stations; using mobile communication vans; and distributing printed information, education and communication materials (posters and leaflets) on Marburg and Ebola in high-risk districts.

The office continued efforts to mobilize funds through participation in inter-agency multi-country appeals in consultation with the UNICEF Eastern and Southern Africa Regional Office (ESARO). The UNICEF Humanitarian Action for Children appeal for 2014 focused on addressing critical needs of women and children in Karamoja (North Eastern Uganda) and assisting refugees from DRC and South Sudan. Additional humanitarian needs necessitated a request to increase the Other Resources Emergency (ORE) ceiling from US\$16,000,000 to US\$48,400,000. As of December 2014, US\$18,004,371 had been received. In 2015, US\$36 million will be required to meet the time-critical humanitarian needs of refugees and emergency-affected Ugandan populations.

## Equity Case Study

Birth registration (BR) is necessary for the fulfilment of the rights of children as it represents the starting point for the recognition of every child's fundamental right to identity, protection and existence. In 2011, only 30 percent of children under five were registered despite birth registration being a mandatory obligation in Uganda. Significant inequities also existed with children in urban areas more likely to be registered than children in rural areas (38 percent compared with 29 percent). Registration coverage is highest in Kampala (45 percent), Central one (42 percent) and Western (36 percent) regions and Karamoja (7.9 per cent) and Southwest (9.3) regions have the lowest coverage rates.

In 2011 UNICEF identified key bottlenecks and barriers to the successful delivery of birth registration in Uganda. These included: 1) Lack of a comprehensive Birth and Death Registration (BDR) policy to provide national direction in delivery of birth and death registration services, leading to uncoordinated interventions; 2) Gross underfunding for BDR; 3) A manual and labour intensive paper based system at all administrative levels, posing limitations to efficient service delivery; 4) BR points are not close to families as they are located at sub-county level and district level hospitals, and hence costs on the part of parents limit access; 5) Demand for BDR services is low because of the prohibitive costs of acquiring birth registration; 6) The opportunity cost to access to BR services, especially for people living in rural areas and hard to reach/isolated places, and the general lack of knowledge on importance of BR including the registration process still limits demand, and; 7) There are a lack of incentives for obtaining a birth certificate. A birth certificate is not required to access basic social services.

In order to address key bottlenecks in BR, UNICEF in partnership with the Uganda Registration

Services Bureau (URSB) and with support from the EU and the UN Joint Programme on Population adopted a multi- pronged strategy approach, which included: the development of a BDR policy as part of legislative reform and creation of an enabling environment; use of technology (Mobile Vital Records System – MVRS) to improve timely delivery of BDR services; and integration of BR into health outreach programmes (Family Health Days) to improve access to services for marginalized populations.

UNICEF supported the development of MVRS, which allows the transmission of birth information through mobile phones or on line through internet to a data base managed by the URSB, and printing of the birth certificate from the data base. The MVRS was developed under a public private partnership between URSB and Uganda Telecom, with support from UNICEF. The system allows streamlining of delivery of and access to Vital Registration Services in Uganda. The MVRS has been implemented since 2011, initially piloted in a few pilot districts. The MVRS is now used in all 135 government and missionary hospitals and 58 district local governments (DLGs) and has significantly increased the national BR rates for children under five. As a result, 1,099,674 (50.8 per cent girls) children under five years had their births registered in 2014, with an estimated 67 percent of birth certificates being printed from MVRS and are being progressively signed and distributed to beneficiaries.

UNICEF facilitated the coordination between the URSB and the Ministry of Health for the implementation of the MVRS in hospitals. Hospitals are being supported with training, computers, printers and internet connectivity to use the MVRS to register children born in those hospitals and issue birth certificates. UNICEF also strengthened the capacity of DLGs in using the MVRS with training, mobile phones, internet connectivity and financial assistance. Existing community structures like Village Health Teams (VHTs) and Local Councils were also used to mobilize communities for BR, especially in implementing a door to door registration exercise for all unregistered children.

The office ensured that BR was integrated into the quarterly Family Health Days (FHD), an initiative supported by UNICEF to make social services accessible to communities. In addition, UNICEF developed a key strategic partnership with the main faith-based organisations (FBOs) who are actively involved in raising awareness of communities on the importance of birth registration as well as providing physical space for BR.

UNICEF's alliance with the Uganda Parliamentary Forum for Children has been a key strategy to advocate at a high level with the Government to allocate more resources to civil registration in Uganda and adopt a comprehensive BDR policy.

Joint monitoring is being undertaken by UNICEF together with URSB and the lessons learnt are being used for scaling up of MVRS. The applicability of MVRS is of interest to many countries, especially in Africa where BR rates are traditionally low.

Since the introduction of MVRS the national percentage of registered under five children increased from 30 per cent in 2011 to an estimated 60.05 per cent in December 2014. In the 58 districts UNICEF is working in, including the most disadvantaged districts with marginalized populations, registration rates are averaging over 80 per cent. In addition, 1,714 children born in Uganda to refugee parents were registered in Adjumani district and issued with birth certificates.

Other MVRS key institutional achievements include: 1) Hospitals and local government migrating from manual/paper based system to a mobile/internet-based automated system; 2) Reduction in time of processing birth certificates increased; 3) District, sub-counties and

national level decisions makers have the required demographic data to enable them to make informed planning; and 4) Real-time monitoring at all levels.

Lessons Learnt have been: 1) The use of technological innovations for BR has been very effective and efficient in achieving results in areas where for many years there was no, or very slow progress; 2) Use of multiple strategies to register births of children under five years has proved to be very effective, including the integration of BR into FHDs, mass registration, door to door registration campaigns, as well as notification of births using mobile phone handsets; 3) Use of existing government structures at community level like Local Councils and VHTs as mobilisers and notifiers has also contributed to the progress of the programme.

## Summary Notes and Acronyms

### Acronyms

ALIVE – Keep Children Alive (programme within the UNICEF country programme)

ANC – Antenatal Care

APR - A Promise Renewed

ART - Anti-Retroviral Therapy

BCP – Business Continuity Plan

BDR - Births and Deaths Registration

BR – Birth Registration

BRMS - Basic Requirements Minimum Standards

CCCs - Core Corporate Commitments to Children

CCT - Coordinating Centre Tutor

CDC – Centres for Disease Control and Prevention

CDRM - Conflict and Disaster Risk Management

CFPU - Children and Family Protection Unit

CFS – Child-Friendly School

CID - Criminal Investigation Department

CLTS - Community-Led Total Sanitation

CMT - Country Management Team

CODES - Community and District Empowerment for Scale-up

CPC - Child Protection Committees

CPD – Country Programme Document

CPR - Child Poverty and Deprivation Report

CRC – Convention on the Rights of the Child

CRC@25 – 25<sup>th</sup> anniversary of the Convention on the Rights of the Child

CSO - Civil Society Organisation

DCC - District Chain Linked Committees

DCT - Direct Cash Transfers

DHIS - District Health Information System

DHS - Demographic and Health Survey

DLG - District Local Governments

DRR - Disaster Risk Reduction

DRM – Disaster Risk Management

ECD - Early Childhood Development

EID – Early Infant Diagnosis

ELDS - Early Learning Development Standards

EMIS - Education Management Information System

EmOC/NC - Emergency Obstetric Care /and New-Born Care

e-MTCT – Elimination of Mother-to-Child Transmission of HIV  
 EPRP - Emergency Preparedness and Response  
 ESARO – UNICEF Eastern and Southern Africa Regional Office  
 ESPP - Expanding Social Protection Programme  
 FAO – Food and Agriculture Organisation (of the UN)  
 FBO - Faith-based organisation  
 FGM/C - Female genital mutilation/cutting  
 FHD - Family Health Days  
 GAVI – Global Alliance for Vaccines and Immunisation  
 GBE - Global Partnership for Education  
 GBS - Go Back to School  
 GBV - Gender-Based Violence  
 GEM - Girls Education Movement  
 GPE – Global Partnership for Education  
 HACT - Harmonised Approach to Cash Transfer  
 HMIS - Health Management Information System  
 ICCM - Integrated Community Case Management  
 ICRC – International Committee of the Red Cross  
 ICT - Information and Communications Technology  
 IMAM - Integrated Management of Acute Malnutrition  
 IMEP - Integrated Monitoring and Evaluation Plan  
 IYCF - Infant and Young Child Feeding  
 J4C – Justice for Children  
 JLOS - Justice Law and Order Sector  
 LRA – Lord’s Resistance Army  
 LB – Live Births  
 LEARNING – Keep Children Learning (programme within the UNICEF country programme)  
 LRA - Lord’s Resistance Army  
 LTA - Long-Term Agreement  
 M&E – Monitoring and Evaluation  
 MCH - Mother and Child Health  
 MCHIP - USAID’s Maternal and Child Health Integrated Programme  
 MDG – Millennium Development Goal  
 MDD - Music, Dance and Drama  
 MDTF - Multi-Donor Trust Fund  
 MFPED - Ministry of Finance Planning and Economic Development  
 MGLSD - Ministry of Gender, Labour and Social Development  
 MNH – Maternal and Neonatal Health  
 MoES - Ministry of Education and Sports  
 MoH - Ministry of Health  
 MoRES - Monitoring Results for Equity Systems  
 MP4R - Managing Performance for Results  
 MTR - Mid-Term Review  
 MVRS - Mobile Vital Record System  
 Natcom - National Committee (for UNICEF)  
 NDP - National Development Plan  
 NTV - NTV Uganda/Africa Broadcasting U Limited  
 O&M – Operating and Maintenance  
 ODF - Open Defecation-Free  
 OHCHR - Office of the High Commissioner for Human Rights  
 OPM – Office of the Prime Minister

ORE – Other Resources Emergency  
 OVC – Orphans and Vulnerable Children  
 PAS – Performance Appraisal System  
 PBA - Programme Budget Allotment  
 PBEA - Peace Building through Education and Advocacy  
 PBR - Programme Budget Review  
 PBX - Private Branch Exchange  
 PCA - Programme Cooperation Agreement  
 PCR - Programme Component Result  
 PLE - Primary Learning Examination  
 PSFU - Private Sector Foundation Uganda  
 PSIM - Programme Statistics, Information and Monitoring  
 PTC - Primary Teacher College  
 QEI - Quality Enhancement Initiative  
 RapidFTR - Rapid Family Tracing and Reunification System  
 RED - Reach Every District  
 RMNCH - Reproductive, Maternal, Newborn and Child Health  
 RTRR - Reporting, Tracking, Referral and Response  
 SAFE – Keep Children Safe (programme within the UNICEF country programme)  
 SIA - Supplementary Immunisation Activities  
 SitAn – Situation Analysis  
 SOPs - Standard Operating Procedures  
 SUN – Scaling up Nutrition  
 T4D - Technology for Development  
 UBOS - Uganda Bureau of Statistics  
 UCRNN - Uganda Child Rights NGO Network  
 UN – United Nations  
 UNAIDS – Joint United Nations Programme on HIV and AIDS  
 UNAP - Uganda Nutrition Action Plan  
 UNCT - United Nations Country Team  
 UNDAF – United Nations Development Assistance Framework  
 UNHCR – United Nations High Commissioner for Refugees  
 UNHS - Uganda National Household Survey  
 URSB - Uganda Registration Service Bureau  
 UUSA – UNICEF Uganda Staff Association  
 VHG - Vulnerable Household Grant  
 VAC – Violence against Children  
 VACiS - Violence against Children in School  
 VHT - Village Health Team  
 VRS - Vital Records System  
 WASH – Water, Sanitation and Hygiene  
 WFP – World Food Programme  
 WHO – World Health Organisation

## Capacity Development

ALIVE built the capacity of district teams in vaccine and data management at national and sub-national levels. A total 276 supervisors in 14 regional referral hospitals were trained in supervision/mentorship skills to improve quality of the expanded programme on immunisation (EPI) and nutrition service delivery. This resulted in focused supervision in 600 health facilities and mentoring of over 3,687 health workers. The MoH was assisted to set up and train a central

level data improvement team, resulting in data quality monitoring in over 1,000 health facilities. Capacity building, continuous quality improvement and community dialogues were expanded from five to 13 CODES intervention districts. This increased the District Health Management Team's capacity to identify and prioritize evidence-based strategies. Efforts continued in organising and training hand pump mechanics to improve operation and maintenance of water, sanitation and hygiene (WASH) infrastructures and sustain investment.

Assistance was provided to set up eight sites for training midwives on management of obstetric and newborn complications in Karamoja. UNICEF supported a Senior Technical Assistant to the MOH Resource Centre for capacity development in all aspects of eHealth policy, strategy, governance and technology frameworks.

In LEARNING, the capacity of education officials to incorporate gender concepts into policy and planning was strengthened. Indicators were developed on teenage pregnancy, child marriage and violence against children in schools and will be incorporated into the education management information system (EMIS) data. Over 300 education officials and civil society representatives from Uganda and ESARO region were trained in integration of conflict and disaster risk management (CDRM) into education sector planning and education for peacebuilding approaches.

SAFE supported training of 500 officers from Police, Prosecution and Health to address violence against children (VAC) /defilement cases in a coordinated and child-sensitive manner. A total of 579 personnel in 135 hospitals and 58 local government were trained on the use of MVRS, resulting in the birth registration of 833,628 children under five. UNICEF supported 72 villages to initiate action to prevent and respond to female genital mutilation/cutting (FGM/C), resulting in 23 convictions. A "zero tolerance of violence against children" campaign was conducted.

UNICEF is working with the Government to implement innovative community-based initiatives for early warning and humanitarian response and supported the establishment of an SMS-based Disaster Monitoring System at the National Emergency Coordination and Operations Centre.

## **Evidence Generation, Policy Dialogue and Advocacy**

In 2014, UNICEF efforts continued to explicitly link research and evidence with its policy advocacy goals across all programme areas.

UNICEF launched the Uganda "Child Poverty and Deprivation Report" (CPR) with the Government and other partners. The findings were a catalyst for discussions on children's poverty not just within Government but more broadly with in civil society and critically with in the private sector. Building on the CPR, UNICEF and partners submitted a paper identifying critical issues affecting children to the National Planning Authority and successfully influenced the content of the National Development Plan II (NDP) in the areas of health, education and social protection. The CPR findings have been central in the design of the new UNICEF country programme providing a rationale for programme design, in particular around the Social Inclusion outcomes.

The strong research work of the country office was recognized when the "Adolescent Girls' Vulnerability Index" was named as Best UNICEF Research for 2014. The findings have been widely disseminated and are being used by key partners such as the National Council for

Children in their advocacy work and programming.

Another key advocacy initiative was the launch of the Situation Analysis on “Children Living with Disabilities in Uganda” on the International Day of Persons with Disabilities. The Government and UNICEF are using the report to highlight the challenges faced by children with disabilities. It has paved the way for UNICEF to support the development of a national partnership which aims to coordinate efforts to improve the situation of these children.

UNICEF continued to work closely with sectoral ministries and technical counterparts on key policy decisions affecting children. Thematic research continued to provide evidence for specific sectors. For example, research on out-of-school children completed with partners gave compelling evidence on the effect of economic constraints on school attendance.

UNICEF regularly convened a group of researchers from government, academia and civil society organisation (CSOs) to share findings and identify knowledge gaps on children’s issues.

All these efforts are aimed towards building national capacity and fostering an enabling environment for researchers to promote evidence-based policy making in the country.

## Partnerships

In 2014 UNICEF strengthened its partnerships with key Government institutions including; the National Council for Children; Parliament; the Ministry of Finance Planning and Economic Development (MoFPED); the Uganda Bureau of Statistics and the Expanding Social Protection Secretariat. Initiatives included the launch of quarterly round table discussions with Members of Parliament (MPs) aiming to promote dialogue on public finance for children.

The ALIVE programme forged linkages with all key eight ministries committed to A Promise Renewed and the Uganda Nutrition Action Plan. Additional partnership are with the Gender/Social Development sector; UN-REACH (WFP, World Health Organisation/WHO and the Food and Agriculture Organisation/FAO) to support the Scaling up Nutrition (SUN) movement; partnerships with UNHCR, WFP, Concern and other non-government organisation for emergency response; and collaboration with the United States Agency for International Development/USAID partners on nutrition, food security and livelihoods. Additionally, UNICEF negotiated toll-free internet access with MTN to approximately 12 UNICEF and Government websites, allowing anyone with an internet connection to access these sites for free. For the MoH alone, this is expected to potentially save the Government and health development partners at least US\$ 400,000 per year.

LEARNING continued to enjoy strong partnerships with FBOs, NGOs, international organizations, MPs and donors, with Government a key partner that provides the enabling environment, the bulk of the funding, operational framework and overall management of education development. As EDP chair, UNICEF was strategically positioned to influence the formulation of key decisions for the sector.

SAFE’s collaboration with the JLOS Development partners’ group raised the visibility of children in contact with the law. Partnership with the Joint UN programme on AIDS (UNAIDS) and the Civil Society Fund for HIV/AIDS helped to strengthen coordination around OVCs.

UNICEF established a new innovative partnership with Private Sector Foundation Uganda (PSFU), an apex body representing 175 business associations, to advocate for private sector-

led growth in Uganda and specifically increased investments in ECD. UNICEF continued its successful partnerships with NTV to drive #InvestInUGchildren umbrella media campaign and the Uganda Child Rights NGO Network (UCRNN), to strengthen collective civil society advocacy on child rights. UNICEF collaborated with PSFU, Global Compact Network Uganda and Save the Children to launch the Children's Rights and Business Principles.

### External Communication and Public Advocacy

UNICEF external communication and public advocacy initiatives made significant contributions to the achievements of the country programme priorities. In line with UNICEF's equity focus, key interventions focused on advocacy and mobilization around the rights of the most disadvantaged specifically on child poverty, nutrition and the 25<sup>th</sup> anniversary of the Convention on the Rights of the Child (CRC@25). This was through: targeted media relations; proactive external relations including hosting five donor visits, and; expansion of digital platforms (increase website traffic in 2014 with 66.4 percent new users, 33 percent returning users, 7, 490 Facebook fans, and 6, 311 Twitter followers).

Highlights included the launch of UNICEF's "#InvestInUGchildren: Realize Uganda's Vision 2040" campaign. This overarching media campaign developed a number of compelling evidence-based stories describing current realities of Ugandan children, especially the most deprived, highlighting their needs and what investments are required to fulfil their rights over the next 25 years. All multi-media materials and messages were framed around #InvestInUGchildren throughout the year. A new microsite was also developed "www.reimagineforchildren.ug" that consolidates child-focused digital reports and conversations from various Ugandan websites and social media platforms and serves as a one-stop site to view content and conversation relating to child rights in Uganda.

External communications continued to support innovations such as U-report, Metric and the Uganda Content Portal, as well as in identification of youth centres/spaces for installation of rugged solar-powered computers to provide young people with access to information.

Communication for Development (C4D) initiatives were supported including; developing three national communication strategies on RMNCH, nutrition, Child Helpline and mass media campaigns on immunization, FHDs/CHDs, nutrition, Marburg outbreak, FGM/Child marriage, peace building through education and advocacy (PBEA)/ International Peace Day. Information, education and communication materials were produced for nutrition, immunization, CHDs, VAC, birth registration, peace building in education, and the evidence base for C4D strengthened through 50 polls sent through U Report for FHDs, CHDs, African Vaccination Week, PBEA, and Tepeth day.

UNICEF in partnership with the Government, the United Nations Population Fund (UNFPA) and the Uganda National Youth Coalition increased community participation and spread messages on child rights and economic empowerment of youth through a strategic collaboration with 349 schools (with 174,500 school children) and 10,000 places of worship in 55 districts during Family Health Days.

### South-South Cooperation and Triangular Cooperation

In 2014 South-South and triangular cooperation remained a key part of UNICEF's work in sharing innovative approaches to strengthening programming. UNICEF Uganda hosted study tours for other UNICEF offices together with their Government and civil society partners to help introduce and scale-up innovative technological solutions in their countries, such as U-report

and mTrac. This included hosting study missions from Kenya and Timor-Leste to assist with strengthening their routine health information systems.

The office supported the West African Ebola response, establishing a taskforce led by UNICEF, with the Uganda MoH and partners including USAID, IntraHealth, ThoughtWorks, and Jembi providing critical support. As a result, “mHero” was developed as a generic electronic health workforce registry tool to allow complex real-time communications with frontline health workers through UNICEF’s RapidPro mobile communications engine. Furthermore, U-report programmes were initiated in Liberia, Sierra Leone and Mali and the Ugandan MoH approved the mHero approach and with funding expected from the Korean International Cooperation Agency/KOICA, it is planned to be rolled out across all of Uganda by the middle of 2015.

The office provided programme support to UNICEF South Sudan and the Government of South Sudan to initiate birth registration services in Northern Bahr el Ghazal State, which resulted in 17,000 children under-five years of age being registered.

UNICEF Uganda and Save the Children partners actively participated in the Great Lakes Region initiative for emergency preparedness and planning. A regional emergency preparedness and planning framework and standard operating procedures for the protection of children who cross borders were developed. These frameworks are being operationalized by to contextualize and implement the Inter-Agency Child Protection in Humanitarian Action Minimum Standards.

To strengthen capacity and traction for social protection, UNICEF supported the MoFPED to participate in the African Union forum on child-sensitive social protection held in South Africa, the Ministry of Gender Labour and Social Development to attend the Annual Meeting of the Social Protection Community of Practice held in Zambia, and is co-directing a Social Protection conference on future directions for policy makers and practitioners across Africa.

In 2014, the office seconded five staff to support UNICEF offices in: South Sudan (birth registration, procurement); Jordan (partnerships); Botswana (programme assistance) and Liberia (Ebola).

## Identification Promotion of Innovation

Fundamentally, UNICEF Uganda’s innovation work focuses on providing access to information, opportunity, and choice to the most vulnerable populations. It has a long history in providing inventive solutions, using widely available and locally appropriate technologies that fundamentally change the lives of children especially those who are most disadvantaged.

Previous innovations from 2011 and 2012, such as eHMIS (DHIS2 and mTrac), Mobile VRS for birth registration, and U report - a youth engagement platform with over 250,000 users aiming to help Ugandans realize their right to participation - are fully scaled-up and institutionalized into UNICEF and government systems. These tools are now in the process of being transitioned to provide support to strengthening transparency and accountability, and promoting good governance, through the sharpened RMNCH strategy and MoH scorecards which are heavily rooted in the Tanahasi and corresponding UNICEF bottleneck analysis models.

In 2014, ongoing initiatives included the Digital Kiosks / Mobi-stations, facilitating access to digitized training materials for frontline health workers and teachers and information for marginalized populations; EduTrac, which has made great progress in scaling and embedding

itself into government structures; RapidFTR and DRM which provide real time reunification and disaster monitoring in emergency settings; the Community Health Management Suite (CHMS) and Mother Reminder tools which aim to initially improve antenatal care (ANC) attendance and facility based births through demand side interventions, and the Birth Cushion, Solar Suitcases and Bio-gas in Schools which provide sustainable solutions to improve maternal and child health (MCH), nutrition and basic education indicators.

A key innovation in communications is UNICEF's new multi media campaign "#InvestInUGchildren: Realize Uganda's Vision 2040". It is a multi-platform communication tool, driven by media partners NTV, using compelling evidence-based stories describing current realities of Ugandan children, especially the most deprived, to highlight children's needs and what investments are required to fulfil their rights in the next 25 years.

UNICEF has also developed a new strategic partnership with Private Sector Foundation Uganda. The PSFU is an apex body representing 175 business associations and is an exciting new platform for UNICEF to advocate for private sector-led growth in Uganda and increased investments in marginalized children specifically in ECD.

### **Support to Integration and cross-sectoral linkages**

UNICEF provided support to key cross-cutting strategies that produced results across all programme areas including: quarterly Family Health Days; use of technological innovations to expand service delivery and strengthen accountability; engaging with youth, faith-based organizations and Parliamentarians; mainstreaming preparedness, resilience building and humanitarian performance monitoring, and; and operationalizing its two-pronged equity-focused approach through supporting districts with highest proportions and numbers of service-deprived children.

In ALIVE, Family Health Days provide an integrated package of services (including immunization, birth registration, nutritional status assessments, antenatal and post natal care, early infant diagnosis (EID) for HIV exposed infants, de-worming and Vitamin A supplementation) in 33 UNICEF focus districts. New partnerships with FBOs are helping extend the reach of service provision as well as mobilize communities around key behavioural change priorities.

LEARNING adopted multi sectoral strategies to retain girls in school and successfully integrate ECD policies. The associated Government ministries have collaborated at planning, implementation and management levels. The approach to addressing VAC through establishment of the Intersectoral Committee on Violence against Children in School (VACiS) provided an effective platform for using a holistic, strategic and coordinated approach. Due to ethnic conflict carried over by the refugee population, UNICEF mainstreamed conflict sensitivity and peacebuilding in education response.

Reporting, Tracking, Referral and Response (RTRR) Guidelines for schools and violence against children (VAC) Strategic Plan were formulated by cross sectoral teams.

SAFE focused on cross sectoral strategies to promote birth registration during Family Health Days. Uganda Police Force interventions on VACiS in 600 schools in 20 districts of Uganda resulted in increased awareness and information among children on reporting of cases of violence to the police. The Intersectoral Committee, comprised of 17 governmental institutions chaired by Ministry of Gender, Labour and Social Development (MGLSD) and Ministry of

Education and Sport (MOES), led the development of the Action Plan on VAC in school. The Steering Committee on Justice for Children, drawn from relevant Ministries to review issues of child justice, undertook joint monitoring visits to key institutions resulting in removal of children under the age of 15 years from remand homes and removal of adults from remand homes.

Cross-sectoral activities between the UNICEF Uganda programme teams resulted in public raising awareness on FGM/C, child marriage and discrimination against children with disabilities.

## **Service Delivery**

UNICEF's service delivery support targets capacity development of national institutions principally, but it also supports direct service delivery to the most vulnerable communities in order to address deprivations and support disaster risk reduction (DRR)/resilience programming.

SAFE provided capacity building for districts to organize birth registration during FHDs; and to hospitals to register newborns due to weak institutional capacity for birth registration resulting getting the births of 1,035,128 (50.8 per cent girls) children under five years of age registered in 2014. Support was also given to UCRNN and MGLSD to run the Child Helpline leading to reporting of 2,592 cases of VAC of which 2306 (89 per cent) cases were responded to.

ALIVE supported strengthening of capacity of MoH to implement the RMNCH in various ways including support for the development of the RMNCH scorecard and the streamlining of technical support provision by CSOs and development agency partners to MoH. UNICEF supported strategies aimed at improving vaccine management and strengthening supervision and mentoring of central EPI and nutrition staff from all regional referral hospitals. UNICEF had a major role in support to Government aimed at strengthening delivery of nutrition, food security and livelihood interventions as part of the SUN initiative. UNICEF Uganda also supported improved water services to 46,500 communities.

ALIVE continued its support to the implementation of Integrated Community Case Management (ICCM) in 15 districts. This included sensitizing districts and community leaders, training and equipping VHT for community-based service delivery; and maximizing use of e-health innovations (including mtrac and end user monitoring). Consequently, 60 per cent of the cases of pneumonia, malaria and diarrhoea among under-fives in the 15 districts were treated by VHTs within 24 hours – exceeding the national average. UNICEF also provided support to FHDs/CHDs expanding delivery of an integrated package of MCH initiatives.

LEARNING focused on supporting the expansion of ECD services. A total of 1,222 community based ECD centres in the three targeted regions received assistance benefitting 61,100 girls and boys aged 3-5. Schools in refugee settlements, with conflict sensitivity and peacebuilding among refugees and host communities streamlined, were supplied with temporary learning structures, replenishment kits, recreation kits and school-in-a box kits; and 104 schools are under construction.

## **Human Rights-Based Approach to Cooperation**

UNICEF implemented a two-pronged, equity-focused programme approach and covered both communities with the highest proportion of vulnerable children and those with the largest absolute number of children whose rights to survival and development are unfulfilled. Integrating the principles of accountability, and initiating a structured dialogue on human rights approach

with other UN agencies (Global Evaluation 2014) was a key programme focus. UNICEF, the Office of the High Commissioner for Human Rights (OHCHR) and UNFPA partnered in the development and institutionalization of Human Rights/Gender and Child Protection modules into the Uganda Police curriculum. Additionally, UNICEF promoted a convergence of key public sector stakeholders to address issues of VAC and respond to victims.

The office highlighted the rights of children with disabilities at the highest political level by having the President of Uganda launch the Children with Disabilities report which highlighted the extent of the issue in the country, identified gaps and recommended action. UNICEF's long-standing advocacy work aiming to harmonize domestic legislations with the Convention on the Rights of the Child (CRC) led to the approval by Cabinet of the Children's Act amendments.

In an effort to promote accountability of state actors and duty bearers and give young people their right to participation in decisions that concern them, UNICEF supported U-report, an SMS-based real time monitoring and feedback tool which generates information on critical issues affecting children and young people. The tool has over 287,457 registered u-reporters, and it connects young U-Reporters to each other, to Parliamentarians and to other decision makers.

The office, in cooperation with the Norwegian Committee for UNICEF, successfully advocated for the establishment of an Ombudsperson for Children. Together a visit to Uganda was coordinated by the Norwegian Ombudsperson for children who interacted with Parliamentarians, policy makers, justice and human rights bodies – an exposure welcomed by the Government.

The Anti-Homosexuality Bill became a law in February 2014, and UNICEF submitted a legal opinion on the Act in the context of relevant child related legislation and its impact on children to Government in July 2014. Following an outcry against the Anti-Homosexuality Act by CSOs, human rights organizations, and development partners, the law was repealed on a technicality, although heavy lobbying is on-going to re-institute it.

## Gender Mainstreaming and Equality

In 2014, the office had the following gender priorities that are in line with the UNICEF Gender Action Plan 2014-2017: advancing girls' primary and secondary education, ending child marriage programming, and addressing gender-based violence in emergency response to refugees from South Sudan.

In order to address socio-cultural barriers to girls' education, UNICEF supported the Ministry of Education and Sports to develop and disseminate the Gender in Education policy, the revised National Strategy for Girls Education, a reader on Menstrual and Hygiene Management for learners and to conduct a study on recruitment, deployment and training of female teachers, and a survey on the re-entry of pregnant girls and child mothers. The scholarship programme has supported 893 girls to stay in secondary and post primary institutions. The MoES allocated UGX 163,000,000 (US\$55,000) to Gender and Equity activities. The EMIS was expanded to include key indicators on teenage pregnancy, child marriages, violence in schools, menstrual management issues which will help to build evidence on reasons for drop out, develop necessary interventions and to monitor the same. The Ministry continued to produce the quarterly newsletter "Gender Eye" that highlights key developments on gender issues.

In 2014, UNICEF started its programming on child marriage, by supporting MGLSD to develop a national strategy on child marriage and to conduct formative research. In addition, UNICEF supported community dialogues on adolescents' issues, including child marriage and FGM/C.

Gender-based violence was integrated in the child protection emergency response to South Sudan refugees such as peace building initiatives, psycho-social support and raising awareness of communities on gender issues.

UNICEF continues its engagement in the gender-related Joint Programmes: Gender Based Violence, Gender Equality, FGM/C; and the Gender promotion initiative. UNICEF is now the Chair of the Gender Development Partners group.

About US\$2 million was spent on gender equality and empowerment of girls' interventions, or about three per cent of programme expenditures.

The Chief of Child Protection is the Office Gender Focal point, and each section and zone office has a combined gender and human rights focal point.

## Environmental Sustainability

In 2014, a number of programme initiatives for environmental sustainability were successfully scaled up in WASH programme enabling targeted communities to benefit from environmentally and sustainable infrastructures and supplies. These included: successful expansion of the Effective Microorganisms initiative to reduce latrine sludge and stench; using human waste from school latrines to produce biogas for use in cooking school meals, lighting dormitories and as fertilizer for school gardens; providing water to rural communities and towns using solar-powered piped water systems to serve communities, schools and health centres; piloting the elephant tap (a self-locking tap to reduce water wastage) for hand-washing; and teaching school children and school management committees to produce soap using locally available matter; production of clean charcoal briquettes from banana waste and the fabrication of sanitary pads from banana leaves. Solar kits (solar suitcase) and solar-powered mobi-stations were also introduced in health centres in the Karamoja region for lighting and teaching purposes. However, despite their success, they were not rolled out nationally due to lack of financial resources.

As a contribution to the Situation Analysis (SitAn) process, the Field Coordination/Emergency section in partnership with the Department for Disaster Preparedness & Management carried out a child-centered vulnerability/capacity assessment in selected disaster-prone sites. While this is a first attempt to promote risk-informed programming, there is need for increased involvement of the national DRR fraternity and programme sections to mainstream preparedness, resilience building and humanitarian performance monitoring in UNICEF-supported interventions.

All information and communication technology-related procurement in UNICEF Uganda is environmentally friendly and conserving power. Refrigerators procured by the office use CFC-free refrigerant only. Printing devices are also dual purpose printer/photocopiers reducing overall operational costs. In addition, all printing devices are set to duplex printing mode as a default, which reduces the amount of paper used. UNICEF Uganda continues to use all Toyota vehicles which meet the highest environmental standards in terms of minimum undesirable gas emission.

UNICEF supported development of guidelines for CLTS assessments, implementation progress reviews; and training on triggering and monitoring of implementation in villages, leading to 268 villages being triggered.

## Effective Leadership

The 2014 Annual Management Plan was finalized in February and outlined key improvements in operations and management that formed the basis of Country Management Team (CMT) oversight for the same period. These included, but were not limited to the following:

Enhanced results-based planning, monitoring and reporting: Preparation of the United Nations Development Assistance Framework (UNDAF) and new UNICEF Country Programme. The office successfully contributed to the drafting of the Uganda Strategic Development Plan II and the UNDAF and has just finalized the Country Programme Document (CPD) for the 2016-2020 country programme. The management also facilitated an Office Risk Profiling Workshop to increase staff awareness of risks in the operating environment and how these may impact on agreed results. The staff workshop was also used to enhance staff capacity and create ownership of actions identified to mitigate risks identified. The UNICEF Uganda Risk Library was updated with current risks as identified by staff.

Managing fiduciary risks through improved implementation of Harmonised Approach to Cash Transfer (HACT) activities, financial quality assurance processes and effective and efficient implementation of Direct Cash Transfers (DCT) to partners: In 2014, all current implementing partners underwent a two-day training on HACT. Several assurance activities were undertaken as detailed in the Financial Resources Management section.

Follow-up on audit recommendations, business efficiency and cost effectiveness: All the recommendations from the 2013 audit have been successfully implemented and closed.

Resource mobilization strategy: The office undertook a donor mapping exercise to identify priority sectors and possible donors including highlighting its' comparative advantage of using ground breaking technology innovations to advance results for children.

Emergency response to refugees coming into Uganda from DRC and South Sudan Emergency: Uganda received over 100,000 refugees from South Sudan in 2014. Given that UNICEF was still responding to the refugee crisis from the DRC, the new influx stretched the capacity of the office to deliver. Following internal redeployment and additional emergency staff, this situation was resolved in a timely manner. Funding for the emergency response was adequate.

Review of Programme Cooperation Agreement (PCA) Review Committee: The office has well-established work process for DCT and PCA, however there have been constraints regarding compliance. With support of a consultant, the office reviewed existing Work Processes for PCA and DCT and prescribed processing timelines. This also included a review of sample documents to assess bottlenecks prohibiting timely compliance and work flow processes. After this comprehensive assessment a streamlined process was recommended and approved by the CMT to take effect in 2015.

The office Business Continuity Plan (BCP) and ICT Disaster Recovery Plans were updated based on the feedback received during the BCP Simulation in 2013 and in line with new systems released by UNICEF headquarters.

These Key Result Areas were monitored through the regular all staff Monthly Monday Meetings (the frequency of which was increased from one every month in previous years to two in 2014) as well as through the CMT.

## Financial Resources Management

UNICEF Uganda has successfully raised Other Resources-Regular (ORR) funding well beyond its targets. The approved ORR amount for 2014 was surpassed by 18 percent. Funds available for 2014 were US\$73,692,897 million, and utilization as at 31 December 2014 stood at 100 per cent for the Institutional Budget, 100 per cent for RR and 98 per cent for ORR. All donor reports due in 2014 were submitted on time.

In 2014 the office focused on improving the quality of HACT assurance activities and enhancing the capacity of implementing partners, through:

(a) Assurance activities comprised of 43 micro-assessments, 21 financial spot-checks, 20 scheduled audits and 25 follow up audits. Programme Quality Assurance activities were also undertaken to provide support and follow up on implementation of the activities.

(b) Capacity building on HACT: Over 400 staff from Government and NGO/CSO partners were trained on HACT. Additionally, 97 UNICEF staff undertook similar training. Several finance clinics were conducted for Programme Assistants on DCT payment and liquidation processes to address gaps previously identified with these processes.

(c) The recruitment of Risk Control Officer with audit background resulted in enhanced coordination and improved quality of HACT assurance activities through training of staff, follow-up on implementing partners and timely communication of assurance activity results to the different stakeholders. The office retained Long-Term Agreements (LTAs) with Deloitte and KPMG to conduct scheduled audits and financial spot checks of implementing partners receiving more than \$100,000 of DCT per annum.

The proportion of DCT in arrears continued to be within manageable levels, standing at five per cent for DCTs over six-to-nine months and one per cent for greater than nine months as of 31 December 2014.

Given the large number of implementing partners and the inherent risks requiring substantial assurance activities, resources allocated by the office towards this tends to be rather high.

## Fund-raising and Donor Relations

In 2014, UNICEF Uganda continued to work directly with in-country donors, engaged with national committees and bilateral agencies through the UNICEF Public Sector Alliances and Resource Mobilization Office (PARMO) and ESARO to raise funds.

The office implemented six UN joint fundraising efforts that included the UN Trust Fund for Human Security and Multi-Donor Trust Fund.

In 2014, UNICEF Uganda received US\$1,738,457 through joint programmes and multi donor trust funds alone.

UNICEF and partner agencies led by UNHCR and Office of the Prime Minister issued a joint inter-agency appeal in 2014 to address the refugee emergency.

The office raised US\$ 20,344,239 for emergency funding in response to the Congolese refugee emergency in southern and western Uganda and the continued influx of refugees from South Sudan into Northern Uganda since late 2013. UNICEF also continued its efforts to mobilize funds to address the humanitarian situation in Karamoja (North Eastern Uganda). This resulted

in the country receiving only 59 per cent of its ORE funding by year end. The United Kingdom's Department for International Development/ DFID, the United States Bureau of Population, Refugees, and Migration, the Government of the Netherlands, and the European Union's ECHO remained the major bilateral donors to UNICEF's programme in 2014.

Regular updates on fundraising and contributions management were provided during the monthly meetings, focusing on funds received, utilization status, DCT liquidation, grant expiry reminders and donor reports due. Forty three donor reports were submitted in a timely manner. Funds utilization was optimal, with nearly all grant utilization rate at 95 per cent by the expiry date. Only four requests were made for extension of grants, and these were granted.

## Evaluation

UNICEF Uganda continued to build its evaluation function as an integral part of its programming. Evaluation remains the responsibility of Social Policy unit in the office to maintain independence between the programme sections and the evaluation process. One programme evaluation was planned for 2014: the flagship education programme, Basic Requirements and Minimum Standards (BRMS). In addition, a comprehensive study on child poverty was planned. Both works were completed in 2014.

The BRMS evaluation was conducted by an independent senior evaluator with expertise in education programmes in Africa. Mixed methods were employed to carry out the evaluation and information were triangulated to arrive at the findings of the report. The evaluation found that the programme brought a number of considerable positive impacts but interventions could have been delivered better.

The "Child Poverty and Deprivation Report" (CPR) was launched together with the Government and partners resulting in igniting debate on child poverty with the Government, civil society and critically, the private sector. The report found widespread child poverty in Uganda with more than half of under-five children and 40 per cent children 6-17 years old living in poverty. There are wide regional disparities in child poverty with Karamoja and West Nile suffering most.

The Uganda office has successfully developed its E-Integrated Monitoring and Evaluation Plan (IMEP) which is updated quarterly. The IMEP is a useful monitoring tool for the office's research progress, and helped in planning dissemination activities such as developing the research and evaluation briefings. To further strengthen the office's research and evaluation function, there are discussions to more prominently use the IMEP as a planning tool in 2015. Dissemination is continuously being improved to ensure that the research work produced by UNICEF Uganda reaches the target audience, with every terms of reference now including a deliverable on a research brief.

## Efficiency Gains and Cost Savings

Ten used vehicles were sold through a competitive bidding process raising approximately US\$100,000 in proceeds which the office plans to use in procuring replacement vehicles. The UNICEF Supply Division is now the preferred supplier for Land Cruisers which enabled the office to make savings of approximately US\$50,000 for four vehicles.

Given recent security concerns in neighbouring countries, Kampala continues to be a safer alternative for regional meetings which were previously hosted in Kenya. Easy flight connections and lower daily subsistence allowance rates for Kampala/Entebbe have also made it an attractive venue. In 2014, the office supported three international conferences in Kampala

representing a US\$6000 cost saving for the conference organisers.

Procurement of administration assets were minimized due to minor repairs of existing assets, and a maintenance culture was initiated to save costs. A total of 36 UPS were thoroughly checked and repaired which resulted in cost savings of US\$7000.

A staff canteen was opened within the office premises, providing staff with an accessible facility within a close proximity and resulting in considerable saving of time, cost and energy.

A baggage scanner was procured and installed to facilitate access control, and has provided additional security protection for staff members and the UNICEF office premises.

The office moved emergency supplies from a rented warehouse in Kampala to Government sponsored facility in Gulu thereby reducing rent on warehouse by 46 percent. At year-end there were 35 LTAs in place, supporting the office and other UN agencies in securing favourable prices and reducing transaction times for commonly procured supplies and services.

## Supply Management

In 2014, the overall procurement volume of goods and services amounted to US\$25.0 million equivalent to 30 per cent of the annual fund utilization. The most commonly procured supplies were therapeutic food, antimalarial drugs and clean delivery kits (Mama Kits). In response to the South Sudan crisis, emergency supplies (non-food items kits, water purification chemicals, jerry cans, soap, blankets) were distributed in the northern districts to meet critical needs of 130,000 refugees.

### Supply Inputs (goods and services) in 2014

Programme supplies	US\$12,485,391
Operational supplies	US\$ 1,005,643
Services	US\$11,503,624
<b>TOTAL</b>	<b>US\$24,994,658</b>

In addition, school construction totalling US\$2.0 million was delegated to two NGOs.

A tripartite agreement between the Government, the Global Alliance for Vaccines and Immunisation (GAVI) and UNICEF was signed in November for Health System Strengthening. Under the agreement UNICEF received a grant of US\$8.2m for the procurement of cold chain and transport equipment.

Procurement Services requests rose sharply this year to US\$36.1m, compared to US\$22.8m last year. While vaccines remain a core commodity, partners also requested laboratory supplies, diagnostic test kits and nutrition items through Procurement Services.

### Procurement Services in 2014

Supplies channelled via regular Procurement Services	US\$4,892,665
Supplies channelled via GAVI	US\$31,230,162
<b>TOTAL</b>	<b>US\$ 36,122,827</b>

In collaboration with the UNICEF Global Innovation Lab, the office is developing a real-time Supply End User Monitoring System build on the RapidPro platform.

In an effort to improve warehouse operations, the storage space in Kampala was reduced and some supplies moved to the Gulu warehouse, closer to many implementing partners. The warehouse restructuring project achieved a cost reduction of 49 per cent.

#### **Stock Movement in 2014**

Supplies received	US\$8,858,990
Year-end Inventory	US\$2,391,215
Supplies Issue	US\$8,965,632

At year-end there were 35 LTAs in place, supporting the office and other UN agencies in securing favourable prices and reducing transaction times for commonly procured supplies and services.

#### **Security for Staff and Premises**

The current Uganda Minimum Operating Security Standards/MOSS was approved by the UN Security Management Team and endorsed by the United Nations Department of Safety and Security (UNDSS) headquarters in April 2014. It remains effective and continues to address the current perceived security threats in Uganda appropriately. The Minimum Operating Residential Security Standards/MORSS were revised by the Security Management Team and approved by UNDSS in May 2014. In 2014, the most common threats to humanitarian operations in Uganda have been crime (including break-ins at staff homes and thefts) and risks of road traffic accidents.

The UNICEF Uganda office premises are located in one of the busy commercial areas of Kampala and various UNDSS assessments have recommended relocation to a “safer” location. However, with ongoing plans for a new UN Common Premises in the country, management has delayed any possible relocation. As a result, a number of refurbishments to the UNICEF office premises have been undertaken to improve security. These include: purchased six parking spaces in front of the office which are now denoted as “no packing areas” at all times in order provide additional security. A reinforced entry gate was installed to prevent a forced entry. The office also has: 11 VIP Police Unit officers providing security services; a metal detector as well as a baggage scanner in reception area; fully operational finger print access control and CCTV and restricted parking for official UN vehicles with in the compound. In the event of an emergency the office has an active communications protocol and shares important contact details with UNDSS on a regular basis.

A back up office is in place in Mbuya, approximately four kilometres from the main office. The facility is equipped with generator, telephone and internet connections and conference capacity. In case the main office is inaccessible, critical programme delivery will be transacted from this location.

#### **Human Resources**

Strategic management of human capital remained core in 2014. This included: ensuring the office had the required skills set and competencies applicable for Job Descriptions, and; sourcing people with relevant skills for the posts and giving due consideration of gender and geographic distribution for international professional staff and the dynamics of already existing teams.

The Performance Appraisal System (PAS) completion rates for 2013 and 2014 reflected a marked improvement compared to previous years. By March 2014, there was 98 per cent and

97 per cent completion rate for 2013 and 2014 (output planning) achieved respectively; and 98 per cent completion rate by September 2014 for the mid-year discussions. No chronic under-performance cases were reported during the year.

The office recruited 34 new staff members during the year: 17 international professional out of whom four were for Innovation Centre, eight national professional and nine general service posts, and ensured that ESARO was fully involved in the recruitment of all senior positions of P4 and above. The succession planning for the four staff (two internationals and two nationals) who were retiring was managed effectively. As of end 2014, the office has 192 established posts out of which 20 are vacant (most of these having been put on hold pending the finalization of new CPD 2016 – 2020. Of the 182 encumbered posts there are 51 per cent female, 49 per cent male; 57 per cent from Programme and 43 per cent from Non-Programme countries) including 10 temporary appointments. During recruitment, gender and geographic distribution for international staff was given consideration without compromising quality.

Training events were completed as planned: Competency Based Interviewing (22 targeted staff completed), Safety and Security (basic and advance training -100 per cent completion), Integrity Awareness e-training (100 per cent completion) in addition to other excellence training (HACT and DCT management, DevTrac, MS Office 365, EPR, and Conflict Sensitivity/Peace Building. Seven staff also benefited from individual training and five staff (one international professional, one national officer, and three general service) were assigned on mission to other UNICEF country offices and benefitted from exposure.

The Caring for Us Committee sustained gains made on the 10 minimum standards of HIV/AIDS in the workplace. Key achievements included adequate supplies of male and female condoms in accessible places and dispensers; first aid boxes in all vehicles; staff members provided with information on HIV-related insurance; custodians for rapid access to post-exposure prophylaxis and linkage for confidential handling of personal information; orientation on communicable diseases including sexually transmitted diseases and Ebola. The office successfully managed five medical evacuations.

The UNICEF Uganda Staff Association (UUSA) closely worked with management to enhance staff welfare. The UUSA Executive committee met with top management quarterly to discuss staff welfare issues and encourage timely timeliness of response and organised health enhancing activities for staff members. In 2014, UUSA and management hosted the Ombudspersons from UN headquarters.

Staff benefited from services of two Peer Support Volunteers and three Respectful Work Place Advisors who met with management and staff association whenever required. These volunteers help colleagues to address workplace issues, on a confidential, neutral and informal basis. Every effort was made to create a productive atmosphere in the workplace.

### **Effective Use of Information and Communication Technology**

The migration to Office 2013 and cloud based Office 365 was successfully completed in April followed by an orientation for all users. The Uganda Teams site on SharePoint was launched, and is regularly used for uploading key documents and provides easy access/retrieval of information. MS Lync was also widely used in the office for web meetings and conferences, however the quality of video conferencing in zone offices remains constrained due to bandwidth limitations.

The office installed “Websense” to enhance internet bandwidth and performance. A maintenance contract for the Private Branch Exchange (PBX) was also signed with local service provider this greatly improved the PBX servicing and maintenance.

Under the leadership of UNICEF, a joint UN LTA was signed with three service providers for internet and telephony services within the concept of “Delivering as One” which has brought considerable cost effective services and improved performance of internet services across UN agencies. Local policies to guide and manage acquisition and allocation of mobile devices (phones and internet modems) and Bring-Your-Own-Device were developed and implemented to enable staff connect to email systems remotely enhancing “work from home” capabilities.

The ICT team continued supporting the use and implementation of open-source and mobile tools such as mtrac, Edutrack, Ureport with partners. New rates with SMS and Unstructured Service Supplementary Data aggregators were negotiated and monthly usage monitoring improved. The office continued making effective use of digital and social media including face book, twitter and YouTube to influence key stake holders and caregivers to realize the rights of children.

The office continued to reduce its ICT footprint by streamlining information technology operational services with all servers as well as PBX hosted in the country office, and zone offices accessing them remotely.

## Programme Components from RAM

### ANALYSIS BY OUTCOME AND OUTPUT RESULTS

**OUTCOME 1** Improved and equitable access and use of high impact reproductive, maternal and neonatal, child and adolescent health and nutrition; and WASH interventions.

#### **Analytical Statement of Progress:**

A steady decline has been observed in under five mortality (1990 to 2011) from 137 to 90 per 1,000 live births (LB), against the MDG target of 56; and infant mortality rate from 76 to 54 deaths per 1,000 LB against the MDG target of 41/1000 LB. Neonatal mortality dropped from 29 per cent to 27 per 1,000 LB against the MDG target of 23/1,000 LB, while maternal mortality ratio increased from 435 to 438 per 100,000 LB against the MDG target of 131/100,000 LB.

Following the launch of the APR’s sharpened plan in November 2013, UNICEF supported development of the National Communication Strategy for RMNCH and accountability framework - the Plan’s Score Card. The MoH has put in place mechanisms to ensure RMNCH programme provides cost-effective service delivery at lowest level of care and to maximize synergy among contributing stakeholders. All stakeholders have committed to working towards improving maternal and child health indicators through five strategic shifts identified in the Sharpened Plan. UNICEF is fast tracking results by using innovations like birth cushion, U-report, m-track, and other e-health initiatives that need to scale up with viable partnerships of complementarity to the rest of the country in 2015.

From 2012 to 2014, DPT3 and measles coverage rose from 75 per cent to 98 per cent and 78 per cent to 97 per cent respectively; and more than 70 per cent reduction in unimmunized infants. Overall, 55 per cent and 61.6 per cent of districts have reached at least 80 per cent coverage (Health Management Information System/HMIS). Fifty two per cent of children are

fully immunized. (Demographic and Household Survey/DHS 2011).

The main contributing factors to the observed improvement included effective vaccine management at all levels with reduced stock outs; strengthened Reach Every District/child approach; rolling out of the EPI communication plan nationally; mapping and targeting special communities and hard-to-reach populations; and conducting three rounds of intensified services in 20 poor performing districts. The EPI review is scheduled in 2015. Uganda experienced measles outbreaks mostly in Northern and Western regions of the country that hosts refugees. Index cases were from the refugee population, and most above five years of age.

UNICEF collaborated with WHO, USAID's Maternal and Child Health Integrated Programme (MCHIP), the US Centres for Disease Control and Prevention (CDC), AFINET and SABIN in EPI coordination, advocacy for financial sustainability and introduction of new vaccines.

Nationally, 52.5 per cent of newborns are initiated on breast milk within one hour and 63 per cent exclusively breastfed. Only 5.7 per cent children are fed on a minimum acceptable diet countrywide. Sixty eight per cent of children six to 59 months were reached with Vitamin A and 70 per cent of children aged one to 14 years with deworming. Integrated Management of Acute Malnutrition (IMAM) reached 45,040 (20 per cent of annual caseload) of severely malnourished children with treatment nationwide.

UNICEF assisted the Office of the Prime Minister (OPM) to develop a national nutrition communication and advocacy strategy, Uganda Nutrition Action Plan (UNAP) M&E framework; revise national guidelines for treatment of acute malnutrition, IYCF road map and national Micronutrient Powder Operational guide. Mulago Health Tutors College assisted to developed nutrition module and learner's guide for pre-service and in-service health tutors. UNICEF and REACH partners participated in multi-sectoral coordination to guide implementation of the UNAP. UNICEF, Cornell University, and the Africa Nutrition Strategic Partnership supported OPM to formalise learning platforms in the five SUN districts and Kampala, and provide orientation and guiding principles to District and Sub-county Coordination Committees for implementation.

The most critical bottleneck for nutrition inadequate funding to scale up a comprehensive preventive and promotive interventions. UNICEF, REACH and USAID supported the OPM deliver nutrition, food security and livelihood interventions in the five SUN early riser districts. UNICEF initiated in-country consultations to develop a nutrition resilience strategy for Karamoja in 2015.

Overall 88 per cent of women were tested for HIV at antenatal care (ANC) and received results while 85 per cent of positive HIV positive pregnant and breastfeeding women enrolled. Out of the 100,250 children born to HIV infected women, 60 per cent were tested for HIV, and 37 per cent were initiated on antiretroviral therapy (ART).

UNICEF supported revision of paediatric ART guidelines; and a nationwide retention in care assessment for HIV+ pregnant women and HIV infected children in care. The drafted adolescent guidelines will be implemented in 2015.

UNICEF is participating with the United States President's Emergency Plan for AIDS Relief (PEPFAR) in the development of comprehensive response targeting the young girl child. UNICEF sponsored young people living with HIV in edutainment using music, dance and drama; and supported the "Protect the Goal HIV Campaign", which was launched through sporting

events in November 2014 by the President of Uganda. UNICEF remained active within multi-lateral partnerships and coordination along with AIDS Development Partners. Uganda's HIV/AIDS response heavily depends on donors with PEPFAR providing 94 per cent of all funding.

National coverage of safe rural water stagnated at 64 per cent. Functionality is 84 per cent, up from 83 per cent in 2013, but below the 2015 target of 90 per cent. National household latrine coverage improved from 71 per cent to 74.8 per cent; hand washing with soap improved from 29 per cent to 32.8 per cent.

UNICEF participated in WASH coordination; advocated for resource allocation to scale up proven solar-powered and gravity-fed water distribution schemes; and supported Government's service delivery undertakings. Public funding for rural water supply is no match to annual population growth. UNICEF availed water services to 67,700 people, including 46,500 South Sudan refugees.

The main constraints to the achievement of results are coordination shortcomings; inadequate human resources, sector financing, and iCCM and IMAM supply; and low service uptake compounded with cultural beliefs, poor community ownership and inadequate functionality of the VHT platform. UNICEF and Health Development Partners supported MoH to develop the National Health Financing Strategy and quality proposals to the Global Fund, securing the malaria/iCCM and HIV/AIDS grants. Human Resources challenges were addressed by establishing EPI monitoring and coaching teams at central level and all 14 regional referral hospitals along with central-level data improvement teams who were entrusted with cascading training in regions and districts in 2015. In addition, standard sites were established for training midwives on management of obstetric and newborn complications; the secondment of senior midwives to districts for maternal and neonatal health (MNH) coaching and mentoring was embedded into the combined health, nutrition and HIV/AIDS partnership agreement; and scholarships provided for 90 nurse-midwifery students enrolled since 2013.

**OUTPUT 1** An enabling environment. An enabling environment (knowledge, policy, systems, legislation and budget) created for child and maternal and adolescent survival and development.

**Analytical Statement of Progress:**

UNICEF initiated processes for revitalising the Village Health Teams strategy in 2014; and assisted the MoH in drafting the national health financing strategy and reviewing iCCM and FHD strategies. UNICEF formulated the national E-health policy, strategic plan, technology framework and governance structures; established National Health Records Programme; and fully integrated mTrac into DHIS2 and scaled it up to all 112 districts. Although the overall number of districts, health facilities, health workers has not changed from 2013 as the national electronic HMIS (DHIS2 and mTrac) reached national scale in mid-2013, notable progress was made during the year under review. A total of 2,096 weekly HMIS reports were submitted (56 per cent, up from 12 per cent in 2013). Between January and December 2014, Artemisinin Combination Therapy stocked-out facilities as reported through community mTrac in iCCM districts went from 16.2 per cent to 11.0 per cent, while the Malaria Testing Rate increased from 80.1 per cent to 87.9 per cent. This reduced unnecessary consumption of malaria drugs. An impact evaluation of mTrac was initiated in late 2014. The study, linked closely with and aligned to the RMNCH sharped plan and scorecards, aims to avail key routine performance indicators and rankings to Local Government and Health Facility leadership to inform planning and corrective measures.

UNICEF contributed to the benchmarking mission to Ethiopia, subsequent VHT assessment and

revitalisation concept note development. Support will continue in quarter one of 2015 to formulate the VHT strategy. Based on findings of FHD and iCCM reviews, UNICEF assisted MoH to strengthen Child Day Plus and inform expansion of a financially viable iCCM approach. UNICEF successfully incorporated children's priorities in Sector Issues Papers for the NDP and UNDAF. The office assisted the MoH to incorporate RMNCH indicators, including nutrition and HIV/AIDS, into the MoH HMIS Toolkit; and conduct related training and supervise health personnel in 90 districts.

WHO, GAVI and UNFPA participated in the VHT revitalization efforts. USAID and DFID provided financial support for mTrac expansion, E-health Policy, Strategy and National Health Records while WHO, CDC and Thought Works supported mTrac programs and defined CHMS architecture.

Bottlenecks faced include weak VHT platform, uncoordinated use by partners compounded with factors inherent with incentives, motivation and retention of VHT; and poor data quality and utilisation at decentralised levels. Along with fast-tracking VHT strategy revitalization and focusing the mTrac expansion phase on data quality and utilisation, UNICEF will support development of a national electronic registry of VHTs and application of various eHealth platforms to strengthen evidence-based and equity-focused decentralised monitoring.

**OUTPUT 2** Fully immunised girls and boys. RED/REC implemented in 80 per cent of districts. Polio eradication attained and measles elimination maintained.

**Analytical Statement of Progress:**

Individual district performance continues to improve as shown by the increase in districts with  $\geq$  90 per cent Oral Polio Vaccine OPV3/measles coverage raising from 29 per cent to 71 per cent and 15 per cent to 73 per cent between 2012 and 2014, respectively.

UNICEF's support focused on building capacity of district teams in effective vaccine and data management. UNICEF assigned four Technical Assistants for a year-round support to 32 low-performing districts to implement the RED/REC package, including revitalization of Health Unit Management Committees. UNICEF assisted in rolling out in 39 high risk districts for Polio an info-entertainment communication plan, encompassing: i. Intensive social mobilization through sports-based activities in coordination with district administration, which resulted in the orientation of 409,000 children in these districts on immunization messages; ii. Setting up football teams in each community to promote immunization messages; iii. Orientation of 150 representatives of all major media houses on immunization and supporting with information packages; iv. Training village elders of the Karamoja region to serve as Immunization Champions for sustainable support in nomadic communities.

The quarterly Family Health Days exercise delivered from places of worship in 31 districts reached seven million beneficiaries with an integrated interventions package of immunization, birth registration, and nutritional status assessments, antenatal and post natal care, EID, deworming, vitamin A and blood pressure screening.

UNICEF assisted OPM and MoH in immunizing over 67,000 South Sudanese refugee children under 15 years against measles vaccination and 23,422 children under five against polio, hence averting potential outbreaks. UNICEF also responded to the meningitis outbreak immunizing over 32,548 refugees and host community members.

WHO and GAVI continued to be UNICEF's most important allies in normative guidance and

coordination, district capacity development and support to MoH for implementation at the operational level.

Low continuity in EPI service utilization and inadequate vaccine supply and management represented critical bottlenecks. These constraints were effectively addressed by targeted UNICEF's support in effective vaccine management at all levels, resulting in reduced stock outs; improved RED/REC micro-planning informed by mapping of informal urban settlements and hard-to-reach populations; revitalising Health Unit Management Teams; intensive information communication; and Periodic Intensification of Routine Immunization interventions, FHD and CDP. Another bottleneck was pending MoH and districts accountabilities despite the 2013 comprehensive HACT training of implementing partners. This affected not only implementation of routine services, but also prevented disbursement of social mobilisation fund for the nationwide polio supplementary immunisation activities, and took up considerable staff time to follow up.

**OUTPUT 3** Community Case Management. Scale up iCCM in 19 districts and Increase the proportion of cases of acute respiratory infection, diarrhoea and malaria among children under five who receive appropriate treatment from a VHT within 24 hours.

**Analytical Statement of Progress:**

With financial support from DFID, ICCM was introduced in four new districts in addition to the 15-supported districts. On average, 60 per cent of pneumonia, malaria and diarrhoea cases among under five children in the 15 UNICEF-supported districts, were treated by VHT within 24 hours (malaria 58 per cent, pneumonia 52 per cent and diarrhoea 70 per cent). These districts performed better than the national average, but fell short of malaria and pneumonia targets.

UNICEF's support to Uganda's malaria proposal to the Global Fund secured US\$167 million for two years to implement the malaria reduction strategy, including expansion of the ICCM programme to 33 additional districts, bringing the total number to 71.

The CODES project, based on the MORES applications, was scaled up from five to 13 intervention districts. Support ranged from technical and policy guidance on supply and demand side principles and tools (bottleneck analysis/causality analysis), continuous quality improvement community dialogues and citizen report cards) to funding of Partnership Agreements with implementing partners. During 2014, the 13 intervention districts registered improvement in drug management, HMIS reporting and reduction in staff absenteeism.

While UNICEF supported operational and supply costs in 15 iCCM target districts, the International Rescue Committee provided five per cent of the iCCM drugs as buffer stock in the seven districts of Karamoja. The CODES projects received technical oversight and guidance from Makerere and Karolinska Universities, and ACODES and Child Fund International on demand and supply sides implementation, respectively.

The total reliance on UNICEF's funding for the iCCM operations and drug pipeline represented the main bottleneck. In response and to inform future iCCM scale-up efforts, UNICEF, Clinton Health Access Initiative, Malaria Consortium, WHO, and World Vision supported the MOH to roll out a pilot in early 2014 to assess the feasibility, acceptability, and effectiveness of integrating iCCM commodities into the national supply chain. While advocacy continues for the handing over of iCCM supply and operational costs to MoH, UNICEF has committed to procure dispersible amoxicillin, oral rehydration salts, and zinc in 2015 for the 33 Global Fund districts as part of the global UNICEF-Global Fund Memorandum of Understanding.

The CODES project has demonstrated that districts can develop evidence-based plans, which if implemented, can reduce malaria, diarrhoea and pneumonia-related child mortality. Districts have limited fiscal space as the primary health care conditional grants are tightly earmarked. The UNICEF ALIVE team will collaborate with the social policy section to advocate with Ministry of Finance to increase fiscal decentralization for a more need-based and responsive budgeting.

**OUTPUT 4 Nutrition.** Multi-sectoral coordination, technical and functional capacity of partners strengthened to scale up and sustain high-impact child nutrition interventions, with a focus on the first 1,000 days of life to reduce stunting and other forms of malnutrition.

**Analytical Statement of Progress:**

UNICEF's support in Infant and Young Child Feeding is contributing to a notable improvements in breastfeeding in intervention areas compared to national figures: in Karamoja, 77.2 per cent of babies initiated on breast milk within the first hour of life and 81.5 per cent were exclusively breastfed. In the supported refugee host districts, 72.8 per cent of babies receive timely initiation and 93.5 per cent are breastfed exclusively, while in the five SUN districts initiation is at 75 per cent and exclusive breastfeeding at 82 per cent.

Coverage and quality of complementary feeding remains a challenge as minimum dietary diversity for children aged six to 23 months stands at 1.5 per cent in Karamoja, 50 per cent in the five SUN districts and 35 per cent in the refugee host districts.

UNICEF remains the biggest contributor to IMAM and the bi-annual Child Days Plus exercise for vitamin A supplementation and deworming. Karamoja recorded vitamin A coverage of 96 per cent compared to five SUN early riser districts where Vitamin A and deworming rates reached 85 per cent. Refugee host districts attaining vitamin A and deworming rates of 86 per cent and 81 per cent, respectively while in Acholi coverage with vitamin A is 47 per cent and deworming reached 46 per cent. Through 600 therapeutic feeding centres across the country, 70 per cent of all malnourished children in Karamoja, Acholi, five SUN districts, including 30,331 child refugees. Cornell University supported institutional capacity development; and USAID-funded implementing partners assisted in livelihood and food Security.

A critical bottleneck is inadequate funding for IMAM and nationwide scale up of a comprehensive nutrition interventions. While continuing advocacy for increased resource allocation, UNICEF supported stunting prevention intervention, including roll out of the decentralised multi-sectoral nutrition coordination structures with regular resources and the European Union funding contribution, which has now come to an end. The UNICEF nutrition unit is set to receive a more substantial RR allocation in 2015.

Although therapeutic foods are included in the national essential drugs/medicines and supplies list, a budget is not allocated for procurement. As such national scale up of the IMAM programme has largely been constrained and highly depended on UNICEF. Data management was a challenge given the vertical nature of the nutrition programs. UNICEF assisted the MoH Resource Centre in the revision of the new HMIS tools, adequately capturing nutrition indicators and rolling out training on the new tools in 90 districts. Support will continue in 2015 to rollout training on the new tools nationwide, and to assist the Office of the Prime Minister to implement the UNAP M&E framework and to develop an integrated National Nutrition and Food Security Information Management System.

**OUTPUT 5 Maternal and Newborn Care.** Priority RMNCH and adolescent interventions scaled up in priority focus districts.

**Analytical Statement of Progress:**

In target districts, ANC 4+ coverage slightly increased from 31 per cent in 2013 to 36 per cent in 2014. Deliveries at health facilities increased from 34 per cent in 2013 to 49 per cent in 2014 (DHIS2). All Health Centres III of the 15 focus districts were provided with Basic Emergency Obstetric and Newborn Care equipment.

UNICEF's support to MoH in introducing MNH innovations in Karamoja (mobi station, birth cushions and solar suit cases) contributed to increasing health facility deliveries from 37 per cent in 2013 to 49 per cent in 2014. With support from UNICEF, the voucher scheme was rolled out in all the sub-counties of Karamoja districts, reaching 95 of 111 health facilities. Out of 20,504 deliveries, 7941 (39 per cent) of pregnant women were referred through use of vouchers. Of these 1059 (13 per cent) had obstetric complications that would otherwise have resulted in maternal deaths.

UNICEF equipped 80 per cent of remote and lower health facilities with solar lighting in Karamoja, enabling them to safely perform night time deliveries. UNICEF supported the creation of 25 MNH Resource bases (18 master trainers and seven Midwife technical assistants) for Karamoja; establishment and equipping of newborn corners in all 44 HC III in Karamoja; and standardization of modules on the helping baby's breath (Helping Babies Breath +) package to enable harmonized training on newborn care across all 112 districts.

Along with UNFPA, WHO, WFP, UN Women, UNOHCHR and other agencies, UNICEF supported Gulu and Karamoja to plan and implement selected MNH interventions as part of "UN Delivering As One" MNH convergence in 11 poorly performing districts. Over 100 CSOs under MNCH coalitions engaged to disseminate the RMNCH plan and advocate at sub-national level to effect the five strategic shifts during service implementation as prescribed in the sharpened plan.

Bottlenecks faced by this Output related to service utilisation, supplies and inadequate number of trained midwives, especially in intervention areas such as Karamoja. UNICEF incorporated into comprehensive partnership agreement the secondment of senior midwives to districts for mentoring and coaching purposes; and scholarships for 90 enrolled nurse/midwives students. Following a facility assessment, UNICEF addressed the urgent needs for equipment, supply and drugs by procuring commodities for health facilities of three South Western districts and three West Nile districts in view of coping with the influx of refugees from DRC and South Sudan. The seven Karamoja districts also received such a support. Inadequate MNH services utilisation was addressed through incentives such as voucher schemes, culturally appropriate birthing cushions and solar suit cases to improve night-time delivery in remote health centres.

**OUTPUT 6** PMTCT and Paediatric AIDS. Capacity strengthened in target districts to scale up quality services for prevention of mother-to-child transmission of HIV (PMTCT), paediatric, maternal and adolescent AIDS/TB care and treatment

**Analytical Statement of Progress:**

This Output is on track towards achieving global 2015 targets on elimination of new paediatric HIV infections and keeping mothers and their children alive and healthy. In focus districts, 591,133 (99 per cent) of 596,255 pregnant women attended ANC1 by end of November 2014. Of this cohort, 506,009 (85.6 per cent) were tested for HIV with 8.6 per cent found to be positive, 76 per cent (38,675) enrolled on ARVs. EID coverage stood at 37.1 per cent, far below the 80 per cent target. Co-trimoxazole prophylaxis coverage reached 31 per cent

(15,743/51,764) while 23.5 per cent (1123 of estimated 2589) HIV+ children were initiated on ART. HIV counselling and testing and ART coverage in Acholi, Western and Karamoja was 84.5 per cent and 138 per cent; 93 per cent and 113 per cent; 59 per cent and 48 per cent, respectively.

Significant loss to follow up of pregnant women and infected children in care and treatment continued to affect performance. UNICEF supported MoH to undertake a nationwide retention in care assessment for HIV+ pregnant women on Option B+ and HIV infected children in care. The findings will inform a strategy on early retention. UNICEF engaged four implementing partners for programmatic and systems strengthening support to 21 priority districts from North, South West and East. The scope of work included EMTCT and paediatric HIV scale up; assistance in processes leading to accreditation of health facilities; EID courier of dry blood spot samples; training and facilitation of VHTs and Family Support Groups to follow up HIV infected pregnant women and exposed children and ensure linkage back to care.

UNICEF supported high level advocacy and mobilization for increased Option B+ uptake by pregnant and breast feeding women and their male partners, by the First Lady and other patrons/champions on elimination of MTCT (eMTCT) in Kampala and West Nile Regions.

UNICEF together with UN partners successfully advocated for approval of HIV/AIDS Trust Fund by Parliament and the President. UNICEF seconded full time consultants to help formulate Uganda's HIV/AIDS proposal to the Global Fund, which was approved for US\$147 million over two and half years. Following suspension and cut in US Government aid stemming from the enacted anti-homosexuality laws that affecting critical MOH staff, UNICEF paid the salaries of three key eMTCT staff for six months.

Constraints related to non-accreditation of HCIIIs to offer Option B+, in the already stressed Karamoja sub-region, addressed through support by Baylor College and Doctors with Africa CUAMM for accreditation of this level of service delivery. Inadequate human resource capacity including numbers, geographic distribution and skill mix alleviated through incentives to staff retention in hard-to-reach and -stay districts in agreements with implementing partners.

**OUTPUT 7 WASH in Community and Health Centres.** In target districts, i) all health centres have access to water and sanitation facilities, ii) the percentage of population with access to safe, sustained water and sanitation facilities has increased from 54 per cent to 77 per cent and from 34 per cent to 77 per cent, respectively, iii) the percentage of households with access to (and using) hand washing facilities has increased from 22 per cent to 50 per cent by 2014, and iv) open defecation was eliminated in at least 200 villages.

**Analytical Statement of Progress:**

Performance in rural WASH stagnated in focus districts except for hand washing, which increased slightly. Access to improved water sources averaged 63 per cent in UNICEF targeted districts (Central-Western, Gulu, and Moroto scoring 65 per cent, 70 per cent and 40 per cent, respectively). Functionality remained around 80 per cent in targeted districts. In latrine coverage, West-Central zone performed at 81 per cent against 56 per cent and 19 per cent, in Gulu and Karamoja, respectively.

UNICEF supported sanitation coordination and capacity building including: development of guidelines for CLTS assessments and M&E within the Global Sanitation Fund Steering Committee and Sanitation sector Working Groups; assisted regional Technical Support Unit in CLTS implementation progress reviews; and trained district personnel on triggering and

monitoring of CLTS implementation. Through the NGO SNV, the nationwide hand washing campaign was pursued, and 20 districts carried out intensive hygiene promotion at 582 schools, benefitting an estimated 174, 600 children.

UNICEF served an additional 38,000 Ugandan through six solar-powered and two gravity-fed water systems. Rehabilitating existing boreholes, drilling and equipping new ones with hand pumps provided access to 46,500 refugees from South Sudan. Construction is underway for 11 motorized water systems in resettlement areas. UNICEF also contributed to community resilience building by establishing water quality monitoring and surveillance systems; establishing community-based operating and maintenance (O&M) systems in eight rural growth centres and training Hand Pump Mechanics Associations in nine districts.

A total of 268 villages were triggered through Community led Total Sanitation, of which 120 villages achieved ODF status. Over 174,000 school children were reached in 582 schools in 20 districts through hygiene and sanitation clubs. UNICEF also supported the Ministry of Education in the dissemination of the O&M hand book and the menstrual hygiene management reader. Over 61 communal latrines and 61 bathing shelters constructed in refugees' settlements; and more than 5,000 host and refugees households sensitised and supported to construct latrines. UNICEF supported construction of 62 drainable ventilated pit latrine (VIP latrine) stances in 13 schools; and 54 stances for bio-latrines in three schools to address the sanitation needs of 6,500 children, and provide gas for cooking.

Constraints ranged from inadequate public funding, substandard community ownership, O&M to low service uptake compounded by cultural beliefs. The low service uptake translates into eight per cent of Ugandans practicing open defecation while 67.2 per cent do not wash hands with soap after using latrines.

**OUTCOME 2** Keep Children Learning. Improved education quality and learning outcomes; using an equitable and inclusive approach with a focus on girls' education

**Analytical Statement of Progress:**

Uganda has reached 96 per cent enrolment rate in primary education and the gender gap in primary schools has been closed. Approximately eight percent of school going age children 6-12 years have never enrolled in primary (source: EMIS). The completion rate in 2013 was 69 per cent (69 per cent, 71 per cent boys) but the survival rate to primary seven is only 32 per cent.

Only nine per cent of 2.5 million children with disabilities were enrolled in either pre-primary, primary or secondary schools over the 2009-11 period, and of these only six cent complete primary school and transition to post primary education (OOSC Report, 2014).

Adolescent girls face a disproportionate risk and distinctive consequence of vulnerability and are more likely than their peers to drop out of school, marry early, be pregnant as teens and/or to bear the brunt of poor sexual relationships, HIV infection, and painful reproductive health outcomes. Girls from the lowest wealth quintiles have a low transition to secondary school.

Data for early childhood development services for children age zero to three years old are not available. The net enrolment ratio at pre-primary in Uganda is 23 per cent (DHS). Major issues in ECD include: a low national coverage; a skewed distribution that favours the urban areas; very few trained teachers trained; unclear curriculum arrangements and; limited awareness and appreciation of ECD by policy makers, practitioners and the public at large.

Through the coordination of Ministry of Gender Labour and Social Development (MOGLSD) and with support from UNICEF, the World Bank and other development partners, a National Integrated ECD policy and a corresponding costed strategic plan were developed and await Cabinet approval. The policy is multi sectoral and addresses developmental and other needs related to education, health, nutrition, childcare, protection, water and sanitation. It creates a unified ECD system that ensures an integrated approach to the implementation and delivery of quality services, which in turn enhances coordination and cohesion amongst the many ECD stakeholders to in Uganda.

Despite the existence of various policies and strategies to improve learning outcomes, the quality of education in primary schools remains low. Major bottlenecks include: shortage of qualified, teachers; low teacher motivation; inadequate school infrastructure that includes toilets and water points; shortage of teaching and learning materials; weak capacity of communities to demand quality education; inadequate provision for children with special learning needs; and weak supervision arrangements, among others.

In 2014, the National Assessment of Progress in Education results show the percentage of girls and boys competent in literacy and numeracy in Primary Three increased slightly to 62 per cent and 73.9 per cent respectively. However, at Primary six level, the literacy and numeracy rates have declined further to 37.8 per cent and 44.2 per cent respectively.

The national progress towards improving coverage for WASH in schools also remains constrained. The pupil to stance ratio has stagnated at 70:1, below the national standard of 40:1. Access to hand washing facilities slightly increased from 37 per cent to 38 per cent between 2013 and 2014, falling short of the 2014 national target of 45 per cent.

However, some progress was in the education sector made through improved advocacy for budget increases specifically ECD and the peace building approach.

UNICEF served as the Chair of the Education Development Partners group in 2014 and Coordinating Agency) for the Global Partnership on Education which will be implemented in 2015. UNICEF influenced high level processes ongoing in the sector, including development of the sector issues paper for National Development Plan II, as one of the 10 members of the education sector NDP II drafting team. Partners are the members of the Local Education Group who include: Ministry of Education and Sports, line ministries, FBOs, civil society organisations and education development partners. UNICEF's support comprised of advocacy, funds mobilization, technical guidance to the sector working groups and joint monitoring.

The proportion of the budget allocated to the Education and Sports Sector has risen from UGX 1,592.48 billion (US\$537 million) in financial year 2013/2014 to UGX 1,931.50 billion (US\$651 million) in 2014/2015. This is a 13 per cent increase and will increase further by 5.03 per cent in 2015/2016. Gender Budget advocacy work funding for Gender & equity programmes was provided by the MoES – amounting to UGX 163,000,000/- (US\$54,000) this financial year, for the first time. This will support the gender mainstreaming activities of the Ministry, especially now as the Gender task force was upgraded to a Gender technical working group of the MoES.

The Child Friendly School-aligned Basic Requirements Minimum Standards (BRMS) initiative remained a priority strategy for MoES and was supported by UNICEF to impact quality and learning outcomes. Primary school teachers' capacity is being developed through mentoring, with the programme currently rolled out to 14 out of a target of 15 Primary Teacher's Colleges

(PTCs) targeting approximately 3,300 schools helping to increase primary completion and learning outcomes.

Innovations are also being used to enhance the quality of service delivery, and UNICEF has developed an innovative concept of rural computer kiosk with relevant educational primary school content. EduTrac, a real-time monitoring tool, is also functional and consequently, 19 per cent of all primary schools now are able to report and address VACiS and teacher absenteeism. Progress has also been made mobilizing communities through district dialogue meetings around education issues on enrolment, retention, completion, literacy, and numeracy achievement. In order to fully engage the communities in returning girls to school, the “Go back to school, back to school and stay in school” campaigns are a proven way of mobilizing re-enrolment, enrolment and retention of girls and children with special needs in school.

**OUTPUT 1** Enabling Learning Environment Existence of an enabling environment (budgetary, knowledge, legislative, policy, and systems) to enhance learning for all children, especially the most marginalized.

**Analytical Statement of Progress:**

Progress was made towards developing an enabling environment for learning and achievement through initiatives to improve school and teacher effectiveness. Major initiatives in 2014 included the review of policies, increased stakeholder dialogue, improved EMIS data quality and increased funding. Improvements in learning achievement were reflected in the performance of learners in primary leaving examinations.

UNICEF supported five planned studies/evaluations to enhance evidence-based planning and knowledge management. These were: Community Based Practices and a case study on the peace building impact of ECD in Uganda implemented in cooperation with ESARO; BRMS Evaluation; Out of School Children study; a quantitative study of education inequity highlighting disparities across regions, ethnicities, and gender; and a conflict analysis of the education sector in Uganda. All were completed. Additionally, UNICEF is supporting the on-going Pregnancy in School Study that will be completed in 2015. One article, developed with UNICEF’s technical and financial support, and outlining the applications of technology innovations to build peace through education will be published in the Journal of Peace Building and Development in December 2014.

Over 200 head office and District officials from MoES, and 30 NGO representatives were trained in conflict/risk sensitive and peace building approaches to education planning and management. Three policy documents were finalized to enhance policy development including; the Integrated ECD Policy, which awaits Government approval; the National Strategy for Girls Education was revised and the Gender in Education Policy, Mid-term Review are due for finalisation with support from UNFPA, UNICEF and MoES under the UN Joint Programme on Gender Equality. In addition conflict disaster risk management) guidelines to build education sector resilience were finalised.

EduTrac mobile monitoring system is operational in 34 (target 35) districts and 3,478 (target 4,000) schools.

From the GPE budget approved for Uganda, an allocation of US\$7 million was set aside for ECD.

Technical and financial support was provided to MoES for the development of Conflict and

Disaster Risk Management Guidelines that will be used to support mainstreaming of CDRM in the education work plans of 30 focus districts.

With support from UNICEF, monitoring visits were conducted in eight districts under the Quality Enhancement Initiative (QEI) programme to assess Head Teacher, teacher and pupil attendance as well as community participation in education programmes.

Key bottlenecks include delays in procurement and delayed funding for key policy related activities.

**OUTPUT 2** Early Childhood Development. Increased ECD attendance in community-based ECD centres meeting minimum standards for boys and girls aged three to five who are from priority marginalized communities increases from 31,300 to 145,000 through UNICEF support

**Analytical Statement of Progress:**

Expanding services: The number of boys and girls aged three to five years benefiting from ECD in community based centres that meet the minimum standards in the most marginalized communities is slightly over 112,000 (54,880 boys). For their peaceful growth and development, children in similar circumstances have been supported to live, grow and interact in conducive environments. The national ECD enrolment stands at 457,186 (226,786 boys) or 9.5 per cent of the target population.

The number of community based centres in the three regions is 1,322 compared to 5,055, the national figure. Four hundred and twenty four of these centres have been licensed, while 707 centres have trained and certified caregivers. A total of 2,791 caregivers were trained and certified in the community child care programme of the Ministry of Education and Sports. The main partners are three FBOs, BRAC and Community Support for Capacity Development.

UNICEF in collaboration with Save the Children Uganda, Plan International, Touch Africa Now, Window Trust Uganda and Action for Africa Hope supported the establishment of early childhood centres in seven refugee settlements developed for DRC and South Sudan nationals. For their peaceful growth and development, children in these difficult circumstances have been supported to live, grow and interact in conducive environments.

Two hundred and fifty caregivers are undergoing some training in community child care programmes through the teacher development management system of MoES and will be certified in 2015. Over 150 ECD kits were distributed benefitting over 7,500 boys and girls as part of the capacity development initiatives.

With support from UNICEF, the World Bank and other partners, the MOGLSD developed a draft National Integrated ECD Policy and a costed Strategic Plan that currently await Cabinet approval. The policy defines the roles the following sectors are expected to play in the development of ECD: education, health, nutrition, childcare and protection, and water and sanitation. The policy seeks to ensure an integrated approach to the implementation and delivery of quality ECD services and to enhance coordination and cohesion amongst the many stakeholders to create a unified and effective ECD system in Uganda.

Early childhood development performance assessment indicators for district local governments were developed and are currently being rolled out to all the districts. It is hoped that this initiative will influence local governments to integrate early childhood into their development and financing plans.

The outcome of the ongoing dialogue within Government and its partners could transform ECD via new modalities of delivery and financing.

**OUTPUT 3** Improved quality of education Improved quality of teaching and learning in primary schools leads to higher Primary Learning Examination (PLE) pass rates for divisions I and II in 75 districts that include the 16 worst performing districts.

**Analytical Statement of Progress:**

The PLE pass rate (Division I and II) increased from 54.8 per cent in 2012 to 57.8 per cent (57.7 per cent boys, 47.1 per cent girls) in the 75 BRMS districts and has met the original Country Programme target of 56 per cent (60 per cent boys; 53 per cent girls), but with a gender disparity.

In 2014, the coaching/mentoring programme for the Basic Requirement Minimum Standards which addresses directly the bottleneck of poor service delivery by CCTs and teachers was scaled down as per the original plan. An impact evaluation was conducted and the evaluation found that despite the numerous challenges the approach has strong impact and recommends the mentoring approach to be scaled up. The PLE performance in the schools improved as a result of coaching and mentoring of the CCT's by the Mentors and support supervision of Head Teachers and teachers by CCT's.

UNICEF developed a concept of rural computer kiosks with relevant educational content to further improve service delivery. In 2014 there were 50 computer kiosks fully functional and the DigiSchool (school in a suitcase) was conducted in three schools in Karamoja and in five Child Friendly Spaces in refugee settlements in Adjumani. UNICEF also trained 500 teachers and provided teaching and learning materials to 53 schools affected by the refugee influx benefitting over 10,000 children directly.

The low demand for quality services was addressed through 192 community dialogues that have reached 7,432 people (49 per cent female) in Karamoja. Community engagement also been addressed by the School Gardens programme that was implemented in eight districts promoting parent-led school feeding in 716 schools representing 71 per cent of the targeted 1000 schools, allowing 170,500 children to have mid-day meals. Efforts to encourage local communities to contribute to schools gardens to support school feeding were tested in partnership with SNV, while simultaneously the school health policy was finalized. The School Feeding and Nutritional Guidelines were approved by MoES.

Constraints: There are severe bottlenecks remain in supply side (inadequately staffed services, poor facilities, lack of resources and high teacher absenteeism) that constrain progress. Quality learning is also affected by demand-side factors including hunger and ill-health, which inhibits children's concentration and capacity for learning.

**OUTPUT 4** WASH in Schools. Sustainable latrines, water, and hand washing facilities in at least 200 schools in 28 districts; and improved hygiene and education in 3,600 schools for 1,080,000 children in 75 target districts obtained through development of innovative solutions to existing bottlenecks in schools.

**Analytical Statement of Progress:**

The coverage for water, sanitation and hygiene in schools remained generally low, mainly due to poor operation and maintenance of latrines and water facilities, coupled with a persistent low

investment in this sub sector.

UNICEF's support in 2014 mainly focused on promoting innovative and sustainable water and sanitation technologies to address the main bottleneck related to the fast filling up of school latrines and poor sustainability. Hence, three innovative technologies were promoted: the effective micro-organism application to latrines to reduce sludge accumulation and smell; and drainable VIP latrines and bio-gas latrine systems to deliver a more permanent sanitation solution than ordinary latrines.

Thirteen schools benefited from new drainable VIP latrines, with a total of 62 latrine stances installed; while 12 schools had their latrines rehabilitated resulting in the recovery of 90 latrine stances (60 girls: 30 boys). Three schools received bio-latrines systems (of the six schools targeted in 2014), with a combined total of 54 stances, representing 50 per cent achievement. The pupil stance ratio in the 28 focus districts is at 61:1, still falling below the national standard of 40:1.

In order to augment operation and maintenance of facilities, which is still an outstanding bottleneck, the Ministry of Education was supported to disseminate and distribute 8,500 copies of the O&M handbook in 17 districts of Teso and Karamoja sub regions. A similar arrangement is planned to cover remaining regions of the country in 2015.

Safe water provision was supported through construction and/ or rehabilitation of rain water harvesting systems at 50 schools, serving up to 15,000 children. This represents a 100 per cent achievement of 2014 target. Hygiene promotion and education (good O&M, hand washing, and menstrual hygiene practices) was carried out at 713 schools (target of 2,000 schools), benefitting up to 213,900 children, in 22 districts. This represents a 36 per cent achievement, which is mainly attributed to the low priority accorded to software activities by district local governments, and UNICEF continues advocacy effort to improve the situation.

The promotion of menstrual hygiene, in particular, achieved a new boost during the year. UNICEF in partnership with SNV, under the community empowerment project, trained school children in the making of re-usable sanitary pads in five project districts.

Key bottlenecks: low investment in school WASH; poor O&M of facilities; low capacity of local contractors; and poor data management and coordination.

**OUTPUT 5** Primary School Completion. All girls and boys are motivated to stay in school and complete their primary education.

**Analytical Statement of Progress:**

Primary completion rates increased from 64 per cent in 2011 to 67.40 per cent (67.40 male, 66.90 female per cent) in 2014. Efforts to enhance both retention and completion focused on reducing cases of violence against children, strengthening co-curricular activities, inclusive education, "Go Back to School" (GBS) campaigns and community participation in education.

Safety in schools was strengthened through the development of policies that address issues of violence against children in schools, notably the National Strategy for VACiS, now incorporated into the EMIS and the Reporting, Tracking, Response and Referral guidelines (pilot tested in four regions).

EduTrac was used to report on cases of violence in 3,482 schools across 34 districts, and 47.6

per cent (1636) of all schools now use the platform to report on VAC. The revised Teachers' Code of Conduct was disseminated to 11,102 teachers (7,828 male and 3,820 females) in seven districts of Acholi region.

Music, dance and drama (MDD), games, and sports are crucial components of the education system and contribute to holistic development, learning, talent development and retention in school. They provided an advocacy platform for children on issues affecting them and their learning with 21,666 (boys 8,512; girls 13,154) participated in national and regional MDD festivals under the theme 'Zero Violence in schools' and 'Malaria Prevention;' and 5,447 (boys 2,902; girls 2,545) including 250 special needs education children (boys 154; girls 196) participated in games and sports.

Support to Special Needs Education and Inclusive Education helped to improve the learning environment, resulting in improved retention. This was in part a result of the training provided in four CPTCs on the child-to-child approaches and disability-sensitive skills to empower children for peer support groups. Teachers and SMCs also benefited from the training.

Community engagement included conducting community barazas in 28 districts attracting 16,300 (female 10,106, male 6194) as a platform to identify conflict drivers. This resulted in the establishment of by-laws to ensure safety of school children, and keep them in school. UNICEF also contributed further through interventions on: violence against children in schools, Go Back to School campaigns and clubs, special needs education, sports, music, dance and drama. Peace building GBS campaigns were also undertaken to encourage girls' attendance, leading to the re-enrolment of 30,341 children (girls 16,844) who had left school. At least 893 girls benefited from the scholarship programme in secondary, business and vocational institutions. Constraints: Violence against children in school persists, affecting retention and completion. Targeted VAC initiatives need to be accelerated.

**OUTCOME 3** Keep Children Safe. Children's rights to protection are respected, protected and fulfilled in all private and public spaces.

**Analytical Statement of Progress:**

Violence against children remains a key child protection issue. Poverty, orphanhood, disability, harmful traditional practices that condone violence increase the risk of children to be neglected, abused, harmed and exploited. The risk is compounded by gaps in laws, policies and by weak social welfare and protection services. In 2014, UNICEF focused on addressing gaps in current legislative and policy frameworks, as well as in the provision of and demand for child protection services. UNICEF continued to work with parents and communities to abandon harmful practices and supported peacebuilding interventions that promote non-violent attitudes/behaviours of parents/community towards children and to build capacity of institutions to deliver conflict sensitive services, including in humanitarian settings.

With the support of UNICEF and other partners, the Children Act Amendments Bill was approved by Cabinet waiting submission to Parliament. The amendments strengthen the protection of children by addressing existing legal gaps, in adoption process, legal representation, criminalisation of the use of corporal punishment, and the provision of protection services for children without parental care..

To ensure that school is a safe space for children and to promote peace building in schools, the Safe and Learning Programmes supported the MoES and MGLSD to develop a National Action Plan on Violence against Children in schools, that has clear guidelines on reporting, tracking

referral and response to cases of VAC. The Plan was approved by the MoES senior management and awaits the Minister's approval. The National Child Helpline that plays a crucial role in identification, reporting and referring to services providers the cases of violence against children, is now fully owned by the MGLSD which has taken over the national call centre from the NGO UCRNN.

UNICEF provided technical support and coordination to the planning of the National Violence against Children Survey which will be conducted for the first time ever in Uganda in 2015 under the Government leadership with funds from CDC/PEPFAR. UNICEF will continue providing technical support and coordination and it will advocate for high level political and civil engagement towards curbing the violence against children in Uganda once the findings of the survey are released.

The MGLSD approved the national framework on alternative care for children without parental that prioritizes kinship, foster care and national adoption versus placement of children without parental care in residential institutions. In addition, UNICEF supported the MGLSD to conduct a study of adoption practices with the aim of mitigating the risks that children adopted internationally are currently facing.

UNICEF is supporting MGLSD to develop a National Strategy on Child Marriage to address the high prevalence of marriage of girls before the age of 18 years, which currently stands at 49 per cent.

Children in contact with the law will benefit from newly adopted District Chain Linked Committees (DCC) guidelines that incorporate child sensitive case management details. The guidelines were developed, and disseminated by Justice Law and Order Sector with UNICEF support. UNICEF supported the Uganda Police in equipping children in schools with critical knowledge on what is violence against children and where to report such cases. UNICEF supported the training of professionals working in police, prosecutions, and health on how to have a coordinated response and action on VAC cases to improve the response.

More than one million children under the age of five were registered at birth and an estimated 68 per cent of them also received their birth certificates. It is estimated that due to UNICEF support the national birth registration rate of children under five years increased from 30 percent (DHS 2011) to 60.05 percent by December 2014. BR was integrated into the quarterly Family Health Days, an initiative supported by UNICEF to make social services more accessible to communities in partnership with FBOs. The FBOs were actively involved in raising awareness of communities on the importance of BR as well as providing physical space to register children during the FHDs.

UNICEF remained an active player within the national child protection working group that draws representation of 40 government and non-government institutions (including UNHCR, Plan International, Save the Children, Child Fund International, and Transcultural Support Organization) which serves as a vehicle for identification and response to emerging child protection issues, and for coordination of child protection effort across actors. In addition, UNICEF as Chair of the Gender Donor partner Group working group, co-chair of the UN Gender Convergence Group and as a member of the Donor Partner Group on JLOS, was able to advocate and influence child protection issues within the development sector and in the UN system. UNICEF cooperation and linkages with USAID - a major donor on OVC issues in Uganda - have been appreciated. UNICEF also worked with several local NGO partners on monitoring service delivery and identifying protection concerns at the community level. In

collaboration with the UNOHCHR and UNFPA, training of trainers within the Uganda Police on human rights, gender and child protection was supported.

A mix of strategies including policy advocacy, capacity building, C4D, use of technology, alliance building and data in collaboration with partners were the strategies adopted to enhance the protective environment for children.

Key constraints included the procedural requirements and lengthy processes for policy development and approval; limited human, technical and financial resources for child protection at all levels and in all relevant sectors (justice, civil registration, social welfare) that prevent immediate quality service response without UNICEF support.

**OUTPUT 1** Child Protection Environment. Policies, legal and administrative frameworks for protecting children from all forms of violence and for ensuring their access to protection services, including to justice, are strengthened and harmonized with the international treaties

**Analytical Statement of Progress:**

The Children's Amendment Bill although approved by Cabinet is yet to be sent to Parliament for debate. Delays in the amendment process arose due to the Parliamentary Legal Counsel request for additional consultations with the Judiciary regarding sentencing orders for cases tried by the High Court, an issue that is now been resolved. The national framework for the provision of alternative care (supported by UNICEF) was approved by the MGLSD, and will be progressively rolled out to ensure that children are not unnecessarily separated from family, and when they do, that they receive appropriate care. The updated Approved Home Rules 2013 have been disseminated to all District Community Development Officers, Probation, Social and Welfare Officers, and the 420 known child care institutions. Also, the adoption study which was financed by UNICEF and carried out with oversight from the Judiciary, Police, Directorate of Public Prosecution and the MGLSD was finalized and the study findings will inform engagements with the Government on this issue.

The (J4C) agenda is being progressively taken up by Government. The JLOS budget for 2014/15 made provision for three regional coordinators to expand the reach of the J4C programme although this budget has not yet been realized due to aid cuts to the sector as a fall out of the Anti- Homosexuality Bill. The NDP II which is being finalised highlights the need for justice for children within the JLOS area. The revised DCC guidelines have incorporated the child sensitive case management aspect. The revised work flow processes for Police, Prosecution, Probation and Courts have been approved by the respective JLOS institutions, setting the stage for systematic roll out of child friendly, age and gender responsive service delivery standards within the justice system.

The national action plan and strategy for addressing VACiS were finalized and approved but is still awaiting Minister's approval. The RTRR guidelines were finalized and approved. The national child protection strategy drafting is underway following the conclusion of regional consultations in November.

**Constraints:** The delayed approval of the amendment to the Children's Act and the prioritisation of establishing an inter-sectoral committee at the sub-national level over institutionalization of the function within an already existing coordination structures to avoid introduction of new committees that will be require additional resources.

**OUTPUT 2** Birth Registration. Scale- up, improved delivery of, and equitable access to birth registration services using Mobile VRS and other Strategies.

**Analytical Statement of Progress:**

Based on the administrative data from 58 districts and 135 hospitals supported by UNICEF as well as on the birth registration data entered into the Mobile Vital Record System on-line data base that is administrated by URSB, it is estimated that due to UNICEF's support nationally, the percentage of children under five years of age whose birth are registered increased from 21 to 60.05 percent by December 2014 and that, 67.4 percent of registered children were issued with birth certificates.

In 2014, a total of 1,099,674 children under the age of five years were registered in 58 districts and 135 district level hospitals, including 1,714 South Sudanese refugee children born in Uganda. Out of 1,099,674 children, the birth registration data have been entered into MVRS data base from where birth certificates are also printed.

This was achieved with funding from the EU, UNICEF and the UN Joint Programme on Population through a number of strategies that included scaling up the use of Mobile VRS from 33 districts at the end of 2013 to 58 districts by December 2014, strengthening registration in hospitals, integration of birth registration in Family Health Days, use of existing community structures such as Village Health Teams and Local Councils to mobilize communities for registration, as well as use mobile phone handsets to notify births in their communities, and supporting districts to implement a door to door registration exercise for all unregistered children under the age of five years.

In all these strategies, URSB supported the districts and hospitals through continuous hands-on capacity development during the regular monitoring field visits, and targeted training of duty bearers.

Constraints: Constraints to the achievement of results include delayed and suspended work on developing a BDR policy and strategy to provide overarching direction to implement BDR in Uganda. The delay was due to the on-going public and parliamentary debate on the tabled Registration of Persons Bill which, if approved, could lead to a potential migration of the civil registration department in URSB to the new Government entity proposed in this Bill. Additional constraints were: the unstable or network failure, including the inability of the new USSD from functioning well on the MTN networks; mismanagement of internet usage in hospitals; incomplete and non-operational death registration module in Mobile VRS that hospitals are demanding for; and the fact that birth registration is seen as an additional task in hospitals and a stand-alone programme in communities. URSB also needs to factor in funds allocation for MVRS in future.

**OUTPUT 3** Child Protection and Justice for Children Systems. National and sub-national child protection/OVC/JLOS response system that ensures protection, care, support and safeguards for children harmed or at risk of violence are strengthened.

**Analytical Statement of Progress:**

With funds from Peace Building and Education, GBV and UNICEF Regular Resources, the programme supported several initiatives aiming of addressing conflict drivers and violence against children. This included the launching of the National Child Helpline which is now fully functional and owned by the MGLSD, the development and launching of child friendly procedures for children in contact with the law, including diversion from justice system of children who committed petty crimes, the capacity building of police, prosecutors and health

professionals on coordinated response to the cases of VAC, awareness campaigns on VAC in schools by the Uganda Police and monitoring of J4C indicators that are included in the JLOS Sector wide Programme Plan by JLOS Secretariat.

As a result, the Child Help line received 214,404 calls, 3,071 of which were reports of child abuse; 957 requests for guidance/counselling and 45,147 inquiries on child care and protection issues. 86 per cent child abuse cases were responded to. In addition, 5,551 out of 7,629 cases of children victims of violence reported both through child helpline and other mechanisms received adequate support and response with programme support.

Nineteen JLOS District Chain Link Committees) implemented justice for children district action plans with the NGO partner CJSI, resulting in diversion from justice of 1,359 children charged with petty crimes and 9,992 out of 19,779 cases of children being disposed of. Five hundred officials from police/health /prosecution were jointly trained to promote coordinated response to VAC cases and to use a standardized reporting format approved by the Uganda Police Force to be used nation-wide.

At least 93,830 children were reached with relevant information and skills to empower them to report abuse through police school outreach sessions in 300 schools. In addition, 33,827 orphans and vulnerable children (16,027 boys and 17,800 girls) in 32 districts were identified and supported by district authorities to access various social services.

#### Constraints:

Limited staffing, lack of national diversion guidelines, inadequate resources, lack of clear roles and responsibilities between Probation and Social Welfare at sub national level as well as the lack of coordination between National and sub national levels units, lack of follow up and rehabilitation services. These all negatively affect the quality and continuum of services for children victims of violence and of those in conflict with the law. Donor budget cuts for JLOS sector further exacerbated by shortage of judicial officers, probation services, and police outposts - all critical for case management and timely disposal of cases within the Justice system.

**OUTPUT 4** Disaster Risk Reduction. Child Protection Core commitments ensured through integrated Emergency Preparedness and Response strategies and mechanisms,

#### **Analytical Statement of Progress:**

Through the Gender Promotion Initiative Joint Programme, UNICEF, in partnership with UN Women and three local NGOs, provided assistance to family tracing, reunification and reintegration of 46 women and their children who returned from Lord's Resistance Army (LRA) captivity in 2014. In addition, all of the women who returned in 2012/2013 were empowered with skills and a small start-up capital to ensure their social/economic reintegration into the communities.

Communities in the LRA affected districts in Acholi sub-region were sensitized on reintegration of returnees. Peace committees were established in three districts to ensure that returnees are accepted by the communities.

UNICEF compiled and submitted the Special Representative of the UN Secretary General on Children and Armed Conflict five out of six Global Horizontal Notes, and one annual report on the six grave violations against children (UNSCR 1612) committed by the LRA in four countries.

The 6<sup>th</sup> Global Horizontal Note and the 2014 annual report are due for submission in January 2015.

UNICEF support contributed to advance the Core Commitment to Children in humanitarian action with assistance provided to DRC and South Sudanese refugee children. This included: registering 2541 separated children using RapidFTR, exceeding the target of 1050; and providing alternative care arrangements, including foster care for unaccompanied and separated children, and ensuring follow up. In addition, 34 Child Friendly Spaces in the three districts where refugees from South Sudan are being settled were constructed through Save the Children, Plan International and the local NGO TPO, and caregivers were trained to provide psychosocial support and referral to children. It is estimated that between 300 and 800 children attended each CFS every day. The total attendance was 17,000 from a target of 19,000 in 2014. UNICEF provided support for the selection and training of Child Protection Committees within the refugee settlements, who are responsible to disseminate protection messages, conduct community consultations, and report child protection issues as per the Child Protection Referral Mechanisms.

**Constraints:** Limited role and leadership of DLGs in the reintegration of LRA returnees and follow up of cases. Whilst RapidFTR is a useful tool for family tracing and reunification, it is not used by all partners in the South Sudanese emergency response. The different tools and databases used by individual agencies and varying protocols around data sharing creates a challenge in harmonising lists of unaccompanied asylum-seeking children and ensuring this category of vulnerable children are identified and receive adequate follow up support.

**OUTPUT 5** Community Based Structures. Community-based structures (informal & formal) are mobilized to prevent violence against children and women and to demand local accountability for keeping children safe.

**Analytical Statement of Progress:**

Formal and non-formal community-based structures were mobilized to prevent violence against children in partnership with District Local Governments, NGOs and FBOs, resulting in the establishment of community led initiatives to prevent violence against children in 1224 parishes out of the targeted 1800 in 20 districts. In 2014, 253 parishes (out of the 577 targeted) in 20 focus districts were reached with messages on prevention and response to VAC and will establish their own local-led initiatives to prevent/respond to VAC.

In three districts of Karamoja region, 343 villages initiated actions for accelerating FGM/C abandonment. Ninety six of these villages made public declarations against FGM/C abandonment and 10 villages pledged perform public declarations in early 2015. Two hundred community leaders signed a pledge to abandon FGM/C and child marriage. An additional 43 villages and communities were reached with awareness raising activities on the FGM/C Act, implemented in collaboration the Ministry of Gender, Labour and Social Development and with local NGOs, resulting in an increase in the number of cases reported and prosecuted. In 2014, 15 cases were prosecuted through a competent judicial process compared to one case in 2013; 86 cases had been reported by October 2014 compared to 30 reported in 2013.

These were achieved through community dialogues and sensitization: maintaining interactive and life-skills-building child friendly spaces; investing in community activism and observance of culture days (Tepeth, Pokoth); and building alliances at different levels and formation of women clubs/saving schemes/anti-FGMC clubs.

Constraints: Limited financial and limited number/capacity of the social welfare workforce in most of the focus districts challenged proactive and timely response and prevention of VAC, including prevention and response to FGM/C. In order to address the capacity of local government structure, UNICEF is supporting FBOs and local NGOs (TPO and REACH) to work directly with communities.

**OUTCOME 4** Cross Sectoral. In target districts: schools, health facilities and communities in emergency settings have improved water and sanitation facilities and CLTS is introduced in target villages. b) Increased influence of youth on national agenda for realization child rights, effective participatory communication processes for child focused behavioural and social change and increased awareness at national and international levels of situation of children and women in Uganda. c) Responsiveness of UN Delivery-As- One to child rights and development/scaling up of technological innovative approaches for improved service delivery, accountability and transparency.

**Analytical Statement of Progress:**

Uganda's Child Poverty and Deprivation Report showed that over 55 per cent of children aged 0-4 years are deprived in at least two of the six dimensions. 23.8 per cent of these children are extremely deprived in at least two dimensions. Social protection is increasingly seen as an important part of the Government's strategy to fight poverty and promote economic growth. The Ministry of Gender, Labour and Social Development has been spearheading the formulation of the Uganda Social Protection Policy, which aims to provide a harmonizing framework for social protection. The policy development process, supported by UNICEF and other development partners was evidence-based and participatory, involving a large number of stakeholders nationwide. The draft policy is currently with Uganda's Cabinet for approval. A key challenge will be the implementation of this policy. The policy presents a number of technical, institutional and financial implications and a wide range of stakeholders will need to work in cooperation to make this possible.

In order to develop a shared understanding of how best to implement the policy, the Government commissioned a social protection sector review. This sector review was completed in 2014 and will feed into development of the Programme Plans for Implementation that are the basis of implementing Uganda's national policies. The report integrates the review of child poverty and vulnerability, as well as social care and support, provides recommendations that prioritise children among the key target groups for social protection in Uganda. UNICEF provided technical inputs into the review.

With support from DFID, Irish AID and UNICEF, the Government continued to pilot the Expanding Social Protection Programme (ESPP) which aims to address poverty and vulnerability. With the launch of the Child Poverty Report, and the Situation Analysis on the Rights of Children with Disability, 2014 marked an important milestone in UNICEF's efforts to promote evidence based policy dialogue. Alongside a number of supplementary thematic studies including a Basic Requirements and Minimum Standards Mentorship Project Evaluation and a Child Welfare Issues Paper, this research went a long way in informing and re-shaping the revision of Uganda's National Development Plan.

Dissemination was significantly improved through the research and policy briefing series in addition to four Round Table Discussion Meetings with Members of Parliament. These Round Table Discussions represent key advocacy initiatives to sensitize parliamentarians and promote a more rigorous scrutiny of national programmes and budgets affecting children.

In public finance for children, work was further consolidated across the budget process. Through a solidified partnership with the Ministry of Finance, notable successes include the on-going re-tabulation of the national budget vis-à-vis child rights together with the design of a child rights monitoring sub-module in the Ministry of Finance's existing instrument for monitoring the performance of Government programmes. One of ESPP's key components is the pilot cash transfer programme for senior citizens / older persons (aged 65 years and above; 60 for Karamoja) being implemented in 14 districts. This programme currently covers over 113,000 direct beneficiaries and about 420,000 indirect beneficiaries including children although coverage of children is very low. Whereas the Senior Citizens Grant, Uganda's social assistance flagship programme, has the potential to reach over two million children who live under direct care of the elderly, this scheme is only able to cover 13-16 per cent of the poor including children and is therefore not an adequate social protection response for children. The ESSP initially had a second grant called the Vulnerable Household Grant (VHG) which had potential to reach more vulnerable children living in extremely poor and labour constrained households. Recent programme reviews led to the Government's decision not to expand the VHG from the initial three pilot sub counties due to the high costs of administration and targeting.

UNICEF is an active participant in the current UNDAF and is chairing the service delivery (Child Health and Education) thematic team as well as Chairing the Joint UN Team on M&E. The current NDP (NDP I, 2010/11-2014/15) ends June 2015. During 2014, UNICEF provided financial and technical support towards the development of both documents (NDP II (2015/2016 – 2019/2020) and UNDAF (2016-2020). UNICEF successfully advocated for the introduction of the human capital pillar of the NDP in order to ensure that children's rights of access to social services including health, education, protection and WASH were appropriately covered under NDPII. UNICEF supported and led and provided financial support towards the development of the content of the human capital pillar which positioned the office to ensure child rights issues were catered for in NDPII. Similarly, the office placed itself strategically for the same reason during the development of the next UNDAF and it chaired the development of the outcomes, outputs, log frame and related contents of the Human Development Strategic Intent of the UNDAF; as well as contributing significantly towards the development of the contents of the other components of both the next NDP and UNDAF. Both documents are at the finalization stage and have been concretized enough to form a basis for the development of the CPD (2016-2020) which is also being finalized.

**OUTPUT 1** Social Policy, Evaluation and Advocacy. Social policy and evaluation works towards the social inclusion of Uganda's children and the fulfilment of their rights through generating and sharing evidence; influencing national budgets, policy and legislation; building national partnerships; and supporting the development of a social protection system for Uganda's most vulnerable children.

### **Analytical Statement of Progress:**

2014 marked an important milestone in UNICEF's efforts to promote evidence based policy dialogue. Through a country office Policy Advocacy Strategy, evidence generation was increasingly linked to advocacy objectives. The launch of the Child Poverty Report, and the Situation Analysis on the Rights of Children with Disabilities, alongside a number of supplementary thematic studies including a Basic Requirements and Minimum Standards (BRMS) Mentorship Project Evaluation and a Child Welfare Issues Paper, this research went a long way in informing and re-shaping the revision of Uganda's National Development Plan. Dissemination also significantly improved through the research and policy briefing series in

addition to 4 Round Table Discussion Meetings with Members of Parliament. These Round Table Discussions represent key advocacy initiatives to sensitize parliamentarians and promote a more rigorous scrutiny of national programmes and budgets affecting children. The country office also successfully rolled-out the E-IMEP this year. UNICEF Uganda's strong research work was recognised when the Adolescent Girls' Vulnerability Index was named Best UNICEF Research 2014.

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Uganda's Child Poverty and Deprivation Report shows that more than half (55 per cent) of children aged 0-4 years are deprived in at least two of the six dimensions. 23.8 per cent of these children are extremely deprived in at least two dimensions. Social protection is increasingly seen as an important part of the Government's strategy to fight poverty and promote economic growth. The Ministry of Gender, Labour and Social Development (MGLSD) has been spearheading the formulation of the Uganda Social Protection Policy, which aims to provide a harmonizing framework for social protection. The policy development process which was supported by UNICEF and other development partners was highly evidence-based and participatory, involving a large number of stakeholders nationwide. The draft policy is currently with Uganda's Cabinet for approval. A key challenge will be the implementation of this policy. The policy presents a number of technical, institutional and financial implications and a wide range of stakeholders will need to work in cooperation to make this possible. The process of a developing the programme plan of interventions for implementing the policy has begun. Finalisation of the policy and increasing coverage of poor and vulnerable households and their families remains a critical priority to pursue.

In order to develop a shared understanding of how best to implement the policy, the Government of Uganda commissioned a social protection sector review. This sector review which was completed in 2014 will feed into development of the Programme Plans for Implementation that are the basis of implementing Uganda's national policies. The report which integrates the review of child poverty and vulnerability, as well as social care and support, provides recommendations that prioritise children among the key target groups for social protection in Uganda and to strengthen development of a sustainable social protection system in Uganda targeting the most vulnerable. UNICEF provided technical inputs into the review. With support from DFID, Irish AID and UNICEF, the Government of Uganda continued to pilot the Expanding Social Protection Programme (ESPP) which aims to address poverty and vulnerability. One of ESPP's key components is the pilot cash transfer programme for senior citizens / older persons (aged 65 years and above; 60 for Karamoja) being implemented in 14 districts. This programme currently covers over 113,000 direct beneficiaries and about 420,000 indirect beneficiaries including children although coverage of children is very low. Whereas the Senior Citizens Grant, Uganda's social assistance flagship programme, has the potential to reach over two million children who live under direct care of the elderly, this scheme is only able to cover 13-16 per cent of the poor including children and is therefore not an adequate social protection response for children. The ESSP initially had a second grant called the Vulnerable Household Grant (VHG) which had potential to reach more vulnerable children living in extremely poor and labour constrained households. Recent programme reviews led to the Government's decision not to expand the VHG from the initial three pilot sub counties due to the high costs of administration and targeting.

**OUTPUT 2** Planning & Strategic Information. Governmental systems are collecting, analysing and using appropriately disaggregated data to enable national and local governments effectively plan, coordinate, implement and monitor quality interventions; and achievement of programme results are supported through results based planning and management, including strategic information management.

**Analytical Statement of Progress:**

The Planning and Monitoring Units in UNICEF continued to coordinate programme planning and implementation; and results monitoring. A total of 82 per cent (14 of 17) of the monitoring activities of the annual IMEP were implemented. Three activities are ongoing including the UNDAF Annual Review. Implementation of programmatic assurance activities for both Government and PCA partners continued in 2014, with 1,412 (99 per cent) of 1,422 planned programmatic visits implemented. Implementation of programmatic recommendations was 70 per cent (67 of 96).

The team provided disaggregated information/evidence required for, and contributed to the development of the following key Government and UN country programme planning documents: NDPII, UNDAF (2016-2020), 2014 Situation Analysis of Children; and CPD (2016-2020). Furthermore, the team supported the development of results frameworks / other M&E support for NDPII, UNDAF and CPD; and the following Joint Programmes: UN Joint Programme on FGM/C; Peace Building in Education Programme and the Maternal and Neonatal donor funded Project and supported Justice, Law and Order Sector's capacity strengthening for the collection of Justice for Children (J4C) indicators of JLOS SIPIII.

Rolling Work Plans for programmes (ALIVE, SAFE and LEARNING) were developed for the Government's financial year 2014/2015 and signed on time. The team provided support towards RAM reporting and coding of the 2013/14 and 2014/15 rolling workplans in line with the global 2014 guidelines released in January 2014 and those of December 2014. HACT training was conducted by the team and 408 people from partner institutions and 96 UNICEF staff were trained.

In 2014, the Government implemented the Population Census which had been postponed twice (2012 and 2013). UNICEF was an active member of the Census Steering Committee and successfully advocated for the maiden inclusion of questions on birth registration and ECD in the census questionnaire. The team also conducted a Child Rights with Equity Study that included identifying where deprived children are for 46 programme indicators so as to further support equity focused programming and improve the situation of marginalized children.

The Local Government Strategic Plans for Statistics developed over three years (2011-2013) were incorporated in the Districts' Budget Framework Papers and subsequent partial funding accessed to implement the plans.

**OUTPUT 3:** Ext Communication, C4D, Youth Engagement and Private Sector Partnerships. Increased awareness, at national and international levels, of situation of children and women in Uganda and UNICEF Uganda's key programmatic areas of keeping children Alive, Safe and Learning; youth and young people are engaged in their own development processes and their views influence national agenda for realizing child rights; Community level institutions, systems and structures are more effectively applying participatory communication processes for child focused behavioural and social change; private sector/corporate entities are increasingly adopting child-friendly business policies and practices.

### **Analytical Statement of Progress:**

UNICEF External Communication and Public Advocacy initiatives contributed to various country programme priorities. In line with UNICEF's equity focus, interventions focused on advocacy and mobilization around the rights of the most disadvantaged, specifically on child poverty, nutrition and CRC@25, through: targeted media relations; proactive external relations; and expansion of digital platforms (increased website traffic - 66.4 per cent new users; 33 per cent returning users; 7,490 Facebook fans; 6,311 Twitter followers).

Highlights included launch of UNICEF's overarching "**#InvestInUGchildren: Realize Uganda's Vision 2040**" media campaign, featuring compelling evidence-based stories highlighting current realities of Uganda's most deprived children, their needs and investments required to fulfil their rights over the next 25 years. Multi-media materials and messages were framed around **#InvestInUGchildren** all year. A new microsite ([www.reimagineforchildren.ug](http://www.reimagineforchildren.ug)) was also launched as a one-stop site on child-focused reports and conversations from various Ugandan websites and social media platforms.

External communications continued to support innovations such as U-report, mTrac and Uganda Content Portal, as well as identification of youth centres for installation of solar-powered computers to provide youth with access to information.

Communication for Development initiatives were supported including: developing three national communication strategies on RMNCH, Nutrition, Child Helpline and mass media campaigns on Immunization, FHDs/CHDs, Nutrition, Marburg outbreak, FGM/Child marriage, and PBEA/International Peace Day.

UNICEF, with Government, UNFPA and Uganda National Youth Coalition, increased community participation and spread messages on child rights through strategic collaboration with 349 schools (174,500 students) and 10,000 places of worship in 55 districts during FHDs.

Over 30,000 new young Ugandans signed up to U-report, bringing the total of young Ugandans on the U-report system to over 280,000, and participated in polls on social development issues that gave them an opportunity to express themselves on marginalization and exclusion of access to quality services.

UNICEF also established an innovative partnership with Private Sector Foundation Uganda, an apex body representing 175 business associations, to advocate for increased investments in ECD as a necessity for long-term private sector-led growth in Uganda. UNICEF, with PSFU, Global Compact Network Uganda and Save the Children, launched the Children's Rights and Business Principles. With PSFU and ReadyNation, UNICEF participated in 1st National Business Leaders' Forum on Early Childhood Investments. Partnerships were also developed with NTV to drive the **#InvestInUGchildren** campaign, and UCRNN to strengthen collective civil society child rights advocacy.

Activities with SAFE resulted in raising public awareness on FGM/C, Child Marriage and discrimination against children with disabilities.

**OUTPUT 4** Coordination and Innovation. Effective contribution by the Government of Uganda-UNICEF Country Programme to UNICEF commitments in the UNDAF and corollary objectives in the National Development Plan and programme delivery, monitoring, reporting; and access to basic services enhanced through development of innovative technological approaches

**Analytical Statement of Progress:**

In 2013, UNICEF participated in the implementation of six joint programmes (UN joint programmes on Gender Equality, Female Genital Mutilation/Cutting, Population, Gender Based Violence, HIV/AIDS (JUPSA/JUNTA), and Peace Building and Enhancing Protection Systems).

UNICEF participated actively in the development of UNDAF action plan 2013-14, leading the Child Health and Education thematic teams.

In support of strengthening UN delivering-as-One initiative and consequent to the launch of APR, UNICEF played a major role in the development of an integrated facility-and community-based package of maternal and newborn health service delivery in 39 districts, including the Northern Uganda UNDAF Convergence Districts. A roadmap for improving maternal and newborn health in 11 selected districts of Acholi, West Nile and Karamoja sub regions was also developed with UN agencies and other partners to accelerate progress towards achieving MDGs four and five as part of the APR.

To facilitate alignment of the next UNDAF to new National Development Plan (NDPII), the Uganda UN Resident Coordinator sought approval to extend the current UNDAF (2010-2014) by one year, up to end of 2015. The current NDP (NDP I, 2010/11-2014/15) ends June 2015. NDPII will set the agenda for the five years after June 2015 and will be in place by September 2014 to inform the budget process for 2015/16. UNICEF has also obtained approval to extend the 2010-14 country programme to the end of 2015 in order to with the UNDAF and NDPII.

USAID continued to support the DevTrac monitoring system and is using the system to support its project on “strengthening Decentralisation Systems.” Other T4D tools adopted by partners include: mTrac (tracking essential medicine stockout, health service bottlenecks); eduTrac (teacher and head teacher absenteeism and VAC in schools); U-report (increasing youth participation and social service beneficiary feedback); Digital Kiosks (access to information and learning opportunities for children and youth); Rapid FTR (fast Family Tracing and Reunification in emergencies) and Mobile VRS (birth Registration).

**OUTPUT 5** Field Coordination and DRR/EPRP. Increased effectiveness of UNICEF support to focused district approach and enhanced national/district level capacity for development and implementation of integrated child focused disaster risk reduction, emergency preparedness and response strategies.

**Analytical Statement of Progress:**

The Field Coordination and Emergency section of UNICEF Uganda supported preparedness capacity building for staff and Government through supply planning and stores management training for field logistics staff of humanitarian partner agencies in Western, Central Regions and Northern Uganda. Training for all field staff and emergency focal points and a national emergency simulation exercise was conducted in September 2014. A child-centred vulnerability and capacity assessment in disaster-prone sites provided a basis for risk-informed programming.

The Field Coordination and Emergency section, in collaboration with, ESARO spearheaded fundraising efforts for response to critical humanitarian needs. US\$18,004,371 ORE was raised against the recently revised ceiling of US\$48,400,000. UNICEF Uganda humanitarian response operation in 2014 was on three major fronts: 1) responding to the needs posed by the influx of refugees from DRC; 2) responding to worsening food security and protection concerns in Karamoja; and 3) launching a comprehensive set of interventions to support the arrival of South

Sudanese refugees into Uganda.

In acknowledgement of ethnic conflict carried over by the refugee population, the UNICEF programme ensured mainstreaming of conflict sensitivity and peacebuilding initially in the education response including a review of programme cooperation agreements with implementing partners. A satellite office in Adjumani and deployed surge capacity (five emergency response staff) supported the South Sudan emergency response. In addition, UNICEF responded to the needs of over 700 displaced households during the Kasese flash floods as well as 5,000 economic migrants repatriated from Tanzania in October 2013. In early November 2014, Ntoroko district experienced flooding displacing over 2,423 households and UNICEF supported 438 pupils affected by flooding.

Innovative community-based initiatives for early warning and humanitarian response were supported through the establishment of an SMS-based Disaster Monitoring System at the National Emergency Coordination and Operations Centre. A DRM volunteer scheme was launched and close to 100 volunteers were recruited and trained on mobile-based disaster monitoring. UNICEF Field Operations utilized a decentralised approach to programme implementation and monitoring up to local government level. With close to 536 field reports uploaded on DevTrac since January 2014, more than 50 districts were monitored at least once each quarter and only five of the 58 districts of special emphasis have outstanding funds utilisation. Seventy percent of focus districts have integrated UNICEF programmes in their District Development Plans.

#### **OUTCOME 5** Effective and Efficient Programme Management and Operations Support

##### **Analytical Statement of Progress:**

The 2014 Annual Management Plan was finalized in February and contained targeted key improvements in operations and management that formed the basis of CMT oversight for the same period. The required priority improvements centered on ensuring that standard operating procedures for country programme implementation were adhered to, and that required controls were in place to support the achievement of UNICEF's mission.

HACT training was conducted for both in-house staff and implementing partners (Government and NGOs). Key Result Areas (DCT disbursement and accountability, financial quality assurance processes, closing of travel authorisations, timely release of both donor proposals and reports, value of supplies in UNICEF stores, etc.) were monitored through regular all staff Monthly Meetings including the CMT, with a considerable degree of success as demonstrated in the positive scores on performance indicators.

##### **OUTPUT 1:** Effective and efficient governance and systems.

##### **Analytical Statement of Progress:**

The Country Management Team met eight times in 2014 while monthly staff meetings were conducted throughout the year (12 all-staff meetings held in Kampala), as well as in zonal offices. The office programme and management priorities/results for 2014 were outlined in the Rolling Work Plans and Annual Management Plan and reviewed as part of CMT meetings, mid-year and annual reviews. Audit recommendations were regularly monitored by CMT and all observations were successfully closed during the second half of the year. All statutory office management committees, such as the Contract Review Committee, Central Review Body and the Property Survey Board exist and met regularly.

As part of efforts by to identify and manage risks in the programme environment, the office organized a workshop bringing together all staff through which the Office Risk Profile was updated. The outcome of the assessment was used to develop strategies to mitigate identified risks and update the Office Risk Profile, as well as initiate a review of all critical work processes (to be concluded in early 2015). The office continued to use zonal offices to strengthen programme monitoring and DCT liquidation as part HACT assurance activities.

Issues affecting staff welfare were discussed and addressed during Joint Consultative Committee meetings between Staff Association and Management. Three Joint Consultative Committee meetings were held during the year.

UNICEF contributed to the UN Coherence agenda by actively participating in UNCT, the various technical workings groups and Operations Management Team and providing leadership for the formulation of the new UNDAF and the development of the UN Business Operations Strategy (on-going).

**OUTPUT 2** Effective and efficient management and stewardship of financial resources.

**Analytical Statement of Progress:**

UNICEF Uganda successfully raised OR funding well beyond its targets. The OR 2014 approved amount was surpassed by 18 percent. Funds available for 2014 were US\$73,692,897 million and utilization as at 31 December 2014 stood at 100 per cent, 100 per cent and 98 per cent for Institutional Budget, RR, ORR respectively. All donor reports due in 2014 were submitted on time.

In 2014 UNICEF focused on improving the quality of HACT assurance activities and enhancing the capacity of implementing partners, through:

- (a) Assurance activities where 43 micro-assessments, 21 financial spot- checks, 20 scheduled audits and 25 follow up audits were conducted. Programme Quality Assurance activities were also undertaken to provide support and follow up on implementation of the activities.
- (b) Capacity building on HACT: Over 400 staff from Government and NGO/CSO partners were trained on HACT. Some 97 UNICEF staff undertook similar training. In addition several finance clinics were conducted for Programme Assistants on DCT payment and liquidation processes to address gaps previously identified with these processes.
- (c) The recruitment of a Risk Control Officer with audit background which resulted in enhanced coordination and improved quality of HACT assurance activities through training of staff, follow-up on implementing partners and timely communication of assurance activity results to the different stakeholders. The office retained LTAs with Deloitte and KPMG to conduct scheduled audits and financial spot checks of implementing partners receiving more than \$100,000 of DCT per annum.

The proportion of DCT in arrears continued to be within manageable levels, standing at 5 per cent and 1 per cent as of 31 December 2014 for DCTs over six-to-nine months and greater than nine months respectively. Given the large number of implementing partners and the inherent risks requiring substantial assurance activities, the resources allocated by UNICEF Uganda towards this tends to be rather high.

**OUTPUT 3** Effective and efficient management of human capacity.

**Analytical Statement of Progress:**

Strategic management of human capital remained core in 2014. This included: ensuring the office had the required skills set and competencies applicable for Job Descriptions, and; sourcing people with relevant skills for the posts and giving due consideration of gender and geographic distribution for international professional staff and the dynamics of already existing teams.

In the current profile, of a total of 182 staff, 51 per cent are female and 49 per cent male. The Performance Appraisal completion rate for 2013 and 2014 reflected a marked improvement compared to previous years. By March 2014, 98 per cent and 97 per cent completion rate for 2013 and 2014 (output planning) was achieved respectively and 98 per cent completion rate by September 2014 for the mid-year discussions. No chronic under-performance cases were reported during the year.

The office retained a well-run and effective Learning Committee that advances staff development through individual learning plans approved by Head of Office, as well as organizing group training events with focus on global, regional and Office learning priorities. Group training prioritized by the Office included: competency-based interviewing (20 targeted staff completed), enterprise risk management (98 per cent achievement rate), HACT and DCT training (94 staff completed). In addition, five staff members gained invaluable experience from short mission assignments in support of other country offices. The Caring for Us Committee sustained gains made on the 10 minimum standards of HIV/AIDS in the workplace. Key achievements included adequate supplies of male and female condoms in accessible places and dispensers; first aid boxes in all vehicles; staff members provided with information on HIV-related insurance; custodians for rapid access to PEP and linkage for confidential handling of personal information; orientation on communicable diseases including sexually transmitted diseases and Ebola.

The CO successfully managed five medical evacuations.

The UNICEF Uganda Staff Association closely worked with management to enhance staff welfare. UUSA Executive committee met with top management quarterly to discuss staff welfare issues and encourage timely timeliness of response and organised health enhancing activities for SMs. In 2014, UUSA and management hosted the joint UNDP/UNFPA/UNCEF Ombudspersons.

Staff benefited from services of two Peer Support Volunteers and three Respectful Work Place Advisors who met with management and staff association whenever required. These volunteers help colleagues to address workplace issues, on a confidential, neutral and informal basis. Every effort was made to create a productive atmosphere in the workplace.

## Document Centre

### Evaluation

Title	Sequence Number	Type of Report
Children with Disabilities	2014/005	Study
Out of School Children Study	2014/004	Study
Child Welfare Issues Paper	2014/003	Study

Child Poverty and Deprivation Report	2014/002	Study
UNICEF – Ugandan Ministry of Education and Sports BRMS Mentorship Project Evaluation	2014/001	Evaluation

### Other Publication

Title
Reimagine the Future – All in one UNICEF Innovations in Uganda
Innovation Biogas
Innovation Birth Cushion
Innovation Digital Drum
Innovation eduTrac
Innovation Mobile VRS
Innovation mTrac
Innovation RapidFTR
Innovation Solar Suitcase
Innovation Teleconsultation
Innovation Mobistation
International Day of Peace: Voices of Youth (PSA)
#EndFGM -Tepeth Culture Day (PSA)
Child Poverty and Deprivation Report: Voices of Children
Launch of Uganda's "Child Poverty and Deprivation" report
National Day of Prayer and Action for Children 2014
A Community School for the South Sudanese Refugees in Adjumani District
Reimagine The Future for Children – UGANDA
Bringing safe water to South Sudan refugees in Uganda
UNICEF supports education of South Sudan refugee children
UNICEF 2015 Corporate Diary inserted with Alive, Safe and Learning Programme and Policy Advocacy briefs

### Lessons Learned

Document Type/Category	Title
Lesson Learned	Birth Cushion –Culturally Appropriate Technology for Birth
Lesson Learned	Private Sector Engagement
Innovation	Electronic HMIS (DHIS2 and mTrac)