

## Uganda

### Update on the context and situation of children

In 2019, Uganda continued to make steady progress towards the Sustainable Development Goals (SDGs), by ensuring that its girls and boys, including adolescents, have an equitable chance in life, survive childhood illnesses, learn in school, live in clean environments and are kept safe from violence and exploitation. However, rapid population growth, urbanization and the refugee influx continue to put pressure on social service delivery.

Poverty is increasing, with children suffering from multiple deprivations in basic needs. Approximately 1 in 4 children lives in a household below the poverty line. More than half (56 per cent) of children experience multi-dimensional poverty, with the highest concentrations found in rural areas.

With over half of its citizens under the age of 18, Uganda has one of the youngest populations in the world and this is expected to increase over the coming decades. The number of children and young people is forecasted to rise from 27.5 million in 2015 to 75.9 million in 2080. If Uganda can harness this demographic dividend, through investment in social sectors and innovative multi-sectoral interventions for children and adolescents, the potential for the country's economic and social transformation is substantial. Seizing this limited window of opportunity is not straightforward, as government priorities and plans continue to focus primarily on infrastructure and economic growth, constraining fiscal space for social sector expenditure.

The economy shows impressive growth (real GDP grew by 6.5 percent in Fiscal Year 2018 – 2019). However, this growth is not high enough for Uganda's lower middle-income status and poverty reduction ambitions. With the expected population growth over the next 10 years, it is estimated that average annual GDP growth rates will need to exceed 8 percent for Uganda to have a chance of reaching lower middle-income status by 2030. To achieve this Uganda also needs to create about 600,000 new jobs per year to cater for the young people leaving the education system, an objective that is not currently being met.

Against the backdrop of an increasing trend of multiple and critical outbreaks of communicable diseases, including the threat of Ebola Virus Disease (EVD), Uganda continues to host the largest number of refugees in Africa, with over 1.34 million refugees and asylum-seekers from the Democratic Republic of Congo (DRC), South Sudan, Burundi, Rwanda, Somalia and other nearby countries. Around 6 in 10 refugees are children under the age of 18.

Prolonged dry spells, flooding and pest infestation are additional shocks affecting the country. Karamoja sub-region remains highly vulnerable to climate-related shocks. Exceptionally heavy and unseasonal rainfall has affected most areas of the country, with the Eastern Region being worst hit.

In child survival and development, mixed progress was seen. Uganda maintained its polio-free status and the newly introduced Measles-Rubella vaccine reached over 19.4 million children. Slight reductions in the rate of HIV transmission from mother to child among the pregnant women living with HIV receiving antiretroviral therapy (ART) were seen, as well as in Vitamin A supplementation and the proportion of health facilities (HFs) offering comprehensive emergency obstetric care (CEmONC). Malaria prevalence among children aged 0–59 months declined from 19 to 9 per cent between 2014/2015 and 2018/2019 (2019 Uganda Malaria Indicator Survey).

The coverage of maternal efficacious ARVs rose from 29 to 93 per cent between 2010 and 2018 (UNAIDS, 2019), leading to a significant drop in the six-week post-delivery HIV mother-to-child-transmission rate from 22 to 7 per cent between 2010 and 2018. The number of new infections among children fell from 22,000 to 7,500 between 2010 and 2018. Despite improvements and innovations for more adolescent-responsive programming, this demographic accounts for an estimated 35 per cent of all new infections.

While the 2019 Water and Environment Sector Performance Report highlighted a 2-percentage point increase between 2018 and 2019 in access to improved water in urban areas (from 77 to 79 per cent), access in rural areas declined from 70 to 69 per cent. Access to basic sanitation facilities increased only marginally from 36 to 37 per cent in urban areas and is estimated at 17 per cent in rural areas.

The Ebola outbreak in DRC led to several imported cases and associated outbreaks in Uganda, demanding significant investments in the government preparedness and response systems. Generalized measles outbreaks, sporadic outbreaks of cholera, Rift Valley Fever and Congo Crimean Haemorrhagic Fever put additional strain on already overstretched social services.

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There have been some positive developments in the education sector. The per capita grant increased for primary and secondary education from UGX10,000 to UGX 14,000 and from UGX41,000 to UGX55,000, respectively. Implementation of the Teacher Education Policy and Teacher Incentive Framework and development of the Education and Sports Sector Strategic Plan 2021–2025 started in 2019.

However, education indicators are not on track to achieve the SDG targets. Most young children aged 3–5 years (85 per cent) do not have access to pre-primary education and only 3 in 10 pupils who enter the first grade of primary school reach the final grade. Quality is a major concern: only 51 per cent of the pupils in grade 6 meet the required numeracy and 53 per cent meet required literacy (NAPE, 2018). The 2017 Violence Against Children Survey (VACS) reported that 53 per cent of girls and 57 per cent of boys in secondary schools were subjected to some form of sexual violence. The share of government budget to education continues to decline: from 14.5 per cent in 2014/15 to 10.3 per cent in 2019/20.

Refugee children in Uganda are especially vulnerable to multiple forms of violence during flight and within refugee settlements. The VACS revealed high levels of physical, sexual and emotional violence, with low levels of reporting and help-seeking behaviour. Harsh child discipline is common and sexual violence is perpetuated through harmful gender norms. Children are further exposed to potential protection risks during disease outbreaks such as Ebola. The Uganda Demographic and Health Survey 2016 estimated under-five birth registration at 32 per cent and birth certification at 19 per cent.

### Major contributions and drivers of results

The UNICEF country programme 2016–2020 aims to support national efforts to progressively realize children's rights, in alignment with the National Development Plan (NDP) II and the United Nations Development Assistance Framework (UNDAF). Programme approaches include systems building, advocacy, developing and leveraging resources and partnerships, fostering innovations, evidence generation and operational support. In all programmes, UNICEF takes a life cycle approach, including early childhood and adolescents.

Despite a challenging environment, results were achieved in all goal areas of the UNICEF Strategic Plan, aligned with the SDGs and the priorities of the UNICEF Gender Action Plan. 2019 was also a key year for the development of NDP III and the new UN Sustainable Development Cooperation Framework (UNSDCF).

#### Goal Area 1: Every child survives and thrives

In 2019, important gains were made in the enabling environment for child survival. At policy level, UNICEF provided technical support to the Ministry of Health (MoH), the Ministry of Water and Environment (MoWE), the Ministry of Agriculture, Animal Industry and Fisheries, the Uganda AIDS Commission and the Office of the Prime Minister (OPM) to identify priority issues affecting children and evidence-based and gender-responsive interventions for inclusion in the sector issue papers.

UNICEF continued to advocate for increased domestic financing for health, HIV, nutrition and WASH. This led to the doubling in the domestic financing for traditional vaccines and the inclusion of nutrition and sanitation in the 2020/2021 National Budget Circular. HIV advocacy efforts resulted in a government directive to ministry department authorities and district local governments to allocate 0.1 per cent of their budgets for HIV and AIDS.

A specific District Health Systems Strengthening (DHSS) monitoring framework using a progression model was developed. The learning from this process was used to develop a framework for monitoring the strengths of the multi-sectoral nutrition governance system. In addition, the quality and use of nutrition data for policy and programming across sectors was enhanced.

In the area of access to quality services, UNICEF helped to establish special baby care units in 11 hospitals and Kangaroo Mother Care in nine hospitals and six health centres. Thirty-five Health Facilities (HF) benefitted from improved, gender-sensitive WASH facilities. Seventy-six HFs were refurbished and supported with lighting. As a result, HF-based deliveries in the model sites in Karamoja and West Nile increased by 13 and 8 per cent, respectively. UNICEF support to MoH on the innovative point of care (POC) testing for HIV-exposed children contributed to improved early infant diagnosis by eight weeks from 52 per cent in 2017 to 68 per cent in 2019.

A 16 per cent reduction in the number of unimmunized children within one year was achieved through UNICEF support to immunization services in 22 poorly performing districts. Over 19.4 million children aged 9 months–14 years were immunized against measles-rubella, and over 7.9 million children under 5 received a booster dose of bivalent oral polio vaccine to reduce risk of polio.

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UNICEF support to integrated community case management (iCCM) in 28 high-burden districts benefitted over 1.2 million children under 5 (590,317 male; 636,570 female). Building on the integrated early childhood development (ECD) approaches in the health sector, UNICEF is modelling a new approach for early identification and management of children with disabilities. Communication for Development (C4D) supported sensitization of communities in Mubende and Kassanda districts, reaching 573 villages and 10,900 people. In addition, partnerships with the media were strengthened to support informed reporting on ECD by journalists.

UNICEF support for Integrated Child Health Days, including C4D messaging, resulted in 2.73 million children aged 6–59 months (43 per cent coverage) reached nationwide with Vitamin A in semester 1, versus the targeted 3 million children (93 per cent achievement). In 2019 86,456 children with severe acute malnutrition (SAM) received treatment, versus the target of 76,297 children (113 per cent achievement). This included nearly 15,134 children in refugee-hosting districts. Approximately 223,904 pregnant/breastfeeding women received iron and folic tablets at ANC 1 against the targeted 210,426 women (106 per cent achievement), and 600,029 caregivers received infant and young child feeding counseling services in the 20 priority districts, against the targeted 479,221 caregivers (125 per cent). At community level, 3,271 sector-specific frontline service providers were capacitated to implement community-based nutrition actions.

To prevent disease outbreaks, UNICEF support in C4D reached 14.5 million people with mass media messages in 24 districts during the first nine months of 2019 alone. 1.8 million communication materials were produced in 19 local languages to enhance public awareness of prevention and treatment of infectious diseases.

### Goal Area 2: Every child learns

Progress was made in strengthening the enabling environment for education. UNICEF support to the Ministry of Education and Sports (MoES) helped to formulate the Education and Sports Sector Strategy for 2020–2025. The Early Childhood Care and Education Policy and the Inclusive Education Policy were also finalized. Once approved, the sector strategy and the two policies are expected to facilitate increased domestic and external resources for the education sector.

As Coordinating Agency for the Education Sector Programme Implementation Grant and Grant Agent for the GPE Education Sector Programme Development Grant as well as Chair of the UNDAF Education and Skills Development Working Group, UNICEF played a key role in convening partnerships for children's education.

Guidance from MoES enabled 1,253 ECD centres – 23 per cent of the 5,458 centres – to programmatically coordinate interventions across sectors. The 27 districts registered an enrolment of 316,554 children (49 per cent girls) in the 5,458 ECD centres, reflecting a gross enrolment ratio of 30 per cent (target 27 per cent), including 5,863 (2 per cent) children with disabilities (48 per cent girls).

In refugee-hosting districts, 110,775 refugee children (50 per cent girls) were enrolled in pre-primary education, constituting 61 per cent of eligible refugee children in these districts. Sixty-two per cent (target 25 per cent) of ECD caregivers in 27 focus districts were trained according to national standards.

Teaching capacity was strengthened during the year through training of teachers and school patrons. Nearly 2,000 teachers were trained on child centered pedagogy and over 3,000 (2,243 male; 1,125 female) teachers gained knowledge in gender-responsive pedagogy, safe and positive learning environments, menstrual hygiene management, HIV and reproductive health. A further 1,320 teachers were trained on prevention and management of EVD high-risk districts.

A total of 20,955 out of school adolescents completed accelerated learning, life skills and vocational training. Through participation in school clubs, a total of 43,855 (17,542 male; 26,313 female) adolescents gained knowledge and life skills. Furthermore, life skills and citizenship education have been introduced in school plans in Karamoja, West Nile, East and Western regions. In Karamoja, life skills interventions contributed to a rise in primary school retention: from 8.4 to 10.6 per cent for girls and 12.6 to 14.1 per cent for boys between 2017 and 2019.

During 2019, adolescent participation was a priority. Adolescent issues were raised through U-Report, which engaged 129,130 young people during the year. As part of the global Adolescent Volunteer Initiative, 421 adolescents (165 male; 256 female) were engaged in multiple empowerment, training and learning opportunities. In the refugee-hosting districts of West Nile, C4D learning labs engaged communities in dialogues on how to prevent violence against children and child marriage and promote education for girls.

### Goal Area 3: Every child is protected from violence and exploitation

Government and partners made important shifts towards building a consistent, sustainable and scalable protection system. National and local governments are piloting the protection system in eight learning districts, including refugee-hosting and high-risk EVD districts. Key components of the protection system have also been incorporated into the new Child Policy and

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its implementation plan, which were finalized in 2019 with UNICEF support.

Systems strengthening work in child protection advanced, with a focus on interventions that promote equitable gender norms and help to prevent violence against children, including harmful practices. This included strengthening the Para Social Welfare volunteer structure, as well as other existing structures, at community level. And focused on streamlining and strengthening coordination, planning, budgeting and information management. The interventions reached 107,357 individuals (50,322 male; 57,035 female), including in emergency-affected areas.

For the first time, MGLSD analysed, consolidated and made use of data from four management information systems (MIS), which are housed and managed by MGLSD to be used primarily by district probation and social welfare officers. The districts are currently using the district-specific data to inform their district development plans for the next financial year (2020/2021).

UNICEF support to host the International Federation of Social Work Conference in Africa Region helped the MoGLSD to take leadership on strengthening the country's social service workforce. At sub-national level, UNICEF supported the Ministry of Local Government and MoGLSD to deploy 69 social welfare officers. For the first time, Government will have qualified social workers to manage cases of violence on a full-time basis. This will have a positive impact on survivors and will generate evidence for advocacy efforts.

UNICEF supported training of 275 justice, social welfare, education and health professionals, contributing to building one protection system. Another key step to building one protection system was the integration of GBV into the Child Helpline as one service, a measure that will create a more cost effective and sustainable reporting system. Over 2,569 children (1,508 female, 1,016 male and 45 unknown) were reached by the helpline.

In the justice sector, UNICEF assisted the police to launch new diversion guidelines to standardize justice services for children and align them with international standards. To date, police diverted 3,302 children from the justice system and increased the diversion rate to 75.8 per cent.

UNICEF continued to provide critical child protection services in refugee settlements and host communities. UNICEF also worked closely with district authorities and civil society partners to strengthen local capacities for the protection of children during disease outbreaks.

Birth registration services and use of the mobile vital records system (MVRS) were scaled up from 90 at the end of 2018, to 117 National Identification and Registration Authority (NIRA) districts offices in 2019 (84 per cent coverage out of the 134 districts). The births of 17,118 (8,465 females) newborn babies in Health Facilities (HF) in the eight learning districts were notified in 2019, compared to 3,913 birth notifications in 2018. With UNICEF financial and material support, under-five birth registration rate is estimated to have increased to 37.3 per cent (UDHS 2016 plus admin data from MVRS 2019) and certification to 19.5 per cent (UDHS 2016 plus NIRA CRIMS 2019).

### **Goal Area 4: Every child lives in a safe and clean environment**

At policy level, UNICEF advocacy and technical support to MoWE resulted in the development of a sector-specific Integrated Refugee Response Plan that focuses on strengthening WASH planning, resource allocation and service delivery in refugee-hosting districts and on reducing the gap between host populations and refugees.

UNICEF-supported analysis in WASH financing, WASH in schools and WASH in HFs informed policy, budget dialogue and programming. The WASH financing assessment highlighted key concerns, financial sources and flows, as well as the impact of low resource allocation on rural water and sanitation. It put forward several recommendations and potential solutions to address chronic underfinancing.

To establish a national WASH monitoring system in line with the SDGs, UNICEF supported the development of National Guidelines for Monitoring of WASH. In addition, UNICEF worked with MoWE, MoH and MoES to include key WASH indicators in sector-specific administrative data systems, including using web-based platforms.

With UNICEF support, MoH developed a national costed roadmap for eliminating open defecation in Uganda while UNICEF advocacy contributed to the establishment of a WASH budget line in the annual budget for the education sector.

With inputs from UNICEF, eight districts developed and implemented district-wide plans to eliminate open defecation. More than 500 villages had achieved open defecation free (ODF) status and one district was about to achieve 100 per cent ODF villages.

Within the framework of WASH in schools, children in 52 schools were oriented on positive hygiene practices. The same

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schools benefitted from solar-powered water systems, gender-sensitive toilet blocks for girls (with facilities for menstrual hygiene management) and latrines suitable for differently abled children. Similarly, gender-friendly WASH facilities were provided in 35 health centres, leading to an improved hygiene environment for pregnant and postpartum women.

To prevent the outbreak of EVD in 11 high-risk districts, UNICEF provided WASH supplies to 419 HF and 211 schools, and supported training of 636 HF staff on infection prevention and control (IPC) measures. While responding to immediate WASH needs in the context of EVD, UNICEF also supported long-term solutions to strengthen WASH in HF, including upgrading of WASH infrastructure in four health facilities and provision of 50 solar-powered chlorine generators in HF in districts at high risk of EVD.

### **Goal Area 5: Every child has an equitable chance in life**

In partnership with UBOS, UNICEF supported the successful integration of multi-dimensional and deprivation-based child poverty into national statistics, including the monitoring and evaluation framework of NUSAF III and DRDIP, Uganda's largest national poverty reduction programmes. The integration of multi-dimensional child poverty in national statistics provides a better understanding of child poverty in Uganda.

UNICEF also produced eight flagship quantitative and qualitative reports on multi-dimensional and monetary-based poverty, which are expected to enhance national efforts to 'leave no one behind', as well as push for both social and economic inclusion by informing and influencing public investments.

UNICEF was instrumental in facilitating an effective dialogue led by the Economic and Policy Research Centre, with IMF and the Ministry of Finance, Planning and Economic Development (MoFPED), on the government's chronic underfunding for traditional vaccines. This resulted in a near-doubling of the budget for traditional vaccines between FY 2018/19 (UGX11 billion) and FY 2019/2020 (UGX21 billion). UNICEF also supported MoH to conduct a comprehensive mapping of off-budget financing for health. This will improve sector planning/budgeting, which will support and enhance programme delivery and sector performance.

To work towards more comprehensive and child-sensitive social protection programming, the Kampala Capital City Authority, with UNICEF support, launched the country's first urban social protection programme for adolescent girls in Kampala, called GirlsEmpoweringGirls. In partnership with government and WFP, UNICEF also initiated a new child-sensitive social protection programme, harnessed on health systems strengthening, in West Nile.

This year, the Convention on the Rights of the Child celebrated its 30th birthday. An omni-channel and multi-partner integrated communication and advocacy campaign resulted in a signed pledge by the government to reconfirm their commitment to the convention, while the live broadcasted high-level media round table reached 3.5 million people.

### **Cross-cutting areas**

#### *Humanitarian response*

The country-level adaptation of the Comprehensive Refugee Response Framework (CRRF) has established a foundation for stronger collaboration between humanitarian and development partners. UNICEF actively engages in policy work to include refugees in national systems. With support from UNICEF and other stakeholders, MoES and MoH successfully finalized multi-year integrated refugee response plans, with similar work ongoing for WASH. Furthermore, UNICEF is building the capacities of district local planning and budgeting authorities in the refugee-hosting districts.

Since the beginning of the current EVD outbreak, UNICEF has supported the preparedness and prevention efforts overseen by MoH as per the National EVD Preparedness and Response Plan. MoH and partners transitioned from EVD preparedness to response following the outbreak in Kasese in June 2019. MoH with support from UNICEF and partners developed a National EVD Response Plan costed at US\$17.2 million.

#### *Innovations*

In 2019, UNICEF continued to prioritize innovations. A key component of the Technology for Development (T4D) agenda is the facilitation of the technical handover of innovations to the government, addressing scale and sustainability issues. Substantial progress was made on this in 2019. UNICEF is partnering with National Information Technology Authority Uganda to reduce operational costs for UNICEF supported ICT based innovations, aiming at a 40 per cent reduction.

#### *UN working together*

The UN Country Team (UNCT), with strong UNICEF participation, engaged in shaping the UN reform agenda in Uganda. In

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2019, important steps were made to prepare for the 2021–2025 NDP Plan III and UNSDCF. The SDG leadership lab training resulted in key initiatives, such as Data for Decision-making, in which UNCT reviews UN performance through a dashboard.

Within UNDAF, UNICEF co-led the human capital development pillar, chaired the education and social protection outcome results groups and co-chaired the GBV/violence against children outcome results group. UNICEF also contributed to six other outcome results groups.

UN agencies, including UNICEF, WHO and others worked together to deliver effective EVD prevention and response interventions. The refugee response was strengthened through continued collaboration between UNICEF and UNHCR, while UNICEF, the Resident Coordinator's Office, UNFPA, UNDP, UNHCR and UN Women completed the first year of joint implementation of the Spotlight Initiative, which contributes to systems strengthening for GBV prevention and response and child protection. In addition, UNICEF and WFP developed a child-sensitive social protection programme in West Nile.

### *Operational support*

UNICEF built strong relationships with government assurance and oversight bodies including MoFPED, Office of the Auditor General and the State House Health Monitoring Unit. This helped to enhance accountability of government partners and supported UNICEF risk management efforts.

In 2019, UNICEF promoted a risk management culture, value for money (including cost-saving initiatives), office security and safety, office greening and staff development initiatives. UNICEF fully complied with the UN Harmonized Approach to Cash Transfers framework in working with partners.

To increase efficiency, UNICEF invested in ICT upgrades, online Enterprise Content Management platforms and other online tools used to streamline business process.

UNICEF significantly strengthened its internal work on Protection against Sexual Exploitation and Abuse (PSEA) through the establishment of a PSEA governance and coordination structure to reflect an office-wide approach towards the implementation of the PSEA Action Plan developed in 2018. UNICEF also contributed towards the inter-agency work on PSEA through the recruitment of a full-time PSEA Coordinator to be placed in the Resident Coordinator Office.

### Lessons Learned and Innovations

UNICEF Uganda is committed to learn to inform programming. In 2019, important lessons were learned about districts systems strengthening in the learning districts. The independent Country Programme Evaluation of the 2016 – 2020 Country Programme further strengthened UNICEF knowledge on what works.

#### Goal Area 1

Achieving the shift from support to health systems strengthening (HSS) calls for a different skills-set and a change in programming approaches. UNICEF now has dedicated HSS staff to promote linkages across programmes.

While still in its early stages, the implementation of integrated HSS partnerships at the district level seems to break the one-disease/one-issue approach, reduces transaction costs and supports the HSS shift. Being able to describe, measure and visualize the HSS approach using the WHO conceptual framework on HSS support has helped to promote and increase buy-in from MoH, WHO and other development partners.

Standardization and harmonization of the DHSS approach across the various programmes within UNICEF, between head and zonal offices and across the integrated partners requires a clear strategy supported by communication and programme management tools, which are aligned to the government vision, strategy and operations. These tools and processes require significant time and resources to develop.

The Government of Uganda increased EVD preparedness efforts in 2018, which meant that Uganda was in a position to swiftly respond to the cases reported in 2019.

Investments in C4D research, monitoring and evaluation have demonstrated added value to programmes. Studies and assessments informed programme strategies and implementation including more systematic engagement with stakeholders such as *boda boda* drivers and traditional healers.

#### Goal Area 2

In education, more effort is needed to systematically document and use evidence from pilot initiatives. For example, while digital learning using the Kolibri platform has the potential for going to scale, there is currently no objective evidence to show impact.

Another key learning is that strengthening local government systems is an appropriate strategy for sustainable delivery of education services for children. However, successful system strengthening also requires addressing issues related to broader governance issues, such as recruitment and payment of civil servants.

Although education is the mandate of MoES at the national, district and local levels, issues affecting children require different sectoral agencies working together. District planning officers are key actors to facilitate such coordination.

#### Goal Area 3

Key to strengthening the protection system is ensuring that all major stakeholders agree to build one consistent, scalable and sustainable system and agree on the key components of the system. This necessitates a culture change within government and among implementing partners away from a project and issue-based approach.

While UN agencies are required to work together to 'deliver as one', the process takes time and commitment. Planning timelines need to incorporate sufficient time for the all-important consultation process between agencies. UN joint programmes, including the Spotlight Initiative, have provided opportunities for UN agencies to work together and deliver as one.

After the Child Helpline upgraded its software, with UNICEF support, 20 per cent more callers accessed the service compared to the same period in 2018. As a lesson learned, in addition to conventional support, UNICEF can play a critical

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role in facilitating innovation by providing technological solutions to build a functioning protection system.

The absence of a simple and fully decentralized birth registration and certification service and cost of birth certificates are constraints to attainment of legal identity. Advocacy will continue to remove these barriers and to deliver services through the public health infrastructure and district local government.

### Goal Area 4

A district-wide approach to ODF with focus on select districts and the intensive collaborative effort with both district political leadership and sector administration has led to greater participation of stakeholders and accelerated results. It is expected that at least one district will achieve district-wide ODF within a year, a notable achievement given the history of slow pace of achievement of ODF in Uganda.

Chronic underfunding of the WASH sector, especially urban sanitation, calls for innovative financing solutions. A sustainable sanitation approach and an associated business model – involving private sector and social impact investing – co-created by UNICEF in Uganda with the Finnish National Committee is a potentially promising new initiative.

Two innovations were launched in 2019. Solar powered chlorine generators, which produce chlorine from common salt, solar energy and water, were used for EVD preparedness and have shown potential for IPC in HFs, even in normal settings. The other innovation included extending UNICEF-supported school water supply systems to communities and staff accommodation, which strengthened sustainability by increasing community ownership and engagement.

### Goal Area 5

A key lesson learned was that UNICEF success in doubling the funding for traditional vaccines highlighted the need to strengthen and explore partnerships beyond traditional stakeholders.

UNICEF gained significant experience of urban programming through the GirlsEmpoweringGirls social protection programme in Kampala and has adopted a data-driven agile design approach to the roll-out of the programme.

National priorities and plans continue to focus primarily on infrastructure development and economic growth, thereby constraining fiscal space for social sector expenditure. UNICEF will continue to generate evidence and advocate for efficiency gains and increased resource allocations to social sectors. Innovative financing avenues will also be explored, to broaden the space for investments in social sectors and boost policy implementation.

### Humanitarian programming

Compared to 2017, UNICEF saw a drop of 10 per cent in humanitarian funding and interest in 2019, impacted by multiple global emergencies, changing global policies and donor fatigue. On the other hand, more donors such as DFID, SIDA, KOICA are interested in development and multi-year funding for refugee-hosting districts, enabling a stronger focus on linking humanitarian and development programming approaches. Development partners in Uganda are increasingly considering options for alternative resource mobilization through public-private partnerships, private sector engagement and joint fundraising between UN agencies. In 2019, WFP and UNICEF received US\$50 million to implement a five-year child-sensitive social protection programme in the refugee-hosting districts of West Nile. This programme has a strong focus on HSS, supporting both health, HIV and nutrition services, creating synergies between agencies and highlighting the value add of each.