

Uganda

Executive Summary

Uganda has made significant development progress over the last 50 years and has transitioned from recovery to growth. Since 2002, the economy has consistently grown by an average of 6.4 per cent annually. Despite this, the poverty rate is 19.7 per cent. Although progress was achieved in the social sector, several Millennium Development Goal targets in health and education were not reached. The second national development plan was launched during the year.

Following the development of the UN Development Assistance Framework (UNDAF) (2016-2020), launched by the President, UNICEF developed the 2016-2020 Country Programme and the UN rolled out a joint strategy to support the Government for incorporating the Sustainable Development Goals into national law.

In 2015 UNICEF and other UN agencies supported the Government in revising the sharpened plan for reproductive, maternal, new-born and child health (RMNCH), ensuring that Uganda remained a priority country for the second phase of the Global Financing Facility (GFF). The national online health management information system (eHMIS) and district-led planning were complemented by an accountability scorecard within the latest district health information system (DHIS2). A partnership with the Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM) facilitated the scale-up of integrated community case management (ICCM) from 27 to 50 districts.

UNICEF supported the development of Uganda's nutrition action plan, and the Nutrition Advocacy and Communication Strategy. To reduce stunting, UNICEF developed training packages on parenting, key care practices and community mobilisation for nutrition and integrated early childhood development (IECD), which were used to train community development officers in all 112 districts.

Significant achievements were made in the provision of integrated ECD services in 2015. UNICEF continued to advocate for the adoption of the new IECD policy and supported the development of a dedicated budgetary framework. It also successfully advocated for the inclusion of ECD indicators in the 2016 Demographic and Health Survey (DHS). This was coupled with capacity development in key institutions and the roll-out of integrated nutrition and ECD interventions.

To mobilise high-level commitment to promote gender equity and advance the rights of adolescent girls, UNICEF supported a series of advocacy efforts, leading to the establishment of a high-level, inter-ministerial taskforce to coordinate the national response and an agreement by the First Lady to champion the adolescent girls' agenda. UNICEF continued to support the implementation of the national strategy to end child marriage, with a focus on 37 priority districts, and the implementation of a new strategy to address the high level of violence in schools.

The national social protection policy and its five-year implementation plan were approved by

Cabinet. The Government increased funding for social protection from about US\$5.7 million to about US\$25 million for FY2015/16. In collaboration with the Economic Policy Research Institute, UNICEF provided support to Government to develop a business case for sustained investments in child-sensitive social protection.

UNICEF's #InvestInUGchildren: The 'Realise Uganda's Vision 2040' campaign continued to build political will and commitment among Government, private sector, faith-based institutions and civil society. UNICEF continued to engage the private sector on the Child Rights Business Principles and to develop a comprehensive 'Areas of Investment framework'.

While Government capacity is relatively strong in policy and planning, it is less so in implementation. This creates a rationale for UNICEF to continue policy engagement, evidence-based advocacy and targeted support to address implementation bottlenecks using innovative approaches. Service delivery in Uganda is largely decentralised. Existing capacity gaps and quality issues have been further exacerbated through the increase in the number of districts from 44 to 112. Lack of transparency and accountability in the management of financial resources, as well as weak institutional and civil society capacity pose significant challenges to the implementation of the 2016-2020 GoU/UNICEF Country Programme of Cooperation.

While the general humanitarian situation has improved in recent years, Uganda is repeatedly exposed to natural disasters. Furthermore, the country is surrounded by countries that pose a range of challenges to internal and regional stability. Uganda is hosting more than 460,000 refugees, creating major challenges for service delivery.

UNICEF strove to increase cost-effectiveness and efficiency. Processing time of contracts was reduced by 80 per cent through increased use of long-term agreements and competitive bidding, saving US\$1 million on local procurement. Joint warehousing facilities reduced rent by around US\$2 per square metre. Construction of the UN House is expected to start in 2016.

Humanitarian Assistance

While the general humanitarian situation has improved in the recent years, Uganda is repeatedly exposed to natural disasters such as drought, floods, epidemics and episodic disease outbreaks, as well as pests/diseases affecting crop yields. The country is surrounded by countries that pose a range of challenges to internal and regional stability. Uganda is hosting more than 460,000 refugees creating major challenges for service delivery.

In addition to the refugee response, UNICEF and partners responded to disease outbreaks (malaria, cholera and typhoid) in 2015. Two supplementary immunisation activities (SIAs) – against measles and polio – were successfully implemented, achieving coverage above 95 per cent in all refugee camps. Hygiene promotion and safe water coverage improved with the construction of a 13 km. pipeline benefiting 10,000 refugees in new villages. Sanitation promotion reached 62,000 refugees in West Nile Districts, reducing outbreaks of diarrhoeal diseases. Behaviour-change communication initiatives and maternal nutrition counselling services were delivered in the refugee settlements and host districts. Integrated management of acute malnutrition (IMAM) was successfully rolled out to treat children affected by severe acute malnutrition in affected districts. For the Burundi refugee response, 15 new out-patient therapeutic programme were established for screening and treatment of malnourished children and 75 staff from Government and non-governmental organisations (NGOs) were trained on IMAM and the therapeutic supplies pipeline was maintained. IMAM was successfully rolled out, reaching 81 per cent of targeted malnourished children in Karamoja.

UNICEF, the Food & Agriculture Organisation (FAO) and the World Food Programme (WFP) developed a joint resilience strategy for Karamoja to strengthen collaboration and accountability for results in this fast-changing and vulnerable environment.

UNICEF and partners contributed to ensuring a protective environment for children by strengthening systems at the national and local levels, and building partners' capacity on child protection in emergencies. UNICEF supported the training of 30 child protection committee (CPC) members. Twelve established CPCs are managing the child referral mechanism, foster care and reintegration. Over 30,000 children received psychosocial support in 40 child-friendly spaces supported by UNICEF. About 3,594 separated children from South Sudan were registered using the 'Rapid Family Tracing and Reunification' tool.

UNICEF supported the Department of Disaster Preparedness and managers at the Office of the Prime Minister to conduct the annual child-focused vulnerability/capacity assessment. At the request of the Prime Minister, UNICEF provided safe water, health care, plastic sheets for shelter and tents for temporary schools to cover transitional needs of nearly 5,000 economic migrants currently re-settled in Sango Bay.

UNICEF is supporting the Government to implement innovative, community-based initiatives for early warning and humanitarian response. This year, UNICEF supported the training and recruitment of 500 community-based monitors to relay early warning messages through a mobile-based disaster risk monitoring system established at the National Emergency Coordination and Operations Centre. More recently, this system has been used to monitor the situation of the El Nino in high risk districts informing contingency planning and response actions.

UNICEF supported the integration of conflict and disaster risk management into the education sector policies and plans, anchored on a peace-building, education and advocacy programme.

Financial support was provided by UNICEF to refugee host communities to construct Early Childhood Development (ECD) centres with provision of equipment, safe water and latrines in new communities. New innovative outdoor playgrounds were provided to six new ECD centres, and 120 community members were trained in management of ECD activities.

UNICEF appealed for US\$36million in 2015 and received about US\$11.5 million to support the immediate needs of women and children affected by the refugee influx, disease outbreaks and food insecurity.

In 2016, UNICEF will continue to respond to humanitarian crises; support the roll-out of the resilience strategy for Karamoja; work with other UN agencies to implement the ReHOPE strategy, which aims to strengthen the self-reliance and resilience of refugees and host communities; and ensure that an early warning information management system is in place. The Country Office is compliant With UNICEF's corporate preparedness benchmark.

Mid-term Review of the Strategic Plan

When formulating the CPD, the Country Office drew on the findings and recommendations of a number of reviews, analyses and reports (including an in-depth situation analysis in 2014), to learn lessons from the strategies adopted to achieve the Country Programme. These include:

•*Equity*: While tremendous strides had been made in increasing initial enrolment in social services (e.g., primary school or antenatal services), drop-out rates remain extremely high. Programme strategies needed to be refined to reduce drop-out and “reach the last mile.” This required an examination not only of the supply side (which remains important), but also of how to strengthen demand (for example for ECD services or birth certificates). Programmatic strategies that were identified to achieve this goal included: 1) cutting delays, 2) creating value at each contact, 3) creating incentives for engagement, 4) ensuring transparency and accountability of public services at the community level and 5) ensuring that policy is influenced by evidence on the ground.

•*Strengthening the cross-sectoral focus on ECD and adolescent development*: Uganda has one of the highest birth rates in the world, with 24 per cent of women becoming pregnant before the age of 18. Children born today are integral to the Government achieving its objective of becoming a middle-income country by 2040, and growing evidence shows the transformative potential of cross-sectoral investments in ECD in terms of fuelling economic progress. Similarly, engaging with adolescents (particularly girls) was one of the recommendations from the mid-term review (MTR). Based upon this recommendation, UNICEF developed an Adolescent Girls’ Vulnerability Index, which has further underscored the need to provide targeted support to adolescent girls in Uganda. Increasing cross-sectoral programming in these priority areas has the potential to break the cycle of child poverty and deprivation, while harnessing the “power of the young” to increase participation and achieve Uganda’s 2040 vision.

•*Consolidating investment in innovations and strengthening linkage with results-based programming*: A number of innovations were introduced under the Country Programme to increase accountability and transparency through reliable data, and to enable young people to participate meaningfully in national development. Key lessons learned include: 1) linkages can be strengthened with results-based programming; 2) Government, UNICEF and partners need a clearly outlined theory of change and strategy for data / information utilisation (including standard operating procedures and monitoring mechanisms) for all innovations; 3) bolstering Government buy-in and ownership of the overall process, at both national and sub-national levels, is vital – the ‘A Promise Renewed’ approach provides a solid model for accomplishing this; and 4) stronger accountability mechanisms, including social incentives for positive responses, encourage timely follow-up.

•*Strengthening linkages between humanitarian and development programming*: Conventional approaches to addressing vulnerability were found to be inadequate in breaking the cycle of dependency on humanitarian support. Particularly in parts of the country prone to cyclical shocks – such as the drought-prone, semi-arid region of Karamoja – more efforts are needed to tackle the underlying and structural causes of recurrent and continuous crises. Similarly, in communities affected (or likely to be affected by influxes of refugees, preparatory measures can be put in place to increase the absorptive capacity of both host communities and social services. In order to achieve this, UNICEF must bridge humanitarian and development approaches and focus on longer-term planning, investments and approaches to achieve sustainable results. Simultaneously, UNICEF must continue to build Government accountability so that resilience programming is firmly grounded in the ability of national government to provide related programmes and support.

Moving forward, UNICEF Uganda is working towards building on the results achieved for children in 2015, promoting partnerships and strengthening systems to build resilience at both national and sub-national levels. There is a special focus on northern, north-eastern and western Uganda, which have the lowest socio-economic indicators in the country. In the next

Country Programme, focus will be on ECD and the empowerment of adolescent girls to ensure that children realise their rights throughout their lives and have the opportunity to fulfil their potential as productive adults. Work has already begun to ensure that technology for development (T4D) tools are linked to national and sub-national level planning, monitoring and decision-making to harness accountability and enhance service-delivery for children and women.

Summary Notes and Acronyms

APR – A Promise Renewed
ART – Anti-retroviral treatment
BRMS – Basic requirements and minimum standards
C4D – Communication for development
CDC – Centres for Disease Control
CDRM – Conflict and disaster risk management
CFPU – Child and family protection unit
CHW – Community health worker
CODES - Community and district empowerment for scale
CPD- Country Programme Document
CRC - Convention on the Rights of the Child
CSD – Child survival and development
CSO - Civil society organisation
CMT - Country management team
DHIS2 – District Health Information System 2
DHS – Demographic and Health Survey
DPT3 – Diphtheria, pertussis and tetanus
DRC – Democratic Republic of Congo
ECD – Early Childhood Development
eHMIS – Electronic health management information system
EID - Early infant diagnosis
EMO - Effective micro-organisms
EMTCT - Elimination of mother-to-child transmission
EPI – expanded programme on immunisation
ESARO – East and Southern Africa Regional Office
GFATM – Global Fund to Fight Aids, Tuberculosis and Malaria
GFF – Global Financing Facility
GoU – Government of Uganda
HACT – Harmonised approach to cash transfers
HMIS - Health management information system
HPV - Human papilloma virus
HTC – HIV testing and counselling
ICCM – Integrated community case management
ICT – Information and communication technology
IMAM – Integrated management of acute malnutrition
IMNCI – Integrated management of neonatal and childhood illness
IMERP - Integrated monitoring evaluation and research plan
IYCF – Infant and young child feeding
LTA – Long-term agreement
M&E – Monitoring and Evaluation

MICS – Multiple Indicator Cluster Survey
 MGLSD – Ministry of Gender, Labour and Social Development
 MoESTS - Ministry of Education, Science, Technology and Sports
 MoGLSD - Ministry of Gender, Labour and Social Development
 MOH – Ministry of Health
 MTR- Mid-term review
 mVRS – Mobile vital records system
 NGO – Non-governmental organisation
 O&M – Operation and maintenance
 OHTA – Optimising HIV treatment access
 OPV – Oral polio vaccine
 OTC – Outpatient therapeutic centre
 OVC – Orphans and vulnerable children
 PBEA – Peace-building, education and advocacy programme
 PCV – Pneumococcal conjugate vaccine
 PEPFAR - US President's Emergency Plan for AIDS Relief
 PF4C - Public finance for children
 PLE – Primary leaving examinations
 PMTCT - Prevention of mother-to-child transmission
 PS – Procurement services
 PSR – Pupil to stance ratio
 PTC – Primary teachers college
 PTE – Primary teacher education
 R&E – Research and evaluation
 RED/REC - Reaching Every District/Child
 RMNCH - Reproductive maternal, new-born and child health
 RT-MAP – Real-time monitoring for action and performance
 SITAN - Situation Analysis of Children in Uganda 2015
 SFP – Supplementary feeding programmes
 SLEAC - Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage
 SQUEAC – Semi quantitative evaluation of access and coverage
 SUN - Scaling Up Nutrition
 T4D – Technology for development
 UBOS – Uganda Bureau of Statistics
 UNDAF – UN Development Assistance Framework
 UNHCR – United Nations Refugee Agency
 URSB - Uganda Registration Services Bureau
 UYC - Uganda Youth Coalition
 VACiS - Violence against children in schools
 VHT – Village health team
 WASH – Water, sanitation and hygiene
 WFP – World Food Programme

Capacity Development

Systems-strengthening at all levels of the country is one of the major strategies for UNICEF Uganda.

UNICEF worked with the Health Ministry to train 28 district health teams and five regional monitoring teams to use a standard scorecard to collect data on reproductive, maternal, new-born and child health (RMNCH) indicators. Through the real-time monitoring for action and

performance (RT-MAP) project, 252 health workers were trained on revised electronic health management information system (eHMIS) tools. District officials were trained to conduct bottleneck/causality analysis to ensure that districts develop robust work plans with effective monitoring systems.

To help raise immunisation rates UNICEF oriented 4,920 religious leaders and mobilised various social groups. Sports was used to engage the public, and the initiative reached 100,000 people in 39 polio high-risk districts. UNICEF also trained 47,594 community health workers in community mobilisation.

Following the development of the conflict and disaster risk management guidelines, UNICEF partnered with UNESCO/International Institute for Education Planning to implement capacity-building interventions at the national and sub-national levels, and incorporated conflict and disaster risk management (CDRM) measures and activities in the development plans of 17 out of 28 focus districts. UNICEF also supported the operationalisation of CDRM in schools and communities where education services are susceptible to human-induced and natural disasters.

To combat violence against children in schools (VACiS), alternatives to corporal punishment were promoted and VACiS indicators incorporated into the Ministry of Education, Science, Technology and Sports (MoESTS) national school census. Guidelines for conflict and disaster risk-management for the education Sector (developed with UNICEF support) were launched by the Ministry.

UNICEF built capacity in the Uganda Registration Services Bureau, in districts and in hospitals, and created greater awareness about the importance of birth registration. A total of 1,171,552 births of children under five years were registered in 62 districts and 135 hospitals (50 per cent girls). The use of a mobile vital records system (mVRS) was scaled up to 62 districts.

Evidence Generation, Policy Dialogue and Advocacy

The Government and UNICEF launched the Situation Analysis of Children in Uganda 2015 (SITAN). The launch was followed by round-table discussions with members of Parliament, Government officials and civil society organisations (CSOs), resulting in commitments from different sectors to act on the report's recommendations.

UNICEF and partners are finalising a national child-focused policy research agenda to provide a direct link between research, programming and results for children. UNICEF also supported the formulation of a national child participation strategy. This is expected to play a critical role in transforming societal attitudes towards children by building local and national capacity to empower children and by establishing mechanisms to help raise children's voices in decision-making processes.

Violence against children (VAC) continues to be an issue in Uganda; UNICEF completed the data-collection phase of the national survey on VAC, the results of which will inform advocacy and programming. The survey is being overseen by a multi-sectoral taskforce composed of UNICEF, the Ministry of Gender, Labour and Social Development (MGLSD), other government/non-government actors and academic institutions. This taskforce, chosen to ensure data quality, reflects high-level political engagement and commitment.

As a result of UNICEF advocacy, the remit of Uganda's demographic and health survey (DHS) will be broadened. From 2016 the surveys will include the ECD module used in multiple

indicator cluster surveys (MICS). They will also include questions on child discipline in the home and on orphans and vulnerable children. UNICEF continued to advocate for the adoption of the new IECD policy and supported the development of a dedicated budgetary framework. It also successfully advocated for the inclusion of ECD indicators in the 2016 DHS.

As a result of strategic advocacy using robust evidence, the second National Development Plan, which was launched in 2015, includes a human-capital pillar that uses UNICEF's lifecycle approach.

Partnerships

UNICEF strengthened its partnerships with key Government institutions and NGOs to achieve better results for children.

Quarterly roundtable discussions on child-rights issues with key stakeholders reinforced policy efforts with parliamentary committees. Collaboration with the Ministry of Finance Planning and Economic Development led to the launch of "Rethinking Public Finance for Children: Monitoring for results to strengthen Government delivery of national programmes". This initiative will generate information to help remove bottlenecks and enhance transparency and accountability to improve delivery of basic social services.

UNICEF's leadership in developing a budget framework for ECD consistent with the Government's programme-based budget reform is helping to reposition ECD at the heart of the policy agenda. ECD has been identified as a priority area of investment in the national budget strategy for the next financial year (2015/2016).

The First Lady agreed to champion adolescent issues in addition to her advocacy in support of eliminating mother-to-child transmission (eMTCT) of HIV. UNICEF supported the Office of the Prime Minister to orient 46 multi-sectoral district nutrition coordination committees on the Uganda Nutrition Action Plan. Phase 2 is underway to develop district plans, evaluation frameworks and operational plans.

UNICEF continued to engage the private sector on UNICEF's Child Rights Business Principles. The private sector is fully behind a campaign to develop a holistic public/private partnership policy to improve service delivery to children. A national steering committee (to include the Country Office, Government and the private sector foundation) was being formed and a comprehensive 'Areas of Investment' framework was underway.

UNICEF participated in six UN Joint programmes: Gender Equality, Population, Female Genital Mutilation/Cutting, Gender-Based Violence, HIV/AIDS and the Gender Promotion Initiative. UNICEF coordinated Outcome 3 of the UN joint programme on Gender Equality (increased primary school participation, completion and achievement) and chaired Outcome 2 (Education and Health) of the UN Joint Programme on Population.

External Communication and Public Advocacy

UNICEF's '#InvestInUGchildren: Realise Uganda's Vision 2040' campaign continued to position Uganda's children as vital to national socio-economic interest and aspirations. New campaign activities built commitment to child wellbeing among key stakeholders in Government, the private sector, religious institutions and civil society.

In a live broadcast to 10 million viewers, the SITAN was launched, generating public debate on

the need to address issues affecting children. In another live broadcast, private sector leaders committed to mobilise industry to develop a holistic public/private partnership for a child-rights policy that will protect children's rights in the future. In a public event led by the President, 500 religious leaders signed a resolution committing to support parents and communities with knowledge that will improve children's survival and health. UNICEF collaborated with the Barcelona Legends team to present a high-profile football match; after which the call to improve the wellbeing of children was reiterated at an official State dinner.

The harmonisation of children's legislation and Government agreement to sign and ratify CRC Optional Protocol 3 and the Hague Convention on Inter-Country Adoption were aided by UNICEF's advocacy support to the Child Rights NGO network. A social accountability for child rights programme was piloted in four districts, creating space for citizen reports on child rights violations to be addressed by Government. A national roadmap for communication for development (C4D) in the Education Ministry was drawn up through UNICEF's advocacy efforts.

Digital media has been used for wider reach, particular for adolescents. Over the past year, UNICEF's weekly messages and materials were quoted in over 10,000 media reports, reaching around 20 million people (over half the population). Two live-broadcast debates on children's wellbeing reached 10 million people each. The updated social media strategy reached 836,000 people via Facebook and there were up to 520,000 Twitter followers.

South-South Cooperation and Triangular Cooperation

UNICEF and the MoH hosted a Kenyan Health Ministry delegation to learn from the innovative reproductive health approaches (birth cushions, the solar-suitcase, transport vouchers and mTrac) introduced in Karamoja (Northern Uganda). It was documented that these approaches contributed to improving the rate of institutional delivery (up to 49 per cent from solar suitcases and 25 per cent from birth cushions). The transport voucher scheme was used by 31 per cent (11,924 out of 38,524) of the women who delivered in health facilities. Of these, 830 obstetric complications and 78 new-born complications were treated. The Kenyan health ministry is planning a follow-up mission for frontline health workers from the Turkana Region of Kenya, which borders Karamoja.

A UNICEF-supported South-South exchange between Uganda's MoH and the South African Government led to the initiation of the 'Family Connect' platform for community health. Joint investment is planned, to make the platform transferable at low cost to other countries.

To strengthen national human resource capacity for social protection, UNICEF supported a senior officer from the Finance Ministry to participate in training on monitoring child-sensitive social protection. This contributed to developing responsiveness and appreciation of social protection within the Ministry.

UNICEF hosted a study tour to allow the Somali National Armed Forces and the Uganda People's Defence Forces to share experiences. The study tour also provided an opportunity for the Somali army to learn about the role of the Ugandan army's Child Protection Unit in protecting the rights of children in armed conflict.

A judicial delegation led by Uganda's Principal Judge visited Rwanda to draw lessons on gathering evidence by video link for vulnerable witnesses and victims (including children). These lessons are being incorporated into the Uganda Visual Audio Link Guidelines (to be issued in December 2015).

Identification and Promotion of Innovation

Uganda has been regarded as a pioneer in innovations within UNICEF since 2009. Initial work – including eHMIS (mTrac /DHIS2), EduTrac, U-Report and mVRS – resulted in a number of Government programmes currently running at national scale and being replicated by UNICEF globally. During the last year, UNICEF invested heavily in consolidating gains by supporting policy and planning, while using these previous “innovations” in new ways to improve results for mothers and children.

In one such area, UNICEF prioritised the strengthening of district monitoring, planning and budgeting using existing Government and citizen-generated data. As part of the sharpened RMNCH plan, UNICEF supported the Health Ministry to pilot an accountability scorecard in 13 districts. This built on the national DHIS2 online platform, which receives information from mTrac. Work is underway to integrate U-report community data, and add bottleneck analysis and causal analysis tools into the national scorecard.

UNICEF also expanded into a number of new areas, including a partnership between academia and the private sector, which aims to deliver human-rights-based water, sanitation and hygiene (WASH) innovations for Ugandan school children. A multi-disciplinary team of students from Makerere, Aalto and Helsinki universities, supported by the Finnish National Committee, spent three weeks doing fieldwork in Northern Uganda, investigating human-waste-based fertiliser and the ‘elephant tap’ (a prototype self-locking tap to reduce water wastage), leading to the development of a partnership manual and guidelines.

Finally, UNICEF piloted a Digi School in refugee settlements to assess the device’s applicability and programmatic relevance for young children and adolescents in emergency settings. The findings showed that Digi School is a useful programme support tool that enhances child participation in ECD centres and improves adolescent girls’ school attendance. However, sustaining the Digi School’s relevance and applicability in emergency contexts is contingent on resolving key software issues.

Support to Integration and cross-sectoral linkages

UNICEF strives to improve cross-sectoral coordination through research and sharing of best practices. The ECD and Adolescent Development programmes are both cross-sectoral and the Government and UNICEF Uganda invested heavily in evidence-based advocacy for their roll-out next year.

For ECD, a budgetary framework endorsed by the Finance Ministry and the roll-out of interventions through existing structures has re-positioned ECD at the heart of the Government’s development agenda. Research conducted in 19 districts underpins the interventions. A national Training of Trainers event was held with community development officers from all 112 districts.

For the adolescent programme, several national strategies have been launched and the First Lady now champions adolescent issues in addition to her support for eMTCT of HIV. An inter-ministerial task force was established to ensure that adolescent issues (especially relating to girls) are mainstreamed in Government initiatives. UNICEF and the Education Ministry formed a gender technical working group, which was instrumental in finalising the national strategy for girls’ education and the gender in education policy.

A national strategic plan on VACiS; reporting, tracking, response and referral guidelines; and an Education Ministry circular banning VACiS were launched, providing a policy framework for cross-sectoral collaboration. VACiS indicators were incorporated into the MoESTS school census.

UNICEF worked with the VAC Inter-Sectoral Committee to develop a comprehensive VACiS policy framework. Support was also provided to the Uganda community police units /child and family protection units in the 28 peace-building, education and advocacy (PBEA) focus districts. This has led to awareness-raising on VAC issues amongst community members, which subsequently resulted in corrective actions being taken to tackle and prevent violence in and around schools. Community *barazas* held in PBEA districts provided a platform for communities to debate conflict drivers, which culminated in the development and enforcement of ordinances and by-laws.

Service Delivery

UNICEF invested in ensuring that children in hard-to-reach areas of the country have access to basic social services.

The 2015 immunisation coverage (annualised HMIS data January-September) for infants who have received BCG (tuberculosis), OPV (oral polio vaccine), measles and DPT3 (diphtheria, whooping cough and tetanus) remained above 90 per cent. Pneumococcal conjugate vaccine (PCV3) coverage was reported at 88 per cent. Individual district performance continued to improve: the percentage of districts with at least 90 per cent OPV coverage for infants increased from 26 per cent in 2012 to 66 per cent in 2014 and 72 per cent in 2015. DPT3 coverage increased from 13 per cent to 47 per cent and 77 per cent in the same periods. Similar trends were also observed for measles coverage, with 49 per cent of districts now having at least 90 per cent coverage.

UNICEF support was focused on effective vaccine management, the Reaching Every District/Child (RED/REC) strategy, mapping and targeting special and hard-to-reach populations, intensive social mobilisation and periodic intensification of routine immunisation. Regional referral hospitals were also engaged to provide supervision and on-the-job-mentoring, and to improve data management.

The 32 districts with the poorest indicators received technical and financial support from UNICEF. Support focused on mentoring and capacity-building of operational health workers implementing the RED/REC strategy, and resulted in a 72 per cent reduction of unimmunised infants in the 32 districts. Of the 32 districts supported, 82 per cent have 80 per cent or more measles and DPT3 coverage.

UNICEF has expanded EduTrac to public primary schools in four more districts, reaching 38 districts in total (34 per cent of the country). EduTrac is designed to enhance service-delivery districts and improve decentralised decision-making by providing district officials with real-time data from their institutions.

Human Rights-Based Approach to Cooperation

UNICEF continued its equity approach to programming, focusing on areas with the lowest standards of wellbeing and the largest numbers of children deprived of their right to survival, development and protection. The SITAN was developed to provide evidence for effective advocacy. The equity analysis, published as a statistical appendix to the situation analysis,

informed discussions around the geographical focus of the next Country Programme.

UNICEF and partners finalised the National Child Participation Strategy, which aims to support the Government, stakeholders and children to fulfil the right to participation outlined in the CRC.

Cell phone technology allows phone users to share information easily. Using this concept to support child rights, UNICEF supports U-report, an SMS-based, real-time monitoring and feedback platform. U-report generates information on critical issues affecting children and young people, and had 302,635 registered Ugandan users in 2015 (over 75 per cent were young people). A programme on social accountability for child rights was piloted in four districts, which created space for citizen reports (via U-report) to be discussed with the Government.

UNICEF provided technical and financial support to finalise the Children Act Amendment Bill, in preparation for plenary discussion in Parliament. CSOs were supported to begin compiling the alternative report to the Committee on the Rights of the Child. A significant bottleneck in 2015 continued to be the lack of progress on final submission of the State Report on the CRC: the final report, completed in 2012 with technical support from UNICEF, still awaits approval by the Minister. UNICEF continues to facilitate the process but delays persist.

UNICEF provided technical assistance and capacity-building on minimum standards of child protection to relevant actors at the national, sub-national and local levels. This strengthened accountability mechanisms of Government and CSOs to realise the rights of refugee children and children from host communities. The emphasis was on preventing violence, abuse and exploitation, mitigating inequities and removing potential conflict-drivers at community level.

Gender Mainstreaming and Equality

UNICEF continued to work towards equal rights and opportunities through its health, education and protection programmes. High-level advocacy on adolescent girls was initiated, with a campaign launched on the International Day of the Girl Child by the First Lady. The UN in Uganda continued high-level efforts to prioritise policy and programming for adolescent girls.

UNICEF-supported efforts to improve the workplace environment of female health workers in health centres and maternity wards included providing separate toilets and changing rooms. Poor water and sanitation disproportionately affect women and children, so the WASH programme trained 211 sanitation user committees. Two thirds of the committees have women in key positions (chairperson, treasurer or secretary). In addition, 8 per cent of the 50 hand-pump mechanics trained to operate and maintain WASH facilities in rural areas were women. This is a significant step in setting an example of women being employed in jobs traditionally held only by men.

The completed UN joint programme on gender equality and population contributed to gender mainstreaming, leading to improved enrolment and increased transition rates for girls to post-primary education in 18 selected districts. This also led to increased community participation and monitoring of girls' education programmes, as highlighted in the evaluation of this joint programme.

The gender-promotion programme, a joint initiative between UNICEF, UN Women and district governments, concluded in 2015, having benefited young mothers and children formerly abducted by the Lord's Resistance Army in Northern Uganda. One hundred and fifty young mothers were supported; 75 are now running successful businesses.

UNICEF, in partnership with relevant ministries, developed a five-year national strategy on ending child marriage and teenage pregnancy, which was rolled out in 37 districts. The national strategy for girls' education and the national strategy on the prevention of violence against children in schools were disseminated in 38 districts. The revised gender in education policy and a study on pregnancy in schools in 13 districts were completed and validated.

Environmental Sustainability

UNICEF promoted initiatives for environmental sustainability through evidence-generation, programming and operations. A study aimed at quantifying the impacts of climate-related hazards on children is underway, and UNICEF monitored the El Nino phenomenon and other environmental risks affecting the region in 2015.

A number of environmentally sustainable WASH initiatives started in 2014 were scaled up in 2015, including: motorising existing boreholes using solar power, constructing bio-latrines for schools and the application of effective micro-organisms (EMO) to school pit latrines.

Solar-powered boreholes provide communities with continuous, reliable and safe access to water. The level of water service is improved, while savings are made in terms of fuel, operation and maintenance (O&M) costs. Thirteen solar motorised systems have been installed, serving approximately 48,000 people.

Bio-latrines are a proven technology and cost-effective in the long run. A bio-latrine does not fill up like pit latrines do. Instead it converts human excrement into valuable energy (methane), which is used for cooking (e.g. in schools). This significantly reduces the use of firewood and saves fuel-collecting time, and the residue can be used as fertiliser in school gardens. The process also reduces carbon emissions, as the methane is used for cooking instead of being released into the atmosphere. UNICEF has constructed bio-latrines in three schools in Tororo, Amuru and Nwoya Districts (Northern Uganda), serving a total of 6,500 children. EMO application is ongoing in 133 schools in Buhweju and Ntoroko Districts (Western Uganda), benefiting more than 40,000 students.

The Country Office continued efforts to reduce its environmental footprint by saving energy, minimising printing, disposing of used property following environmentally sensitive measures and sharing vehicles.

Effective Leadership

The Uganda Country Office 2015 annual management plan (AMP) was finalised in February. It outlined key outcomes in operations and management that formed the basis of country management team (CMT) oversight. The CMT, together with the other statutory committees, ensured that key outcome areas outlined in the AMP, and other priority areas, remained on track. CPD

The CMT finalised the next Country Programme (for 2016-2020) and prepared the CPD and Integrated Budget. These processes were completed successfully. The CMT also oversaw the major activities outlined below.

The Country Office built on gains made in previous years regarding overall cost-consciousness and efficiency, as well as in strengthening office governance, risk management and control processes. Actions to sustain the recommendations of previous audits and to mitigate the risks

identified in the 2014 enterprise risk management exercise (especially those related to the harmonised approach to cash transfers (HACT)) were prioritised. Steps were taken to further reduce costs, especially in warehousing, logistics, information and communication technology (ICT) and administrative services.

New standard operating procedures on HACT, contribution management, research and use of the shared drive were developed in 2015. Several existing procedures (including on travel, partnership cooperation agreements, institutional and individual contracts and disposal of UNICEF property) were updated. These procedures were applied to streamline and simplify Country Office work processes, increase efficiency and effectiveness and ultimately ensure optimum results for children.

Activities for level-2 (programme) monitoring with a particular focus on HACT-related assurance activities and level-3 (national) real-time data collection and decentralised monitoring were prioritised. The Country Office piloted a real-time 'supply end-user monitoring system' built on the Rapid-Pro platform. This system ensures better linkage between UNICEF's financial and supply inputs to achieve results for children, thereby guaranteeing greater accountability and ownership by Government and other partners.

Financial Resources Management

Funds available for 2015 were US\$ 67,804,568 of which US\$66 million was utilised. Utilisation as of 31 December was 98 per cent for the Institutional Budget, 95 per cent for Regular Resources, 100 per cent for Other Resources and 100 per cent for other resources/emergency. Child survival and development interventions accounted for 60 per cent of the funds, basic education for 13 per cent, child protection for 10 per cent, cross-cutting activities for 11 per cent each, and programme support accounted for 6 per cent.

Over US\$23 million was transferred to 169 partners (57 per cent to government partners and 43 per cent to CSOs) as cash assistance. As of 31 December 2015, 94 per cent of the direct cash transfers were within the acceptable zero-to-six-months-outstanding category, 5 per cent were outstanding for six-to-nine months and 1 per cent outstanding for longer. The DCT over nine months relates to a district partner where misappropriation of funds was reported. As of the reporting date, UNICEF is working with relevant government authorities to recover this amount.

The Country Office has a dedicated risk control officer. This has improved the quality of HACT assurance activities through staff training, follow-up with partners and timely communication with stakeholders. The Office retained long-term agreements with several audit companies to undertake micro-assessments, financial spot-checks and scheduled audits of implementing partners receiving more than US\$100,000 of DCT per annum. Thirty-nine micro-assessments, 84 financial spot-checks and 34 audits were completed in 2015. A total of 240 programmatic quality assurance visits were also undertaken.

Bank communication management in SAP (software) for processing payments was implemented, which facilitated tracking of the entire payment cycle. This has improved processing rates and internal compliance, and helped the office to reduce transaction costs. Payments to implementing partners, vendors and suppliers were processed on time. With streamlined processing of financial transactions, all payments and transfers that are adequately documented are processed within five business days.

Fund-raising and Donor Relations

As at 31 December, the Country Office had received 106 per cent of ORR but only 24 per cent of ORE. The acute shortfall in ORE prompted the Country Office to seek an Emergency Programme Fund in June to address the sudden influx of Burundi refugees into Uganda. Thirty-one funding proposals were submitted to donors, of which only one-third were funded. The child survival and development section was the only one that received funds for outputs well beyond 2017.

UNICEF continued to strengthen relations with local donors and forge closer ties with existing and new ones. DFID remained the main donor, particularly for humanitarian funding. Concerted efforts will be made in 2016 to intensify resource mobilisation, including showcasing results achieved for children with the support of UNICEF and its partners; reinforcing partnerships, particularly with private sector foundations, to secure long-term predictable funding; and re-engaging with UNICEF National Committees. A donor-mapping exercise is being conducted which, along with the existing private sector strategy, will assist the Office to develop concepts around the planned results for children in the GoU/UNICEF Country Programme.

One key management indicator, donor reports, was monitored closely to ensure that reporting deadlines were strictly adhered to. As a result, only one of 52 donor reports was late. To strengthen oversight over contributions and ensure that Uganda donor reports maintained high quality, a standard operating procedure for contributions management was developed.

UNICEF hosted five in-country donor missions: the US Fund (nutrition programmes); Canada National Committee (nutrition and WASH); Finland (WASH cooperation with Makerere University); DFID (nutrition) and ECHO (child protection and humanitarian programmes).

Evaluation

UNICEF continued to strengthen its research and evaluation functions to generate evidence for policy, advocacy and programming. It focused on strengthening planning and quality assurance for research and evaluation in 2015. It also continued efforts to explicitly link evidence-generation with high-level policy advocacy goals.

The Research and Evaluation (R&E) standard operating procedure developed in early 2015 provided clear guidelines to staff members who conduct, manage and disseminate research. It included strict criteria to determine the studies, surveys and evaluations that will be included in the Integrated Monitoring Evaluation and Research Plan (IMERP). This resulted in a more streamlined IMERP and meant research managers could provide better support to research work. The R&E operating procedure was updated later in the year to reflect global and regional guidelines released by UNICEF's Office of Research and the East and Southern Africa Regional Office (ESARO), respectively.

UNICEF supported the final evaluation of the Africa nutrition support project funded by the European Union. This multi-country project supported nutrition interventions at the national level and in five districts in Uganda.

UNICEF continued to monitor management responses to evaluations completed during the Country Programme cycle. Most of the actions committed to in management responses were concluded.

Evidence from cross-cutting and thematic research supported high-level advocacy on child

poverty, adolescents, ECD and public finance for children. As a result, ECD and adolescent girls are high on the Government agenda, with support from top government officials, including the First Lady. The Country Office also capitalised on the findings of the SITAN to gain commitments from various sectors, including Parliament and the private sector, to promote child rights and wellbeing.

Efficiency Gains and Cost Savings

UNICEF ensured efficiency and cost-effectiveness within the support services in the following areas:

The cost of internet and data services remains high in Uganda. With approval by the CMT, UNICEF introduced 'Websence', a software application that blocks unwanted and unproductive traffic, thus prioritising internet traffic flow and giving more bandwidth for business applications. It also implemented advanced teleconference technology (Skype phone and audio-visual system), which gave full capacity to organise and participate in virtual meetings, thereby reducing the number of local and international trips. The UN-wide Closed User group service and common long-term agreements also saved costs for Internet and telephone services, HACT micro-assessments and audits.

Under supply and logistics, 28 new long-term agreements were established, bringing the current total to 48. The use of these agreements is estimated to have reduced order-processing times by 8 per cent across the office. In addition, after lengthy negotiations, UNICEF finally signed a memorandum of understanding for joint warehouse facilities with the World Food Programme, which reduced the rent from US\$7.2 to US\$5.2 per square metre. Furthermore, Supply and Logistics carried out a review that estimated that the practice of competitive bidding for goods and services results in significant cost savings for UNICEF (approx. US\$1 million on local procurement of goods and on institutional contracts).

Payments were processed efficiently. The benchmark – payment in a maximum of five days – was met 90 per cent of the time (approximately 5,000 invoices were processed in 2015).

A new zone office was opened in Mbarara (Western Uganda) under a joint arrangement with WFP, whereby costs relating to the facility are shared between the two agencies.

Cost savings from the 'Websence' project, use of LTAs, joint warehouse and office premises with WFP in Kampala and Mbarara, respectively, are estimated at US\$1.2 million per annum.

Supply Management

The overall volume for goods, services and procurement Services in 2015 amounted to US\$67.2 million, which is 10 per cent more than in 2014 (US\$61.1m). Total procurement, excluding procurement services was US\$30.8 million, equivalent to about 43 per cent of UNICEF Uganda's annual fund utilisation. The key commodities procured were vaccines for the expanded programme of immunisation (EPI), antimalarial drugs, diagnostic test kits and therapeutic food. Local procurement remains challenging, as the market is poorly developed and largely dominated by retailers with a limited manufacturing base.

UNICEF Uganda 2015	Value in US\$
Programme supplies	24,255,646
Operational supplies	887,299
Services	5,698,673
TOTAL	30,841,618

To strengthen Uganda's health system and prepare for new vaccine introductions, UNICEF delivered and installed cold-chain equipment (including 12 cold rooms and more than 1,000 refrigerators and freezers) in the 112 districts.

At US\$36.3 million, the value of procurement services exceeded UNICEF's direct supply assistance and is an important mechanism to leverage resources for children. While vaccines remain a core commodity, partners also requested laboratory equipment, malaria test kits and nutrition items through Procurement Services.

Procurement Services, 2015	Value in US\$
Supplies channelled via regular Procurement Services	4,435,008
Supplies channelled via GAVI	31,892,221
TOTAL	36,327,229

In collaboration with the UNICEF Global Innovation Lab, UNICEF Uganda piloted a real-time supply end-user monitoring system built on the Rapid-Pro platform.

Logistics operations were improved by moving to the WFP warehouse compound in Kampala, resulting in cost efficiencies and closer transport collaboration.

At year-end there were 48 LTAs in place, supporting UNICEF and other UN agencies in securing favourable prices and reducing transaction times for commonly procured supplies and services.

The warehouse team supported UNICEF's emergency response elsewhere with deployments to Liberia (Ebola) and Malawi (floods).

Security for Staff and Premises

In addition to the Kampala Country Office, UNICEF has zonal offices in Gulu and Moroto, and in January 2016 will add a new site in Mbarara. The Security Risk Assessment by UNDSS classified most UNICEF programmes as essential. Due to the nature of its operations and mandate, there seem to be no direct security threats to UNICEF. This notwithstanding, the Country Office has taken every possible opportunity to enhance the security of its staff and assets.

The current Uganda minimum operating security standards (MOSS) were approved by the senior management team in February and endorsed by the UNDSS HQ in March. The assessment identified road traffic accidents, possible acts of terrorism and crime as the main threats to the UN and staff.

The location of the main office continues to pose serious security challenges, given the busy commercial location. Plans for a joint UN House are underway. The Uganda UNCT business case and construction is expected to start in early 2016. A decision was made to retain the

current office, with mitigation measures put in place, and wait for the completion of the UN house.

UNICEF Uganda received an additional US\$40,000 in 2015 from ESARO, which was used to upgrade access-control measures. The office installed new digital CCTV and access control systems, including a spike barrier at the entrance, and increased the height of the existing perimeter wall.

Given general elections scheduled for 2016, UNICEF continues to update its level of preparedness and business continuity. An alternative office is located in Mbuya, approximately four kilometres from the main office, and essential and critical staff are equipped with radios and laptops so that they could perform their duties remotely if necessary.

Human Resources

The human resources management function focused on making staff with the right competencies available, in line with the Country Programme strategic plan. The four functional areas – human capital planning; individual work plan outputs and Country Office operational and programme results; staff learning and development; and staff wellbeing – remain aligned to the strategic plan.

In 2015 UNICEF hired 19 staff (seven international professionals and 12 national staff), including one junior professional officer and two temporary appointments. Ninety-eight per cent of these recruitments were concluded within 90 days. The Country Office continued to focus on gender and geographic balance, given UNICEF's selection principles. Currently the gender balance stands at 50 per cent female, 50 per cent male.

Given its large complement of individual special-service agreements, a roster was developed for recruitment of consultants. This e-portal will go to scale by January 2016.

The 2015 staff learning and development plan was developed to promote growth and development. UCO conducted several in-house training sessions, including competency-based interviews, ethics, ICT refresher clinics and HR orientation on SSAs. Some nine staff went on extended assignments to support emergency responses and/or gain substantive experience. The office learning strategy for 2016 will include training related to the GSSC and new talent management.

By the end of February 2015 the 2014 performance evaluation report was 91 per cent complete; the completion rate for individual work plans and training needs by the end of March 2015 was 90 per cent.

As part of the transition to the GSSC, Human Resources cleaned and prepared staff files for implementation of the electronic record management system, and the office has identified local focal point on new case management tool. Updates on the GSSC are provided to staff via e-mail and during staff meetings.

Effective Use of Information and Communication Technology

The network optimisation and internet bandwidth upgrade for the Country Office and two zone offices was a major exercise for the ICT section in 2015. The migration to cloud-based office automation tools in 2015 created high demand for internet connectivity, but also reaped tremendous benefits, such as: improved remote access to email and other online applications

and simplified information-sharing through use of OneDrive and Skype for Business. The reliability, availability and continuity of the email system is now assured, and the cost of organising and maintaining business continuity systems and plans has declined, as critical systems can be accessed from anywhere through the Internet. The cost of replacing, managing and maintaining email servers was greatly reduced.

However, the poor internet connection still poses challenges for access to cloud services. To overcome this problem, the ICT team is working with the Regional Office and UNICEF IT Solutions and Services in New York to improve the capacity and performance by applying various measures.

The ICT team continued to work closely with the Technology for Development team to support technology-led innovations for achieving the goals and strategic results of the UNICEF Uganda Country Programme. The ICT team also worked closely with other UN agencies and initiated two joint innovations to improve efficiency and collaboration to deliver as one. The joint LTA for UN agencies in Uganda, signed last year for the provision of consolidated data and voice services, has reduced the monthly cost for such services for all UN agencies.

The business continuity plan was also reviewed and updated following a simulation exercise.

Programme Components from Results Assessment Module

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:

In 2015 the health sector revised the sharpened plan for reproductive, maternal, new-born and child health, ensuring that Uganda remained a priority country for the second phase of the GFF. An evidence-based communication strategy for RMNCH and a revised Village Health Team (VHT) strategy were developed as vehicles to deliver health services at the national and sub-national level. The eHMIS and district-led planning were further complemented through an accountability scorecard within the latest district health information system. A partnership with GFATM facilitated the scale-up of ICCM from 27 to 59 districts.

To ensure the effective RMNCH implementation, the MOH, with UNICEF support, focused on removing key bottlenecks related to resources. About 70 per cent of posts in public health facilities are now filled and 75 per cent of village wards have trained VHTs. There was improvement in supply, with 99 per cent of facilities reporting timely delivery of supplies and 87 per cent reporting no discrepancies in the supplies delivered. However, absenteeism remains a challenge: of the 59 health facilities surveyed by the health monitoring unit, only 26 had supervisory staff for the minimum acceptable period. The health sector also experienced a slight decline in funding, from 8.7 per cent (2013/2014) to 8.5 per cent (2014/2015), which is below the Abuja target of 15 per cent.

There were significant improvements in health sector indicators, and uptake in services increased. Institutional maternal death rates dropped from 146 to 118 per 100,000; 45 per cent of the level-4 health facilities are functional; institutional deliveries now stand at 53 per cent (from 44 per cent in 2014) –but both figures are still below the 65 per cent target. Targets were surpassed for DPT3 and measles (both over 90 per cent coverage) immunisation and Penta3

coverage was almost 100 per cent.

In EPI, UNICEF support focused on effective vaccine management; implementing the REC/RED strategy, mapping and targeting special and hard-to-reach populations and intensive social mobilisation. There was periodic intensification of routine immunisation. Regional referral hospitals provided supervision, on-the-job mentoring and data improvement.

UNICEF supported 10,991 VHTs in 19 districts, resulting in the treatment of 238,581 children under five for: malaria (113,566), diarrhoea (65,450) and pneumonia (59,565). Most of the children (81 per cent) were treated within 24 hours of the onset of illness. UNICEF procured non-malarial ICCM commodities for the 15 districts, and for the first time distributed them through the Uganda's national medical stores. UNICEF was responsible for ICCM commodities and operational costs.

Despite some progress, bottlenecks remain in maternal and new-born health. Skilled birth attendance is at 57 per cent against a target of 60 per cent; ANC4+ is 41 per cent against a target of 60 per cent. UNICEF supported the MoH with implementation of the RMNCH communication strategy and accountability framework with the piloting of the scorecard. UNICEF, with partners, supported the MoH to draft an investment case featuring adolescent-specific interventions and civil registration, to the GFF.

UNICEF addressed high morbidity and mortality among new-borns by supporting revisions to the Helping Babies Breathe (HBB+) training guidelines and standards. The HBB+ package was implemented in 47 districts, covering all district hospitals. In the East and West Nile regions, 846 health workers were trained in new-born care and obstetric complications.

UNICEF's support to HIV/AIDS continued within the Joint UNAIDS and AIDS development partners groups. The First Lady agreed to champion adolescent issues in addition to her eMTCT activities, which consisted of regional eMTCT advocacy campaigns. UNICEF helped develop a Global Fund grant application, resulting in US\$420m raised for Uganda. With funding from Sweden's 'Optimising HIV Treatment Access' (OHTA) initiative grant, decentralised support was rendered to 21 districts for eMTCT and paediatric HIV/AIDS planning and implementation.

In Nutrition, UNICEF supported the development of the nutrition policy and strategic plan, and the national nutrition advocacy and communication strategy, which were jointly launched with USAID during the 2015 Africa Day for Food and Nutrition Security. To reduce stunting, UNICEF developed training packages on parenting, key care practices and community mobilisation for nutrition and IECD, which were used to train community development officers in all 112 districts. Programme design in Karamoja is expected to benefit from the recently completed WFP/FAO/UNICEF resilience strategy, while the Karamoja nutrition strategy was formulated to address both chronic and seasonal challenges.

In WASH, the target for households using an improved sanitation facility was met (increase from 68 to 77 per cent), and improvement was noted in the number of households with soap and water hand-washing facilities (21 to 33 per cent (target 50 per cent)). UNICEF expanded into a number of new areas in WASH, including a partnership between academia and the private sector, which aims to deliver human rights-based WASH innovations for Ugandan school children. A multi-disciplinary team of students from Makerere, Aalto and Helsinki universities, supported by the Finnish National Committee, spent three weeks on fieldwork in Northern Uganda investigating human waste-based fertiliser and the 'elephant tap' (a prototype self-

locking tap to reduce water wastage), leading to the development of a partnership manual and guidelines.

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

Analytical Statement of Progress:

UNICEF continued to prioritise initiatives to strengthen reproductive, maternal, newborn, child and adolescent health policies and financing, decentralised monitoring and management capacity, and community health systems. With many national and local government systems becoming digitalised, UNICEF leadership in the eHealth space – in close collaboration with partners including WHO – supported efforts to improve governance, coordination, information management and data utilisation, as well as investments addressing both demand and supply side determinants. However, delays by the MoH in finalising the national eHealth policy, continued low levels of health financing as a percentage of GDP, and workforce shortages and absenteeism continue to constrain progress.

The MoH eHMIS programme was established in early 2015, integrating DHIS2 and mTrac into a single system intended to improve access and availability of timely information. The revision of the national HMIS Toolkit, with UNICEF's direct support for training, was completed in all 112 districts by July. However, challenges with the roll-out of the revised HMIS include poor MoH coordination of partners, inadequate supply of HMIS tools, and delays by partners in providing funds, which has constrained uptake and reporting rates. The major constraint lies with the eHMIS technical working group due to differing expectations of its composition and terms of reference; the MoH has as yet been unable to resolve the issue.

The National VHT assessment and Family Health Days and ICCM reviews were completed. UNICEF and partners provided technical support to the MoH to complete the 2016-2020 health sector development plan. UNICEF, the UN Population Fund (UNFPA) and World Health Organization (WHO) seconded a full-time consultant to the MoH to help draft the VHT policy, and work is underway to finalise a revitalised VHT strategy. UNICEF supported MoH piloting of its community health management system in two districts. Family Connect, an initiative to empower pregnant women and household heads with lifecycle-based information, was also initiated in two more districts. The MoH has embraced these programmes as core pillars of their next five-year health sector development plan, and UNICEF helped secure funding to expand the initial pilots to at least 20 districts beginning in 2016. UNICEF raised funds and supported initial groundwork to enhance and expand the MoH's integrated human resource information system, used to track, manage, deploy and map Uganda's health workforce, including VHTs. Once established, this will provide the first electronic, dynamic national-level registry of community health workers in the world.

To strengthen local government capacity for decentralised monitoring, planning and budgeting, UNICEF supported the scale-up of the sharpened RMNCH plan and scorecard, albeit progress is slower than planned. Scorecard indicators were finalised during Q4 2014, and a local NGO was designated to begin piloting the scorecards. The pilot was initiated in nine of the 13 proposed districts for 2015, with plans to start national scale-up in 2016. The Gates funded RT-MAP pilot was launched and is expected to inform the bottleneck and casual analysis components of the RMNCH scorecards in early 2016. However, several constraints – including automating the scorecards within DHIS2 – delayed completion of the pilot and scale-up.

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:

In 2015 immunisation coverage remained above 90 per cent for infants who received BCG, OPV3, measles and DPT3. PCV coverage was reported at 83 per cent. Individual district performance continued to improve; an increase in districts with at least 90 per cent OPV3 coverage for infants was observed: from 26 per cent in 2012 to 66 per cent in 2014 and 72 per cent in 2015. DPT3 coverage increased from 13 per cent to 47 per cent and 77 per cent over the same period. Similar trends were observed for measles coverage rates, with the proportion of districts with at least 90 per cent coverage now estimated at 49 per cent.

UNICEF offered both financial and technical support, focusing on effective vaccine management, mapping and targeting hard-to-reach populations and intensive social mobilisation. This included periodic intensification of routine immunisation, and the involvement of regional referral hospitals to provide supervision and on-the-job mentoring. Thirty-two districts with poorest immunisation indicators were supported to implement the RED/REC strategy, which mentored operational-level health workers to improve their micro-planning and data management. As a result, 23 of the districts (72 per cent) achieved at least 80 per cent measles and DPT3 coverage and a 70 per cent reduction in unimmunised infants.

This year UNICEF procured vaccines and supported social mobilisation for the countrywide follow-up measles campaign and three rounds of polio campaigns targeting children aged 0-59 months. Measles vaccination was given to 6,312,545 (96 per cent) children aged six-to-59 months. Polio vaccination reached 7,834,957 (106 per cent), 3,191,083 (99 per cent), and 1,751,749 (81 per cent) of targeted children in the three rounds, respectively. UNICEF continued to support the emergency health response for refugees.

UNICEF assisted the MOH to procure, store, distribute and install the elements of Gavi health system strengthening support, including: cold-chain equipment, thermometers, generators, spare parts, vehicles, bicycles, motor-cycles, computers, and data-monitoring tools. The support increased cold-chain capacity to accommodate more vaccines. HPV immunisation was launched in November and rolled out in all 112 districts. Preparations for IPV introduction and tOPV-bOPV switch are underway.

UNICEF collaborated with WHO, Gavi, USAID, CDC, and other partners in coordination and normative guidance, advocacy for financial sustainability and introduction of new vaccines. Critical bottlenecks affecting EPI services include cold-chain maintenance, management and human resources gaps, dropout, vaccine and data management, coordination and district capacity.

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

Analytical Statement of Progress:

With support from UNICEF, a community health worker strategy is being developed that will be operational by 2017. Under the new strategy, community extension workers will be paid. This should deliver more effective community-based health services than the existing system where VHTs work as unpaid volunteers.

Cases of pneumonia, malaria and diarrhoea that received appropriate treatment within 24 hours from VHTs in the 19 UNICEF-supported districts were 81 per cent, 75 per cent and 84 per cent, respectively, exceeding the target of 60 per cent for each disease. According to the Uganda Malaria Indicator survey, the percentage of children under five who received timely treatment for malaria (whether from private facilities, public facilities or from VHTs) rose from 13 per cent in 2009 to 49 per cent in 2015. Malaria parasitemia prevalence among under-fives declined dramatically: from 42 per cent to 19 per cent over the same period.

However, no progress was made in the treatment of acute respiratory illness and diarrhoea, with figures stagnating at 47 per cent and 50 per cent, respectively (target 80 per cent for each). Treatment of diarrhoea with oral rehydration salts and zinc rose from 1 per cent to 2 per cent against a target of 30 per cent. A partnership with GFATM facilitated the scale-up of ICCM from 27 to 50 districts. UNICEF procured non-malarial ICCM commodities for the 15 districts and successfully distributed them through the national medical stores, which are fully aligned to the national supply chain.

Under the community and district empowerment for scale (CODES) programme, UNICEF is supporting the MoH to shift from the use of survey data (costly) to routine data (more sustainable) for the bottleneck analysis and planning exercise. An RMNCAH score-card, similar to the CODES district score-card, was introduced. The RMNCAH score-card has 24 nationally agreed indicators.

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 coordinated partnerships to support the Office of the Prime Minister (OPM), sectors and districts to implement nutrition programmes. Technical and financial support was provided to develop a national nutrition policy 2016-2026 and strategic plan. UNICEF has worked with OPM to conduct results-based planning for 45 of the 112 districts and supported the launch of the national nutrition communication and advocacy strategy. Strategic partnership with the Gender Ministry led to capacity-building for 1,911 community development officers on nutrition and ECD, as well as nationwide mapping of all informal groups.

Through the Education Ministry and Sports/Mulago Health Tutor College, over 600 tutors were trained on nutrition to bridge human-resource gaps during consultations on integrating nutrition into the curriculum continue. MoH was supported to revise national guidelines on IMAM, in light of new WHO guidelines, and to develop new IMAM training packages and conduct national training of trainers. A micro-nutrient programme was launched to reach approximately 180,000 children in five UNICEF-supported districts.

In UNICEF-supported districts, improvements were noted in the initiation of breastfeeding within the first hour of life and in exclusive breastfeeding rates (in Karamoja, 77 and 82 per cent; in refugee host districts, 73 and 92 per cent; in the five SUN (Scaling-Up Nutrition) districts 75 and 88 per cent, respectively). All were above the national average of 53 and 63 per cent, respectively. Progress remains slow in complementary feeding. Rates for minimum acceptable diet for children 6-23 months were at 14 per cent in Karamoja and 32 per cent in the five SUN districts, compared to 6 per cent nationally.

Coverage of Vitamin A and deworming nationally is at 63 and 50 per cent, respectively (target

80 per cent). In focus areas coverage mostly met the national target except for the Acholi district (Karamoja 96 and 89 per cent; SUN districts 85 per cent for both; refugee host districts 86 and 81 per cent; and Acholi 47 and 46 per cent, respectively).

Nationally, the treatment of SAM is estimated at 18 per cent of the caseload for children six-to-59 months of age. In Karamoja, UNICEF contributed to the treatment of 50 per cent of the caseload and 86 per cent in the other supported districts as well as all 13 regional referral hospitals.

Major challenges include limited funding to support scale-up, weak coordination mechanisms for nutrition from national to district levels, and lack of a national nutrition information system.

Key partners supported the emergency nutrition response to the South Sudan influx.

OUTPUT 5 Maternal and New-born Care Priority RMNCH and adolescent interventions scaled up in priority focus districts

Analytical Statement of Progress:

In 2015 UNICEF and other UN agencies supported the Government to revise the sharpened plan for RMNCH, ensuring that Uganda remained a priority country for the second phase of the GFF. An evidence-based communication strategy for RMNCH and a revised Village Health Team strategy represented additional crucial components of support. The national eHMIS and district-led planning were further complemented through an accountability scorecard within DHIS2.

Maternal and new-born indicators have improved in the Karamoja region (the Karamoja Model), contributing to improved national indicators. In 20 UNICEF priority districts, the percentage of women attending four ante-natal visits increased from 37 per cent in 2014 to 40 per cent in 2015, and institutional deliveries increased from 49 per cent in 2014 to 57 per cent in 2015. More than 50 per cent of mothers attended postnatal care, compared to 43 per cent in 2014.

UNICEF supported the revision of HBB+ training guidelines and standards, and the scaling up of HBB+ in 47 districts. There was 100 per cent coverage of district hospitals and levels III and IV health centres. In addition to providing maternal and new-born essential equipment and job aids, 846 health workers were trained in the care and management of new-borns and obstetric complications. In Eastern and West Nile regions, the percentage of new-borns successfully resuscitated was 93 per cent; deaths due to asphyxia fell from 26 per cent to 4 per cent.

UNICEF continued to implement maternal and new-born health innovations. These had considerable impact on health-seeking behaviour, particularly in Karamoja. The transport voucher scheme was used by 31 per cent (11,924) of the women who delivered in health facilities. Of these, 830 obstetric complications and 78 new-born complications were treated. Solar suitcases contributed to 49 per cent (4,163) and birth cushions 25 per cent (3,732) increases in deliveries in facilities.

Bottlenecks included quality of care at the health facilities, compounded by human-resource constraints ranging from lack of midwives to staff absenteeism. UNICEF intensified on-the-job coaching and mentorship, and is also considering supporting the institutionalisation of maternal and perinatal death reviews. Challenges in strengthening community new-born care through the VHT structure also persist. The community health information system under development will

track VHT-related bottlenecks and facilitate the measurement of performance. It will also serve as an information tool for households and pregnant mothers.

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:

Uganda made steady progress on Option B+ implementation: 92 per cent of infected pregnant and breastfeeding women are now receiving anti-retrovirals (ARVs) to prevent transmission to their babies. This followed rapid scale-up in 2013 that reached a tipping point with 197,000 infected persons initiated, against 137,000 new infections. However, the good coverage of maternal testing (93 per cent) and enrolment (92 per cent) in anti-retroviral treatment (ART) was not matched by the coverage for children. Nationally, only 30 per cent of HIV-exposed infants received a virological test and 25 per cent of infected children were enrolled in treatment.

Although maternal achievements indicate progress towards global targets, weakness in programme quality, especially retention in care, continues to constrain progress. National retention is 85 per cent but significant loss to follow-up of mothers and exposed infants occurs across the country.

Progress in 37 focus districts shows that by September 2015, 73 per cent of pregnant women attended at least one ANC session, 82 per cent were tested for HIV and 5 per cent were found to be HIV-positive; of these, 90 per cent were enrolled in treatment.

Overall coverage for infant testing was 40 per cent, but only 7 per cent of infants were tested within the first two months. Paediatric cotrimoxazole and ART coverage improved to 40 per cent and 28 per cent, respectively, against 31 and 24 per cent achieved in 2014. District-level analysis showed good maternal HIV testing coverage of 76 per cent, 88 per cent and 73 per cent in Karamoja, Acholi and SW regions, respectively. UNICEF provided implementation support through four international NGOs for service delivery, supply-chain and data quality management. The HIV programming landscape received new strategic guidance with release of 2015 WHO guidelines, which will strengthen the UNAIDS 90/90/90 targets, aimed at achieving epidemic control by 2020.

Achievements in eMTCT were driven by strong political commitment at the highest level, including the First Lady's regional campaigns and approval by the Parliament of the AIDS Trust Fund. Multi-lateral partnerships were boosted by approval of GFATM grants totalling US\$420 million. Funding from the US President's Emergency Plan for AIDS Relief (PEPFAR) remained flat, but the current rationalisation policy left significant gaps in the response.

Key priorities for the next two years will be to address eMTCT coverage and quality gaps to optimise diagnosis and treatment for children, ensure effective interventions for adolescent girls and address gaps in diagnosis/treatment of tuberculosis in children.

OUTPUT 7 WASH in Community & Health Centre 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) handwashing facilities has increased from 22 per cent to 50 per cent by 2014, and iv) open defecation has been eliminated in at least 200 villages.

Analytical Statement of Progress:

UNICEF has engaged Government ministries in high-level meetings under the Sanitation and Water for All initiative and in the African Ministers' Council on Water, resulting in a Government commitment to increase funding for sanitation by 0.5 per cent of GDP. UNICEF continued its support for improving WASH in schools by disseminating operations and maintenance manuals. It also supported a conference to review the policy and legal framework on menstrual hygiene management, and to recommend local solutions and low-cost options. The Education Ministry organised a national stakeholder workshop to define achievements and challenges and identify practical solution for WASH in schools. The results were used as an advocacy tool to guide resource mobilisation and help implement a coordinated programme.

Access to an improved water source stands at 63 per cent. There has been a steady improvement in access to water in the UNICEF focus districts over the last three years, from 58 per cent in 2012 to 62 per cent in 2015 in Moroto zonal area and from 74 per cent to 76 per cent in Gulu zone. Functionality increased from 79 per cent in 2010 to 83 per cent in 2015. UNICEF supported the rehabilitation of 203 existing sources to improve water access to more than 60,000 people. It also trained 211 water-user committees.

Data for WASH status in institutions remains problematic. Functional water facilities in health centres in UNICEF target districts improved from 74 per cent in 2010 to 86 per cent in 2015; 92 per cent of health centres had sanitation facilities. Sixty-nine per cent of schools in UNICEF target districts had access to functional water facilities and 62 per cent had adequate sanitation facilities.

UNICEF supported 13 solar-powered water systems for 48,000 refugees from South Sudan, while sanitation and hygiene promotion activities reached 62,000 refugees with support from NGO partners. Thirty-two district, NGO and UN staff were trained in WASH in emergency, and another 25 participants from Government, NGOs and the UN High Commission on Refugees were trained in operations and maintenance, community mobilisation, WASH in schools and hygiene and sanitation.

Constraints included inadequate funding and poor operation and maintenance. Communities have a low sense of ownership, compounded by traditional practices and cultural beliefs. Groundwater potential is poor, which makes it difficult to provide safe water sources close to some schools and health centres. To overcome this, underground rainwater harvesting was piloted by UNICEF in seven primary schools, benefiting 3,500 pupils.

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:

Primary school completion rates rose from 54 per cent (56 per cent for boys, 51 per cent for girls) in 2010 to 72 per cent for both genders in 2015, representing an increase of 21 per cent for girls and 16 per cent for boys. However, the survival/retention rate from grades P.5 to P.7 remained low, at only 30 per cent (30 per cent, boys; 29 per cent, girls) in 2010, and 33.1 per cent (33.2 per cent, boys; 32.9 per cent, girls) in 2015.

Approximately 1,018,200 children (12 per cent of primary school-age children) are out of school. The Ministry of Education indicates that 34 per cent of teachers and nearly two-thirds of students (65 per cent) reported pregnancy to be the main cause for high school dropout rates.

Of the estimated 2.5 million children living with disabilities, only 5 per cent have access to inclusive education, and 10 per cent can access special schools.

In 2015, primary school completion remained a primary focus of UNICEF's support and there was a re-emphasis on national coordination and implementation of ECD policies, the management of informal schooling and support for children with special needs.

With support from UNICEF and partners, the Integrated ECD policy, costed action plan, implementation plan and coordination mechanisms were finalised and awaiting Cabinet approval. UNICEF supported the development and roll-out of ECD performance assessment indicators to all 112 districts and 22 municipalities as part of an initiative to hold districts accountable. This system encourages local governments to adhere to the ECD policy and national ECD sector-specific targets and standards. In addition, local governments have integrated early childhood education into their development and financing plans. Early learning and development standards were finalised and implemented in 250 ECD centres in 28 districts. The Ministry of Education focused on increasing access to quality early learning opportunities for children aged three-to-five in community-based ECD centres that meet minimum standards. The functionality of ECD centres was affected by the high attrition of trained caregivers and inadequate play/learning materials. Approximately, 63 per cent of the centres were licensed, of which 75 per cent have trained and certified caregivers.

The Child-Friendly School approach, localised through the 'Basic Requirements and Minimum Standards' (BRMS) initiative was the Government's major strategy for improving quality and learning outcomes. UNICEF supported the piloting of an innovative concept of rural computer kiosks with relevant, educational primary school content. Preliminary results from the pilot indicate great potential for improving the quality of education and offering additional tools for enhancing teaching effectiveness. UNICEF supported the provision of learning materials in the content portal for all secondary schools.

Parental engagement, partnerships among communities, schools and district education authorities were instrumental in reducing grievances around education service delivery. UNICEF facilitated stronger coordination at the sub-national level to empower district education authorities, school governing structures and communities/parents to mediate and resolve conflicts that compromise education delivery. In the process, safe learning environments began to emerge, progressively nurturing a culture of zero-tolerance towards physical/verbal abuse and corporal punishment in schools.

Community dialogue meetings in districts were instrumental in improving enrolment, retention and achievement. Community *barazas* attracted over 15,000 participants to debate on the development of child-friendly learning environments. Girls who had dropped were encouraged to return to school, through the 'Go back to school', 'Back to school' and 'Stay in school' campaigns template. With UNICEF support, an estimated 32,000 children were brought back to school through these modalities.

UNICEF Uganda also supported capacity-building in the Ministry of Education to address widespread violence against children in schools. Through inter-sectoral collaboration, a policy framework was developed and a circular banning corporal punishment in all education institutions was issued. The National Strategic plan on VACiS (2015-2020) and reporting, tracking, referral and response guidelines to improve both reporting and response were launched and shared with key stakeholders in 2015. With strong advocacy from UNICEF the indicators on VACiS were incorporated into the Ministry of Education's annual national school

census tools. This will ensure systematic data collection to inform policy and to track and assess progress regionally and nationally, but even more significantly, to document evidence of changing practices at school level. The effectiveness of these initiatives has yet to be assessed.

Bottlenecks remain in the education sector. Limited monitoring and weak school-based supervision by government personnel are major concerns. The latest information from cross-country surveys (notably the National Assessment on Progress in Education by the Uganda National Examinations Board, UWESO and SACMEQ), point to limited progress in literacy and numeracy rates at grades P2, P3 and P6 over the year. Ministry targets for competency in literacy and numeracy were not met, with a slight improvement at P3 and a decline at P6 for both competencies. The P3 literacy rate was three per cent below the target of 67 per cent, and the numeracy rate was below the 75 per cent target. A perennial concern has been the failure to utilise assessment reports and recommendations to strengthen systems.

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 marginalised.

Analytical Statement of Progress:

With the support of UNICEF, the school health policy and the national strategy to prevent violence against children in schools were approved; and the mid-term review of the gender in education policy was finalised, outlining interventions and priorities for the education sector. UNICEF worked with the Ministry of Education to develop the peacebuilding policy and strategy with education sector-specific components.

UNICEF also supported the mainstreaming of conflict and disaster risk management into education plans. Eleven districts have developed CDRM action plans, and seven have conducted education sector hazard/risk mapping and developed safety plans for schools.

Significant achievements were made in the provision of integrated ECD services in 2015. UNICEF continued to advocate for the adoption of the new IECD policy and supported the development of a dedicated budgetary framework. It also successfully advocated for the inclusion of ECD indicators in the 2016 DHS. UNICEF's leadership in developing a budget framework for ECD consistent with the Government's programme-based budget reform is helping to reposition ECD at the heart of the policy agenda. ECD was identified as a priority area of investment in the national budget strategy for the next financial year (2015/2016).

The education information management system (EduTrac) was rolled out in 38 districts, and nine additional districts for ECD, contributing directly to strengthened district accountability. The MoESTS supported ECD centres in primary schools, ECD monitoring and caregiver training through funding from the Global Programme on Education, contributing to overall results in increased uptake and quality of early childhood education. Policy guidelines were issued, but challenges remain, particularly with regard to the shortage of teachers.

A study carried out in 13 districts found that pregnancy in schools was a major challenge for adolescent girls. Poverty was identified as a key driver of pregnancy and drop-out. A UNICEF study exploring the roles of teachers and formal/non-formal education for adolescents in peacebuilding processes was showcased during the Annual Education Sector Review - key recommendations from the study were adopted.

Key bottlenecks remain. An audit of the MoESTS revealed delayed accountabilities for funds,

which delayed disbursement. Weak supervision and inspection at the district level hampered educational improvement.

OUTPUT 2 Early Childhood Development Increased ECD attendance in community based ECD centres meeting minimum standards for boys and girls aged 3-5 who are from priority marginalised communities increases from 31,300 to 145,000 through UNICEF support

Analytical Statement of Progress:

The Integrated ECD policy, costed action plan, implementation plan and coordination mechanism are in final stages of approval by Cabinet. Some progress was made through the ongoing dialogue with Government and its partners to introduce new modalities for ECD delivery and financing.

UNICEF supported the Ministry in developing performance assessment indicators for the implementation of ECD at the district level. This will encourage local governments to adhere to the IECD policy and national ECD sector-specific targets and standards.

UNICEF supported the licensing and improved functionality of ECD centres in the marginalised regions. A total of 63 per cent of the centres (882 of 1,400) have been licensed; and 75 per cent (1,045) have trained and certified personnel. This enabled children in disadvantaged districts to benefit from early learning opportunities. With UNICEF support, the number of centres increased to over 1,400, up from 1,189 in 2014.

Challenges remain. Access to quality early learning opportunities remains low. The enrolment of children aged three-to-five years in community-based ECD centres that meet minimum standards is now slightly over 112,000. Attending ECD centres that do not meet minimum standards increases the risk of children entering formal school without being ready to learn and succeed. This makes it more likely that children will repeat the first two grades of primary education, or drop out altogether. It also contributes to lower learning competences at grade P3. The expansion and functionality of ECD centres is affected by inadequate play materials and challenges in retaining trained caregivers.

In the next Country Programme, UNICEF will focus on strengthening the capacity of local government and CSOs to scale up community-based inclusive ECD services. There will be greater linkages with the nutrition and health programme to scale up integrated, community-based ECD.

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

Analytical Statement of Progress:

The primary leaving examination pass rate in divisions 1 and 2 declined from 57.8 per cent in 2013 to 55.3 per cent in 2014 (58.2 per cent for boys, 49.8 per cent for girls) in the 75 BRMS districts (compared to a slight increase, from 53.5 to 53.7 per cent, nationally).

Improving primary education, especially literacy, is a key Government priority. Major contributors towards include USAID, Irish Aid, the Aga Khan Foundation and World Vision.

UNICEF has focused on continuing support to the BRMS mentoring programme to address poor

service-delivery. UNICEF implemented the recommendations of the 2014 BRMS evaluation by providing light-touch support to the original 15 core primary teachers colleges (PTCs): two national and one international mentors worked with centre coordination tutors and visited the colleges at intervals. The intervention was expanded to three core PTCs (national coverage 85 per cent) by testing the model of national mentors working remotely with one international mentor. The impact assessment will be available by January 2016; early results are promising. The focus of the mentoring reflected the MoESTS priority – literacy - but also had promising results in relation to improved pedagogy through a unified lesson-observation method and school management.

UNICEF provided training on gender and conflict for 1,063 (343 female) teachers in Karamoja. The intervention was a randomised control trial to assess the impact of teacher training and training combined with weekly text messages. Results are expected in early 2016.

Work to improve the quality of education through better service delivery in 2015 included a Digi School (technology in a suitcase with relevant multimedia material) pilot in two refugee settlements. The results showed increased attendance by adolescent girls and increased participation by all children.

The programme has worked with RapidPro and transferred EduTrac into the new Government-led system. UNICEF started GenderTrac (messaging to teachers in Karamoja on gender and conflict in schools) through RapidPro. Technical updates of the uPortal started, but the number of computer kiosks with the updated content has remained at 55 (50 in UNICEF focus districts). The model was discontinued during 2015 and UNICEF has shifted its focus from technology-driven support towards high-quality content.

Institutional capacity to tackle VACiS was developed at the central, district and school levels with a national strategy and supporting guidelines being developed, endorsed and disseminated by the Ministry, and supporting interventions implemented in 560 schools in 28 focus districts of the PBEA programme.

Community engagement in education was promoted through district-led dialogues and *barazas* targeting over 15,000 community members in 28 focus districts of the PBEA programme, with district by-laws being endorsed to target education sector conflict drivers.

Constraints

Supply: Inadequate government staffing combined with low skills, poor facilities, lack of resources and high teacher absenteeism.

Demand: Limited demand for quality services by communities allows schools to remain unaccountable.

Enabling Environment: Poor management and lack of accountability across the education system.

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:

Advocacy for WASH in schools remained an area of focus at the national level. Achievements included: approval of the school health policy, adoption of WASH in schools as a water-sector undertaking and the positioning of menstrual hygiene on the national agenda. District-level support focused on strengthening O&M of WASH facilities and monitoring ongoing construction work. One hundred and ninety schools, mainly in eastern and western regions (serving an estimated 62,000 children) benefitted from training in O&M and hygiene promotion, while 33 schools in eight districts (with an estimated 12,800 children) will benefit from ongoing construction of WASH facilities (184 latrine stances and seven rainwater harvest tanks). UNICEF supported a number of construction initiatives to improve access to water and sanitation facilities.

The pupil/stance ratio in the 28 focus districts remains low, at 61 pupils per stance compared to the national standard of 40:1. This is a result of recurrent failure to match the investment in WASH facilities to growing school populations. Similarly, UNICEF support to improving safe water coverage has only attained 32 per cent of the target.

Support was further extended to the Appropriate Technology Centre through the Ministry of Water and Environment for the establishment of a low-cost sanitary-pad-making project. This project has expanded to include two schools in Mukono district, where equipment has been installed; pupils in both schools were trained to make pads using banana-fibre waste.

Key bottlenecks include: low investment in the sub-sector; poor O&M of existing WASH facilities; and low capacity of local contractors (which caused significant delays in completion of WASH construction works).

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

Analytical Statement of Progress:

Several initiatives aimed to improve primary school completion rates from 52 per cent (boys, 55 per cent; girls, 48 per cent) in 2009/10 to 72 per cent (equal boys and girls). Conflict-sensitive and peacebuilding approaches were integrated into education-sector policies. The national strategy for girls' education was revised, and a menstrual hygiene reader was disseminated. Targeted back-to-school campaigns led to re-enrolment of 32,464 students (18,240 boys; 13,959 girls) across 28 districts. One thousand vulnerable girls received secondary scholarships. Completion rates increased by 21 per cent for girls and 16 per cent for boys.

A national strategic plan on VACiS, specific guidelines and a MoESTS circular banning school violence now provide a policy framework for cross-sectoral action. Advocacy and capacity-building to promote alternatives to corporal punishment were implemented, with evidence of changing practices in schools. VACiS indicators were incorporated into the MoESTS annual census tools.

Children's empowerment to recognise/report on VACiS was achieved through participation in sport, music dance and drama and clubs. More than 20,000 children (12,475 boys; 8,145 girls) participated nationally, and over 2.7 million learners participated in district-level activities. Children also helped to develop school/classroom rules on violence.

Negative social norms were addressed through community *barazas* targeting 15,342 participants. The resulting by-laws and district outreach appear to have been effective: preliminary reports indicate increased enrolment and completion in the targeted sub-counties.

The special needs education programme trained 1,816 key stakeholders from 361 primary schools (90.2 per cent of the target) in three refugee-hosting districts. It supported the development of a 'child-to-child' teacher training manual and 'assistive accessible reading materials' for children with special needs in 20 pilot schools. A national stakeholder meeting was supported, leading the MoESTS to commit funds for special needs.

Bottlenecks remain. Only 5 per cent of the 2.5 million children with disabilities have access to inclusive education; 10 per cent attend special schools and there are too few teachers trained in special needs education. Social norms promoting VACiS remain deeply entrenched, teacher capacity is low and reporting systems are inadequate, contributing to persistently high levels of violence against children in schools and communities. Negative social norms related to girls' education, gender-insensitive education services and early marriage/teenage pregnancy contribute to high drop-out and low survival/retention rates.

UNICEF partners in education included MoESTS and its directorates; Education Standards, the National Curriculum Development Centre, primary teachers' colleges and local government (districts and sub-counties). Others were Kyambogo University and CSOs, including development partners.

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:

Although widespread violence against children remains a major child protection concern in Uganda, people seem to be increasingly aware of their obligation to report cases to the relevant institutions. The Police Crime and Traffic Annual report for 2014 shows that the number of cases of defilement reported to the police increased from 9,588 in 2013 to 12,752 in 2014. In addition 667 cases of sexual violence had been reported to Child Helpline in 2015 by the end of November 2015.

a national survey on violence against children that is being conducted with support from UNICEF, PEPFAR and CDC will for the first time provide a baseline on the prevalence of different forms of violence against children to inform a sound programmatic prevention and responsive national plan.

Registering children and ensuring they have legal identity at birth is helping to mitigate the risks of violence against children. With UNICEF support, 3.2 million children were registered at birth since 2011, of which more than 2.2 million are children under the age of five. As a result it is estimated that the percentage of children under five years registered at birth increased from 30 per cent in 2011 to 68.4 in 2015, nationwide.

During 2015 UNICEF continued to focus on strengthening the child protection system by addressing persistent bottlenecks in the legal framework, as well as through the provision of child protection services and by encouraging increased demand for services by parents and communities. A mix of strategies – including policy advocacy, capacity building, C4D, technology, alliance building and data in collaboration with partners – was used to enhance the protective environment for children.

UNICEF remained an active player in national child protection mechanisms, including the child protection working group, the national OVC steering committee and the emergency child

protection working group. UNICEF influenced the decision to include child protection issues within the sector and in the new UNDAF 2016-2020 (which includes a specific outcome on GBV and violence against children).

A private bill to amend the Children Act was submitted to the Parliament in May 2015, leading the Government to withdraw its Bill a few months later. UNICEF supported the Parliamentary Committee for Gender and the Parliamentary Forum for Children to consult with CSOs and with the Gender Ministry on the content of the Bill and to prepare a report, which is expected to be submitted (together with the Bill) to Parliament for debate by the end of 2015.

With UNICEF's support the Ministry of Gender, Labour and Social Development (MoGLSD) developed Uganda's first national strategy on child marriage and teenage pregnancy. This was officially launched on the Day of African Child, 16 June 2015. The strategy is an important milestone towards achieving lasting change in a social practice affecting more than half a million adolescent girls every year. This is in line with the renewed focus on adolescent girls in Uganda and the Global UNICEF/UNFPA initiative on 'Accelerating the action to end Child Marriage'. UNICEF supported the dissemination of the strategy in 27 districts; 10 have started implementing the strategy with UNICEF support.

The national action plan on VACs was approved and is being implemented in 10 districts with UNICEF support. The National Child Helpline (managed by the MoGLSD) received and managed 2,718 cases of VAC, including 1,393 acute cases.

UNICEF supported the MoGLSD to lead the implementation of the national plan for OVC and ensure that all 112 districts reports have functional OVC online databases. Thirty-two districts identified and registered 743,450 OVCs, including 2,311 children withdrawn from child labour and referred to social services.

Witness and victim protection measures and diversion guidelines were adopted, with UNICEF support. A total of 126 children were removed from adult facilities; 820 children of 1,958 cases (42 per cent) were diverted from the justice system; 1,800 of 3,500 problematic cases involving children (51 per cent) in the justice system were resolved, and more than 118,000 children from 297 schools received guidance from the Uganda Police on identifying and reporting violence. Thirty justice districts chain-linked committees and 13 regional chain linked committees were supported by UNICEF to deliver justice services for children.

A new law on registration of persons was enacted, establishing a National Registration and Identification Authority (NIRA) under the Ministry of Interior. Birth and death registration was transferred to NIRA to strengthen civil registration in Uganda.

More than 1.2 million children under the age of five, including 1,463 South Sudanese refugee children born in Uganda, were registered at birth. As a result, the percentage of children under five registered increased from 30.0 per cent in 2011 to 68.5 per cent by December 2015. An estimated 68 per cent of children registered received their birth certificates.

More than 30,000 South Sudanese children benefited from different forms of psycho-social support, and 150 women and their children benefited from support provided by UNICEF.

Key constraints include the procedural requirements and lengthy processes for policy development and approval and limited resources (human, technical and financial) for child

protection at all levels, in all relevant sectors (justice, civil registration, and social welfare) that hinder 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 harmonised with the international treaties

Analytical Statement of Progress:

Several policies, strategies and national guidelines that address gaps in the current legal and policy framework were approved in 2015, including: (1) the national action plan on violence against children in schools, launched by the Minister of Education in August 2015, together with the guidelines for reporting, tracking referral and response for VACiS; (2) The national strategy to end child marriage and teenage pregnancy, approved by the MoGLSD and launched on the Day of African Child on 16 June.

Key documents and processes approved in 2015 include (1) the revised child-friendly justice work-flow process; (2) piloting of witness protection measures in 12 high courts for victims of defilement (beginning with Kampala High Court); (3) guidelines for child-friendly court process for prosecutors; (4) national diversion guidelines; (5) a comprehensive format to track child-related cases for the Child and Family Protection Unit in 40 of 112 districts. An audio-video evidence system and a national action plan to implement an alternative care framework are also being established.

Formative research on child marriage that reviewed literature and primary data, practices, social economic factors and social norms was finalised. Findings are being used to guide implementation of the national strategy on child marriage and teenage pregnancy.

Data collection for the national survey on violence against children was completed. A preliminary report will be released by June 2016. Findings of the survey will fill a major gap of national and regional data on VAC (including correlation between sexual violence against girls and HIV prevalence) and will be used to inform advocacy, planning and programming. A comprehensive, multi-sectoral national action plan to address violence against children in Uganda will be drafted in 2016.

An assessment of the situation of children living with HIV in residential institutions was concluded in July 2015. Indicators on child marriage, teenage pregnancy, MHM and VACiS were incorporated into the Education MIS with UNICEF support. The orphans and vulnerable children (OVC) MIS is functional in all 112 districts, 32 of which were supported directly by UNICEF. The review of the Probation Act to restructure probation services was not concluded. The Parliamentary Committee of Gender and Social Development concluded its report on the harmonised bill of amendments to Children Act; reports are yet to be tabled on the floor for debate. The CP strategy awaits a costed action plan prior to its approval.

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:

Over a million children under five years of age (1,204,742 in total, 50.5 per cent girls) have had their birth registered using the mVRS in 2015. As a result of UNICEF's technical and financial

support to the Uganda Registration Services Bureau (URSB), 135 hospitals and 62 district local governments (including the five divisions of Kampala) have seen increases in the percentage of children under five whose birth is registered, from 60.1 per cent in December 2014 to 68.4 per cent in December 2015. Approximately, 70.6 per cent of registered children were issued with birth certificates.

Multiple strategies were used to support birth registration, including: strengthening registration in hospitals, door-to-door campaigns to clear the backlog of unregistered children, introducing routine registration services in eight health centres and integrating birth registration into health outreach. The URSB provided technical support to 36 districts and all 135 hospitals through hands-on, targeted refresher training and, in some cases, training new duty-bearers during regular monitoring and field support supervision visits.

A new law (the Registration of Persons Act 2015) was passed by Parliament. The Act merges birth and death registration with National IDs under a new government agency, NIRA, created under the Ministry of Internal Affairs. This law also provides for recruitment of new registrars at the sub-county and town council levels to exclusively register births, deaths and national IDs. These are positive steps towards sustainable government ownership and financing of the programme.

OUTPUT 3 Child Protection & J4C 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:

To address the lack of capacity among newly recruited grade one magistrates on child justice issues, 150 judicial officers (grade one and chief magistrates) from seven high-court circuits were trained on child justice. A total of 30 district chain linked committees and 13 regional chain linked committees are now aware of, and have started implementing, child-friendly justice measures. This resulted in 56 inspections of detention facilities; 126 children were removed from adult facilities; 820 children diverted; and 1,800 cases dismissed.

The Uganda Police's 'community policing and school empowerment' campaign reached 118,226 children in 297 schools in 20 districts. The MoGSLD-managed Child Helpline received reports of 2,737 cases of violence against children. Of these 1,225 received information and counselling and 1,512 acute cases were referred to service providers. The Child Helpline is in sync with the U-report portal and is following up 2,200 SMSs received from U-reporters. However the increasing number of calls is hampering the efficiency of the helpline. Effective and timely response to cases reported is constrained by the limited human and financial capacity at district and sub-county levels, which depend on support from CSOs and NGOs rather than the government.

UNICEF support enabled the Ministry of Internal Affairs to initiate an online 'prevention of abuse' programme. A national working group comprising key ministries, service providers, technology regulators, front-line staff from police, prosecution, probation and CSOs was set up to prevent online abuse, with the Government signing and committing to the Global Statement of Action to fight online abuse.

A large cut (57 per cent) in the government budget to the Justice Law and Order Sector will negatively affect access and delivery of justice services. The recruitment of trained grade one

magistrates and police officers is a positive move by the Government; however these actors require appropriate orientation on issues affecting children. Inadequate probation services has led to gaps in the provision of justice services, lack of follow-up and case backlogs, leading to overstays of children in remand centres.

The slow process of reviewing the Probation Act, to separate social welfare from probation services, calls for an interim service provision mechanism. This could include appointing special child advocates, piloting video conferencing by courts to address cases for children in remand and the analysis of court cases by the High court.

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

Analytical Statement of Progress:

As a result of partnerships between UNICEF and Save the Children, Plan International, World Vision, and TPO, 3,594 separated children (1,648 girls) from South Sudan were registered using RapidFTR and reunified with parents or placed in foster care. In Arua, Adjumani and Kiryandongo districts 3,804 children were referred for health, legal, educational and specialised psycho-social services.

More than 30,000 (30,844) South Sudanese refugee children (11,930 girls) benefited from structured activities and psychosocial support provided by trained community caregivers in 34 child-friendly spaces.

UNICEF Uganda's response to refugee children from the Democratic Republic of Congo (DRC) and Burundi at the Nykabande Transit Centre and Rwamwanja Settlement, including joint inter-agency assessments, enabled 5,000 children to benefit from recreational kits, play equipment and tents at 34 child-friendly spaces. With UNICEF support, district local government, police and child protection committees provided case management for victims of child abuse in refugee settlements. With UNICEF's support, 1,428 refugee children born in Uganda were registered.

Six of the 26 global child protection minimum standards in humanitarian actions were contextualised and are being implemented. A child protection information management system (CPIMS) for the South Sudanese refugee response is being introduced by UNICEF and UNHCR to strengthen case management for refugee children.

Five women and six children who returned in 2015 from the Lord's Resistance Army reintegrated into their communities with UNICEF support. In all, 150 women who returned from captivity since 2013 were supported with training in income-generating activities and start-up capital. All seven district local governments of the Acholi sub-region included the reintegration of returnees in their district development plans, following sensitisation of CSOs and local governments on the rights of women and children returning from captivity.

As the focal point for regional reports on the Lord's Resistance Army, UNICEF submitted to the Secretary General's Office the 2014 Annual Report and two of four planned global horizontal notes on the grave violations committed by group in the Central African Republic (CAR), DRC and South Sudan. Two notes (on CAR and South Sudan) were not submitted due to lack of information.

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

Analytical Statement of Progress:

Capacity to prevent and respond to violence against children was strengthened at the parish and village level with the development of 273 community action plans in collaboration with 20 district local governments, NGOs, FBOs and UNICEF. The initiatives benefitted 17,668 children (7,577 girls; 10,091 boys).

Twenty-seven villages and communities made public declarations committing to abandon violent practices, raising the number of villages taking action to abandon female genital mutilation/cutting (FGM/C) from 343 in 2010 to 370 in 2015. In addition, during the celebrations of Zero Tolerance Day against FGM/C and the Pokot Culture Day, two districts in Eastern Uganda (Nakapiripirit and Amudat) signed a pledge to end FGM/C and child marriage in one generation. This was in line with commitments made by the Government of Uganda during the Girl's Summit held in London in July 2014.

As a result of community sensitisations and peer-to-peer education initiatives (the grandmothers and mothers approach), 40 parents made public commitments to protect girls from harmful traditional practices by keeping them in school. Ninety girls rescued from FGM/C and child marriage by the intervention of the police, local authorities and NGOs were provided with psychological and medical support. The perpetrators are being prosecuted or followed up by the police and the local authorities. In addition, sporting events such as marathons, football and netball competitions were used as a new approach to reach out to communities, particularly to children and youth at risk, to raise their awareness about the effects of harmful traditional practices and promote positive practices. Two of the 90 girls mentioned above were rescued following these events.

UNICEF supported an assessment of the child marriage situation in Eastern Uganda in the first half of 2015. Thirty-seven districts in Sebei, Karamoja, Acholi, West-Nile, Lango and Bunyoro sub-regions (with leadership from the district government) were introduced to the programme to accelerate the abandonment of child marriage, which is to be concretised in the 2016 work plan.

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 realisation 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:

Significant progress was made to ensure programme effectiveness through a mix of strategies, including improved evidence generation, advocacy, communication for development, partnerships, results-based management, resilience and disaster risk management.

Following the development of UNDAF (2016-2020), which was launched by the President, and within an inclusive, participatory and evidence-based process, UNICEF developed the 2016-2020 Country Programme, which was approved by the Board in June. The UN has developed a

strategy to support Government efforts to meet the Sustainable Development Goals.

The Government and UNICEF launched the SITAN. The high-profile launch was followed by round-table discussions with members of Parliament, Government officials and CSOs, which secured commitments from different sectors (including parliamentary committees) to act on the report's recommendations.

At end-2015, UNICEF and partners were finalising a national child-focused policy research agenda to provide a direct link between research, programming and results for children. UNICEF also supported the formulation of a national child-participation strategy. This is expected to play a critical role in transforming societal attitudes towards children by building local and national capacity to empower children, and by establishing mechanisms to bring children's voices into decision-making processes.

UNICEF advocacy led to broadening the remit of Uganda's DHS. As of 2016, the surveys will include the MICS ECD module. They will also include questions on child discipline in the home and on orphans and vulnerable children. UNICEF continued to advocate for the adoption of the new IECD policy and supported the development of a dedicated budgetary framework.

The national social protection policy and its five-year implementation plan were approved by Cabinet. The Government increased funding for social protection about US\$5.7 million to about US\$25 million for FY2015/16 and committed to expand the senior citizens grant from 15 to 55 districts over the next five years. UNICEF, in collaboration with the Economic Policy Research Institute, provided support to government to develop a business case for sustained investments in child-sensitive social protection in Uganda.

The UNICEF communication and partnership unit's campaign *#InvestInUGchildren: Realise Uganda's Vision 2040* continued to build political will and commitment to children within the government, private sector, FBOs and civil society. The Country Office collaborated with the Barcelona Legends football club to leverage a high-profile match as a call to improve the well-being of children. UNICEF continued to engage the private sector on the Child Rights Business Principles and in the development of a comprehensive 'areas of Investment framework'.

To strengthen the equity focus and resilience-building, programme design in Karamoja is expected to benefit from the recently completed joint WFP/FAO/UNICEF resilience strategy, while the Karamoja nutrition strategy was formulated to address both chronic and seasonal challenges. UNICEF collaborated with partners to respond to the needs of approximately 507,126 refugees from DRC, South Sudan, Burundi and Somalia through the provision of health, nutrition, water and sanitation and protection services.

In terms of office priorities, implementation of the AMP is on track, with some programmatic bottlenecks that have been outlined in specific programme areas, along with action plans to remove the barriers.

The Office established three coordination committees in the areas of integrated ECD, adolescent development (focused on empowering adolescent girls) and resource mobilisation. The IECD and adolescent group have ensured better coordination in terms of planning, advocacy and putting 'building blocks' in place for roll-out of the two flagship programmes in the new CPD. The resource mobilisation committee developed a contribution management standard operating procedure to reinforce a more targeted, results-based and coordinated approach to fund raising and to support the development of a resource mobilisation strategy for

the new Country Programme.

In relation to the IMERP, a total of 18 evaluations, studies and surveys were planned and by end-November, 11 had been completed on time, six were on-track and one was expected to start in December. The team is working with the programmes section to support the coordination of ECD and adolescent development components of the programme.

Of the 331 activities planned in 2015 as part of the HACT assurance plan, 385 were implemented (116 per cent). The Office has trained over 100 partners, 93 UN staff and 40 UNICEF staff on the new HACT procedures. Quarterly reports were submitted to ESARO and the year-end report was updated in Insight. A trip reporting system was established to better capture activity-level monitoring, ensuring that planned annual work plan activities are achieved in a timely manner with the intended resources, or to identify bottlenecks and corrective actions to accelerate progress.

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:

The National Development Plan (NDP II), which recognises the need for social protection, was launched in 2015. A national social protection policy and implementation plan was approved and matched by significant increases in funding for social protection (US\$5.7 million to US\$25 million for FY2015/16) as well as an unprecedented commitment within the mid-term expenditure framework to provide US\$42 million to roll out the senior citizen grant from 15 to 55 districts over five years. The draft business case/fiscal space analysis for social protection was presented to the social protection sub-committee. Government has shown interest in exploring innovative social protection instruments that reach vulnerable groups, including children.

A SITAN was launched and finalisation of a national child-focused policy research agenda is underway. The latter will provide a link between research and programming for children. Through a participatory process including children, the national child participation strategy was completed, which will help in transforming societal attitudes towards children, addressing the status of children, empowering society and building mechanisms that enable children's voices to be heard across decision-making spheres, data systems, and evidence-generation processes. An equity analysis based on 46 country programme indicators was conducted, giving the equity profile across the country for each of the indicators and the number of people left behind for each district or region.

The 2014 population census data tabulation was completed and the final report will be released in March 2016. Planning for Uganda's DHS 2016 commenced and UNICEF successfully advocated for the integration of the MICS ECD module, home-based approach to child discipline and OVC questions in the 2016 survey. Development of the first edition of the generic tool, uSurvey, with the Uganda Bureau of Statistics was completed. The tool will be used for mobile-based data collection in all surveys.

The launch of the 'Rethinking Public Finance for Children: Monitoring for Results' initiative marked a new era in Government efforts to assess the effective delivery of national programmes affecting children. This Ministry of Finance / UNICEF initiative is expected to

generate information that will remove implementation bottlenecks, enhance transparency and accountability and improve service delivery. UNICEF's leadership in developing an ECD budgeting framework consistent with the Government's programme-based budgeting reform has helped to reposition ECD closer to the centre of the Government's development agenda.

Increased policy engagement with Parliament and CSOs through regular roundtable discussions is leading to increased visibility of children's issues in parliamentary debates, national policy discussions and in the media. The Gender Committee finalised its report on the harmonised Children Act Amendment Bill to be submitted to the plenary of Parliament.

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:

UNICEF Uganda successfully supported the development and approval of a number of strategic planning documents that define Government and UNICEF priority areas for children in Uganda: the UNDAF (2016-2020) was signed in May 2015; the 2016-2020 Country Programme Document was approved by the UNICEF Board; the Country Programme Management Plan was approved by the Regional Director in May; and the 2015 Annual Management Plan was developed and implemented.

To operationalise the CPD and UNDAF, the planning team worked with programme sections to develop the Country Programme Action Plan (CPAP), which has a well-defined and robust results and resources framework with a special focus on districts with the lowest socio-economic indicators and prone to emergencies. Based on the CPAP, the team is guiding the Country Office to develop a rolling work plan for 2016-2017.

UNICEF Uganda established three coordinating committees in the areas of IECD, adolescent development (focusing on empowering adolescent girls) and resource mobilisation. The IECD and adolescent group have ensured better coordination in terms of planning, advocacy and putting 'building blocks' in place for the roll-out of the two flagship programmes for the new CPD. The resource mobilisation committee developed a contribution-management standard operating procedure to reinforce a more targeted, results-based and coordinated approach to fundraising.

To implement the IMERP, 18 evaluations, studies and surveys were planned and by end-November, 11 had been completed on time, six on track and one was expected to start in January 2016.

Of the 331 activities planned in 2015 as part of the HACT assurance plan, 385 were implemented (116 per cent). The Office has trained over 100 partners, 93 UN staff and 40 UNICEF staff on the new HACT procedures. Quarterly reports were submitted to ESARO and the year-end report was updated in Insight. A trip reporting system was established to better capture activity-level monitoring, ensuring that planned annual work plan activities are achieved in a timely manner with the intended resources.

The team successfully guided and organised the mid-year (June) and end-year (November) reviews, when the Office reported on the results achieved for children at the national and sub-national levels in 2015.

In terms of contribution management, from 1 January to 30 November, 87 per cent of RR, 57 per cent of other resources and 73 per cent of ORE were utilised. There were some challenges in terms of managing the liquidation of over six months DCTs, peaking at 16 per cent in June against a target of less than 4 per cent. Measures were put in place as part of HACT strengthening to manage and monitor the reporting and liquidation of direct cash transfers. A total of 51 reports were submitted on time in 2015.

OUTPUT 3 External Communications, 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 realising 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:

The Country Office '#InvestInUGchildren: Realise Uganda's Vision 2040' campaign continued to position the well-being of Uganda's children as vital to Uganda's socio-economic interest and aspirations.

New campaign materials and activities built further political will and commitment among key stakeholders in Government, the private sector, religious institutions and civil society, among others, to urgently improve the well-being of Uganda's children.

UNICEF Uganda collaborated with the Legends football club to leverage a high-profile football match, which included an official State dinner hosted by the President to mobilise Ugandan leaders to improve the protection of child rights in Uganda.

Weekly messages and materials produced by the Country Office for traditional and social media led to more than 10,000 media reports that reached around 20 million people, thereby increasing public awareness and understanding of the situation of children in Uganda.

Through MOH, MOESTS and MOGLSD, UNICEF supported behaviour-change initiatives with technical and financial support to national and sub-national governments. This led to the launch of a national C4D nutrition strategy, development of a C4D education roadmap and C4D framework for addressing child marriage.

District-level capacity in planning and implementing C4D plans in all 112 districts was also built via one national training of trainers (TOT) and eight regional TOT workshops.

Through the Inter-Religious Council of Uganda, UNICEF strengthened its partnership with FBOs, which resulted in 500 top religious leaders signing a resolution to support parents and communities to adopt key RMNCAH practices.

Leaders from the private sector, including the chairman of the Private Sector Foundation of Uganda, committed to mobilise the private sector to develop and implement a holistic public-private partnership for child rights policy and framework. A national steering committee comprised of the UNICEF Uganda, the Government and the foundation was formed to lead the process.

A social accountability for child rights programme was piloted in four districts where space was created for U-report-generated citizen reports on child rights violations to be addressed by Government. Priority is being given to strengthening Government's existing citizen feedback structures and systems.

UCO partnered with a key child rights advocacy network to map the activities and capacities of more than 560 child rights-focused CSOs, which will be used to build the capacity of CSOs to more effectively advocate for children's rights using real time citizen-generated reports.

The partnership also led to agreement by the Government to sign and ratify both CRC Optional Protocol 3 and the Hague Convention on Inter-Country Adoption.

UNICEF's support for registration of the Uganda Civil Society Youth Coalition will enable it to become an official mechanism for youth voices to be factored into national and sub-national planning processes – another key development for the Offices burgeoning social accountability for child rights programme.

A Country Office-supported high-level inter-ministerial task force on adolescent girls championed by the First Lady was inaugurated.

OUTPUT 4 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:

Uganda assisted 507,126 refugees from the DRC, South Sudan, Burundi and Somalia by providing health, nutrition, water and sanitation and protection services. About 65 per cent of the refugees are children and over half are adolescents.

UNICEF and partners responded to disease outbreaks (malaria, cholera and typhoid). Two supplementary immunisation activities (for measles and polio) were successfully implemented, achieving coverages above 95 per cent in all refugee camps. Hygiene promotion and safe water coverage improved with the construction of a 13 km pipeline benefiting 10,000 refugees in new villages. Sanitation promotion reached 62,000 refugees in West Nile District reducing outbreaks of diarrheal diseases. Behaviour-change communication initiatives and maternal nutrition counselling services were delivered in refugee settlements and host districts. IMAM was successfully rolled out to treat children affected by severe acute malnutrition in affected districts. For the Burundi refugee response, 15 new Outpatient Therapeutic feeding Programmes were established for screening and treatment of malnourished children, 75 government and NGO staff were trained on IMAM and the therapeutic supplies pipeline was maintained. IMAM was successfully rolled out, reaching 81 per cent of targeted children in Karamoja.

UNICEF, FAO and WFP developed a joint resilience strategy for Karamoja to strengthen collaboration and accountability for results in this fast-changing and vulnerable environment.

UNICEF and partners contributed to ensuring a protective environment for children by strengthening systems at the national and local levels and building partners' capacity on child protection in emergencies. UNICEF supported the training of 30 child protection committee members. Twelve established child protection committees are managing the child referral

mechanism, foster care and reintegration. Over 30,000 children received psychosocial support in 40 child-friendly spaces supported by UNICEF. About 3,594 separated children from South Sudan were registered using the rapid family tracing and reunification tool.

UNICEF Uganda supported the Department of Disaster Preparedness and managers at the OPM to conduct the annual child-focused vulnerability/capacity assessment. At the request of the Prime Minister, UNICEF provided safe water, health care, plastic sheets for shelter and tents for temporary schools to cover transitional needs of nearly 5,000 economic migrants currently re-settled in Sango Bay.

UNICEF is supporting the Government to implement innovative, community-based initiatives for early warning and humanitarian response. This year, UNICEF supported the training and recruitment of 500 community-based monitors to relay early warning messages through a mobile-based disaster risk monitoring system established at the National Emergency Coordination and Operations Centre. More recently, this system was used to monitor the impact of El Nino in high-risk districts, informing contingency planning and response actions.

UNICEF supported the integration of conflict and disaster risk management into education sector policies and plans, anchored in the PBEA.

Financial support was provided by UNICEF to host communities to construct ECD centres for the provision of equipment, safe water and latrines in new communities.

Document Centre

Evaluation and Research

Title	Sequence Number	Type of Report
Improving child survival through a district management strengthening and community empowerment intervention: early implementation experiences from Uganda	2015/001	Study
Evaluation of Integrated Community Case in Eight Districts of Central Uganda	2015/001	Research
Rethinking Public Finance for Children (PF4C): Monitoring for Results	2015/006	Study
Simplified LQAS Evaluation of Access and Coverage and Semi-Quantitative Evaluation of Access and Coverage	2015/005	Study
Effectiveness of Pit Latrine Additives on Sludge Accumulation, Smell, and Flies in Ugandan School Pit Latrines	2015/004	Study
Optimising HIV Treatment Access for Pregnant and Breastfeeding Women: Uganda Assessment Findings	2015/003	Survey
Situation Analysis of Children in Uganda	2015/002	SitAn
Study on Legal Guardianship and Adoption Practices in Uganda	2015/001	Study

Other Publications

Title
Situation Analysis of Children in Uganda 2015 – Animation

End Child Marriage in Uganda
Child Friendly Spaces in Uganda's South Sudanese Refugee Settlements (Two)
Tackling malnutrition in refugee camps and host communities in Uganda
Child Friendly Spaces in Uganda's South Sudanese Refugee Settlements
Improving Water, Sanitation and Hygiene services in Uganda's South Sudanese refugee settlements
Children with Disabilities in Uganda
OHTA documentary: Mutumba Health Centre III
OHTA documentary - Buyinja Health Centre III
Scouting for peace: Ending violence against children in Uganda
Isaac's Story: Supporting Youth to Build Peace through Education and Innovations in Uganda
UNICEF 2016 Executive Diary inserted with highlights from the Situation Analysis Report
The National Strategy to End Child Marriage and Teenage Pregnancy 2014/2015 - 2019/2020
Improving access to water and sanitation through sustainable investments in water source functionality: BMAU/UNICEF Policy Briefing No.3/15
Safeguarding child and maternal health: BMAU/UNICEF Policy Briefing No.4/15
Understanding Social Barriers to Primary Education: BMAU/UNICEF Policy Briefing No.4/15
Rethinking Public Finance for Children (PF4C): BMAU/UNICEF Policy Briefing No.1/15
Rethinking Public Finance for Children (PF4C): Monitoring For Results
Supporting the UN Joint Programme on FGM/C – U-report brochure
Children Living with Disabilities – U-report brochure
Situation Analysis of Children in Uganda – Advocacy booklet
Situation Analysis of Children in Uganda – Full Report
Situation Analysis of Children in Uganda – Summary
UNICEF Uganda – 2015 Annual Report (External)

Lessons Learned

Document Type/Category	Title
Lesson Learned	Mobile Vital Records System
Innovation	eHealth Management Information System (Score card)