Executive Summary

Uganda’s economic growth between 1992 and 2012 led to a decrease in income poverty from 56.4 per cent to 19.7 per cent, although 50 per cent of children under five years of age still live in poverty. With 60 per cent of the population under the age of 18, Uganda’s vision of becoming a middle-income country by 2040 relies on the Government’s commitment to realize key child rights. Aligned to the national development plan, Vision 2040 and the overall transformative UN agenda in Uganda, UNICEF’s CP 2016-2020 supports a Government-led and coordinated approach to building sustainable systems.

In a year that saw a general election in February and record numbers of refugees arriving from South Sudan, UNICEF Uganda continued its working relationship with the Government of Uganda (GoU) and civil society organizations (CSOs) for both development and humanitarian interventions, while ensuring additional focus on the most marginalized and deprived children and women.

Cabinet approval of the national integrated early childhood development (NIECD) policy and action plan (2016-2021) was a major achievement in 2016, ensuring the ‘best start in life’ for more than 8 million children. UNICEF’s early childhood development (ECD) multi-media campaign increased stakeholders’ awareness and complemented the development and roll-out of parenting guidelines and key family care practices (KFCP). Over 268,284 children enrolled in 5,460 community-based ECD centres benefited from appropriate care and learning opportunities provided by trained caregivers.

With UNICEF support, the Ministry of Health (MoH) developed the reproductive maternal, newborn, child and adolescent health (RMNCAH) investment plan to accelerate results in 60 districts, with funding from the Global Financing Facility and World Bank. UNICEF contributed to health systems-strengthening through digitized RMNCAH scorecards and other data systems for planning, monitoring and accountability at the national and district levels.

Through support for procurement and national social mobilization activities, UNICEF and the World Health Organization (WHO) enabled polio vaccination of more than 8 million children under the age of five. With the training of 14,528 village health team (VHT) members on the integrated community case management (iCCM) of childhood illnesses, 85 per cent of children in 49 districts received appropriate malaria treatment within 24 hours of disease onset. Renewal of the national nutrition policy and related strategic plan contributed to improved multi-sectoral coordination and promotion of better care practices to reduce stunting.

UNICEF Uganda’s advocacy role was strengthened since assuming the role of coordinating agency for Global Partnership for Education (GPE)-funded interventions. As chair of the basic education working group, UNICEF advocated for a comprehensive reform of the education sector. It also supported the establishment of an inter-ministerial group to champion adolescent girls’ rights, and developed a national strategic framework to accelerate their achievement.
In May an amendment to the Children's Act was signed into law, addressing issues of adoption, corporal punishment and birth registration. UNICEF supported the completion of a national violence against children (VAC) survey, scale-up of the Uganda national child helpline (UCHL) and attitude change related to female genital mutilation (FGM) and child marriage.

UNICEF’s partnership with the Uganda Bureau of Statistics (UBOS) secured the inclusion of multiple indicator cluster survey (MICS) modules on FGM, child discipline and ECD in the 2016 Uganda demographic and health survey (UDHS). USurvey, an electronic tablet with built-in statistical capabilities, was developed and piloted, radically improving collection of national statistics. A child-focused consensual deprivation module was included in the Uganda national household survey.

As part of UNICEF’s public financing for children (PF4C) initiative, the Government launched Uganda’s first national social service delivery equity atlas to monitor basic services for children and enable integration of equity-sensitive budgeting in local government allocations.

By 14 December, Uganda had hosted 865,385 refugees from South Sudan, Burundi and Democratic Republic of Congo (DRC), of which 58 per cent were children. Of these, 399,456 South Sudanese (68 per cent children) arrived since July 2016. Responding to the South Sudanese influx, UNICEF provided safe water to 70,400 persons (45,056 children); sanitation and safe hygiene supplies and promotion to 80,000 persons (51,200 children); measles immunization to 102,320 children; and measles, polio and supplementary immunization to around 80 per cent children in refugee hosting districts, including host communities. Child protection, education, nutrition and ECD services also received substantial support. A stand-by emergency partnership with the Uganda Red Cross Society was activated, enabling responses to outbreaks, including cholera, and the refugee influx.

UNICEF Uganda continued cost-saving initiatives on Internet services, shared facilities and a GPS vehicle tracking system.

Uganda’s strong Government capacity in policy development has not always been fully accompanied by subsequent implementation, so the renewed commitment to tackling implementation, accountability and transparency was welcomed. Uganda remained vulnerable to natural disasters and neighbouring countries that challenge regional stability.

**Humanitarian Assistance**

By 14 December, Uganda had hosted 865,385 refugees from South Sudan, Burundi and DRC, of whom 58 per cent were children. Of these, 399,456 were South Sudanese (68 per cent children) fleeing the Sudanese crisis starting in July 2016. An estimated 380,000 more refugees are predicted in 2017.

Partnering with the office of the prime minister (OPM), UN High Commission for Refugees (UNHCR), and CSOs (including, the International Red Cross, CONCERN WorldWide, OXFAM, the Danish Refugee Council and Water Mission Uganda), UNICEF supported national emergency preparedness and response to mitigate the effects of additional refugee influx and disease outbreaks. Using a humanitarian response and development synergy, UNICEF provided humanitarian support in 24 districts while strengthening existing national, district and local level operational systems on three fronts: 1) the influx of refugees from the DRC and Burundi; 2) South Sudanese refugee influx; and 3) disease outbreaks of malaria, cholera, and Rift Valley and yellow fever.

The Uganda refugee and host population empowerment (REHoPE) framework, under development with support from the UN and World Bank, aims to enhance refugee and host
community self-reliance and resilience through joint analysis, collective advocacy, integrated service delivery and joint resource mobilization. It provides an opportunity to integrate refugee response within national systems.

In 2016, with UNICEF support, 102,320 refugee children six months to 14 years old were immunized against measles and 65,026 against polio at designated reception points. Supplementary immunization activities against measles and polio in refugee hosting districts reached 81,676 (77.1 per cent) and 72,987 (82.5 per cent) of children, respectively. In addition to immunization, 209,055 children six-to-59 months old received Vitamin A supplementation. An estimated 5,000 children under five years with severe, acute malnutrition (SAM) were targeted for treatment, and 2,404 of these children were admitted to UNICEF-supported treatment programmes.

A total of 224,700 refugees and Ugandans in host communities were supported with water, sanitation and hygiene (WASH) activities. UNICEF provided safe water to 70,400 South Sudanese refugees (45,056 children); supported operation and maintenance (O&M) of 13 motorized water systems, serving 65,000 refugees; and reached an estimated 80,000 refugees (51,200 children) with sanitation and safe hygiene promotion in settlement areas. Communities were mobilized to mitigate malaria and cholera transmission and received supplies to complement health messaging. Development support to refugee-hosting districts increased social services coverage for children.

With UNICEF support, 3,521 HIV-positive pregnant refugee women received anti-retroviral therapy (ART) for prevention of mother-to-child transmission (PMTCT) of HIV, as did 622 refugee children and adolescents requiring continuation of ART.

Nearly 38,000 refugee and host community children accessed ECD services. Approximately, 35 per cent of the 68,000 children registered at birth in eight host districts were from refugee parents, demonstrating the integration of the refugee response within national systems. UNICEF supported child-friendly spaces with activities (games, music, dance, drums) for refugee children to deal with trauma, including sexual violence: 66,507 (40,168 boys; 26,339 girls) refugee and host community children received psychosocial support (up from 30,844 in 2015). In addition, 9,501 (5,159 boys; 4,342 girls) separated and unaccompanied children received alternative care services and 76 girls received multi-sectoral support in response to consequences of sexual violence.

UNICEF conducted ‘Go to School’ campaigns in the three districts hosting South Sudanese refugees, targeting settlements with the lowest rates of enrolment and impacting 2,102 people (904 girls; 1,198 boys). Since the July 2016 influx, UNICEF provided 25 tents and 13 school-in-a-box kits for temporary learning spaces, reaching 2,500 children. In August 2016 UNICEF supported an assessment of refugee adolescents. Based on the results, the Office shifted its focus to support skills-based education and mentoring for adolescents, reaching 650 out-of-school adolescents with livelihood and life skills. With UNICEF support, 9,338 primary and 5,246 secondary school learners and 734 teachers from 14 districts were trained on child disaster risk management and school safety plans.

Beginning in October 2015, a cholera outbreak registered 3,196 cases and 95 deaths across Uganda. UNICEF reached 213 communities in 22 districts to mitigate malaria and cholera transmission with hygiene promotion and supplies to complement health messaging. UNICEF supported water quality assessments in 15 cholera-prone districts to develop water safety plans, and assisted 22 districts to develop emergency preparedness and response plans. To support hygiene promotion, UNICEF partnered with NGOs, volunteers, Uganda Red Cross and district governments, and provided chlorine tablets in 22 districts.

UNICEF compiled and disseminated monthly (sometimes weekly) situation reports (SitReps)
for donors and partners. The early warning early action (EWEA) system was fully updated.

As of 31 October 2016, UNICEF had received US$8.2 million against the US$22.7 million appeal (36 per cent funded).

**Emerging Areas of Importance**

**Climate change and children.** UNICEF Uganda commenced a study on “Climate-related hazards and child welfare in Uganda” to generate evidence on the impact of climate-related hazards on child welfare and investigate how climate change shock undermines child welfare, specifically in education and nutrition. UNICEF supported motorizing boreholes with solar power to allow pumps to distribute water through piped networks to communities, health centres and schools. Six motorized systems reach estimated 33,000 people. In response to the South Sudanese refugee crisis, three solar-powered water systems were established, three were under construction in Karamoja and 13 boreholes were rehabilitated.

**Urbanization and children.** In Uganda’s capital, Kampala, 60 per cent of the population lives in informal settlements with limited sanitation and access to basic services. In 2016 UNICEF Uganda was in the process of completing a research project to assess the relationship between urbanization and child welfare, quantify the depth of child poverty in urban areas and assess its implications with respect to access to basic services.

**Refugee and migrant children.** In 2016 UNICEF worked with the Government and partners to provide humanitarian support to over-stretched critical services for women, children and adolescents in Uganda, in line with longer-term, risk-informed efforts to build self-reliance within the refugee and host population empowerment framework (ReHOPE). UNICEF and partners’ response to children affected by the refugee influx fits within a broader collaboration with UNHCR on the pilot of a practical application and refinement of the comprehensive refugee response framework (CRRF) in Uganda.

**Early childhood development.** Cabinet approval of the IECD Policy and Action Plan (2016-2021) was a major achievement in 2016, ensuring the ‘best start in life’ to over 8 million children. UNICEF supported implementation of the policy with the development and roll out of the key family care practices; revision of the c-IMCI package to include child care for development (CCD) modules on early learning and stimulation; finalization of ECD norms and standards; and training of caregivers. A total of 2,900 care givers working in approximately 1000 community-based ECD centres were trained on child care. Over 268,284 children in 5,460 community-based ECD centres in 27 priority districts, including refugee settlements, are benefitting from appropriate care and learning opportunities provided by trained caregivers. An ECD multi-media campaign increased stakeholder awareness at all levels on the importance of early child care and development. As a result of orientation sessions conducted with UNICEF support, members of Parliament, ministers and senior civil servants committed to supporting implementation of the IECD policy.

**Greater focus on the second decade of life.** UNICEF Uganda integrated adolescent issues, especially for girls, as a cross-cutting priority in all programmes. UNICEF supported the establishment of an inter-ministerial group to champion the rights of adolescent girls and development of a national strategic framework for the acceleration of their rights. The national strategy for ending child marriage and teenage pregnancy was rolled out to 30 districts. Over 4 million adolescents participated in sports, music and drama to raise their awareness about the negative impact of child marriage, and about 2,000 received training on prevention and response to violence and alternatives to corporal punishment. The All-In rapid assessment supported by UNICEF and partners provided age- and sex-disaggregated data on adolescent HIV to inform the integrated national adolescent framework and overall HIV programming for adolescents.
Support ‘movements’ to accelerate results for children. To support Uganda’s VISION 2040 to achieve middle-income country status by 2040, UNICEF’s #InvestinUGchildren brought donors and NGOs around the table to focus on national and local government support for investing in children. Initiatives created an environment for increased Government commitment to addressing issues facing children at the national and sub-national levels. The ECD campaign advocated for child rights at the policy level to support the amendment to the Children Act; the national action plan for children with disabilities ensures that children with special needs receive appropriate services; and the national policy framework on adolescents, child marriage and teenage pregnancy as well as the handbook on “Prosecuting Child-related Cases in Uganda” prioritized the needs of adolescents.

Summary Notes and Acronyms

<table>
<thead>
<tr>
<th>ART</th>
<th>Anti-retroviral therapy</th>
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<tbody>
<tr>
<td>c-IMCI</td>
<td>Community integrated management of childhood illnesses</td>
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<td>CODES</td>
<td>Community and district empowerment for scale</td>
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<td>CMIS</td>
<td>Community management information system</td>
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<td>CP</td>
<td>Country programme</td>
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<td>CRBP</td>
<td>Children’s rights and business principles</td>
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<td>CSO</td>
<td>Civil society organization</td>
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<td>DHIS2</td>
<td>District health information system 2</td>
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<td>DNCC</td>
<td>District nutrition coordination committees</td>
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<td>DRC</td>
<td>Democratic Republic of Congo</td>
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<tr>
<td>ECD</td>
<td>Early childhood development</td>
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<tr>
<td>eHMIS</td>
<td>Electronic health management information system</td>
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<td>EmONC</td>
<td>Emergency obstetric and neonatal care</td>
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<td>EPRC</td>
<td>Economic Policy Research Centre</td>
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<td>EWEA</td>
<td>Early warning early action</td>
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<td>FGM</td>
<td>Female genital mutilation</td>
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<td>GAVI</td>
<td>Global Alliance for Vaccines and Immunization</td>
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<td>GCPAS</td>
<td>Global communication and public advocacy strategy</td>
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<td>GoU</td>
<td>Government of Uganda</td>
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<td>GPE</td>
<td>Global Partnership for Education</td>
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<td>HACT</td>
<td>Harmonized approach to cash transfers</td>
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<tr>
<td>ICATT</td>
<td>Integrated Management of childhood illnesses computerized adaptation and learning tool</td>
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<td>iCCM</td>
<td>Integrated community case management</td>
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<tr>
<td>ICT</td>
<td>Information and communication technology</td>
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<td>ICTD</td>
<td>Information and communication technology division</td>
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<td>IECD</td>
<td>Integrated early childhood development</td>
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<td>IFRC</td>
<td>International Federation of the Red Cross</td>
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<td>iHRIS</td>
<td>Integrated human resources information system</td>
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<td>IMERP</td>
<td>Integrated monitoring evaluation and research plan</td>
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<tr>
<td>IMNCI</td>
<td>Integrated management of neo-natal and childhood illnesses</td>
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<tr>
<td>IRCU</td>
<td>Inter Religious Council of Uganda</td>
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<td>JCC</td>
<td>Joint consultative committee</td>
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<td>JLOS</td>
<td>Justice, law and order sector</td>
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<tr>
<td>KFCP</td>
<td>Key family care practices</td>
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<tr>
<td>LIGHT</td>
<td>Lightweight and agile ict infrastructure</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>LTA</td>
<td>Long-term agreement</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
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<td>MHM</td>
<td>Menstrual hygiene management</td>
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<tr>
<td>MICS</td>
<td>Multiple indicator cluster surveys</td>
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<tr>
<td>MNH</td>
<td>Maternal and newborn health</td>
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<tr>
<td>MoES</td>
<td>Ministry of Education and Sports</td>
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<tr>
<td>MoFPED</td>
<td>Ministry of Finance, Planning and Economic Development</td>
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<td>MoGLSD</td>
<td>Ministry of Gender, Labor and Social Development</td>
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<td>MoWE</td>
<td>Ministry of Water and Environment</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>MP4R</td>
<td>Managing performance for results</td>
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<tr>
<td>NCC</td>
<td>National Council for Children</td>
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<td>NIECD</td>
<td>National integrated early childhood development</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
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<td>NBS</td>
<td>Nile Broadcasting Services</td>
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<tr>
<td>NIRA</td>
<td>National Identification and Registration Authority</td>
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<td>NMS</td>
<td>National medical stores</td>
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<td>NO (staff)</td>
<td>National officer</td>
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<td>NSPP</td>
<td>National social protection policy</td>
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<td>NSSD</td>
<td>National strategy for sustainable development</td>
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<tr>
<td>OIAI</td>
<td>Office of Internal Audit and Investigation</td>
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<tr>
<td>O&amp;M</td>
<td>Operation and maintenance</td>
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<td>OPM</td>
<td>Office of the Prime Minister</td>
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<tr>
<td>PMI</td>
<td>President's malaria initiative</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of mother-to-child transmission of hiv</td>
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<tr>
<td>PPP4CR</td>
<td>Public private partnership for child rights</td>
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<tr>
<td>PS</td>
<td>Procurement services</td>
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<tr>
<td>R&amp;E</td>
<td>Research and evaluation</td>
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<td>REHOPE</td>
<td>Refugee and host population empowerment</td>
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<tr>
<td>RMNCAH</td>
<td>Reproductive, maternal, newborn, child and adolescent health</td>
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<tr>
<td>RTRR</td>
<td>Reporting, tracking, referral and response</td>
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<tr>
<td>SAM</td>
<td>Severe acute malnutrition</td>
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<tr>
<td>SDG(s)</td>
<td>Sustainable Development Goal(s)</td>
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<tr>
<td>SOP</td>
<td>Standard operating procedures</td>
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<tr>
<td>UBOS</td>
<td>Uganda Bureau of Statistics</td>
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<tr>
<td>UCHL</td>
<td>Uganda National Child Helpline</td>
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<tr>
<td>UDHS</td>
<td>Uganda Demographic Health Survey</td>
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<tr>
<td>UHRC</td>
<td>Uganda Human Rights Commission</td>
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<tr>
<td>UNDAF</td>
<td>UN Development Assistance Framework</td>
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<tr>
<td>UNHR</td>
<td>United Nations Human Right Council</td>
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<tr>
<td>UNHCR</td>
<td>United Nations Refugee Agency</td>
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<tr>
<td>UNHS</td>
<td>Uganda National Household Survey</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<tr>
<td>VAC</td>
<td>Violence against children</td>
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<tr>
<td>VACiS</td>
<td>Violence against children in schools</td>
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<tr>
<td>VAT</td>
<td>Value-added tax</td>
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<tr>
<td>VHT</td>
<td>Village health team</td>
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<tr>
<td>WASH</td>
<td>Water, sanitation and hygiene</td>
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</table>
Capacity Development

With UNICEF support, the MoH developed the maternal, newborn, child and adolescent health sharpened plan to accelerate results in 60 districts. UNICEF contributed to health systems-strengthening through scorecards and other data systems for planning, monitoring and accountability at all levels. A total of 14,528 village health teams were trained on iCCM for childhood illnesses, and as a result 85 per cent of children in 49 districts received appropriate malaria treatment within 24 hours of disease onset.

UNICEF supported 15 priority districts to increase the proportion of health facilities using the iMCI computerized adaptation and learning tool IMNCI/ICATT from 0 per cent in 2015 to 51 per cent in 2016. The quality of maternal and newborn care was improved by training 245 healthcare providers on emergency obstetric and newborn care (EmONC).

Some 2,900 caregivers working in around 1,000 community-based ECD centres were trained on child care. Over 268,284 children in 5,460 community-based ECD centres in 27 priority districts, including refugee settlements, benefitted from appropriate care and learning opportunities provided by trained caregivers. Multi-sectoral district nutrition coordination committees (DNCCs) were established in 45 districts and over 1,000 development officers and community workers were oriented on key family care practices and parenting guidelines.

The ‘All-In’ rapid assessment supported by UNICEF and partners provided age- and sex-disaggregated data on adolescent HIV to inform the integrated national adolescent framework. The national strategy for ending child marriage and teenage pregnancy was rolled out to 30 districts. Over 4 million adolescents increased their awareness of the negative impact of child marriage and about 2,000 received training on prevention and response to violence and alternatives to corporal punishment.

Using a humanitarian response and development synergy, UNICEF provided humanitarian support in 24 districts, while strengthening existing national, district and local operational systems.

Evidence Generation, Policy Dialogue and Advocacy

The integration of child poverty into national statistics in 2016 constituted a national and global milestone. In partnership with UBOS, UNICEF integrated the consensual deprivation approach into the Uganda national household survey (UNHS, 2016/2017). On a related note, the UDHS 2016/17 will include MICS modules on female genital mutilation, child discipline and early childhood development.

In October, the Government launched Uganda’s first national social service delivery equity atlas to monitor basic services affecting children in education, health, and water and sanitation. The Atlas presents outcome and financial data with equity, equality, efficiency and effectiveness for better-tailored Government and UNICEF Uganda programmes and service delivery.

‘All-In’, a UNICEF-supported rapid assessment, provided disaggregated data on adolescent HIV to inform the national adolescent development framework.

Cabinet approval of the national integrated early childhood development (IECD) policy and action plan (2016-2021) was a major achievement in 2016. With guidance and support from
UNICEF Uganda, members of Parliament and ministers committed to support IECD policy implementation, which will benefit 8 million children per year. UNICEF advocacy led to increased ECD resources under the GPE-funded programme.

Eight years of advocacy and technical support culminated in 2016 with the Children’s Act amendment, including measures on child welfare, justice and birth registration. The UNICEF ECD campaign advocated for child rights at the policy level, to support the national action plan for children with disabilities, the UCHL, child marriage and teenage pregnancy strategy and the handbook ‘Prosecuting Child-related Cases in Uganda’. UNICEF supported the development of a national framework for adolescents: a multi-sectoral platform for ministries to collaborate and advocate for adolescents.

In November, in partnership with Government, UNICEF launched the social protection investment case, to prioritize national investment for resilience among Uganda’s most vulnerable.

**Partnerships**

In 2016, based on its history of cooperation and respect, UNICEF Uganda continued its long-term partnership with the Government of Uganda. The UNICEF education and child protection programmes worked with the First Lady as the Minister of Education and Sports to advocate for adolescent development in policy and programming.

Building on the ‘Letter of Collaboration’ between UNICEF’s Executive Director and International Federation of Red Cross (IFRC) Secretary General, the two convened to explore their partnership on strengthening resilience in Eastern and Southern Africa and identified modalities that strengthen in-country partnerships.

As part of the ECD campaign, UNICEF partnered with the Inter-Religious Council of Uganda (IRCU) on RMNCAH objectives, building capacity of 300 senior religious leaders and inter-faith committees in 15 districts on the KFCPs. UNICEF also partnered with the Ministry of Gender, Labour and Social Development (MoGLSD) and MoH to roll out KFCPs.

Working with development partners, CSOs and teachers’ colleges, through the Global Partnership for Education, ECD caregivers, centre management committees and coordinating centre tutors were trained. UNICEF supported the Ministry of Education and Sports (MoES) to partner with Mulago Health Tutor College and trained over 180 tutors on nutrition, including pre-service nutrition training to paramedics, to bridge nutrition human-resource gaps in health facilities.

UNICEF partnered with the Ministry of Finance, Planning and Economic Development (MoFPED) and the Economic Policy Research Centre (EPRC) to monitor local government public budgets for service delivery and equity allocation.

For the #BestStartInLife campaign, UNICEF partnered with Vision House, MBS and Capital Media Houses to engage over 6,000 people on ECD, and with the Ugandan Parliament Forum on Children to partner with government ministers. Partnerships with the National NGO Forum and the Uganda Youth Coalition, which represent over 1,000 CSOs, were finalised. The Public-Private Partnership for Child Rights (PPP4CR) Steering Committee was established, with the Government, private sector foundation of Uganda (PSFU) and UNICEF as core members.
External Communication and Public Advocacy

UNICEF Uganda continued to operationalize the global communication and public advocacy strategy (GCPAS) by reaching nearly 22 million people across Uganda in 2016 through traditional and social media and continuing to put children’s rights in the public spotlight and on the national agenda.

With the launch of the ECD multi-media campaign, UNICEF supported Uganda’s “VISION 2040” to achieve middle-income country status by 2040. Partnering with umbrella groups from the private sector, media, Government and religious organizations, UNICEF expanded its reach.

For the #BestStartInLife campaign, new partnerships with three of Uganda’s top media houses (Vision Group, NBS TV and Capital FM) were developed to increase public reach and engagement on the KFCPs. Since mid-September, over 5,000 media reports were generated on ECD, including the latest neuroscience supporting ECD, the significance of play and communication and maternal and infant nutrition.

The ECD campaign also engaged thousands of Ugandans on recommended ECD behaviours through community events, TV and radio talk shows and social media. Two regional community events, in Gulu and Kotido, engaged over 6,000 people, and communities engaged with ECD experts during one-on-one sessions. The events were broadcast live on national TV and radio and live-streamed on Facebook. Over 25 media personalities, corporate executives and national leaders, including members of Parliament, publicly advocated for the provision of services to ensure that all young children in Uganda have the “best start in life”.

UNICEF’s communications team reached the public on immunization, educating the girl child, hygiene and sanitation and promoting peace and harmony in families. The production of around 1,000 multimedia advocacy materials and 80,000 visibility materials contributed to UNICEF’s ability to advocate and drive change for Uganda’s children.

Over 1 million were reached by UNICEF Uganda’s active social media outreach (Facebook, Twitter, YouTube and UNICEF website).

South-South Cooperation and Triangular Cooperation

In 2016, UNICEF Uganda shared its best practices in district health system strengthening at the 2016 Global Health Systems Research Symposium in Swaziland and Vancouver, Canada. During a day-long session, UNICEF Uganda presented to 150 participants the ‘Community and District Empowerment’ (CODES) experience with use of score cards. The presentation was made available to the 2,080 symposium attendees, including scientists, government officials and representatives of NGOs from all over the world.

Support was also provided to the newly established National Identification and Registration Authority (NIRA) and the MoGLSD to participate in regional workshops on civil registration and child marriage, respectively. As a result, 620,223 children aged zero-to-17 years were registered at birth and Uganda was selected to host the first-ever East African summit on ending child marriage, planned for June 2017. In addition, the national strategy for ending child marriage and teenage pregnancy was rolled out to 30 districts.

UNICEF and IFRC teams from Burundi, Malawi, Somalia, Kenya, Swaziland, Uganda and Zimbabwe convened for a three-day workshop in October on “Strengthening Resilience in Eastern and Southern Africa”, to identify modalities that strengthen in-country partnership agreements for building resilience.
Identification Promotion of Innovation

In partnership with UBOS, UNICEF developed uSurvey, an electronic tablet with built-in statistical capabilities to ease data collection in the field that: enriches programme planning with swift, disaggregated data; better identifies neglected communities; and monitors programme outcomes more efficiently. Compared with paper-based data collection, uSurvey updates indicators with only a minimal time lag between data collection, validation and analysis. In 2016 UBOS staff used uSurvey to conduct four surveys with great success, especially in hard-to-reach areas.

Building on experience in strengthening decentralized health systems and using technology to generate data, UNICEF addressed data fragmentation and developed automated tools for district managers. Government linked established systems, such as electronic health management information system (eHMIS) – including district health information system 2 (DHIS2) and mTrac – and iHRIS, and expanded to include community health systems. This will generate integrated dashboards for more effective programming. RMNCAH scorecards and bottleneck analysis tools were developed in DHIS2 so that districts can prioritize low-performing indicators, identify the most critical determinants constraining progress and track the effectiveness of proposed interventions. UNICEF supported the MoH to embed this approach in the new district planning guidelines.

In an innovative collaboration between UN agencies and new technology, UNICEF, UNESCO and the MoES developed and piloted digitalized English textbook materials and information and communication technology (ICT) for rural children with visual and hearing impairments in primary grades 4 and 6. UNICEF also provided technical support for EduTrack, a mobile technology to collect education data: 10,000 reporters in 37 districts contributed to an innovative “Dashboard” under the MoES that integrated the data and disseminated it in reports.

Support to Integration and cross-sectoral linkages

To address key barriers in accessing quality maternal and newborn health (MNH) services and improve care for newborns, as part of ECD UNICEF supported the MoH to develop a service package for community-based newborn care and partnered with MoGLSD to integrate nutrition and ECD practices in the KFCP package. A total of 14,528 VHT members were trained to implement the packages, with a focus on hard-to-reach communities. The community-based newborn care package, which helps communities adapt health behaviours such as birth planning, identification of danger signs during pregnancy and postpartum, essential newborn care, sanitation practices and immunization, was implemented in seven districts. About 14,528 VHTs were trained to roll out the package and, as a result, 1,146 mothers and their newborns were visited by VHTs.

An inter-ministerial committee under the leadership of the Permanent Secretary of the MoGLSD was established to holistically address the rights of adolescent girls. In partnership with the First Lady as Minister of Education and Sports, UNICEF supported the establishment of an inter-ministerial group to champion adolescent rights under the National Adolescent Policy. The ‘ALL-IN’ rapid assessment supported by UNICEF and partners has provided age- and sex-disaggregated data on adolescent HIV to inform the integrated National Adolescent Framework and overall HIV programming for adolescents. A total of 480 teachers (232M, 248F) and 624 learners (252 M, 372 F) from 6 districts, completed training on menstrual hygiene management (MHM) and use of MHM tool kit. The training of teachers also included gender sensitive pedagogy.
Service Delivery

UNICEF supported community and district empowerment for scale-up (CODES) and the institutionalization of the RMNCAH scorecard and bottleneck analysis in the revised district planning guidelines. These tools were rolled out to 21 districts to strengthen health care accountability. Continuous quality improvement enhanced reporting of DHIS2 from 23.5 per cent in 2013 to over 80 per cent in 2016 across the 487 facilities in the 13 districts. Testing/assessment before treatment for malaria and pneumonia rose from 23 per cent to 69 per cent at facility level in two years, and health worker absenteeism fell from 44 per cent to 29 per cent in two years.

UNICEF social mobilization supported three rounds of polio campaigns in 57, 112 and 61 districts. UNICEF supported training of 14,528 VHT members and ensured provision and monitoring of essential non-malarial commodities through national medical stores (NMS) and mTrack: 85 per cent of children received appropriate treatment within 24 hours of disease onset.

Peer educators (‘male supporters’) were trained on MNCH/PMTCT services at 102 facilities in eight districts; UNICEF supported the provision of bicycles and manuals. UNICEF provided HIV test kits for 13 districts affected by stock-outs (during 2015/16) and supported 21 districts to ensure continuum of care.

Approximately 150,731 people received access to water as a result of rehabilitation of two gravity-fed water systems, 45 hand-dug wells and 238 deep wells in 14 districts. National hand-washing initiatives were rolled out nationwide. Water quality assessments in 15 cholera-prone districts guided water quality safety plans. Community-led total sanitation was rolled out in 32 districts; the community rapid assessment protocol tool was used to develop a road map for elimination of open defecation in six districts.

With UNICEF support, ECD services reached 38,000 children in refugee-hosting districts; 1,600 caregivers working in 1,300 ECD centres were trained. Coordinating centre tutors trained and supported 1,504 teachers (687 schools, 15 districts) to benefit over 120,000 children.

Human Rights-Based Approach to Cooperation

UNICEF Uganda established a partnership with the Uganda Human Rights Commission (UHRC) to strengthen its capacity on child rights, including monitoring of relevant policies and their implementation. UNICEF, in collaboration with the Uganda Parliamentary Forum for Children (UPFC) and the Economic Policy and Research Centre, spearheaded child-rights sensitization activities for Uganda’s 10th Parliament, sworn in in May 2016, to motivate parliamentarians to fight for children’s and women’s rights.

To enhance the realization of human rights for poor, vulnerable and marginalized Ugandans, UNICEF provided technical support for the development of the national social protection policy (NSPP) and the programme plan of interventions approved by the Government, providing a comprehensive framework for social protection. UNICEF supported the Government to develop the social protection investment case to provide evidence on the impact of social protection on education, health, employment and wage rates, and to assess interventions.

In October, with UNICEF support, the Government launched Uganda’s first national social service delivery equity atlas, which disaggregates service delivery and monitors delivery and impact of basic services, presenting outcome and financial data for programme equity, equality, efficiency and effectiveness. The Atlas is an invaluable resource for budget...
allocation at both national and local government levels, to use as a tool to revise or formulate evidence-based, child rights-related policies by decision-makers.

Years of UNICEF advocacy and technical support culminated in a milestone this year, with the Children Act Amendment 2016. The new Act introduced children’s rights, including to birth registration and legal representation in court. It introduced protection of children from harmful customary practices such as child marriage and FGM, and protects children from violence and sexual abuse.

**Gender Equality**

To ensure gender-responsive adolescent health, an inter-ministerial committee under the leadership of MoGLSD was established to holistically address the rights of adolescent girls.

With UNICEF support, the national gender-based violence database was revised to include child marriage statistics, and rolled out to 24 districts. Gender-based violence and violence against children in schools (VACiS) indicators were incorporated into the education management information system and district inspection tools.

The national strategy to end child marriage and teenage pregnancy was implemented in 30 districts, resulting in the development and implementation of 223 community actions. A total of 12,103 (6,799 male; 5,304 female) individuals engaged in community dialogues on ending child marriage, resulting in about 391 public commitments by local leaders (24 female leaders; 367 male leaders) to end child marriage and teenage pregnancy in those districts. One hundred sixty-three leaders (31 female; 132 male) signed pledges to prevent child marriage in their communities, and 51 districts with child marriage action plans allocated funds for activities to end child marriage.

UNICEF continued to support girls’ education in 2016. About 1,286 teachers from Karamoja completed training on gender and conflict management in the classroom, benefitting 50,000 children. A total of 480 teachers and 624 learners from six districts completed training on MHM and use of the MHM tool kit to help keep girls in school.

To address gender-based violence in emergencies, 76 girls in refugee and host communities received multi-sectoral, psychosocial support in response to consequences of sexual violence.

UNICEF supported the Ministry of Water and Environment (MoWE) to train 36 hand-pump mechanics on O&M of water and sanitation facilities in rural areas. Seven per cent were women; although a seemingly small percentage, this was a significant achievement in a field traditionally dominated by men.

**Environmental Sustainability**

**Generation of evidence:** UNICEF supported the MoWE to conduct a hydro-geological study in the Moyo settlement area to determine the situation and sustainability of ground water and drilling of bore-holes as part of the refugee response. The survey revealed that there is adequate ground water potential to serve 100,000 refugees in Palorinya refugee settlement, Moyo district, over a 10-year period. It also identified potential locations for developing high-yielding boreholes. Results will be used to effectively implement related water supply projects.

UNICEF Uganda also launched an inception study (Climate Related Hazards and Child Welfare in Uganda) to generate evidence on the impact of climatic shocks on child welfare in Uganda and investigate how climate change shock undermines child welfare, specifically on
education and nutrition.

**Advocacy and accountability on climate change.** Water user committees were established in every UNICEF-supported water point community to build beneficiary capacity on O&M. Of the committee members, at least two were women holding meaningful positions, such as secretary or treasurer. UNICEF supported 85 group trainings in 2016, reaching an estimated 800 people.

**Climate change adaptation through resilient development.** Early Warning Early Action was fully updated.

**Climate change mitigation.** In 2016 UNICEF supported the construction of three additional solar-powered boreholes to handle the South Sudan refugee influx, bringing the total number to 16, and provided more than 1,000 solar-powered water treatment facilities (Solvatten) to address the cholera outbreak in Nebbi districts.

**Greening UNICEF.** UNICEF Uganda is an active member of the UN Green Team that creates awareness on environmental issues and develops green activities across the UN system in Uganda. As a part of the UN initiative in Uganda, UNICEF began testing a GPS tracking system and fleet management tool for better vehicle efficiency. Travel plans encouraged car-pooling for official missions.

### Effective Leadership

The 2016 annual management plan was finalized in February 2016. The country management team (CMT) and other statutory committees were established and operational and provided oversight during the reporting period. Membership of office statutory bodies remained up-to-date and operational. The CMT met monthly except for March and December; the joint consultative committee (JCC) met quarterly and the programme and operations groups each met eight times. All-staff meetings were held every month.

Key indicators on financial implementation, including direct cash transfers (DCT) were monitored and reported.

The overall risk profile marginally improved: from three high risk and four medium to three high risk, two medium risk and five low risk. The harmonized approach to cash transfers (HACT) assurance plan was finalized in February; the Office accomplished 100 per cent of planned activities.

Following trends from previous years, uptake for service contracting increased, returning about US$7.6 million in 2016. A web-based supply end-user monitoring system was developed on a Rapid Pro platform. The system was tested and used by 12 Government institutions and seven NGOs. The emergency field operations & emergency, water, sanitation and hygiene (WASH) and nutrition programmes received orientation.

UNICEF was audited in November 2016 by the office of internal audit and investigations; an external audit will be conducted in January 2017.

UNICEF Uganda was among the UNICEF offices in the Eastern and Southern Africa region that successfully transitioned processing of transactions to GSSC in July 2016. Effective January 2016, the western central zonal office (WCZO) was successfully relocated from Kampala to Mbarara and fully operational.

Uganda held general elections in February 2016. The CO reviewed and tested the business continuity plan, security preparedness plan and emergency communications tree. In relation
Financial Resources Management

UNICEF Uganda successfully transitioned financial processing of transitions to the Global Shared Services Centre (GSSC) in July; 669 cases were handled by the Centre on behalf of the UNICEF Uganda. The rigorous review of document quality resulted in 90 per cent of submitted cases being processed without interruption.

During 2016, UNICEF provided HACT training to staff and over 50 implementing partners and conducted: 32 micro-assessments, 583 programme visits, 67 spot-checks and 15 scheduled audits to ensure that UNICEF funds were being used effectively. The Office strengthened DCT processing by obtaining specimen signature by authorized representatives of all partners, to ensure appropriate certification of requests. The Office institutionalized acknowledgment of DCT receipts by partners, to ensure confirmation of funds by the partner and timely start of agreed activities. With streamlined processing of financial transactions to implementing partners, vendors and suppliers, over 95 per cent of payments were processed within three business days, and 100 per cent of DCT liquidations (with appropriately filled and certified FACE forms) were processed within two working days. There were some challenges in terms of managing the liquidation of DCTs outstanding for over six months, peaking at 13 per cent in April against a target of less than 4 percent. Measures were put in place as part of HACT strengthening to manage and monitor the reporting and liquidation of cash transfers.

Liquidity was adequately managed and the Office met the established benchmark for treasury throughout the year.

The value-added tax monitoring table of suppliers was updated, submission of claims and follow-up on recoveries regularized and reports of outstanding VAT shared with relevant sections, thereby improving recovery rates.

By end-December, funds utilization stood at 97 per cent for regular resources (RR), 96 per cent for other resources and 96 per cent of other resources-emergency (ORE).

Fundraising and Donor Relations

In 2016 UNICEF Uganda implemented a new resource mobilization strategy for the CP 2016-2020. The Office signed four new grant agreements and amended three with donors, at a value of over US$20.5 million. By 31 December 2016, the Office had received 79 per cent of OR contributions against the 2016 ceiling of US$40,773,000 and 37 per cent of emergency funds, against a ceiling of US$22,700,000.

The funding gap for emergency funding increased due to the revision of the Humanitarian Action for Children in October, in response to an influx of refugees from South Sudan in July 2016. Two in-kind contributions valuing US$ 307,387 were received. However, the funding gap increased from 57 per cent to 62 per cent in November because of the continuous influx of refugees.

UNICEF Uganda’s main donors were public sector donors, with one-third of contributions from UNICEF national committees, thematic pools, multi-donor trust funds and global initiatives such as the Global Alliance for Vaccines and Immunization (GAVI) and the International Drug Purchase Facility (UNITAID). A key objective of the resource mobilisation strategy is to diversify the donor pool; a mapping of donors was conducted to guide resource
Mobilization efforts. Over 40 interactions with donors were facilitated through bilateral meetings and field visits in 2016.

UNICEF Uganda has a standard operation procedure (SOP) for contribution management, to provide guidance to programme staff on negotiating and writing donor proposals, utilization of funds and reporting to donors. For strong proposal pitches and compliance with reporting requirements, the planning, monitoring and evaluation section ensured that after the reports specialist provided quality assurance, the M&E specialist and the budget officer reviewed the results framework and budgets for all reports and proposals. Increased oversight ensured that 100 per cent of reports met the donor deadlines. Fourteen out of 25 proposals were successful.

### Evaluation and Research

In 2016 UNICEF Uganda updated its research and evaluation SOP and established a technical working group co-chaired by social policy and PME, in line with the 2015 global evaluation policy. Based on the SOP, the working group consolidated the integrated monitoring, evaluation and research plan (IMERP), which was endorsed by the CMT as part of the annual management plan. On a day-to-day basis, the working group provided quality assurance to research and evaluation activities by reviewing terms of reference, inception reports and any major draft reports. The lead section ensured that the R&E process was consultative, rigorous and unbiased. In the case of flagship reports, the working group provided advice on the process of establishing a national steering committee to support peer review and encourage national ownership.

Three evaluations were planned for 2016, and will be finalized in 2017. An inception report for the impact assessment of the PMTCT programme was completed by UNAIDS; a final report on the nutrition evaluation is under review for January 2017 completion and the management responses will be uploaded on Evaltrack; and an evaluation of a programme to enhance district-level bottleneck analysis linked to planning and monitoring was in process for finalization in first quarter of 2017.

Completion of evaluations was slightly delayed due to limited funding availability and the elections at the beginning of the year; field missions had to be postponed to the second and third quarter. In 2017, the research and evaluation working group will ensure that the IMERP is fully funded, and realistic timelines will be set to complete activities. The main focus areas are evaluation of the humanitarian response, ECD and adolescent programmes.

### Efficiency Gains and Cost Savings

UNICEF Uganda continued to accrue efficiency gains and cost-saving initiatives that were started in prior years. For example, the use of websence, a software security service, to control Internet-usage; use of long term agreements; operation of shared office premises in two locations; and a shared warehouse with the World Food Programme (WFP) in Kampala brought substantial cost savings and efficiencies. The warehouse restructuring and consequent reduction in unit costs (from US$7.2 per square meter to US$4.9 per square meter) led to annual cost savings in the amount of some US$100,000.

The Office identified and harnessed cost-efficiency opportunities such as out-sourcing staff food provision to a private canteen, reducing individual staff effort and time as well as saving US$6,400 per annum, representing 50 per cent of the original cost.

The Office moved to paperless travel authorizations to reduce its climate footprint, with an estimated cost saving of US$2,000 per annum.
In a joint UN project, UNICEF piloted the use of a GPS tracking system to facilitate remote monitoring of vehicle movement and fuel usage, among others, yielding considerable reduction of fuel uptake and assurance that the fleet stayed within approved movement zones.

Supply Management

In 2016, the overall procurement volume for goods, services and procurement services (PS) amounted to US$80 million, a 19 per cent increase over 2015. The procurement volume, excluding PS, totalled US$23.6 million: one-third of the Office’s annual fund utilization. The most commonly procured supplies were malaria test kits, antimalarial drugs, therapeutic food, antibiotics and ORS+Zinc.

In response to the South Sudan crisis, emergency relief supplies (tents, water purification chemicals, jerry cans, soap) were distributed to meet the needs of 300,000 refugees. The value of locally managed procurement reached US$11.9 million.

Supply Inputs (goods and services)

<table>
<thead>
<tr>
<th></th>
<th>Value in US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies</td>
<td>15,070,987</td>
</tr>
<tr>
<td>Operational supplies</td>
<td>1,035,626</td>
</tr>
<tr>
<td>Services</td>
<td>7,511,928</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>23,618,541</strong></td>
</tr>
</tbody>
</table>

PS requests rose in 2016 to US$ 56.3 million, compared to US$36.3 million in 2015, due largely to the introduction of pneumococcal vaccine, funded by GAVI.

Procurement Services

<table>
<thead>
<tr>
<th></th>
<th>Value in US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplies channelled via regular PS</td>
<td>5,120,524</td>
</tr>
<tr>
<td>Supplies channelled via GAVI</td>
<td>51,217,144</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>56,337,668</strong></td>
</tr>
</tbody>
</table>

Supply chain strengthening initiatives were coordinated with national medical stores (NMS), partners and donors. A nutrition supply chain assessment was concluded, and an implementation strategy to integrate essential commodities into the NMS system was drafted.

Following the successful pilot last year, the supply monitoring system was rolled out to 14 Government partners and six NGOs; the system tracked supplies from implementing partners to end-users, for better oversight and accountability.

In an effort to improve warehouse operations, the ‘Inventory’ system was piloted, with support from the UNICEF Supply Division and Information and Communication Technology Division (ICTD).

At year-end, the value of programme supplies in the UNICEF warehouse was US$1,448,081, of which US$163,330 were supplies prepositioned for emergencies.

Stock Movement

<table>
<thead>
<tr>
<th>SUPPLIES RECEIVED (US$)</th>
<th>YEAR-END INVENTORY (US$)</th>
<th>SUPPLIES ISSUED (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15,880,775</td>
<td>1,448,081</td>
<td>12,690,029</td>
</tr>
</tbody>
</table>
Security for Staff and Premises

Minimum operating security standards for Uganda were approved by the UN security management team and endorsed by the UN Department for Safety and Security (UNDSS) headquarters in April 2016. Residential security measures were revised by the security management team and approved by UNDSS on 13 June 2016. The main threats to UNICEF staff in 2016 were road traffic accidents; small crimes, including break-ins at staff homes; and theft.

The location of UNICEF’s office in Kampala, in a major commercial zone and close proximity to high-level Government installations (state house, high court) and the central police station, poses security challenges. A building (hotel) was under construction in a neighbouring lot. UNDSS and UNICEF’s administrative team closely monitored its development and took necessary action to guaranty staff safety.

Given ongoing negotiations with the Government concerning new joint UN premises, UNICEF Uganda remained at the current premises and undertook necessary security improvements to ensure safety of staff and assets. All office windows were protected by blast films. The main entrance was equipped with spike barrier, metal detector gate and x-ray scanner and a security check was conducted by Ugandan police. The entire premises were monitored by recently installed video surveillance equipment and access control points. The Office revised and implemented a new fire safety plan.

On several occasions, police fired bullets and tear gas in proximity to UNICEF premises. The Office was sufficiently prepared for this emergency, having successfully established a warden system and alternative means of communication to guarantee business continuity.

Human Resources

In 2016, the Office hired 28 staff (six international professionals and 12 national staff), including eight temporary appointments; 69 per cent of recruitments were concluded within 90 days. UNICEF Uganda focused on maintaining the gender balance at 50 per cent female. The Office supported the separation of 18 staff members in 2016.

A roster was used to recruit consultants and the talent management system was used to advertise consultancy assignments. The 2016 staff learning and development plan supported staff to adapt to organizational changes. The Office conducted in-house training sessions on VISION, building personal resiliency and positive psychology, ethics, managing performance for results (MP4R) and human resource orientations. In 2016 two staff members took stretch assignments and one went to Addis Ababa to strengthen competencies, learn new skills and build cross-functional relationships.

By the end of February 2016, the 2015 performance evaluation report was 99 per cent complete. By March the individual work plan and training needs completion rate was 53 per cent. Once the new system ‘ACHIEVE’ was launched, the completion rate rose to 99 per cent.

The Office successfully transitioned to GSSC and trained staff on MyCase. Staff received GSSC updates via e-mail and staff meetings.

Staff were assisted on stress-related issues during a training and one-to-one sessions conducted by the regional staff counsellor. Staff participated in the UN Uganda staff yoga and comprehensive health screening wellness day. In an effort to improve work-life balance, the Office trained staff on relevant policies; 21 staff are currently utilizing flexi-working
arrangement.

UNICEF Uganda participated in the comprehensive salary survey that yielded 22.8 per cent and 11.2 per cent increases for general service and national officer staff, respectively.

Effective Use of Information and Communication Technology

Since 2014, UNICEF Uganda leveraged cloud-based office automation tools to provide access to Microsoft Office collaboration and productivity tools. Skype for Business was used effectively in Kampala. However, the quality of Skype was poor in UNICEF zone offices. The ICT team worked closely with the UNICEF Regional Office and ICTD to improve performance at all offices. The Sharepoint-based teams site was actively used to upload documents, minutes of major meetings, announcements and information for easy access by all office staff, as well as remotely over the Internet. The Office used OneDrive for sharing large files within the office and with other UNICEF offices.

The ICT team supported the use and implementation of ICT-enabled innovative open-source and mobile tools such as mTrac, Edutrac, uReport, uSurvey, Child Help Line and EUMS. The ICT team also managed SMS and USSD aggregators, software vendors and network operators effectively.

The Office effectively used digital and social media (Facebook, Twitter and YouTube) to reach stakeholders and caregivers to realize the rights of children. Hashtags such as #InvestInUGchildren, #endchildmarriageug and #BestStartInLife were used in 2016 for informal, two-way interaction between UNICEF Uganda and Ugandan citizens.

The office ICT footprint was limited, as all the corporate applications were hosted in the cloud managed by ICTD, and services for zone offices were hosted in Kampala. All zone offices accessed remotely over a VPN link. In a new zone office in Mbarara and the new warehouse, a lightweight and agile ICT infrastructure (LIGHT) project was implemented to allow access to all ICT services, including the network shared drive, remotely over the Internet.

Programme Components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 1. Strengthened national capacity to deliver improved health and nutrition outcomes for children, adolescents, pregnant women and other vulnerable groups and contribute to sustained improvements in population dynamics

Analytical Statement of Progress:
The under-five mortality rate declined from 187 to 55 deaths per 1,000 live births (from 1990 and 2015), and maternal mortality declined from 687 to 343 maternal deaths per 100,000 live births (UN, 2015). Uganda achieved significant progress towards the 2020 Fast Track and the 2030 Ending AIDS targets. With an 86 per cent reduction in new HIV infections in children (2010 to 2015), Uganda is among the best-performing of the 21 Global Plan countries. By end-2015, vertical transmission of HIV had declined to 2.7 per cent at six weeks and 5.9 per cent at 18 months.

These achievements were supported by Uganda’s steady improvement in socio-economic conditions, improved care practices (e.g. exclusive breastfeeding), use of health services (such as immunization, malaria, diarrhoea and pneumonia control), and PMTCT. Between 2010/11 and 2015/16, coverage with three doses of the Pentavalent vaccine and for PMTCT rose from 90 to 103 per cent and from 62 to 97 per cent, respectively, exceeding national
Several RMNCAH services (antenatal care, skilled birth attendance, micronutrient supplementation of women and children) recorded slower improvements and failed to meet national coverage targets for the 2015/2016 fiscal year. The latest data suggests that for some RMNCAH indicators, higher overall coverage rates were accompanied by growing inequities in health service utilization, especially for family planning and facility-based services such as skilled birth attendance (UDHS, 2011).

Overall maternal and child mortality levels remain high, with a significant proportion of avoidable deaths. The birth rate for adolescents is among the highest in Sub-Saharan Africa (135 per 1,000 live births) and adolescent girls represent 18 per cent of deaths due to pregnancy-related conditions.

Under-nutrition is an underlying cause in nearly 60 per cent, 45 per cent and 25 per cent of infant, under-five and maternal mortality respectively. Recent data suggests limited improvement in stunting, underweight and wasting levels, at about one per cent per year. Micronutrient deficiency levels remains high; and coverage of micronutrient supplementation among children and women is stagnant or worsening. Poor dietary diversity, area-based and seasonal food insecurity, high levels of adolescent pregnancies, inadequate access to safe water and poor sanitation practices are the main determinants of poor nutritional status in Uganda.

Despite a steady increase in the overall allocation by the GoU funds to the health sector, the proportion of health spending in total government expenditures (TGE) declined to 6.4 per cent in 2015/2016, as compared to 8.5 per cent in 2014/2015, and is below the national target of 10 per cent. In the WASH sector, limited financing and inadequate capacities at the decentralized level remain a challenge. During the 2015/16 fiscal year, only 3 per cent of TGE was for WASH, against the 6 per cent national target. Between the 2014/15 and 2015/16 fiscal years, health sector staffing rose slightly: from 69 per cent to 71 per cent (with great variation across regions) But at 0.74 doctors, nurses and midwives per 1,000 population, it was well below the WHO-recommended ratio of 2.3 per 1,000.

Despite improvement in medicines’ availability, 10 to 25 per cent of health facilities experienced stock-outs of essential commodities such as cotrimoxazole, oral rehydration salts, measles vaccines and HIV test kits. Lack of a standardized and digitized logistics management information system contributes to poor supply chain management, preventable stock-outs and opportunistic leakages.

In 2016 the GoU strengthened the health policy environment and mobilised external commitments with potential for addressing key system bottlenecks and improving the availability, quality and utilization of essential RMNCAH, HIV/AIDS, nutrition and WASH services. With significant UNICEF input, the RMNCAH 'sharpened plan' was developed by the MoH into an investment case, which was approved by the World Bank for funding under the Global Financing Facility. Uganda is to receive US$140 million to support RMNCAH activities in 60 districts, including vital registration through NIRA.

There is better coordinated and increased donor interest for supporting implementation of the second Uganda Nutrition Action Plan (UNAP II), and growing local government ownership of multi-sectoral district nutrition action plans. Within the WASH sector, the Government committed to allocate 0.5 per cent of GDP for sanitation.

A significant South Sudanese refugee influx, along with ongoing outbreaks of infectious diseases (malaria, cholera, Rift Valley and yellow fever), posed a major challenge in
2016. Designed to strengthen resilience of both refugees and host communities, and in support of the Government’s settlement transformation agenda, the joint UN initiative ReHOPE is under development with technical assistance from UNHCR, UNICEF and other UN agencies. The initiative is expected to improve local capacity to deliver quality and integrated basic social services to both refugees and host communities, including in the areas of RMNCAH, HIV/AIDS, nutrition and WASH.

Inadequate financing and human resources, poor infrastructure and medical equipment and periodic stock-outs of essential commodities are the health system bottlenecks affecting the availability, quality and utilization of RMNCH services.

The 2016 presidential and parliamentary elections brought changes in senior and top-level management positions, especially in the health sector. Coupled with the introduction of an electronic integrated financial management system, this opened opportunities for strengthening the functionality of management and stewardship structures in the social sector.

**OUTPUT 1 Output 1.1: Reproductive, maternal, newborn and child health**

By 2020, strengthened national capacity to scale up and sustain the provision of quality high-impact maternal, neonatal, child and adolescent health interventions, focusing on integrated and innovative approaches to reach the unreached.

**Analytical Statement of Progress:**
The MoH, with contributions from UNICEF, developed and approved the: Immunization Act, ehealth policy and strategy, adolescent health road map, VHT revitalization strategy, and the community health extension worker policy and strategy. The electronic health management information system was improved, but areas, such as nutrition and community information systems require further attention.

Within the framework of the ‘Polio End-Game’, UNICEF procured 18 million doses of polio vaccine and supported nationwide social mobilization activities for two sub-national and one national Polio immunization rounds, vaccinating over 8 million children under five years of age. In April 2016, with UNICEF support, Uganda successfully introduced injectable polio vaccine and operationalized the shift from trivalent to bivalent oral Polio vaccine.

As part of the roll-out of vaccination against the human papilloma virus, UNICEF supported nation-wide administrative and social mobilization efforts, through health and community structures, and conducted mapping of the distance from schools to health facilities in 24 UNICEF focus districts.

In response to the yellow fever outbreak, UNICEF supported procurement of vaccines and social mobilization efforts resulting in over 600,000 people immunized against yellow fever. As of October 2016, over 1 million children under one year old were vaccinated as part of routine immunization services provided in line with the national immunization schedule. UNICEF continued to procure vaccines in support of the MoH/GAVI partnership for immunization, and worked with the MoH at the national and district levels to conduct an immunization equity assessment and use the findings to support micro-planning in 39 low-performing districts.

UNICEF supported institutionalization of the RMNCAH score card, bottleneck analysis and action tracker linked to performance-based financing. The RMNCAH score card was digitized and integrated into HMIS/DHIS2. At the sub-national level, the RMNCAH score card was operationalized in 21 priority districts.
In health facilities UNICEF ensured that 300 health facilities in 37 districts received essential supplies and supported the training of 245 health care providers on EmONC and ‘helping babies breathe’, leading to improved availability and quality of maternal and newborn care. IMNCI, including care for child development modules and the use of ICATT, was rolled out in 15 priority districts, bringing the total percentage of health facilities with IMNCI/ICATT from 0 per cent in 2015 to 51 per cent by year-end.

ICCM was rolled out to 49 priority districts. As part of this effort, UNICEF supported refresher training and supportive supervision of 14,528 VHT members and ensured the provision and monitoring of essential non-malaria commodities through the national systems. As a result, 85 per cent of children received appropriate treatment within 24 hours of disease onset.

Community-based newborn care was rolled out in 14 UNICEF focus districts. A successful pilot for integrating TB and HIV/AIDS management into iCCM was conducted in three districts.

Financial and geographic barriers to health services were addressed by a UNICEF-supported voucher system, resulting in timely referral of 3,659 pregnant and post-partum mothers.

OUTPUT 2 Output 1.2: By 2020, national capacity strengthened to improve quality, access and utilization of prevention of vertical transmission of HIV (preventing new infections in children and keeping mothers alive), paediatric, maternal and adolescent AIDS and TB care and treatment services.

Analytical Statement of Progress:

In an effort to achieve the UNAIDS 90/90/90 targets, the MoH endorsed the adaptation of WHO 2015 Guidelines for universal treatment of all population groups, without recourse to CD4 levels. It also approved a service delivery model that reduces the burden on facilities of treating over 900,000 clients by adopting community- and peer-led platforms of service delivery.

The ‘All-In’ rapid assessment supported by UNICEF and partners provided age- and sex-disaggregated data on adolescent HIV to inform the integrated national policy adolescent framework and overall programming to provide HIV-prevention and care services for adolescents.

As of June 2016, with UNICEF support, 95 per cent of HIV+ pregnant women were on ART. UNICEF support influenced Government efforts to retain HIV+ mothers and their exposed babies in care across 21 high-burden districts through innovative community facility linkages. Thirty-five UNICEF-supported districts made progress: 85 per cent of pregnant women (611,373 out of a targeted 718,856) were tested for HIV and 33,091 of the targeted 39,377 HIV-diagnosed children (84 per cent) were enrolled in care during the first three quarters of 2016. UNICEF provided HIV test kits for 13 districts affected by stock-outs in 2015/16 and supported 21 districts with training, mentorship and establishment of community facility linkages that ensure that pregnant mothers and their exposed babies are retained in the continuum of care. Nevertheless, identifying and diagnosing HIV-exposed and HIV-infected children was not adequate; only 40 per cent of children received virological testing within two months of birth. The response was constrained by inadequate and delayed enrolment of infected children into care and treatment, so that only 63 per cent of the expected 95,000 infected children are receiving care across the country.

Uganda faces funding constraints for anti-retroviral drugs and commodities, which has the potential to disrupt treatment in 2017. The U.S. President’s Emergency Plan for AIDS Relief and the Global Fund provided support to reduce the funding gap.
OUTPUT 3  By 2020, multi-sectoral coordination and 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:
In 2016, UNICEF partnered with WFP and USAID to support the office of the prime minister to update the national nutrition policy and develop the second strategic plan, for validation and subsequent approval by the GoU. DNCCs were established in 45 districts, and received UNICEF support to develop multi-sectoral district nutrition action plans (DNAPs). However, implementation was challenged by limited national budget allocation and weak accountability and monitoring systems for nutrition at the sub-national level. UNICEF advocated for integrating the plans into district development plans.

UNICEF, WHO and WFP supported the MoH to update the national guidelines and related training packages for the integrated management of acute malnutrition. The maternal, infant and young child feeding roadmap was developed to accelerate the implementation of related services and promote positive nutrition/feeding practices. Both sets of documents were launched in 2016 and are being disseminated nationwide.

An estimated 2.5 million children under-five years of age nation-wide were reached with Vitamin A supplementation and 4.5 million with deworming (including 438,000 and 900,000 children in 21 UNICEF focus districts). Although there were no stock-outs of Vitamin A at the national level, the reported coverage is low (28 per cent) due to limited reporting through administrative information system.

To improve the quality of nutrition data in HMIS/DHIS2, UNICEF supported all 12 regional referral hospitals with data management, mentoring/ coaching and supportive supervision activities.

A total of 52,822 children under-five (26 per cent) with SAM across the country benefited from UNICEF-supported treatment. Twenty-one UNICEF-supported districts reached 77 per cent (28,568) of acutely malnourished children, reaching annual targets in both the development and humanitarian context.

Uganda experiences frequent stock-outs at health facilities, mainly due to over-reliance on external, unpredictable and restricted financing for nutrition commodities and limited integration of ready-to-eat therapeutic foods (RUTF) and therapeutic milks into the national supply chain management system. Stock-outs were exacerbated in 2016 by the influx of South Sudanese refugees since July. To understand nutrition supply chain management and develop a comprehensive plan, UNICEF commissioned a nutrition supply chain assessment in 2016. The study highlighted high dependency on donor funding for RUTF and Vitamin A supply and recommended specific actions to strengthen the forecasting, financial transition planning, and monitoring of nutrition commodities.

UNICEF supported the integration of nutrition and ECD practices in the KFCP; roll-out of the package was started. The Department of community development of the MGLSD oriented 142 district coordination and development officers, 1,403 community development officers and 2,247 parish development committee members and functional adult literacy instructors as part of the KFCP roll-out in 21 UNICEF focus districts.

UNICEF supported the MoES to partner with Mulago Health Tutor College and trained over 180 tutors on nutrition, including pre-service nutrition training for paramedics, to bridge nutrition human resource gaps at health facilities. Revision of the health tutors’ curriculum was initiated, to integrate nutrition.
OUTPUT 4  Output 1.4. By end-2020, sustained improvement of access to and use of safe drinking water and improved sanitation and personal and environmental hygiene practices, including in schools and with particular attention to girls.

Analytical Statement of Progress:
In the framework of the Sanitation and Water for All initiative, UNICEF and partners continue to advocate for increased national budget allocation to sanitation, which remains stagnant at 0.029 of GDP. Efforts will continue in 2017.

Since September 2015, access to rural water and sanitation improved from 65 per cent and 77 per cent to 67 per cent and 79 per cent, respectively. There were significant variations across regions; access to improved water varied from 56.5 per cent in Western/Central region to 70.1 per cent in Northern Region. Sanitation coverage varied from 22.7 per cent in Eastern region to 87 per cent in Western and Central regions.

The functionality of water points at the time of spot-checks dropped from 82.9 per cent to 71 per cent in Eastern Region, and was 82.9 per cent in North and 88.7 per cent in West/Central. UNICEF developed a new preventive maintenance approach with the private sector to address O&M of primary water sources in Uganda. Some 150,731 people (82,902 children; 73,859 men; 76,872 women) accessed safe water through the UNICEF-supported rehabilitation of existing gravity piped water systems in 14 districts. UNICEF supported the establishment of four solar-powered piped water systems to serve over 12,000 people in the 24 priority districts.

Availability of functional WASH services at health facilities in the 24 UNICEF focus districts was a challenge: varying from 6.1 per cent to 74.6 per cent of health facilities for water and from 8.1 per cent to 90.8 per cent of health facilities for sanitation. To address this issue, UNICEF will focus on resource mobilization in 2017. WASH in schools was still not prioritized in sectoral and district plans and budgets. Pupil-to-stance ratio in UNICEF focus districts varied from 39:1 to 94:1 against the recommended ratio of 40:1. This will be prioritized in 2017.

The national hand washing initiative was rolled-out in all districts by the technical support units of the MoWE, the Inter-Religious Council of Uganda and UWASNET (an NGO umbrella group working in the WASH sector). Community-led total sanitation was rolled-out in over 70 districts, 32 supported by UNICEF. MHM training for school teachers was rolled in the priority districts.

A community rapid assessment protocol tool was used to develop a road map for elimination of open defecation at the district level. Some 143 communities in UNICEF focus districts were triggered, and 36 per cent (52 communities) eliminated open defecation.

In response to the influx of South Sudanese refugees, UNICEF provided safe water to 70,400 refugees (45,056 children; 32,947 men; 37,453 women) and supported O&M of existing 13 motorized water systems serving 65,000 refugees. An estimated 80,000 refugees, including 51,200 children, 37,440 men and 42,560 women, were reached with sanitation and safe hygiene promotion in settlement areas.

Fifteen cholera-prone districts were supported by UNICEF to carry out water quality assessments to inform the development of water safety plans. 22 cholera-prone districts were assisted by UNICEF to develop emergency preparedness and response plans.
OUTCOME 2 2. By 2020, an effective and efficient well-resourced formal and non-formal quality education system that is inclusive, relevant and accessible to all boys and girls with increased school retention, completion and achievement rates.

Analytical Statement of Progress:
The attainment of gender parity in primary schools in Uganda and improvement in literacy and numeracy rates for primary six level are major achievements in the education sector. Although an in-depth analysis is yet to be conducted, these achievements can be largely attributed to the increasing focus on learning outcomes by the Government and the impact of programmes supported by development partners, including UNICEF.

The political, social and economic developments in 2016 have the potential to energize the education sector for the fulfilment of children’s right to an inclusive, relevant and quality education. The President accepted a proposal from the Education Commission to become one of the pioneer countries for implementation of the commission’s report. New management, with the First Lady as minister of education and sports, is now leading the education sector, and both the media and parliamentarians showed great interest in education outcomes for children. These changes are expected to bring about effective reforms in the sector, including additional domestic and external resources. However, it will take time for these initiatives to have a measurable impact.

Only marginal improvements were made in education outcomes, including attainment of gender parity, increase in the lower secondary net enrolment rate from 28 per cent in 2015 to 30 per cent in 2016 and in learning achievement. Furthermore, enrolment rates for both primary and secondary levels declined in 2016. No improvements in the primary school completion rate took place.

The share of Government expenditure in education did not increase in fiscal year 2015/2016. UNICEF continued to advocate with the Government and the Parliament for increased investment in education. UNICEF is the coordinating agency for the Global Partnership for Education (GPE)-funded project starting in November 2016, and has intensified its advocacy through this forum. UNICEF supported the MoFPED to analyse education expenditure for effective and efficient utilisation of budget.

In 2016, the Government increased teachers’ salaries by 15 percent. This positive response to the demand of the teachers’ union and advocacy from development partners is expected to create a positive impact on the sector. UNICEF, in collaboration with UNESCO, is supporting the formulation of a teacher education policy.

In 2016 UNICEF support focused on creating a positive school environment for girls. Through music, dance and drama, UNICEF promoted violence-free school environments and prevention of child marriage across the country. A total of 4,253,253 adolescents (2,539,000 males; 1,714,253 females) participated in these activities. Reporting, tracking, response and referral guidelines to address violence against children were developed with UNICEF support. A total of 700 teachers (357 male, 343 female), and 2,521 student leaders (1,437 male; 1,084 female) were trained on their use. Similarly, UNICEF trained 810 teachers (552 male, 258 female) and 16,685 learners (10,535 M, 6,150 F) to develop school safety plans based on the child-friendly conflict and disaster risk management guidelines launched this year. A total of 480 senior female and male teachers (232 male, 248 female) and 624 learners (252 boys, 372 girls) were trained on MHM and gender-responsive pedagogy. Community Barazas (dialogues) were held to address harmful social norms affecting the education of girls in UNICEF-supported districts.

The integrated early childhood development policy and action plan was approved by the Cabinet in 2016. It contains specific provisions for allocation of government resources to
ECD. UNICEF supported the roll-out of the plan in 12 priority districts. Successful implementation of the policy has the potential to benefit 8 million children aged zero-to-eight each year. Pre-primary education is not yet part of universal compulsory education in Uganda, and is mainly run by non-state actors. Although total enrolment at this level increased by about 44,000 between 2014 and 2015, the services are limited to urban and semi-urban areas. Poor parents cannot afford the fees charged by private providers. To address this issue, the Government is promoting public-private partnerships for ECD and UNICEF supported the development of innovative public-private partnership models.

In its capacity as chair of the basic education working group of development partners and of the UN Development Assistance Framework (UNDAF) outcome results group for learning and skills development, UNICEF advocated for comprehensive reform of the education sector. UNICEF supported Go to School, Stay in School and Back to School Campaigns in six districts. UNICEF has been supporting the development of an inclusive education policy, which is yet to be approved by the Government. As a member of the national steering committee and in collaboration with UNESCO, UNICEF also supported the development of an implementation plan for Sustainable Development Goal (SDG) 4.

In terms of challenges, the sector is faced with low public financing; harmful social norms and practices; constraints in translating policies into action; inadequate management and coordination capacity at the decentralised level; inadequate accountability; and shortage of textbooks, trained teachers and school facilities in remote and rural areas. Furthermore, parents in some communities, particularly in Karamoja Region, do not fully appreciate the value of education. Many schools, particularly in remote rural areas, do not meet minimum quality standards.

OUTPUT 1 Output 2.1. Early childhood development (ECD) By 2020, strengthened national capacity to coordinate, manage and scale up quality integrated early childhood care and development programmes, with a focus on the most deprived and vulnerable children.

Analytical Statement of Progress:
Approval of the NIECD policy represented a significant milestone towards equitable social and economic development in Uganda. The NIECD action plan outlines measures for cross-sectoral coordination of ECD services, with indications of resources required to achieve the key outcomes. A directive issued to the head of public service and Cabinet Secretariat also guided permanent secretaries and technical officials from the various ministries, departments and agencies to align their systems for implementation of the integrated policy. Once successfully implemented, these measures will benefit 8 million children per year.

The MoGLSD began to operationalize the NIECD policy. A mechanism was established to lead coordination and management of the process at national, district and sub-district levels. In 2016 UNICEF supported a number of initiatives focused on rolling out the action plan, including: the development and validation of parenting guidelines; revision of the c-IMCI package to include CCD modules on early learning and stimulation in the KFCPs with the MoH; the implementation of quality standards for ECD centres; and training of ECD caregivers and centre management committees. An ECD multi-media campaign has increased awareness of stakeholders at all levels on the importance of ECD. As a result of orientation sessions conducted with UNICEF support, members of Parliament, ministers and senior civil servants are committed to supporting implementation of the NIECD policy.

A total of 2,900 care givers working in approximately 1,500 community-based ECD centres were trained on early care and learning activities. Over 268,284 children (including 133,511 boys and 137,773 girls) in 5,460 community-based ECD centres in 27 priority districts including - refugee settlements - are benefitting from the appropriate care and learning
opportunities provided. Of the 5,460 community centres, 1,568 met minimum standards and obtained registration.

Partnerships were established with faith-based organizations to mobilize communities for the expansion of ECD services in 50 districts. With technical support from UNICEF, the MoES expanded the training of caregivers through the GPE-funded project. A mapping of all ECD service providers was completed by the NCC, UBOS and line ministries. This initiative will strengthen coordination and the roll-out of the new ECD policy in all districts.

After implementing early learning development standards in selected districts, the MoES is better prepared to formulate evidence-based pre-school policy and curriculum.

Inadequate capacity for coordination between sectoral agencies for integration of ECD services remained a challenge at all levels of government. Unfavourable social norms and unavailability of services remain major bottlenecks. As the ECCE policy is still being prepared, progress on inclusive ECD services was also delayed. In 2017, UNICEF will prioritize roll-out of the KFCP and provide targeted support to technical working groups in the MoGLSD and MoES.

**OUTPUT 2** Output 2.2 By end-2020, enhanced national capacity to increase equitable access, quality and sustainability of primary education that is inclusive and innovative to impart relevant knowledge and skills

**Analytical Statement of Progress:**
In 2016, UNICEF Uganda supported initiatives to address gaps in the enabling environment of the education sector, particularly those affecting children with disabilities. Best practices and lessons learned from the peace-building programme informed the formulation of the quality education results in the 2016-2020 CP. The teacher motivation research design, prepared with UNICEF support, was nearly finalized; once completed in 2017, the framework will inform teacher education policy and provide a national tool to reduce teacher absenteeism.

With UNICEF support, the MoES developed an ICT-based inspection and integrated dashboard (EMIS, EduTrac, UReport and inspection) for improving the education management information system. Education sector coordination mechanisms developed with UNICEF support are improving programme effectiveness in 21 of the 30 priority districts. A total of 1,286 teachers from Karamoja Region, kept as the control group as part of the PBEA evaluation, completed training on gender and conflict management in the classroom, which will benefit 50,000 children.

Through training and supportive supervision by coordinating centre tutors, 1,504 teachers from 687 schools in 15 priority districts have improved understanding of thematic curriculum and early grade reading methodologies, benefiting over 120,000 children.

UNICEF supported initiatives to improve learning outcomes for children with disabilities. Pilot testing of a set of digitalized English-language textbooks and inclusive ICT for children with visual and hearing impairments was completed, and 494 district stakeholders in 10 districts can provide mentoring and supportive supervision to teachers for children with special needs, using the child-to-child teaching methodology. This group will form the pool of trainers for further roll-out of this approach. Approval of the special needs education policy by the MoES was delayed. An application for enhanced school management and financial inclusion for preventing school drop-out due to fees, developed in partnership with MasterCard labs on Human-Centered Design, is ready for pilot testing.
The child-friendly reporting, tracking, response and referral guidelines were launched and operationalized in 130 schools in 10 districts, equipping 65,000 children with knowledge on how to protect themselves and others from violence. Roll-out will continue in 2017.

Some 2,500 South Sudanese refugee children benefited from an improved learning environment that was a result of tents and school-in-a-box provided by UNICEF. ‘Go to School’ campaigns in the three original districts hosting South Sudan refugees reached 904 female and 1,198 male community members.

Bottlenecks constraining progress included chronic under-funding, weak teacher capacity and motivation, and inadequate community participation. At the operational level, limited funds-management capacity within the MoES also created constraints.

**OUTPUT 3** Output 2.3. Adolescent development: By 2020, improved access of adolescents to information, life skills and essential services to reduce their vulnerability to HIV, teenage pregnancy and violence.

**Analytical Statement of Progress:**

With UNICEF support, the Government began implementing the national strategy on elimination of violence against children in schools (VACiS); reporting, tracking, referral and response (RTRR) guidelines; and the national strategy on ending child marriage and preventing teenage pregnancy.

A total of 2,521 adolescents (male 1,437; female 1,084) in 24 priority districts have enhanced their capacity to prevent and respond to violence against children, following their participation in the RTRR training. In addition, 700 teachers (357 male, 343 female) completed training on positive discipline as an alternative to corporal punishment. The national strategy for ending child marriage and teenage pregnancy was disseminated in 30 districts, resulting in the development of multi-sectoral work plans for each district.

A total of 480 teachers (232 male; 248 female) and 624 learners (252 male; 372 female) from six districts (Abim, Nakapiripirit, Arua, Adjumani, Iganga and Kamuli) completed training on MHM and use of the MHM tool kit. The training of teachers also included gender-sensitive pedagogy. Roll-out of the Presidential Initiative on AIDS Strategy of Communication with Youth, which equips children with life skills, got underway with the training of 180 head teachers, senior female teacher and senior male teachers in two districts.

A total of 4,402,880 adolescents from 49 districts increased their understanding of the negative impact of child marriage and poor nutrition on both the children themselves and society at large through music, dance and drama. Additionally, 4,253,253 adolescents (2,539,000 male; 1,714,253 female) from 24 priority districts increased their knowledge about the value of sports for adolescent development by participating in athletic activities and special needs sports events with the theme ‘Building from the power of sports for holistic adolescent development’. Furthermore, 146 adolescents (66 male, 80 female) spoke out on issues affecting them at a symposium held during the International Day of the Girl Child and Day of the African Child.

The child-friendly conflict and disaster risk management guidelines were launched. A total of 16,680 learners (10,535 male; 6,150 female) and 810 teachers from 14 districts developed school safety plans after completing the training on the guidelines. Through a participatory needs assessment exercise, specific needs of refugee children were identified in eight refugee districts. Some 655 out-of-school refugee adolescents (30 per cent male, 70 per cent female) accessed non-formal vocational and life skills education.
Among the bottlenecks encountered in adolescent development were: deeply entrenched social norms, cultural and religious practices and beliefs regarding critical adolescent development issues; the general absence of WASH facilities in schools, as well as girls’ wash/changing rooms; limited knowledge of life skills; and lack of teacher capacity on gender- and adolescent- responsive approaches. In 2017, UNICEF will focus on supporting the development and implementation of the adolescent development framework.

OUTCOME 3 3. A comprehensive and functional national and subnational system that prevents gender-based violence and violence against children and delivers quality and equitable response services to survivors and victims.

Analytical Statement of Progress:
In 2016 a large number of children in Uganda received child protection services at both the national and sub-national level, as well as in refugee camps. Over 3.4 million children aged zero-to-17 years (620,223 children – 49.5 per cent girls – in 2016) were registered at birth; 7,226 children aged five-to-17 years were withdrawn from child labour (of a total of 2.75 million children); 66,507 refugee children from South Sudan, DRC and Burundi benefited from psycho-social support; 10,159 separated and unaccompanied children (5,548 boys; 4,611 girls) received appropriate alternative care services; and 68 girl victims of sexual violence received multi-sectoral support. Preliminary findings from a survey on female genital mutilation in six districts indicated that one-fifth of the surveyed females were circumcised and 94 per cent of women interviewed (in the six districts) felt that the practice should be discontinued.

No new data was available on the number of children living in institutions, thus the figure remains at approximately 50,000 children, showing no progress. Data on child marriage and teenage pregnancy will be available in 2017, when the Uganda DHS 2016 is published.

The Government spent approximately US$1.8 million on child protection interventions through the MGLSD and NCC from July 2015 to June 2016, a slight increase over the 2014/2015 figure of US$1.4 million. However, compared to 2013/2014 spending declined.

UNICEF contributed to progress toward these results by creating an enabling environment to address various constraints in the areas of policy and legislation, demand and supply of services. Specifically, in 2016 UNICEF worked with key partners to support the GoU on a number of policy reforms, including: i) amendment of the Child Act, which was gazetted on the 1 July 2016 and includes new provisions for inter-country adoption, criminalization of the use of corporal punishment in school, establishment of a new, independent national children’s authority and abolishment of the National Council for Children; ii) enforcement of the Registration of Persons Act 2015 which led to the introduction of a birth notification, as a prerequisite for obtaining a full birth certificate; and iii) the national action plan for children with disabilities, launched on 3rd December 2016.

The East African Community, including Uganda, adopted a child policy that aims to address cross-border bottlenecks in the realization of children’s right in the sub-region. UNICEF and partners are supporting the MoGLSD to develop a child rights policy with a strong component on child protection and a costed national child protection plan.

UNICEF is working with the MoGLSD and relevant partners at the national and district level to develop a national policy framework for adolescents. This policy will, for the first time in Uganda, provide an integrated and holistic framework for adolescent programming and promote effective and efficient coordination among all key stakeholders with the aim of providing adolescent-sensitive services in all sectors and ensuring that adolescents play an active role and participate meaningfully in the development process. The policy builds on ongoing work on adolescent development in education, health and protection.
Progress was also made in promoting a child-friendly and responsive justice system. The public prosecution handbook on child-friendly justice was launched, the child-friendly workflow process for the justice sector was approved and the national action plan to address the issue of online-child abuse was finalized and is awaiting approval by the Ministry of Internal Affairs.

UNICEF built capacity at the MoGLSD and among district and local governments to operationalize the national child helpline call centre, which resulted in the reporting of 9,126 cases in 2016 (5,038 girls, 4,088 boys). UNICEF also supported the ministry to conduct district monitoring to identify and address bottlenecks in service delivery. These were incorporated into the strategic plan for the national child helpline, resulting in the removal of 344 girls and 720 boys from the worst forms of child labour, such as mining.

With support from UNICEF, UBOS conducted a survey on FGM prevalence in the six practicing districts in Eastern Uganda. The preliminary findings showed that one-fifth of the surveyed females had been circumcised and 94 per cent of women interviewed felt that the practice should be discontinued. A baseline survey on VAC was completed; the preliminary findings suggest that more than 50 per cent of children in Uganda are victims of different forms of violence, including sexual violence. This data will inform targeting of vulnerable populations.

Support was also provided to the MoGLSD and newly established NIRA to participate in regional workshops on civil registration and child marriage, respectively. As a result, Uganda was selected to host the first-ever East African summit on ending child marriage in June 2017.

UNICEF will work closely with the ministries of Gender and Finance to track and monitor budget allocations for child protection initiatives. In terms of the Delivering as One agenda, UNICEF co-chairs the working group on UNDAF Outcome 2.4 (on GBV and VAC), and collaborates closely with other agencies in the areas of child and early marriage and teenage pregnancy.

**OUTPUT 1** Output 3.1. By 2020, an integrated national child protection system that prevents and responds to violence, exploitation, abuse, discrimination and neglect and ensures the care of vulnerable children.

**Analytical Statement of Progress:**
In 2016 UNICEF supported the Government and partners to close existing policy and legislative gaps in child protection, including: gazetting of the amendment to the Children Act, which outlawed corporal punishment and harmful practices in July 2016; launching of the national action plan for children with disabilities in December 2016; roll-out of the national strategy to end child marriage and teenage pregnancy to 30 districts, resulting in 223 community actions to prevent child marriage and teenage pregnancy; and development of an overarching national framework for adolescent girls that addresses their vulnerabilities; and a five-year strategic plan for the UCHL.

To build evidence on the prevalence of violence against children, a national survey was conducted; preliminary findings show that more than 50 per cent of children in Uganda are victims of different forms of violence. The national gender-based violence database and incident reporting tool was revised to include child marriage and rolled out to 24 of 30 targeted districts. UNICEF supported the establishment of a national call centre and UCHL action centres in 16 focus districts, including five refugee hosting districts.
These investments resulted in increased awareness among 87,249 at-risk children (girls 47,334; boys 39,915) about preventing interpersonal violence within their communities. The number of reported VAC cases dropped from 675 in 2015 to 613 in 2016 (14 boys, 599 girls). Fifteen of 31 targeted villages in Karamoja participated in the public declarations of support for the abandonment of FGM/C in 2016; and 83 of 225 villages have declared abandonment. An estimated 11,294 community members in the FGM practicing districts were reached with messages on FGM/C abandonment.

A total of 12,103 people (6,799 male, 5,304 female), were engaged in community dialogues on ending child marriage through UNICEF-supported programmes. These community dialogues resulted in at least 391 public commitments/announcements by local leaders (24 female, 367 male) to end child marriage and teenage pregnancy in those districts. A total of 163 people (31 female leaders/members, 132 male leaders/members) signed pledges to prevent child marriage in their communities. About 51 district local governments have developed action plans and allocated funds to end child marriage.

With support from UNICEF and partners, 66,507 refugee and host community children from South Sudan, DRC and Burundi (40,168 boys, 26,339 girls) benefited from psychosocial support. This includes 10,159 separated and unaccompanied children (5,548 boys, 4,611 girls) who received appropriate alternative care services and 76 girls who also received multi-sectoral support in response to the consequences of sexual violence.

A weak social welfare workforce to handle cases of violence against children and harmful social norms remains a challenge. Limited harmonization of administrative data sources weakens linkages to other sectors.

In 2017 UNICEF will work with partners to finalise a national framework for adolescent girls; and develop the child policy and costed national child protection action plan.

**OUTPUT 2** Output 3.2. By 2020, a child-friendly and responsive justice system which (as an integral part of the child protection system) effectively and efficiently protects and serves all children, and operates in the best interest of children.

**Analytical Statement of Progress:**
In 2016, UNICEF supported the Ministry of Internal Affairs and relevant institutions to draft a national action plan to address the issue of online child sexual abuse and improve the knowledge and skills of 35 police and prosecutors in detecting and handling cases related to online abuse.

The annual target of training 30 per cent of judicial officers was exceeded, as 67 per cent (151 out of 310) of the officers received training to ensure that they promote child- and gender-sensitive justice. Furthermore, 207 police officers were trained on child-friendly guidelines, ensuring that the police’s family and juvenile protection units in 34 districts have the capacity to provide child- and women-friendly judicial services.

UNICEF supported the justice, law and order sector (JLOS) by training 168 prosecutors, police, registrars, magistrates, probation officers and health professionals on how to deal with cases of children in contact with the law, and on the inter-agency coordinated case management response. Coupled with the hiring of 13 regional coordinators and support for coordination between justice actors, this led to improved management of children’s cases within the justice system – including the diversion of 2,701 children in conflict with the law in 43 districts. Sixty-five children in contact with the law (36 boys, 29 girls) benefited from audio-visual links during their court proceedings, to prevent them from being re-traumatized and ensure child-friendly court proceedings.
In 2016 plans to support the JLOS and MoGLSD to review relevant legislation on online child sexual abuse and revise the draft diversion guidelines were constrained by weak technical capacity in the justice sector. Both activities will be prioritized in 2017. Other bottlenecks included: lack of diversion guidelines as a statutory instrument; lack of child protection training in the pre-service and in service judicial training institutions; insufficient number of specialized justice-for-children staff; and lack of legal representation for children. These bottlenecks contributed to 12,379 children’s cases pending in the courts. UNICEF will support the JLOS to address identified bottlenecks in 2017 by prioritizing the institutionalization of child-friendly procedures into court procedures; strengthening the JLOS data management system, for improved reporting on children’s cases; advocating for the approval of child justice policies and regulations; and review of JLOS training programmes, with a view to initiating strategic discussions for institutionalizing child protection modules in pre-service trainings for child justice professionals.

OUTPUT 3

Output 3.3. A comprehensive Birth and Death Registration system that will provide the necessary framework for the universal, continuous and free of charge birth registration of all children in Uganda.

Analytical Statement of Progress:
In 2016 UNICEF supported NIRA to scale up birth registration services from 63 districts in 2015 to 77 districts. This resulted in 620,223 children aged zero-to-17 years (49.5 per cent girls) being issued with birth notification through the mobile vital records system (Mobile VRS). About 60 per cent of these children were under five years, including 23,680 refugee children born in Uganda, while 124,899 children aged six-to-17 years (49.7 per cent girls) were from 17 districts with a high prevalence of child marriage.

In 2016 UNICEF provided hands-on training on managing the Mobile VRS to the staff of the newly established NIRA. At the sub-national level, the capacity of 68 district governments and 135 hospitals was strengthened to register births of children and issue them with birth notifications. In addition, UNICEF supported South-South cooperation by facilitating the presentation of Uganda’s experience in Civil Registration and Vital Statistics during the African Union workshop in Zambia in May 2016, as part of the “Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics (APAI-CRVS)”. UNICEF and partners also supported the inclusion of CRVS into Uganda’s RMNCAH investment case and country proposal to the Global Fund Facility. This will not only strengthen the link between birth and death registration to health services, but also bring in much-needed funds for the birth registration programme.

Uganda continued in 2016 to experience delays in the delivery of birth registration services due to lack of a national CRVS policy and costed strategic plan, absence of a national coordination mechanism for CRVS and human resource constraints. In 2017 UNICEF will prioritize support to NIRA to establish a CRVS coordination mechanism; a National CRVS policy and Costed Strategic Plan; and a national communication strategy to boost the demand for effective and efficient civil registration services in Uganda.

OUTCOME 4

4. By 2020, improved equity-sensitive and child-friendly policies, programmes and budget allocations based on high-quality evidence and strengthened oversight

Analytical Statement of Progress:
June 2016 marked the launch of the national population census detailed results, including district and sub-county level data. Key achievements include the collection and release of initial data on district and sub-district level pre-primary attendance of three-to-five-year-olds,
as well as birth certification for zero-to-four-year-olds.

UNICEF’s strategic engagement with the UBOS also featured the successful pilot of the consensual deprivation approach in the Uganda National Panel Survey (UNPS, 2016) and its full integration into the Uganda national household survey (UNHS, 2016). In full recognition that children’s experience of poverty remains closely correlated to their surrounding environment, and that poverty is multidimensional, this effort is expected to broaden the common perception and measure of poverty beyond traditional household income- or consumption-based approaches.

UNICEF and UBOS also successfully conducted the uSurvey pilot covering FGM/C practices through a carefully designed survey in all the (six) districts that practice FGM/C in Uganda. The pilot highlighted both statistical and cost-saving advantages of the uSurvey technology. Notably, preliminary district level summary results were released within three days of data collection, and preliminary sub-county level results were released within four weeks after the completion of field work. UBOS is utilizing uSurvey in selected modules of the UDHS and UNHS (on-going) and plans to use it for the Informal Sector Survey (later in the year).

To reap maximum benefits from existing and upcoming data sources, in partnership with UBOS, the NCC and the AfriChild centre, UNICEF Uganda led the development and launch of a national child-focused policy research agenda.

In regard to public financing for children, UNICEF provided notable support to the budget process, in partnership with the MoFPED and EPRC. This joint initiative has already led to firmer integration of equity-sensitive budgeting in the local government allocation formula, and continues to provide a systematic platform for engagement to improve budgets for future generations. The latter was the chosen theme of this year’s annual post-budget debate organized by the Uganda Economic Association.

On the policy side, in close collaboration with DfID, Irish Aid, WFP, the World Bank, MoGLSD and others, 2016 also witnessed the approval and launch of Uganda’s social protection policy. UNICEF supported the Government to formulate a business case for sustained investment in social protection, which was expected to be launched by the end of 2106.

UNICEF’s partnership with the MoGLSD, together with JLOS and other partners, also led to the approval of the Children’s Act Amendment, which was signed into law in May 2016. UNICEF is working with partners to develop advocacy activities to popularize the new law. For example, in close collaboration with the UPFC and EPRC, UNICEF spearheaded several orientation activities for Uganda’s 10th Parliament (427 members), sworn in May 2016.

In addition to the important policy changes described above, in 2016 Uganda’s national integrated ECD policy was approved. UNICEF’s support and formulation of an ECD programme-based budgeting framework, in partnership with the National Planning Authority, MoFPED and the MoGLSD played a very important role during the final approval process.

UNICEF is working with other UN agencies to “deliver as one” in support of the institutionalization of all SDG-related work in Uganda, including SDG monitoring. To this end, UNICEF co-chairs the SDG steering committee and helps coordinate the SDG data task force.

Key bottlenecks include poor coordination between national planning and budgeting efforts, and insufficient funding for social protection.
OUTPUT 1 Output 4.1. Evidence, budget, policy and institutional analyses
By 2020, strengthened national capacity to provide robust and credible evidence, budget, policy and institutional analyses for children, focusing on reducing disparities and promoting social inclusion.

Analytical Statement of Progress:
June 2016 marked the launch of the detailed results of the national population census, including data from the district and sub-county levels. Key achievements included the collection and release of initial data on district and sub-district level pre-primary attendance of three-to-five year olds, as well as birth certification for zero-to-four year olds.

UNICEF’s strategic engagement with UBOS also featured the successful pilot of the consensual deprivation approach in the Uganda National Panel Survey (UNPS, 2016), and its full integration into the Uganda National Household Survey. In full recognition that children’s experience of poverty remains closely correlated to their surrounding environment, and that poverty is multidimensional, this effort is expected to broaden the common perception and measure of poverty beyond traditional household income- or consumption-based approaches.

UNICEF and UBOS also successfully conducted the uSurvey pilot covering female genital mutilation practices through a carefully designed survey in all the (six) districts that practice FGM in Uganda. The pilot highlighted both statistical and cost-saving advantages of the uSurvey technology. Notably, preliminary district level summary results were released within three days of data collection, and preliminary sub-county level results were released within four weeks after the completion of field work. UBOS is utilizing uSurvey in selected modules of the UDHS and UNHS (on-going) and plans to use it for the informal sector survey (later in the year).

To reap maximum benefits from existing and upcoming data sources, in partnership with UBOS, the NCC and the AfriChild centre, UNICEF led the development and launch of a national child-focused policy research agenda.

Regarding public financing for children, UNICEF provided notable support to the budget process, in partnership with the MoFPED and EPRC. This joint initiative led to firmer integration of equity-sensitive budgeting in the local government allocation formula, and continues to provide a systematic platform for engagement to improve budgets for future generations, a topic chosen as the theme of this year’s annual post-budget debate organized by the Uganda Economic Association.

Key bottlenecks included poor coordination between national planning and budgeting efforts, and the infrequent collection of disaggregated data for key indicators. Uganda’s national economic and social surveys are conducted every four or five years, which leads to infrequent updating of key development indicators. In addition, although survey data is representative at the regional level, district-level information is hard to come by. More frequent and more disaggregated data is required to better inform evidence-based decisionmaking, and to meet SDG requirements. UNICEF is working with UBOS to address both challenges through the development of the uSurvey data collection system.

OUTPUT 2 Output 4.2: Child-sensitive and inclusive social protection
By 2020, strengthened capacity to develop a child-sensitive and inclusive social protection policy framework and action plan to provide a comprehensive vision and commitment to the progressive realization of universal coverage of social protection.

Analytical Statement of Progress:
During the first half of the year, UNICEF Uganda contributed to a number of achievements in the area of child-sensitive and inclusive social protection, by strengthening the enabling
environment and policy framework.

The NSPP and programme plan of interventions were approved by the Cabinet, and the Government initiated rollout of the senior citizens grant to all districts, beginning with 55 by 2020.

UNICEF supported the Government to formulate a business case for sustained investments in social protection. To solidify its advocacy strategy, UNICEF strengthened existing partnerships with Government through the expanding social protection secretariat, and CSOs such as Uganda Social Protection Platform and the Uganda National NGO Forum.

Finally, as chair of the national social protection taskforce, UNICEF is supporting the development of an integrated information management system for social protection, and leading efforts to elevate the social protection task force to a social protection DP working group.

Key bottlenecks included limited appreciation for social protection and low prioritization of funding for child-sensitive social protection – the business case is expected to provide an unprecedented advocacy boost.

OUTPUT 3  Output 4.3. Child Governance. By 2020, an enabling environment for child rights governance that includes building the capacity of national institutions and civil society to advocate for children and advance child rights, while creatively designing avenues for children to participate in national policy discussions

Analytical Statement of Progress:
UNICEF’s partnerships with the MoGLSD, JLOS and others also led to the approval of the Children's Act Amendment, signed into law in May 2016. UNICEF is now working with partners to develop advocacy activities and popularize the new law.

In this spirit, in close collaboration with the UPFC and the EPRC, UNICEF spearheaded various orientation activities for Uganda’s 10th Parliament (427), which was sworn in in May 2016.

A new partnership with the Uganda Human Rights Commission (UHRC) was fostered to advocate for and address child rights issues in Uganda.

Key bottlenecks include apathy in the Parliament and lack of experience on the part of key institutions.

OUTCOME 5  5. Innovative and participatory approaches and partnerships that increase public awareness and understanding of child rights in Uganda, create a social movement to position children on the national development agenda and promote positive individual behaviour and social change

Analytical Statement of Progress:
By reaching nearly 22 million people across Uganda in 2016 through traditional and social media, UNICEF continued to put children’s rights in the public spotlight and on the national agenda.

Key milestones during 2016 included: public advocacy around the President’s assent to the Children’s Amendment Act; launch of the NIECD policy and the social protection investment case, as well as the launch and execution of the national flagship #BestStartInLife ECD
For the #BestStartInLife campaign, new partnerships with three of Uganda’s top media houses, which collectively represent 17 media outlets, led to over 5,000 media reports and over 6,000 people directly engaged on ECD. Prior to the campaign, virtually no media coverage or public engagement took place on ECD.

UNICEF supported a national study that assessed the advocacy capacity of 564 child rights-focused CSOs. The findings highlight that most CSOs have weak advocacy capacity and skills, do not generally undertake systematic advocacy and have virtually no focus on citizen-led advocacy for child rights. The study also indicated lack of knowledge by CSOs of the situation of children and civic priorities in their regions, as well as the most effective forums for advocating for children’s rights with local government.

Citizen engagement via U-Report continued to grow, with more than 750 people joining on a weekly basis. More than 154,000 Ugandans engaged in child rights discussions on U-Report throughout the year. CSO partners also directly responded to around 30,000 U-reporter questions on issues such as HIV/AIDS, sexual and reproductive health, general health related inquiries, legal issues affecting children and youth and violence.

Five social accountability pilots in 11 districts created space for citizens to voice social issues of concern to them with government officials, which resulted in the development of 15 different by-laws and local ordinances by local governments to directly address these issues. Partnership agreements are being finalized with two national civil society coalitions – the National NGO Forum and the Uganda Youth Coalition, which represent more than 1,000 CSOs - to scale up these social accountability initiatives to an additional 13 districts in 2017.

With the Ugandan public increasingly accessing the Internet through their mobile phones, six Internet of Good Things micro-sites were developed in 2016. Micro-sites were developed for ECD, HIV/sexual and reproductive health, child online protection, facts for life and legal issues affecting children and young people.

A draft multi-sectoral communication strategy to reach adolescent girls was developed, including a national S4D strategy, which was finalized. Similarly, as part of the roll-out of the NIECD policy, a multi-sectoral ECD C4D framework and theory of change were developed.

A KFCP manual was revised, and the number of practices were updated, to serve as a comprehensive parenting manual for ECD in Uganda. A road map for rolling out KFCP across the country, especially in the most marginalized districts, was also developed.

With the MoH, 27 districts were supported to develop C4D plans, with a specific focus on rolling out KFCP. Key structures within the MoGLSD were also mobilized in 19 districts to roll out the KFCPs at the sub-national level.

With the Inter-Religious Council Uganda, capacity was built for 300 senior district-level religious leaders on the KFCPs, and support was also provided to revitalize inter-faith committees and roll them out in 15 districts in the deprived Karamoja and Acholi regions.

Social mobilization support was provided for three rounds of Polio campaigns in 57, 112 and 61 districts, respectively. Support was also provided to build the capacity of district local governments and NGO partners to plan, implement and monitor C4D activities in South Sudanese refugee emergency districts.

Information/education materials were developed for the national flagship #BestStartInLife ECD campaign, while multimedia materials for an upcoming national flagship Adolescent
Girls campaign in 2017 were being developed. An MHM animation toolkit was developed and a WASH in schools campaign is being developed.

A radio campaign for child health days was executed, and Yellow Fever and Zika virus information/education materials were finalized.

An official public-private partnership for child rights steering committee was established with the Government, Uganda Private Sector Foundation and UNICEF as core members. The steering committee articulated three strategic focus areas for the PPP4CR: i) develop policy/legislation that institutes standards and regulations for the private sector to effectively protect and promote child rights; ii) support companies and industries to fully operationalize the children’s rights and business principles (CRBPs); and iii) develop innovative financing mechanisms that catalyse investments from the private sector to scale-up high-impact services for ECD and adolescent girls. Phase 1 of a comprehensive PPP4CR policy analysis was completed, and Phase 2 is under way.

The global CRBP tripartite was strengthened in Uganda; to date 46 companies received orientation on the CRBPs, and at least two major companies (MTN and Stanbic Bank) plan to actively engage in operationalizing the CRBP in 2017.

Based on UNICEF Uganda’s advocacy, the Government established a high-level “Financing for ECD Scale-Up” task force, which aims to mobilize private sector finances to immediately and sustainably scale up high-impact ECD services to the most marginalized young children in Uganda. A results-based ECD financing roadmap has been drafted.

OUTPUT 1 Output 5.1 A social movement created to drive the public action that accelerates the realization of the fundamental rights of children in Uganda, especially the most deprived

Analytical Statement of Progress:
Some 22 million people across Uganda were reached in 2016 through traditional and social media. UNICEF continued to put children’s rights in the public spotlight and on the national agenda.

Key milestones included: public advocacy around the President’s assent to the Children’s Amendment Act, the launches of the NIECD policy and social protection investment case and the launch and execution of the national flagship #BestStartInLife ECD campaign; among others.

For the #BestStartInLife campaign, new partnerships with three of Uganda’s top media houses – Vision Group, NBS TV and Capital FM, which collectively represent 17 media outlets – were developed to increase public reach and engagement on the key behaviours parents and caregivers should practice to ensure the optimal development of their children from conception to eight years of age.

As of mid-September, when the campaign was launched, awareness about ECD increased rapidly. During this period, over 5,000 media reports were generated on various aspects of ECD, including: the definition of ECD; the latest neuroscience explaining the importance of ECD; the significance of stimulation such as play and communication; maternal and infant nutrition; protection, including a stress-free environment; and loving affection; among others. Prior to the campaign, virtually no media coverage or public discussion took place on ECD.

In addition to raising awareness, the campaign also engaged thousands of Ugandans on recommended ECD behaviours via community events, TV and radio talk shows and on
social media. Two regional community events (in Gulu and Kotido) engaged more than 6,000 people on key ECD practices. The communities were given the opportunity to engage with experts during one-on-one sessions to more deeply appreciate the importance of various aspects of ECD. The events were broadcast live on national TV and radio and live streamed on Facebook.

UNICEF Uganda’s media partners also profiled dozens of community members who were taking actions as a result of the campaign, either by changing their own behaviours towards their young children or by advocating for the practice of optimal ECD by parents and caregivers within their communities. More than 25 media personalities, corporate executives, and other national leaders, such as MPs, also publicly advocated for the provision of services to ensure all young children in Uganda have the “Best Start in Life”.

Beyond the ECD campaign, UNICEF’s most high-impact messages to the Ugandan public related to taking children for immunization, educating girls, practicing proper hygiene and sanitation and promoting peace and harmony in families.

The production of around 1,000 multimedia advocacy materials and 80,000 visibility materials also contributed to UNICEF’s ability to advocate and drive change for Uganda's children.

A very conducive media environment exists in Uganda, with many media houses expressing interest in partnering with UNICEF on future campaigns.

A continuing challenge is that the scope and intensity of UNICEF’s public advocacy and engagement activities, including strategic media partnerships and community events, are contingent on the level of funding that is available.

OUTPUT 2  Output 5.4 Social Accountability strengthened by empowering children, youth and the most excluded populations to make their voices heard and set their own priorities, control their own resources and influence government and private institutions to be more responsive, inclusive and accountable

Analytical Statement of Progress:
The evidence-base required for strengthening citizen-led child rights advocacy was established with the completion of a national study that surveyed the advocacy capacity of 584 child rights-focused CSOs. Key issues identified included lack of knowledge by CSOs about evidence of the situation of children and civic priorities in their regions. The most effective forum for advocating for children’s rights and civic priorities was with local governments. The study found that most CSOs have weak advocacy capacity and skills, do not generally undertake systematic advocacy and have virtually no focus on citizen-led advocacy or social accountability for child rights.

Citizen engagement via U-Report continues to grow, with more than 750 people joining on a weekly basis. More than 154,000 Ugandans engaged in child rights discussions on U-Report by responding to U-Report polls throughout the year. CSO partners also directly responded to around 30,000 U-reporter questions on issues such as: HIV/AIDS, sexual and reproductive health, general health related inquiries, legal issues affecting children and youth and cases of violence.

Five social accountability pilots in 11 deprived districts created space for citizens to voice social issues of concern to them with government officials, resulting in local governments’ development of 15 different by-laws and local ordinances to directly address these issues. Other citizen-led advocacy results included addressing accommodation issues faced
by health workers to decrease absenteeism, doubling the number of patients seeking health care by addressing health worker attitudes and the transfer of teachers due to chronic absenteeism.

Partnership agreements are being finalized with two national civil society coalitions – the National NGO Forum and the Uganda Youth Coalition, which represent more than 1,000 CSOs – to expand these social accountability initiatives to an additional 13 districts in 2017.

Twenty-five members of Parliament (MPs) were oriented on the situation of children in Uganda; five expressed interest in receiving regular updates from their constituents through U-Report. These MPs received support to enable them to be more accountable to their constituents.

With the Ugandan public increasingly being able to access the Internet using mobile phones, six Internet of Good Things micro-sites were developed to enable citizens to easily access child rights-related information on their mobile phones at no cost. Micro-sites were developed for ECD, HIV/sexual and reproductive health, child online protection, facts for life, and legal issues affecting children and young people. Africell, a telecommunication company, committed to provide free access to these micro-sites for its entire subscriber base; the first telecommunications company in Uganda to do so.

To address key bottlenecks related to the citizen-led advocacy capacity of CSOs, UNICEF will develop a training-of-trainers programme to enable CSOs to utilize available data – including various national surveys, budget transparency initiatives and citizen data via U-Report – to advocate through the most effective forums with local government. Local governments will also be supported to systematically create space for citizens and civil society to inform key policies and decisions that will better protect children's rights.

**OUTPUT 3** Output 5.3 National Capacity enhanced to plan, implement, monitor and coordinate evidence-based programme communication strategies to advance child rights through positive individual behavior and social change

**Analytical Statement of Progress:**

A draft C4D strategy to reach adolescent girls was developed with key multi-sectoral stakeholders, including the NoGLSD, MoES and MoH. As part of this overall strategy, a national sport for development strategy was also finalized, and is ready for implementation in 2017.

Similarly, as part of the roll-out of the NIECD policy, a multi-sectoral ECD C4D framework and theory of change was developed. A KFCP manual was also revised, with the number of practices updated to serve as a comprehensive parenting manual for ECD in Uganda. A road map to roll-out KFPC across the country, especially in the most marginalized districts, was also developed.

For immunization, a Harvard opinion research poll was completed and its findings used to revise the national EPI communication strategy.

Sub-national C4D implementation also received support. Under RMNCAH, with the MoH, 27 districts were supported to develop C4D plans with a specific focus on rolling out the KFCP. Key structures within the MoGLSD, such as parish development committees and functional adult literacy groups, were also mobilized in 19 districts to roll out the KFCPs at the sub-national level.
In partnership with the Inter-Religious Council of Uganda capacity was built among 300 senior district-level religious leaders on KFCP; support was also provided to revitalize inter-faith committees and mobilize congregations to roll-out the KFCPs in 15 districts in the deprived Karamoja and Acholi regions.

Social mobilization support was provided for three rounds of Polio campaigns in 57, 112 and 61 districts, respectively. To support peacebuilding, three key stakeholder capacity-building workshops on participatory video in Karamoja and one national participatory theatre for development workshop were completed.

Support for building the capacity of district local governments and NGO partners in planning, implementing and monitoring communications activities in the three primary South Sudanese refugee emergency districts (Arua, Yumbe and Adjumaini) was also provided.

The development of key information, education and communication materials is also on track. Specifically, radio spots and posters were developed for the national flagship #BestStartInLife ECD campaign, while multimedia materials for an upcoming national flagship campaign addressed to reach adolescent girls in 2017 were under development. In addition, an MHM animated toolkit was developed and a WASH-in-schools “SOPO” campaign was under development.

A radio campaign for Child Health Days was carried out, while radio and TV spots, as well as information and education materials, for the three rounds of the national Polio campaign were disseminated. Yellow fever and Zika virus materials were also finalized.

Issues related to inter-ministerial coordination for the ECD and adolescent girl strategies and campaigns presented a minor bottleneck, due primarily to the cumbersome process of coordinating many different stakeholders. This is expected to improve as multi-sectoral working arrangements become more familiar and established.

**OUTPUT 4** Output 5.4 Strategic partnerships with private sector established with a view to advocate for and promote child rights

**Analytical Statement of Progress:**

The establishment of a long-term PPP4CR is on track with the highest-level buy-in and commitment from both the GoU and the apex body of the private sector, the Private Sector Foundation Uganda (PSFU). The MoGLSD established an official PPP4CR Steering Committee, with UNICEF and PSFU as core members.

The Steering Committee has articulated three strategic focus areas for the PPP4CR, namely: i) Develop policy/legislation that institutes standards and regulations for the private sector to concertedly protect and promote child rights, ii) Support companies and industries to fully operationalize the CRBPs and iii) Develop innovative financing mechanisms that catalyse investments from the private sector to scale up high-impact services for priority children’s programmes (i.e., ECD and adolescent girls).

Phase 1 of a comprehensive PPP4CR policy analysis was completed, and signals that no policy, legislation or coordination structure/systems is in place to ensure that the private sector is consistently protecting and promoting child rights in Uganda. Key recommendations of the analysis include: (i) compelling the private sector to comply with and operationalize the CRBPs, (ii) providing Incentives for the private sector to increase investments in priority children’s programmes (i.e. ECD and adolescent girls) and (iii) legislating minimum corporate investments in priority children’s programmes. Phase 2 of the policy analysis required to draft PPP4CR policy/legislation regulations is underway and is
expected to be completed in 2017.

The global CRBP tripartite (UN Global Compact, Save the Children and UNICEF) was strengthened in Uganda throughout 2016, culminating in the formation of a company engagement team comprised of all three members plus PSFU to proactively engage companies in Uganda to adopt the CRBPs. To-date, 46 companies have been oriented on the CRBPs, with 14 expressing a keen interest to make them operational. At least two major companies (MTN and Stanbic Bank) are being pursued to robustly operationalize the CRBPs in 2017.

UNICEF also signed a memorandum of understanding with the Uganda Registration Services Bureau to develop a national CRBP monitoring and reporting system that builds on existing national business registration databases.

As part of implementing the NIECD policy, and based on UNICEF’s advocacy, the Government established a high-level “Financing for ECD Scale-Up” task force. Its purposes are to mobilize major up-front investment to immediately scale up high-impact ECD services to the most marginalized young children in Uganda, as well as to establish a sustainable financing mechanism to ensure the key support that Uganda’s future young children require. Predicated on a results-based financing framework, a financing for ECD scale-up roadmap was outlined.

To further strengthen the capacity of Uganda’s private sector to advocate for the protection of child rights over the long-term, UNICEF also supported the establishment of a human capital development unit in the PSFU to robustly execute the PPP4CR agenda on behalf of the private sector.

OUTCOME 6 Special Purpose Outcome

Analytical Statement of Progress:
The 2016 annual management plan was finalized in February, whereupon the CMT and other statutory committees were constituted and continued to provide required oversight during the reporting period, with the following results:

- Office statutory committees for 2016 were established and fully operational
- Membership in statutory bodies remained up-to-date and operational. Throughout the period. For instance, the CMT met every month as planned, except in March and December; JCC met every quarter, Programme and Operations groups each met eight times; and there were all-staff meetings at the beginning of every month.
- Several key indicators on financial implementation, including DCT, are regularly monitored and reported on at various forums.
- Work plans were completed and signed end-February, and the AMP was submitted by 15 February.
- The Office is effectively mitigating its risks; the overall risk profile improved marginally, from three high risk, four medium and three low to 3, 2 and 5 for high, medium and low respectively
- HACT assurance plan was finalized in February as part of the AMP; by mid-December, the Office had accomplished 94 per cent of planned activities.
- Following the trend in previous years, uptake for service contracting increased, returning some US$7.6million in 2016.
- To improve supply end-user monitoring, a web-based supply end user monitoring system was developed on a Rapid Pro platform. The system was tested and is currently being used by 12 government institutions and 7 NGOs. The Emergency Field Ops & Emergency, WASH and Nutrition received orientation with other sections to follow.
• UNICEF Uganda was audited in Nov 2016; at the time of the present report the exercise was still underway. An external audit will be conducted in mid-January 2017.
• Uganda was among the first group of offices in the East and Southern Africa Region that successfully transitioned the processing of transactions to GSSC, in July 2016.
• Effective January 2016, the WCZO was successfully relocated from Kampala to Mbarara and remains fully operational.
• Uganda held its general elections in February 2016. The Office took opportunity to review and test its business continuity plan, security preparedness plan and emergency communications tree.

OUTPUT 1 6.1 Governance and Systems

Analytical Statement of Progress:
Several key indicators on financial implementation, including DCT, are regularly monitored and reported on at various forums. The Office is effectively mitigating its risks; the overall risk profile improved marginally from three high risk, four medium and three low risk to three, two and five for high, medium and low, respectively.

OUTPUT 2 6.2 Financial Resources and Stewardship

Analytical Statement of Progress:
UNICEF Uganda’s work focused on following areas in 2016:
• Ensuring that the Office is adequately prepared to smoothly transition the processing of in-scope financial transactions to GSSC without affecting operations
• Contribution to capacity building efforts by providing orientation on HACT to implementing partners as well as programme staff to ensure that HACT requirements and procedures are clearly communicated to partners and staff. Several finance refresher trainings were conducted in the main office and zonal office.
• Office HACT assurance plan was finalized in February. The plan for micro-assessments and audit was completed, in consultation with Programme staff, and is now being coordinated with the contracted third party for timely implementation. At the same time a number of on-site HACT training for new and existing partners was conducted, upon request, by programme staff.
• There was notable improvement in the monitoring and recovery of VAT. The VAT monitoring table of supplier was updated, submission of claims and follow-up on recoveries regularized and reports of outstanding VAT shared with relevant sections/units thereby improving the recovery rate.
• Improvement of UNICEF’s asset control system (recording and monitoring). Working with programme sections, office control and accountability over vehicles on-loan or donated to partners improved, thereby reducing the fleet on loan from 80 to 56 vehicles.
• A new zonal office was established in Mbarara; in Kampala, a review of current office space usage was conducted to improve efficiency and staff comfort.
• Additional security refurbishments were implemented, in line with recommendations by the regional security adviser. These included upgrading existing security measures, including Mbuya compound, using additional funding received from the Regional Office.
• After reviewing the existing vehicle fleet, a replacement plan was developed and is awaiting funding.

OUTPUT 3 6.3 Human Resources Management

Analytical Statement of Progress:
The main highlights in 2016 were: (1) global transition to GSSC/introduction of new case management tool, (2) integration of HR systems to provide user responsive service (ACHIEVE and Talent Management); (3) high volume of recruitment and special service agreements; (4) addressing knowledge gap on policies and procedures, including
entitlements. As the first year of implementation of the new CP, recruitment for newly created vacant positions continued to be a major activity.

In 2016 UNICEF Uganda hired 28 staff (six international professionals and twelve two national staff), including eight temporary appointments. Sixty-nine per cent of these recruitments were concluded within 90 days. In light of UNICEF’s selection principles the Office continued to focus on gender and geographic diversity. Currently, the gender balance stands at 50 per cent female and 50 per cent male. Furthermore, the Office successfully supported the separation of 18 staff members in the reporting period.

Given its large complement of individual special service agreements, a roster was used to recruit such consultants. As of 2016, the Office also started using the new ‘talent management system’ to advertise new consultancy assignments, to bring together a large pool of expertise and competent candidates, as well as streamline the selection process.

The 2016 staff learning and development plan was to promote growth and development, enhancing staff abilities to adapt to organizational changes more efficiently and help improve their performances. The Office conducted several in-house training sessions, including: VISION, building personal resiliency and positive psychology, ethics, MP4R and gender, as well as human resource orientation on several topics. Three staff went on extended assignments to support emergency responses and/or gain substantive experience, while UNICEF Uganda received two staff members on stretch assignment. The Office learning strategy for 2017 will include results-based management and managing people for results.

By the end of February 2016, the 2015 performance evaluation report was 99 per cent completed; the completion rate for the individual work plan and training needs by the end of March 2016 was 53 per cent, and once the new system ‘ACHIEVE’ was launched, the completion rate rose to 99 per cent. The Office successfully transitioned to GSSC, completing tasks assigned, and all staff were trained on the use of MyCase. Updates on GSSC were provided to staff via e-mails and during staff meetings.

OUTCOME 7 Special Purpose Outcome

Analytical Statement of Progress:
ECD and adolescent development programmes were coordinated and managed by two committees chaired by the Deputy Representative. The ECD costed plan was approved in March 2016 and, at the national level, UNICEF supported the inter-ministerial committee in the development of a policy and planning framework on adolescent development.

Internal working groups were also established to ensure effective coordination, including gender, research and evaluation and ICT-based innovations. The gender working group focused on mainstreaming gender into programmes and working with partners to promote gender-sensitive basic social services. The working group on research and evaluation supported the Office to develop, implement and ensure quality assurance of the IMERP activities. With support from the ICT and technology for development (T4D) specialist, under the leadership of the Deputy Representative, the T4D working group monitored the quality of ongoing and newly developed ICT-based innovations.

UNICEF co-chairs the human capital pillar of the UNDAF with UNFPA. As part of the UNDAF, the Office collaborated with UNFPA to develop a division of labour framework in the areas of health, adolescent girls and monitoring and evaluation. The purpose was to ensure complementarity and avoid duplication at the national and district levels. In 2016 UNICEF participated in three joint programmes: HIV/AIDS, gender-based violence and female genital mutilation. Joint planning and implementation of the three programmes strengthened coordination between government, UN agencies and implementing partners, thus reducing
duplication and enhancing monitoring and reporting on common results.

In terms of humanitarian preparedness and resilience programming, UNICEF worked with UNHCR and other UN agencies to finalize the ReHOPE action plan and fund-raising strategy. To ensure mutual accountability in the delivery of results, UNICEF and UNHCR began work on a letter of understanding on implementation of the ReHOPE strategy. UNICEF supported national contingency planning and El Niño multi-sector rapid assessment. Humanitarian response was mainstemmed in sectoral programmes.

Results based management continues to be mainstreamed in programme implementation and all result managers will be trained in February 2017. More than 75% of PCAs are signed within the 45 day benchmark. Grant management is generally on track. However, there are challenges with the capacity of partners to implement and report in a timely manner. Quality assurance in terms of HACT is ongoing as per the plan, and reports are submitted to the regional office on a quarterly basis. So far, 107 per cent of programme visits, 135 per cent of micro-assessments and 97 per cent of spot checks were completed. UNICEF supported HACT training for UN staff and partners at the national and district levels. A web-based system was established for supply end-user monitoring, and e-tools will be rolled out in 2017.

In terms of contribution management, from 1 January to 13 December, 65 per cent of ORR funds and 40 per cent of ORE had been received, while 94 per cent of RR, 81 per cent of OR and 86 per cent of ORE were utilized. Some challenges were faced in managing the liquidation of DCTs over six months, which peaked at 13 per cent in April, 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 DCTs. All donor reports were submitted on time.

OUTPUT 1 7.3 Cross Sectoral

Analytical Statement of Progress:
UNICEF reached 244,667 children in need of humanitarian assistance through programme interventions adapted to the risks, shocks and stresses caused by various emergency contexts, refugee influx as well as cholera, yellow fever and malaria outbreaks.

UNICEF collaborated with the WFP, UN Food and Agriculture Organization and other development partners to deliver interventions that build the resilience of women, men and children in Karamoja, a region prone to chronic poverty and cyclical shocks and stresses. UNICEF also contributed to the review of a multi-agency strategy for empowerment of refugees and host communities, and initiated interventions focused on integration of basic social services as well as systems strengthening in eight refugee-hosting districts.

UNICEF Uganda maintained a sufficient minimum level of readiness for emergency response, while undertaking effective and predictable humanitarian action. EWEA key actions for minimum preparedness were updated twice during the year, as required. UNICEF effectively supported sectoral contingency planning for the El Niño phenomenon, as well as preparedness and response to cholera outbreaks in 25 high-risk districts. A stand-by emergency partnership was signed with the Uganda Red Cross Society to enhance surge capacity for emergencies.

As of 31 October 2016, UNICEF Uganda had US$8.2 million in available funds for its US$22.7 million appeal (36 per cent funded) to support emergency preparedness and respond to humanitarian needs due to the influx of refugees, impact of El Niño and disease outbreaks.
A zonal office quarterly reporting system was established, enhancing efficient delivery of both development and humanitarian programs through decentralized functions.

The crisis caused by a massive influx of South Sudanese refugees (399,456) starting in July 2016 has stalled partner discussions around the ReHOPE strategy and the finalization of a UNICEF/UNHCR letter of understanding (2016-2020). As inter-agency collaboration continues at the strategic level in defining a ReHOPE strategy, UNICEF will require appropriate attention to the technical approach and pre-requisites for implementation at the field level. Office capacities for risk-informed programming are still low, and need to: kept abreast of evolving programming guidance; develop innovative, risk-sensitive solutions; and extend programming to cover traditionally risk-prone districts. The practicalities of integrated or coordinated programmes in convergence districts need to be elaborated. Yet, integration of contingency humanitarian needs in development plans at the sub-national and sector levels will require a strategic shift in planning approaches, led by Government.

**OUTPUT 2** Output 7.4 Planning, and Monitoring and Evaluation

**Analytical Statement of Progress:**
The Office established a number of coordination committees in the areas of IECD, adolescent development (focusing on empowering adolescent girls) and resource mobilization. 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 during the new CP. The resource mobilization committee developed a contribution management SOP to reinforce a more targeted, results-based and coordinated approach to fundraising.

Implementation of the IMERP stood at 53 per cent as of 30 November 2016. A committee was established to monitor and improve the quality of all research, studies and evaluations. One evaluation of PMTCT was completed; actions will be uploaded on Evaltrack. Two evaluations were ongoing; on nutrition in Karamoja and on a community bottleneck analysis linked to planning and monitoring at the sub-national level.

For the HACT assurance plan, 630 activities (programme visits, spot-checks and scheduled audits) were planned in 2016; 663 were implemented (about 105 per cent). Quarterly HACT reports were submitted to the Regional Office, and mid-year/end-year reports updated in InSight. Efforts to capture actions and recommendations from field trips activity level monitoring were intensified, to ensure that planned AWP activities are achieved in a timely manner with the intended resources. E-tools will be rolled out in the first quarter of 2016. UNICEF supported HACT training for UN staff and partners at the national and district levels.

The team successfully guided and organized the mid-year and end-year reviews, when the Office reported on results achieved in RAM. In terms of contribution management, from 1 January to 31 December, 79 per cent of ORR funds and 37 per cent of ORE were received, while 97 per cent of RR, 96 per cent of OR and 96 per cent of ORE were utilized. Some challenges in managing the liquidation of DCTs over six months were encountered – peaking at 13 per cent in April 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 DCTs. All donor reports were submitted on time.

In 2017 the team will prioritize support for the Office as it develops the 2017 annual management plan, Compact of Mutual Accountability with the Regional Office, results-based management and HACT training and rolling out e-tools. The focus in 2017 will be on improving programme monitoring and strengthening internal UNICEF accountability measures.
## Evaluation and research

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<td>Rapid assessment of the child online protection situation in Uganda</td>
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## Other publications

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<td>Prosecuting Child Related Cases in Uganda: A Handbook for Uganda Directorate of Public Prosecutions</td>
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## Lessons Learned

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