Executive Summary

In 2013, UNICEF’s two-pronged equity strategy, focusing on both districts with the highest proportions and numbers of vulnerable children through integrated interventions, was fully embedded in all programme areas.

Most significant achievements were:
- **Accelerating work on maternal and new born care**: A key advocacy initiative was the launch of the global UNICEF campaign “A Promise Renewed” in Uganda by the Vice President, other Government partners and civil society. It resulted in: a high-level commitment to a ‘sharpened’ plan for maternal and neo-natal health; support for the development of a score card to highlight inequities; and Government commitment to ending preventable maternal and child deaths, including averting an additional 120,000 child deaths and 6,100 maternal deaths by 2017.
- **Early Child Development** (ECD) was further strengthened: ECD opportunities for the most disadvantaged children were expanded and 1,827 community based ECD centres (up from 1,189) were established, with 27,900 additional girls and boys (aged 3-5) attending preschool. After intense lobbying by UNICEF and other development partners, Uganda’s application for the Global Partnership for Education (GPE) was approved and US$100 million allocated, with an ECD component that will provide additional support for caregivers training, policy review and advocacy initiatives.
- **Impressive progress in birth registration**: The percentage of under-five children registered at birth increased significantly, from 30 per cent in 2011 to 48.86 per cent in 2013, as a result of: the development of a birth and death registration (BDR) policy, use of technology to improve timely delivery of birth and death registry services and integration of birth registration into Family Health Days.
- **Innovative use of technology for development** (T4D): Greater accountability in service delivery continued through mTrac (health services); eduTrac (school monitoring); DevTrac (development planning); MobileVRS (birth registration); rugged solar-powered kiosks (information for young people); and U-report (social monitoring that now engages over 250,000 young Ugandans as well as parliamentarians).

Most significant shortfalls:
- Challenges in the enabling environment across programmes arise from slow pace of legislative/policy reform, specifically the revised Child Act, on-going constraints in social sector budgets/prioritisation and bottlenecks characterised by fragmented and weak management/coordination.
- Access to adequately staffed social services and information remains constrained, with significant disparities across regions exacerbated by the creation of new districts demanding significant infrastructural investments.
- Quality of services is a key constraint in all programme areas, demanding continuous capacity building.
- Challenges in demand arise from socio-cultural practices and beliefs that uphold gender-based inequalities, condone violence, inhibit optimal infant and young child feeding practices and contribute to lack of continuity in the use of antenatal care and routine immunisation.

Most important collaborative partnerships:
- Innovative partnerships with Members of Parliament (MPs) broadened: 75 per cent of MPs were trained on children’s issues, dedicated advocacy meetings and field trips were conducted to build support in particular areas, with the strongest impact on the Parliamentary budgetary process.
- Partnerships with faith-based organisations (FBOs) contributed to the expansion of ECD and community mobilisation against gender-based violence (GBV), including female genital mutilation/cutting (FGM/C), and were critical to the success of Family Health Days (FHDs).

Country Situation as Affecting Children & Women

Uganda’s population of 32 million is growing annually by 3.2 per cent, with high fertility at 6.2. Children under 18 make up 56 per cent of the population and women of reproductive age 23 per cent. Poverty decreased from 31.1 per cent (2005/6) to 24.5 per cent (2009/10); nevertheless, 42.9 per cent of households remain ‘non-poor but insecure’ and inequality is rising (Gini coefficient of 0.426), with particular disparities by region/sub-region. Rural areas, with 85 per cent of the population, account for 94 per cent of the poor.[1] Uganda ranks low on the 2013 Human Development Index: 161 out of 183.
Uganda’s goal of becoming a modern middle-income country is reflected in the country’s Vision 2040, and is being realised through the implementation of successive five-year national development plans (NDPs). The NDP has an overriding economic growth agenda, which resulted in increased budget allocations for energy and infrastructure and reduced allocations to the social sector including: health (7.4 per cent in 2013/14, down from the already low allocation of 7.8 per cent in 2012/13) and education (12.3 per cent in 2013/14 down from 14.6 per cent in 2012/13 and below the 15 per cent target set in Abuja). A number of other bottlenecks constrain the rate of socioeconomic transformation, including: underdeveloped human resources, inadequate physical infrastructure, an underdeveloped private sector and low productivity in agriculture.

Uganda has shown continuous improvement in its under-five mortality rate (U5MR). However, progress has been too slow to achieve MDG 4: Uganda initially needed a 5 per cent annual average reduction in U5MR to achieve its target, but the rate has been considerably lower and now requires significant acceleration to achieve the targeted level. Uganda’s U5MR, according to national sources, is 90 per 1,000 live births (DHS 2011, latest data), compared to the figure of 99 per 1,000 live births (SOWC 2010). The U5MR burden is spread quite evenly across the bottom four quintiles, although with greater regional variation. The causes of death of children under-five show that for Uganda, like many countries in the region, there are three key killers of children: malaria, pneumonia and diarrhoea. Although the percentage of fully immunised children has slightly improved to 52 per cent, it falls far short of the 80 per cent target. However, the country is on track to eradicate polio and eliminate measles. Child nutrition is improving, but the current stunting rate of 33 per cent is unacceptably high, with significant disparities (e.g., 40 per cent in Karamoja compared to 14 per cent in Kampala). Over one-third (37 per cent) of infants are not exclusively breastfed for six months, and only 6 per cent of children aged 6–23 months receive optimal feeding.

Maternal mortality increased from 435/100,000 live births in 2006 to 438/100,000 live births (DHS 2011) and the lifetime risk of maternal death is 3 per cent. Childbearing begins early, with 18 per cent of women age 15–19 already mothers or pregnant. Over half (57 per cent) of births take place in a health facility and only about half of the mothers who make the first antenatal care (ANC) visit (95 per cent) go on to make four or more ANC visits (48 per cent). Additionally, there are significant regional disparities for many indicators (UDHS 2011).

Past gains in the fight against HIV/AIDS have not been sustained, with a disturbing recent increase in new infections registered (from 6.4 per cent in 2004/5 to 7.3 per cent in 2011); women are most at risk (8.2 per cent). The percentage of people with comprehensive knowledge of HIV/AIDS transmission has increased but remains low, especially among the 15–24 age group.

Major constraints in the health sector, also mirrored in other sectors, are lack of essential commodities, high vacancy rates and absenteeism. Lack of continued use of services is also a major bottleneck in Uganda, and indicates that quality of services is a major impediment, since high proportions have first-round access to services. Immunisation rates drop from around 90 per cent for DPT1 to a little over 60 per cent for DPT3; and, as highlighted above, only half of the women who turn up for their first ANC visit make four or more visits.

Since the introduction of universal primary education, Uganda’s primary school enrolment rate has increased significantly and now stands at around 96 per cent – with little difference between boys and girls. Primary school completion, however, remains a significant problem at 64 per cent (65 per cent boys, 63 per cent girls). There are some disparities in school enrolment and attendance, with the poorest quintile having significantly lower enrolment, suggesting a major bottleneck between children enrolling and attending school due to financial constraints. The worst district (Kotido) has a 7 per cent average completion rate, compared to the national average of 65 per cent. Limitations in the supply and quality of services are major challenges in education; teacher absenteeism and deployment and lack of materials are other significant issues to be addressed.

Some 12 per cent of children under 18 are orphans, and an estimated one-third of all households had either a foster child or orphan child(ren), mainly in rural areas (UDHS 2011). The national response to orphans and vulnerable children (OVC) is marked by weak management/supervision and fragmentation. Children with disabilities are still largely neglected. Violence against children (VAC) in the home and school is widespread, and children continue to face a justice system designed primarily for adults - though a number of initiatives are underway to address these issues. The latest survey (DHS 2011) revealed a national average of 30 per cent (with regional variations) for under-five birth registration rates, with the highest in Kampala (45 per cent) and the lowest in Karamoja (11 per cent) and no significant gender differences. However registration...
rates have risen significantly since that time due to the introduction of a mobile vital record system (MVRS): to an estimated 37 per cent in 2012, and 49 per cent in 2013. Key constraints in child protection include weaknesses in the enabling environment, as reflected in: the lengthy processes for policy development and approval (specifically the Child Act, which is still pending); limited human and financial resources for child protection at all levels; social/cultural conventions condoning VAC; limitations in quality of services by Government agencies; and demand-side challenges, including low demand for birth registration.


**Country Programme Analytical Overview**

UNICEF continued to support key cross-cutting strategies that produced results across all programme areas including: quarterly Family Health Days; use of technological innovations to expand service delivery and strengthen accountability; engaging with youth, faith-based organisations and parliamentarians; and operationalising a two-pronged equity-focussed approach through support to districts with the highest proportions and highest numbers of service-deprived children. This revised programme strategy seeks to overcome challenges related to the enabling environment arising from the slow pace of legislative/policy reform and limitations in the social sector budget prioritisation, lack of access to adequately staffed social services and information, inadequate quality of services and challenges in demand arising from socio-cultural practices and beliefs.

In 2013 UNICEF worked with Government and partners to consolidate a number of technological innovations which focus on improving service delivery through increasing accountability and transparency in development processes. Broad-based partnerships have strengthened SMS-based real-time monitoring systems and other technological innovations to improve service delivery. These include DevTrac, MTrac, eduTrac, MobileVRS, rugged solar-powered kiosks/content portal and U-report, accompanied by scaled-up regional youth coalition "hubs" and ICT-equipped youth centres. Participatory communication processes were also rolled out for child-focused behavioural change.

In 2013, UNICEF continued to pilot a number of innovative initiatives in WASH, enabling targeted communities to benefit from environmentally and sustainable infrastructures, including: successful expansion of the Effective Microorganisms (EMO) initiative to reduce latrine sludge and stench; ii) using human waste from school latrines to produce biogas for use in cooking school meals, lighting dormitories and as fertilizer for school gardens; iii) providing water to rural communities and towns using solar-powered piped water systems to serve communities, schools and health centres; iv) piloting the elephant tap (a self-locking tap to reduce water wastage) for hand-washing; and v) teaching school children and school management committees to produce soap using locally available matter. These approaches aim to address specific bottlenecks known to be responsible for the long-standing stagnation in the WASH sector. However, despite their success, they were not rolled out nationally due to lack of financial resources.

Family Health Days continue to expand service delivery coverage through quarterly delivery of an integrated package of services (including immunisation, birth registration, nutritional status assessments, antenatal and post natal care, early infant diagnosis (EID) for HIV exposed infants, de-worming and Vitamin A supplementation) in 31 UNICEF focus districts. In addition, new partnerships with FBOs are helping to extend the reach of service provision as well as to mobilise communities around key behavioural change priorities.

Strategic engagement with MPs is also a central advocacy platform, given their potential to influence decision-makers and advance children’s issues. UNICEF has adopted an innovative three-pronged approach: holding high-quality, in-depth orientations; using U-Report to connect Parliamentarians to their constituents; and engaging MPs in joint monitoring visits of the UNICEF Country Programme. In 2013, 75 per cent of members were oriented with a goal of reaching 100 per cent by mid-2014. Technical experts from Government ministries led the training in dedicated areas and were supported by a training manual on key child-related issues. The immediate impact was on the budgeting process of Parliament, with additional budget allocations to ECD and Nutrition in FY 2013-14.

Efforts were made to address bottlenecks and barriers to maternal and new-born care and increase resource
allocation and support for service delivery, capacity building and coordination. This included high-level advocacy work around the global campaign “A Promise Renewed. UNICEF also provided strong support for the implementation of the recommendations of the UN commission on life-saving commodities and roll-out of the Scaling up Nutrition (SUN) initiative.

UNICEF support addressed constraints in availability of quality services through its successful mentoring approach to capacity building on the Child-Friendly School (CFS)-aligned ‘Basic Requirements Minimum Standards’ (BRMS), which are now a key focus for MoES aimed at boosting learning outcomes. UNICEF was also instrumental in expanding access to ECD for the most disadvantaged children through community-based approaches supported by partnerships with NGOs and FBOs, and its successful advocacy for increased GPE funds for ECD. After intense lobbying by UNICEF and other development partners, Uganda’s application for the GPE was approved and US$100 million allocated.

Efforts in 2013 continued to address ongoing bottlenecks in the enabling environment, in the supply and quality of services, and in demand-side challenges, including social conventions condoning violence against children. However, progress in strengthening the policy, legal and administrative framework around child protection progressed slowly, with the Child Act amendment being finalised by the Legislative Council of the Ministry of Justice (after more than five years of high-level lobbying by UNICEF) and will be submitted to the Parliament by the Ministry of Gender, Labour and Social Development (MGLSD) in 2014. The results from the Child Protection system mapping report are being used to formulate a national child protection strategy, to be completed in 2014.

Significant progress in birth registration was realised: the percentage of registered under-five children increased from 30 per cent in 2011 to 48.86 per cent in 2013. This is the result of a three-prong approach adopted by Uganda Registration Services Bureau (URSB) with UNICEF’s support, which includes: the development of a BDR policy as part of legislative reform and creation of an enabling environment; use of technology (Mobile Vital Records System – Mobile VRS) to improve timely delivery of BDR services; and integration of birth registration into health outreach programmes (Family Health Days) and cash transfer programmes to improve access to services.

UNICEF further strengthened its strategic alliances with local Government, FBOs and CSOs and increased capacity development in IT innovations to overcome constraints relating to youth unemployment, minimal (or lack of) accountability in service delivery, social norms and cultural practices and beliefs – especially in relation to violence against children and girls’ education. This has resulted in 3,086 children at risk of or survivors of violence, including victims of FGM/C and those who have returned from the Lord’s Resistance Army (LRA), benefitting from rehabilitation and counselling as well as health and education services in 20 focus districts.

**Humanitarian Assistance**

Uganda is situated in a fluid and fragile neighbourhood. During 2013, Uganda hosted approximately 250,000 registered refugees, asylum seekers and displaced people, 65 per cent of whom originate from the Democratic Republic of the Congo (DRC). These include women and child survivors of sexual violence and separated and unaccompanied children, amongst them those formerly associated with armed groups. In 2013, the country responded to an influx of more than 100,000 people from the DRC alone, population movements from neighbouring South Sudan, extensive flooding in the western DRC/Uganda border regions, peace-building and recovery needs in the Acholi sub-region, and significant nutrition, health, water and sanitation concerns in Karamoja – the most underdeveloped and vulnerable part of the country. In addition, Tanzania repatriated economic migrants from neighbouring countries, including 5,000 Ugandans who returned through the south-western part of the country. UNICEF’s humanitarian programme focused on assisting Congolese refugees through a series of programmes aimed at addressing acute needs while facilitating smooth integration into Ugandan communities and social services.

Climate-related risks in many parts of the country call for continued disaster risk reduction efforts, with heavier than normal rainfalls leading to landslides, risks of water supply contamination and sporadic cases of cholera.
Effective Advocacy

Fully met benchmarks

Advocacy efforts were further institutionalised across all programme areas, with progress on two key MTR goals: i) strengthening Office capacity in strategic policy; and ii) developing advocacy strategies and messages for ‘Alive, Safe and Learning’.

Sectoral advocacy achievements include: development of a child-sensitive social protection policy; Government support and partner funding for a national survey on violence against children; increased political support and budget commitments for ECD and nutrition sector and progress in the development of a National Birth and Death Registration policy.

UNICEF’s engagement with MPs is a central advocacy platform given their potential to be active, vocal and powerful partners to advance children’s issues. UNICEF has adopted a three-pronged approach: holding high-quality, in-depth orientations; using U-Report to connect Parliamentarians to their constituents; and engaging MPs in joint monitoring visits of the UNICEF Country Programme. In 2013, 75 per cent of members were oriented with a goal of reaching 100 per cent by mid-2014. Technical experts from Government ministries led the training in dedicated areas and were supported by a training manual on key child-related issues. Focused advocacy on issues such as ECD and nutrition were supported, including: MPs undertaking joint field trips with Government partners to highlight challenges, the development of Parliamentary briefing notes containing key messages and recommendations, and a parliamentary programme “champions for children” initiated to promote further leadership on issues. Concrete results of the engagement were evident in MPs voicing the importance of children’s issues on the floor of Parliament and in sectoral committees, leading to budget allocation increases for nutrition and ECD.

One of the key advocacy initiatives was the launch of the global campaign “A Promise Renewed” in Uganda with the Vice President, Minister of Health and other Government partners and civil society. The launch resulted in a high-level commitment to a ‘sharpened’ plan for maternal and neo-natal health, development of a score card to highlight inequities and commitment to ending preventable maternal and child deaths in Uganda – including averting an additional 120,000 child deaths and 6,100 maternal deaths by 2017. During the global launch of the “Every Child’s Birth Right: Inequities and Trends in Birth Registration” campaign in December, UNICEF published an opinion piece/editorial in all three major Ugandan newspapers, highlighting the impact of the innovative Mobile Vital Records System (MobileVRS) in dramatically increasing Uganda’s birth registration rate and called for MobileVRS to be scaled-up across the country.

UNICEF continues to work closely with sectoral ministries and technical counterparts on key policy decisions affecting children, particularly through U-Report engagement with Parliamentarians and national decision-makers. U-Report now reaches 250,000 young Ugandans and is helping to connect them to key national policy-making processes. During 2013 there was increased commitment from MPs and Government stakeholders on the Post 2015 agenda. In 2014 UNICEF’s focus will be on ensuring that budget allocations for children’s issues are released and executed and developing stronger relationships with civil society organisations.

Capacity Development

Mostly met benchmarks

Capacity development remains a critical strategy across all programme areas.

In 2013, the lack of effective vaccine management (EVM) within the National Medical Stores (NMS) continued to affect the distribution pipeline of EPI commodities to districts, which resulted in frequent shortages of required vaccines. It was identified as a major barrier to the successful introduction to the country of an important new vaccine (Pneumococcal vaccine – PCV). UNICEF’s Alive programme used the already scaled-up SMS-based mTrac real-time monitoring system to conduct a survey to assess EVM capacity, including staff awareness of the upcoming PCV introduction, functionality of the cold chain and availability of stock. Based on the mTrac survey results, UNICEF conducted targeted training workshops in the NMS on effective vaccine management, including orientation on PCV, for 18 national medical staff handling vaccines, 224 EPI focal
persons and cold chain assistants in all districts. As a result, work processes, communication and vaccine management improved at national and district levels and WHO certified Uganda’s readiness to introduce the vaccine, PCV in December 2013.

The mentoring programme for BRMS is a strong feature of capacity building within UNICEF’s Learning Programme, with 13 mentors currently at work. As evident in the national primary exams conducted for teachers in 2012 and confirmed by the recent service delivery indicator survey by World Bank, the competencies of teachers are extremely low in subjects such as English and Mathematics. The BRMS mentoring programme, implemented in collaboration with MoES and VSO, provides long-term capacity building for teacher development and management systems, particularly the Coordinating Centre Tutors (CCTs - teachers’ in-service trainers) that are attached to every primary school in Uganda. In 2013 the mentoring programme reached 332 CCTs who cover over 10,000 primary schools working in the worst-performing districts of Uganda.

Lack of coordination among family protection units, criminal investigators and prosecutors was identified as a major gap hindering action on defilement cases. In response, UNICEF’s ‘Safe’ programme supported the Uganda Police to conduct a technical training to enhance the capacity of police officers and prosecutors to have a coordinated response to juvenile cases, and to clarify the roles that child protection institutions play in dealing with cases of child defilement. This resulted in improved collaboration among the child protection and family police unit, police crime investigation department; public prosecution department and health services, which has resulted in child resolution rate of 58 per cent (2,019 of 3,455), up from 38 per cent in 2012, of children in contact with the law.

UNICEF provided full child rights orientations to 75 per cent of MPs and additional technical staff in Parliament to strengthen their capacity as advocates for children. In addition, 25 local and district technical officers were trained on U-Report to enable them to utilise the U-Report website to access feedback from their communities, share key information with U-reporters in their districts and stimulate discussions with the communities.

**Communication for Development**

 Mostly met benchmarks

Communication for Development (C4D) interventions in 2013 were fully integrated across all programmes and provided technical assistance to the Ministry of Health on supplementary immunisation activities for measles and polio, coordinated media efforts and funded social mobilisation activities through partners such as the Scouts, the Girls’ Education Movement, FBOs and Uganda Red Cross.

In response to the Uganda Nutrition Action Plan 2011-2016, and the need for a comprehensive communication strategy addressing issues of malnutrition, stunting, breastfeeding and complimentary feeding, an evidence-based Social & Behaviour Change Communication Nutrition Strategy and Implementation Plan was developed.

Four rounds of Family Health Days were carried out in 2013 in 31 UNICEF focus districts as part of efforts to target the unreached/missed children for immunisation services and to bring services closer to communities. FHDs played a critical role in: strengthening the capacity of district authorities and FBOs in micro-planning; social mobilisation and implementation of voluntary HIV/AIDS counselling and testing (VCT) and EID, birth registration, maternal and new-born health, immunisation, assessing malnutrition, birth registration, and use of mTrac for data collection and reporting. UNICEF coordinated broadcasting of radio spots and talk shows on key regional and local radio stations and engaged communities in dialogues and sensitisation meetings around the FHD package through partnerships with CSOs, FBOs and community groups. UNICEF provided technical support to build capacity in MOH’s Health Promotion & Education unit and among 10 regional social mobilisation coordinators to assist with interventions in districts performing poorly in routine immunisation, as well as Reach Every District (RED) trainings and polio immunisation.

In Learning, C4D supported national dissemination of the ECD communication package and the review and implementation of the ‘Go, Back to School’ campaign, as well as the joint ‘Learning and Safe’ launch of the ‘Zero Tolerance to Violence Against Children in Schools’ initiative. This was accomplished through broadcasting of radio spots, dissemination of booklets on “Alternative to Corporal Punishment” to schools and
primary teacher colleges, organising community dialogues and production/dissemination of four documentaries on violence against children in schools.

In relation to ‘Safe’, C4D supported initiatives highlighting the harmful practice of FGM/C in three districts of Karamoja, where it is prevalent. With support from UNICEF and partner NGOs, all 20 parishes reaching 253 villages implemented initiatives to abolish FGM/C. Also, 83 of the 100 targeted villages in the three districts practicing FGM/C made public declarations calling for abandonment the harmful practice. The C4D unit supported the technology for development unit through innovations such as U-report, mTrac and the Uganda Content Portal, as well as in identification of youth centres/spaces for installation of rugged solar-powered computers to provide young people with access to information.

The C4D team supported youth engagement, participation and partnership development. Working with the Government and UNFPA, the Uganda National Youth Coalition was established, coupled with technical support for the development of a national Youth Technical Working Group and a Youth Coordination Mechanism. In 2014, C4D will work with the established youth partnerships to increase community participation and spread messages on child rights and economic empowerment avenues for youth.

Service Delivery

Mostly met benchmarks

UNICEF’s overall support for service delivery aims to address gaps in: quality, availability, accessibility, continuity and sustainability of services, as well as capacity-gaps of service providers. A key strategy focuses on enlisting partners and building capacity at the district level to target and deliver services to the most vulnerable groups, combined with support for innovative ways to strengthen monitoring of user satisfaction with the services delivered.

Family Health Days continue to expand service delivery coverage through quarterly delivery of an integrated package of services (including immunisation, birth registration, nutritional status assessments, antenatal and post-natal care, early infant diagnosis for HIV exposed infants, de-worming, and Vitamin A supplementation).

In 2013, due to lack of donor support for Integrated Community Case Management (iCCM) initiatives, oversight and implementation was transferred from the PCA partner IRC directly to Karamoja district authorities, with technical assistance from UNICEF. Encouragingly, performance indicators are notably better in 2013 than in previous years in Karamoja (87 per cent timely and appropriate case management) and compared favourably to Western districts still supported by the Malaria Consortium (45 per cent timely and appropriate case management).

Innovative approaches in WASH are introducing communities to environmentally sound and sustainable infrastructures, including: piloting effective microorganisms to reduce latrine sludge and stench; ii) using human waste from school latrines to produce biogas for cooking, lighting and fertiliser for school gardens; iii) providing water to rural communities and towns using solar-powered piped water systems; and iv) teaching children and school management committees to produce soap using locally available products.

The Learning programme focuses on supporting the expansion of ECD services, including working with FBOs and CSOs to plan and operate community based centres. There are now a total of 1,827 community-based ECD centres (an increase of 558 centres) in the three UNICEF-targeted regions, with an additional 27,900 girls and boys (aged 3-5) attending, for a total of 91,350.

Service delivery, as a strategy to ensure protection for the most disadvantaged children, is supported in cases where national service provision capacity is limited, including support for girls and women who have undergone or are trying to escape FGM/C and reintegration of children and women who fled the LRA. In 2013, UNICEF supported justice and law enforcement institutions (such as police, judiciary, prosecution, welfare and probation services) to deliver services to the most vulnerable children in a coordinated and child-sensitive manner. With UNICEF support 16 District Justice, Law and Order Sector (JLOS) Committees started implementing the “preliminary inquiry” process, a practice that brings together the police (both CFPU and CID), probation officers, resident state attorney and a community representative to make a joint decision when a child comes into contact with the justice system. This practice ensured an increase in the numbers of
petty offenders being diverted from the justice system and children’s cases being fast-tracked.

UNICEF is working with the Government and partners to support a number of technological innovations focused on improving service delivery through increasing accountability and transparency in the development processes.

**Strategic Partnerships**

*Fully met benchmarks*

UNICEF maintains strong relations with key national programme partners including: development partners’ groups; joint UN programmes; partnerships with non-governmental, community-based and faith-based organisations; innovative partnerships with Members of Parliament; and district-level engagement with decentralised Government structures.

In the health sector, UNICEF chaired the HDP/HPAC in 2013. A strategic partnership with the Uganda Paediatric Association, Kampala City Council and leaders of refugee communities targets unimmunised children in the slums in Kampala. Partnerships with FBOs supported implementation of Family Health Days, complementing traditional outreach and facility-based provision. Partnerships for Scaling-Up Nutrition were further strengthened, including with USAID and the Office of the Prime Minister, charged with monitoring Uganda’s Nutrition Action Plan.

Within the Education Development Partners group, UNICEF leads for pre-primary and primary and is currently the co-chair (assuming responsibility of chair in 2014) of the new task force for the Global Partnership for Education. UNICEF was instrumental in the establishment of the Forum for Education NGOs in Uganda and revitalisation of the multi-sectoral, 70-member National ECD Forum. The UN Girls’ Education Initiative partnerships also remain strong.

Strategic collaboration with the JLOS partners’ group has raised the visibility of children in contact with the law. Partnership with the Joint UN programme on AIDS and the Civil Society Fund for HIV/AIDS helped to strengthen coordination around OVCs. Joint UN programmes on gender are also strong. Partnership with the Social Assistance Grants for Empowerment programme is linked to birth registration and a cash transfer pilot.

Innovative partnership was developed with Members of Parliament who are active and vocal and potentially powerful advocates in UNICEF’s upstream work. The overall goal of the engagement is to build both the cutting edge knowledge of MPs on children’s issues, as well as focus on specific issues for parliamentary action.

UNICEF worked with a total of 13 corporate partners in 2013. Three existing corporate partnerships were: Barclays on Building Young Futures; MTN on mobile phone innovations; NTV on a Learning Series and general media engagement have continued. New partnerships included: the Vision Group and Miss Uganda for the U-report. Seven additional partnerships (with DFCU for Family Health Days, UBC for the Learning Series, Allversity and Medical Aid Films for the Uganda Content Portal, Orange and Airtel for the Child Helpline and Simba Telecom for U-report) were at various stages of formalisation by end-2013.

An MoU was signed with IBM to develop and implement an analytics system to support categorisation and understanding of thousands of messages received every week. An MOU with the World Bank was signed to collaborate on, and potentially scale up, some of UNICEF Uganda’s innovations, while an MoU with USAID was signed to share data to be posted on the Devtrac website. Technical and awareness-raising partnerships with the Uganda Scouts Association, BRAC and Marie Stopes, among others, continued and were expanded.

A non-corporate partnership with Tumaini Awards resulted in high-profile public recognition of those individuals, businesses, NGOs and CBOs that have made significant efforts to improve the lives of children in Uganda.

**Knowledge Management**
Mostly met benchmarks

In the area of knowledge generation several studies and evaluations were completed in 2013 (see annex). In almost all cases, knowledge generated and/or supported by UNICEF was undertaken in collaboration with Government and other partners, including researchers and research institutes. UNICEF continued to lead a research group on children and youth, and has developed a Google group as a means of keeping local researchers ‘in the loop’ on ongoing research and identifying consultants for research activities. In 2013, in response to a weakness identified in the audit in relation to dissemination, the Office significantly stepped up its efforts to share research and other knowledge. It developed a ‘policy and research briefing series’ into which all quality research is converted and shared. The Office dissemination list is being revamped to include physical and electronic mailing addresses as well as, where possible, social networking connections of partners.

UNICEF also helps to maintain access to knowledge around children’s issues for researchers, development practitioners and policymakers by strengthening the UNICEF Information Corner in Makerere University Main Library. UNICEF, with partners, provided extensive technical and advocacy support to the creation of a research Centre on children’s issues, and the AFRICHILD Centre was established as part of Makerere University with a full-time director and administrator. Part of their mission, in addition to research on the situation on Ugandan children, is a knowledge management function through which they will develop and house an e-library of all research related to children in Uganda.

UNICEF is continuing to support a number of innovative knowledge initiatives to improve functionality and outreach. These include: use of U-Report to reach 250,000 young people and link their opinions and knowledge of the situation on the ground with decision-makers, as well as sharing information with them. It was actively used as a means of both informing people about FHDs, as well as trouble-shooting problems. DevTrac has further developed as a tool to store information on field initiatives and link it to service provision information, and is now the fundamental tool for all field trip summaries and action points. M-Trac was fully rolled out in 2013 with over 26,000 health workers trained, and is the critical tool for sharing district-level information with the Ministry of Health. Edu-Trac, which provided real-time information on the situation of schools, is now being scaled-up nationally as part of the US$100 million education programme led by the Ministry of Education and the World Bank.

Internally, the Office is engaged in a number of knowledge management activities including Yammer, communities of practice and frequent participation in webinars. The use of social media in the programme has increased and is now a central advocacy platform for sharing of research and information, and was used extensively for significant launches in the country. Overall, the approach to KM in Uganda was further strengthened by the newly created and filled P4 post of Head of Research, Advocacy and Evaluation.

Human Rights Based Approach to Cooperation

Mostly met benchmarks

In 2013 UNICEF successfully integrated key MTR conclusions into the Country Programme. This included a two-pronged, equity-focused approach that sees the Office working in 57 focus districts in Uganda and covering both those with the highest proportion of vulnerable children and those with the largest absolute number of children whose rights to survival and development are unfulfilled. Another key conclusion from the MTR was the need to increase the level of accountability and the ability of children and young people to participate in matters that affect them, and to connect them directly to duty-bearers. The continued expansion and increased functionality of the U-Report remains a crucial approach in this respect. The SMS tool now reaches over 250,000 young people, and is connecting young U-Reporters directly to parliamentarians and other decision makers. In 2014 this will be expanded to share information and close accountability loops between communities, local service providers and district and national government through a randomised control trial using both U-Report and M-Trac.

In 2013 UNICEF also transitioned its Human Rights-Based Approach to Programming approach, covering nine districts, to a Child Rights Education Programme for Professionals (CRED PRO). The district approach successfully provided training in rights-based approaches to planning; however, due to resource constraints UNICEF was unable to support national roll-out. The Country Office continued to work with the Government, civil society organisations and national academic institutions to create and institutionalise a child rights
curriculum, which will serve as the channel to reach all health and education professionals in Uganda. This is part of a regional initiative to establish a uniform, yet locally applicable, child rights curriculum as recommended in successive Concluding Observations of the Committee on the Rights of the Child. In 2013, a regional and national taskforce created a generic health curriculum, applicable to all health professionals in the region. In 2014 the curriculum will be tailored to meet the specific needs of the health sector in Uganda; future expansion into the education sector is also planned.

A significant bottleneck in 2013 was the lack of progress on final submission of the State Report on the Convention of the Rights of the Child. The final draft report was completed, with technical support from UNICEF, in 2012. However it is still awaiting approval from the Ministry of Gender, Labour and Social Development prior to submission. UNICEF has continued to facilitate the process but high-level management changes at the Ministry further slowed progress.

**Gender Equality**

*Mostly met benchmarks*

In 2013, UNICEF’s gender equality interventions were fully embedded in all programmes.

The Learning Programme supported the Ministry of Education and Sport to conduct a participatory gender audit and to disseminate the findings among Education sector members. The report shows that the gender gap in education is narrowing due to specific measures taken by the Ministry including: gender-responsive pedagogy, menstrual management, sanitation, gender and HIV counselling and mainstreeaming gender in schools’ curriculum and instruction materials. In addition, the Ministry conducted gender-sensitive research to inform policy such as girls re-entry into school after pregnancy. It also introduced gender indicators in the Ministry Education management information system (EMIS) and created structures such as gender focal person, Gender Task Force and Gender Unit. However, the audit report highlighted that there are persistent gender inequalities in education, at both the policy and service delivery levels.

One of the best practices in the 'Safe' Programme is the use of community dialogues and seeking the support from traditional male leaders to address violence against girls by changing the social norms that uphold harmful traditional practices such as child marriage and FGM/C. The same strategy is being used to support social reintegration of women and their children born in captivity who have returned to Uganda after they escaped from LRA. Furthermore, with the increasing number of cases of defilements of girls reported to the police, the Programme is supporting the Uganda Police Force to undertake an assessment of how the police respond to the cases of defilement in several districts of the country. The assessment findings, expected to be ready in early 2014, will be used to identify and address current gaps in the investigation process and handling of cases of girls who are survivors of defilement. UNICEF continues to address gender discrimination in emergency response to the refugees who fled to Uganda due to the conflict in DRC. Separate shelters for unaccompanied girls and boys have been set up in refugee settlements, along with community-based mechanisms for identifying and reporting on cases of gender-based violence.

UNICEF launched the ‘Adolescent Girls Index and Report’, a global effort to capture the vulnerability of adolescent girls and enhance programming for young women and girls. Both events received significant media and policymaker attention and commitments to further build on these efforts in 2014.

UNICEF is an active partner in three gender-related UN Joint Programmes initiated in 2011: Gender and Equality, led by UN Women; GBV, led by UNFPA and FGM/C, led by UNFPA. UNICEF also commenced a new Joint Gender Promotion Initiative with UNFPA. UNICEF’s continued success in working jointly with other UN Agencies to address gender inequalities and gender discrimination is a key best practice in 2013.

In addition, UNICEF is an influential member of the Gender Development Partners group that provides a forum for coordination and dialogue, and it is represented in the UN and GoU Gender Steering Committee established in September 2011.
Environmental Sustainability

Partially met benchmarks

In 2013, a number of programme initiatives for environmental sustainability were successfully scaled up.

UNICEF consolidated its programmatic shift from conventional to cost-effective/innovative WASH interventions, ensuring environmental sustainability. These included: solar-powered piped water systems, bio-gas latrines, application of EMO to reduce sludge and contribute to reducing the cycle of frequent latrine digging, production of clean charcoal briquettes from banana waste and the fabrication of sanitary pads from banana leaves. Solar kits and solar-powered mobi-stations were also introduced in health centres in the Karamoja region for lighting and teaching purposes.

In the ‘Learning’ programme, UNICEF provided technical support to incorporate climate change (as part of Disaster Risk Reduction) into the National Primary Curriculum. In 2013 a mapping of CCA/Disaster Risk Reducaton (DRR) activities and issues in the sector was conducted and succeeded in bringing together several key actors who had previously been working separately. UNICEF supported the revision of two key areas of the new post-primary curriculum to include climate change and DRR issues. It also provided technical support to the Climate Change Unit based at the Ministry of Water and Environment.

UNICEF also ensures that all ICT- related procurement is for environmentally friendly equipment which consumes less power and goes into sleep mode when not in use for long periods. Refrigerators procured by the Office use CFC-free refrigerant only. Printing devices are dual purpose printer/photocopiers, thereby reducing overall operational costs. In addition, all printing devices are set to duplex printing mode as a default, which reduces the amount of paper used. UNICEF Uganda uses all Toyota vehicles which meet the highest environmental standards in terms of minimum undesirable gas emission.

South-South and Triangular Cooperation

South-South and triangular cooperation is a key part of UNICEF’s work in T4D. In 2013, UNICEF Uganda hosted study tours for other UNICEF COs together with their Government and civil society partners (including Afghanistan; Algeria; Burundi; Congo; DRC; Iraq; Libya; South Sudan; Sudan and Tunisia) to learn about innovative tools and approaches. As a result, UNICEF Uganda has received requests from other COs to help introduce and scale-up innovative technological solutions in their countries, such as U-report. Several UNICEF COs have shown interest in the U-report following its demonstrated success in Uganda in giving youth a voice and in providing a basis for evidence-based policymaking. UNICEF Uganda initiated a project to develop a “cloud” version of U-report, making it possible for any country to leverage the work to date by UNICEF Uganda on U-report and easily deploy it, without the need for additional hardware, software or IT expertise. The U-report Cloud was launched in South Sudan, Swaziland and in in the Philippines. Preparations are currently underway to expand the reach of U-report to more countries, including Algeria, DRC, Libya, Nigeria, Sri Lanka and Zimbabwe.

In addition, UNICEF Uganda was asked to present U-report to 16 UNICEF Country offices during a regional workshop organised for WCAR C4D officers. All 16 countries expressed an interest in using UNICEF Uganda’s Innovations. U-report was also presented at the WCARO Child Survival and Development Regional meeting attended by over 60 officers from different COs who all expressed interest in using U-report for improved service delivery.

In 2013, programme teams also engaged in significant South-South learning and exchange. In Learning: UNICEF and UNESCO International Institute for Capacity Building for Africa (IICBA) worked collaboratively on the development of an indigenous early childhood care and education curriculum for Africa to address the perceived lack of resources for conventional, elitist models of ECCE by encouraging the creative use of local resources. It is designed to make access to ECCE services easier and systemic through the involvement of the adults within households, extended families and communities. In 2013 UNICEF Uganda provided technical
assistance for developing a roadmap for the eight pilot countries and planning the way forward.

As part of the South to South Cooperation, the Safe Programme deployed a Child Protection Officer to Juba to provide technical assistance to the Government of South Sudan to develop a strategic plan for increasing birth registration of children under the age of five. The Government of South Sudan and UNICEF South Sudan have greatly appreciated the assistance to date and continued support for implementation of the plan in 2014.

UNICEF Uganda seconded nine staff to UNICEF offices globally to support emergency operations in Central African Republic (VISION), Democratic Republic of Congo (T4D team for U-Report and Rapid Family Tracing and Reunification-FTR), Eritrea (Education), Jordan (Partnerships), Kosovo (mTrac for Health Information management), Madagascar (Operations), Myanmar (WASH), Lebanon (VISION), the Philippines (Supply and Rapid FTR), Somalia (mTrac for Health Information management), South Sudan (Birth Registration) and Syria (mTrac for health information management).
PC 1 - Health and nutrition

**Constrained**

**PCR 4380/AO/04/105** Reduce under 5 mortality from 137 to 56 deaths per 1,000 live births and maternal mortality from 435 to 131 deaths per 100,000 live births.

**Progress:** Though the current under-five mortality rate (USMR) in Uganda is still higher than the MDG target of 56 per 1,000 live births (LB), it dropped from 137 in 2006 to 90 deaths per 1,000 LB in 2011, and infant and neonatal mortality also decreased (to 54 and 27 per LB respectively). Improved coverage in a number of areas in which UNICEF plays a lead role contributed to progress in USMR reduction: continued decline in malaria is observed as a result of increasing utilisation of insecticide-treated nets (ITNs); access to facility treatment and community-based integrated community case management, which UNICEF helped introduce and roll out; improved immunisation coverage, exclusive breastfeeding and management of severe acute malnutrition (SAM). However, significant disparities remain, particularly by region (ranging from 65 in Kampala to 153 in Karamoja) and by wealth quintile, with continuing challenges in ensuring a focus both on areas of highest mortality rates and areas of highest mortality numbers.

With a maternal mortality ratio currently standing at 438 per 100,000 (DHS 2011), the country is far from the MDG target of 131 per 100, 000 LB by 2015. Current policy limitations for community-based management of maternal and new-born conditions have contributed to slow progress.

UNICEF is an active member of the UNDAF group on maternal and new-born health and has provided significant technical assistance on the UNDAF maternal and new-born health and related plan for Karamoja, Acholi and West Nile sub-regions. Additionally, UNICEF, in collaboration with USAID, provided support to the evidence-based “A Promise Renewed” (APR) Plan, which was launched by the Ugandan Vice President with the participation of (and renewed pledge from) civil society organisations (CSOs), the ministries of Finance, Health, WHO, UNFPA, UN resident Coordinators and other stakeholders. To operationalise the cost-effective strategic shifts outlined in the APR plan, UN agencies collectively conducted an UNDAF-Districts planning workshop in the northern part of the country to support accelerating and intensifying national efforts.

UNICEF also supported the Karamoja SMART-based food security and nutrition assessments, along with WFP, biannually (May & Dec); the eleventh round of data collection is ongoing. Following the WFP-funded May 2013 surveillance that revealed global acute malnutrition rates of 12.5 per cent and for SAM of 3 per cent, the two UN agencies jointly supported all Karamoja District Health Officers to carry out a mass screening exercise, as part of emergency response and nutrition close monitoring. In the DRC refugee host districts, UNICEF/WFP/UNHCR jointly reviewed the in-depth rapid assessment tool to address all agency interests and harmonised the data collection for a more coordinated response.

Funding shortfalls continue to hamper the intended expansion of successfully piloted WASH innovations developed by UNICEF in 2011 and proven in 2012-2013 to be very cost-effective in the few districts where limited funding allowed implementation. Also, lack of Government funding for procurement of ICCM commodities led to increases in stock-outs of drugs at Village Health Team level, as high as 30 per cent. Delayed accountability and liquidation of funds disbursed to the MoH central and District Local Government hampered the implementation of activities throughout 2013. This has had a negative impact on the overall attainment of results.

**On-track**

**IR 4380/AO/04/105/001 IR 1.1** Enabling Environment: An enabling environment (knowledge, policy, systems, legislation and budget) created for child and maternal survival and development.

**Progress:** The Ministry of Health, in collaboration with UNICEF and partners conducted a rapid reproductive, maternal, new-born and child health landscaping assessment, including commodities in Uganda to update the mid-term review of the Health Sector Strategic and Investment Plan (HSSIP 2010/15).

Through strategic partnerships with WHO, DFID and UNICEF, a National e-Health Policy was approved and will serve to better regulate the e-health arena. In addition, an e-Health road map was developed to guide the lifting of the moratorium on e-health placed by MoH in January 2012. The MoH Resource Centre was strengthened to host the National Health Records Programme, under development with support from UNICEF and USAID.

In Uganda, only 32 per cent of children receive the recommended anti-malarial drug (ACTs) within 24 hours. The national expansion of mTrac – which was recognised in 2013 by the African Development Bank (AfDB) as one of the Top 10 eHealth initiatives globally – addresses this challenge by strengthening weekly HMIS data collection and alerting authorities about medicine stock-outs. The mTrac programme, with support from UNICEF, has registered and trained over 26,000 health workers from over 3,500 Health Facilities. In 2013, most of the districts (82 out of the 103 active districts) had a reporting rate of 89 per cent (above the recommended 80 per cent reporting rate). Some districts recorded 100 per cent reporting, such as Butambala, whose reporting rate improved from 3 per cent to 100 per cent within a year. During the period since its launch, national stock-outs of ACTs decreased from 79 per cent at the baseline in 2011 to 13 per cent at the end of 2013. Legislative and policy bottlenecks slowed progress in introduction of the Mother Reminder (SMS-based information service targeting demand for ante-natal services, post-natal services, uptake of PMTCT and delivery at facilities through targeted messages covering the full range of maternal health concerns), as a result of a Government’s moratorium on E-Health.
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**IR 4380/A0/04/105/002 IR 1.2** Fully immunised girls and boys Nationally, the percentage of fully immunised girls and boys aged 12-23 months increases from 46 per cent to 80 per cent. Polio eradication attained and measles elimination maintained.

**Progress:** The 2011 UDHS showed some progress, with 52 per cent (compared to 46 per cent in 2006) of girls and boys aged 12-23 months fully immunised. Nationally annualised HMIS infant coverage for 2013 for DPT3 and measles has risen from 75 per cent to 94 per cent, and from 78 per cent to 95 per cent, respectively. A more than 50 per cent reduction in absolute numbers of unimmunised infants was also observed in 2013 as compared to 2012. Two rounds of Polio SIAs were completed in 37 high-risk districts, reaching over 2.5 million children in each round. Above 90 per cent coverage in each round was reported by independent monitors. The percentage of districts with polio and measles immunisation coverage over 90 per cent has more than doubled since 2010, from 26 per cent to 67 per cent, and from 20 per cent to 56 per cent, respectively.

Progress in 2013 is due to improved vaccine management at both the national and district level, strengthening of the Reach Every District (RED) approach supported by UNICEF, intensive social mobilisation and mapping and targeting of special communities and hard-to-reach populations. To address demand-side bottlenecks, UNICEF supported the national roll-out of an EPI communication strategy coupled with RED strategy planning in all 112 districts. Social mobilisation and surveillance initiatives were also supported by UNICEF, targeting leaders of Somali, Congolese, Sudanese, Ethiopian, Eritrean and Burundi refugee communities in Kampala, in partnership with Inter Aid.

UNICEF focused on capacity building to keep District Management Teams on board to support the immunisation agenda; advocacy through engagement with parliamentarians for increased budgetary allocations to immunisation and social mobilisation of constituents; and training in cold chain logistics, forecasting, and vaccine management.

Low continuity of use represents the critical bottleneck for immunisation service delivery (BCG coverage of 94 per cent compared to 52 per cent fully immunised). Key barriers included: weak coordination, planning and management at operational level; inadequate primary health care grant allocations for immunisation, compounded by inappropriate resource utilisation; and vaccine stock-outs at district and health facility levels.

**IR 4380/A0/04/105/003 IR 1.3** Community Case Management In target districts, the proportion of cases of ARI, diarrhoea and malaria among children under five who receive appropriate treatment from a VHT within 24 hours increases from 8.8 per cent to 60 per cent, 2.2 per cent to 60 per cent, and 19.4 per cent to 60 per cent, respectively

**Progress:**

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**IR 4380/A0/04/105/004 IR 1.4** Nutrition In target districts: 50 per cent of children under age two are exclusively breast-fed up to six months, and introduced to appropriate complementary foods, 60 per cent of children with severe acute malnutrition receive therapeutic feeding and care and 80 per cent of children under five receive vitamin A supplementation and de-worming treatment

**Progress:**

According to Food Security and Nutrition Assessments carried out biannually in the Karamoja region, exclusive breast feeding among children less than six months was 75 per cent. This is above the 60 per cent target for the targeted districts. There is no recent data for the other two targeted regions. Nationally, the exclusive breastfeeding rate is 63 per cent (DHS 2011). Regarding complementary
feeding, 13 per cent of children 6-23 months in Karamoja were fed a minimum acceptable diet (4 or more food groups) in May 2013 compared to the national rate of 11 per cent (UDHS 2011). Although the rate is slightly above the national rate, it is below the CP target of 50 per cent by 2014. As a result, UNICEF is focusing on scaling-up high-impact, multi-sectoral nutrition interventions from five SUN districts to 20 UNICEF focus districts for improved young child feeding.

National coverage for Vitamin A supplementation and deworming among children 6-59 months in 2013 was estimated at 63 per cent and 58 per cent respectively, below the national target of 80 per cent for 2013. However, in the UNICEF focus districts, 1,047,787 (58 per cent of the target group) and 1,668,451 (92 per cent) additional children received vitamin A and deworming tablets, through FHDs, thus contributing to 14.5 per cent and 23.1 per cent coverage, respectively.

Therapeutic care was provided to at least 7,735 SAM cases in Karamoja region (representing 74 per cent of the cases expected at any one point). Nationally, about 25,000 children with SAM were provided therapeutic care, representing only 15 per cent of the national caseload. By end of Dec 2013, UNICEF had supported an increase in the number of therapeutic feeding centres from 287 to 487. The number of feeding centres will be further increased with UNICEF support in refugee-host districts.

UCO also effectively managed the CCC response to 50,000 DRC refugees and 5,102 IDPs a the Sango Bay camp in Rakai District, supporting the establishment of 60 new ITC/OTCs, and training 240 health workers and 100 VHTs and women’s groups on malnutrition management and prevention.

The main challenge is limited coverage of nutrition programs due to limited partner and GoU support: External partner support still remains critical.

**Constrained**

**IR 4380/A0/04/105/005 IR 1.5 Maternal and New-born Care - In target districts, the percentage of pregnant women and girls attending four comprehensive antenatal care (ANC) visits, increased from 39 per cent to 60 per cent; the percentage of pregnant women delivering in health facilities with skilled attendants increased from 34 per cent to 60 per cent; the per cent of HC IIIs equipped to provide basic emergency obstetric and new-born care (BEmONC) increased from 10 per cent to 50 per cent; the percentage of mothers-new-born who receive at least two postnatal checks within the first week of life (the first check within 24 hours) increased to 50 per cent.**

**Progress:**

UNICEF provided technical support to the focus districts, through NGOs, to enhance continuum of care for maternal and new born health. With the introduction of a comprehensive MNCH Package, innovations and social mobilisation were used to mobilise mothers for maternal and new-born health services in the Karamoja region.

While maternal and new-born indicators are slowly progressing, they remain low and below the national targets. Nationally the percentage of women attending four ANC visits declined from 34.2 per cent in 2012 to 31 per cent in 2013, far below the Health sector target (55 per cent) for 2013. Deliveries in health facilities increased slightly, from 38.1 per cent to 41 per cent. The 41 per cent skilled delivery rate is also far below the 65 per cent sector target for 2013. In the 28 UNICEF focus districts, these indicators remain low; the percentage of pregnant women who attended at least four ANC visits stood at 37 per cent, 31 per cent and 21 per cent in the Western Gulu and Moroto zone offices, respectively (WZO, GZO, MZO). The proportion of pregnant mothers who had delivered in health facilities in WZO, GZO and MZO by September was 38 per cent, 45 per cent and 18 per cent, respectively.

In order to accelerate community acceptance/demand of maternal and new-born health services, innovations such as Help Life birth cushions, Mobi-stations and solar suitcases were introduced in the seven districts of Karamoja. For example, at Nadunget Health Centre III, institutional deliveries increased from 10 per cent in April to over 40 per cent in November 2013.

Key bottlenecks arise from weaknesses in the enabling environment, including: inadequate national health sector funding; poor quality and timeliness of data reporting into district HMIS; lack of equipment, drugs and supplies at health facilities; shortage of appropriate staff – particularly midwives – for hard-to-reach/hard-to-stay locations; and the travel distances to services, which inhibiting access and reduce demand for MNCH services. UNICEF has helped address some of these barriers through advocacy and leveraging of resources; training and support for district-level HMIS; partnerships with NGOs for strengthened outreach capacity; advocacy for district-staffing in difficult areas; and the use of innovations, communications and social mobilisation to encourage early health-seeking during pregnancy, delivery in health facilities and post-natal care.

**Constrained**

**IR 4380/A0/04/105/006 IR 1.6 PMTCT and Paediatric AIDS In target districts, 90 per cent of pregnant women attending ANC are counselled and tested for HIV and receive their results the same day; and 90 per cent of HIV+ pregnant women receive ARV for PMTCT; the percentage of HIV-exposed babies tested using DNA PCR between 6 weeks and 18 months of age increased from 24 per cent to 80 per cent; the percentage of HIV+ boys and girls under five receiving cotrimoxazole increased to 80 per cent; per cent of HIV exposed boys and girls under fifteen receiving treatment increased from 10 per cent to 80 per cent.**

**Progress:**

UNICEF focused on 20 underserved districts through support for implementation of elimination of mother-to-child transmission of HIV (EMTCT) and paediatric services, in partnership with NGOs and faith-based organisations. It is worth noting that while indicators for EMTCT are on track, EID is highly constrained.

In focus districts, 84 per cent of 1.5 million pregnant women tested at ANC received their results (versus 59 per cent by end of 2012), and 74 per cent of HIV positive pregnant and breastfeeding women are on efficacious ARV regimens (versus 61 per cent by end of 2012). Paediatric HIV indicators continue to lag considerably. UNICEF target districts reported 10 per cent EID coverage in September 2013, far below the goal of 80 per cent by end of 2014.

The major contributing factor to achievement in PMTCT is the partnership with NGOs (CUAMM and AVSI) through comprehensive
PC 3 - Basic education

**Constrained**

**PCR 4380/A0/04/106** Percentage of boys and girls competent in literacy and numeracy at P3 and P6 levels increases from 47 per cent to 67 per cent in Primary 3 and from 51 per cent to 75 per cent in Primary 6 for literacy and from 46 per cent to 75 per cent in Primary 3 and from 44 per cent to 59 per cent in Primary 6 for numeracy.

**Progress:**

The MoES/UNICEF targets for this PCR are very ambitious, and the poor performance of learning outcomes was once again evident in 2013. Competencies in numeracy (40.4 per cent) and in literacy (40.15 per cent) at Primary 6 have further declined nationally. At
Primary 3 there was marginal improvement in competencies (numeracy - 69.9 per cent; literacy - 56.2 per cent) but the sector is still far from achieving its targets in this programme area. Bottleneck analysis and various UNICEF-supported studies have highlighted challenges in learning outcomes and identified a mix of interrelated strategies to address them. Key constraints in supply and demand include: teacher absenteeism (23.8 per cent), low retention rates (64 per cent), school readiness (only 9.23 per cent enrolled in ECD - 8.73 per cent girls, 10.26 per cent boys) and outmoded teaching strategies. The enabling environment is constrained by weak and fragmented management, slow implementation of legislation, and inadequate budgets – especially for ECD – leading to access inequities for most marginalised children. Other critical determinants relate to social norms and cultural practices and beliefs, especially in relation to violence against children and girls’ education.

UNICEF successfully supported MoES and education development partners’ work on policy development and dissemination, knowledge creation for evidence-based planning and system-strengthening and disaster risk preparedness and response. Under the coordination of the National ECD Forum, UNICEF conducted evidence-based, high-level advocacy initiatives supported by a socioeconomic impact study on ECD in Uganda. The study highlighted that, even using the most conservative assumptions, the return on investment in ECD exceeds the initial investment by 60 per cent.

UNICEF remains an influential member of the GPE task force and is the designated Chair of the Education Development Partners Group and the coordinating entity for the GPE in 2014. After intensive lobbying by UNICEF and other development partners, Uganda’s application for GPE was approved and US$100 million allocated. This will further support caregiver training, policy review and advocacy initiatives.

The Child-Friendly School-aligned Basic Requirements Minimum Standards initiative remains a priority strategy for MoES to impact quality and learning outcomes. Primary school teachers’ capacity is being developed through mentoring, with the programme currently rolled out to 14 out of 15 primary teacher colleges (PTCs), targeting approximately 3,300 schools with the aim of helping to increase primary completion and learning outcomes. To enhance the quality of service delivery, UNICEF also developed an innovative concept of ‘rural computer kiosk’, with relevant primary school educational content.

To further impact primary school completion rates, girls were brought back to school through the Girls Education Movement (GEM) and back-to-school campaigns. Collaboration with the SAFE team and C4D Unit around violence against children in schools (VACIS) is helping to promote zero tolerance; a VACIS strategy was completed. EduTrac, a real-time monitoring tool, is functional in 3,482 schools across 34 districts. Consequently, 19 per cent of all primary schools now are able to report and address VACIS and teacher absenteeism.

**On-track**

**IR 4380/A0/04/106/001 IR 2.1 Enabling Learning Environment**

Existence of an enabling environment (knowledge, policy, systems, legislative and budgetary) to enhance learning for all children, especially the most marginalised.

**Progress:**

**Knowledge creation for evidence based planning:** UNICEF supported the development of an ECD investment case analysis and a longitudinal ECD study with WFP, and both are being used as key ECD advocacy tools with parliamentarians. The review of the national strategy for Girls Education was finalised and findings disseminated.

**Policy development:** Policies for non-formal and special needs education and an integrated ECD framework and early learning development standards (ELDS) were all finalised. The National Strategy for Girls Education was also reviewed and disseminated nationally and regionally. The mid-term review of the Gender in Education policy was initiated, and Guidelines on Disaster Risk Reduction in Education were approved and rolled out to 31 districts.

**Districts and schools implementing a mobile monitoring system:** EduTrac is now operational in 34 (target 35) districts and 3,478 (target 4,000) schools, providing timely data on key indicators such as corporal punishment and teacher absenteeism. It will be further rolled out with support from the GPE.

**MoEs budget allocation for ECD and ECD benefitting from FTI funding:** MoEs budget provided US$278,000,000 for FY2012/2013. This covered supervision and inspection of ECD centres but remains at only 0.04 per cent of the Basic Education allocation. GPE was finalised and US$100 million was approved, of which ECD will receive US$10 million over three years.

**Districts including DRR in their education work plans:** DRR was rolled out to 30 districts by the end of 2013, exceeding the 2014 target of 28.

Key remaining bottlenecks are: inadequate ECD service provision, social norms and practices inhibiting efforts to combat VACIS and to enable pregnant girls and young mothers to stay in school. Allocation of resources to disadvantaged children and districts was inadequate. Supply deficits hindered access to adequately staffed services, infrastructure (including access to adequate WASH facilities) and information are key barriers for quality education, with low salaries and high teacher absenteeism (up to 23.8 per cent) seriously constraining progress.

**On-track**

**IR 4380/A0/04/106/002 IR 2.2 Early Childhood Development**

Number of boys and girls aged 3-5 benefitting from ECD in community-based ECD centres meeting minimum standards in most marginalised communities increases from 31,300 to 145,000.

**Progress:**

**Expanding services:** UNICEF support resulted in 112,700 (target: 115,500 for 2013 and 145,000 for 2014) girls and boys (aged 3-5) benefitting from ECD. There are now a total of 1,827 (target: 2,300 for 2013 and 2,900 for 2014) community-based ECD centres. The main providers are three FBOs, BRAC and CSCD. The number of registered ECD centres increased to 424 in 2013, far below the 2014 target of 2,900. Registration was constrained by the limited budget allocation from MoES for monitoring and inspection of the centres; only 0.04 per cent of the Basic Education department budget was allocated to pre-primary.

**Building capacity:** The quality of teaching and learning in these centres has greatly improved with significant changes in the learning environment. UNICEF is working though the PTCs and CCTs to train a total of 2,227 caregivers by May 2014. Some 16,443 CMC
members are also being trained through a cascade model.

Fifty model playgrounds were constructed as part of community mobilisation efforts to attract more children into the ECD centres. Parish chiefs (466) also received training on how to collect ECD data and submit to the district Education departments.

**Raising the profile of ECD:** UNICEF conducted a high-level advocacy initiative supported by investment cases on ECD in Uganda. Strong advocacy by UNICEF within the GPE led to ECD being allocated US$10.0 million of the total US$100.0 million GPE budget for Uganda.

**Constraints/bottlenecks:** The enabling environment in relation to predictable funding remains a key bottleneck for implementation of ECD programmes. This is being addressed through continuous advocacy to raise the profile of ECD. Limited access to supply of quality ECD services is a major barrier to access, with inadequate capacity at national, district and community levels and being addressed through engagement with local parish chiefs, and partnerships with NGOs/CSOs/FBOs and training.

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**On-track**

**IR 4380/A0/04/106/003 IR 2.3 Improved quality of education**

**Progress:**

By end-2013, the PLE pass rate was 55 per cent (59 per cent boys, 50 per cent girls) in the 75 BRMS districts for Division I and II, and is on track to meet the target of 56 per cent (60 per cent boys; 53 per cent girls) in 2014.

The coaching/mentoring programme for the Basic Requirement Minimum Standards addresses the bottleneck of poor service delivery by CCTs and teachers. It is being implemented in 14 colleges out of 15, targeting 332 CCTs and approximately 3,300 schools.

To further support the gaps in service delivery, UNICEF developed a concept of rural computer kiosk with relevant educational content. In 2013 the work focused on content revision and operating system simplification. Currently there are 35 (target: 100 by end 2014) working rural kiosks.

The bottleneck of low demand for quality services is being addressed through community dialogues that have reached 8,271 people (49 per cent female) in Karamoja. Nine live talk-shows and 135 pre-recorded radio shows were aired on the role of parents and communities in education service delivery.

In partnership with the Netherlands’ SNV, 170,620 (target 200,000) children (85,002, girls, 85,618 boys) in 716 (target 750) primary schools were provided with mid-day meals. Parents were supported to establish parent-led school gardens used as community ‘good agricultural practice’ promotion. This initiative is only being implemented in eight districts, and its impact was not yet measured.

Supply deficits hindering access to adequately staffed services, facilities and information are key bottlenecks for quality education, with teacher shortages and high levels of absenteeism seriously constraining progress. Quality learning is also constrained by demand-side factors, including hunger and ill-health, which inhibits children’s concentration and capacity for learning. Efforts to encourage local communities to contribute to school gardens and support school feeding are being explored in partnership with SNV, while work is underway to finalise a school health policy and provide needed health interventions in schools.

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**Constrained**

**IR 4380/A0/04/106/004 IR 2.4 WASH in Schools**

**Progress:**

UNICEF’s support to WASH in schools continued, with only six schools receiving drainable VIP latrines and seven schools new solar-powered water supply systems – far short of the target of 50 schools for the year. Emphasis was placed on improving usage of existing school latrines through application of EMO, which was being used in 432 schools in Karamoja and Jinja. Additionally, 10 bio-latrine systems were completed. This brings the cumulative number of schools with bio-latrine systems to 14 (target 20 by end of 2014), with over 16,226 children benefitting from this technology and the programme. Construction of rainwater harvesting systems at 50 schools and bio-latrines at three schools is ongoing in western and northern Uganda. A range of hygiene-promotion initiatives, including new skills on use of EMO in latrine maintenance, were supported by UNICEF in 1,132 schools – only one-third of the number of schools planned in 2013, and benefitted up to 339,600 children.

The limited impact of UNICEF-supported initiatives is reflected in national data on safe water coverage in schools, which dropped from 70 per cent in 2012 to 66 per cent in 2013, whilst the pupil stance ratio remained at 69:1. This is attributed to significant bottlenecks in the enabling environment due to funding constraints that limit the provision, operation and maintenance of WASH facilities and access to adequate services and information. Supply-side challenges continue with insufficient staff for WASH activities and limited appreciation of the significance of adequate WASH in schools as an integrated component of quality education provision. In 2014, UNICEF will continue to focus on innovative WASH technologies and methodologies, as well as resource mobilisation and leveraging at national and district local government levels. The dissemination of the O&M handbook will be undertaken, along with monitoring for improved O&M of WASH facilities in schools.

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**On-track**

**IR 4380/A0/04/106/005 IR 2.5 Primary School Completion**

- The percentage of girls and boys who complete their primary education will increase from 52 per cent (boys 55 per cent; girls 48 per cent) to 69 per cent (boys 71 per cent, girls 67 per cent) nationally.

**Progress:**

The primary school target completion rate was achieved. Completion rate increased from 64 per cent in 2011 to 67 per cent in 2013 (67
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per cent boys, 67 per cent girls) according to the EMIS 2013. UNICEF-supported C4D strategies, innovative technology and leveraging partnerships with communities have contributed to progress. UNICEF support covered the following areas:

VACIS: Through addressing VAC issues, schools are increasingly becoming safer for children, contributing to improved completion rates. EduTrac is functional in 3,482 schools (target 1,000) across 34 districts, representing 19 per cent of all primary schools in the country. Of these, 47.6 per cent (1,636) regularly report on VAC. The MoES launched the UNICEF-supported study on VACIS and established an inter-sectoral committee tasked with finalising the reporting, tracking, response and referral (RTRR) guidelines for schools.

Support to interventions to enhance retention and enrolment: GEM clubs supported by UNICEF develop children’s life skills and capacity to demand accountability from duty-bearers for safe schools, quality education and retention. GEM operates in 48 districts, with clubs now functional in 2,267 primary schools, bringing 4,573 children (girls 2,539, boys 2,034) back to school in 2013, a cumulative total of 14,662 (8,656 girls) of the targeted 25,000 children by end of 2014. Further sustainability is emerging as more districts began to initiate and manage these activities at the beginning of each term. In addition, MDD festivals were undertaken with 19,386 boys and girls participating at regional and national levels. The theme for this year’s festival was ‘Zero VAC in schools’, which provided an opportunity to further sensitise stakeholders about creating safe school environments for children. MDD festivals also contributed to improving retention of children in schools.

Support to Special Needs Education also increased completion rates for children with disability where TOT workshops on disability-sensitive methodology were conducted in teacher colleges to build support systems. Some 180 teachers (110 F & 70 M) were empowered and 21,000 children (12,000 boys & 11,000 girls) in 30 primary schools were trained in peer support groups ‘twinning’ methodology. Bottlenecks arise from social norms that underpin violence in schools and negative attitudes towards pregnant girls’ education and disability. At the level of supply, the absence of female teachers in many schools across the country is a further constraint for girls’ education and contributes to cases of VACIS. The enabling environment is also limited in terms of budgetary provisions for children’s participation in activities both in and out of school.

**PC 4 - Child protection**

- **On-track**

**PCR 4380/A0/04/107 Children's rights to protection are respected, protected and fulfilled in all private and public spaces.**

**Progress:**

‘Safe’ made significant progress towards most results planned for 2013, and the programme was on track to achieve the majority of its 2014 end-of-programme targets.

Strengthening of the policy, legal and administrative framework progressed slowly, with the Child’s Act Amendment being finalised by the Legislative Council of the Ministry of Justice after more than five years of high-level lobbying by UNICEF. It will be submitted to the Parliament by the MGLSD in 2014. The results of the Child Protection system mapping report supported by UNICEF in 2012 have now been endorsed, and are being used to formulate a national child protection strategy to be completed in 2014.

To address the lack of coordination of national institutions in preventing and responding to violence against children, an Inter-sectoral Committee on VAC, comprised of government institutions, was set up and specific guidelines for tracking cases of violence against children were developed. With technical support from UNICEF, the committee will oversee the development of the National Action Plan on VAC scheduled to start at the beginning of 2014.

As a result of UNICEF’s ongoing advocacy, financial and technical support, a free emergency number was designated with trained staff at the National Child Helpline for reporting cases of VAC and referring them to service providers.

UNICEF strengthened its strategic partnership with the Parliamentary Forum for Children to accelerate bureaucratic processes and increase budgetary allocations to child protection. As a result, MPs successfully advocated for the increased budget allocation to the URSB for the civil registration in the current financial year (July 2013 June 2014).

It is estimated that the percentage of children under five registered at birth increased exponentially from 30 per cent in 2011 to 48.89 per cent in 2013 – due to UNICEF financial and technical support provided to all 135 Government and missionary hospitals in the country and in 36 districts where UNICEF supports Family Health Days.

UNICEF further strengthened its strategic alliances with local government, FBOs and CSOs and increased capacity development for IT innovations to end discriminatory social conventions. This has resulted in 3,086 children at risk or survivors of violence, including victims of FGM/C and those who have returned from LRA benefitting from rehabilitation, counselling and health services in 20 focus districts. Initiatives against FGM/C were undertaken within the UN Joint programme (UNFPA/UNICEF) in collaboration with MGLSD, national NGOs and FBOs, with a focus on districts with high prevalence of these practices.

Key constraints were: weaknesses in the enabling environment (seen in the lengthy processes for policy development and approval); limited human and financial resources for child protection at all levels; social conventions condemning VAC; limitations in supply and quality of services by Government agencies due to limited capacity to effectively scale-up use of IT innovations (such as Mobile VRS for birth registration and the Child Help Line); demand-side challenges, including low demand for birth registration.

- **Constrained**

**IR 4380/A0/04/107/001 IR 3.1 Child Protection Environment Policies, legal and administrative frameworks for protecting children from all forms of violence and for ensuring their access to protection services, including to justice, are strengthened and harmonised with the international treaties**
Progress:

Children’s Act and engagement with Parliamentarians: Legislation amending the Children’s Act was finalised by the Legislative Council as a result of ongoing advocacy by UNICEF and is expected to become law in 2014.

UNICEF strengthened its partnership with MPs for increased budgetary provisions for children, resulting in an increase of the budget allocated to the URSB for the civil registration in 2013-14. Some 150 MP’s attended workshops/outreach visits on disability, BDR and VAC issues and their impact on child rights. Further evidence-based advocacy around disability issues and alternative care reforms are planned by UNICEF in 2014 based on the findings from the studies initiated.

Justice for Children: UNICEF provided technical assistance to the JLOS technical secretariat to review work processes and identify the gaps in the current system. The findings of the review will be used by JLOS to undertake a costing of the improvements that need to be adopted by justice for children institutions in 2014.

Child protection system mapping: The Child protection systems mapping report undertaken by UNICEF and MoGSLD was finalised, and drafting of the national child protection strategy to enhance policy development began.

Violence against children (VAC): To ensure a more strategic effort towards the elimination of school-based violence, an Inter-Sectoral Committee on VACIS was established, drawing representation from 26 ministries and relevant sectors. UNICEF supported a consultant seconded to the MoES to assist its functioning. The committee is tasked with finalising the RTRR guidelines and development of a national action plan to address VACIS in 2014. Twenty districts of emphasis have VAC Action Plans, but only 40 per cent of those allocated resources.

The overriding bottleneck is the ongoing protracted process of amending the Children’s Act, which is holding up a number of other related reforms necessary for improving the legislative environment for child protection.

Progress:

Support provided by UNICEF in developing innovative tools such as the mobile vital record system in 2011 has helped to significantly increase national birth registration rates for children under five, from a baseline of 21 per cent in 2009 to 48.57 per cent in 2013, representing an estimated 11.17 per cent increase in 2013 alone. Based on 2013 results, it is expected that the stagnancy in coverage rate experienced during the period of technological development of the MVRS tools could be compensated for to a large extent by end-2014. In addition, about 65 per cent of certificates for births registered in 2013 have been printed and are progressively being distributed to the registered children.

In partnership with UNICEF, Uganda’s Registration Services Bureau is using a three-pronged approach to improve birth registration in the country:

Development of a BDR policy: Following the recommendations from the APAI-CRVS, GOU has deferred the development of a BDR policy pending an assessment of its Civil Registration System.

Use of technology to improve timely delivery of BDR services: Mobile VRS enables the use of internet-connected computers in hospitals and local governments to register births and print birth certificates, and mobile phones in communities to notify birth. Currently, all 135 Government and missionary hospitals (up from 55 in 2012) and 36 of 112 local governments (up from 20 in 2012) received training, are equipped and are using Mobile VRS to register births and print birth certificates.

Integration of birth registration into health outreach programs (Family Health Days) to facilitate access to services

UNICEF also supported/hosted a study tour of 21 countries on BR, which helped to profile Uganda’s commitment to addressing existing barriers to registration, and established South-South cooperation to tackle these challenges.

The lack of availability of essential materials/inputs for registration remains a key supply constraint, in addition to the unstable internet connectivity in many districts that cause delays in issuing of birth certificates. The off-line version of Mobile VRS has gone a long way to mitigate this constraint.

National Child Helpline for reporting cases of VAC and for referring them to service providers - In 2013, UNICEF support shifted from reporting and responding to cases of VAC through NGO-owned mechanism to establishment of a Government-owned child helpline. As a result, the code “116” was officially designated as the emergency, free of charge number for children. An integrated case management system for the helpline is in place, staff were recruited and trained and the Child Helpline software system was tested.

OVC Identification: In 2013 the OVC National Committee (including Health, Education and JLOS) endorsed the new registration system that uses a three-indicator criteria. The criteria, approved by the MoGSLD last year, provides a standardised identification, referral and service delivery system for OVCs and is less expensive and easy to use, even in communities. More than 22,000 OVCs (11,678 boys and 10,613 girls) in 15 of the targeted 32 districts were identified and received various services in line with the national OVC policy in 2013.

District Action plans on VAC: 20 districts have VAC Action Plans, but only 20 per cent have allocated resources to it; 1,962 cases of violence against children (992 boys, 970 girls) were responded to. In addition police conducted outreach programmes in 600 schools on legal provisions, procedures and response for handling cases of VAC.

16 District Chain-linked Committees (DCCs) – a marginal increase from 13 DCCs in 2012 – of the targeted 30 have justice for children committees and are applying child-friendly procedures, resulting in the diversion 499 children from the formal justice system, release of 107 children from adult prisons and expedited action for 178 children in detention.
Underfunding and weak management/coordination within the enabling environment, lack of access to adequately staffed services and information and low quality of services were the main bottlenecks in justice for children.

**Progress:**

**Reintegration and reunification:** Children returning from LRA captivity were given integrated reintegration assistance, including psychosocial support. A database with 294 cases of girls and young mothers was created, 197 child mothers/ girls formerly associated with LRA were given support towards social reintegration. Thirty-seven (22 female, 15 males) benefitted from traditional cleansing ceremonies.

**Emergency Response:** An MOU between UNICEF, ICRC and UNHCR was signed for the use of Rapid FTR; a mobile technology that allows faster, accurate registration, follow-up and reunification of separated and unaccompanied minors during emergency. This resulted in registration and identification of 621 separated children and 306 unaccompanied minors by November 2013, in the wake of the sudden influx of Congolese refugees into western Uganda. UNICEF pre-positioned over 6,000 recreational kits and 40 tents to support unaccompanied minors during emergencies. This includes support to Uganda Police Forces’ Child and Family Protection Unit post in Bubukwanga transit centre and Kyangwali refugee settlement.

**Reporting and information:** Since 2010, UNICEF Uganda has been serving as Secretariat of the UN Child Protection Focal Point system on monitoring and reporting on LRA issues. All four global horizontal/regional reports and the annual report were submitted to the office of the UNSRG’s.

As part of ensuring Child Protection Core Commitments through integrated Emergency Preparedness and Response strategies and mechanisms, 11 emergency-prone districts now have child protection in their contingency plans out of a target of 16.

Land issues for women and children returning from LRA captivity are a continuing concern. UNICEF is addressing this through its Joint Programme on Gender Promotion Initiatives with UN Women and KKA.

**Progress:**

**FGM/C:** Twenty parishes in three FGM/C-practicing districts of Karamoja (Moroto, Nakapiripirit and Amudat) comprising 253 villages have implemented initiatives to abolish FGM/C as a result of UNICEF’s Communication for Development (C4D) interventions highlighting the dangers of FGM/C. In addition to FGM/C, the C4D interventions included awareness building on children’s right to education and the harmful effects of child marriage to a total of 2,570 (1,176 male and 1,054 females) community members, 543 of whom were young people.

As a result of strengthening community structures: 529 girls were rescued from cutting; 110 cutters/mutilators in Amudat and Moroto declared their commitment to abandon the practice and 30 cutters recommitted to abandon the practice permanently. A total of 450 community mobilisers, including grandmothers, were also empowered on FGM issues. Eighty-three of 100 targeted villages in FGM/C-practicing districts made public declarations to abandon the harmful practice in 2013.

**Violence against Children:** A strengthened strategic partnership between UNICEF and FBOs in Uganda has resulted in 1,224 administrative parishes in 20 districts implementing their own initiatives to prevent VAC. FBOs held dialogues and sensitised these communities, with support from UNICEF.

The key bottlenecks for eliminating FGM/C arise from social norms and demand-side constraints arising from cultural practices and beliefs that entrench FGM/C in practicing communities, where it is cherished as a rite of passage that will enhance a girl’s chastity and chances of marriage. Barriers in addressing VAC more broadly arise out of social norms and attitudes as well as weak service provision. Additional support will be given to community-led interventions highlighting awareness against harmful practices including FGM, child marriage and VAC.

### PC 7 - Cross-sectoral costs

**On-track**

**PCR 4380/A0/04/108 Y108** - PCR 4 Cross-sectoral national and subnational systems and structures strengthened to support: a) Evidence based human rights-based/child-focused laws/policies/budgets, results-based programme planning, management and monitoring and decentralised mainstreaming and monitoring of children's development concerns. b) Increased influence of youth on national agenda for realisation child rights, effective participatory communication processes for child focused behavioural and social change and increased awareness at national and international levels of situation of children and women in Uganda. c) Responsiveness of UN Delivery-As-One to child rights and development/scaling up of technological innovative approaches for improved service delivery, accountability and transparency.

**Progress:**

UNICEF continued to support subnational systems’ capacity for research and studies needed to provide evidence for effective policy, programme and advocacy initiatives. Specific priorities included: the development of districts’ Strategic Plan for the Development of
Statistics (total is now 13 districts); technical and financial support to the Census preparation process; completion of two major studies (Adolescent Girls’ Vulnerability Index and Child Poverty); and critical thematic studies, including on ECD, violence against children and the economic benefits of investing in education.

The Office continued to monitor 35 bottleneck indicators (L3 indicators), of which 34 per cent have reached a “green” threshold, indicating that the bottlenecks have been removed or that the 2014 target level has been reached. Overall, 56 per cent of L3 indicators (34 per cent in green and 22 per cent in yellow thresholds by end-2013) are envisaged to be achieved by the end of 2014.

Advocacy work was boosted by the training of 75 per cent of MPs on children’s rights, targeted advocacy meetings with MPs, registration of all 386 MPs to U-report and inclusion of the MPs in joint field monitoring trips with the Country Programme Management Team. The strongest impact of these advocacy efforts was reflected during the parliament’s budgetary process, when they voted to waive official fees being paid (for medical exams and reports) by child victims of violence.

The Office implemented several interventions targeting youth, including: the U-report system, establishment of partnerships with seven regional youth coalition “hubs” as a channel for influencing local Government policies and budgets, installation of 16 additional digital kiosks in youth centres to improve learning and access to critical information and training of 100 youth in basic IT and entrepreneurial skills at the centres. The Office received a UN Delivering as One (DaO) Award from the Uganda UN Resident Coordinator to mark the achievement of the 250,000 U-reporter landmark.

External Communication initiatives raised awareness on the situation of children and women in Uganda and realisation of UNICEF’s mandate in various ways through, for example, observing eight key international dates and production/dissemination of multi-media advocacy and promotional materials featuring Alive, Learning and Safe themes and innovations.

Innovations developed by UNICEF and in use by the Government include: mTrac, eduTrac, Devtrac, U-report, Digital Kiosks, Rapid FTR (Rapid Family Tracing and Reunification in emergencies) and Mobile VRS (birth registration).

**On-track**

**IR 4380/A0/04/108/001 IR 4.1: Social Policy & Evaluation - Across all programmes components, produce evidence to support developing appropriate human-rights based laws, policies and budgets that affect children with emphasis on reducing inequities and disparities.**

**Progress:**
In 2013 significant progress was made on building the research and evidence base with the completion of major studies including the Adolescent Girls Index and Report (launched in October 2013) and the Child Poverty Report (due for launch in February 2014). A number of thematic studies were also completed, including in ECD, Violence against Children, and the Economic Benefits of Investing in Education. Dissemination also significantly improved, with a research and policy briefing series now in place. In addition three monographs were produced and circulated. Monographs are a series of briefs designed to capture details of approaches and lessons from major policy and programme engagements, aiming at learning and institutional memory. In public finance for children, work was further consolidated across the budget process. Notable successes included very close collaboration with technical offices of Parliament and sectoral committees, and the inclusion of key budget recommendations for children in the areas of nutrition, immunisation and ECD. In social protection, technical support was provided for the development of a child-sensitive Social Protection Policy, now awaiting cabinet approval, as well as a social care services and support pillar of the policy.

UNICEF now chairs the Local Development Partner Task Force on Social Protection, which has become a crucial forum with increasing donor interest in the sub-sector. Engagement with the Uganda Parliamentary Forum for Children also broadened in 2013, with the completion of training for around 75 per cent of MPs on children’s issues, as well as dedicated advocacy meetings and field trips to build support in particular areas; the strongest impact was on the parliamentary budgetary process.

The enabling environment for the realisation of children’s rights remains challenging, with a very strong national focus on energy, transport infrastructure and economic growth – and further declines in social sector budgets. Additionally, progress made in 2012 towards passage of the amended Children Act and the submission of the State Report on the Convention on the Rights of the Child in 2012, was not consolidated, but final approval and completion is expected in 2014.

**On-track**

**IR 4380/A0/04/108/002 IR 4.2: Planning & Strategic Information Governmental systems are collecting, analysing and using appropriately disaggregated data to enable national and local Governments effectively plan, coordinate, implement and monitor quality interventions; and achievement of programme results are supported through results based planning and management, including strategic information management.**

**Progress:**
The Planning and Monitoring Unit (P&M) continued to coordinate the monitoring of L3 indicators, identifying bottlenecks. Of the targets of 35 indicators being monitored, 34 per cent reached a “green” threshold, indicating that the 2014 target level has been reached (or that the bottleneck was removed). In recognition of the possibility of relapsing, UNICEF continues to monitor the sustainability of these results. Overall, 56 per cent of the L3 indicators (34 per cent in green and 22 per cent in yellow thresholds at end-2013) are envisaged to be achieved by the end of 2014.

Eighty-eight per cent (80/91) of all CP indicators, including L3 indicators, were updated. Indicators not updated included those sourced from KAP studies, which were not implemented due to financial constraints, and those whose collection systems were not yet well-established; e.g. VAC in Schools. Eighty-one per cent (22/27) of all monitoring activities of the Annual IMEP were implemented.
Implementation of Quarterly Programme Quality Assurance (PQA) activities for both Government and PCA partners continued in 2013, with planned PQAs for 51 of 90 (57 per cent) IPs implemented. The shortfall in achievement was due to competing priorities for programme teams (e.g., DRC humanitarian response). Only 40 per cent (137 out of 391) of the PQA recommendations had been implemented or closed by Dec 31 2013.

Rolling Work Plans (RWPs) for the three PCRs (ALIVE, SAFE and LEARNING) for the Government’s financial year 2013/2014 were developed and signed in harmony with all related audit recommendations within the set deadlines.

Government confirmed that the Population Census, twice postponed (2012 and 2013) would be held in 2014. UNICEF leveraged participation in the Census Steering Committee to successfully advocate for the maiden inclusion of questions on birth registration and ECD in the census questionnaire – information that will guide equity-focused programming in these programme areas. In support of the census exercise and the updating of the UgandaInfo database, UNICEF supported the digitisation to Enumeration Area-level of an additional 37 district maps. Sub-national systems’ capacity to provide the evidence required for effective development programming was strengthened through continued support for the development of districts’ Strategic Plans for the Development of Statistics (total is now 13 districts).

**Progress:**

UNICEF External Communication initiatives contributed to increasing awareness of the situation of children and women in Uganda and realisation of UNICEF’s mandate:

- Eight key dates were observed since January 2013; all days were covered in local print, broadcast and online media
- 18 visits hosted from donors, NatComs, Innovation Directors from various organisations, academic partners, other COs from ESARO and other UNICEF Regional Offices
- Multi-media advocacy and promotional materials developed, featuring Alive, Learning and Safe themes, innovations and illustrations of UN agencies “Delivering-As-One” in Uganda were produced and disseminated
- Thirteen corporate partners were engaged to increase awareness and improve development processes for realisation of children’s rights through six new projects; engagement with existing corporate partners continued; two MOUs were signed; and one high-level partnership launch was conducted (see Strategic Partnerships).

UNICEF contributed to young people across Uganda influencing the national agenda through (see also Innovations):

- U-report (over 250,000 U-reporters registered and growing)
- All 386 MPs were registered to U-report, with around 20 actively engaged in utilising the platform to solicit the views of their constituents to inform their decision-making
- Creation of seven regional youth coalition "hubs" to influence local Government policies and budgets
- Total of 12 partners using U-report (UNDP, IOM, OHCHR, UNRC, EU, MOH, MOE, MOGLSD, URSB, USAID, WB and MAAF)
- Barclays-UNICEF "Building Young Futures” programme – targeting 10,000 youth over three years; ten youth centres provided with ICT equipment; financial and life skills training manuals developed and printed.

Initiatives in support of community institutions’ adoption of participatory communication processes for child-focused behavioural and social change included:

- 16 additional digital kiosks were installed in youth centres in 10 districts, bringing the total of digital kiosks to 35 in 18 districts
- 100 youth who had never been exposed to computers were given the basic IT skills at the centres and are sharing their skills with other youth who visit the centres
- Virtual classroom information based on Uganda’s Primary Four school curriculum is uploaded on all digital kiosks to improve the quality of teaching and learning, respectively
- Implementation of the VAC in Schools C4D Strategy is ongoing, including radio spots on Zero Violence against Children aired on 18 radio stations nationwide.

**On-track**

**IR 4380/A0/04/108/003 IR 4.3: Ext Comms C4D and Youth Devt**

**Increased awareness, at national and international levels, of situation of children and women in Uganda and UNICEF Uganda’s key programmatic areas of keeping children Alive, Safe and Learning; Youth and young people are engaged in their own development processes and their views influence national agenda for realising child rights; Community level institutions, systems and structures are more effectively applying participatory communication processes for child focused behavioural and social change.**

**Progress:**

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- Eight key dates were observed since January 2013; all days were covered in local print, broadcast and online media
- 18 visits hosted from donors, NatComs, Innovation Directors from various organisations, academic partners, other COs from ESARO and other UNICEF Regional Offices
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- Virtual classroom information based on Uganda’s Primary Four school curriculum is uploaded on all digital kiosks to improve the quality of teaching and learning, respectively
- Implementation of the VAC in Schools C4D Strategy is ongoing, including radio spots on Zero Violence against Children aired on 18 radio stations nationwide.

**On-track**

**IR 4380/A0/04/108/004 IR 4.4: Coordination and Innovation**

**Effective contribution by the GoU- UNICEF Country Programme to UNICEF commitments in the UNDAF and corollary objectives in the National Development Plan and programme delivery, monitoring, reporting; and access to basic services enhanced through development of innovative technological approaches**
Progress:

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

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

To strengthen the UN DaO initiative and consequent to the launch of APR, UNICEF played a major role in the development of an integrated facility-and community-based package of maternal and new-born health service delivery in 39 districts, including the Northern Uganda UNDAF Convergence Districts. A roadmap for improving maternal and new-born health in 11 selected districts of Acholi, West Nile and Karamoja sub-regions was also developed with UN agencies and other partners to accelerate progress towards achieving MDGs 4 & 5, as part of the APR initiative.

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

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

**On-track**

**IR 4380/A04/04/108/005 IR 4.5 Field Coordination and DRR/EPRP - Increased effectiveness of UNICEF support to focused district approach and enhanced national/district level capacity for development and implementation of integrated child focused disaster risk reduction, emergency preparedness and response strategies.**

**Progress:**

In 2013 the decentralised approach to programme implementation was fully operationalised with the deployment of additional Programme Officers to respond to supply-side bottlenecks such as slow implementation, delayed reporting and low resource absorption capacity – especially in new districts. This approach has led to a significant increase in utilisation of funds through partnerships with local governments. Also, this step increased the frequency of monitoring activities and close tracking of funds utilisation by Programme Officers thus promoting efficient use of resources, transparency and accountability at the local government level.

UNICEF continued to work with UN Agencies, OPM and relevant district governments and NGOs to improve development and implementation of integrated, child-focused DRR and emergency preparedness and response strategies, mainly through a DRR platform, peace building and resilience initiatives.

In close partnership and coordination with UNHCR, UNICEF Uganda supported 80,000 refugees and host community women in preventive nutrition and provided education and counselling on optimal maternal and infant and young child feeding practices. Some 46,000 refugees are benefitting from access to safe water and hygiene messaging. Around 15,863 school-aged children gained with access to emergency education. In addition, UNICEF addressed humanitarian needs of 5,000 economic migrants repatriated from Tanzania through the south-western part of the country.

There is need to support coordination mechanisms in UNICEF’s key district-level intervention sectors to optimise the benefits of integrated programme implementation. Duplication of activities at district level has been cited as an implementation challenge, especially since all partners rely on the same local government personnel for implementation.

With regard to DRR and emergency response, there is need to prioritise preparedness and resilience building through continued support to districts to update their EPRPs and integrate DRR in the ongoing interventions. In addition, capacity of beneficiaries to participate in community-based reporting of emerging risks and vulnerabilities can be strengthened through the localisation of real-time data collection technologies.

**On-track**

**PCR 4380/A04/04/800 Effective and Efficient Programme Management and Operations Support**

**Progress:**

Effective and efficient programme management and operational support was provided throughout 2013 (see IR results and indicators)
IR 4380/A0/04/800/001 IR 5.1: Effective and efficient governance and systems.

**Progress:**

Monthly Monday meetings for all staff were conducted successfully throughout the year in Kampala as well as in Zone offices. The CMT met three times (as opposed to planned four) and Programme Coordination Meetings were held each quarter. The Office’s priorities/results for 2013 were outlined in the Rolling Work Plans and Annual Management Plan, and remained as a standing agenda for the CMT. Preparations for audit of the CO and addressing recommendations thereof took a good proportion of the CMT efforts for the year. Another area for investment by the CMT was with respect to improving programme quality assurance. As well, the Office revised its principle work processes to align them with requirements of VISION and establish framework for timely completion of transactions. A special Programme Group Meeting was organised in May 2013 to discuss key highlights from audit findings on Direct Cash Transfer (DCT) and RWPs. Staff was oriented on actions proposed to address audit recommendations specifically those related to DCT management and RWPs. A Guidance Note was developed on “How to use RWP in VISION” and has been in use since 16th August 2013. The note is used to guide partners on how use the activities in the RWP and VISION to make funding requests to UNICEF. Further, a Finance Clinic to address several gaps identified in processing of DCTs was conducted, during which work process with prescriptive processing timelines was distributed to all staff at the clinic. Issues brought forward by staff were addressed at three meetings of the Joint Consultative Committee.

IR 4380/A0/04/800/002 IR 5.2: Effective and efficient management and stewardship of financial resources.

**Progress:**

Financial Implementation and fund utilisation as of 31 Dec 2013 stood as follows:

Funds available were US$76.12 million, of which utilisation as of 31 December was 100 per cent, 98 per cent, 79 per cent and 95 per cent for SB, RR, ORR and ORE, respectively.

Uganda has been HACT compliant since 2008. In 2013, 36 micro-assessments, 28 financial spot-checks and one special audit were conducted. While HACT assurance activities on implementing partners were carried out in prior years, these lacked depth and quality. In 2013 several actions focusing on improving the quality of HACT assurance activities were carried out. A comprehensive HACT Assurance Plan was developed, the CO engaged services of external audit firms to conduct financial spot-checks of large-scale implementing partners. This resulted in improved quality of financial instruments as well as spot-check findings and recommendations. A Finance Clinic was conducted for all programme staff on “DCT payment and liquidation processing”, addressing several gaps identified in processing DCTs. The Office work process for payments and DCTs with prescriptive processing timelines was distributed to all staff.

Proportion of DCT in arrears continues to be within manageable levels, having been reduced from 10 per cent and 12 per cent at the end of March 2013 to 5 per cent and 1 per cent as of 13 December 2013 for DCTs over six-to-nine months and greater than nine months respectively. A combination of field monitoring and joint field visits is being conducted by UNICEF and IPs to provide support and follow-up implementation of the activities. This is followed by FSC by audit firms for partners receiving over US$100,000 and Programme Quality Assurance (PQA), as part of HACT assurance activities.

Regarding DCT, the Office observed that levels of risk are continuing to increase despite the risk-mitigation measures already in place. To augment efforts by staff, UCO recruited the services of two audit firms, KPMG and Deloitte, to conduct audits and some spot-checks on partners, particularly those that have been identified as chronic defaulters.

The Country Office operates warehouses placed in three strategic locations to support programme implementation and emergency responses; stock value currently stands at US$3.4 million.

IR 4380/A0/04/800/003 IR 5.3: Effective and efficient management - Effective and efficient management of human capacity.

**Progress:**

Implementation of the revised staffing structure from 2012 PBR continued in 2013. Recruitment for 35 vacancies for national staff was successfully completed. In addition, nine international posts were filled during reporting period. Currently 17 posts are vacant (9.5 per cent of approved positions), recruitment for which was delayed owing to funding considerations, while GS positions remain suspended in line with the new guideline moving towards a single Global Shared Service Centre that will have implications on current and upcoming vacant posts.

Due consideration of gender and geographic distribution for International Professional staff is made during recruitments undertaken by Office, without compromising quality. In the current profile, of a total of 176 staff, 48 per cent are female and 52 per cent male. This ratio is the opposite of the position in 2012.

Completion rates of 2012 PAS reached 98 per cent, while completion of 2013 mid-year discussions was 85 per cent by June 2013. The Office retains a well-run and effective Learning Committee that is informed by individual learning plans approved by supervisors, as well as by global and regional training and learning priorities. Regarding UN/UNICEF policy on HIV/AIDS in the Work Place, the Caring for Us Committee sustained gains made on the 10 minimum standards of HIV/AIDS in the workplace. Key achievements included adequate supplies of male and female condoms in accessible places and dispensers; first aid boxes in all vehicles; staff members provided with information on HIV-related insurance; custodians for rapid access to PEP and linkage for confidential handling of personal information. Staff members were given information on HIV policies/benefits, transmission/treatment and stigma/discrimination, as well as on Hepatitis B during the all-staff retreat. Other group training prioritised by the Office included: CBI (39 targeted staff completed and seven remaining for 2014), Ethics (100 per cent achievement rate), Managing Performance for Results (MP4R) (43 staff completed).
Effective Governance Structure

UNICEF Uganda’s results and priorities for 2013 are well articulated in the Rolling Work Plans and Annual Management Plan, which were developed with the full participation of all sectors in the Office, and approved by the Country Management Team in February 2013. The CMT remains the central statutory committee and management body and meets regularly to keep resources focussed on key results of the country programme. The AMP identified 10 focus areas: (1) managing fiduciary risks; (2) follow-up of audit recommendations; (3) improvement of business efficiency and cost effectiveness; (4) enhanced results-based planning, management and reporting; (5) preparation of UNDAF and new country programme; (6) status of DCT performance; (7) implementation of the HACT action points as per DED’s memo; (8) effective management and response CO funding requirements; (9) improved capacity for programme management, monitoring and reporting; and (10) status of emergency response and emerging issues. These were monitored by and remained as a standing agenda for the CMT in 2013. The AMP also outlined key accountabilities of individuals as well as committees and task forces.

Programme Group Meetings convened by the Deputy Representative were held at least every six weeks. Additional team-building structures and processes were established to ensure strong cross-sectoral collaboration. This contributes to inform CMT discussions, helping to resolve coordination bottlenecks between the multi-sectoral programme components; addressing internal bottlenecks in processing FACE requests and liquidation of DCTs; and monitoring effectiveness of the Focal Point Systems for Districts Partners, PCAs and UN Joint Programmes. Other statutory committees are also established with detailed Terms of Reference in place, meetings undertaken regularly with minutes well maintained and memberships regularly reviewed.

UNICEF revised its principal work processes (a total of seven) to align them with requirements of VISION and establish framework for timely completion of transactions. It has developed a HACT training plan that targets both programme staff and implementing partners. This will be rolled out in January 2014.

A special Programme Group Meeting was organised in May 2013 to discuss key highlights from audit findings on direct cash transfers and RWPs. Staff were oriented on actions proposed to address audit recommendations, specifically those related to DCT management and RWPs.

UNICEF-observed levels of risk in relation to DCT continued to increase despite the risk-mitigation measures already in place. To augment efforts by staff, UNICEF engaged the services of two audit firms, KPMG and Deloitte, to conduct audits and spot-checks on partners, particularly those that have been identified as chronic defaulters.

Default rates by implementing partners not meeting reporting DCT liquidation requirements continue to be a major concern. For partners identified as chronic DCT defaulters, the following disbursement modality applies, depending on the specific context: reimbursement; payment by third party or increasing frequency of disbursements to more tranches with low values. Nevertheless the number of chronic defaulters has not declined.

Strategic Risk Management

UNICEF Uganda carried out an intensive exercise to update the Risk Control Library, with two areas identified as high risk (aid environment and predictability of funding); three as ‘medium to high risk’(partner relations; results-based management, measurement and reporting on results and ethics and culture); and eleven deemed to be of ‘medium to low’ risk (country environment, management of third parties, programme strategy, capacity for programme management, ability to change, organisational competencies, foreign exchange, budget management, safety and security, natural environment and humanitarian action). The risk register feeds into the Office Management Plan (OMP) – including high and medium risks – and is revised monthly by the CMT.

The Country Office Risk Profile and Risk Control Library, which was drafted with participation of all staff members during an all-staff retreat in March 2013, was approved by CMT. High risks are reported online in the Risk Management View of Insight.
The UCO “mainstreamed” actions to address the identified risks in the 2013 AMP. The following AMP results were crafted to address identified risks: (1) enhanced results-based planning, management and reporting through improved programme quality assurance processes; (2) effective management and response to the unpredictable and rapidly changing environment, ensuring 80 per cent of OR funding ceiling and humanitarian funding requirements are met; (3) improved capacity for programme management, monitoring and reporting; and (4) UNICEF-supported activities/projects are insulated against surging fiduciary risks in the country through improved financial quality assurance processes that ensure effective and efficient implementation of DCTs to partners.

UNICEF Uganda continues to implement the action plans recommended to mitigate the identified risks, including training on ethics which was highlighted in the audit recommendation. In July 2013 UNICEF conducted Ethics training for staff in Kampala, Gulu and Moroto. A special session was conducted with members of the CMT. The half-day sessions were facilitated by Ethics Principal Adviser from NYHQ and 94 per cent of staff attended.

The Uganda Business Continuity Plan was revised in Feb 2013 and remains current. The Plan was successfully simulated in December 2013, thereby providing several ideas to improve the BCP site and overall plan. A core group of emergency focal points from lifesaving sectors and zonal offices forms the emergency planning and response team. This group of experienced and trained staff forms the first wave of deployment during emergency rapid response. UNICEF Uganda also has supplies available through long-term agreement (LTA) or in stock to support lifesaving supplies to a displacement of 25,000 persons anywhere in the country. Supplies are located in a central warehouse with limited stocks in zone offices. UNICEF Uganda remains the secondary business continuity (BC) location for South Sudan: if Nairobi fails as a primary location, the Kampala office is preparing support functions that provide IT functionality and evacuation for a limited number of key staff from the South Sudan office. UCO is currently leading preparations for supply and logistic support to South Sudan and continues to function as an important hub for supplies to bordering countries.

Evaluation

In UNICEF Uganda the social policy and evaluation functions are combined. In 2013 the evaluation function focused on developing a strategic plan to support programme implementation, and coordinating efforts to reduce the number – but increase the strategic importance – of the evaluations. Priority was given to:

- conducting a stock-taking exercise of the evaluations, studies and surveys to identify knowledge gaps for the next country programme;
- improving the quality and dissemination of evidence; and
- ensuring a relevant and updated IMEP to manage evaluations, studies and surveys.

The stock-taking exercise identified key gaps in research, which included the importance of a study on children with disability to inform programming for the next country programme. This study is now underway and findings are expected early next year.

The evaluation function has continued its maintenance of the Integrated Monitoring and Evaluation Plan (IMEP), providing independent technical expertise to carry out research and evaluation and inform programmatic areas. As a result, 10 planned studies, surveys and evaluations were completed by the end of December 2013, including: the investment case for ECD, the national survey of violence against children in schools, conflict analysis (education), gender audit of the Ministry of Education, cash transfers for ECD in Karamoja, child protection system mapping and school children’s experience of the VAC referral system. Dissemination is continuously being improved to ensure that the research work produced by the CO reaches the target audience, with every TOR now including a deliverable on a research brief. Three briefings were produced by SPE based on completed studies and circulated to partners and targets.

Two programme evaluations were planned for 2013. The evaluation of the “Integrated Community Case Management of Malaria, diarrhoea, pneumonia, maternal and new-born health in eight districts in Uganda” was completed at the end of the third quarter and the management response was being prepared in late 2013. The evaluation of the Basic Requirements and Minimum Standards commenced in late 2013, and work was ongoing. Efforts were undertaken to ensure that evaluations are fair and objective. A database of national consultants was also maintained to help ensure increased evaluation capacity among Ugandans.
The Adolescent Girls Vulnerability Index was launched, together with the Ministry of Gender, on the International Day of the Girl Child. The final draft of the Child Poverty Report was received and is in the final stages of publication. It is expected to be launched in early 2014. In 2013 there was again evident progress in the evaluation function within UNICEF; however, a major constraint remains in the promotion of national evaluation capacity. The priority for 2014 will be to move to a leaner IMEP format and to use the existing evidence generated from the CO’s research work to plan for the next Country Programme.

**Effective Use of Information and Communication Technology**

Information and Communication technology (ICT) continued to provide excellent technical support and services that ensured ICT facilities remained fully functional at all times and staff have continuous access to the ICT systems. The main focus in 2013 was on improving service delivery to enhance efficiency and effectiveness mainly in the area of connectivity (data and voice), management of ICT resources, user support and contribution to Technology for Development projects.

The internet link in the main office was reconfigured, bandwidth adjusted and routing bottlenecks removed to improve the performance on reduced bandwidth. This will be strengthened further by installing Websense web filter application, which will help to manage the bandwidth and protect the link from security threats. The data connectivity in zone offices was upgraded to higher bandwidth to allow these offices to use video-conferencing facilities with the CO and improve the connection to VISION.

The CO’s PBX was upgraded to a newer version with IP capability that will enable easy integration with Lync and Unified communication. Additionally the Meet-me conference service was implemented to allow zone office staff to participate in conference calls and host meeting with partners. As part of gaining efficiency and reducing costs, two additional Voice Over IP lines were implemented and the Skystone application to integrate Skype with the Office PBX was ordered and will be implemented in the beginning of next year.

UNICEF chaired the UN ICT workgroup where significant progress was achieved in working together under “Delivering as One” for ICT services. After thorough assessment of agency needs, recommendations and proposals for a consolidated UN contract with vendors to provide telecommunication (Internet, Data and Voice) services was made to the OMT and UNCT, which will give UN agencies better service and support at the most competitive rate.

The work process for ICT inventory management and equipment movement was revised to enable better monitoring, decommissioning and updating of records to ensure that both Admin and ICT have the correct and up-to-date information. Policies to guide and manage the acquisition of mobile devices (phones and internet modems) in the Office have been developed and the Global policy of ‘bring your own device’ was also initiated. The Office has enhanced capacity to manage distribution, track ownership, monitor movement, usage and payment and establish means to reduce misuse and equipment losses.

The Office continued using LTAs to procure computers and laptops, which helped cost-effective procurement in the shortest possible lead-time. Several obsolete IT equipment was disposed of following rules and regulations on disposal of electronics items.

To ensure efficient and effective service, an ICT service satisfaction survey was carried out to capture user perspective, thoughts and ideas, which helped the ICT team to improve the service further. Additionally the BCP simulation for failover test of core ICT Systems and services was conducted in December 2013 to verify that these systems can be accessed normally from the alternative BCP site in case of emergency.

**Fund-raising and Donor Relations**

In 2013 the Uganda Country Office revised its Resource Mobilisation Strategy to reflect the changing funding environment and modalities and ensure timely, flexible, stable and adequate resources for programme implementation. As well as working directly with in-country donors, the Country Office continued to engage with national committees and bilateral agencies through PARMO and ESARO. Additionally, UNICEF Uganda
participated in UN joint fundraising efforts such as the UN Trust Fund for Human Security, to address violence against children, and also continued to receive funds through the MDTF Office, particularly for the Joint Programmes on AIDS; gender-based violence; FGM, population; peace-building and child protection systems. The Country Office received a total of US$2,490,000 through the joint programmes and multi-donor trust funds alone. In total, the CO successfully mobilised 82 per cent of its OR ceiling basket, exceeding both the global target of 75 per cent and the CO target of 80 per cent.

On the emergency front, the Congolese refugee emergency in southern and western Uganda continued into 2013 with major influxes occurring in July and October. UNICEF and partner agencies, led by UNHCR, issued an inter-agency appeal at the beginning of the year, and another in the middle of the year to address the refugee emergency. UNICEF also continued its efforts to mobilise funds to address the humanitarian situation in Karamoja (North Eastern Uganda). Both of these efforts resulted in the country receiving 100 per cent of its ORE funding by mid-year, necessitating a request to increase the ORE ceiling from $8,823,844 to $16,272,320. Sectorally, though, challenges were experienced with securing flexible, non-earmarked funding, with 'Learning' the most affected by withdrawal of most traditional education donors from the sector in 2013. Government of Netherlands (including through the Peace Building programme), SIDA and DfID remained the major bilateral donors to UNICEF’s programme in 2013.

A key resource mobilisation strategy is to encourage field visits by bilateral donors and national committees and actively encourage external donor missions to OECD countries by UNICEF management. In 2013, 18 in-country and external missions were undertaken.

In total, 43 donor reports and 17 proposals (seven successfully funded) were sent in 2013. Due to programme challenges two reports were sent late. The CO continued to ensure that the quality of all reports is maintained by strictly adhering to a quality assurance checklist based on PARMO standards and incorporating recent audit report recommendations.

Regular updates on fundraising and contributions’ management were provided during the monthly Monday morning meetings, focusing on funds received, utilisation status, DCT liquidation, PBA expiry reminders and donor reports due. Funds utilisation was optimal, with nearly all PBA utilisation rates at 95 per cent by the expiry date. Only two requests were made for extension of a PBA and these were granted.

Management of Financial and Other Assets

The Office of Internal Audit and Investigations (OIAI) conducted an audit of the UNICEF Uganda Country Programme. The audit sought to assess the governance, programme management and operations support over the Office’s activities. The audit covered the period from January 2012 to 25 March 2013. Following the audit process UNICEF and OIAI agreed on 10 actions (three rated high priority and rest medium) covering all the areas reviewed. OIAI concluded that, subject to implementation of the agreed actions, the controls and processes were generally established and functioning during the period reviewed. Implementation of agreed actions is already underway and is expected to be completed in February 2014.

**HACT:** UNICEF Uganda has been HACT-compliant since year 2008. In 2013, 36 micro-assessments, 28 financial spot-checks and one special audit were conducted. A comprehensive HACT Assurance Plan was developed in 2013, incorporating information on micro-assessment, funding modality and quality assurance initiatives (financial spot-checks, special audit, scheduled audit and programme quality assurance visits). To further improve the process, independent external auditors Deloitte and KPMG were engaged to conduct financial spot-checks on large-scale implementing partners (those receiving more than US$100,000 DCTs this year) and assess perceived risk posed by them. A Risk Control Officer is also being recruited to further augment the CO’s internal capacity to improve the execution of the HACT Assurance Plan.

**Direct Cash Transfers:** All programme staff received further training, including prescriptive processing timelines, on new DCT payment and liquidation processing, which addressed gaps identified and reflected in the Audit report.

The Office prepares and circulates a monthly DCT status report to staff to monitor implementation, reporting
and liquidation of DCTs. Updates are discussed through monthly management meetings at Kampala and SO level. Technical officers, district project officers, and PCA focal points are responsible for following up implementation and reporting on activities carried out by IPs.

As a result of instituting these measures and the use of the office work flow on the payment process, the proportion of outstanding DCTs declined from 10 per cent and 12 per cent at the end of March 2013 to 5 per cent and 1 per cent as of 13 December 2013 for DCTs over six-to-nine months and greater than nine months, respectively. A combination of field monitoring and joint field visits was being conducted by UNICEF and IPs to provide support and follow-up implementation of the activities. This is followed by FSC by the independent auditors for partners receiving over US$100,000 and Programme Quality Assurance (PQA) as part of HACT assurance activities. PQA recommendations are entered in Devtrac and the implementation of the recommendations monitored and reported by Field Coordination and Programme Coordination sections using Devtrac.

VISION: Most issues encountered with the introduction of VISION in 2012 have been resolved. Due to intermittent internet connectivity outside Kampala, the Country Office has centralised most of the VISION related transactions. Zone offices are mainly responsible for payments related to staff travel and petty cash. Other transactions, including bank reconciliation, are carried out in Kampala. Resolving issues of decimals and exchange rate conversion in VISION greatly enhanced productivity and efficiency in time utilisation, resulting in cost savings.

FUNDING: Financial Implementation and Fund Utilisation as of 31 Dec 2013 stood as follows:

<table>
<thead>
<tr>
<th>Fund Category</th>
<th>Funds Available</th>
<th>Funds Utilised</th>
<th>Utilization Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RR</td>
<td>23,182,347</td>
<td>22,921,852</td>
<td>99 %</td>
</tr>
<tr>
<td>ORR</td>
<td>36,003,767</td>
<td>28,307,341</td>
<td>79 %</td>
</tr>
<tr>
<td>ORE</td>
<td>11,117,328</td>
<td>10,596,751</td>
<td>95 %</td>
</tr>
<tr>
<td>SB (support budget)</td>
<td>464,097</td>
<td>448,623</td>
<td>97 %</td>
</tr>
<tr>
<td>TOTAL</td>
<td>76,124,150</td>
<td>62,274,567</td>
<td>82 %</td>
</tr>
</tbody>
</table>

Supply Management

The Country Office supply plan developed in early 2013 prioritised and streamlined supply and logistics initiatives during the year and provided the monitoring framework for the implementation and overall performance of supply management.

The total spent on the Supply Chain Management system as of 17 December was US$21,367,627.34, representing a significant portion (29.8 per cent) of total CO expenditures (US$12,538,549 for goods; and US$7,707,346.01 for services). Furthermore, the amounts of the Programme and Operations sections are US$18,844,403.96 and US$1,401,491.38, respectively. A total of 553 purchase orders were issued for the procurement of supplies with 39.6 per cent procured locally and 60.4 per cent offshore. Some 262 institutional contracts were signed with a value of US$7,721,832.61. One hundred-four tenders were also issued, 86 through the contract review committee. A total of 21 long-term arrangements (LTAs) were placed with vendors for frequently procured essential goods and services. UNICEF Uganda supported the Ministry of Health with procurement services to a value of US$32,198,181.86 for the provision of Measles, BCG, DTP-HepB-Hib, OPV and TT vaccines, as well as syringes and cold chain equipment.

Significant support was given beyond Ugandan borders. UNICEF Uganda provided procurement support to South Sudan, procuring essential supplies worth of US$880,427 and also issued LTAs to local vendors so that UNICEF South Sudan could deal directly with these suppliers.

A country-wide and product-specific market survey were conducted to source potential local suppliers of key supplies and services, update information on vendors and sources of procurement. The exercise, concluded in
the last quarter of the year, identified some 119 new potential local vendors for the provision of goods and service. The Office will update the vendor master record with results of this survey.

UNICEF Uganda operates warehouses placed in three strategic locations to support the programme implementation and emergency responses; namely, Kampala, Gulu and Moroto, with stock value currently standing at US$3.4M. The total value of supplies received, dispatched and in stock in US$ was 7,231,595.05, US$5,425,782.87 and US$3,448,130.17, respectively.

To further improve effectiveness and efficiency in the supply chain process a cost-sharing agreement was formalised with UNICEF South Sudan for the utilisation of storage space in the Kampala warehouse facility. This is expected to reduce UNICEF Uganda’s proportion of warehouse costs by 40 per cent. Additional shared storage facilities to house supplies were negotiated in Kisoro District, Rwamwanja and Kyangwali settlement camps, to be utilised by UNICEF and UNHCR implementing partners.

As part of the strategy of "UN DaO", the Office contributed significantly to the UN common services procurement initiative. In 2013, UNICEF chaired the procurement working group under the OMT and a number of procurement processes on the establishment of LTAs for UN common services were formalised. This included: vehicle maintenance, fuel and lubricant; stationary and hotel services and, in line with Harmonising UN Procurement (Common UN Procurement at the Country Level) guidelines, the establishment of the Joint Procurement Review Committee (JPRC) to review the submission and procurement processes for the establishment of common services long-term agreements.

The supply dashboard, updated every month to inform and guide programmes and operations continues to be a very useful management tool, which has led to a more robust engagement between supply and logistics and programmes, increasing efficiency. In some cases supply staff went on joint field trips with programme staff to monitor the impact of supply assistance; this will be further prioritised in 2014. There will also be greater emphasis on ensuring increased quality assurance and improvement in forecasting and adjusting, as the situation changes.

As part of on-going staff development and capacity building, four supply and logistics staff went for external learning sessions/workshops in 2013. In addition, periodic in-house refresher sessions were conducted on supply chain management and VISION/SAP supply chain modules for all programme assistants and new project officers.

UNICEF Uganda provided operational, supply and logistics support to a number of other COs. At least 14 staff were seconded to UNICEF offices globally to support emergency programmes, including Eritrea, Jordan, Kosovo, Lebanon, the Philippines, Somalia, South Sudan and Syria.

### Human Resources

Implementation of the revised staffing structure from the 2012 PBR continued to be a priority for 2013. In order to expedite the process, the Country Office, with ESARO support, set up three selection panels running concurrently that resulted in timely appointments of 35 staff, of which 10 were internal staff with promotion (increased staff morale) and 25 external. In addition, nine international posts were filled during reporting period. Recruitment action on the remaining 9.5 per cent vacant posts (seven IP, four NO and six GS) will depend on the availability of funding and in line with the new guideline moving towards a single Global Shared Service Centre, which will have implications for current and upcoming vacant posts.

Current staff profile: Total staff of 176 (48 per cent female; 52 per cent male), with continued consideration of gender and geographic distribution in recruitment without compromising quality.

The completion rates of PAS was 98 per cent in 2012 and the completion of 2013 mid-year discussions was 85 per cent as of June 2013. There was no performance issues reported during the year.

Major group core and global priority training events conducted: CBI (39 targeted staff completed; seven remaining for 2014), Ethics (100 per cent achievement rate), MP4R (43 staff completed and more expected
next year), staff retreat to mobilise the different staff potential to work in team with passion for common goal (100 per cent completion), Integrity Awareness e-training (100 per cent completion) in addition to other excellence training (DCT management, VISION orientation, ICT refresher training, DevTrac, Emergency preparedness). Nine staff also benefited from individual training and nine staff went on surge assignments, thereby benefiting from the exposure while at the same time helping other offices.

The CO made concerted efforts to improve working relations between management and staff. Managing Performance for Results training was conducted and 43 staff participated. An improved working environment has been noted since this training.

The 2011 GSS highlighted seven areas that scored less than 70 per cent, including management interaction, personal empowerment, work/life balance, knowledge sharing/internal communication, career professional development, biased/prejudicial treatment and staff association.

Three RWA’s were trained, including one based in the zonal office, to provide additional support to staff and assist in resolving conflicts in the workplace. The Local Staff Association also engaged further with staff and addressed concerns.

The Caring for Us Committee sustained gains made in 2012 on the 10 minimum standards of HIV/AIDS in the workplace.

Efficiency Gains and Cost Savings

In order to reduce operational costs in the office, CMT approved the following:

**New Office ICT policy on Internet and Telecommunications Services** was proposed to reduce costs. Internet bandwidth usage was carefully analysed and reconfigured to improve performance. This resulted into downgrading the bandwidth from 20 to 10 Mbps, which saved about $4,500 per month while maintaining the same level of performance. The policy also reviewed office usage of satellite, blackberry, sim cards and dongles to optimal numbers that conform to current ICT needs. Websense, software used to filter sites that staff members browse illegally or are not related to UNICEF business, was introduced. Additionally, the PABX was upgraded to strengthen communication facilities, including integrating it with other services like Skype.

**CMT approved the relocation of emergency stocks** from a rented warehouse in Kampala to a free Government-provided facility in Gulu. Currently the Office spends US$250,000 to maintain Kampala warehouse.

UNICEF signed an agreement in 2013 to share transport costs with development partners working in Moroto, resulting in considerable savings due to cost of fuel and vehicle maintenance.

**Agreement with airlines:** Corporate agreements were signed between UNICEF and Qatar Airways and Turkish Airlines, whereby Qatar Airways will provide 10 per cent discount on business class fare and 8 per cent discount on economy fares, and Turkish Airlines will provide 5 per cent discount on business and 3 per cent discount on economy. This is expected to net considerable saving in airlines ticketing in 2014.

**Efficient use of office space:** To accommodate additional staff recruited in 2013, several measures were taken to maximise office space: two small conference rooms were dismantled to provide open plan floor space accommodating four additional staff, and a house in Mbuya was renovated at a cost of US$11,000 to provide additional space for 11 staff.

The 5th floor conference room at the George Street office was renovated and can now be used as a main meeting room with partners or for staff training and related activities, thereby saving the cost of renting commercial venues. An estimated US$5,000 was saved in 2013.

**Improved maintenance as opposed to replacements:** Procurement of new administration assets was
minimised by ensuring maintenance and repair of existing assets.

**Changes in AMP & CPMP**

The unfinished AMP results identified in 2013 were rolled over to 2014. The only change anticipated is the emphasis between these results. Since the current UNDAF has been delayed by one year to realign with the new NDP, the Office will not be preparing a new CPMP till 2015.

It was observed that levels of risk in relation to DCT continue to increase despite the risk-mitigation measures put in place in 2013. Regarding improvement in business efficiency and cost-effectiveness, analysis indicates that administrative costs remain quite high, in spite of the number of cost-saving measures undertaken by the Office in previous years. Initial data shows that communication and fuel seem to be the main cost drivers. For instance, although the Office downgraded its internet bandwidth from 20mbps to 10 mbps in 2013 the cost of running this service remains high, given the expensive internet costs in the country. Further, analysis showed that only 57 per cent (51 of 90) of planned programme quality assurance activities were implemented and only 40 per cent (157 out of 391) of the PQA recommendations were implemented or closed by Dec 31 2013.

In view of the above, while the unfinished AMP results identified in 2013 were rolled over to 2014, there will a shift in emphasis to address the areas where mitigation efforts in 2013 yielded less than the anticipated results.

**Summary Notes and Acronyms**

**Acronyms**

- ACT - Artemisinin-Combination Therapy
- ANC - Antenatal Care
- APR - A Promise Renewed
- ARV - Anti-retroviral (drug)
- BDR - Births and Deaths Registration
- BRMS - Basic Requirements Minimum Standards
- C4D - Communication for Development
- CBO - Community-based organisation
- CCCs - Core Corporate Commitments to Children
- CCT - Coordinating Centre Tutor
- CFPU - Children and Family Protection Unit
- CID - Criminal Investigation Department
- CLTS - Community-Led Total Sanitation
- CMT - Country Management Team
- CO - Country Office
- CPAP - Country Programme Action Plan
- CPMT - Country Programme Management Team
- CRC - Convention on the Rights of the Child
- CSO - Civil Society Organisation
- DCC - District Chain Linked Committees
- DCT - Direct Cash Transfers
- DHIS - District Health Information System
- DHS - Demographic and Health Survey
- DRR - Disaster Risk Reduction
- ECD - Early Childhood Development
- EID - Early Infant Diagnosis
- ELDS - Early Learning Development Standards
- EMIS - Education Management Information System
- EMO - Effective Micro-Organisms
- EmOC/NC - Emergency Obstetric Care /and New-Born Care
- EPRP - Emergency Preparedness and Response
- FBO - Faith-based organisation
- FGM/C - Female genital mutilation/cutting
- FHD - Family Health Days
- GBE - Global Partnership for Education
- GBS - Go Back to School
- GBV - Gender-Based Violence
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>GEM</td>
<td>Girls Education Movement</td>
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<tr>
<td>GoU</td>
<td>Government of Uganda</td>
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<tr>
<td>HACT</td>
<td>Harmonised Approach to Cash Transfer</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>HMIS</td>
<td>Health Management Information System</td>
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<td>HRBAP</td>
<td>Human Rights-Based Approach to Programming</td>
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<tr>
<td>ICCM</td>
<td>Integrated Community Case Management</td>
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<tr>
<td>ICT</td>
<td>Information and Communications Technology</td>
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<td>IEC/BCC</td>
<td>Information, Education, Communication/ Behaviour Change Communication</td>
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<tr>
<td>IMAM</td>
<td>Integrated Management of Acute Malnutrition</td>
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<td>IMP</td>
<td>Integrated Monitoring and Evaluation Plan</td>
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<td>IR</td>
<td>Intermediate Result</td>
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<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<td>JLOS</td>
<td>Justice Law and Order Sector</td>
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<td>LRA</td>
<td>Lord’s Resistance Army</td>
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<td>LTA</td>
<td>Long-Term Agreement</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MCH</td>
<td>Mother and Child Health</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>MDTF</td>
<td>Multi-Donor Trust Fund</td>
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<tr>
<td>MFPED</td>
<td>Ministry of Finance Planning and Economic Development</td>
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<td>MMR</td>
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<td>Monitoring Results for Equity Systems</td>
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<td>MP</td>
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<td>MP4R</td>
<td>Managing Performance for Results</td>
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<td>MTR</td>
<td>Mid-Term Review</td>
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<td>MVRS</td>
<td>Mobile Vital Record System</td>
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<td>MZO</td>
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<td>Natcom</td>
<td>National Committee (for UNICEF)</td>
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<td>NER</td>
<td>Net Enrolment Ratio</td>
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<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>NMS</td>
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<td>OHCHR</td>
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<td>OMT</td>
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<td>OVC</td>
<td>Orphans and other Vulnerable Children</td>
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<td>Programme Budget Review</td>
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<td>PCR</td>
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<td>PSIM</td>
<td>Programme Statistics, Information and Monitoring</td>
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<td>PTC</td>
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<td>QEI</td>
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<td>RED</td>
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<td>Technology for Development</td>
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<td>U5 MR</td>
<td>Under-5 mortality rate</td>
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<td>UBOS</td>
<td>Uganda Bureau of Statistics</td>
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<td>UDHS</td>
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<td>VAC</td>
<td>Violence against Children</td>
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<td>VACIS</td>
<td>Violence against Children in School</td>
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<td>VHT</td>
<td>Village Health Team</td>
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<td>Vital Records System</td>
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<td>5 2013 National Day of Prayer Programme Guide and Notebook</td>
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<td>6 EU/UNICEF/USAID Nutrition Brochure</td>
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Lessons Learned

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