UNICEF Uganda Situation Report

August 2019

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1

5,912 from the DRC, 818 from South Sudan, 861 from Burundi. Data as 31 August 2019.

2

Nutrition data is from July 2019. End of month data is published in the HMIS the following month.

Uganda Humanitarian Situation Report

Indicators

2019 Targets | 2019 Results
--- | ---
Health: Number of boys and girls immunized against measles in refugee-hosting districts | 489,866 | 203,146
Nutrition: Number of children aged 6 to 59 months who received Vitamin A supplementation in the first and second semester | 745,074 | 504,142
WASH: Number of people accessing sufficient quantity of water of appropriate quality for drinking, cooking, and personal hygiene | 197,000 | 20,500
HIV/AIDS: Number of HIV-positive pregnant women receiving treatment to prevent mother-to-child transmission | 942 | 1,318
Education: Number of children accessing formal or non-formal early childhood education / pre-primary education | 108,704 | 44,823
Child Protection: Number of refugee children registered as unaccompanied or separated who received appropriate alternative care services | 7,368 | 2,299

Highlights

- According to the Office of the Prime Minister (OPM) and UNHCR, over 7,500 new refugees arrived in Uganda in August from South Sudan, Democratic Republic of the Congo (DRC), and Burundi, bringing Uganda’s total refugee and asylum-seeking population to 1.33 million.1
- UNICEF continues to provide basic medicines and services to refugee and host communities that includes; vitamin A supplements to over 27,000 children2 and Child Friendly Spaces (CFS) for nearly 900 children.
- Uganda experienced a new cholera outbreak in Nakivale refugee settlement, Isingiro district, which resulted in one death. UNICEF has distributed critical supplies to help curb transmission during the outbreak.
- On 29 August, an imported case of Ebola Virus Disease (EVD) was confirmed in Kasene district. A 9-year old girl was identified at the point of entry and died on 30 August. The risk of importation of EVD cases from the DRC remains high, due to a highly mobile population across the porous border with Uganda.
- UNICEF continues to intensify risk communication and social mobilization activities, as well as interventions on Infection Prevention and Control (IPC) through WASH, child protection, and nutrition. UNICEF and partners reached an additional 577,000 people through direct interpersonal engagement during house-to-house visits and community meetings in 10 high-risk districts.

August 2019

2.4 million

# of children in need of humanitarian assistance (*)
UNICEF HAC 2019

4 million

# of people in need of humanitarian assistance (*)
UNICEF HAC 2019

(*) Figure represents planned number of people or children in need of humanitarian assistance in Uganda in 2019 after experiencing the shocks of refugee influx, disease outbreaks, and hydro-meteorological hazards such as floods and landslides.

1,331,565

# of refugee and asylum seeker children as of 31 August 2019
OPM, Pro Gres V4

812,255

# of refugees and asylum seekers as of 31 August 2019
OPM, Pro Gres V4

UNICEF HAC Appeal 2019
US $51.76 million

2019 UNICEF Response with Partners

Funding available includes USD 7,075,447 carried forward from 2018

Funding gap, US$ 39.65 M

Carry-over, US$ 7.08 M

Funds received to date, US$ 5.03 M

UNICEF Uganda/2019/Kabuye

©

REPORTING PERIOD: August 2019

Funding gap, US$ 5.03 M

Carry-over, US$ 7.08 M

Funds received to date, US$ 5.03 M

2019 UNICEF Response with Partners

2019 Funding requirement: US$ 51.76 M

1 5,912 from the DRC, 818 from South Sudan, 861 from Burundi. Data as 31 August 2019.

2 Nutrition data is from July 2019. End of month data is published in the HMIS the following month.
Situation Overview and Humanitarian Needs

Refugees

Uganda continues to host the largest number of refugees in Africa, with over 1.33 million refugees and asylum-seekers within its borders, according to UNHCR and the Office of the Prime Minister (OPM).1 Nearly 843,000 are from South Sudan, 376,000 from the Democratic Republic of the Congo (DRC), 43,000 from Burundi, and nearly 70,000 from Somalia, Rwanda, and other nearby countries. Sixty-one per cent of Uganda’s refugee population—or over 812,000 persons—are children. The average daily influx in August included 26 persons from South Sudan and 191 from the DRC, compared to July arrivals of 30 and 209 respectively. A site assessment by OPM and UNHCR is being finalized to determine the capacity of settlements to absorb new refugees amidst reports that some settlements are nearing full capacity.

Disease Outbreaks

Ebola Outbreak: Uganda remains at high risk for the importation of EVD cases from the DRC due to the frequent movement of people across borders due to trade, family ties, fleeing violence, and in the case of EVD, an increasing number of contacts either seeking treatment in Uganda or escaping contact-tracing. On 12 August, a male patient who had been admitted to a border health facility in Uganda was confirmed positive for EVD upon his return to the DRC. He recovered in Butembo. On 29 August, an imported EVD case was reported in Uganda involving a 9-year-old girl from the DRC who was detected during routine screening at Mpondwe Point of Entry (POE) and referred for management at the Bwera Ebola Treatment Unit (ETU) in Kasese, where she died on 30 August. Upon request from the DRC, the body of the girl and five contacts were repatriated.

On 29-30 August, the MoH organized the After-Action Review (AAR) for the 6th EVD outbreak experienced in Kasese district in June. The AAR aimed to evaluate the performance of the different EVD response pillars, while identifying gaps and lessons learned to inform future preparedness and response activities in Uganda. The review was supported by WHO Regional Office for Africa, UNICEF Eastern and Southern Africa Regional Office, and Centers for Disease Control and Prevention (CDC). Overall, the AAR confirmed a coordinated response that enabled rapid containment of EVD transmission in Uganda. Identified gaps and recommendations for action will be elaborated in the final report.

Cholera Outbreaks: In August, Uganda experienced a new cholera outbreak in Nakivale refugee settlement, Isingiro district. On 7 August, the 19-year old male index case was admitted into care with acute watery diarrhea, later confirmed as cholera, and died the following day. As of 27 August, a total of 104 cumulative suspected and confirmed cases were identified. The drivers of the outbreak are associated with poor water, sanitation and hygiene (WASH) services, low access to clean water and latrines, and limited surveillance for easy detection and response. The Ministry of Health (MoH) and District Local Governments (DLG) in districts recently affected by outbreaks (Isingiro, Bududa, Kyeggeh and Kisoro) have intensified health education for hygiene promotion, with an emphasis on hand-washing, using safe water, and strengthened coordination.

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Measles Outbreaks: Uganda continues to experience a generalised measles outbreak driven by sub-optimal community mobilisation for vaccinations along with sporadic stock-outs of measles vaccines at the district level. Between January and August, over 16,200 cases and 51 deaths have been reported, with 1,214 cases and 1 death registered in August.

Malaria: In August, the MoH reported a significant increase in malaria cases in Uganda. Based on the latest HMIS data available, the total number of recorded cases in July 2019 (1,731,701) increased by more than 80 per cent compared to the same month in 2018 (948,136). Malaria admissions have also increased by over 80 per cent from 46,539 in July 2018 to 84,993 in July 2019. Malaria in pregnancy admissions have increased by 44 per cent from 5,957 in July 2018 to 8,576 in July 2019. Malaria-related deaths increased more than twofold from 284 deaths in July 2018 to 710 deaths in July 2019. Over 70 per cent of these deaths occurred in children under 5 years of age.

Hydro-Meteorological Conditions
Rainfall from June to August was recorded as above-average in Northern and Eastern Uganda, leading to the full maturing of planted crops that are likely to yield average harvests in December. Across these areas, food security outcomes are expected to improve, with Integrated Phase Classification outcomes ranging from minimal (1) to crisis (3). In Karamoja, the heavy rains have boosted pasture and water for animals and have reduced the burden of children who were earlier involved in grazing the animals in search for pastures and water. The rains have also provided increased opportunities for farm activities, where children’s involvement may pose a risk to their timely return to school at the beginning of the term in mid-September.

Humanitarian Leadership and Coordination
The OPM’s Department of Refugees and UNHCR continue to lead the refugee response in Uganda. UNICEF co-chairs the Refugee Child Protection sub-working group with UNHCR, the Refugee WASH working group with the Ministry of Water and Environment (MoW&En), and the National Nutrition in Emergency and Integrated Management of Acute Malnutrition (IMAM) technical working group with the MoH. The OPM’s Department of Disaster Preparedness coordinates and leads the country’s humanitarian response efforts, primarily through a National Disaster Risk Reduction Platform. The National Platform and District Disaster Management Committees coordinate responses to disasters caused by natural hazards and internal displacement caused by floods or conflict. Meanwhile, humanitarian responses due to disease outbreaks are coordinated through a multi-stakeholder National Task Force (NTF) co-chaired by MoH and WHO.

The Ministry of Health is the lead for EVD response and preparedness activities with support from WHO and partners, including UNICEF. Response activities build on the MoH’s coordination and experience in preparedness activities since August 2018. The National EVD Response Plan is built around the following pillars: (i) coordination and leadership; (ii) surveillance, including laboratory support and point of entry screening; (iii) case management, including infection prevention and control, and safe and dignified burials; (iv) risk communication, social mobilisation, and community engagement; (v) logistics; (vi) vaccination and investigational therapeutics; (vii) and psychosocial support (PSS), including child protection. UNICEF co-leads the risk communication, social mobilisation, and community engagement sub-committee, and actively contributes to the coordination and leadership, case management (with a focus on WASH and child nutrition), and PSS pillars.

Humanitarian Strategy
UNICEF supports the implementation of durable solutions to chronic displacement in line with Uganda’s Refugee and Host Population Empowerment Strategic Framework (ReHoPE), the Settlement Transformation Agenda (STA), and the Comprehensive Refugee Response Framework (CRRF). UNICEF, in partnership with the Government of Uganda, supports efforts to adapt Uganda’s nutrition, health, WASH, child protection, education, and social protection systems to humanitarian situations. Using a decentralized approach, UNICEF also strengthens the country’s humanitarian response, including localised capacity-building, monitoring and reporting, and procuring essential equipment and supplies. Community-based support is designed to improve the delivery of targeted protection and basic services for affected children and adolescents.

UNICEF, along with the GoU and partners at the national and district levels, is strengthening multi-year planning processes to leverage domestic and international resources for communities at risk. Government contingency planning and response efforts are supported to mitigate the effects of disease outbreaks and natural disasters. In high-risk communities, UNICEF is applying and scaling up existing civic engagement platforms such as U-report to promote accountability to affected populations, build linkages between communities and local governments, and guide responsive district and sub-district planning and budgeting. Gender, HIV/AIDS, conflict sensitivity, and communication for development (C4D) programming are mainstreamed into all interventions.

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Summary Analysis of Programme Response in Refugee-Hosting Districts

**Health:** UNICEF continues to provide technical and financial support to strengthen routine immunization through improved Reaching Every District/Reaching Every Child (RED/REC) micro-planning, communication, social mobilization, and service delivery in refugee-hosting districts. The latest HMIS data for July indicates that over 17,400 children were vaccinated against measles and over 21,100 children were vaccinated against polio. To improve health-seeking behavior in refugee-hosting districts, UNICEF reached nearly 100,000 people with key health and educational messages.

In October 2019, the Ministry of Health with financial support from Gavi will conduct a nationwide catch-up Measles and Rubella (MR) vaccination campaign targeting children aged 9 months to under 15 years. In addition, a booster dose of oral polio vaccine will be provided to all children under 5 years of age to address the risk of polio importation. UNICEF has been providing technical support with a focus on strategic communication and social mobilization, as well as supply and logistics management.

To respond to the malaria upsurge, UNICEF continues to support high-burden districts to strengthen the management of antimalarial commodities to address and prevent stock-outs, improve case management, and intensify preventive measures. Uganda is in the process of planning the next Universal Long-Lasting Insecticidal Nets distribution campaign scheduled for the fourth quarter of 2020.

**Nutrition:** At the national level, UNICEF convened a discussion with the MoH and partners on the finalization of the revised integrated management of acute malnutrition (IMAM) guidelines and training packages. The way forward now includes finalizing the guidelines and training packages, disseminating them nationwide, and adopting the updated recommendations and protocols. At the field level, UNICEF’s support ensured that over 27,000 children were reached with vitamin A supplements, and nearly 5,900 children affected by severe acute malnutrition (SAM) were admitted to treatment, according to the latest HMIS data for July 2019. UNICEF and partners provided technical support for screening in all refugee hosting districts in West Nile screenings for malnutrition for children aged 6-59 months. In August, results were available for Adjumani district where a total of 412 children were screened, of which two were diagnosed with SAM and four with moderate acute malnutrition (MAM). Children with SAM were treated at out- and in-patient therapeutic care programs.

**WASH:** UNICEF continued to support construction works for the development of water infrastructure in Kyangwali refugee settlement, Kikuube district, which hosts Congolese refugees. The works include the extension of a distribution pipeline for the Maratatu water supply scheme, the completion and extension of a distribution network for the water supply scheme at Kavule 11, and the construction of a water supply scheme in Kagoma. When completed at the end of 2019, these interventions are expected to serve a combined population of 25,000 persons.

**HIV/AIDS:** UNICEF, in partnership with the MoH, Yumbe DLG, and Uganda’s Infectious Diseases Institute, supported capacity building for 40 health workers and 13 health facilities in Yumbe district, West Nile in an effort to improve the quality of service delivery in health facilities in refugee-hosting districts. Capacity-building focused on the provision of viral-load testing and other basic laboratory tests, the consolidation of the 2018 revised HMIS guidelines, the provision of HIV counselling services, and general HIV care and treatment. UNICEF also supported a quarterly performance review meeting in Isingiro district on the integration of sexual and reproductive health, HIV and gender-based violence. One hundred stakeholders from six health facilities in Nakivale and Oruchinga refugee settlements participated in the meeting and were successful at improving documentation and reporting of the SRH/SGBV and HIV/TB services offered to clients.

**Education:** UNICEF also continues to support the Ministry of Education and Sports to cascade the planning process to district-level refugee-inclusive planning. In 2019, key achievements are being made in system strengthening for district coordination of integrated Early Childhood Development (ECD) services, including the mapping of service points in refugee-hosting districts and the deepening of sector coordination to sub-district administrative levels. Significant achievements are seen in 81 per cent of 10- to 14-year-old learners in accelerated education transitioning to formal primary education. Moreover, early indicators suggest that an emerging model of district-level education referral mechanisms is supporting the re-entry into learning for out-of-school youth.

**Child Protection:** UNICEF and partners continue to provide recreational and psychosocial support services in CFSs and communities. In 2019, nearly 2,300 unaccompanied and separated children (UASC) (1,138 girls, 1,161 boys)—including 93 newly identified UASC (485 girls, 48 boys)—have benefitted from alternative care services, including placement in foster families and the provision of follow-up services and referrals. The CFSs continue to provide safe spaces for children to connect with friends and foster social connections as well as normalise daily life. In August, 881 new children (400 girls, 481

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3 Save the Children, World Vision, Lutheran World Federation
children accessing PSS support through structured activities in CFSs, including games and play, to 28,704 children (12,697 girls, 16,007 boys).

In August, UNICEF provided technical support and programmatic guidance to partners Save the Children and Lutheran World Federation on project activities and the systems strengthening approach to child protection. UNICEF has also finalised a new partnership with HIJRA (Humanitarian Initiative Just Relief Aid) to provide critical child protection services for refugee and host community children in Isingiro district.

Response to Disease Outbreaks

In response to the cholera outbreak in Nakivale settlement, Isingiro district, UNICEF provided technical support to the District Health Office, with a focus on improving WASH and risk communication, social mobilization, and community engagement. UNICEF supported the distribution of supplies destined to help curb transmission of the outbreak. The distribution included tablets for water purification and Information, Education and Communication (IEC) materials on cholera prevention.

Response and Preparedness for Ebola Virus Disease (EVD)

Since the beginning of the current EVD outbreak in the DRC in August 2018, UNICEF continues to support the preparedness and prevention efforts overseen by Uganda’s MoH as per the National EVD Preparedness Response Plan. The MoH and partners transitioned from EVD preparedness to the EVD response phase following the outbreak in Kasene in June 2019. The MoH and partners developed a three-month National EVD Response Plan costed at USD 17.2 million, which has now been extended until December 2019 with no change in the budget. UNICEF Uganda’s response strategy is aligned with the National EVD Response and Preparedness Plan and is integrated into the Joint UN EVD Response Framework. Based on its comparative advantage, UNICEF’s support in high-risk districts has focussed on the following areas.

Risk Communication, Social Mobilisation, and Community Engagement: As co-lead of the risk communication, social mobilization, and community engagement sub-committee of the NTF, UNICEF, together with the MoH, supports priority high-risk districts to disseminate EVD prevention messages through multiple channels, including mass media (radio and television) and social media (Facebook, Twitter, Instagram, WhatsApp, Facebook, mTrac, and UReport), the distribution of IEC materials, and community engagement through existing community platforms, including village health teams (VHTs). Since the start of the response in June 2019, UNICEF and partners have been able to reach nearly 580,000 people across 10 districts through direct interpersonal communication during house-to-house visits and community meetings. Radio talk shows have been used for community-feedback and response to EVD-related questions, and to address myths and misconceptions.

In August and September, UNICEF will support the RCSM sub-committee and 10 District Task Forces (DTF) to develop plans and budgets for the intensified community engagement process until the end of the year. The aim of this planning process is to strengthen existing systems and performance by increasing participation and mentorship of government staff at district and sub-county levels in EVD community-based processes and activities.

Infection Prevention and Control (IPC)/WASH: In August, UNICEF supported the Kasese District Health Team (DHT) in evaluating the IPC WASH situation at Mpondwe Point of Entry along the Uganda-DRC border, while conducting rapid IPC assessments of 85 health facilities. The results will help prioritize gaps and designated activities to improve WASH aspects of IPC to enable effective triage and case management. UNICEF has supported the mentorship of 595 health staff since the start of the outbreak. To strengthen IPC/WASH in Rukungiri and Rubirizi districts, UNICEF has completed the construction of WASH facilities in 4 high volume health facilities to ensure improved sanitation.

Infant and Young Child Feeding (IYCF)/Nutrition in the Context of Ebola: At the national level, UNICEF coordinated the MoH and partners of the Nutrition in Emergencies and IMAM Technical Working Groups to finalize the review of the nutrition protocol for ETUs, and the SOPs for nutrition in EVD, as well as develop an integrated training plan to include nutrition, clinical care, and psychosocial support in EVD contexts. At the district level, UNICEF oriented 14 nutrition staff members at Bwera Hospital in Kasese district and Rwabisengo HCIII in Ntoroko district on nutrition and EVD, focusing on the integration of the use of micronutrient powders to enrich the diets of children admitted into the ETUs at the two facilities. Targeted health facilities, including Bundibugyo hospital, received nutrition assessment equipment such as middle upper arm circumference tapes and weighing scales. UNICEF also supported the orientation of 14 health workers in Ntoroko district on key recommendations on nutrition in EVD at the ETU.

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4 Scenario 1: Preparedness—no confirmed case—which was implemented in Uganda from August 2018 to May 2019. Scenario 2: confirmed case, enhanced preparedness in high risk districts. Scenario 3: confirmed cases in multiple locations, urban areas, refugee settlements, or an overwhelming numbers of cases (Source: National EVD Response Plan, July 2019).

5 The 10 districts include Kasese, Arua, Kanungu, Kisoro, Rubirizi, Bundibugyo, Ntoroko, Bunyagabo, Kabarole, and Kamwenge.

6 Construction was delivered at four facilities. However, the EVD HPM table only reports two facilities under the achievements. This is because Rukungiri district is not part of the high-risk districts currently targeted in the UNICEF’s Response Plan.
Psychosocial Support, including Child Protection: UNICEF in collaboration with WHO is continuing to support the MoH to ensure that a Mental Health and Psychosocial Support (MHPSS) sub-committee is functional at the national level. One meeting was conducted in August, where UNICEF’s planned activities were presented.

UNICEF has been working with select high-risk districts to plan and budget for trainings of core district MPHSS teams that have been established in Kisoro, Kanungu, Ntoroko and Bundibugyo, as well as para-social worker trainings which will be completed in October. Trainings will continue to focus on strengthening the capacity at district level to identify the protection concerns of children in EVD outbreaks, including symptoms of distress, family separation, other protection concerns, and the provision of basic psychosocial support to children. In Kasese, planning and budgeting was completed for PSS support to the district including the deployment of a psychiatric clinical officer to provide individual psychosocial support and link children in need to child protection case management services. Para-social workers who were trained in previous reporting periods have begun providing individual and community-based support to children in affected communities.

Logistics Support: UNICEF continues to engage with the NTF logistics sub-committee and District Task Forces to ensure a streamlined supplies management system for all EVD supplies in high-risk districts. In August, UNICEF responded to a request from the Kisoro DTF and dispatched WASH/IPC items from its pre-positioned supplies. Similarly, requests for replenishment of WASH/IPC and IEC supplies were triggered in Kasese, Bundibugyo, Ntoroko and Kisoro, with distribution planned in September.

External Communications: UNICEF Uganda, with support from a Digital Communications Officer based in New York, conducted a training for the Ministry of Health public relations and health promotions team to have a better understanding of how to harness social media for health, while acquiring more skills to deter and respond to rumours about Ebola.

To reach more people with life-saving Ebola messages, UNICEF Uganda, with support from UNICEF HQ, is optimizing its current Facebook advertising strategy and has re-purposed Ebola awareness posters into Facebook ad-friendly formats by simplifying the text and making the images larger to pass Facebook’s restrictions. The primary aim of the campaign is to reach as many people as possible with Ebola prevention messaging. In August, UNICEF Uganda’s Facebook page reached over 300,000 people and created over 1,000,000 impressions. The posts are also designed to link people back to the UNICEF Uganda website, which contains Ebola prevention messaging. As a result, 2,836 link clicks were generated on UNICEF Uganda’s URL. The main Ebola landing page with revised infographics and posters on the website has reached 28,141 people. In addition to UNICEF Uganda’s online platforms, WHO and the MoH have disseminated the revised posters and graphics on their own online platforms to reinforce key messages, particularly after Uganda’s latest Ebola case was announced on 29 August 2019.

Response to Hydro-Meteorological Events
UNICEF continues to provide support to districts in Karamoja (Kaabong, Kotido, Moroto, Nakapiripirit, and Napak) to address the need to rehabilitate boreholes and re-establish stable water supplies for both human and animal consumption. Rehabilitation of 28 boreholes commenced in August. Due to the flash-flood alert in the Teso, Karamoja, and Bugushu sub-region, UNICEF is maintaining vigilance in all the high-risk areas should there be landslides and associated outbreaks like cholera.

Funding
UNICEF’s 2019 Humanitarian Action for Children (HAC) appeal for Uganda is US$51.76 million. To date, US$ 7 million was carried forward from 2018 and has been available to support vulnerable children. In addition, US$ 5 million was received in 2019 from United Nations Central Emergency Response Fund (UNOCHA), the Government of Japan, the Belgian National Committee, and UNICEF’s own resources, leaving a funding gap of US$ 39.65 million (77 per cent).

UNICEF extends its gratitude to UNOCHA, the Government of Japan, and the Belgian National Committee for their contributions in 2019 to support humanitarian interventions. With the continued influx of refugees from the DRC and South Sudan, as well as other humanitarian needs in the country, including food insecurity, UNICEF seeks additional funding to complement government efforts to protect the rights of children affected by the emergencies.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds Available</th>
<th>Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Funds Received Current Year</td>
<td>Carry-Over</td>
<td>$</td>
</tr>
<tr>
<td>Nutrition</td>
<td>7,703,412</td>
<td>425,600</td>
<td>586,704</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th></th>
<th>Health</th>
<th>Water, sanitation &amp; hygiene</th>
<th>Child Protection</th>
<th>Education</th>
<th>HIV and AIDS</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Requirements</td>
<td>9,190,623</td>
<td>12,170,004</td>
<td>6,912,427</td>
<td>14,351,658</td>
<td>1,436,607</td>
<td>51,764,731</td>
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<td>Sub-costs</td>
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<td>0</td>
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<td>Total</td>
<td>1,254,154</td>
<td>1,163,337</td>
<td>1,122,317</td>
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<tr>
<td>Requirements</td>
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<tr>
<td>Sub-costs</td>
<td>78%</td>
<td>71%</td>
<td>62%</td>
<td>81%</td>
<td>86%</td>
<td>77%</td>
</tr>
</tbody>
</table>

(*) The requirements for cross-sectoral support have been included in sub-costs for nutrition, health, WASH, child protection, education, and HIV/AIDS.

**EVD-Specific: Funding Figures**

The Uganda 2019 HAC includes EVD preparedness activities that were implemented by the Country Office during the preparedness phase (Scenario 1) from August 2018 until May 2019, when there were no confirmed cases of Ebola in the country. The preparedness phase was supported with funding received from DFID, CERF, and Regional Thematic Funding.

UNICEF’s funding needs for the EVD response plan through December 2019 is US$ 4.06 million. The funding needs reflect the plans of the Country Office during the EVD response phase of the EVD plan activated after three EVD cases were confirmed in Uganda on 11 and 12 June. After the Ebola cases were confirmed, the Country Office received two allocations from UNICEF’s Global Thematic Humanitarian Funding, as well as a generous contribution from the US Fund for UNICEF.

<table>
<thead>
<tr>
<th>Pillars of the National EVD Response Plan</th>
<th>UNICEF Expertise</th>
<th>UNICEF Preliminary Requirements</th>
<th>Funds Available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordination and leadership</td>
<td>Cross-Sectoral Technical Assistance $ 126,123</td>
<td>$ 49,100</td>
<td>$ 77,023</td>
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</tr>
<tr>
<td>Surveillance, laboratory support and points of entry screening</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Case management, infection prevention and control, safe and dignified burials</td>
<td>WASH/IPC $ 1,746,742</td>
<td>$ 103,950</td>
<td>$ 1,642,791</td>
<td>94</td>
</tr>
<tr>
<td>Risk communication, social mobilisation and community engagement</td>
<td>Nutrition $ 437,919</td>
<td>$ 71,500</td>
<td>$ 366,419</td>
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<td>Operations support and logistics</td>
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<td>Vaccination and operational research</td>
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<td>Psychosocial support</td>
<td>Child Protection $ 451,546</td>
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<tr>
<td>Total</td>
<td>$ 4,060,980</td>
<td>$ 528,000</td>
<td>$ 3,532,980</td>
<td>87</td>
</tr>
</tbody>
</table>

(*) UNICEF also received an internal allocation of USD 1.4 million from its Emergency Programme Fund (EPF). The allocation was distributed to the following pillars of the response: Cross-sectoral technical assistance, WASH/infection prevention and control, nutrition, communication for development (C4D), and child protection.

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https://www.unicef.org/uganda/
**UNICEF Uganda Humanitarian Targets 2019**

<table>
<thead>
<tr>
<th><strong>UNICEF Uganda Humanitarian Targets 2019</strong></th>
<th>2019 Targets</th>
<th>2019 Results</th>
<th>Change since last report ▼ ▲</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children aged 6-59 months who received vitamin A supplementation in semester 1 and 2</td>
<td>745,074</td>
<td>504,142</td>
<td>▲ 27,069</td>
</tr>
<tr>
<td>Number of children aged 6-59 months affected by severe acute malnutrition admitted for treatment</td>
<td>22,278</td>
<td>20,998</td>
<td>▲ 7,369</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children accessing formal or non-formal early childhood education/pre-primary education</td>
<td>108,704</td>
<td>44,823</td>
<td>No change</td>
</tr>
<tr>
<td>Number of children accessing formal or non-formal basic education</td>
<td>75,763</td>
<td>18,306</td>
<td>No change</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of boys and girls immunized against measles</td>
<td>489,866</td>
<td>203,146</td>
<td>▲ 17,240</td>
</tr>
<tr>
<td>Number of people reached with key health/educational messages</td>
<td>1,963,705</td>
<td>1,459,606</td>
<td>▲ 99,780</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene</td>
<td>197,000</td>
<td>20,500</td>
<td>No change</td>
</tr>
<tr>
<td>Number of people accessing appropriate sanitation facilities and living in environments free of open defecation</td>
<td>255,100</td>
<td>9,800</td>
<td>No change</td>
</tr>
<tr>
<td><strong>HIV/AIDS (*)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of HIV-positive children continuing to receive antiretroviral treatment</td>
<td>3,433</td>
<td>1,607</td>
<td>No change</td>
</tr>
<tr>
<td>Number of HIV-positive pregnant women receiving treatment to prevent mother to child transmission</td>
<td>942</td>
<td>1,318</td>
<td>▲ 221</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children registered as unaccompanied or separated receiving appropriate alternative care services</td>
<td>7,368</td>
<td>2,299</td>
<td>▲ 93</td>
</tr>
<tr>
<td>Number of children benefiting from psychosocial support</td>
<td>47,824</td>
<td>28,704</td>
<td>▲ 881</td>
</tr>
</tbody>
</table>

(***) The MoH had made good progress in revising the Health Monitoring Information System (HMIS) tools in 2018 to segregate data inputs for host and refugee populations. The HIV targets for 2019 were therefore set for refugee populations only. Due to the delayed rollout of the revised HMIS tools, expected for the second half of 2019, UCO is currently reporting 2019 data for both hosts and refugees in refugee-hosting sub-counties only.
# EVD-Specific: Full HPM

## ANNEX B: JUNE-DECEMBER 2019 EBOLA VIRUS-DISEASE PROGRAMME INDICATORS AND TARGETS

<table>
<thead>
<tr>
<th>UNICEF Uganda EVD Targets</th>
<th>2019 Targets*</th>
<th>2019 Results**</th>
<th>Change since last report ▼▲</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMUNICATION FOR DEVELOPMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of at risk people reached with EVD related messaging through community engagement and interpersonal communication approaches in areas affected by or at risk for EVD</td>
<td>3,258,484</td>
<td>577,481</td>
<td>▲ 333,608</td>
</tr>
<tr>
<td># of teachers oriented on EVD prevention</td>
<td>11,882</td>
<td>1,947</td>
<td>▲ 999</td>
</tr>
<tr>
<td># of key community influencers engaged for EVD prevention and response***</td>
<td>35,280</td>
<td>8,559</td>
<td>▲ 6,189</td>
</tr>
<tr>
<td># of radio talk shows conducted to raise awareness for EVD prevention and control</td>
<td>144</td>
<td>24</td>
<td>▲ 12</td>
</tr>
<tr>
<td>WASH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of health facilities provided with WASH supplies in areas affected by or at risk for EVD</td>
<td>607</td>
<td>411</td>
<td>▲ 327</td>
</tr>
<tr>
<td># of staff in health facilities trained on infection prevention and control related to WASH in areas affected by or at risk for EVD</td>
<td>908</td>
<td>595</td>
<td>▲ 62</td>
</tr>
<tr>
<td># of health facilities with improved WASH Infrastructure</td>
<td>4</td>
<td>2</td>
<td>▲ 2</td>
</tr>
<tr>
<td># of schools provided with IPC WASH supplies</td>
<td>1,079</td>
<td>211</td>
<td>▲ 101</td>
</tr>
<tr>
<td>CHILD PROTECTION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of EVD affected children who received psychosocial support including at community level</td>
<td>11,440</td>
<td>0</td>
<td>No change</td>
</tr>
<tr>
<td># of partner staff and community volunteers oriented on protection and psychosocial support in EVD outbreaks</td>
<td>2,976</td>
<td>171</td>
<td>No change</td>
</tr>
<tr>
<td># of EVD affected children who benefit from child protection case management services</td>
<td>43</td>
<td>0</td>
<td>No change</td>
</tr>
<tr>
<td>NUTRITION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of health workers oriented on nutrition in the context of EVD in areas affected by or at risk for EVD</td>
<td>233</td>
<td>38</td>
<td>▲ 8</td>
</tr>
<tr>
<td># of children below 6 months (in treatment, separated or orphaned by EVD) receiving ready-to-use infant formula</td>
<td>16</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

(*) Target includes response and preparedness activities in Kasese district as well as 10 high priority districts and Arua district in the National Plan. In case required, targets will be revised to align with the National Response Plan and if new EVD cases emerge.

(**) To enable a swift response, UNICEF re-programmed funds where possible.

(***) Religious leaders, traditional healers, teachers, Local Council I leaders, Village Health Teams.