

Uganda

Update on the context and situation of children

The year 2020 was challenging for Uganda's 27.5 million children, young people and their families. Uganda, as in all countries in the world, was hard-hit by the unprecedented COVID-19 pandemic. The first COVID-19 case was confirmed on 22 March 2020. By 31 December, the country had recorded 35,511 confirmed cases among Ugandan nationals, including 2,280 children, with 274 COVID-19 related deaths.

To contain the spread of COVID-19, the Ugandan government responded promptly and decisively by closing borders, imposing a national lockdown, curfew, school closure, as well as rolling out critical public health measures including physical distancing, masking and handwashing with soap. These prompt containment measures, including a mandatory quarantine in designated facilities, were instrumental in slowing the spread of the epidemic in the country.

However, the impact on the situation of children was significant. Although children were largely less infected than adults by COVID-19, they were significantly affected by its secondary socio-economic impacts, and the potential longer-term effects of delayed attainment of the Sustainable Development Goals (SDGs).

Uganda's economy suffered from direct and secondary impacts of COVID-19. The World Bank estimated the economy grew by 2.9 per cent in 2020, down from 6.8 per cent in 2019. The informal sector was particularly hard hit by the COVID related restrictions, with loss of jobs losses in the industry and service sector.

With worsening monetary poverty, COVID-19 is likely to result in increase of the number of children living in multidimensional poverty as more children are exposed to a growing number of overlapping deprivations resulting from worsening access to education, healthcare, housing, nutrition, sanitation and water.

Uganda's containment measures affected the economic opportunities available to already vulnerable households. Wages and income declined in many households, directly affecting outcomes for children: the World Bank estimated that up to 3 million more people could fall into poverty in Uganda, in addition to the estimated 8.7 million in Fiscal Year 2017.

In the health sector, the COVID-19 crisis led to reversals in earlier achievements in several areas. According to the Annual Health Sector Performance Report (FY 2019/2020), immunization (DPT3) and vitamin A coverage declined by 9 percentage points (ppt), intermittent preventative treatment for malaria in pregnancy by 6 ppt, and deliveries in health facilities by 3 ppt compared to the previous year. Progress in prevention of mother-to-child-transmission (PMTCT), paediatric and adolescent HIV stagnated. Low birthweight increased by 10%, and health facility-based maternal mortality and under-five mortality by 7.6 and 4 ppt, respectively. Access to adequate water – a key underlying factor for good health and nutrition – stagnated and worsened in rural areas. All these indicators missed the national development year targets.

The closure of all 67,500 schools, early childhood development (ECD) programmes and other educational institutions, while important in the context of containing the pandemic, disrupted the learning of 15 million students, including 600,000 refugee students. Pre-pandemic, Uganda was already facing challenges in access to quality education, with only 1 in 9 children with disabilities able to access basic education. The phased re-opening of schools that commenced in mid-October targeted only examination candidate classes at primary and secondary levels, bringing no more than 10% of all school-aged children back to school.

Continuity of learning measures ensured that the right to education was at the forefront of the response to COVID-19, using radio, television, print materials, and Braille and audio for children with disabilities. However, Uganda is not yet ready to fully utilize Internet-based solutions to home learning. Only 6% of households have access to a computer, 99% of Internet access is through mobile phones and only 8% of households report school aged children accessing the Internet where it is available.

Evidence suggests that the lockdown period increased children and families' psychosocial distress and triggered protection risks, especially for girls and urban children. This included sexual exploitation and abuse, forced child marriage, adolescent pregnancies, and exacerbated other forms of violence, particularly in the home. Data from the Child Helpline shows that the number of cases related to violence against children (VAC) increased between May and August (May 338, June 355, July 430 and August 619). Sexual violence was the most reported form of VAC, making up 38.3% of cases, while neglect was second highest at 35.8%. Service provision was also constrained during the lockdown.

Government social assistance mainly concentrated in urban areas, and efforts to mitigate the long-term ramifications of the pandemic were restricted by limited scope for social protection, with current programmes reaching just 3% of the population. While it is notable that the planned expansion of the Senior Citizens Grant was ultimately completed in 2020, efforts to build on the existing social protection system through one-off cash transfer responses were met with resistance, despite there being a 200% increase in social protection interventions globally in response to the pandemic.

Uganda continues to host 842,296 refugee and asylum seeker children (414,815 female/427,481 male), including 41,066 unaccompanied or separated children, as of 31 October 2020. Most have fled insecurity and political instability in Burundi, the Democratic Republic of the Congo and South Sudan. Refugee children and women continue to face many hardships, including overcrowding in urban settlements, poor access to clean water and sanitation, high prevalence of undernutrition and multiple protection risks. The COVID-19 context further exacerbated existing vulnerabilities.

In addition, the impact of climate change continues to upend the lives of Ugandan children and their families. More than 600,000 people were in 2020 alone by displaced by floods, leading to destruction of infrastructure and increasing risks of waterborne and climate-sensitive diseases. Natural hazards also exacerbate already high levels of food insecurity and malnutrition. The latest Integrated Food Security Phase Classification, completed in 2017, classified 30% of the Karamoja population in phase 2 (stressed) and 12% in phase 3 (crisis). About one quarter of children under 5 years in the Karamoja sub-region are stunted, and 1 child in 10 is wasted.

Major contributions and drivers of results

In 2020, UNICEF Uganda supported the national multi-sectoral COVID-19 response, whilst sustaining critical programme interventions and advocating for reimagining a world fit for children, post-COVID-19. UNICEF's support provided vitamin A supplementation to 528,412 children and psychosocial support services to 31,068 children between January-October 2020. A cumulative total of 6,029,388 children and women continued to receive essential health care services, including immunization, prenatal and postnatal care, and HIV services, in UNICEF-supported health facilities between March and October 2020. In addition, 2020 was a key year for Uganda: National Development Plan III, the first UN Sustainable Development Cooperation Framework (UNSDCF) and the GoU-UNICEF Country Programme 2021 – 2025 were approved, bringing together key stakeholders at a critical time to plan for the years ahead. Main results per Goal Area (with a focus on humanitarian-development programming and gender programming) and main achievements in programme support follow.

Goal Area 1: Every child survives and thrives

With WHO and others, UNICEF quickly reoriented support to Ministry of Health (MoH), districts and other key responders with COVID-19 emergency response and essential health and nutrition services continuity. Earlier UNICEF investments in pandemic preparedness, response to the 2017 Marburg and the 2018–2020 Ebola outbreaks, as well as health systems strengthening played critical roles in the COVID-19 response.

UNICEF investments in providing Personal Protective Equipment (PPE), orientating 3,370 health workers in 32 UNICEF focus districts, and supporting 119 surge staff in refugee-hosting districts strengthened infection prevention and control (IPC), and essential health services continuity. An estimated 4.8 million children and women accessed immunization, prenatal, postnatal, HIV, and other health services in UNICEF-supported districts.

Through health systems strengthening of the policy environment at national and decentralized level, quality of care standards for maternal, neonatal and child health care are now available in 144 health facilities new-born special care units have been established in 16 hospitals (against the target of 11). Kangaroo Mother Care is functional in all 45 targeted health facilities. In nutrition, 18 districts were capacitated to implement multi-sectoral nutrition actions while 15 districts integrated District Nutrition Action Plans into Districts Development Plans, which is key for resourcing and implementing nutrition actions. To improve availability and quality of nutrition analysis, UNICEF supported the National Information Platform for Nutrition, with leadership from OPM and Uganda Bureau of Statistics (UBOS). In 2020, UNICEF finalized 10 nutrition-related studies and assessments, which were disseminated throughout 2020.

To strengthen access to critical services, immunization services were delivered, coverage improved through GAVI-funded supply support (fridges, vaccine carriers, motorcycles, motorboats and vehicles) and demand stimulation approaches were delivered in 58 districts. After the lockdown, catch-up vaccination reached 90% and 86% of the targeted 1,341,072 infants with pentavalent and measles-rubella vaccines, respectively. UNICEF supported the rollout of Multi-Month Dispensing of drugs (for 3–6 months) and community delivery of ARV drugs for all clients, ensuring continuity of HIV treatment for those unable to visit health facilities such as pregnant and lactating mothers. UNICEF support to refresher training for 8,580 village health teams (VHTs) and training of 1,199 new VHTs in 27 target districts, together with the provision of essential medicines, helped to sustain children's access to malaria, pneumonia and diarrhea treatment.

At community level, 906 frontline workers were trained to implement community-based nutrition

actions. UNICEF provision of nutrition supplies allowed MoH to reach 2,649,926 children aged 6–59 months (47% female) with vitamin A nationwide in the first semester of 2020, of which 1,023,338 were reached in the 20 UNICEF priority districts. In addition, 125,938 pregnant/lactating women received iron and folic tablets and 1,792,561 caregivers (96% of the target) were reached with infant and young child feeding (IYCF) counselling services in 20 UNICEF priority districts. A total of 30,794 children (49% female) were treated for severe acute malnutrition (SAM) nationwide, including 25,329 from refugee-hosting districts.

Goal Area 2: Every child learns

In response to school closure, in partnership with Ministry of Education and Sports more than 2.6 million learners in 48 districts continuity learning through provision of self-study materials, radio education programmes, and distribution of Braille and audio materials for more than 1,469 primary and secondary school learners with disabilities. Radio talk shows on ECD promoted responsive caregiving among 43,888 parent listeners and facilitated participation in civic engagement for 18,251 adolescents (9,954 girls, 8,297 boys). There were 16,625 online and offline interactions on curriculum-based primary school content through the Kolibri e-learning platform. UNICEF supported MoES to submit COVID-19 response plan for US\$15 million grant to support children's right to education during the pandemic.

To strengthen policy environment, UNICEF supported finalization of the Education Sector Strategic Plan (2021–2025), a precursor to the application for the Global Partnership for Education II/World Bank grant. To advance adolescent development, UNICEF supported Ministry of Gender, Labour and Social Development (MoGLSD) to roll out the National Multi-Sectoral Coordination Framework for Adolescent Girls (2018–2022). The MoES Digital Agenda developed with UNICEF support, extended the use of digital learning during and beyond the pandemic and developing digital skilling of adolescents. In ECD, 82% of UNICEF-supported districts managed to meet five or more of the criteria of functional coordination mechanism in line with the National Integrated ECD Policy. Among focus districts, 93% completed mapping of service points, and 82% prioritized ECD activities in the five-year District Development Plans under the National Development Plan (NDP) III, up from 38% in 2019.

To strengthen access to quality education services, UNICEF supported Core Primary Teachers Colleges, resulting in 4,948 ECD (920 male/4,028 female) caregivers or 49% of all ECD caregivers (exceeding the target of 30%) trained to manage ECD centres and care holistically for young children. The majority (81%) of UNICEF-supported school management committees continued to monitor schools and home learning throughout the school closure period, with 1,365 schools receiving UNICEF support. 74% of the 5,398 teachers trained with UNICEF support practiced child-centered methodologies when monitored. All 12 refugee-hosting districts maintained active coordination structures throughout the year to tackle school closure, continuity of learning and school reopening efforts.

Although school closures prevented full achievement of planned target on adolescent lifeskills education, 25,361 (14,709 male/10,652 female) out-of-school adolescents improved their lifeskills through participation in formal and non-formal learning spaces. Education in emergencies interventions in refugee-hosting areas reached 27,684 adolescents (18,368 boys/9,316 girls) with the Accelerated Education Programme, lifeskills, vocational training and non-formal learning.

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

In response to the COVID-19 pandemic, UNICEF support focused at innovative ways to disseminate protection messages. These included a multimedia campaign on VAC, positive parenting and staying safe during COVID-19, reaching 18,431,702 young people aged 15–17 years (50% female). In

addition, with the support of UNICEF, 42,677 (72% male/28% female) U-Reporters gained awareness of the impact of gender-based violence and VAC, as well as channels to report VAC.

UNICEF advocacy enabled social welfare officers to resume work by 7 May and re-opening of the Child Helpline. As a result, there is now recognition that social welfare staff are critical part of the workforce.

UNICEF support to the scale-up of direct service provision for mental health and psychosocial support due to COVID-19 reached 66,479 children and caregivers (52% female), including in refugee settlements. 2,142 unaccompanied children in the refugee and flood contexts benefitted from alternative care, and 2,049 COVID-19 affected children benefitted from support and care services.

Despite the challenges of COVID-19, significant progress was made in strengthening the enabling environment for child protection with UNICEF support, resulting in Cabinet approval and launch of the National Child Policy. In addition, the Framework for Alternative Care and its Action Plan were finalized. With support from UNICEF, MGLSD and UBOS, eight District Local Governments (DLGs) used data to plan and budget for child protection services in their District Development Plans. In addition, critical policy documents on civil registration and vital statistics were completed or under development, facilitating multi-sectoral collaboration for birth registration service delivery across sectors.

UNICEF supported MoGLSD to strengthen case management capacity in eight learning districts, including empowering 3,989 para-social workers to carry out their mandate and place 67 social welfare officers at sub-county level, thereby strengthening the social welfare structure from village up to district level.

UNICEF support extended Judiciary services to remand home/children detention facilities by holding remote high court special sessions for children. In addition, 27 children's homes were monitored to assess implementation of COVID-19 SOPs from MGLSD and MoH.

Birth registration through the health system in eight learning districts greatly improved as a result of technical support and capacity building provided by UNICEF and the National Identification and Registration Authority (NIRA). 231,949 children aged 0–17 years (49.8% girls) of which 193,660 were under 5, had their birth registered at the decentralized NIRA district offices through the upgraded Mobile Vital Records System (compared to 100,672 children in 2019).

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

In response to COVID-19, UNICEF mobilized resources and provided essential WASH supplies for 394 health facilities and 225 communities. UNICEF contributed to safe opening of schools by providing hygiene supplies to 441 schools. A partnership with local producers led to the design of a hands-free handwashing facility that was successfully tested, produced and distributed to targeted health facilities and schools.

In addition to the COVID response and to strengthen the enabling environment, UNICEF and development partners supported the Ministry of Water and Environment (MoWE) to finalize the WASH Integrated Refugee Response Plan, strengthened and upgraded the existing management information system to monitor of SDGs 6.1 and 6.2. The National Guideline and Standards on WASH in Health Facilities and a national costed micro-plan were developed, to accelerate implementation of WASH in schools.

UNICEF supported the rehabilitation of defunct boreholes and construction of motorized water systems. 136,300 people (66,787 male/69,513 female, including 74,965 children) accessed safe water (target: 128,000). In addition, UNICEF supported improvements to WASH infrastructure including

disability-friendly toilets, menstrual hygiene management systems and solar-powered handwashing facilities in 65 schools. To improve community ownership, the nearby villages were provided with tap water. In order to improve IPC and contribute to more births taking place in health facilities, 32 health centres were provided with improved WASH infrastructure in the delivery rooms, maternity wards, laboratories, operation theatres and outpatient departments.

Beyond the pandemic, UNICEF responded to flooding in the eastern Uganda, and a cholera outbreak in northern Uganda, directly benefitting 157,763 people against the annual target of 130,000. The COVID-19 containment measures slowed down implementation of social mobilization activities in the context of Community-Led Total Sanitation. As of November 2020, 704 villages with an estimated 211,200 people (103,488 male/107,712 female) were triggered against the annual target of 233,000 people.

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

UNICEF support to MoH, MoES and MoWE helped to institutionalize the tracking and collecting of off-budget financing for the health, education and WASH sectors for FY 2019/2020, resulting in the first comprehensive database for off-budget funding for the social sectors. This data was fully integrated in the Uganda Equity Atlas, and its use in the integration into the Aid Management Platform. UNICEF launched the 'What Works for Africa's Poorest Children' book, highlighting the most effective interventions in supporting Africa's poorest children and elaborating the key features underpinning their documented success.

UNICEF worked with the government and UN agencies to ensure prioritization of social protection and child rights governance in the NDP III and UNSCDF. UNICEF's COVID microsimulations leveraged from development partners (IMF, World Bank, WFP, among others). UNICEF, WFP collaboration in the Child-Sensitive Social Protection Programme in the West Nile will strengthen health systems.

UNICEF with Kampala Capital City Authority (KCCA), designed a tech-enabled service continuity strategy for the GirlsEmpoweringGirls programme, the only government-led social protection programme enabled continuous mentoring, service referrals and cash transfers to vulnerable adolescent girls and with clear feedback loops to improve policy and improve continuity.

UNICEF, EC-DEVCO Joint Action work with ILO improved synergies between social protection and public finance management, while research and impact evaluation study will strengthen national social protection systems, contextualize programmes in urban areas, and generate evidence for decision-making.

Institutionalization of child rights governance, amplification of children's voices, and accountability to children were advanced through collaboration with MGLSD and UHRC to launch the Child-Friendly National Child Participation Strategy, and the child rights TV Series. MGLSD achieved Cabinet approval of the African Charter on the Rights and Welfare of the Child's Country Report, and UNICEF developed its first child-friendly Country Programme Document.

Programme Support

Stimulated by the acute need to respond to the COVID-19 pandemic, the scale of the supply contribution remained at very high levels in 2020, with a total value of US\$83.8 million. UNICEF took a leadership role in the national response for WASH-IPC supplies and played an instrumental role in sustaining supply of vaccines, therapeutic food for severely malnourished children and other supplies for continuity of essential health and nutrition services.

UNICEF supported MoH to integrate therapeutic nutrition supplies into the national health supply

system. The pilot launched in October saw, for the first time, RUTF procured by UNICEF being distributed to health facilities by the Uganda National Medical Stores, alongside other medicines and health supplies.

UNICEF trained over 170 participants (from 49 partners) on the UNICEF anti-fraud policy. In addition, FCDO fraud awareness and fraud reporting guidelines were disseminated to FCDO-funded downstream partners in November.

Prevention of Sexual Exploitation and Abuse is a key priority for UNICEF. In Uganda, UNICEF successfully rolled out and trained all staff and active partners on the internal Prevention of Sexual Exploitation and Abuse (PSEA) Notification Alert. Thirteen partners were risk assessed and three were supported to develop and implement PSEA action plans. 432,165 young people (67% male/33% female) were reached through U-Report on zero tolerance of sexual exploitation and abuse, and reporting platforms.

By building on the global Advocacy Agenda for Action narrative that the COVID-19 crisis is a child rights crisis, UNICEF advocated for reimagining a world fit for children, post-COVID. By positioning UNICEF as a trusted partner in the COVID-19 response, coupled with a novel online approach to positive parenting, coping mechanisms for children and home learning and supported by new supporter engagement approaches, UNICEF efforts online engaged more than 35 million people, five times higher than in 2019, and a traditional media reach of 42 million people.

UNICEF-supported social and behaviour change programmes increased multimedia campaigns on violence against women and children, immunization, violence in schools and ECD, reaching more than 30 million people, including those affected by emergencies and disease outbreaks. Specific to COVID-19, more than 17 million people were reached through messaging, representing 126% of the planned target. In addition, more than 2.5 million people (100% of target) shared their concerns, asked questions and received some form of feedback through established online and offline mechanisms.

UNICEF's capacity to leverage resources was an important driver for the results achieved in 2020, especially by strengthening (and expanding) our partnerships with key public donors, such as the United Kingdom, Japan, Sweden, Denmark and the USA (BPRM).

UN Collaboration and Other Partnerships

2020 was a key year for UN Reform in Uganda with the development of the first UN Sustainable Development Cooperation Framework, in line with the National Development Plan III. UNICEF Uganda remained committed to humanitarian coordination as a co-chairing of the refugee child protection sub-working group, the refugee WASH working group, and the national nutrition technical working group. To strengthen humanitarian coordination and implementation of durable solutions in line with Uganda's refugee policies and response frameworks, UNICEF and UNHCR are developing a new Letter of Understanding., UNICEF co-leads the RCSM-CE sub-committee, and actively contributes to coordination and leadership, case management and the MHPSS pillars in COVID-19 emergency response. In addition, UNICEF provides technical and financial support to the National PSEA Network. UNICEF collaborated with other UN agencies and partners in PSEA inter-agency coordination and in its work on PSEA funded by EU/IGAD.

In addition to UN and humanitarian coordination, UNICEF engaged with private stakeholders on the Children's Rights and Business Principles and collaborated with MGLSD on a regulation on mandatory breastfeeding and childcare spaces in the workplace.

COVID-19 provided UNICEF with an opportunity to bring together key stakeholders around issues in the various strategic plan goal areas, as per the below:**Goal 1**

The UNICEF partnership with WHO, UNHCR, WFP and IOM provided a strong and coordinated support to the public health sector in Uganda. In pursuit of stronger district health systems, UNICEF partnered with AVSI Foundation, Baylor College of Medicine Children's Foundation and IntraHealth International to support a shift towards health systems strengthening.

The UNICEF partnership with the Dalberg Data Insights and the Makerere University School of Public Health supported MoH with monthly monitoring analysis of essential services continuity in the context COVID-19.

Goal 2

In response to school closures due to the COVID-19 emergency, UNICEF and other UN agencies supported MoES to finalize the Education Sector Preparedness and Response Plan. UNICEF collaborated with UNHCR, the education in emergencies working group, education development partners and MoES to ensure that all children accessed learning materials, radio lessons and digital learning programmes.

Goal 3

Working with other UN agencies < UNICEF advocated strongly for inclusion of the social welfare workforce into the critical response team for COVID-19. The partnership with Butabika National Mental Referral Hospital was critical in scaling up mental health and psychosocial services in treatment and quarantine centres.

Goal 4

Engagement with private sector and impact investors strengthened decentralized faecal sludge management in urban and peri-urban areas. A new partnership with Unilever, developed in the context of COVID-19, provided critical in-kind support for positive hygiene practices. UNICEF established a partnership for product innovation through the boda boda linked pit emptier, addressing a major challenge in sanitation in remote rural areas and in refugee settlements.

Goal 5

UNICEF and WFP implement one of the only COVID-19 related cash transfer responses, benefitting approximately 48,000 PLW and children under 2 (refugees and host communities). In collaboration with other UN agencies, UNICEF supported the government's 2020 Voluntary National Review (VNR).

Lessons Learned and Innovations

The COVID-19 pandemic was a major impetus for innovation around the world and created opportunities for programmatic learning and enhancement. UNICEF Uganda held a mid-year review to assess and learn from the first months of the COVID response. UNICEF Uganda is part of a global Rapid Assessment on COVID-19, informing new ways of programming moving forward. An independent Country Programme Evaluation of the 2016 – 2020 GoU – UNICEF Country Programme, provided useful insights and reflections into UNICEF programming moving forward. Key lessons learned and recommendations focused on the importance of systems strengthening, strategic monitoring and a decentralized approach in programming. Below the key lessons learned per programmatic area are addressed.

Goal 1

The fact that UNICEF has both 'development' and 'emergency' roles/capabilities and programming

helped UNICEF to effectively engage with both COVID-19 emergency response and essential health services continuity. In addition, UNICEF's health emergency capacities, established over the past three years, were essential to UNICEF's rapid support to the government in addressing the pandemic.

The lack of universally agreed metrics limited the ability to explicitly measure the district health system's capacity and the effectiveness of UNICEF-supported actions. To address this challenge, UNICEF and Makerere University, in partnership with MoH and implementing NGOs, designed and implemented the District Health Systems Strengthening (DHSS) capacity monitoring framework, which monitors measures health system improvements in six domains.

Goal 2

An increase in violence against children and teenage pregnancies during school closure, according to reports from districts and the national media, highlighted the fact that children are safest in school, especially where schools are integrated platforms for service delivery across their education, health and child protection needs. Coordinated cross-sectoral efforts with health and child protection programmes were key to ensuring that children receive the required support both during school closure and once schools re-open fully. Alternative platforms, including radio, community-based structures and digital platforms such as Kolibri were extensively employed for learning, skills-building and adolescent participation.

The COVID-19 situation highlighted the need for increased programme focus on building breadth of skills of adolescents, from foundational to transferable and job specific, through the logic of continuity and mutual reinforcement between formal and non-formal education. Furthermore, it demonstrated that adolescent participation and programming with adolescents have to be further advanced, as adolescents engaged through the radio in COVID-19 prevention and response proved once again to be important agents of change in their communities.

Goal 3

A key lesson learned was the importance of advocating for, and ensuring the integration of, social welfare in the COVID-19 response right from the onset of the crisis. After successful advocacy, specialized case workers and support teams were jointly deployed to treatment and quarantine centres. In addition, case management for child protection was incorporated into the MoH home-based care strategy for health workers. This allowed for provision of a holistic response to children's needs and demonstrated the important linkages between social welfare and health, which were strengthened in the COVID-19 response.

A shift towards mobile provision of psychosocial support to children at community level, including in refugee settlements when child-friendly spaces were closed as part of the lockdown, demonstrated the critical role of community structures in providing basic support to children in crisis situations.

The use of innovating approaches, such as U-Report enabled the reach to reach children and their families with messages on child care, VAC and harmful practices during the lockdown. However, it also became clear that it is important to continuously update the U-Report users, including ensuring that there is a balance with gender and age among them.

Goal 4

Previous efforts of strengthening planning, implementation and monitoring WASH activities at the community, sub-county and district levels were key in facilitating rapid scale-up and supporting future sustainability of COVID-19 related investments. For example, the pre-pandemic efforts put into the development of micro-plans for WASH in schools and health facilities helped to fast track certain processes and activities.

The COVID-19 pandemic presented an opportunity to promote and support handwashing with water

and soap. It also boosted product innovation and resulted in the development of a hands-free handwashing facility to reduce the transmission of the disease.

A key programmatic innovation came from the Self-Sustaining and Safe Sanitation Service (S5) initiative: UNICEF engaged the private sector and impact investors to support the government to develop affordable solutions for decentralized faecal sludge management in urban and peri-urban areas. Apart from addressing a pressing sanitation issue, the S5 initiative will supply a renewable energy product (e.g. fuel briquettes) and reduce cutting trees for household and industrial fuel. It will also encourage a small percentage of profits from the sale of briquettes to be used for social investment.

Goal 5

UNICEF supported KCCA in designing and implementing a business continuity plan through which the programme for adolescent girls became the only government-led social protection programme delivering uninterrupted services during the pandemic, effectively leveraging technology for remote service delivery and adjusting implementation using real-time feedback. This programme brought important lessons in highlighting the need to personalize social protection programmes across gender, geography and age as critical levers for effective programming. Furthermore, it exposed the need to consider the optimal combination of digitization, in-person support and community connections, which can also be bundled as “tech, touch and trust.”

Programme Support

In 2020, UNICEF Uganda strengthened the efficient and timely coordination and communication between zonal teams and the country office through establishing an Accountability Framework and key reporting mechanisms, ensuring that immediate issues affecting programme implementation were cascaded and addressed in a timely manner. Innovative dashboards tracking programmatic results strengthened results-based management at all levels of UNICEF Uganda. To ensure efficient monitoring, UNICEF Uganda deployed a mix of on site and remote monitoring. Field Monitoring and Accountability to Affected Populations were strengthened through piloting new modules of eTools and U-Report to launch surveys on emergencies to its beneficiaries. This allows UNICEF to better utilize findings from field monitoring and understand what communities would require to be better prepared for emergencies.