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Reporting Period: January to 30 June 2021

Uganda Country Office

Humanitarian Situation Report No. 3

January - June 2021

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for every child

Highlights

- Uganda experienced a COVID-19 resurgence from April 2021. Cummulatively, 82,000 confirmed positive Polymerase Chain Reaction (PCR) tests have been reported, with 1,779 deaths; 60 per cent of the deaths occurred during the resurgence.
- As of June 2021, Uganda had over 1,498,442 refugees and asylum seekers, 58 per cent of whom are children.
- Between January and June 2021, flooding displaced 19,000 people and affected an additional 148,000 through the destruction of homes, crops and infrastructure, and the disruption of livelihood activities.
- The Government of Uganda (GoU), with support from UNICEF, vaccinated over 317,800 children against polio, provided treatment to 9,700 children suffering from severe acute malnutrition; psychosocial support services to over 9,300 children and promoted access to formal and informal education, including early childhood education to over 70,000 children.
- Cumulatively, from January to June 2021, UNICEF reached approximately 344,500 people with critical WASH supplies and services.
- UNICEF's Humanitarian Action for Children (HAC) is 44 per cent unfunded. Over US$11 million is needed to respond to identified needs for vulnerable children between now and end of 2021.

Situation in Numbers

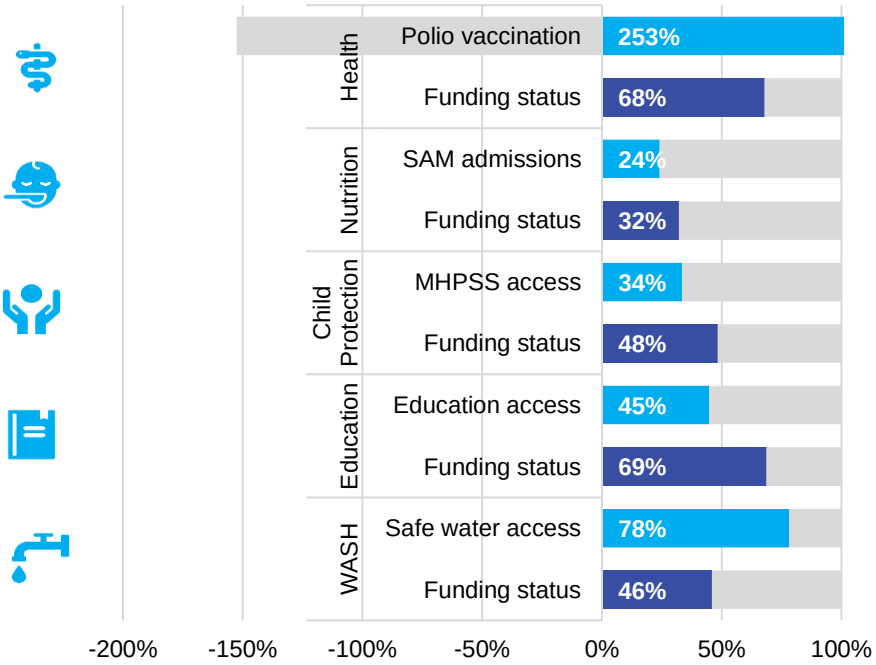
8,200,000
# of children in need of humanitarian assistance (UNICEF HAC 2021)

15,200,000
# of people in need (UNICEF HAC 2021)

869,096
# of refugees and asylum-seekers who are children (OPM, Progress V4, 30 June 2021)

1,498,442
# of refugees and asylum-seekers (OPM, Progress V4, 30 April 2021)

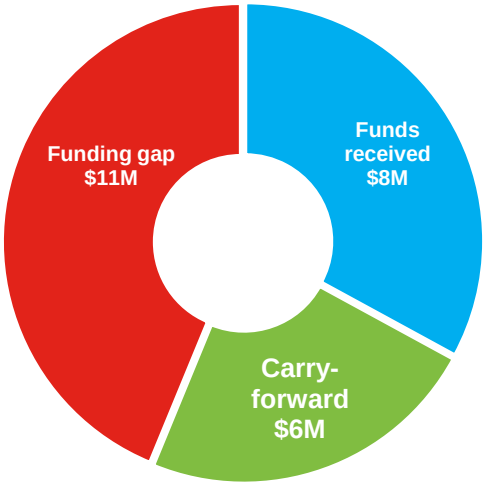
UNICEF's Response and Funding Status*



UNICEF Appeal 2021

US$ 24.9 million

Funding Status (in US$)



* UNICEF results are attributed to both ORE funding received, as well as other resources, reprogrammed funds and regular resources.

Funding Overview and Partnerships

UNICEF is appealing for US$24.9 million to sustain life-saving services for women and children in Uganda. By mid-year, Japan, Liechtenstein, the Netherlands Committee for UNICEF, Global Thematic Humanitarian Response Fund, UN Multi Partner Trust Fund, Consolidated Funds from Natcoms, US Bureau of Population-Refugees (BPRM) and the Japan Committee for UNICEF (Saraya) had generously contributed US$8.2 million to UNICEF Uganda's humanitarian response. This is in addition to carry-over funds from 2020, totalling US$5.8 million. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received. However, the 2021 Humanitarian Action for Children (HAC) still has a funding gap of 44 per cent. Without sufficient funding, over 1.9 million women and children will not have access to essential health care and education.

Situation Overview and Humanitarian Needs

Refugees

As of 30 June 2021, according to the United Nations High Commissioner for Refugees (UNHCR) and the Office of the Prime Minister (OPM), Uganda is home to 1,498,422 refugees and asylum-seekers, over 58 per cent of whom are vulnerable children.[1] According to UNHCR, new arrivals increased in the second quarter despite the fact that borders are officially closed. There is no information yet on when borders will officially reopen. Refugees stay in isolation centres in Yumbe District in northern Uganda before being allowed to join the rest of the refugees due to fear of transmission of COVID-19. There has been an influx of refugees from the Democratic Republic of Congo (DRC) following in-fighting by the Allied Democratic Forces (ADF) rebels in their country. The displacement started as early as April 2021 with most refugees opting to integrate into the communities. However, in June the situation was overwhelming and approximately 5,000 people crossed the border and settled at Rwamabale Primary School and Bubukwanga Reception Centre in Ntoroko and Bundibugyo districts respectively. The huge population has already caused significant strain on the facilities of the hosting institutions.

COVID-19

Uganda registered a steady decline in new cases of COVID-19 between January and February 2021. As of 28 February 2021, Uganda had a cumulative total of 40,367 COVID-19 cases and 14,989 recoveries. Cumulatively, 333 deaths were recorded with a case fatality rate of 0.8 per cent. Uganda has registered an increase in new cases of COVID-19 across the country since April. As of 30 April 2021, Uganda had a cumulative total of 41,975 Ugandan COVID-19 cases including 342 deaths (case fatality rate of 0.8 per cent). Most cases were alerts (21,635) and contacts (13,518) suggestive of mostly local transmission, and the rest were outbound travellers (3,333), health workers (1,946), truck drivers (865) or returnees (688), among others. Uganda has confirmed the circulation of five variants in the country: the UK, Nigerian, Uganda and Indian variants and South African strain.

As of 30 June, 82,077 cumulative PCR-confirmed cases of COVID-19 have been reported. The number of infections among health workers is still increasing and of concern, with 27 per cent (14/51) that were tested returning positive results. Overall positivity rate was 13.6 per cent, which is almost triple the 5 per cent threshold and an indicator of sustained resurgence. Although the overall number of reported cases is declining, it is not possible to relate this to the actual evolution of the resurgence because the number of tested samples is also reducing, partly because some individuals who would normally have accessed PCR are now barred due to the lockdown measures. The cumulative reported deaths among PCR confirmed cases is 1,111 with an additional 668 probable deaths, bringing the total to 1,779 (case fatality rate of 2.2). Over 60 per cent of the deaths occurred during the resurgence.

Uganda Virus Research Institute continues to execute surveillance to facilitate the early detection of SARS-nCoV variants in Uganda. COVID-19 vaccination as a major response strategy is being rolled out amidst no funding from central government to support vaccine distribution.

Crimean Congo Haemorrhagic Fever (CCHF) - In April 2021, a confirmed case of Crimean-Congo Haemorrhagic Fever (CCHF) was identified in Kyangwali Refugee Settlement, in Kikuube District in western Uganda.

Ebola Virus Disease (EVD)- During January-June 2021, UNICEF, in collaboration with MOH and partners, maintained vigilance in monitoring the EVD outbreak in North Kivu Province in the DRC until it was declared over on 19 April 2021. Forty-two days had passed without a case being reported. There was no importation of cases into Uganda.

[1] https://ugandarefugees.org/en/country/uga

Measles- From January to June 2021, only seven measles cases were laboratory confirmed and no measles outbreak was reported in any of the districts.

Rift Valley Fever- Ministry of Health (MoH) and District Task Forces (DTF) reported two cases of rift valley fever (one confirmed and one suspected).

Hydrometeorological hazards

The reporting period was characterized by rains which were a major factor in triggering natural hazards (floods, landslides and heavy storms/hailstorms) in the country and led to death of three individuals and destruction of many houses and infrastructure. According to OPM, 148,182 people were affected and 18,516 displaced internally as of June 2021. Affected districts included Kasese, Bundibugyo and Ntoroko in the western region, Kyotera, Kampala and Rakai in the central region and Butaleja,Tororo, Sironko, Namisindwa, Mbale, Kapchorwa, Bulambuli, Napak and Nabilatuk in the eastern and north eastern regions. On a more positive note, however, the Government of Uganda, with support from the United Nations Development Program (UNDP), launched the National Risk Atlas in February 2021. The atlas was designed to guide early warning and risk-informed programming at the district level for threats such as floods.

Summary Analysis of Programme Response

Health

During this reporting period, UNICEF engaged with MoH and partners, through the National Task Force for public health emergencies, to focus on continuity of essential health services, risk communication and community engagement for COVID-19 and other public health events such as CCHF, EVD, Rift Valley Fever and Measles.

UNICEF at sub-national level supported COVID-19 vaccine deployment through direct supervision and coordination of partners to address operational challenges. As of 29 June, 99.1 per cent (955,158/964,000) doses of AstraZeneca vaccine received in the country had been utilized, with a 1.7 per cent wastage rate. Vaccinated individuals included 854,232 first dose recipients and 100,926 individuals who had received their second dose. Of the priority vaccination target groups, 55 per cent health workers, 25.4 per cent teachers, 55 per cent security personnel, 4 per cent individuals with comorbidities, and 5.4 per cent individuals above 50 years had been vaccinated. More vaccine doses and types are expected in the country, to increase availability and access. UNICEF and Isingiro district health team supported the orientation of 248 health workers (161 female, 87 male) from private clinics and drug shops within Nakivale and Oruchinga refugee settlements in COVID-19 infection prevention and control. Inadequate operational funding to address urgent constraints in COVID-19 vaccination rollout such as movement of vaccines within the UNICEF districts in the northern part of Uganda remained a limitation to service scale-up.

Following the resurgence of COVID-19 and increased demand for oxygen, UNICEF played a key role as a technical member of the National Oxygen Task Force, providing 212 portable filled oxygen cylinders of 7,500 litre capacity with accessories including regulators and flowmeters for use at critical care units in national and regional referral hospitals. UNICEF also supported the repair of oxygen plants at four regional hospitals of Hoima, Masaka, Mbarara and Naguru. However, the need for medical oxygen and delivery devices remains overwhelming for the Government and UNICEF is sourcing for continued support in this area.

UNICEF, in coordination with WHO and UNHCR, provided technical support to the CCHF response and supported risk communication and social mobilisation through electronic Information Effective Communication (IEC) materials..

UNICEF supported immunisation intervention against measles. The national under-one-year Measles-Rubella coverage as of May 2021 was at 89 per cent, translating to 68,1061 children fully immunised against measles.

Cumulatively, 630,964 children and women (82,090 refugees) received essential health care services, including immunization and prenatal, postnatal, HIV and gender-based violence care in 29 districts. A total 317,822 children have been vaccinated against polio.

Nutrition

UNICEF provided preventive and curative nutrition services to children and women in Uganda in partnership with the district local governments, Association of Volunteers in International Service (AVSI), Baylor College Uganda and Doctors with Africa-CUAMM. During the reporting period, 9,710 children (5,108 girls and 4,602 boys) suffering from severe acute malnutrition (SAM) were treated in therapeutic programmes in 25 UNICEF-supported districts. The achievement was 24 per cent of the annual target, with the highest admission rates recorded in Karamoja sub region (34.7 per cent). This figure also represents 58 per cent of the total national SAM admissions in the country over this reporting period. During the same period, infant and young child feeding counselling services reached 779,760 pregnant women and caregivers

of children aged 0-23 months, representing 48 per cent of the annual target. During the current COVID-19 wave, UNICEF has supported the delivery of integrated refresher health and nutrition training for COVID-19 to health workers supporting treatment and the 14 regional referral hospitals. UNICEF continues to actively participate in the national COVID-19 case management meetings and to ensure continued integration of nutrition in health annual health plans for local governments.

UNICEF co-led the the Nutrition Technical Working Group with the Ministry of Health (MoH) during this reporting period. To ensure essential nutrition service continuity during COVID-19, UNICEF has supported the MoH to adapt the family mid upper arm circumference (MUAC) approach, in which caregivers and other community members are empowered to routinely screen their children for acute malnutrition using a color coded MUAC tape. It is anticipated that the roll-out of this approach, starting with a few regions of the country, will increase coverage of services for treatment/prevention of acute malnutrition, through enabling caretakers to interpret the nutrition status of their children in a timely manner. UNICEF is planning research to understand how this approach will impact on nutrition service delivery outcomes for SAM management.

Child Protection

From January to June 2021, UNICEF and partners (Save the Children and World Vision Uganda) continued to provide critical child protection case management services (including referral to other service providers - health, education, legal, psychosocial support - and direct support) to 1,729 children (834 boys, 895 girls) in districts hosting refugees from South Sudan and the DRC. About 939 unaccompanied and separated children (467 boys, 472 girls) were provided with alternative care services, including placement in foster families, regular follow-up through case workers and referral to adequate support. Child-friendly spaces (CFS) remained closed since the March 2020 governmental regulations to contain the spread of COVID-19, leaving children with limited access to the socialization and physical contact critical for their psychosocial wellbeing. To address this gap, UNICEF and partners continue to reach out to children, families and communities where they stay through the innovative Mobile CFSs. CFS facilitators and caregivers continue home-based provision of services, engaging children in children in structured games and play, and providing psychosocial support to children and their families, in full compliance with COVID-19 prevention SOPs. The mobile CFS approach enabled 3,607 children (1,776 boys, 1,831 girls) to access mental health and psychosocial support services over the reporting period.

UNICEF continues to support district community-based service teams to participate in district needs assessments to ensure child protection issues are addressed in flood responses. As a result of Kasese District flash floods which resulted in two children injured and two children's lives lost, as well as displacement of numerous families, UNICEF provided technical support to the Senior Probation Officer and sub-county community services workforce, to participate in the rapid joint assessment of affected families and provision of psychosocial support.

UNICEF provided technical support to partners at national and sub-national levels, including in refugee settlements to strengthen child protection in the COVID-19 response. UNICEF remains active in the MoH-led sub-committee on mental health and psychosocial support (MHPSS) and the Gender Based Violence - Violence against Children (GBV-VAC) strategy to ensure a coordinated MHPSS and CP response to the COVID crisis. The impact of the second COVID-19 wave and high community transmission rates have brought further complexity to the response. It increased the need for better protection of children through multisectoral system-building approaches and a strong capacity for community outreach to build resilience to sustain life-saving services for children and women.
Over the reporting period, UNICEF support to continuous case management and social welfare services at district, subcounty and village level enabled 5,011 child (2,139 boys, 2,872 girls) victims of violence to access adequate social, health and justice/law enforcement services. They included 65 children with disabilities (26 boys, 39 girls). In addition, 32 children (15 boys, 17 girls) registered as unaccompanied or separated from their caregivers as a direct consequence of the COVID-19 pandemic received alternative care services, and close follow-up from social workers.
Over the reporting period, MHPSS core teams (psychologists, psychiatrists, psychiatric clinical officers and mental health nurses) and community-based structures (Village Health teams), trained through UNICEF partnership with Butabika National Mental Health Referral Hospital, continued to provide MHPSS services in treatment centres and communities. UNICEF also continued to support Probation Social Welfare Officers, Community Development Officers, and Para-social workers on provision of community-based PSS in their respective locations. As a result, 12,091 individuals, including 6,355 children (3,054 boys, 3,301 girls) and 5,736 parents and primary caregivers (3,358 male, 2,378 female) in treatment centres and communities were provided with community-based MHPSS.
A total of 32,077 individuals, including 22,271 children (9,713 boys, 12,558 girls) and 9,806 adults (4,304 males, 5,502 females) were reached with messages on the protection of children in the COVID-19 context through house-to-house social mobilization.

Education

During the first half of 2021, schools reopened in a phased approach. However, at the beginning of June all schools and learning institutions closed again for eight weeks due to the COVID-19 resurgence. UNICEF is continuing to support the Ministry of Education and Sports (MoES) to develop strategies to ensure learning and skilling activities continue to take place through home and community-based programming. Cumulatively, 70,137 children accessed formal or non-formal education, including early learning.

During this reporting period, Teaching at the Right Level (TaRL) was piloted in 47 schools in Madi Okollo, Terego and Isingiro districts, supporting 6,295 over-age for grade children/adolescents (2,984 girls, 3,311 boys) to strengthen foundational skills. Of the 6,295 children, 3,690 were refugee learners. Primary Leaving Examinations (PLE) and Uganda Certificate of Education (UCE) Examinations were successfully completed on 31 March and 1 April 2021 respectively. Since January 2021, 540 children and adolescents (398 boys, 107 girls, 12 not specified, 23 deferred) have accessed the digital learning platform, Kolibri, 15,389 times. Online users accessed secondary education content 34 per cent of the time, followed by life skills content 24 per cent, primary content 16 per cent, COVID-19 self-study materials 10 per cent, pre-primary 15 per cent and inclusive education 1 percent of the time. During April and May, Uganda Broadcasting Corporation (UBC) aired the “My School” series for an estimated 9,802,000 Primary 4 learners at home across the country, preparing them for when they return to school. UNICEF and partners continue to roll out radio programming to disseminate Key Family Care Practices to parents of children in Early Childhood Development (ECD).

UNICEF is supporting the development of District Education Response Plans (DERPs) in 12 refugee hosting districts. A total of nine districts - Yumbe, Koboko, Madi-Okollo, Lamwo, Kamwenge, Isingiro, Kyegegwa, Kikuube and Kiryandongo - have approved plans by district councils. The approval of the plans is a key step towards aligning refugee education response to decentralized local governance system for better service delivery and accountability.

Water, Sanitation and Hygiene (WASH)

From January to June 2021, the Water, Sanitation and Hygiene (WASH) sector continued to support COVID-19 preparedness and response through the provision of standard WASH supplies packages to institutions (health facilities and school), mentorship for health workers on Infection Prevention and Control (IPC) WASH standards in health facilities and schools, and WASH infrastructure development in health care facilities to mitigate the impact of COVID-19 . A total of 238 health facilities, benefiting 288,939 patients, and 463 schools, benefiting 55,560 students, were reached with WASH supplies. To date, 344,499 people have been reached with critical WASH supplies and services, and 88,488 people accessed safe water for drinking, cooking and personal hygiene through aquatab distribution either in COVID-19 high risk districts or flood-prone distrcts. UNICEF completed construction of WASH infrastructure in Bugambe and Bujalya Health Centre-IIIs (HCIIIs) in Kikuube District benefiting about 8,600 people.

UNICEF continued to respond to floods in Uganda through the provision of WASH supplies to flood-affected populations in Kasese district. Technical support has been provided to the districts through mentoring and engagement with the District Disaster Management Committees (DDMCs). In that regard, five mobilets and other WASH supplies were delivered to Muhokya Internally Displaced Peoples’ (IDP) camp, benefiting 1,500 people. UNICEF also supported Kasese District Local Government with financial support to rehabilitate three community gravity water schemes destroyed by floods, giving 12,300 people access to safe water. Similar financial support was extended to Obongi District local government to rehabilitate 10 boreholes in communities displaced by floods. This will benefit 3,000 people. UNICEF also supported DRC refugee influx in Bundibudgyo district with IPC WASH supplies, mobile toilets and water tank to benefit 1,628 people (766 males, 862 females) including 769 (413 boys, 356 girls) at Bubukwanga reception centre in Bundibugyo district. There is need to extend piped water to the reception centre if funds are secured. The funding gap poses a challenge to a further possible response to flooding, including cholera prevention and response.

Communications for Development (C4D), Accountability to Affected Population (AAP) and Localization

Uganda, like many other countries, launched the national vaccination programme against COVID-19 – using the AstraZeneca vaccine in March 2021. Initially, the vaccine uptake level was very low at 19.4 per cent, as of April 2021. However, since the resurgence of COVID-19 from May to June 2021, there has been an abrupt change from vaccine hesitancy expressed between March and April 2021 to vaccine acceptance. By end of June 2021, 70 per cent of the urban population in the three districts which make up greater Kampala were willing to get vaccinated. This is largely attributed to the increasing number of cases and related deaths.

Misinformation, rumours and information overload prevail especially on social media and remain a challenge especially on the type of COVID-19 vaccine used in Uganda and the cost of treatment and the potential remedies through herbal drugs. The second nation-wide lock-down[1] launched on 8 June 2021 aroused high public concerns. There are increased levels of anxiety due to fear of the potential social economic effects. This is mixed with a state of hopelessness especially amongst people who have lost relatives and friends.

UNICEF continues to support and co-chair the Ministry of Health Risk Communication and Social Mobilisation Sub-committee (RCSM) which is coordinated through the Incident Management Team (IMT) in the Public Health Emergency and Coordination unit in the Ministry of Health. Cumulatively from January to date, a total of 2,793,352 people were reached with health education messages in 29 districts. This is attributed to the on-going intense media campaigns on COVID-19 vaccination. More stories on the vaccine were aired on radio[3] (majority being up-country radios) between May and June. UNICEF supported 1,601 radio spots and radio-talk-shows on 20 radio stations. Talk-shows and DJ mentions are complemented with joint bi-weekly briefings on radio and TV where experts can answer emerging questions and interpret statistics on a central media house with live feeds into the MOH hotline. A total of 11,172 influential people were oriented on COVID-19 vaccination roll-out and eligibility criteria including district leaders, religious leaders, heads of schools, cultural leaders, and members of civil societies. Approximately, 6,822,094 people expressed concerns and received feedback on the ongoing vaccination process mainly through social media (6,713,746), MOH Call Centre (14,818) and U-Report (93,530).

UNICEF is working closely with the Kampala City Council (KCCA) public emergencies committee for greater Kampala Metropolitan which includes the three districts of Kampala, Wakiso and Mukono, to increase compliance to COVID-19 prevention measures, ensuring inclusion of vulnerable groups like the urban refugees and strengthening involvement of the private sector in supporting and participating in Risk Communication Community Engagement (RCCE) interventions at national and district levels through municipal and corporate entities.
The cost of RCCE interventions remains high and the pillar is largely dependent on donor funding through several UN agencies (UNICEF, WHO and UNCHR) and other implementing partners and donors like USAID, PATH, CDC, and IDI.

As part of Accountability to Affected Population (AAP) efforts, 96,822 people (67,178 male and 29,644 female) from 67 landslide/flood prone and refugee hosting districts participated in U-Report polls aimed at soliciting feedback from beneficiaries about humanitarian assistance provided by UNICEF and partners during this reporting period. From the WASH poll carried out in April, access to safe drinking water was reported as the top need for respondents. For the Child Protection and Education Poll, top three barriers deterring beneficiaries from accessing services provided by UNICEF and partners included: having no means of transport to facility (35 per cent); not knowing where to seek assistance (28 per cent), and being the only caregiver/parent at home to watch the children (20 per cent). Despite being aware of UNICEF's mandate and activities within their communities, poll respondents reported not being aware of their entitlements. This explains in part the low percentage of individuals reporting that they received humanitarian assistance following an emergency. As a result of this feedback, UNICEF technical teams discussed how to further sensitize communities about their entitlements and strengthen engagement with districts on the ground to monitor the back end of the humanitarian response.

Humanitarian Leadership, Coordination and Strategy

During this reporting period, UNICEF complemented direct implementation through partners with a district system strengthening approach in line with the Comprehensive Refugee Response Framework (CRRF) and the UNICEF Uganda Country Programme Document 2021–2025. District actors were supported to incorporate humanitarian preparedness and response into their annual and mid-term district plans in order to ensure adaptable provision of vital interventions related to health, Nutrition, WASH, child protection, education and social protection services to Uganda's most vulnerable, while also increasing the synergies between humanitarian action and development programmes.

The COVID-19 National Response Plan builds on the significant investments made by UNICEF and partners in recent years to support national health systems and incorporate learning from previous health emergencies (e.g., Ebola outbreaks). UNICEF continued to support the government in the areas of risk communication and community engagement, coordination and leadership, supplies and logistics, information and communication technology, innovation and case management. UNICEF focused on WASH services and psychosocial support through the newly established sub-committee on the prevention of and response to gender-based violence and violence against children, among other means. Gender-based violence survivor assistance and prevention interventions were integrated into child protection programmes. UNICEF mainstreamed gender-based violence risk mitigation, gender sensitivity, HIV and AIDS, accountability to affected populations, conflict sensitivity and communication for development into all interventions.

In high-risk communities, UNICEF scaled up civil engagement mechanisms such as U-Report to promote beneficiary feedback and accountability to affected populations in line with the Grand Bargain commitments, built linkages between communities and local governments to foster demand for and delivery of targeted protection and basic services, and guided responsive district and sub-district planning and budgeting.

UNICEF co-led three sectors and one area of responsibility (AoR). UNICEF co-led both the child protection AoR and the education sector with Save the Children, the nutrition sector with Action Against Hunger (ACF) and the World Food Programme (WFP), and the WASH sector with the Norwegian Refugee Council (NRC). Memorandums of Understanding were signed between UNICEF and each co-lead agency at the country level to guide effective and efficient coordination and ensure clear roles and responsibilities of each party. UNICEF co-led clusters and AoR were part of the Inter-Cluster Working Group (ICWG) led by the Office for the Coordination of Humanitarian Affairs (OCHA) at the national and sub-national levels. UNICEF participated in the in-country interagency Prevention of Sexual Exploitation and Abuse (PSEA) Task Force.

Human Interest Stories and External Media

<https://www.unicef.org/uganda/stories-field>

UNICEF Uganda human interest story: https://unicef.sharepoint.com/sites/UGA/SitePages/Prioritize-re-opening-of-schools-to-secure-children's-well-being.aspx

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UNICEF Uganda: <https://www.unicef.org/uganda/>

Uganda Humanitarian Action for Children Appeal: <https://www.unicef.org/uganda/reports/uganda-humanitarian-action-children-hac-appeal-2021>

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Annex A

(i) Summary of Programme Results

Indicator	Disaggregation	Total needs	UNICEF and Implementing Partners Response: 2021 target	UNICEF and Implementing Partners Response: Total results	UNICEF and Implementing Partners Response: Change since last report ▲▼
Health and HIV and AIDS					
Children under five years vaccinated against polio	Girls Boys	1,258,276	125,828	36,689	▲281,133
Children and women receiving essential health care including prenatal, delivery and postnatal care, essential newborn care, immunization treatment for childhood illness and HIV care*	Girls Boys Women	7,069,005	1,923,861	630,964	▼270,308
Nutrition					
Primary caregivers of children aged 0-23 months who received infant and young child feeding (IYCF) counselling	Women	2,506,560	1,628,015	779,760	▲367,833
Children aged 6-59 months with severe acute malnutrition (SAM) admitted for treatment	Girls Boys	85,780	40,265	9,710	▲3,587
Child Protection					
Children registered as unaccompanied or separated who received appropriate alternative care services	Girls Boys	83,528	2,585	971	▲556
Children and caregivers accessing mental health and psychosocial support	Girls Boys Women		27,712	9,287	▲3,312
Women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions**	Girls Boys Women		80,712	20,084	▲17,942
People with access to safe channels to report sexual exploitation and abuse**	Women		1,565,680	149,744	
Education					
Children accessing formal or non-formal education, including early learning	Refugee girls Host girls Refugee boys Host boys	1,000,000	156,412	70,137	▲17,859
WASH					
People reached with critical WASH supplies (including hygiene items) and services	Girls Boys Women Men	440,000	280,000	344,499	▲67,414
People accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	Girls Boys Women Men	348,682	125,000	97,688	▲3,000
People accessing safe and appropriate sanitation facilities	Girls Boys Women	258,682	35,000	11,600	▲1,500

			UNICEF and Implementing Partners Response		
Indicator	Disaggregation	Total needs	2021 target	Total results	Change since last report ▲▼
	Men				
Communication for Development (C4D)* **					
People reached with messages on access to services	Girls		9,096,271	2,793,352	▲2,000,005
	Boys				
	Women				
	Men				
People who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms	Girls		1,819,254	6,822,094	▲6,714,828
	Boys				
	Women				
	Men				

*The national DHIS2 system underwent data cleaning affecting the quality of reporting hence the drop in the number of children and women who received essential health care.

**Reporting on GBV risk mitigation and PSEA indicators is expected to increase in the second half of the year. Few quarterly reports were received from CSO implementing partners . Also, a key partnership is expected to be signed for GBV risk mitigation for implementation in quarter three.

***Sharp increase in results is attributed to ongoing intense media campaigns on COVID-19 vaccination and COVID-19 resurgence with increased cases and deaths. Number of people asking questions to address their needs increased.

Annex B

Funding Status*

Funding requirements 2021					
Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received in 2021	Resources available from 2020 (carry-over)	US$	%
Nutrition	3,412,058	600,935	494,996	2,316,127	68
Health	8,758,312	5,309,252	590,872	2,858,188	33
Water, sanitation & hygiene	5,594,508	1,327,659	1,249,963	3,016,906	54
Child protection, GBViE and PSEA	2,379,122	596,542	551,375	1,231,205	52
Education	4,855,995	400,000	2,932,534	1,523,461	31
Total	**24,999,995**	**8,234,368**	**5,819,740**	**10,945,887**	**44**

* As defined in 2021 Humanitarian Action for Children Appeal for 12 months.

MEDIA AND EXTERNAL COMMUNICATION

HUMAN INTEREST STORIES

COVID-19 vaccination in Uganda's remote highlands
https://www.unicef.org/uganda/stories/covid-19-vaccination-ugandas-remote-highlands

Something bad can also bring something good
https://www.unicef.org/uganda/stories/something-bad-can-also-bring-something-good

UNICEF distributes WASH supplies to schools and health centres to contain spread of COVID-19
https://www.unicef.org/uganda/stories/unicef-distributes-wash-supplies-schools-and-health-centres-contain-spread-covid-19

Uganda launches first phase of COVID-19 vaccination exercise
https://www.unicef.org/uganda/stories/uganda-launches-first-phase-covid-19-vaccination-exercise

Amidst uncertainty, 18-year-old Congolese refugee keeps her nursing dream alive
https://www.unicef.org/uganda/stories/amidst-uncertainty-18-year-old-congolese-refugee-keeps-her-nursing-dream-alive

More schools and health centres supported with WASH services in northern Uganda
https://www.unicef.org/uganda/stories/more-schools-and-health-centres-supported-wash-services-northern-uganda

Children learning how to survive with knowledge acquired from Integrated ECD programme in Lamwo
https://www.unicef.org/uganda/stories/children-learning-how-survive-knowledge-acquired-integrated-ecd-programme-lamwo

Early childhood development centres imparting life skills to children in northern Uganda
https://www.unicef.org/uganda/stories/early-childhood-development-centres-imparting-life-skills-children-northern-uganda

How the Uganda Muslim Supreme Council is leading the delivery of integrated ECD services in the West
https://www.unicef.org/uganda/stories/how-uganda-muslim-supreme-council-leading-delivery-integrated-ecd-services-west

"Though the school closed, they still come"
https://www.unicef.org/uganda/stories/though-school-closed-they-still-come

Vocational education renewing hope for refugee children in West Nile sub-region
https://www.unicef.org/uganda/stories/vocational-education-renewing-hope-refugee-children-west-nile-sub-region

Village mentors support young people to transition through adolescence
https://www.unicef.org/uganda/stories/village-mentors-support-young-people-transition-through-adolescence

"Social networking has kept me away from bad influences"
https://www.unicef.org/uganda/stories/social-networking-has-kept-me-away-bad-influences

Adolescents use self-study materials to continue learning during COVID-19 lockdown
https://www.unicef.org/uganda/stories/adolescents-use-self-study-materials-continue-learning-during-covid-19-lockdown

COVID-19 pandemic did not deter UNICEF actions in western Uganda
https://www.unicef.org/uganda/stories/covid-19-pandemic-did-not-deter-unicef-actions-western-uganda

Amidst electoral campaigns, UNICEF consolidated health and education interventions in eastern Uganda
https://www.unicef.org/uganda/stories/amidst-electoral-campaigns-unicef-consolidated-health-and-education-interventions-eastern

Over 30,000 children in West Nile screened for malnutrition
https://www.unicef.org/uganda/stories/over-30000-children-west-nile-screened-malnutrition

PHOTO ESSAYS

A journey to deliver COVID-19 vaccines to Bwama Island on Lake Bunyonyi
https://www.unicef.org/uganda/stories/journey-deliver-covid-19-vaccines-bwama-island-lake-bunyonyi

Ugandan health workers relieved to be vaccinated against COVID-19
https://www.unicef.org/uganda/stories/ugandan-health-workers-relieved-be-vaccinated-against-covid-19

UNICEF receives supplies to deliver services for children during COVID-19
https://www.unicef.org/uganda/stories/unicef-receives-supplies-deliver-services-children-during-covid-19

VIDEOS

Wear a mask, protect yourself and your loved ones from COVID-19
https://youtu.be/Grc9j3h4sSE

Physical distancing critical to reducing the spread of COVID-19
https://youtu.be/TDsALKfqjds

Schools in Uganda are open - parents take your children to school
https://youtu.be/_isqvyndI2w

It is time to teach - schools in Uganda are open!
https://youtu.be/9u2YwWQwTls

It is time to learn - schools in Uganda are open
https://youtu.be/7qxLySViShA

What COVID-19 vaccination means for health workers and health care service delivery in Uganda.
https://youtu.be/LSJn00bfkOY

Containing COVID-19 transmission in health centres through WASH infrastructure and supplies
https://youtu.be/rrlf0yRcI70

What can you do to keep school children learning: Voices of children promising to stay in school
https://youtu.be/C1VOzP67HCs

Curbing COVID-19 transmission in school, UNICEF distributes WASH supplies
https://youtu.be/i41JOVtKqE0

How access to safe and clean water in schools is helping the containing the spread of COVID-19
https://youtu.be/cF8X2uwFk2w

SOCIAL MEDIA LINKS

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https://twitter.com/UNICEFUganda/status/1405810274909757443
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