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Reporting Period: July to August 2021

Uganda Country Office

Humanitarian Situation Report No. 4

July-August 2021

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for every child

Highlights

- As of 26 August, 98,814 polymerase chain reaction (PCR)-confirmed COVID-19 cases (male 57 per cent; female 43 per cent) were recorded, including 2,985 deaths (case fatality rate 3.0 per cent), with a cumulative total of 119,915 cases that include 21,101 positive rapid diagnostic tests.
- 222,930 people were affected by drought, floods, landslides, heavy storms and fire outbreaks from January to August 2021.
- 630,964 children and women received essential health care services, including immunization and prenatal, postnatal, HIV and gender-based violence care.
- 27,057 (12,230 male, 14,827 female) individuals have benefitted from community-based mental health and psychosocial support as part of the COVID-19 response.
- Cumulatively, 100,356 people accessed safe water of appropriate quality for drinking, cooking and personal hygiene.

Situation in Numbers

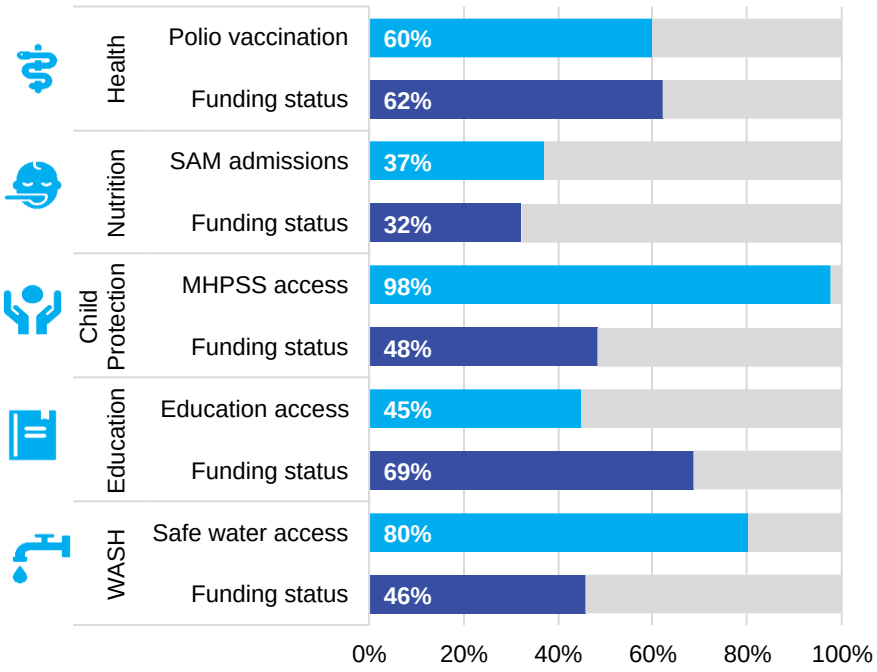
8,200,000
# of children in need of humanitarian assistance (UNICEF HAC 2021)

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

872,089
# of refugees and asylum-seekers who are children (OPM, Progress V4, 31 August 2021)

1,503,601
# of refugees and asylum-seekers (OPM, Progress V4, 31 August 2021)

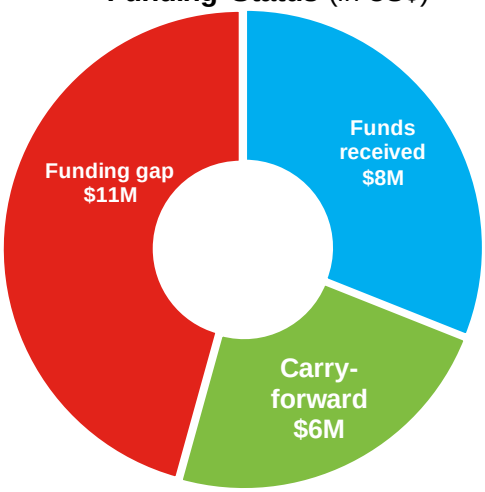
UNICEF's Response and Funding Status*



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. As of 31 August 2021, Japan, Liechtenstein, the Netherlands Committee for UNICEF, Global Thematic Humanitarian Response Fund, UN Multi Partner Trust Fund, US Bureau of Population-Refugees (BPRM), the Japan Committee for UNICEF (Saraya) and British Government Building Resilience and an Effective Emergency Refugee Response (BRAER) have generously contributed US$11.1 million to UNICEF Uganda's humanitarian response. This is in addition to carry-over funds from 2020, totalling US$7.7 million. UNICEF expresses its sincere gratitude to all donors for the contributions received. However, the 2021 Humanitarian Action for Children (HAC) still has a funding gap of 46 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 31 August 2021, according to the United Nations High Commissioner for Refugees (UNHCR) and the Office of the Prime Minister (OPM), Uganda is home to 1,503,601 refugees and asylum-seekers, over 58 per cent of whom are vulnerable children.[1] During the month of August, the population rose by 4,039 individuals (0.3%). The increase is linked to registration activities (backlog registration) where top four locations of registration are: Nakivale, Kyangwali, Rwamwanja and Kyaka. Borders are still closed to refugees and asylum seekers, but Government exceptionally allowed entry to new arrivals through Bubukwanga and Lamwo. The new entrants are screened for COVID-19 and other diseases. There are continued reports of pendular refugee movements and inter-communtiy conflict in Kyaka II. UNHCR and OPM urged partners to increase sensitization for peaceful co-existence. Reports from a UNHCR survey show increased stunting and anaemia cases in south west region.

Development of the 2022/2023 Refugee Response Plan (RRP) is on-going. A national level multi-stakeholder workshop took place to enable joint understanding of risks, gaps, priorities and assumptions that will guide planning for 2022-2023 and beyond.

COVID-19

According to the Ministry of Health data as of 26 August, 98,814 (male 57 per cent; female 43 per cent) Polymerase Chain Reaction (PCR) COVID-19 cases were recorded, including 2,985 deaths (case fatality rate 3.0 per cent). The cumulative total of cases was 119,915, including 21,101 positive rapid diagnostic tests. About 8.5 per cent of the confirmed cases were children. Cumulative recoveries totalled 95,578, while the cumulative number of samples tested was 1,579,638. The number of infections among health workers has declined though it is still of great concern. The positivity rate stands at 5 per cent for all tested samples. There is still limited data of the caseload under home-based care (HBC) and their access to health facilities. The Ministry of Health (MoH) has instituted a weekly partners' meeting to develop and operationalize the What-Where-When and How (4W) for HBC.

Hydrometeorological hazards

According to OPM and the International Organization for Immigration (IOM), 222,930 people were affected by drought, floods, landslides, heavy storms and fire outbreaks from January to August 2021. Among these, 20,107 individuals were displaced internally. Affected districts included Kasese, Bundibugyo, Ntoroko, Kisoro and Rubirizi in the western region; Kyotera, Kampala, Kayunga and Rakai in the central region; Butaleja,Tororo, Sironko, Namisindwa, Mbale, Kapchorwa, Bulambuli, Napak and Nabilatuk in the eastern and north eastern regions and Gulu in the northern region.
High priority needs in the affected districts include food assistance, water supply, sanitation, hygiene promotion, health, shelter, non food items (NFIs) and nutrition. The second rainy season - September-October-November-December (SOND) - is expected to start and this is likely to cause floods, storms, lightning and landslides in the risk- prone regions.

Summary Analysis of Programme Response

Health

During this reporting period, July-August, UNICEF continued to engage with MoH and partners, through the National Task Force for public health emergencies, while prioritizing continued delivery of essential health services, risk communication and community engagement for COVID-19 and other public health events such as polio, plague, CCHF, EVD, Rift Valley Fever and measles. Between July and August 2021, an additional 1,060,280 doses of COVID-19 vaccines, including 300,000 doses of SINOVAC and 760,280 doses of AstraZeneca were received in Uganda and distributed to the districts.

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

The total doses in the country by 30 August were 2,025,280. 977,899 people had received their first dose up from 854,232 at the end of June. The government, through UNICEF support, received three Ultra Cold Freezers in August 2021. These were installed, commissioned and handed over to the National Medical Stores (NMS).

UNICEF continued to play a key role as a technical member of the National Oxygen Task Force, providing an additional 100 filled oxygen cylinders, each with respective accessories including 100 medical regulators, 100 non-rebreather masks and 100 spindle keys, and delivered them to NMS for distribution to regional and general hospitals, based on MoH recommendation. Oxygen demand across the country remains a huge challenge though there has been a marked improvement in the production capacity, storage and transpoartion.

Between July and August, 397,628 children and women (including 25,769 refugees) received essential health care services, including immunization and prenatal, postnatal, HIV and gender-based violence care in 29 districts, bringing the cumulative total to 630,964. A total of 38,659 children (including 2,763 refugees) have been vaccinated against polio, bringing the cumulative total to 75,348.

Nutrition

UNICEF, in partnership with its implementing partners provided preventive and curative nutrition services for children and women in Uganda. A total of 14,908 children suffering from severe acute malnutrition (SAM) were treated in inpatient and outpatient therapeutic programmes from January 2021 to date. The Karamoja sub region, having recently been affected by a severe drought, accounts for 63 per cent of these admissions. The number of SAM admissions across the country are facing the lowest decline this year due to limited community screening and referral that has been worsened by the COVID-19 pandemic. UNICEF is planning to roll out family-led mid upper arm circumference (MUAC) to support timely screening and referral. A total of 942,936 pregnant women and caregivers of children aged 0-23 months received counselling services from January 2021 to date.

Child Protection

In response to COVID-19, UNICEF continued to provide critical child protection services to children directly and indirectly affected by COVID-19. Sixty-two children (34 girls, 28 boys) registered as unaccompanied or separated as a direct consequence of COVID-19 benefitted from alternative care services, bringing the total of children having benefitted from alternative care services in the COVID-19 response to 749 (469 girls; 280 boys). UNICEF continued to support community-based structures and social welfare staff to provide children and their caregivers with community-based psychosocial support services. Over the reporting period, 15,088 individuals were identified and supported with COVID-19 related community-based mental health and psychosocial support. They included 7,223 children (4,236 girls; 2,987 boys). To date, a total of 17,251 individuals, including 8,421 children (4,992 girls, 3,429 boys) and 8,830 caregivers (4,949 women, 3,881 men) have benefitted from community-based mental health and psychosocial support as part of the COVID-19 response. Over the reporting period, 3,933 cases of violence against children (2,164 girls; 1,769 boys), including 142 children with disabilities (72 girls; 70 boys), were provided with case management services and reached with social, health and/or justice services. Finally, during the months of July-August, 15,411 individuals, including 6,183 children (3,014 girls, 3,169 boys), were reached with messages related to the protection of children in the COVID-19 context.

UNICEF continued to provide critical child protection services in refugee settlements. Over the reporting period, 411 (175 girls; 236 boys) children, including 12 with disabilities, registered as unaccompanied or separated received appropriate alternative care services. Five hundred seventy five children (263 girls;312 boys), including 36 children with disabilities were identified and provided with individual case management support (social workers, health workers and justice/law enforcement). Additionally, six girls who experienced sexual violence were assisted with multi-sectoral support services. Home-based recreational and psychosocial support services continued to be provided through mobile teams who visited children right in their communities. In July, 1,387 children (690 girls; 697 boys) benefitted from home-based mental health and psychosocial support services. The play therapy activities included storytelling, riddles and development of playing materials using locally available resources. These activities were conducted based on age levels to ensure participation and free interaction. Additionally, 240 (47 female; 193 male) parents were reached through parenting sessions on the 22 key family care practices developed by MGLSD during which parents shared their experience and some of the challenges hindering positive parenting and were given tips to better support their children.

Education

Closure of learning institutions since March 2020 due to COVID-19 continues to be the overarching humanitarian challenge for Uganda. During the first half of 2021, schools reopened in a phased approach for candidate and a few

non-candidate classes. However, at the beginning of June all schools and learning institutions closed again due to the COVID-19 resurgence. UNICEF continues to support the Ministry of Education and Sports (MoES) to develop strategies to ensure that the continuity of 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.

UNICEF supported the training of ECD caregivers on community care and home programmes in collaboration with the humanitarian and development partners in refugee settlements in the West Nile region where, through IECD coordination, UNICEF initiated small group home-based learning supported by trained ECD care-givers within the settlements. In addition, in the Mbarara and western regions, continuity of learning for 3-5-year-olds, through home visits and community-based interventions continued to take place with support from partners such as the Church of Uganda (COU), Episcopal Conference (UEC), the Uganda Muslim Supreme Council (UMSC), Finn Church Aid and Save the Children.

A regional virtual coordination meeting to discuss support to home-based learning was held in August 2021 in Moroto, bringing together 66 participants to map strategies to improve home learning for children. Since July, 412,027 home learning materials have been supplied to 20,148 learners through 522 learning centres. An additional 960 recreation materials were procured and delivered to Kampala, Mukono and Wakiso districts for 90 beneficiary schools. In Kyegegwa District, 10 tents were distributed to primary schools to help decongest classrooms when schools reopen. Within other skilling efforts, 6,895 adolescents (2,895 girls and 4,000 boys) were reached through peer-to-peer life-skills sessions, with the aim of encouraging discipline among adolescents. Eighty seven (38 girls, 49 boys) peers have been reached and mentored in life skill training. They joined other peer-educators to jointly reach the above number of adolescents.

UNICEF, together with the offices of the district education officers (DEOs) in the western region mobilized teachers and ECD care-givers for vaccination through coordination meetings with head teachers, sub-county chiefs, parish chiefs and district councillors. Several schools in the region have been identified as vaccination centres for teachers. Currently, 38 per cent of the about 550,000 teachers have been vaccinated. The government has pegged the reopening of schools to the vaccination of teachers, learners above the age of 18 and the high-risk population estimated at about five million.

Water, Sanitation and Hygiene (WASH)

UNICEF also supports national COVID-19 coordination through provision of technical support to MoH for co-chairing the WASH sub-committee under the case management pillar. UNICEF, together with other partners in the Infection Prevention and Control (IPC) WASH sub-pillar, are refining the guidelines for re-opening of schools and this is expected to go to the case management pillar for approval in the next two weeks.

From July to August 2021, the WASH sector continued to support COVID-19 preparedness and response through the provision of WASH supplies to health facilities and schools,, replenishment of consumable WASH supplies at selected health facilities and continuing with WASH infrastructure development in health care facilities to mitigate the impact of COVID-19 . A total of 459 health facilities, benefiting 501,440 patients, and 463 schools, benefiting 55,560 students, were reached with WASH supplies. To date, 557,000 people have been reached with critical WASH supplies and services, and 100,356 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, in western Uganda, benefiting about 8,600 people. Similarly UNICEF provided eight mobile toilets to two regional referral hospitals for decongestion (Kabale and Hoima) benefiting 2,400 people.

UNICEF continued to respond to floods in Uganda through the provision of WASH supplies to flood-affected populations in Kasese, Ntoroko and Buliisa districts. Technical support has been provided to the districts through mentoring and engagement with the District Disaster Management Committees (DDMCs). In that regard,13 mobilets and other WASH supplies were delivered to Muhokya Internally Displaced Peoples' (IDP) camp, benefiting 3,900 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, increasing access to safe and clean water for over 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 (862 female; 766 male) including 769 (356 girls ; 413 boys) children 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 sustained response to flooding and resultant risks such as cholera, among others.

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

UNICEF continues to support risk communication activities at national level and community engagement activities in 29 partner districts to ensure sustained high uptake of vaccines and continued promotion of prevention of COVID-19 transmission. Innovative means of communication like mobile megaphones, drumming and community audio towers/radio in markets, taxi-parks and trading centres were used to disseminate messages at least three times a day in crowded and hard-toreach areas. Digital billboard-screens are utilised in four strategic spots within Kampala City and display an average of 600 messages/spots a day.

Cumulatively, 11,312,247 people were reached with messages on access to services. A total of 65,987 people, including influencers and community-based resource persons, were engaged in sharing lifesaving and protective information. In total, 1,737,300 people shared their concerns and asked questions to address their needs through established feedback mechanisms. Integrated message dissemination is emphasised during the talk-shows and social mobilization focusing on COVID-19 vaccination, prevention and homebased care, as well as prevention of sexual exploitation and abuse. Three hundred thirty six Village Health Teams (VHTs) were oriented, while 14,185 households and 61,278 individuals were reached with door-door sensitization in four refugee-hosting districts of Isingiro, Kyegegwa, Kamwenge and Kikuube.

Social listening and management of rumours and misinformation was done via online platforms[2]: 44 per cent of the media sentiments were positive, indicating the COVID-19 vaccine roll-out was also well discussed.[3] Negative posts centred mostly around some unfavourable sentiments about the vaccine, as well as concerns around reinfections and death of vaccinated people. Some other public concerns included: misinformation about the vaccine being microchip implants andcitizens stranded at vaccination centres waiting on what to do next amidst vaccine scarcity. To ensure a coordinated and effective response to such concerns, the Risk Communication Subcommittee at the national level, established a subcommittee to compile and assess rumours and misinformation from different sources, on a weekly basis and to solicit technical feedback from credible sources who work closely with the Public Relations Office of the Ministry of Health, to ensure a weekly response to the public.

Pockets of vaccine hesitancy still exist mainly in rural areas (ranging between 30 per cent and 40 per cent)[4] due to: Intermittent availability of the vaccine; use of multiple vaccines (anxiety & preference; and low appreciation of the phased approach highly attributed to infodemics. The risk of infections is still high and the threat of a third wave of COVID-19 is real. Most of the fatal COVID-19 cases are attributed to late referrals, refusal to evacuate and undeclared cases among urban poor and rural population. Many people have relapsed to unprotective practices since the lifting of the lock-down and decrease in fatalities. Competing public health events are a challenge as well, with too much public information about f different vaccination campaigns e.g., Polio and COVID-10 prone to misinformation and disinformation. This calls for high levels of coordination and consistency in message dissemination and service delivery.

UNICEF, together with OPM and Uganda Red Cross Society (URCS), carried out an Emergency Preparedness Response (EPR) capacity building of 15 District Disaster Management Committees (DDMC) and 15 sub-county Disaster Management Committees (SDMC) members in the districts of Kasese, Bundibugyo, Obongi, Koboko, Karenga and Nakapiripit. The trainings resulted into draft contingency and/or action plans which include public health education and communal protection from COVID-19 infection.

UNICEF ran two Accountability to Affected Populations AAP U-report polls during the reporting period to establish the extent of essential health and HIV service continuityy and knowledge for Emergency Preparedness and Response (EPR). The poll results showed genearlly good service access (almost 50 per cent of respondents), access to COVID-19 prevention information as well as access to HIV prevention services like condoms and assessed the effect of COVID 19 on individuals, families and community. The EPR poll results showed that the DDMCs and SDMCs are in place, but need to be fully activated and functional to support communities in case a disaster happens.

[2] Online and social media platforms that are contained within the report include Twitter, Facebook, Instagram, YouTube, forums, blogs, mainstream websites and online news sites
[3] IPSOS – UNICEF End of August 2021, Social Listening Report
[4] U-Report, UNICEF July 2021

Humanitarian Leadership, Coordination and Strategy

In line with the Comprehensive Refugee Response Framework (CRRF) and the UNICEF Uganda Country Programme Document 2021–2025, UNICEF complements direct implementation through partners with a district system strengthening approach. District actors are supported to incorporate humanitarian preparedness and response in their annual and mid-term district plans to support the provision of vital nutrition, health, 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 continues 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 is focusing 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 are integrated into child protection programmes. UNICEF is mainstreaming 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 is scaling up field monitoring to incorporate beneficiary feedback through civil engagement mechanisms such as U-Report, among others; promote accountability to affected populations in line with the Grand Bargain commitments; build linkages between communities and local governments; improve the demand for and delivery of targeted protection and basic services and guide responsive district and sub-district planning and budgeting.

UNICEF is co-leading three sectors and one area of responsibility (AoR). UNICEF co-leads both the child protection AoR and the education sector with Save the Children, the nutrition sector with Concern, Action Against Hunger (ACF) and the World Food Program (WFP) and the WASH sector with the Norwegian Refugee Council (NRC). Memorandums of Understanding have been 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 are all 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 participates 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://www.unicef.org/uganda/stories/unicef-and-partners-strengthen-local-leaders-capacity-better-prepare-and-respond

Next SitRep: November 2021

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

			UNICEF and Implementing Partners Response		
Indicator	**Disaggregation**	**Total needs**	**2021 target**	**Total results**	**Change since last report ▲▼**
Health and HIV and AIDS					
Children under five years vaccinated against polio	Girls	1,258,276	125,828	75,348	▲38,659
	Boys				
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	7,069,005	1,923,861	630,964	▲397,628
	Boys				
	Women				
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	942,936	▲163,176
Children aged 6-59 months with severe acute malnutrition (SAM) admitted for treatment	Girls	85,780	40,265	14,908	▲5,198
	Boys				
Child Protection					
Children registered as unaccompanied or separated who received appropriate alternative care services	Girls	83,528	2,585	2,402	▲1,431
	Boys				
Children and caregivers accessing mental health and psychosocial support	Girls		27,712	27,057	▲17,770
	Boys				
	Women				
Women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions**	Girls		80,712	20,084	▲5,962
	Boys				
	Women				
People with access to safe channels to report sexual exploitation and abuse**	Women		1,565,680	149,744	No change
Education					
Children accessing formal or non-formal education, including early learning	Refugee girls	1,000,000	156,412	70,137	No change
	Host girls				
	Refugee boys				
	Host boys				
WASH					
People reached with critical WASH supplies (including hygiene items) and services	Girls	440,000	280,000	557,000	▲212,501
	Boys				
	Women				
	Men				
People accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	Girls	348,682	125,000	100,356	▲2,668
	Boys				
	Women				
	Men				
People accessing safe and appropriate sanitation facilities	Girls	258,682	35,000	15,500	▲3,900
	Boys				

			UNICEF and Implementing Partners Response		
Indicator	Disaggregation	Total needs	2021 target	Total results	Change since last report ▲▼
	Women				
	Men				
Communication for Development (C4D)* **					
People reached with messages on access to services	Girls		9,096,271	11,312,247	▲8,518,895
	Boys				
	Women				
	Men				
People who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms	Girls		1,819,254	1,737,300	▼5,084,794
	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.

*** People reached with messages on access to services have exceeded the target due to ongoing intense mass media campaigns and sensitization on COVID-19. There was a mistake in the mid-year report when 6,714,828 which were results from social listening on vaccination process, were reflected against the routine indicator on feedback.This has been rectified in this report. 65,987 people engaged in sharing lifesaving and protective information- these include influencers and community-based resource persons are engaged in the mobilisation process.

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	4,831,612	590,872	3,335,828	38
Water, sanitation & hygiene	5,594,508	1,327,639	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**	**7,756,728**	**5,819,740**	**11,423,527**	**46**

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

** There is a decline in funding for health received due to removal of ORE funding received towards COVID vaccine activities which is not part of the HAC 2021.