**Highlights**

- Uganda recorded a cumulative total of 152,571 COVID-19 cases in 2021, including 3,369 deaths.
- Uganda was home to over 1.5 million refugees and asylum-seekers, 58 per cent of whom were children, as of November 2021.
- In 2021, flooding displaced 24,303 people and affected 351,242 more, through the destruction of homes, crops, and infrastructure, and the disruption of livelihoods. Forty-eight per cent of the affected people were vulnerable children.
- In 2021, with support from UNICEF, over 140,000 children were vaccinated against polio; over 37,000 children received severe acute malnutrition (SAM) treatment; over 65,000 children accessed psychosocial support services; and over 92,322 children received formal or non-formal education, including early childhood education.
- In 2021, 133,768 people were provided with sufficient quantities of safe water for drinking, cooking, and personal hygiene. Over 621,000 people were reached with critical WASH supplies (including hygiene items) and services.
- A total of 14,207,000 people were reached with risk communication messages on access to services related to the treatment or prevention of COVID-19.

**UNICEF’s Response and Funding Status**

<table>
<thead>
<tr>
<th>Area</th>
<th>Funding Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health (Polio vaccination)</td>
<td>112%</td>
<td>13%</td>
</tr>
<tr>
<td>Nutrition (SAM admissions)</td>
<td>92%</td>
<td>33%</td>
</tr>
<tr>
<td>Child Protection (MHPSS access)</td>
<td>237%</td>
<td>75%</td>
</tr>
<tr>
<td>Education access</td>
<td>59%</td>
<td>75%</td>
</tr>
<tr>
<td>WASH (Safe water access)</td>
<td>107%</td>
<td>48%</td>
</tr>
</tbody>
</table>

**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)
- **906,890** # of refugees and asylum-seekers who are children (OPM, Progress V4, 30 Nov. 2021)
- **1,563,604** # of refugees and asylum-seekers (OPM, Progress V4, 30 Nov. 2021)

**UNICEF Appeal 2021**

**US$ 24.9 million**

- **Funds received $10M**
- **Funding gap $10M**
- **Carry-forward $6M**

UNICEF results are attributed to both ORE funding received, as well as other resources, reprogrammed funds, and regular resources.
Funding Overview and Partnerships
In 2021, UNICEF appealed for US$24.9 million to sustain life-saving services for women and children in Uganda. As of 31 December 2021, Japan, Liechtenstein, the Netherlands Committee for UNICEF, the Global Thematic Humanitarian Response Fund, the UN Multi-Partner Trust Fund, the US Bureau of Population, Refugees and Migration (BPRM), the Japan Committee for UNICEF (Saraya), British Government Building Resilience and an Effective Emergency Refugee Response (BRAER), Spanish Committee for UNICEF and Australian Committee for UNICEF have generously contributed US$9.6 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 donors for the contributions received.

Situation Overview and Humanitarian Needs

Refugees
As of end of November 2021, according to the United Nations High Commissioner for Refugees (UNHCR) and Uganda’s Office of the Prime Minister (OPM)¹, Uganda is home to 1,563,604 refugees and asylum-seekers, over 56 per cent of whom are vulnerable children.² The population decreased compared to the last reporting period due to an ongoing verification exercise led by UNHCR and OPM. Of the total registered population, 97 per cent are refugees and three per cent are asylum seekers, with 94 per cent residing in settlements. South Sudan (65.4 per cent), the Democratic Republic of Congo (DRC) (31 per cent), and Burundi (3.6 per cent) remain the top three countries of origin of the registered refugee population in Uganda. Women and girls are 52 per cent of the registered population, with women and children representing 81 per cent of the population.

COVID-19
Uganda had initially registered a steady decline in new cases of COVID-19 between January and February 2021. Between March and April, upon confirmation of the circulation of multiple new variants in the country, including Alpha, Beta, Eta, and especially Delta, Uganda registered an increase in new cases of COVID-19 across the country. A second lockdown was instituted in June 2021 for 42 days to contain the impact of what became Uganda’s second wave of the pandemic—a lockdown that slowed and, in some cases, halted the business recovery from the March 2020 lockdown. In addition, schools that had barely recovered from the 2020 lockdown were re-closed, worsening employment prospects for teachers and undermining the educational gains made by learners. According to a study carried out by UNICEF’s Eastern and Southern Africa regional office,³ the high level of household food insecurity amidst the COVID-19 pandemic adversely affected the dietary consumption and consequently nutritional status of children under five years.

According to the Ministry of Health (MoH), as of 31 December 2021, a cumulative figure of 152,571 COVID-19 cases had been reported, including 3,369 deaths (for a case fatality rate of 2.2 per cent). Average positivity rates throughout the year remained below 1.6 per cent for all tested samples, with variations in positivity rates across districts and regions. By the end of the year, about 13.6 per cent of all confirmed cases were in children, an increase from 8.5 per cent by end of August 2021. The number of infections among health workers had greatly declined, though it remained an issue of great concern. There were gaps in the caseload data of patients under home-based care (HBC) and the extent to which they had access to health facilities. There were also gaps in the documentation and follow-up of cases under home-based care.

Hydrometeorological hazards
According to OPM and the International Organization for Immigration (IOM),⁴ 351,242 people were affected by drought, floods, landslides, heavy storms and fire outbreaks in 2021. Approximately 48 per cent of those affected were children. Among these, 24,303 individuals were displaced internally.⁵ High-priority needs in the affected districts included food assistance, water supply, sanitation, hygiene promotion, health, shelter, non-food items (NFIs), and nutrition services. In 2021, the Government of Uganda, with support from the United Nations Development Programme (UNDP), launched the National Risk Atlas. The atlas was designed to guide early warning and risk-informed programming at the district level for threats such as floods.

³ Impacts of COVID-19 on diets of young children, adolescents and pregnant and lactating mothers by ESARO.
⁴ Uganda Multi-hazard Infographic-DRR Platform.
⁵ Affected districts included Kapelebyong, Katakwi, Napak, Obongi, Sironko, Bududa, Masaka, Busia, Tororo, Namisindwa, Bulambuli, Butaleja, Kagadi, Kampala, Kibaale, Kyotera, Amolatar, Dokolo, Kmania, Yumbe, Koboko, Oyam, Kapchorwa, Kinyandongo, Kasese, Ntoroko, Wakiso, Amuria, Ngara, Sironko, Rakai, Bukomansimbi, Bundibugyo, Masindi, Napak, Nabilutuk and Bullisa.

2
Summary Analysis of Programme Response

Health

In 2021, UNICEF engaged with MoH and partners through the National Task Force for public health emergencies and other pillars and task force technical coordination structures, while prioritizing the continued delivery of essential health services, and risk communication and community engagement for COVID-19 and other public health events such as polio (circulating vaccine derived polio virus type 2), plague, Crimean Congo Haemorrhagic Fever (CCHF), Ebola Virus Disease (EVD), Rift Valley Fever (RVF), cholera, Viral Haemorrhagic Fever (VHF), and measles. The initial strategy and plan for COVID vaccine provision was based at facility/static posts. However, with increased demand and availability of vaccines, the strategy was modified to include outreaches, mobile clinics and mass campaigns. During the reporting period, UNICEF supported the MoH to plan for the polio vaccination campaign following the confirmation of circulating vaccine derived polio virus type 2 in two samples picked around Kampala. Additionally, following confirmation of the Ebola outbreak in DRC with 11 cases recorded, UNICEF engaged with the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC) and other partners to revise the EVD country response plan. The MoH increased surveillance and screening at points of entry in 10 districts bordering DRC, collected data on EVD district preparedness and readiness levels using standard tools, and printed and distributed the case definition for Ebola. WHO declared the EVD outbreak in DRC over in November 2021.

In November 2021, the country recorded a cholera outbreak in Isingiro district, a refugee-hosting district in western Uganda, with over 150 cases and zero deaths recorded. UNICEF, alongside WHO, UNHCR and Médecins Sans Frontières (MSF), provided technical support and supplies, including aqua tablets for water treatment in response to the outbreak before it crossed to neighbouring districts.

UNICEF continued to play a key role as a technical member of the National COVID-19 pillar meetings, including the Oxygen Task Force, providing additional support in the form of oxygen accessories and working with the MoH to assess preparedness and readiness for four pressure swing adsorption (PSA) plants at four selected regional referral hospitals. By the end of December 2021, one oxygen plant had been installed at Soroti Regional Referral Hospital (RRH) while three other plants were still in the pipeline. Oxygen demand across the country continued to remain a huge challenge throughout the year, although by December there was a marked improvement in the production capacity, storage and transportation and reporting on utilisation by facilities. The MOH engaged with local private firms for support in refilling oxygen cylinders at no cost. UNICEF also maintained and supported MoH to refill and distribute gas cylinders for the management of COVID-19 cases, while advocating oxygen use for pneumonia, especially in children.

Cumulatively in 2021, 1,273,884 children and women, including 319,750 refugees, received essential health care services in the 29 districts supported by UNICEF, including immunizations and prenatal, postnatal, HIV and gender-based-violence care. A total of 140,390 refugee children were vaccinated against polio in the UNICEF-supported districts during the year.

Nutrition

In 2021, UNICEF, in partnership with MoH and other partners, provided a comprehensive package of interventions for the prevention and treatment of wasting in children under 5 years old. Achieving this involved capacity-building and strengthening of nutrition systems in the detection and timely management of acute malnutrition, and the delivery of maternal, infant, young child, and adolescent nutrition (MIYCAN) services. Over 434 health workers were trained on MIYCAN in West Nile, Karamoja, and southwestern Uganda. These health workers cascaded the capacity-building to their colleagues in the targeted districts and facilities.

Nationally, UNICEF worked through the MoH and the Integration Task Force to provide technical assistance to the government to integrate therapeutic nutrition supplies into the mainstream National Medical Stores (NMS) systems. Technical assistance included the quantification and monitoring of the supplies delivered to different service delivery points in the country.

As a result of the above investments, UNICEF and MoH reached 37,062 children aged 6-59 months (or 92 per cent of the target of 40,265) with in- and outpatient therapeutic care. These included 18,795 in Karamoja, 10,136 in West Nile, and 8,131 in southwestern and western Uganda. The children were treated thanks to the active identification of clients through the family-led mid-upper arm circumference (MUAC) strategy at the community level and improved facility and community linkages for SAM management. The COVID-19 lockdowns affected enrolment and SAM management services, especially for people who had to travel long distances to reach facilities. Despite these challenges, UNICEF
and partners reached 1,615,914 primary caregivers of children aged 0-23 months who received infant and young child feeding counselling. This represents 130 per cent of the annual target of 1,239,229.

UNICEF and its implementing partners AVSI, Baylor and CUAMM procured and supported the last-mile distribution of 2,616 cartons of Ready to Use Therapeutic Feed (RUTF), 366 of F75, 122 of F100 and nine cartons of ReSoMal powder used in the preparation of oral rehydration solution exclusively for people suffering from SAM to all health facilities providing SAM management services in the country, including in refugee-hosting districts and Karamoja.

**Child Protection**

In 2021, with support from UNICEF, 19,633 children who were either at-risk of, or victims of, violence during the pandemic (11,218 girls and 8,415 boys, including 327 children with disabilities), benefitted from critical case management services, including referrals to treatment centres with healthcare, social welfare, justice services. A total of 1,145 children (721 girls, 424 boys) benefitted from alternative care services in the COVID-19 context.

UNICEF continued to put the provision of mental health and psychosocial support (MHPSS) for children at the centre of its response to the COVID-19 pandemic. During the year, 14,082 children (8,004 girls, 6,078 boys) and 22,523 adults (12,328 female, 10,195 male) were reached with psychosocial support (PSS) services. This included the direct provision of PSS at treatment centres through specialised staff and the provision of door-to-door visits at the community level. To ensure adequate capacity across the country, UNICEF provided community-based psychosocial support training for community volunteers and social welfare staff in district local governments (including community development officers, sub-county chiefs, district community development officers (DCDOs), probation welfare officers, social welfare officers, and teachers). Additionally, UNICEF partnered with Butabika National Referral Hospital to train health workers in regional referral hospitals, district local governments, and Village Health Teams at the community level on MHPSS, and supervised the deployment of the newly trained MHPSS teams to communities for service provision. At the national level, UNICEF worked closely with MoH to strengthen the functionality of the National Task Force’s MHPSS sub-committee and ensure that all UNICEF interventions were coordinated through the sub-committee.

In 2021, child protection in the COVID-19 context was at the forefront of UNICEF’s work. A total of 507,754 individuals across the country were reached with key messages on COVID-19, including the availability of psychosocial support (PSS) and protection services for children in emergency context. Outreach strategies took a variety of forms, including dialogue meetings, community drives, door-to-door visits, local radio talkshows, and DJ mentions. A total of 155,048 individuals, including children and adults, had access to safe channels to report sexual exploitation and abuse and other concerns through the use of U-Report.

In 2021, UNICEF and partners provided 4,202 children (2,129 boys, 2,073 girls, including 261 children with disabilities) with critical child protection case management services, including direct support and referrals to other service providers (health, education, legal, psychosocial support) in refugee-hosting districts. This included 2,390 unaccompanied and separated children (1,264 boys, 1,126 girls) who were provided with alternative care services, including placement in foster families. Seventy-two children (69 girls, 3 boys, including 15 children with disabilities) affected by different forms of sexual violence received multi-sectoral services such as health, psychosocial, legal, and safety support by UNICEF and partners. Recreational and psychosocial support services continued to be provided through the newly devised mobile Child Friendly Spaces approach, which helped reach 25,850 children (13,038 boys, 12,812 girls) in line with government regulations on COVID-19.

At the national level, throughout the year UNICEF continued to co-chair the national refugee child protection sub-working group with UNHCR, providing guidance and technical support to all partners to ensure a harmonised response to protection concerns faced by refugee children and ensuring adaptation to the COVID-19 context. In 2021, UNICEF reached a total of 36,686 individuals (13,810 boys, 14,812 girls, and 8,063 women) with gender-based violence (GBV) risk mitigation interventions across education and child protection programmes.

A total of 145 local government staff from community-based services and education departments across six districts participated in UNICEF’s training on child protection in emergency preparedness and response. The training aimed to strengthen district preparedness to respond to and provide adequate child protection services in the event of any emergency, and included topics such as preparedness planning, needs assessments, case management, and psychosocial support provision.
Education

The prolonged closure of schools and learning institutions in response to COVID-19 has gravely impacted Uganda. Schools were initially closed in March 2020, and then reopened through a phased approach in the first half of 2021 for candidate and a few non-candidate classes. Uganda’s second COVID resurgence in June 2021 led to the re-closure of all institutions. A few months later, in September 2021, medical and health training institutions were re-opened, followed by all universities and tertiary institutions in November 2021.

The Government of Uganda committed to fully re-open the economy, including all educational institutions, in January 2022. However, it is emphasized that preparations for the safe reopening of the education sector required a whole-of-government approach, with clear responsibilities for key sectors and stakeholders. Criteria included ensuring the vaccination of all staff in educational institutions, all learners above 18 years old, and all individuals in vulnerable categories in the general population, as well as instituting effective COVID-19 surveillance in educational institutions and observance of the standard operating procedures (SOPs) approved by the Ministry of Education and Sports (MoES). UNICEF provided technical support for the development of a comprehensive plan for the safe reopening of educational institutions in collaboration with education sector stakeholders. As part of a joint task team comprising MoH, MoES, and development partners, UNICEF facilitated the collaborative work between the two ministries by harmonizing the separate plans for the safe reopening of schools into one comprehensive plan. UNICEF teams contributed to drafting a motion on the safe reopening of schools for tabling in the Parliament of Uganda and supported the development of an abridged curriculum for learners, which is being rolled out to schools for implementation. As part of preparations for school re-opening, UNICEF supported the nationwide mobilization and rollout of trainings on school-based surveillance (SBS) for COVID-19 targeting 36,200 primary and secondary schools in Uganda.

In the refugee education response, UNICEF provided technical support to the Education Response Plan (ERP) Secretariat, MoES, for the development of ERPII. By the end of 2021, approximately 74 per cent of teachers had received at least one COVID vaccine dose (406,773 out of 550,000), with 32 per cent (176,155) of teachers being fully vaccinated. The low full vaccination coverage for teachers is one of the major challenges to the safe re-opening of schools. UNICEF Uganda supported MoES, district local governments, schools and communities to provide resources for the continuity of learning and skilling activities for vulnerable children and adolescents when institutions were closed. Cumulatively, 92,322 of the targeted 156,412 of children (59 per cent) accessed formal or informal education, including early learning. The continuity of learning was achieved through the provision of printed self-learning materials, radio and TV lessons, distance learning through the Internet, and support for community-based home learning centres.

At the district level, UNICEF zonal offices supported efforts to mobilise teachers for vaccination and facilitated engagement with education stakeholders and communities to plan for the continuation of learning and the safe re-opening of schools. A total of 427 schools were supported with WASH supplies, including water tanks, liquid soap, gumboots, bar soap, mops, and sprayers to help institutions maintain SOPs for COVID-19. Through a pilot programme in Isingiro district, 93 teachers from 30 primary schools were trained as instructors for Teaching at the Right Level (TaRL) as a strategy to recover learning loss due to school closures. UNICEF also supported 112 refugee and host community out-of-school adolescent learners (57 boys and 55 girls) in Nakivale Refugee Settlement through the Accelerated Education Programme. A total of 50 adolescents (27 girls and 23 boys) sat for National Primary Leaving Examination (PLE) and were by the end of the reporting period waiting to transit to the next level of education.

A total of 150 adolescents (85 boys and 65 girls) were supported with radio robots, including memory cards, aimed at helping adolescents live a positive life during the COVID-19 pandemic through listening to well-tailored messages in the form of songs, poems and motivation speeches developed by youth mentors. Eighty-seven adolescent peers (38 girls and 49 boys) were reached and mentored in life skill packages. Overall, 6,895 adolescents (2,895 girls and 4,000 boys) were reached through these peer-to-peer sessions.

UNICEF also supported the development of District Education Response Plans (DERPs) in 12 refugee-hosting districts. A total of 11 districts7 have plans, which have been approved by district councils. The approval of the plans is a key step towards aligning refugee education responses to decentralized local governance systems to strengthen service delivery and accountability.

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6 Data from the Ministry of Health (8 January 2022).
7 Districts include Yumbe, Koboko, Madi-Okoollo, Lamwo, Kamwenge, Isingiro, Kyegegwa, Adjumani, Obongi, Kikuube and Kiryandongo.
**Water, Sanitation and Hygiene (WASH)**

In 2021, UNICEF supported the National Task Force’s COVID-19 coordination efforts through the provision of technical support to the WASH sub-committee under the case management pillar. UNICEF, together with other partners in the Infection Prevention and Control (IPC) WASH sub-pillar, contributed to the development of guidelines for the safe reopening of schools.

Throughout 2021, the WASH sector supported COVID-19 preparedness and response through the provision of WASH supplies to health facilities and schools, including the replenishment of consumable WASH supplies and the construction and refurbishment of WASH infrastructure to mitigate the impact of COVID-19. A total of 586 health facilities (benefitting 566,163 patients and health workers) and 463 schools (benefitting 55,560 students and staff) were reached with WASH supplies. In addition, UNICEF supported 87 taxi and bus stations within Kampala City and nine regional remand homes for juveniles (in Kampiringisa, Gulu, Arua, Masindi, Naguru, Kabale, Mbale and Fort Portal) with critical hygiene and sanitation materials to improve IPC. A total of 621,723 people were reached with critical WASH supplies and services, and 133,768 people accessed safe water for drinking, cooking and personal hygiene through the rehabilitation of water supplies via solar power, boreholes and gravity water schemes, and through the distribution of aquatabs. UNICEF supported the improvement of WASH infrastructure in Bugambe, Bujala, Muhwijju and Kyehoro Health Centre Ills in Kikuube district and Bigodi and Kamwenge Health Centres in Kamwenge district in western Uganda. UNICEF also provided 39 mobile toilets to eight regional referral hospitals in response to COVID-19 to decongest outpatient areas at the height of the second wave of COVID-19.8

UNICEF supported flood-affected districts through the provision of WASH supplies and mobile toilets to affected populations in Kasese, Ntoroko and Buliisa districts, where 30,006 people benefited from hygiene items. UNICEF also supported Kasese District through the rehabilitation of three community gravity water schemes destroyed by floods, providing 1,800 people with access to safe water. Similar support was extended to Obongi, Kasese, Ntoroko, Nakapiripirit and Moroto district local governments which rehabilitated 30 boreholes in communities displaced by floods, benefitting 9,000 people with safe and clean water, while 4,100 people affected by floods received access to safe sanitation facilities. Similar support was extended to the DRC refugee influx in Bundibugyo District through IPC supplies, mobile toilets, and a water tank for the reception centre.

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

UNICEF supported risk communication activities at the national level and community engagement activities in 29 partner districts to ensure the sustained high uptake of vaccines and the prevention of COVID-19 transmission. Cumulatively, 14,207,082 people were reached with messages on access to services, whilst 84,947 people, including influencers and community-based resource persons, engaged in sharing lifesaving and protective information. A total of 1,926,511 people shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms.

UNICEF efforts led to improved publicity on COVID-19 vaccination, especially in greater Kampala and in the southwest region. UNICEF supported two major mass media campaigns in 2021 on 20 radio stations and four TV stations. A COVID-19 vaccination campaign conducted from June to August reached over five million radio listeners across the country (2.7 million males and 2.4 million females); the majority of the listeners (76 per cent) lived in rural areas, while 24 per cent were in urban areas. Over 1.7 million television viewers were exposed to COVID-19 vaccine-related messages. UNICEF supported the Ministry of Health’s Health Promotion Education and Communication department to conduct a series of virtual orientations of 95 district health educators and 280 local administrators before, during and after the different phases of the COVID-19 vaccine roll-out. The communication and education activities were implemented through four district-based implementing partners: AVSI (northern and northwestern regions), Baylor (southwestern region), CUAMM (Karamoja), and Uganda Red Cross Society (central region/Kampala metropolitan area).

The MoH declared a polio outbreak in the country on 7 August 2021. In response, the Global Polio Eradication Initiative (GPEI) partners, under the leadership of MoH, rolled out a national house-to-house polio immunization campaign.

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8 Kabale, Gulu, Moroto, Arua, Mbale, Mubende, Jinja and Hoima
In 2021, UNICEF engaged beneficiaries in U-Report polls aimed at soliciting feedback on different topics related to WASH, nutrition, education, child protection, emergency preparedness and response, climate change, and youth as champions for change, among others. As a result of this feedback, UNICEF technical teams discussed how to further sensitize communities about their entitlements and strengthen liaisons with districts to monitor the back-end of the humanitarian response.

**Humanitarian Leadership, Coordination and Strategy**

In line with the Comprehensive Refugee Response Framework (CRRF) and the UNICEF Uganda Country Programme Document 2021–2025, UNICEF complemented direct implementation through partners with a district system-strengthening approach. District actors were supported to incorporate humanitarian preparedness and response in their annual and midterm 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 was built 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/AIDS, accountability to affected populations, conflict sensitivity, and communication for development into all interventions.

In high-risk communities, UNICEF scaled up field monitoring to incorporate beneficiary feedback through civil engagement mechanisms such as U-Report; promoting accountability to affected populations in line with the Grand Bargain commitments; building linkages between communities and local governments; improving the 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 Concern, Action Against Hunger (ACF) and the World Food Programme (WFP); and the WASH sector with the Norwegian Refugee Council (NRC). Memoranda of Understanding have been signed between UNICEF and each co-lead agency at the country level to guide effective and efficient coordination and to ensure clear roles and responsibilities for each party. UNICEF co-led clusters and AoRs 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 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://www.unicef.org/uganda/stories/schools-closure-has-kept-dipio-same-class-two-years]

**Next SitRep: March 2022**

UNICEF Uganda: [https://www.unicef.org/uganda/]


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### Annex A

(i) Summary of Programme Results

<table>
<thead>
<tr>
<th>Indicator Disaggregation</th>
<th>Total Needs</th>
<th>2021 Target</th>
<th>Total Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health and HIV / AIDS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 5 years vaccinated against polio</td>
<td>Girls</td>
<td>1,258,276</td>
<td>125,828</td>
</tr>
<tr>
<td></td>
<td>Boys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children and women receiving essential health care, including prenatal, delivery and</td>
<td>Girls</td>
<td>7,069,005</td>
<td>1,923,861</td>
</tr>
<tr>
<td>postnatal care, essential newborn care, immunization treatment for childhood illness</td>
<td>Boys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and HIV care</td>
<td>Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary caregivers of children aged 0-23 months who received infant and young child</td>
<td>Women</td>
<td>2,506,560</td>
<td>1,628,015</td>
</tr>
<tr>
<td>feeding (IYCF) counselling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children aged 6-59 months with severe acute malnutrition (SAM) admitted for treatment</td>
<td>Girls</td>
<td>85,780</td>
<td>40,265</td>
</tr>
<tr>
<td></td>
<td>Boys</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children registered as unaccompanied or separated who received appropriate alternative</td>
<td>Girls</td>
<td>83,528</td>
<td>2,585</td>
</tr>
<tr>
<td>care services</td>
<td>Boys</td>
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<tr>
<td>Children and caregivers accessing mental health and psychosocial support</td>
<td>Girls</td>
<td>27,712</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Boys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women, girls and boys accessing gender-based violence risk mitigation, prevention or</td>
<td>Girls</td>
<td>80,712</td>
<td>36,685</td>
</tr>
<tr>
<td>response interventions</td>
<td>Boys</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People with access to safe channels to report sexual exploitation and abuse</td>
<td>Women</td>
<td>1,565,680</td>
<td>155,048</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
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<tr>
<td>Children accessing formal or non-formal education, including early learning</td>
<td>Refugee girls</td>
<td>1,000,000</td>
<td>156,412</td>
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<tr>
<td></td>
<td>Host girls</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Refugee boys</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Host boys</td>
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<tr>
<td><strong>WASH</strong></td>
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<tr>
<td>People reached with critical WASH supplies (including hygiene items) and services</td>
<td>Girls</td>
<td>440,000</td>
<td>280,000</td>
</tr>
<tr>
<td></td>
<td>Boys</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Women</td>
<td></td>
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<td></td>
<td>Men</td>
<td></td>
<td></td>
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<tr>
<td>People accessing a sufficient quantity of safe water for drinking, cooking and personal</td>
<td>Girls</td>
<td>348,682</td>
<td>125,000</td>
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<td>hygiene</td>
<td>Boys</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Men</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People accessing safe and appropriate sanitation facilities</td>
<td>Girls</td>
<td>258,682</td>
<td>35,000</td>
</tr>
<tr>
<td></td>
<td>Boys</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Men</td>
<td></td>
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Indicator Disaggregation & Total Needs

<table>
<thead>
<tr>
<th>Communication for Development (C4D)*</th>
<th>Total Needs</th>
<th>2021 Target</th>
<th>Total Results</th>
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<tbody>
<tr>
<td>People reached with messages on access to services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls</td>
<td>Boys</td>
<td>Women</td>
<td>Men</td>
</tr>
<tr>
<td>People who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls</td>
<td>Boys</td>
<td>Women</td>
<td>Men</td>
</tr>
</tbody>
</table>

* 84,947 people engaged in sharing lifesaving and protective information. These include influencers and community-based resource persons engaged in the mobilisation process.

Annex B

(ii) Funding Status*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Funds Available</th>
<th>Funding Gap</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Humanitarian resources received in 2021</td>
<td>Resources available from 2020 (carry-over)</td>
<td>US$</td>
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<tr>
<td>Nutrition</td>
<td>3,412,058</td>
<td>633,435</td>
<td>494,996</td>
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<td>Health</td>
<td>8,758,312</td>
<td>5,563,909</td>
<td>590,872</td>
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<tr>
<td>WASH</td>
<td>5,594,508</td>
<td>1,460,139</td>
<td>1,249,963</td>
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<td>Child Protection, GBViE and PSEA</td>
<td>2,379,122</td>
<td>1,229,270</td>
<td>551,375</td>
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<td>Education</td>
<td>4,855,995</td>
<td>695,035</td>
<td>2,932,534</td>
</tr>
<tr>
<td>Total</td>
<td>24,999,995</td>
<td>9,581,788</td>
<td>5,819,740</td>
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* As defined in 2021 Humanitarian Action for Children Appeal for 12 months.

Links to External Media and 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

Uganda launches first phase of COVID-19 vaccination exercise
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

Early childhood development centres imparting life skills to children in northern Uganda

How the Uganda Muslim Supreme Council is leading the delivery of integrated ECD services in the West

"Though the school closed, they still come"

Vocational education renewing hope for refugee children in 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

COVID-19 pandemic did not deter UNICEF actions in western Uganda

Amidst electoral campaigns, UNICEF consolidated health and education interventions in eastern Uganda

Over 30,000 children in West Nile screened for malnutrition

"Coordination and collaborations contributed to reduction of COVID-19 pandemic in Rwenzori region"

Seeing COVID-19 patients die was depressing
https://www.unicef.org/uganda/stories/seeing-covid-19-patients-die-was-depressing

COVID-19 testing and mass vaccination in Kamwenge District keeping numbers low

“We used to re-use our masks”
https://www.unicef.org/uganda/stories/we-used-re-use-our-masks
UNICEF and partners make children suffering from acute malnutrition smile again

Districts in western Uganda share lessons on disaster preparedness and response

“Working in a COVID-19 treatment centre without protective gear was scary”
https://www.unicef.org/uganda/stories/working-covid-19-treatment-centre-without-protective-gear-was-scary

COVID-19 vaccination uptake at Masaka Regional Referral Hospital

“I died and resurrected”
https://www.unicef.org/uganda/stories/i-died-and-resurrected

When oxygen is your only saviour between life and death

School soap project supports hand hygiene during COVID-19

How workplace engagements are preventing the spread of COVID-19

Girls Education Club members register zero teenage pregnancies and early marriages during COVID

First UNICEF Oxygen Plant-in-a-Box heads to Uganda to help with COVID-19 response

Bundibugyo floods push families into suffering
https://www.unicef.org/uganda/stories/bundibugyo-floods-push-families-suffering

United States donated 647,080 COVID-19 vaccines to Uganda

UNICEF supports district planning to reduce impact of Rwenzori’s bi-annual floods

COVID-19 task forces, leaders remain vigilant as the virus spreads to communities

Stopping COVID-19 from reversing Kasese’s health gains

In Kasese, Village Health Teams take to door-to-door sensitization to battle COVID-19

PHOTO ESSAYS

A journey to deliver COVID-19 vaccines to Bwama Island on Lake Bunyonyi

Ugandan health workers relieved to be vaccinated against COVID-19

UNICEF receives supplies to deliver services for children during COVID-19

UNICEF and partners strengthen local leaders’ capacity to better prepare and respond to emergencies

COVID-19 survivors in Masaka City share their stories
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/TDsALKqjQds

Schools in Uganda are open - parents take your children to school
https://youtu.be/_isqyndl2w

It is time to teach - schools in Uganda are open
https://youtu.be/9u2YwWQwTIs

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

https://youtu.be/LSJn00bfkOY

Containing COVID-19 transmission in health centres through WASH infrastructure and supplies
https://youtu.be/rrlf0yRcf70

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

Districts in western Uganda network to better manage and respond to emergencies
https://youtu.be/d0gLn1ecLUY

Skilling adolescents in Nakivale refugee settlement
https://youtu.be/R9E6-eMHqIo

UNICEF supports continuity of health services amidst COVID-19 in Masaka
https://youtu.be/IUrEjhLWO8c

Enhancing safety of health workers during the COVID-19 pandemic
https://youtu.be/txgXFfTPqck

My COVID-19 story - Abdu Kaweesi
https://youtu.be/6h1mxGmOK2U

Impact of disasters on communities - UNICEF responds
https://youtu.be/hreyenW1iXY

Local leaders trained in disaster management and response
https://youtu.be/68ZAj9E3kA

Infection prevention and control in health facilities
https://youtu.be/WcdCFZOitbo4

Ensuring safety of health workers at the COVID-19 forefront
https://youtu.be/bzyg8qOiaNU

Village Health Teams championing community COVID-19 awareness drive
https://youtu.be/aKojUzvy4Q
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