

Uganda

Update on the context and situation of children

In 2021, Uganda continued to improve the wellbeing of its people despite the COVID-19 pandemic and severe contraction in economic activity impacting negatively on livelihoods and lockdown-related disruptions to protection and social services. The Sustainable Development (SDG) Report 2021 ranked Uganda 140 out of 165 countries with a global index score of 53.5, having improved from 52.6 in 2019.

In 2021, the economy exhibited resilience, increasing by 3.3% in FY 2020/21, after a considerable slowdown in 2019/20 (2.9%) while per capita GDP grew from US\$916 in 2019/20 to US\$936 in 2020/21. The country is experiencing rapid urbanization and concentration of economic activity in urban centres, which calls for an increased focus on productivity-centred economic growth.

The 2019/2020 Uganda National Household Survey estimated a rise in poverty from 18.7% before the COVID-19 outbreak to 21.9% after the implementation of containment measures, representing 9 million people living in poverty (up from 7 million before COVID-19). This happened when Ugandan children already bear the brunt of deprivation, with 56% living in multidimensional poverty, and reinforces the need for government to strengthen social protection interventions and increase social sector spending.

The upsurge in COVID-19 cases in March 2021 prompted the government to resume lockdown measures, disrupting the continuity of essential health, nutrition, HIV, and WASH services. Immunization services declined in third dose diphtheria, pertussis, and tetanus vaccine (DPT 3) coverage, and the emergence of vaccine-derived polio was found in two environmental samples in Kampala. Health worker nutrition screening decreased by 10.8%, but mother-led screening with mid-upper arm circumference tapes was introduced. The pandemic also highlighted WASH system weaknesses and the need to prioritize safe water coverage in rural areas. In addition, lockdowns and school closures led to a worrying spike in teenage pregnancies, especially in poorer rural areas.

The government reported 146,030 confirmed cases of COVID-19 in 2021, with 3,306 deaths. Uganda secured more than 32 million doses of COVID-19 vaccines and administered over 11 million doses by the end of December 2021. However, the overall COVID-19 vaccination rate remains very low, at 18% (3,901,121 people). Outreach COVID-19 vaccination was introduced to supplement static vaccination centres and diverse social mobilization approaches were used at the sub-national level to increase uptake of vaccines. UNICEF also assessed the impact on children of other outbreaks such as cholera and Ebola and used targeted WASH activities as mitigation strategies.

The pandemic significantly affected children's education as schools remained closed for most learners since March 2020. Access to alternative remote learning modalities also remained very limited. While the phased reopening of schools enabled candidates to sit for their final examinations, the second wave of infections in June led to new school closures and further learning losses, affecting 15 million learners. By the end of 2021, nearly 6 million children in the lower primary grades (1–3) had missed two academic years.

Weakened parental care, increased teenage pregnancy, child labour, and loss of interest during the long school closure are likely to result in many children not returning to school. The National Planning Authority predicts that 30% of the learners who had enrolled in February 2020 may not return when the schools reopen. Similarly, many teachers, particularly from private schools, who were not paid during the closures may have left teaching to take up alternative employment. The same

source projects that more than 4,000 private primary and secondary schools may have closed for good.

The COVID-19 lockdown triggered increased violence against children (VAC), particularly for girls. Sexual violence was the most reported form of VAC, making up 38.3% of cases, with neglect being the second highest at 35.8%. According to the 2019 Disrupting Harm study, the risk of online child abuse is a growing concern as 40% of Ugandan adolescents aged 12–17 years are Internet users. The study revealed that in Uganda, 15% of children and adolescents had met someone in real life after their first online encounter, and 7% had shared nude images or videos of themselves.

At a time when children, adolescents, and families urgently needed information and support to adopt positive and safe behaviour, the restrictions on movement and gatherings and school closures disrupted the major platforms for engagement with communities and children. These actions delayed or disrupted community-based Communication for Development (C4D) activities and necessitated innovative approaches.

Uganda's children continue to be threatened by the effects of climate change. By September and October 2021, 345,311 people were affected by drought, floods, landslides, heavy storms, and fire outbreaks. A total of 23,558 people were internally displaced due to the destruction of infrastructure and at risk of waterborne and climate-sensitive diseases.

Natural hazards also exacerbated already high levels of food insecurity and malnutrition. The 2021 Integrated Food Security Phase Classification placed 30% of the population in Karamoja, Uganda's most deprived sub-region, in Phase 3 (food crisis) and above. About one quarter of children under 5 years of age in Karamoja are stunted, and 1 child in 10 is wasted.

Uganda hosts 2,259,536 refugees, most of whom fled insecurity and political upheaval in Burundi, the Democratic Republic of the Congo, and South Sudan. Of these, 84% are women and children. The Government of Uganda continues to restrict cross-border movement due to COVID-19 and the number of registered new arrivals in the country remains low. Due to overcrowding in urban settlements, poor access to WASH, a high prevalence of undernutrition, and multiple protection risks, an estimated 4.1 million refugees and host communities will need humanitarian assistance by the end of 2022.

The Government of Uganda remains committed to improving the wellbeing of children in Uganda. With generous donor support, UNICEF raised US\$70.098 million in 2021 and will continue to work closely with partners to improve the situation of children and women in the country.

Major contributions and drivers of results

Primary health care delivery relies on the capacity of the district health team to plan and manage resources. Capacity building and district health systems investments have led to most districts improving their ability to fund and staff child health services. In West Nile, for example, 85% cent of districts scored 70% or more on the district health systems strengthening (DHSS) progression model aggregate score. Created by UNICEF, DHSS is an innovative and unique way of measuring health systems strength at the sub-national level. These interventions provided opportunities to implement maternal and newborn health, child health, adolescent health, nutrition, and WASH packages aimed at reducing child mortality, in particular neonatal mortality that has stagnated at 27 per 1,000 live births (EDHS 2016), a long way from SDG target of 12 per 1000.

Working through health systems, UNICEF contributed to an increase in institutional deliveries from

67% (18% were adolescents), higher than the target of 65% (DHIS2). This was achieved by advocating for the continuation and decongestion of essential health services. The proportion of pregnant mothers who went for their first antenatal care (ANC) visit in their first trimester of pregnancy also increased from 22% to 33%, surpassing the target of 25% (DHIS 2). Strong partnerships for maternal and newborn health, implementation of quality-of-care standards, and the provision of incentives through the World Bank, as well as a focus on improved infection, prevention, and control (IPC) in maternities were responsible for attracting mothers to services. 4,056 community resource persons trained in Key Family Care Practices encouraged women to deliver their babies safely in health facilities.

Uganda's PMTCT programmed has realized near-universal HIV testing for pregnant women attending ANC and a high maternal ART coverage for PMTCT (both at >95%). As a result, an estimated 80% or more of new vertical HIV infections were averted in 2020. The vast majority (97%) of children and adolescents living with HIV were enrolled on the recommended HIV drug regimen (DHIS 2). Sub-nationally, these PMTCT gains are improving the quality of care for all women, such as a 23% increase in iron folic acid supplementation.

To improve child nutrition and reduce mortality, 2,185,519 children aged 6–59 months received two doses of Vitamin A, 37,850 children aged 6–59 months were treated for severe acute malnutrition (15% of total caseload), and 1,454,094 primary caregivers received counselling on infant and young child feeding (DHIS 2).

Uganda received 34.5 million doses of COVID-19 vaccine and was able to fully vaccinate 18% of its targeted population by 3 January 2022. UNICEF contributed to sustaining a high routine immunization rate of 90% in focus districts (DHIS 2). UNICEF reached the population with mass communication and at least 1.5 million direct contacts to increase demand and dispel myths that would prevent vaccination. UNICEF provided tents to ensure continuity of essential health services and decongest 60% of the regional hospitals. PPEs were procured for health workers in those hospitals to continue child health services while oxygen supply was strengthened in the hospitals through provision of oxygen cylinders and an oxygen plant.

A mid-term evaluation, supported by the Regional Office, of the EU-UNICEF Joint Nutrition Actions (JNA) in 15 sample districts found that the alignment of JNA with key global and national strategic documents had ensured strong programmed relevance to beneficiary needs. This understanding was translated at implementation level by evidence-based priority areas with equity and gender considerations represented in the district national action plans.

Despite the continued COVID-19-related school closures, UNICEF and partner support to policy development was instrumental in the Ministry of Education and Sports (MoES) approval of the National Early Childhood Care and Education Policy, the National Inclusive Education Policy, the Revised Guidelines for the Prevention and Management of Teenage Pregnancy in school settings and the Education and Sports Sector Strategic plan (2021–2025). These policies have created an enabling environment for the recovery of the education sector.

UNICEF delivered home- and community-based ECD services in partnership with civil society organizations, resulting in 15,124 children (50% girls) better prepared to transition to primary education. To continue improving the quality of community ECD services, 1,201 ECD caregivers were trained and 53% of targeted ECD centres were licensed. Furthermore, UNICEF supported the production of a parenting book that helps parents support home learning for their youngest children.

UNICEF printed and provided printed home-based learning materials, benefitting 180,654 learners (25% annual target) at the upper primary level, including refugee children to ensure continuity of learning. Braille materials were printed and distributed to 1,469 primary and secondary learners with

disabilities. To facilitate the transition from mother tongue to the English medium of instruction, lessons for Primary 4 were broadcast to 9.8 million viewers on national TV. A digital curriculum and life skills content were provided via the Kolibri online platform for 7,300 users, with 2,700 new users registered in 2021. In preparation for school reopening and to support the psychosocial needs of children, 1,243 recreation materials were distributed to 600 schools, reaching 363,052 learners in 20 districts.

Furthermore, 121,954 adolescents (63,936 girls, 58,018 boys, and 7,407 refugee adolescents) who were not enrolled in schools enhanced their life skills and resilience through the UNICEF-supported life skills programme. Some 1,051 teachers (388 female), trained on the Reporting, Tracking, Response and Referral mechanism to prevent VAC, contributed to making schools safe for all learners.

Through UNICEF support to district education systems strengthening, 29 districts enhanced their data collection and management system, evidence-based planning, and cross-sectoral coordination, including coordination of integrated ECD services. With technical support from UNICEF and in partnership with UNHCR, all 13 refugee-hosting districts developed education response plans.

With UNICEF support, 22,550 (12,623 girls, 9,927 boys) adolescents demonstrated increased capacity to amplify their voices on different national, district, and community platforms. Within the Learning to Earning agenda, 1,104 adolescents and young people (535 female, 569 male) joined the global Digital Livelihood Challenge, with 57% completing the challenge and 97% of those developing a growth mindset when assessed.

In strengthening the national protection system, UNICEF supported the dissemination of the National Child Policy in 51 districts and establishment of child wellbeing committees to coordinate implementation of the policy.

To strengthen the capacity of children, families, and communities to identify risks and prevent and respond to all forms of VAC, 69,348 people (46,232 males, 23,116 females) in 28 districts participated in community intergenerational dialogues and interpersonal communication. Additionally, 2,752 government and NGO staff (2,002 male, 750 female) were trained on social and behavioral change communication, helping them plan, implement, and monitor integrated media campaigns on VAC that reached 1,060,158 (537,069 boys and 523,089 girls) people in 28 districts.

To strengthen the government's ability to deliver critical services to all children, UNICEF supported capacity building on emergency preparedness and response. Furthermore, protection from sexual exploitation and abuse (PSEA) was integrated in programme implementation, resulting in 153,490 individuals accessing mechanisms to report sexual exploitation and abuse. Meanwhile, 262,711 children (121,639 boys, 141,072 girls) were reached through awareness raising and community mobilization on PSEA.

UNICEF supported nine districts to demonstrate a sustainable and integrated child protection system. This involved training 402 (209 male, 193 female) justice, health and social workers on case management, case referral, and coordination, contributing to the provision of multisectoral child protection services to 29,328 child victims of violence (12,925 boys, 16,403 girls - 491% of target) in humanitarian and development settings. A total 2,209 (1,381 boys, 828 girls) out of 4,610 children in conflict with the law were diverted away from the criminal justice system.

UNICEF supported NIRA to scale up birth registration services to 170 health facilities, and birth registration and certification to 27 out of 33 focus districts. Using the upgraded Mobile Vital Records System (MVRS), 338,762 children (171,014 boys, 167,748 girls) under 5 years had their birth registered at decentralized NIRA offices.

COVID-19 refocused attention on hygiene to prevent disease transmission, with 426 villages achieving open defecation free status against the annual target of 400. UNICEF also surpassed the annual target to provide WASH facilities in schools (68 schools against the target of 54) and in the emergency WASH response.

UNICEF provided WASH supplies for 621,723 people (against the target of 280,000) to reduce the spread of COVID-19. The provision of PPE and IPC supplies for frontline and auxiliary/peer personnel contributed towards keeping service providers safe and working.

Through the rehabilitation of defunct boreholes and solar panel motorized water systems, UNICEF provided water to 68 schools, 40 health centres, and two hybrid systems (communities and schools/health facilities) while 4,400 students benefited from access to WASH and climate-resilient facilities.

UNICEF also provided essential hygiene supplies for 2,035 schools including sanitary pads for adolescent girls in preparation for the safe reopening of schools. In addition, supported climate change responsive water systems and friendly sanitation facilities for differently able children.

To give all children an equal chance in life, UNICEF supported Kampala Capital City Authority (KCCA) and NGO partners to provide cash transfers and mentoring to 1,400 in- and out-of-school adolescent girls and their families through the GirlsEmpoweringGirls Urban Social Protection Programme.

UNICEF, in partnership with OPM and the University of Cardiff, successfully embedded the measurement of multidimensional child poverty in the M&E tools of two national social protection programmes (NUSAF III and DRDIP). Consequently, information on multidimensional deprivation will be measured routinely when assessing the effectiveness of these programmes.

UNICEF positioned itself as a thought leader on evidence-based responses to mitigate the socio-economic impacts of COVID-19 on children by regularly producing a bulletin on the subject. The first issue was entitled 'The socio-economic impacts of COVID-19 on children - Child wellbeing under threat' while the second (in process) is on teenage pregnancy and will be released early 2022.

UNICEF procured 124% of planned supplies because of the pandemic response. In nutrition, UNICEF continued to play an instrumental role in the integration of nutrition supplies in the national system while in immunization, UNICEF remained an active technical partner to ensure a strong linkage between planning, forecasting, and financing and vaccines, and leading the implementation of multiple initiatives to expand and extend the cold chain capacity in the country, with an emphasis on solarization.

In 2021, 67 new recruitments were completed while local and regional counsellors managed over 40 COVID-19 cases and trauma cases among staff. COVID-19 special measures and flexible work arrangements were implemented. Peer support volunteers' network were trained, and an Ethics Committee was established. Learning and staff development initiatives focused on people management, role effectiveness, managerial development, career development and coaching, mentorship, and job shadowing while stretch assignments were increased.

UNICEF conducted online training on the Harmonized Approach to Cash Transfers (HACT) for more than 112 staff from 20 partners, which also incorporated fraud awareness and reporting of suspected fraud. Furthermore, the Country Office commissioned forensic audit training for its spot-checkers to enhance HACT financial assurance work.

Despite the ongoing COVID-19 pandemic, UNICEF continued to support staff working remotely through data provision and improved office connectivity. The office strengthened its overall internal control system through regular review of the table of authority and assignment of roles. The office's liquidity was managed within established benchmarks throughout 2021, bank reconciliations were completed on time, and payments were processed within acceptable timeframes. The Country Office in Uganda consistently ranked high in the region for achieving its finance indicators.

UNICEF developed the 2021–2025 PSEA Country Action Plan for Uganda and helped to develop the 2021 UN Uganda National Annual PSEA Workplan. UNICEF also ensured sexual exploitation and abuse risk mitigation and safe programming in all sector programmes, as well as raising awareness of PSEA among all implementing civil society partners. UNICEF continued to implement the Inter-Agency Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse, which had been approved by the UN Country Team in Uganda in 2020.

UNICEF led the operationalization of the UN joint resource mobilization strategy and was also the lead on Strategic Priority III: Human Well-Being and Resilience of the United Nations Sustainable Development Co-operation Framework and lead the UN Result-based Management Working Group. UNICEF completed the 2021 joint workplan and multi-year funding framework in consultation with 68 government, the private sector and civil society partners.

UNICEF advocated for children's rights by building on the global SDG and advocacy narrative and reinforcing key messages that the COVID-19 crisis is a child rights crisis and that there is an opportunity to build back better post-COVID-19. UNICEF also led on the Malawi Disability Assessment Tool (MDAT) that screens children and includes them in services.

Building on relationships with national and international media, government, civil society and the private sector, UNICEF was an effective and trusted partner in the COVAX response. Advocacy, visibility, and resource mobilization efforts, especially on safe school reopening, continuity of learning despite the digital divide, and continued health service delivery were intensified. Through innovative online and offline supporter engagement approach, UNICEF was able to tap into new audiences.

By working closely with the private and public sector, UNICEF leveraged resources and ensured active private sector engagement in identifying solutions for challenges faced by children. Focus was put on addressing children and women's cross-sector needs, particularly those escalated by the COVID-19 pandemic, and continuity of adolescent and youth people's learning and skills development.

UNICEF supported evidence generation for COVID-19 using several platforms including U-Report polls, the Ministry of Health (MoH) call center, an anthropological study on COVID-19, and community rapid assessments. Through social listening mechanisms, UNICEF strengthened community feedback.

The Adolescent Volunteer Initiative promoted adolescent engagement and participation in community-level advocacy, including with district technical and political leaders in discussions of adolescent priorities.

UNICEF helped to develop high-reach campaigns across different media platforms for VAC, immunization, ECD, go-back-to-school, handwashing with soap, and COVID-19. COVID-19 messaging reached over 14 million people while the VAC campaign reached over 3 million people.

UNICEF's role as co-chair of the Risk Communication and Social Mobilization Sub-Committee of the National Task Force on Disease Outbreaks contributed to timely implementation of an integrated risk

communication plan for COVID-19. In addition, UNICEF supported the development of several key strategies for nutrition, ANC, and urban immunization and communication plans to strengthen the polio outbreak response.

UNICEF continued to provide technical support to MoH to track off-budget financing flows. A Public Finance for Children booklet and budget briefs were produced to sensitize decision makers and increase allocations to social sectors. A National Budget Dialogue was supported to improve synergies between social protection and public finance management.

UN Collaboration and Other Partnerships

UNICEF collaborates with the UN, government, and development partners to advance the health systems strengthening agenda in Uganda. Support to service delivery is channeled through implementing partners working at the sub-national level. UNICEF also works with OPM and UBOS to improve the availability, quality, and use of nutrition data for policy and programming.

UNICEF collaborated with UNFPA, UN Women, UNESCO, and WHO to advocate for, and support, continuity of learning through formal and innovative approaches and safe school reopening. A partnership with UNCDF was leveraged to develop an innovative financing model for early childhood care and education services, and with IFC, ILO, UNHCR, and the World Bank to implement the PROSPECT programme for children on the move. UNICEF is the Coordinating Agency for GPE in Uganda.

In child protection, UNICEF and partners support the social welfare workforce, expand service delivery, leverage resources, and carry out advocacy. UNICEF co-leads with UNFPA on ending child marriage and eliminating female genital mutilation. In addition, the partnership with UNFPA, UNHCR, UNDP, and UN Women supports implementation of the government-coordinated Spotlight Initiative to end violence against women and girls.

To improve evidence generation for programming, UNICEF partnered with the UNICEF Office of Research - Innocenti, ECPAT International, UYDEL and INTERPOL to support a study on online child sexual exploitation and abuse in Uganda. UNICEF's partnership with Butabika National Mental Referral Hospital was expanded in 2021 to provide mental health and psychosocial support (MHPSS) services at facility and community levels.

UNICEF and UNHCR partnered to deliver an integrated WASH response in refugee settlements and the host community, which is funded by KFW. UNICEF is also working with the private sector to develop a sustainable urban safe sanitation service system for fecal sludge management (Waste-to-Wealth Initiative).

UNICEF, the Resident Coordinator's Office, and other UN agencies worked together to revitalize the UN SDG Technical Working Group, with UNICEF helping to develop Terms of Reference for an assessment of the status of SDG-related data and statistics in Uganda as part of the process to develop a UN joint programme on data and statistics.

To ensure coordinated delivery of key services for refugee and host community children and women, UNICEF co-chairs the refugee Child Protection Sub-Working Group with UNHCR, the refugee WASH Working Group with the Ministry of Water and Environment, and the national Nutrition in Emergencies and Integrated Management of Acute Malnutrition Technical Working Group with MoH. UNICEF co-leads the RCSM-CE Sub-Committee as part of the MoH-led COVID-19 response and preparedness and provides technical and financial support to the National Protection Against Sexual Exploitation and Abuse Network. Two emergency stand-by partnerships were set up in 2021 with World Vision and the Ugandan Red Cross Society to provide an immediate response in event of natural disasters and disease outbreaks. UNICEF has been working with UNESCO and other UN agencies on the UN Partnership on the Rights of Persons with Disabilities. The UNICEF-Norway multi-sectoral partnership for disability inclusive programming is an enabler for the results achieved in 2021.

Lessons Learned and Innovations

A key lesson learned from the COVID-19 experience is that flexible modalities and pathways integrating emergency planning with strengthening primary health care services can be used to make health systems more resilient. Notably, village health teams, which are at the frontline of community service delivery, received government financial remuneration – a key step change in primary health care development.

Another important learning was that national-level governance and effective coordination resulted in improved responsiveness and delivery of emergency responses at all levels, supported by multisectoral engagement and partnerships to mitigate resource duplication and fragmented programme implementation.

Data-driven programming for quality improvement is also important to close existing gaps among the most vulnerable sub-populations. This has led to modernizing data collection, analysis, and sharing, paired with investments in strengthening institutional capacity for timely data use.

Another major lesson learned in 2021 is that institution-based education cannot be taken for granted and continuity of learning needs to include parenting education for home-based care and learning, self-study, community-based learning, and distance learning. The COVID-19 pandemic also highlighted the need to expand affordable digital access to the most deprived children.

Digital platforms, social media, and helplines provide great opportunity for continued engagement and remote delivery of both child protection and GBV services, but the digital divide, based on age, gender, and wealth, remains a challenge. Poor families are less likely to have access to mobile devices and the digital literacy needed for effective engagement. In addition, the pandemic reinforced the fact that the most vulnerable children need greater attention and cannot remain excluded from key services. This led to successful advocacy with the government to release children in remand homes and promote alternatives to detention in line with international standards.

Safely managed WASH services are fundamental to protecting human health during all infectious disease outbreaks including COVID-19. District management information systems (MIS) and SDG tracking for climate resilience have been models for leveraging domestic resource and planning. This offers huge opportunity to facilitate and enhance WASH modalities and environmental practices. An example of this is the innovative UNICEF-supported approach to extending piped water systems from schools and health facilities to the community, thereby enhancing local ownership and sustainability of water supply services.

UNICEF leveraged digital health approaches to integrate all data registry into HMIS, which has enabled DHIS2 legacy migration through child health, WASH, and nutrition dashboards and helped to identify the exact WASH gaps experienced by children and women. Similarly, for ECD-related Key Family Care Practices, pregnant and lactating women and women were reached using a digital health tool called FamilyConnect with outcomes measured using indicators such as ANC1, ANC 4, health facility deliveries, and DPT3 coverage.

The use of the national logistics management information system and supply distribution system were key to the provision of critical supplies to districts, fostering greater visibility, transparency, efficiencies and sustainability of UNICEF and donor-supported interventions.

A further key lesson learned was that despite the high turnover of technical personnel, the up-to-date maintenance of the online system and the regular data capture of off-budget financing for the health sector continued uninterrupted. This smooth continuity of the work provides evidence for the value of institutionalizing off-budget tracking and demonstrates that full sector ownership of all off-budget tracking processes is the only sustainable approach to the undertaking.

Another learning was that the inclusion of the VAC module in the National Survey on Violence demonstrated the importance of strengthening the UNICEF relationship with government partners through technical support provision.

There is also urgent need to establish a robust social register and a functioning MIS for social protection. In June 2021, the President issued a directive on the provision of emergency cash transfers to people whose livelihoods were affected by COVID-19 lockdown measures. However, the existing single registry is not linked to, nor does it capture, all the data from the related MIS systems of other programmes and sectors. Given the limitation of time and the lack of a social register, identifying beneficiaries in the occupational categories approved by Cabinet was tasked to the local leaders – and it led to a lot of complaints. UNICEF is working with other development partners to support the government in putting a social register in place that captures information on all vulnerable people.

UNICEF engagement with three key ministries enabled the development of a real-time monitoring system for SDG 6.1 and 6.2 data, disaggregated to the sub-national level. This has demonstrated the need for a robust monitoring system to track progress in SDG reporting. Furthermore, UNICEF contributed to position WASH in the revision of the Nationally Determined Contribution (NDC) and climate risk assessment to address climate-related risks in WASH and leverage climate financing in coming years.

With the prioritization of the Accountability to Affected Populations (AAP) agenda globally, UNICEF analyzed the gaps and entry points in Uganda, to mainstream AAP across its workstreams. As such, having mapped out the entry points both internally and externally, UNICEF worked to institutionalize AAP within its processes and systems in 2021. This included assimilating feedback from beneficiaries, setting up indicators and clauses within all its programme cooperation agreements, training staff, and developing a UNICEF Uganda Country Office action plan. This groundwork has enabled UNICEF to adapt its programmes to the needs and preferences on the ground and enhance local ownership and help build trust between UNICEF and communities.

COVID-19 related restrictions on physical interactions and travel hindered routine field monitoring and direct technical support by UNICEF zonal offices. Moreover, the need to decentralize work and ensuring programme implementation is brought closer to communities was greater than ever before. This necessitated adaptable virtual solutions that promote accountability and information sharing such as the Zonal Office Peer Review Dashboard, which is fully aligned with the Country Office decentralization strategy. The COVID-19 containment measures also encouraged the emergency education sector to adapt by providing learning opportunities through home-based self-study materials and radio, TV, and Internet lessons for refugee children.