

Uganda

Update on the context and situation of children

In the aftermath of COVID-19, 2022 continued to be challenging for Uganda's children and women. The pre-pandemic economic slowdown was further compounded by the severity of COVID-19 mitigation measures causing immense economic damage and a decline in livelihoods and this is projected to impact the economy for years to come. While the Government of Uganda has strong capacity in policy making, the implementation of the development agenda continued to be inadequate, overburdened by a large public administration, inefficiencies in fund utilization and corruption, weakening Uganda's otherwise favourable economic growth prospects.

Despite positive trends, including an overall decline in multi-dimensional child poverty from 56% in 2016/17 to 44% in 2019/20 (Uganda National Household Survey (UNHS) 2019/20) and the 4.7% Gross Domestic Product growth (up from 3.5% in 2020/21), the overall inflation continued to hover above 10% since September 2022, well above the government target of 5%. At the start of the 2022/23 fiscal year, Uganda continued to run a huge fiscal deficit, anchored mainly in poor revenue performance against projected budget targets.

The government's social assistance programmes continued to reach only a small portion of the vulnerable population, including children. In 2022, social sector funding remained below the expected thresholds and was unable to sustain recovery from recent shocks. Education and health financing in 2021/22 stood at 8.6% and 7.54%, respectively, of the total national budget. Social protection remained persistently underfunded, with less than 3% of Ugandans covered by at least one social protection benefit prior to the COVID-19 pandemic – well below the African average of 17.8%.

The continuous unchecked population growth and a vast young population that lacks economic and job opportunities further contributed to the slowed development. Many young people earn their income in precarious conditions outside the formal economy and the high population growth makes poverty reduction more difficult. In 2022, the economy's structure remained highly informal, with 73.1% of employed people in the informal economy dominated mostly by youth-run petty trade.

Externally, persistent instability in Eastern Congo and South Sudan continued to affect Uganda and the country continues to host over 1.48 million refugees and asylum seekers, of which an estimated 81% are children. In 2022, Uganda received 121,708 new arrivals and over 66,000 children were registered as children at risk facing one or multiple protection concerns.

Uganda pioneered the adoption of agenda 2030. According to government data, more than 70% of the Sustainable Development Goals (SDGs) targets were adapted to the national context and incorporated in national development plans. However, as a result from the socio-economic impacts described above, many child development indicators saw limited progress.

Neonatal mortality continued to stagnate at 27 per 1,000 live births (Demographic Health Survey/DHS 2016) with 46% of the health facilities not having water or sanitation, which creates a significant risk for the spread of infections among mothers and babies. The routine immunization programme ensured a 91% coverage with outreach to zero-dose children continuing during public health outbreaks. The pentavalent vaccine drop-out rate of 5.6% was well below the national target of less than 10%.

In 2022, Uganda struggled to recover the learning loss resulting from the longest-in-the-world school closure during the pandemic. Schools reopened in January 2022 but saw overcrowded primary one classes with two cohorts of children admitted simultaneously. The access to pre-primary education and early childhood development (ECD) services remained low and underfunded. A three-week teacher strike prompted by salary increase-related grievances further hampered learning recovery efforts. The

increased cost of education, along with the impact of COVID-19 on the household economy, hampered parents' ability to financially support their children's school attendance.

The high teenage pregnancy rate, which manifested during the pandemic, affected an estimated 25% of teenage girls aged 15–19 years (UDHS 2016, DHIS2). This, coupled with the still high prevalence of gender-based violence (GBV), continued to negatively impact the retention of adolescent boys and girls in school. Violence against children (VAC) remains widespread in Uganda with 85% of children experiencing at least one violent disciplinary action (UDHS 2016). Intimate partner violence was found to be closely linked with both physical and psychological VAC (National Survey on Violence in Uganda, 2020). Female genital mutilation (FGM) remained low at 0.3% in the six districts where it is practiced (UDHS 2016 and FGM/C Survey 2017). Over 6.2 million children aged 5–17 years were involved in child labour excluding household chores (National Labour Force Survey 2021). Birth registration improved from 32% (UDHS 2016) to 54% (UNHS 2020/2021) and 76% of children were diverted from the formal criminal justice system (Justice, Law and Order Sector 2021/22). Children in Uganda continue to be at heightened risk of online child sexual exploitation and abuse due to low awareness and prevention efforts.

Uganda's socio-economic challenges were further compounded by a range of climate induced and public health emergencies in 2022. In Karamoja region, a devastating drought, resulting from a three-year consecutive poor rain season, saw global acute malnutrition rates escalate above the 20% emergency threshold making an estimated 55% of the population in the region food insecure up from 29% in 2020 (Food Security Nutrition Assessment, 2022) and 23,000 children suffered severe acute malnutrition, a situation that could spill into 2023 if current conditions persist.

In 2022, the country also saw a resurgence of COVID-19, a malaria upsurge in 45 districts, a polio outbreak, and an outbreak of Sudan Ebolavirus Disease (EVD), declared on 20 September, affecting nine districts, including Kampala, and resulting in 142 confirmed cases (20 children) and 55 deaths (12 child deaths). These disease outbreaks impacted health service continuity engaging health workers in fighting the outbreaks and reducing health seeking behaviour as families became fearful of using health facilities. In other parts of the country, 126,102 people were affected by floods, landslides, mudslides, hailstorms, heavy storms, and fire outbreaks and an estimated 21,000 people were internally displaced.

Major contributions and drivers of results

Despite challenges, in 2022 UNICEF Uganda Country Office (UCO) supported the government in advancing the implementation of children's rights.

Key policies, national frameworks and technical guidance were developed, finalized, and disseminated through UCO advocacy. With UNICEF Uganda support, the Community Health Strategy 2022–2025 was signed by the Ministry of Health (MoH) and its implementation supported through the development of digital governance for the community health system. The COVID-19 Transition and Stabilization Plan and the Reproductive, Maternal, Neonatal, Child and Adolescent and Paediatric HIV Advocacy Strategy and Guidelines were developed. The National Handwashing Communication Strategy was disseminated nationwide. To further advance the right of children with disability to education and strengthened access to and government and private sector's investments in pre-primary education, UNICEF Uganda supported the development of the Inclusive Education Policy and the Early Childhood Care and Education Policy, both pending approval from the Ministry of Education and Sports (MoES). The inter-ministerial national Child Well-Being Steering Committee was supported to disseminate the National Child Policy in 97 out of 146 districts in Uganda. The second National Strategy to end Child Marriage and Teenage Pregnancy was launched. To further strengthen

the Uganda's child protection system, national standards for the national parenting programme and two operational frameworks for social care and support and social service workforce strengthening were developed and approved by the Ministry of Gender, Labour and Social Development.

UNICEF analyzed the fiscal space and national budgeting at both central and sub-national levels, helping support advocacy for greater investment in social sectors. During the year, national and sub-national monetary and multi-dimensional child poverty estimates were produced to empower Uganda's reporting on SDG 1.2.2 progress. Budget analysis briefs were complemented by ad hoc analysis of the budget call circulars of the Ministry of Finance, Planning and Economic Development to support policy and budget advocacy and roadmap for the Open Budget Survey.

UCO supported government, development partners and civil society and UN efforts to mainstream child rights concerns in national events, media engagement and initiatives. UNICEF Uganda supported Uganda's annual SDG conference and organized a high-level side event on Children Rights, Children's Laws, and SDGs on the Children Agenda. To raise awareness of the teenage pregnancy crisis, UCO supported the national campaign 'Protect the Girl – Save the Nation' by organizing a high-level event chaired by Uganda's First Lady and attended by more than 2,000 children, national and district authorities, the United Nations Resident Coordinator, and the European Union Ambassador. UNICEF led the National multimedia campaign "Protect the Girl, Save the Nation" to prevent defilement, child Marriage, teenage pregnancy and promote positive parenting with other UN agencies and Office of the First Lady. The guidelines on prevention and management of teenage pregnancy in school settings were disseminated amongst stakeholders in 23 districts and 537 schools.

Following the pandemic's severe impact on education, UCO rolled out the Africa Reimagining Education Initiative in Uganda. UNICEF Uganda was the first organization to robustly raise awareness of the alarming severe malnutrition situation of children in Karamoja through a media field visit for 32 national and international media outlets. More than 100 media reports were generated, prompting national and international stakeholders, including the government, to act and generate more than US\$8 million in relief funds from the governments of the United Kingdom (UK), Sweden, Ireland, Japan, and the European Union along with United Nations Central Relief Emergency Funds (CERF). UNICEF Uganda **private sector advocacy** resulted in in-kind support to the 'Girls Empowering Girls' urban social protection initiative for adolescent girls by 11 business entities, two industry associations, and one employer association. UNICEF assisted the Global Fund AGYW principal recipients and their sub-grantees in the implementation of the AGYW catalytic grant.

UCO maintained robust collaboration with development partners active in the country. With support from the governments of UK, Sweden, Ireland, the United States (US), the European Union, Japan, Canada, the Netherlands, Norway, and Spain as well as through joint UN resource mobilization efforts, UCO received more than US\$30 million to support national child right policy and programme implementation in 29 focus districts with highest child vulnerability rates. This supported emergency response, strengthened social sector service delivery systems and demonstration of innovative service delivery for children and women by well-trained national and district-level social sector government employees.

UCO invested in **Child Survival and Development** by delivering **integrated health, HIV, water, sanitation and hygiene (WASH) and nutrition programmes** through a reinforced and resilient primary health care systems, child-friendly districts approach, and community empowerment. To strengthen maternal and child health service delivery, UCO functionalized high dependency units in nine hospitals, installed newborn units in 20 health facilities and equipped 462 health facilities with functional newborn resuscitation resulting in 1,087 admissions with 97% survival rates. Some 329 health workers were trained in the management of obstetric and newborn complications. A total of 350 facilities (56%) were providing life-long antiretroviral therapy (ART) for pregnant and breastfeeding women and 21,349 pregnant women (6% adolescents) living with HIV received life-long ART for

prevention of mother-to-child transmission (PMTCT). Some 89% of HIV-exposed infants received a virologic test within two months of birth. Over 3.7 million doses of Vitamin A were supplied to the health system and 1.7 million children received two doses, while 1.35 million caregivers received infant and young child feeding counselling (IYCFC) services in UNICEF priority districts. Some 66 schools and 19 health facilities were equipped with WASH facilities and 61 schools were supported with menstrual hygiene management. More than 770 villages were certified open defecation free. UCO robustly stepped up its climate change programming by supporting the development of vulnerability maps and an early warning system for drought and flood affected Aswa and Manafwa catchment areas, and developed a climate, environment and energy baseline and recommendations for UCO programming that will support mainstreaming of children rights into the national climate change agenda and climate financing.

UCO continued to build resilient health systems in supporting the government response to **public health emergencies** and building the capacity of health workers and nutritionists on innovative approaches to outreach and community-based care during emergencies. The post COVID-19 reopening of schools introduced for the first time a school disease surveillance system in Uganda. To improve immunization coverage, UCO prioritized COVID-19 vaccine deployment, with zero-dose children and communities targeted in four baseline districts and the deployment and installation of four oxygen production plants in regional referral hospitals. To address the malaria surge, UCO supported integrated community case management in 67 districts and trained 1,976 community health workers in early diagnosis and treatment of malaria, diarrhoea, and pneumonia. In drought-affected Karamoja, 28,303 children received life-saving therapeutic nutritional support, bringing the number treated to 75,626 nationally. This represents 150% of the target for the year and 31% of the cases in country. A large-scale solar-powered water scheme was constructed providing safe drinking water to 4,400 people, including for livestock and vegetable garden use. Some 111,000 people received emergency WASH services and 770,000 people were reached with critical WASH supplies during emergencies.

UNICEF Uganda was one of the key players supporting MoH to respond to the EVD outbreak. UCO was engaged along all pillars of the EVD response and, together with the World Health Organization (WHO), supported the government in EVD planning, integrated outbreak analytics, EVD response, risk communication and community engagement (RCCE). Following the outbreak's declaration, UCO deployed more than 40 national and international emergency response staff, delivered critical health, nutrition, RCCE and WASH supplies worth US\$756,000, constructed two solar powered water schemes in health centres in Mubende and Kassanda districts, and was instrumental in supporting the Kampala Central City Authority (KCCA) to coordinate the EVD response in Greater Kampala area.

In 2022, UNICEF Uganda supported **safe reopening of schools** following two-year school closure due to COVID-19. The absence of a functioning Education Management Information System (EMIS) and learning assessment system posed challenges to the school reopening progress tracking. UCO supported administrative data collection from the 29 UNICEF-supported districts, demonstrated a high admission rate in primary one and dropout rates comparable to the pre-COVID-19 years. Some 833,000 (51.9% female) learners took the Primary Leaving Examination in November 2022, an increase of 83,000 compared to 2020. That included 2,316 children with special needs, or 717 more learners compared to 2020. In assuming the chairmanship of the Education Development Partner Group in 2022, UNICEF Uganda, acting also as Coordinating Agency for the Global Partnership for Education (GPE), was instrumental in supporting MoES to finalize the negotiation of the US\$164 million GPE grant to support Uganda government's efforts to provide quality education for all children. UCO further supported MoES to advance inclusive education and ensure a higher rate of transition to secondary education. UCO's work improved access to and quality of ECD services and pre-primary education and, in partnering with the United Nations Capital Development Fund (UNCDF), engaged in modelling innovative income-generation opportunities for youth.

UNICEF supported implementation of an integrated ECE programme in the delivery of health and

nutrition services. To further boost 21st century skills for adolescents and youths, UCO supported MoES to develop and launch a comprehensive life skills toolkit covering 10 core competencies in adolescent development. A total of 1,734 female and male teachers from 738 schools in 23 districts were trained in the toolkit's implementation. Some 42,000 adolescent girls and out-of-school youth improved their 21st century skills with direct UNICEF support. The UPSHIFT social innovation and entrepreneurship skills programme was scaled up in West Nile refugee-hosting districts through a partnership with the International Labour Organization (ILO). A digital competence training programme was developed and a campaign on bringing back to school out-of-school children was launched in 16 districts providing alternative learning to 7,090 out-of-school adolescents, including the return of 879 pregnant girls and child-mothers to school.

In 2022, UNICEF Uganda provided 797,000 (50.2% female) children with multi-sectoral **child protection** services while 116,000 male and female caregivers, 3,200 para-social workers and 124 police officers were equipped with capacities and skills to prevent and respond to VAC, GBV and harmful practices. Uganda's Child Help Line was upgraded to include support for GBV. In strengthening the child-friendly justice system in Uganda, UCO supported the installation of an audio-visual system in five high courts (Arua, Gulu, Jinja, Mbarara and Family Division) and trained 117 justice professionals on investigation, prosecution, and adjudication of GBV/VAC cases. More than 193,000 children and adults learned concepts on prevention of sexual exploitation and abuse (PSEA) and safe access PSEA services. The capacity of UCO staff and UNICEF implementing partners on PSEA was strengthened. With UCO support, 397,000 births, including those of children born in Uganda to refugee parents and children in remand homes and rehabilitation centres, were registered in 33 UNICEF-supported districts, representing a 66 percent contribution to all under-five births registered nationally. Critical child protection services were also provided in emergencies with 19,000 women and children accessing GBV risk mitigation, prevention, or response interventions, more than 29,000 girls, boys and caregivers benefitted from community-based psychosocial support, and 1,051 unaccompanied and separated girls and boys received alternative care services.

In addition to the budgeting work, UNICEF Uganda's **social policy** team partnered with ILO and Help Age International through the EU-funded joint action on improving synergy between the social protection and public finance management programmes to deliver training on financial management to Members of Parliament (MPs), helping them better execute their mandates, and become social protection champions during parliamentary debates on social protection-related legislation, budget approval and oversight. The training utilized a module from an innovative TRANSFORM learning on the implementation of national social protection floors in Africa spearheaded by UNICEF, ILO, and the United Nations Development Programme (UNDP). The MPs' understanding of mental health issues and dedicated financing for such services was built as well and will help them influence related legislation and budget allocations. In 2022, the country's first urban social protection programme for adolescent girls, supported by UCO and implemented by KCCA, doubled its beneficiaries covering 3,000 girls.

UCO strengthened the government's **data management systems** by launching, together with the Prime Minister, the National Nutrition Information Platform and governance framework; supporting the setting-up of an inter-ministry real-time, web-based WASH Management Information System, and introducing water quality testing as part of DHS for the first time, which will help the government track progress against SDG 6.1 and 6.2. UCO further invested efforts to restart EMIS and the National Assessment of Progress in Education (NAPE) system.

UNICEF Uganda's social and behaviour change communication programme was critical in mobilizing communities and promoting positive behaviours in both emergency and development contexts. UCO supported the development of the National Adolescent Health Social and Behaviour Change Communication strategy and the Adolescent Volunteer Initiative reached close to 30,000 people (57% adolescents) with integrated health promotion and advocacy messages. Immunization

messaging reached over 23 million people while the go-to-school/back-to-school/stay-in-school and ECD campaigns reached over 5 million people. Risk communication reached 5 million people during the EDV outbreak with 876,000 key stakeholders (first responders and key influencers) trained in prevention messaging. Feedback was provided to 1.3 million people through feedback mechanisms.

UCO improved its **programme and operational effectiveness** harmonizing and simplifying internal processes, boot horizontal collaboration, strengthening the organizational capacity and accountability of UNICEF's government and non-government implementing partners, and maintained a high level of emergency preparedness and response capacity. UCO engaged in an early Mid-Term Review process sought greater focus and impact of UNICEF's activities that will bring transformative results for children, post COVID-19. UCO strengthened its internal cross-sectoral collaboration through 10 cross-sectoral areas, including climate change, early childhood and adolescent development, gender equality and disability and further conceptualizing the district system strengthening approach, with greater convergence between programmes and operations and further reflecting on decentralized processes.

UCO supported the government's **emergency preparedness and response capacity** by building relevant skills in eight districts and maintained **humanitarian response in refugee-hosting districts, including by** supporting the implementation of the Comprehensive Refugee Response Framework (CRRF) in Uganda. The Karamoja drought and EVD outbreak response attested the high level of preparedness and capacity for the emergency response and provided an opportunity to strengthen the Accountability to Affected Population (AAP) and PSEA approaches in both UNICEF and implementing partners' operations. Implementing partners capacity was strengthened through the Harmonized Approach to Cash Transfer and fraud awareness training. UCO procured programme supplies worth US\$14.4 million and leveraged government resources for the procurement of essential and strategic supplies for children. Specifically, the national budget allocated US\$1.3 million for ready-to-use therapeutic food – and sustained the annual allocation for traditional routine vaccines at US\$5.5 million, aligned with national demand forecasts. UCO invested in supporting the smooth, effective, and efficient return to office for UNICEF staff after the COVID-19 restrictions, building a team culture and cohesion. Staff safety continued to be a priority in view of the multiple public health emergency outbreaks in the country.

The Mid Term Evaluation (MTE) of the NSCMTP and the EU-UNICEF Joint Nutrition Action informed the design of the GoU NSCMTP 2022-2025, the harmonized Child Protection Management Information System, and re-adaptation and implementation for selected nutrition governance activities.

UN Collaboration and Other Partnerships

In 2022 UCO continued to maintain strong collaboration and partnership with the larger United Nations family, development partners, civil society organizations (CSOs), academia and media. Within the United Nations family, UNICEF maintained the chairmanship of the United Nations' Sustainable Development Cooperation Framework (UNSDCF) Strategic Priority Areas 3 on human well-being and resilience and chair of the UNSDCF Result Group 4 on equitable access to quality basic social and protection services. UCO supported the development of three critical United Nations Joint Programmes on adolescent and youth development, gender equality, and data. UNICEF led the preparation of the United Nations envisioning paper on sustainable programming in Karamoja.

UNICEF renewed its collaboration with the United Nations High Commissioner for Refugees (UNHCR) and signed Letter of Understanding for collaboration within the CRRF National Plan of Action in Uganda. UCO worked with the United Nations Population Fund (UNFPA) on the global programmes to end child marriage and FGM and developed, together with UNFPA, UNWOMEN, UNDP and UNHCR, the first-ever SPOTLIGHT successor programme addressing GBV and financed by the European Union. The construction of the joint UNICEF-World Food Programme (WFP) shared premises was also initiated.

In 2022, UNICEF Uganda continued its strong convening role to bring together diverse partners around strategic discussions on critical investments to support children's rights and worked with the World Bank, the International Monetary Fund, African Development Bank, and other bilateral partners in addressing **health, nutrition and WASH** needs of children in public health emergencies and refugee-hosting districts and to address climate change and food insecurity in Uganda, and implementation of the joint SRH/HIV/GBV integration (2gether 4 SRHR) programme together with UNAIDS, UNFPA and WHO.

UCO and the Stockholm International Water Institute supported the Ministry of Water and Environment to develop a climate rationale and a results framework for climate-resilient WASH addressing drought, floods, water pollution and landslides. UNICEF led convening partners and finalizing the negotiations on the **Education** Sector Compact, raising an estimated US\$213.8 million from GPE and bilateral donors to strengthen quality, inclusive education.

In collaboration with UNHCR and the Irish government, UCO helped formulate the Education Response Plan for Refugees and the Host Population. The partnership with ILO, UNHCR, the World Bank, the International Finance Corporation, the United Nations Educational, Scientific and Cultural Organization (UNESCO), Airtel Africa, and local media was crucial for the successful implementation of the multi-partner 'Partnership for improving prospects for forcibly displaced persons and host communities' (PROSPECTS) programme spearheaded by the Government of the Netherlands with a focus on digital learning and parenting e-education.

UNICEF Uganda and the US Agency for International Development (USAID) co-chaired the Social Care and Support Technical Working Group bringing together development partners and CSOs under improved coordination and harmonized technical and financial support towards a strengthened national child protection system. The partnership with Makerere University continued to provide technical expertise to the national parenting programme, while the partnership with Butabika National Mental Hospital supported the provision of adequate mental health and psychosocial support services during the EVD response.

Lessons Learned and Innovations

In 2022, UNICEF Uganda continued to spearhead **innovations** in its development and humanitarian

programming. Digital innovations and digital microplanning tools developed during the COVID-19 response were fully integrated into the routine immunization programme in Uganda to increase vaccination rates. Innovative ways to engage political, religious and community leaders and influencers were key in providing accurate information to counteract vaccine hesitancy and mistrust and critical in the EVD outbreak response.

The boosting of the **‘delivering as one’ approach in joint UN programming** demonstrated new ways for co-creation and optimization of delivering of services, including through engagement of community in programming, and was spearhead in the planning and implementation of the Spotlight and teenage pregnancy programmes, while **U-Report** was actively used to gauge adolescents’ participation and feedback.

UNICEF Uganda, UNESCO and MoES delivered on the **education system’s digital agenda** by assessing the education system’s e-readiness and using the Kobo data management system in the 29 UNICEF-supported districts to provide viable education data in the absence of EMIS thereby supporting district planning and monitoring. An innovative model of **skilling youth for ECD** brought together the government, private sector, civil society, and young people to address the twin objectives of engaging youth and providing quality ECD services for young children.

Innovative approaches in child protection leveraged the use of smartphones owned by community development officers and social workers, using harmonized web-based applications and smartphones to collect data and thus mitigate existing challenges with manual recording and transmission of administrative data through case management books. The UCO Information Communication and Technology for Development section successfully launched the second cohort of the UNICEF Innovation Fund challenge, awarding UGX 545 million (US\$145,000) to five new innovators, while continuing to support the ongoing work of the three awardees from 2021.

Valuable lessons learned were derived in 2022. The long COVID-19-related school closure underlined the need for **innovative and alternative ways of delivering education**, including early learning materials. Materials and tools developed during the pandemic were instrumental in ensuring delivery of quality home and community-based learning – even after schools reopened – to vulnerable young children and pregnant girls that could not or could not afford to return to school. The piloting of the new comprehensive life skills toolkit proved that structured life skills education can strengthen adolescents’ core competencies even when implemented as co-curricular school activity.

Implemented **programmes** underlined the critical role of the established child well-being committees for strengthened **district and sub-county child protection action** and underlined the fact that districts with strong leadership knowledgeable in child rights and child protection issues are more results oriented and committed to bringing together diverse partners and can ensure better multi-sectoral coordination. The evaluation of the social service workforce in UNICEF-supported districts highlighted the key role of social welfare officers in community-based child protection prevention and response. Districts with a social welfare officer reported supporting higher numbers of reported VAC cases and demonstrated stronger linkages with para-social workers and model parents, bridging the gap between service providers and communities in preventing and responding to VAC.

Lessons learned from Mukono municipality in **WASH underlined that** ownership and participation across the entire sanitation chain and close collaboration with local authorities is extremely important for the **successful implementation of urban sanitation**. Furthermore, the private sector proved to be the main driver of sanitation improvements in urban areas, as demonstrated by the Satopan and lined-pit technology innovations, which made toilets washable and safe for children while providing income opportunities for local masons. In addition to providing entrepreneurship and income opportunities for community sanitation value actors (masons and village loan and saving associations) the market-based sanitation approach and urban sanitation demonstrated the potential to leverage government

programmes such as the Parish Development Model and the Women Development Fund. The engagement of parents and school management to set up and maintain WASH facilities, including through fund management, is key to continuous and proper functionality of **WASH facilities in schools**. In addition, the provision of safe water to schools enhanced opportunities for the delivery of diversified and nutritious diets through vegetable gardens.

With the pastoralist nature of the Karamoja region, UNICEF came up with an innovative nutrition integrated community outreaches with multi-disciplinary teams for direct SAM treatment called “Directly Observed Therapy (DOT) that improved adherence to the prescribed dosage of RUTF and contributed to better treatment outcomes reaching, all estimated children with SAM in the region.

Many districts do not have HR for nutrition and this affected resilience of those districts when emergency happens

An important lesson learnt in **social policy** was that there is need for a robust national contingency planning to anticipate and mitigate the impact of multiple shocks (such as COVID-19, the spillover effects of the Russia-Ukraine war, and the EVD outbreak) on the vulnerable households. In the face of multiple shocks that diminish the fiscal space, UNICEF needs to engage deeply and more regularly in the national budgeting process for impactful results for children. In the area of evidence generation, efforts also need to be coupled with the development of a robust advocacy strategy to influence policy and practice. Engaging at all levels of policy, including with technical-level government colleagues, is critical to get buy-in for system-wide advocacy initiatives.

Social protection coverage remains low, and programming is mainly concentrated at central level with districts largely excluded from social protection programming. Consequently, there is need to improve the understanding of social protection at the sub-national level. Developing shock-responsive social protection systems is critical to facilitate quick scale-up of assistance to households following disasters. Additionally targeting for social protection remains a huge challenge in Uganda and requires further investments.