Highlights

- Uganda experienced a nutrition crisis in Karamoja, disease outbreaks, impacts of flooding and refugee influx during the reporting period.

- From January to June 2023, preparedness efforts were stepped up in districts at risk of outbreaks of Cholera and Marburg Virus Disease (MVD) from neighbouring countries by the Uganda Ministry of Health (MoH) and partners.

- As of June 2023, UNICEF has supported provision of life-saving health care services to 521,217 children and women, in addition to 17,756 children who received treatment for severe wasting. A total of 250,112 children under one received measles vaccinations.

- UNICEF and partners have reached 5,298 unaccompanied and separated children (UASC) with appropriate alternative care services, and 19,039 with mental health and psychosocial support, and ensured that 89,502 children accessed formal and non-formal education, including early learning.

- In response to a fatal attack on Lhubiriha secondary school in Kasese district, UNICEF supported para-social workers, community development and social welfare officers to reach 2,055 children (944 boys, 1,111 girls) and 1,771 parents and caregivers with community-based psychosocial support.

- UNICEF Uganda’s Humanitarian Action for Children (HAC) is 66 per cent unfunded. Over US$28.7 million is still needed for the remaining half of the year to respond to identified gaps among vulnerable children.

**UNICEF’s response and funding status**

<table>
<thead>
<tr>
<th>Area</th>
<th>Measles vaccination</th>
<th>Funding status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>42%</td>
<td>37%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>26%</td>
<td>45%</td>
</tr>
<tr>
<td>Nutrition</td>
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<td>52%</td>
</tr>
<tr>
<td>Education</td>
<td>45%</td>
<td>44%</td>
</tr>
<tr>
<td>Safe water access</td>
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<td>16%</td>
</tr>
<tr>
<td>HCT access (Households)</td>
<td>23%</td>
<td>19%</td>
</tr>
</tbody>
</table>

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

Despite the growing humanitarian needs of women and children in Uganda, UNICEF’s Humanitarian Action for Children (HAC) remains underfunded, with a gap of US$28.7 million or 66 per cent, against a target of US$43.2 million. For 2023, UNICEF has only US$14.4 million available to sustain life-saving services for women and children. This includes US$11.6 million carried over from 2022, and US$2.9 million received from the Government of Japan and an internal allocation from the Global Humanitarian Thematic Fund (GHTF) to mitigate the impacts of climate change on food security and livelihoods in Karamoja sub-region, and from the UK Government through the Foreign, Commonwealth, and Development Office (FCDO) in response to the refugee influx in Uganda.

Carry-over funds from 2022 were generously contributed by the US Fund for UNICEF, Spanish Committee for UNICEF, German Committee for UNICEF, United Kingdom of Great Britain and Northern Ireland, the Netherlands Committee for UNICEF, United States Agency for International Development (USAID), United Nations Office for the Coordination of Humanitarian Affairs (OCHA) Central Emergency Response Fund (CERF) Secretariat, Global Humanitarian Thematic Fund (GHTF), European Community Humanitarian Office (ECHO) and the Government of the Netherlands.

Situation overview and humanitarian needs

Hydrometeorological hazards

Uganda continues to grapple with the consequences of natural disasters. According to the Office of the Prime Minister (OPM) and the International Organization for Immigration (IOM), floods, drought, landslides, wildfires, heavy winds and hailstorms were recorded in over 10 districts including Kasese, Rukungiri, Kisoro, Kampala, Kanungu, Bukeeda, Kabale, Kasese and Manafwa. A total of 90,226 people were affected, 37 per cent of them children. Destruction of houses and health facilities and contamination of water facilities also recorded. Prolonged dry spells and flooding have triggered substantial increases in staple food prices, which is likely to lead to increased malnutrition and protection risks.

Food insecurity in Karamoja region

Driven by below-average harvests in 2022, atypically high food prices and sustained insecurity in the region, the lean season in Karamoja is exacerbating levels of food insecurity, according to the Famine Early Warning Systems Network (FEWSNET). Harvests in localized areas of Abim, Amudat, Karenga, and Napak are insufficient, at the same time prices remain high, making it too expensive for most poor households to access food. According to the Uganda National Meteorological Authority (UNMA), while cumulative rainfall was expected to reach 45 to 90 per cent of the long-term average from April to June, rainfall performance from mid-May through early June was exceptionally poor, at less than 30 per cent of the long-term average. Consequently, crop production in Karamoja is anticipated to remain below the five-year average in 2023.

UNICEF supported implementation of the 2023 Karamoja Food Security and Nutrition Assessment (FSNA), which gathered up-to-date data on malnutrition in children under five years of age, followed by analysis of Integrated Phase Classification Crisis (IPC). These assessments have supported evidence-based decision-making and informed interventions by UNICEF and partners, making it possible to accurately identify the number of children and pregnant/lactating women in need of treatment for acute malnutrition. The preliminary FSNA report indicates that acute malnutrition slightly dropped to 11.3 per cent from 15 per cent in 2022, while the prevalence of severe acute malnutrition remained at two per cent. The IPC malnutrition analysis report indicates all the districts in the region as classified between IPC 2 and 4. Kaabong district faces the biggest challenge, at critical situation (IPC Acute Malnutrition (AMN) Phase 4) and GAM prevalence of 18 per cent. Amudat, Kotido, Moroto, Nabilatuk and Nakapiripirit districts were classified as being in a serious situation (IPC AMN Phase 3) with global acute malnutrition (GAM) prevalence of 12.9%, 13.8%, 10.8%, 10.1% and 10.3% respectively. The remaining districts, namely Abim, Karenga and Napak, were classified as being in alert situation (IPC AMN Phase 2) with GAM prevalence of 6.2%, 8.9% and 9.4% respectively.

UNICEF and partners continue to use this information to develop additional interventions to reach more women and children with services.

Ebola Virus Disease (EVD)

The Uganda Government, in coordination with the World Health Organization (WHO), declared the end of the Ebola Virus Disease (EVD) outbreak in Uganda on 11 January 2023. At this point 142 cases had been registered, with 55 deaths (a case fatality rate of 39 per cent) and 87 recoveries. During this reporting period, the epidemiological situation for EVD remained the same; UNICEF therefore focused on preparedness and recovery activities. The MoH, with
partners including UNICEF conducted a joint Intra Action review across the EVD response pillars. The MoH and WHO developed the ‘180 days Recovery Response Plan’ for implementation up to the end of July 2023, to which UNICEF aligned its post EVD recovery plan activities. In addition, UNICEF finalized its internal After-Action Review (AAR) that documented best practices, gaps, lessons learned and suggested areas of improvement. Finally, UNICEF is working on a learning-focused evaluation for preparedness for Level 2 Ebola emergency, a draft of which will be shared with partners.

**Marburg outbreak in Tanzania**

In March 2023, a Marburg virus disease outbreak was declared in Bukoba district in Tanzania’s Kagera region. In response, the Uganda Ministry of Health and WHO, along with other partners, conducted a rapid risk assessment (RRA). The assessment identified Kyotera, Rakai, Isingiro, Masaka and Kalangala as the high-risk districts for a potential outbreak due to their shared border with Tanzania, active trade activity, and the mobility of refugees hosted in Isingiro District. The MoH with the support of partners, developed a costed preparedness and response plan. At the end of the Marburg outbreak on 2 June, Tanzania had reported nine cases with six deaths. No new cases have been reported in either Tanzania or Uganda since the end of the outbreak.

**Measles**

At the beginning of 2023, a measles outbreak was confirmed in the refugee-hosting districts of Kiryandongo, Lamwo, and Koboko, following an outbreak in South Sudan. The most recent case was reported in Bundibugyo district, bringing the cumulative cases to 95 across all affected districts by midyear. Active surveillance and monitoring in the four districts are on-going.

**Cholera**

With cholera outbreaks confirmed in 14 African countries (including four countries neighbouring Uganda) by end of June 2023, UNICEF continues to engage with the MoH and WHO to finalize the National Cholera Strategic Costed Response Plan 2023-2030, while prioritizing preparedness activities to respond to a potential outbreak. The flooding situation reported across Uganda following the return of the rains between March and June increased the risk of a cholera outbreak. To this end, UNICEF has developed a costed preparedness and response plan that focuses on risk communication and community engagement (RCCE), prepositioning of supplies, Infection Prevention and Control (IPC)/Water Sanitation and Hygiene (WASH) support and continuity of essential services.

**Meningitis**

During this reporting period, an outbreak of Meningitis was confirmed in Obongi district, with three confirmed cases and one death. The MoH, working with WHO, deployed a Rapid Response Team (RRT) to conduct a risk assessment. The district continued to take leadership in the response with support from Medical Teams International (MTI) UNHCR and UNICEF. Despite limited funding for local operations, the district activated all response pillars and managed to contain the outbreak, with no increase in number of cases and cross-over to other districts reported.

**Other Disease Outbreaks**

Between January and June, two cases of Crimean Congo Hemorrhagic Fever (CCHF) were confirmed in Wakiso and Rakai districts. Nineteen cases of Rift Valley Fever (RVF) were confirmed in the districts of Kazo and Mbarara but have been controlled with support of the MoH rapid response teams that were deployed to these districts. UNICEF continues to support the MoH to manage public health events including investigations into suspected outbreaks of yellow fever in Wakiso, Bukiwe, Kamuli, Kampala and Buvuma districts, and monitoring of the CCHF situation in Wakiso.

**Attack on Kasese school**

On Friday 16 June, at around 10 p.m., assailants suspected to have links to the Allied Democratic Forces (ADF), attacked Lhubiriha Secondary School in Mpondwe Town Council, Kasese District. The attack, which lasted about two hours, resulted in the loss of 44 lives (20 male, 24 female) majority of whom were children (17 boys and 21 girls), between the ages of 14 and 17. Six children and two adults were abducted, two dormitories were burnt down and both food and non-food items were looted during the attack. A rapid assessment of the situation was undertaken by the District Disaster Management Committee (DDMC), which showed that 115,011 people (60,305 female and 54,706 male) from 12 sub counties and town councils were displaced or suffered trauma. Of the total affected population, 3,114 were people with disabilities, of which 30 per cent were children. About 4,544 people (908 households) from sub counties bordering Democratic Republic of the Congo have abandoned their homes due to fear of further attacks and are currently displaced in Kinyamaseke sub county and Kasese municipality.

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1 One from host community and two refugees
Refugees
According to the Office of the Prime Minister and UNHCR, Uganda is home to over 1.5 million refugees and asylum-seekers, (56 per cent children). Since the beginning of 2023, ongoing conflicts in the Democratic Republic of Congo and South Sudan, have resulted in 62,200 new arrivals. Many displaced children arriving at the refugee settlements are acutely malnourished, contributing to the high malnutrition caseload in already stretched facilities with limited resources.

According to MoH admissions data in DHIS2 (July 31, 2023), there is a significant increase in the number of new admissions of children 6-59 months with severe acute malnutrition (SAM) in outpatient and inpatient therapeutic care from January to June 2023 compared to the same period in the last three years (2020, 2021 and 2022). Specifically, there are 6,900 children enrolled in care in 2023 compared to 6,424 in 2022, 5,026 in 2021 and 5,225 in 2020.

The main drivers of malnutrition among refugees include poor food consumption due to humanitarian assistance ration cuts, high food prices and low incomes, constrained health services delivery, and high incidence of disease outbreaks. In May, humanitarian food assistance rations continued at planned levels across refugee settlements, sustaining Stressed (IPC Phase 2) outcomes. However, implementation of Phase 3 of WFP's reprioritization process for determining humanitarian assistance ration eligibility is now anticipated to begin in July 2023 across refugee settlements, which is likely to lead to further ration cuts and the deterioration of more poor households into crisis (IPC Phase 3) or worse.

Summary analysis of programme response
Health
During this reporting period, UNICEF’s priority was to sustain delivery of essential health services, while supporting risk communication, community engagement and IPC/WASH activities, and support to EVD survivors. The MoH and partners, including UNICEF, continued to support and implement the COVID-19 stabilization response plan for Uganda, focusing on the vaccination of missed target groups including children aged 12 to 17 years. In the first half of 2023, 521,217 children and women received essential health care services, including immunization and antenatal care. A total of 250,112 children under one year received measles vaccination during the routine programming and emergency response.

UNICEF continues to engage with MoH and partners through the National Task Force (NTF) for public health emergencies. UNICEF supported Jinja District local government (DLG) and Jinja City health offices to analyze service data in District Health Information System II (DHIS2) to understand the gaps in continuity of essential health services due to EVD outbreak and take corrective actions. In addition, UNICEF oriented village health team members (VHTs) on continuity of essential health services and Infection Prevention and Control (IPC).

As part of preparedness efforts, UNICEF has supported the districts of Kyotera and Isingiro to develop their district Marburg virus disease preparedness and response plans and supported deployment of officers to support RCCE activities on infection prevention. UNICEF provided 25 Acute Watery Diarrhoea (AWD) kits to districts prone to cholera outbreaks and floods.

In response to the measles outbreak in Kinyandongo district, UNICEF, alongside WHO, UNHCR and the International Rescue Committee (IRC) supported the MoH to carry out a Measles Rubella (MR) mass campaign targeting 11,938 children under five years of age. The campaign, which included a mop-up exercise, attained a coverage of 96 per cent, reaching 11,460 children with the MR vaccine.

Nutrition
In the first half of the year, UNICEF has provided technical support to the MoH, the National Referral Hospital, and to Regional Referral Hospitals (RRHs) and District Local Governments in districts responding to emergencies to build their capacity to deliver quality nutrition services. UNICEF supported the establishment of an effective coordination mechanism, bringing together platforms including the monthly Nutrition Technical Working Group and sub-groups focused on monitoring and evaluation (M&E) and Integrated Management of Acute Malnutrition/Nutrition in Emergencies. Through these structures, the MoH and partners have deliberated on programme delivery, coordination, supplies, nutrition data and preparedness for nutrition emergencies. This collaborative approach has fostered efficient decision-making and resource allocation, ultimately improving the delivery of nutrition services. At health facility level,

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2 The Maternal, Child Health (MCH) services were the most affected.
3 Busia, Namayingo, Tororo, Isingiro, Kasese, Kikuube
UNICEF supported procurement and delivery of essential supplies, including Ready-to-Use Therapeutic Food (RUTF), ReSoMal, F75, and F100, to designated health facilities enabling them to provide timely and appropriate care for malnourished children. Provision of Mid-Upper-Arm Circumference (MUAC) tapes, weighing scales, ITC kits, and ECD kits ensured availability of services for screening and management of child wasting. A total of 17,756 children with severe wasting were treated, while 434,527 caregivers of children were counselled on Infant and Young Child Feeding (IYCF) practices.

Despite these achievements, challenges such as delays in the delivery of supplies and the critical level of acute malnutrition in Karamoja persist. Lessons learned highlighted the need for detailed nutrition preparedness and response plans and the importance of integrating nutrition supplies issues within government systems.

**Child Protection**

Social and behaviour change and community engagement approaches can shift harmful social norms by engaging children, families and communities to challenge such norms and achieve desired change. In the first half of 2023, UNICEF has worked through partners, government structures and community volunteers to engage 4,947 children (2528 boys, 2419 girls) and 4309 adults (2053 female, 2256 male), in social and behaviour change communication actions.

In partnership with Save the Children, World Vision and District Local Governments, UNICEF reached 5298 unaccompanied and separated children with appropriate alternative care services in the districts of Obongi, Kyegegwa, Kikuube, Moroto, Kaabong and Kotido. In addition, 19,039 children were reached with Mental Health and Psychosocial Support (MHPSS) services.

In the districts affected by EVD (Kikuube, Kyegegwa and Kasanda) 162 social welfare officers (para-social workers, community development officers and community based services teams) were trained on MHPSS. In addition, the three districts were supported to design interventions to address critical gaps existing in the districts around MHPSS, child protection and GBV risk mitigation, prevention and response as part of the broader post-EVD programming.

In response to the attack on Lhubiria secondary school in Kasese by suspected ADF rebels, UNICEF supported a joint team of para-social workers, community development and social welfare officers to reach 2,055 children (944 boys, 1,111 girls) and 1,771 parents and caregivers (777 male, 994 female) with community-based psychosocial support. A total of 51 survivors and bereaved families were reached with MHPSS services. Of these 22 were children (10 boys, 12 girls) and 29 were adults (10 male, 19 female). Thirty-seven security personnel (34 male, 3 female) were also trained on child protection.

**Gender Based Violence (GBV) & Protection from Sexual Exploitation and Abuse (PSEA)**

To prevent, mitigate and respond to GBV, UNICEF and partners supported provision of a range of services, benefitting 31,887 individuals (15,171 male, 16,716 female). A total of 69,211 people (33,948 male, 35,263 female) benefitted from PSEA awareness raising activities and accessed at least one UNICEF PSEA-supported reporting channel. As the country continues to grapple with various emergencies, UNICEF staff and partners will strictly adhere to a zero-tolerance approach to sexual exploitation and abuse (SEA). The PSEA team will continue to build the capacities of all humanitarian actors to prevent, mitigate, and respond to SEA risks, raise awareness on PSEA, and ensure that affected populations understand how to respond to incidents and expand reporting systems and community-based feedback mechanisms. All staff and personnel are encouraged to maintain two-way communication as part of programming to facilitate exchange of information, while identifying risks in the communities that UNICEF serves for strengthened, safe and timely response to SEA allegations as well as GBV incidents.

**Water, sanitation, and hygiene (WASH)**

Over the last six months, UNICEF has continued to support post-EVD and Marburg viral disease preparedness and response in health facilities and schools through provision of standard WASH supplies packages to institutions in affected districts. Six water supply systems, powered by both solar and national grid, were installed in January and have provided access to safe water for 28,800 people. The installation of mobile toilets at Jinja RRH and Maga Maga HCIII has ensured that 9,600 people can access a proper sanitation facility. Replenishment of consumable WASH supplies to 336 health facilities and 330 schools in Kassanda, Mubende, Kagadi, Kyegegwa, Wakiso, Jinja and Kampala was completed. This has ensured health workers and teachers continue to implement IPC practices at health facilities and in schools. UNICEF provided WASH supplies, including Aquatabs for water disinfection, to flood-affected populations in Kisoro, Kasese and Kigezi districts. Overall, 561,300 people have been reached with critical WASH supplies.
**Education**

UNICEF continues to provide technical support to the education response plan secretariat to implement the Education Response Plan for Refugees and Host Communities in Uganda (ERP). In May 2023, the ministry of education launched the second ERP; the three-and-a-half-year plan targets 674,895 children in refugee settlements and host communities in 13 districts. As a result of UNICEF support, a total of 89,502 (43,492 male, 46,010 female) children have been reached with formal and non-formal education including early learning between January and June 2023. In Karamoja region, through Moroto Core PTC, UNICEF supported continuous professional development (CPD) for 150 (66 male and 84 female) caregivers from the districts of Nabilatuk, Amudat, Moroto, Abim and Kaabong. The caregivers are facilitating learning for 4,830 (2,285 boys and 2,545 girls).

UNICEF supported the ministry of education and sports and the school health team at ministry of health to train 1,283 (734 male, 549 female) teachers from sub-counties at high risk of EVD on implementation and monitoring of infection prevention measures in preparation for school reopening.

UNICEF has supported the districts of Kyeyegwa, Isingiro and Kikuube to hold integrated early childhood development (IECD) multisector coordination meetings. During the meetings, participants developed strategies for strengthening collaboration and coordination for sustainable IECD services delivery at the district and sub-county levels, empowerment of duty bearers and sensitization of ECD service providers on adherence to policy requirements as a basis for quality ECD service provision.

UNICEF supported 753 learners (356 boys and 397 girls) from Chibumba primary school in Kisoro district with tents, textbooks, mobiles and WASH supplies following the flooding that destroyed most of the school infrastructure.

In northern Uganda, UNICEF and partners are piloting an innovation to distribute play materials to designated ECD centres in hard-to-reach areas, using tricycles. The approach of using play materials to foster learning is becoming increasingly accepted by parents as they come to appreciate the value of play and the importance of their own involvement in the activities. So far, 165 children (72 male, 93 female) from 70 households (27 refugee and 43 non-refugee) have been reached through this new approach.

**Social behaviour change (SBC), accountability to affected populations (AAP), and localization**

In the first half of 2023, through a range of social and behaviour change interventions, UNICEF and partners have cumulatively reached a total of 2,195,185 people with messages on prevention and access to services during public health emergencies including EVD, RVF and measles outbreaks.

UNICEF organized risk communication and community engagement actions involving 377,929 influencers and change agents through which 332,188 people provided feedback through established accountability and feedback mechanisms.

With support from UNICEF, 1,870 (826 male, 1,044 female) resource persons drawn from various community structures (local councils, village health teams and district technical teams) in the refugee-hosting districts of Yumbe, Terego, Koboko, Arua, Nebbi, Kiryandongo, and Adjumani have been oriented on data use for decision-making and how to conduct targeted community engagements. The trained resource persons used multifaceted community approaches including dialogues, focus group discussions and home visits to deliver key messages on key family care practices and mobilized communities to access services provided during the Integrated Child Health Days, and during implementation of Measles Rubella and yellow fever campaigns. Through these structures, 13,876 (5400 male, 8,476 female) individuals were reached.

Twenty-six staff from five Implementing Partner agencies (The Association of Volunteers in International Service (AVSI), Transcultural Psychosocial Organisation, Gulu Regional Referral Hospital, Finn Church Aid, and Norwegian Refugee Council) were trained on SBC activity design and reporting.

UNICEF supported the RVF-affected districts of Mbarara and Isingiro with translated IEC materials in three languages: Runyankore-Rukiga Runyoro-Rutooro and English. The materials included talking points and DJ mentions for radio hosts and facilitators of radio talk shows, and had basic messages on RVF prevention.

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4 The Education Response Plans Steering Committee under Ministry of Education and Sports has approved sub-grantees selected to implement the US$ 25.5 million ECW funded multi-year resilience plan (MYRP) in support to the second education response for refugee and host communities (ERP2).
To support mobilization and community outreach activities on Marburg virus disease in the high-risk districts of Kyotera, Kalangala and Rakai, UNICEF deployed two SBC consultants as surge human resource. In addition, 34,500 posters in three languages\(^5\), providing information on causes, signs and symptoms, and prevention were printed and distributed.

**Social Protection**

During the first half of the year, UNICEF undertook a series of preparatory activities to facilitate implementation of the first Humanitarian Cash Transfer initiative, targeting 6,400 beneficiaries in refugee and host communities in Lamwo district. The activities included establishing partnerships, streamlining processes and verification of intended beneficiaries. Of the target population of 6,400, a total of 6,335 individuals were successfully verified, and received their first cycle of payment. Seventy-two per cent of beneficiaries are refugees, while 28 per cent are from the host community.

**Emergency Preparedness Response Planning**

Over the last six months, UNICEF has continued to work with Office of the Prime Minister and district local governments to train district disaster management committees (DDMC) and sub county disaster management committees (SCDMC) in the skills of emergency preparedness and response, development of district contingency plans and conducting practical simulation exercises to test the approved DCPs. Two districts (Kakumiro and Kalungu) were supported to conduct training of 80 district and sub county staff and kick started the process of developing their DCPs, expected to be completed by the end of the year.

**Humanitarian leadership, coordination, and strategy**

UNICEF’s humanitarian response in Uganda is in line with the Comprehensive Refugee Response Framework, Grand Bargain commitments and the current Country Programme Document (CPD), and centres on district-level systems strengthening. To this end, district actors are supported to incorporate humanitarian preparedness and response into their annual and midterm district plans.

The Government’s national response to disease outbreaks builds on significant investments made by UNICEF and partners in recent years to support national health systems and incorporate learning from previous health emergencies. UNICEF, in collaboration with the ministry of health and other partners, is focusing on public health awareness through risk communication and community engagement, coordination and leadership and information and communication technology through the national and district task forces.

UNICEF is supporting national and district specific coordination meetings around nutrition emergency response and governance. UNICEF is supporting the emergency and planning and response (EPR) initiative by scaling up support to selected districts and sub-county disaster management committees on capacity-building efforts in partnership with the Office of the Prime Minister.

UNICEF participates in the in-country interagency Prevention of Sexual Exploitation and Abuse (PSEA) Task Force, and provides technical support to the Humanitarian Interagency Coordination Group (HICG) led by the United Nations Resident Coordinator’s Office at the national and sub-national levels. UNICEF is actively engaged in the UN HICG activities including emergency planning and coordination meetings on flooding and the Karamoja Nutrition Response. The support to HICG includes development of a joint contingency plan for natural disasters and acceptable thresholds and supporting requests for a joint Central Emergency Response Fund (CERF).

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\(^5\) Luganda, Swahili and Runyankore-Rukiga (RR1)
Human interest stories and external media

Stories: [www.unicef.org/uganda/stories-field](http://www.unicef.org/uganda/stories-field)

Next SitRep due: September 2023
UNICEF Uganda: [www.unicef.org/uganda](http://www.unicef.org/uganda)
Uganda Humanitarian Action for Children Appeal: [https://www.unicef.org/appeals/uganda](https://www.unicef.org/appeals/uganda)

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Annex A
Funding Status*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Humanitarian resources received in 2023</th>
<th>Resources available from 2022 (carry-over)</th>
<th>US$</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>7,281,879</td>
<td>1,732,413</td>
<td>1,531,225</td>
<td>4,018,241</td>
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<td>Health</td>
<td>9,014,266</td>
<td>172,167</td>
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<td>5,679,176</td>
<td>63</td>
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<td>Water, sanitation &amp; hygiene</td>
<td>12,198,083</td>
<td>0</td>
<td>1,922,947</td>
<td>10,275,137</td>
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<td>Child protection, GBViE and PSEA</td>
<td>6,305,839</td>
<td>976,966</td>
<td>2,311,189</td>
<td>3,017,684</td>
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<td>Education</td>
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<td>1,940,166</td>
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<td>Social Protection</td>
<td>4,000,000</td>
<td>0</td>
<td>752,000</td>
<td>3,248,000</td>
<td>81</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>43,164,577</strong></td>
<td><strong>2,881,546</strong></td>
<td><strong>11,620,449</strong></td>
<td><strong>28,662,582</strong></td>
<td><strong>66</strong></td>
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</tbody>
</table>

* As defined in the 2023 Humanitarian Action for Children Appeal for 12 months
## Annex B: Summary of programme results

<table>
<thead>
<tr>
<th>Indicator disaggregation by SVD pillars</th>
<th>UNICEF and implementing partners’ response</th>
<th>2023 target</th>
<th>2023 results</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children vaccinated against measles</td>
<td></td>
<td>602,174</td>
<td>250,112</td>
<td>▲ 42%</td>
</tr>
<tr>
<td># of children and women accessing primary healthcare in UNICEF - supported facilities</td>
<td></td>
<td>2,045,688</td>
<td>521,217</td>
<td>▲ 25%</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children 6-59 months with severe wasting admitted for treatment</td>
<td></td>
<td>67,440</td>
<td>17,756</td>
<td>▲ 26%</td>
</tr>
<tr>
<td># of primary caregivers of children 0-23 months receiving infant and young child feeding counselling</td>
<td></td>
<td>1,104,787</td>
<td>434,527</td>
<td>▲ 39%</td>
</tr>
<tr>
<td><strong>Child protection, GBVIE and PSEA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children, adolescents and caregivers accessing community-based mental health and psychosocial support</td>
<td></td>
<td>39,156</td>
<td>19,039</td>
<td>▲ 21%</td>
</tr>
<tr>
<td># of women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions.</td>
<td></td>
<td>218,216</td>
<td>31,887</td>
<td>▲ 15%</td>
</tr>
<tr>
<td># of people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations</td>
<td></td>
<td>205,644</td>
<td>69,211</td>
<td>▲ 34%</td>
</tr>
<tr>
<td># of unaccompanied and separated children provided with alternative care and/or reunified</td>
<td></td>
<td>3,785</td>
<td>5,298</td>
<td>140%</td>
</tr>
<tr>
<td><strong>Water, sanitation, and hygiene</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people accessing a sufficient quantity and quality of water for drinking and domestic needs</td>
<td></td>
<td>166,000</td>
<td>28,800</td>
<td></td>
</tr>
<tr>
<td># of people accessing appropriate sanitation services</td>
<td></td>
<td>58,300</td>
<td>9,600</td>
<td></td>
</tr>
<tr>
<td># of people reached with critical WASH supplies</td>
<td></td>
<td>1,494,900</td>
<td>561,300</td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children accessing formal or non-formal education, including early learning</td>
<td></td>
<td>197,644</td>
<td>89,502</td>
<td>▲ 45%</td>
</tr>
<tr>
<td><strong>Social protection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of households reached with UNICEF-funded humanitarian cash transfers</td>
<td></td>
<td>10,000</td>
<td>2,300</td>
<td>▲ 23%</td>
</tr>
<tr>
<td><strong>Risk communication and social mobilization/ Community Engagement</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people reached through messaging on prevention and access to services</td>
<td></td>
<td>9,677,046</td>
<td>2,195,185</td>
<td>▲ 23%</td>
</tr>
<tr>
<td># of people who participate in engagement actions</td>
<td></td>
<td>1,935,409</td>
<td>377,929</td>
<td>▲ 20%</td>
</tr>
<tr>
<td># of people sharing their concerns and asking questions through established feedback mechanisms</td>
<td></td>
<td>3,870,819</td>
<td>332,188</td>
<td>▲ 9%</td>
</tr>
</tbody>
</table>
Annex C: MEDIA LINKS

HUMAN INTEREST STORIES

UNICEF condemns attack on school in Kasese and calls for respect of schools as a safe place for all learners

UNICEF support helps Kisoro District recover from flooding and landslides

Kasese landslide survivors set up committee to monitor cracks to save lives

UNICEF support saves grandmother made homeless by floods

A fire scarred Alfats body but didn't burn his dreams
https://www.unicef.org/uganda/stories/fire-scarred-alfats-body-didn-t-burn-his-dreams

Voices: Kagadi District leaders confident of mitigating and responding to disasters

After surviving an Ebola scare, Kagadi District is more than ready to respond to any emergency

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

Madudu community finds hope in sustainable water system amid WASH crisis

Clean water, healthy communities: How UNICEF’s intervention transformed the community of Kalwana

Uganda declared Ebola-free
https://www.unicef.org/uganda/stories/uganda-declared-ebola-free

Helping children to overcome Ebola stigma
https://www.unicef.org/uganda/stories/helping-children-overcome-ebola-stigma

VIDEOS

UNICEF supporting post-floods recovery of Chibumba primary school in #Kisoro District.
https://www.youtube.com/watch?v=I83K9gBF1M

UNICEF provides hope to flood and landslide affected persons in #Kasese and #Kisoro
https://www.youtube.com/watch?v=xuvagyrf_r_0

Solving water crises; one community at a time. | UNICEF Uganda
https://www.youtube.com/watch?v=HMW8nmS6y1o

Simulation exercises to enhance effective coordination in emergency preparedness and response.
https://www.youtube.com/watch?v=loW8qDgVtLyco

Simulation exercises; the cornerstone of emergency preparedness and response. | UNICEF Uganda
https://www.youtube.com/watch?v=amURNr8jGtt

The water system project; a game changer for Madudu.
https://www.youtube.com/watch?v=W8G7_eJdYNPI

SOCIAL MEDIA LINKS

Twitter
https://twitter.com/UNICEFUganda/status/1674755055755444228
https://twitter.com/UNICEFUganda/status/1673407275589132288
https://twitter.com/UNICEFUganda/status/1673655860298502147
https://twitter.com/UNICEFUganda/status/1672198641325408258
https://twitter.com/UNICEFUganda/status/1671822424172696401
https://twitter.com/UNICEFUganda/status/166863562474774528
https://twitter.com/UNICEFUganda/status/1661785354465050624
https://twitter.com/UNICEFUganda/status/1658222532363796482
https://twitter.com/UNICEFUganda/status/1648322169028456450
https://twitter.com/UNICEFUganda/status/1641455483621113857
https://twitter.com/UNICEFUganda/status/1640981654149577473
https://twitter.com/UNICEFUganda/status/1638907940491993088
https://twitter.com/UNICEFUganda/status/1634190284404797441
https://twitter.com/UNICEFUganda/status/1634190284404797441
https://twitter.com/UNICEFUganda/status/1625389307207815170
https://twitter.com/UNICEFUganda/status/1625389307207815170/photo/2
https://twitter.com/UNICEFUganda/status/1625368916032729088
https://twitter.com/UNICEFUganda/status/1613105863069405186

Instagram
https://www.instagram.com/p/CuEekKGOMrP/
https://www.instagram.com/p/Ct_iu8zsRUC/?img_index=1
https://www.instagram.com/p/CoT1KiRlRNNG/
https://www.instagram.com/p/CtyufU6Xs68/?img_index=1
https://www.instagram.com/p/CtdsWXb5sIt/?img_index=1
https://www.instagram.com/p/CR2K_IMKva/?img_index=1
https://www.instagram.com/p/CSsizWVz7Gh/?img_index=1
https://www.instagram.com/p/CgfP5X0viI9/
https://www.instagram.com/p/Coo69pnlbhf/?img_index=1
https://www.instagram.com/p/CooJLnYsDGK/?img_index=1