



Reporting Period: September–October 2020

Uganda Country Office

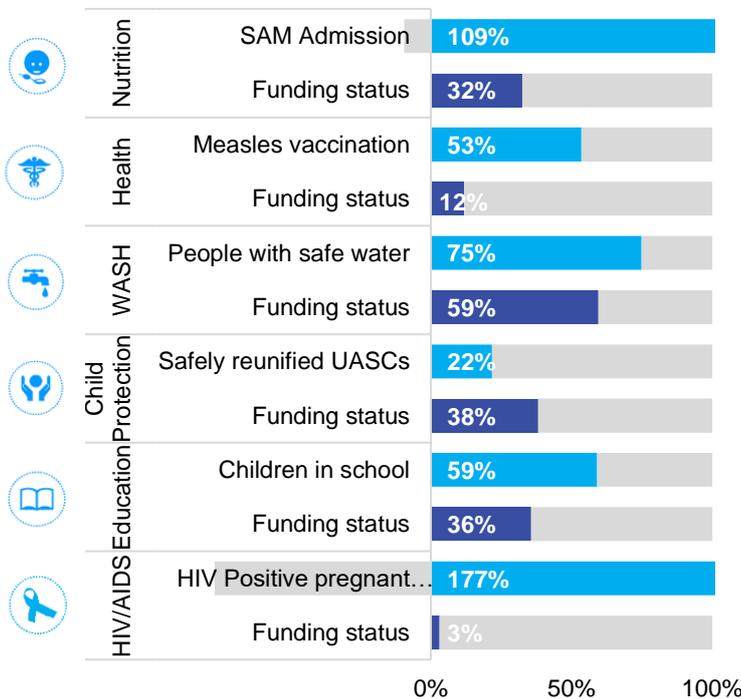
Humanitarian Situation Report No. 8



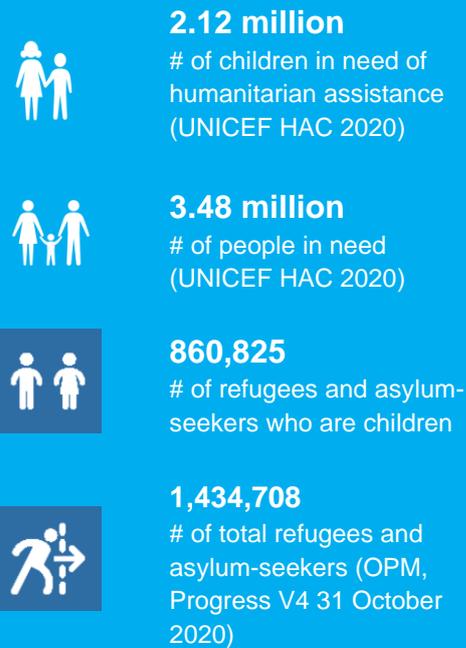
Highlights

- Uganda confirmed a total of 12,495 cases of COVID-19 among Ugandan nationals as of 31 October 2020. Reported cases included 854 health workers and 423 children. A total of 111 COVID-related deaths (with a case fatality rate of 0.9%) were reported, including four health workers.
- A total of 147,572 people were reached with sufficient quantities of water for drinking, cooking, and personal hygiene from January through October 2020.
- The Government of Uganda, with support from UNICEF, provided vitamin A supplementation to 528,412 children, psychosocial support services to 31,068 children, and ensured that 1,591 HIV-positive children continued to receive antiretroviral treatment during the period from January through October 2020.
- A cumulative total of 6,029,388 children and women continued to receive essential health care services, including immunizations, prenatal and postnatal care, and HIV services, in UNICEF-supported health facilities during the COVID-19 period from March through October 2020.
- UNICEF provided critical WASH supplies to flood-affected communities in 11 districts, benefiting 29,057 people, during the period from January through October 2020.

UNICEF Response and Funding Status



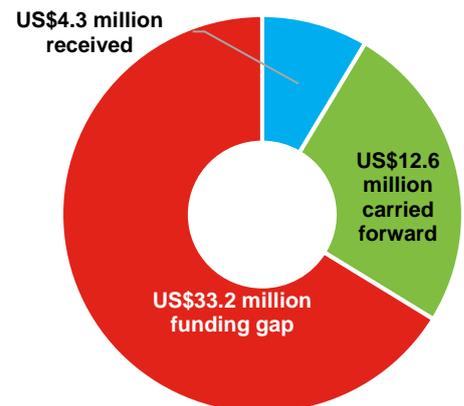
Situation in Numbers



UNICEF HAC Appeal 2020

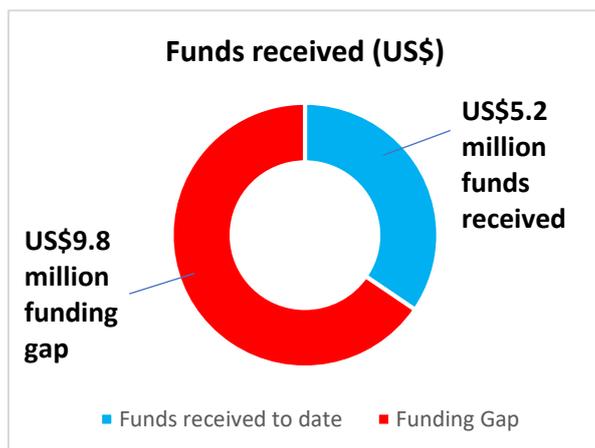
US\$50.12 million

Funding Status (in US\$)



Funding Overview and Partnerships

UNICEF COVID-19 Response Plan 2020 US\$15 million



The 2020 UNICEF Humanitarian Action for Children (HAC) Appeal for Uganda is seeking US\$50.12 million to sustain the provision of life-saving services to vulnerable women and children. UNICEF carried forward funds totaling US\$12,642,147, which have enabled UNICEF and its partners to continue implementing humanitarian interventions. The United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), the UNICEF Eastern and Southern Africa Regional Office (ESARO), the Government of Japan, the Department for International Development (DFID), BRAER, the United Kingdom Committee for UNICEF, and the German Committee for UNICEF have contributed US\$4,291,551 to UNICEF Uganda's humanitarian response. However, the 2020 HAC still has a funding gap of US\$33,186,281, or 66 per cent. UNICEF seeks additional funding to complement the government's efforts to protect the rights of children affected by emergencies.

UNICEF Uganda is also appealing for US\$15 million to support the government's response to COVID-19. UNICEF has so far received US\$5.2 million through generous contributions, leaving a funding gap of US\$9.8 million, or 65 per cent.

Situation Overview and Humanitarian Needs

COVID-19

Uganda confirmed a cumulative total of 12,495 COVID-19 cases among Ugandans in 119 districts as of 31 October 2020, the majority of which were in males (86 per cent). A total of 549,678 COVID-19 tests have been conducted. Of all cases, 11,107 were locally transmitted (89 per cent), with the contacts of confirmed cases accounting for 5,800 cases (46 per cent). The reported cases included 854 health workers (3.7 per cent) and 423 children (3.4 per cent). Cumulatively, 111 COVID-19 related deaths were recorded, including four health workers, with a case fatality rate of 0.9 per cent. A cumulative total of 7,556 recoveries have been reported among Ugandans.

Uganda is now in phase four of the COVID-19 pandemic, with a notable increase in local transmission across the country. This was matched with an increase in related cases among health care providers and deaths among COVID-19 cases. The Ministry of Health (MoH) recognized an increase in COVID-19 cases following the relaxation of lockdown measures, and attributed the surge to public complacency and non-adherence to the recommended non-pharmacological COVID-19 preventive measures such as wearing face masks, observing social distancing, and regular handwashing.

In October 2020, the Government of Uganda launched its community engagement strategy. The strategy empowers communities to own interventions that prevent the spread of COVID-19. Other initiatives during the reporting period have included a focus on tracking COVID-19 cases following the opening of borders and during elections; home-based care for asymptomatic cases; readiness for vaccination; and maintenance of delivery and access to essential health care services. The main challenge in Uganda's COVID-19 response is limited funding across all pillars. In particular, the shortage of testing supplies has resulted in limited testing, which has affected the description of the evolution of the pandemic at the community level by limiting risk-based testing and other strategies.

Refugees

According to the United Nations High Commissioner for Refugees (UNHCR) and the Office of the Prime Minister (OPM), Uganda was home to 1,434,708 refugees and asylum-seekers as of 31 October 2020. More than 60 per cent are vulnerable children. According to Famine Early Warning Systems Network (FEWS NET) Uganda,¹ although the government has lifted most COVID-19 lockdown measures, Kyangwali refugee settlement is still under lockdown due to a recent spike in new cases. In other settlements, the increase in post-lockdown mobility is expected to

¹ <https://fewsn.net/east-africa/uganda>

facilitate an increase in household income. Despite this, refugees will still likely have reduced ability to access agricultural inputs and invest in second season planting.

Summary Analysis of Programme Response

Health

UNICEF remained co-chair of the continuity of essential health services (CEHS) pillar, and during the reporting period, supported the coordination of regular meetings with development partners, and the writing and dissemination of guidelines for CEHS in Uganda. UNICEF leveraged a complementary investment from the Rockefeller Foundation to establish a portal demonstrating key tracer CEHS indicators, which is being institutionalized within the MoH architecture. UNICEF contributed to an Inter-Action Review of the COVID-19 response in which CEHS priorities and the status of indicators were analyzed and discussed.

UNICEF and MoH are continuing to coordinate Integrated Child Health Days, with UNICEF supporting immunization reviews in Gulu, Kabarole, Masaka, and Moroto. Twenty-seven (27) targeted districts under the Strengthening Uganda Response to Malaria (SURMA) project implemented community and health facility testing and treatment of malaria cases. Village Health Teams (VHTs) in the 27 districts carried out quarterly meetings, at which 22,815 participating VHT members received hand sanitizer (1 litre), 10 masks, and 20 pairs of gloves to support community engagement activities.

During the reporting period, 6,029,388 children and women, including 496,788 refugees, received essential health care services, including immunizations and prenatal, postnatal, HIV, and gender-based violence services in UNICEF-supported facilities.

HIV/AIDS

During the reporting period, UNICEF and Baylor Uganda supported tuberculosis (TB) contact-tracing and reverse contact-tracing at Nshungyezi HC III in Oruchinga refugee settlement, Isingiro district. Four clients were followed up and 10 contacts (six female, four male) screened for TB. Some 14 HIV-positive pregnant women and 31 mothers who had missed appointments were additionally followed up during the period and successfully brought back into care in Kyangwali refugee settlement, Kikuube district. Cumulatively, a total of 1,915 mothers were supported to access antiretroviral therapy (ART) for the prevention of mother-to-child transmission (PMTCT) of HIV and for their own health.

A total of 126 sites (including refugee sites) were reached with at least one round of mentorship, supporting gap identification, quality improvement, and project tracking against proposed tested changes. Additionally, to inform trends in the uptake and sustained utilization of essential services, three performance review meetings were held in the districts of Pakwach, Madi-Okollo, and Kiryandongo, attracting the participation of 89 health workers, partners, and district staff. In Kiryandongo, a special focus was put on strengthening infection prevention and control (IPC) measures in view of the observed surge in COVID-19 cases in the districts. Health facilities and district administrations in Kiryandongo, Amuru, Zombo, and Koboko were temporarily shut down after health workers were exposed to COVID-19. Following national support, the facilities were reopened to ensure communities had continued access to services. A national circular was also drafted on guidance for the isolation and management of health workers affected by COVID-19, as well as the continued extension of services to communities by uninfected staff.

Nutrition

As of September 2020, the health sector had reached a cumulative total of 1,547,024 caregivers with counseling on infant and young child feeding (IYCF) in response to COVID-19 through health facility platforms. Out of these, 17 per cent were reached in UNICEF-supported districts. Out of the 24,881 national admissions of children with severe acute malnutrition (SAM), half (12,441) were from UNICEF-supported refugee-hosting districts and Karamoja. Though remaining below the standard, the national cure rate for SAM improved from 55.4 per cent to 62.7 per cent. Until recently, a major gap in the management of SAM has been the government's lack of commitment to procuring nutrition supplies. However, for the first time in Uganda, with support from UNICEF, MoH officially launched a pilot through which commodities for the treatment of SAM procured by UNICEF will be stored by the National Medical Stores and distributed to the last mile of delivery.

UNICEF and implementing partner, AVSI, provided technical and operational support to eight refugee-hosting districts in West Nile (Adjumani, Arua, Koboko, Madi Okollo, Moyo, Obongi, Teregu and Yumbe) to sustain the delivery of nutrition interventions. A total of 641 health workers received on-site mentorship and support supervisions on the new MoH protocols for the management of SAM. In the same districts, 186 health workers have been supported with skills to improve nutrition data quality.

Although the COVID-19 restrictions were recently relaxed, the health sector saw more than 60 per cent coverage (528,412 out of 782,328) in the numbers of children aged 6–59 months reached with vitamin A supplementation in the second semester (January to June 2020).

WASH

UNICEF extended technical support to the Ministry of Education and Sports (MoES) to ensure safe school reopening through the provision of water, sanitation and hygiene (WASH) supplies to schools. A total of 394 health facilities, including maternity wards and 17 regional referral hospitals, were supported with WASH supplies targeting 26 high-risk districts across the country. UNICEF is supporting the distribution of WASH supplies to 121 communities, benefiting 81,571 people in 13 high-risk areas and selected schools, including those in refugee settlements. The total of 591,296 people (289,735 male, 301,561 female) were reached with WASH supplies between January and October 2020, exceeding the target of 315,000. In order to maintain continuity of water supply services for improved hygiene, UNICEF supported the rehabilitation of 340 boreholes benefiting 102,000 people living in the high-risk districts of Adjumani, Yumbe, Kiryandongo, Arua, Karenga, Kotido, Napak, Kamuli, and Isingiro. DFID Unilever provided in-kind contributions of 26,000 cartons of soap, which have been distributed to 13 health facilities in Iganga for the COVID-19 response. The distribution of soap is on-going to 248 schools across the country. Meanwhile, UNICEF continued to support preparedness and response for Ebola Virus Disease (EVD) by rehabilitating and installing WASH infrastructure in health facilities, including the provision of solar-powered water systems with overhead storage tanks and pipeline distribution networks to the wards, as well as improvements to existing rainwater harvesting systems. UNICEF support led to the improvement of WASH systems in 24 health facilities, benefiting 19,200 out-patients and in-patients.

Cumulatively, from January through October 2020, UNICEF supported the installation of 34 mobile toilets in health facilities, schools, and communities affected by floods. UNICEF responded rapidly by providing WASH supplies to affected populations in 11 districts, which reached 29,057 people in Kasese, Kisoro, Ntoroko, Rubanda, Buliisa, Pakwach, Bundibugyo, Kagadi, Nabilatuk, Moroto, and Nakapiripit. UNICEF also helped to rehabilitate eight boreholes in Ntoroko, Kasese, Kikuube, and Moyofor where 2,400 people had been affected by the floods.

In Nakivale refugee settlement and in the host communities of Adjumani district, the construction of a piped water supply system brought clean water to 18,000 people within and around the settlement during the reporting period.

Child Protection

During September and October, UNICEF and partners continued to provide critical child protection services to children in settlements and refugee-hosting districts including psychosocial support, case management, messaging on violence prevention, and support to unaccompanied and separated children in alternative care. During the reporting period, 1,159 children (579 boys, 580 girls) were reached with individual child protection case management services, bringing the total number of children assisted to 3,504 (1,744 boys, 1,760 girls). A total of 843 children (442 boys, 401 girls) were registered as unaccompanied or separated and received alternative care services. Twenty-three child survivors of sexual violence (8 boys, 15 girls) benefited from multi-sectoral support.

As part of the COVID-19 response, awareness-raising activities shifted from community meetings to door-to-door visits. Despite creating some challenges in reach, this was found to improve engagement of all household members and facilitated more in-depth assessments of children's needs. During the reporting period, 4,351 children (2,718 girls, 1,633 boys), including 37 new children with disabilities, benefited from COVID-related case management services, bringing the total number of supported children throughout the response to 12,661 (7,302 girls, 5,359 boys). Additionally, the Butabika team of mental health professionals continued to provide mental health and psychosocial support (MHPSS) to children and adults in treatment centres, while 7,554 children (4,613 girls; 2,941 boys) benefited from community-based psychosocial support.

Education

UNICEF is working closely with UNHCR and the education-in-emergencies working group to support MoES to ensure that all children have access to learning materials, radio lessons, and/or digital learning. UNICEF has provided 2,606,405 children and adolescents with home-learning materials, including 368,048 refugee learners and 1,469 children and adolescents with disabilities. Of the total children and adolescents who accessed home-learning materials, 143,007 learners accessed continuity of learning through the UNICEF-supported digital platform, Kolibri. The most accessed content through Kolibri is curriculum-based materials and the MoES self-study materials. The majority of Kolibri users are adolescents between the ages of 13 and 20.

A rapid assessment of schools was conducted by MoES in September to ensure that all schools in the country met the COVID-19 requirements by mid-October, before they reopened. Government-aided schools have also received grants for managing the COVID-19 situation, as schools reopen in the second school term for all candidate classes.

In October, MoES opened primary and secondary schools for candidate classes, including Primary 7, Secondary 4, and Secondary 6 classes. UNICEF supported schools to prepare for reopening and worked with district local governments to ensure that children and adolescents returned to school. To date, about 80 per cent of schools have met the target of 60 per cent achievement of the standard operating procedures, with only 50 per cent of private schools reopening on time.

UNICEF and partners continue to roll out radio programming to disseminate Key Family Care Practices to parents of children in early childhood development (ECD) programmes. Additionally, with the easing of lockdown measures, ECD partners continue to organize small community meetings in some districts with established women's groups to conduct parenting sessions and home visits in support of care and development of children under the age of 8. Radio programming for adolescents, which engages them through discussions on violence against children, child rights, gender, and life skills, is ongoing. Together with MoES and other partners, UNICEF continues to explore how to prepare schools, teachers, and students to fully return to school.

Communication for Development, Community Engagement, and Accountability

UNICEF is co-chairing the risk communication and social mobilization-community engagement (RCSM-CE) pillar of the National Task Force to respond to the ever-changing landscape of the COVID-19 response. Currently, the government's priority is to support the nationwide home-based care and isolation strategy. In response, UNICEF is integrating COVID-19 into all community-based sectoral activities. UNICEF is also disseminating its first advocacy brief on RCSM-CE activities in Uganda. The brief provides situation updates, monthly highlights, emerging trends, results, and challenges faced by the RCSM-CE pillar during the COVID-19 response. UNICEF is also involved in the ongoing Inter-Action Review process for the COVID-19 response by MoH.

In September and October, a total of 4,488,971 people were reached with key messages on COVID-19 through Facebook, Twitter, Instagram, U-Report, and the UNICEF Uganda Country Office website. Since the beginning of the COVID-19 response, a cumulative total of 17,738,022 people have been reached through such means. Popular venues for asking questions, voicing concerns, and providing medically accurate feedback include the MoH call centre, U-Report, and UNICEF's social media platforms, which were used by 267,136 people during the reporting period (and 2,219,688 people cumulatively since the start of the COVID-19 response).

UNICEF-supported RCSM-CE initiatives such as community dialogues, trainings, and support supervision visits at district and community levels have reached 71,085 people since the start of the COVID-19 response. UNICEF has also printed and distributed information, education, and communication (IEC) materials on COVID-19, including 5,881 pictorial job aide cards/flipcharts for community mobilizers printed and disseminated in 38 districts, and 3,700 posters translated in Rukonjo language for Kasese district in response to the recent surge of floods, during the reporting period. UNICEF is supporting the printing of child-friendly posters and flyers in various local languages as part of the ongoing 'Go-Back-to-School' campaign tagged to the school re-opening programme after the prolonged COVID-19 shutdown of schools.

In the West Nile districts of Madi-Okollo, Zombo and Koboko, a total 743 households and 2,229 individuals have been reached with messages on COVID-19 and other health issues including malaria, immunizations, and maternal health. A total of 205 (125 male, 80 female) community influencers were also mobilized and have made a commitment to using their platforms to engage communities.

UNICEF is supporting an anthropological study on COVID-19, with the the inception report and implementation plan finalized during the reporting period. The preliminary results of the first Knowledge, Attitudes and Practices (KAP) study on COVID-19 are out, with the final report to be disseminated by 15 November 2020.

Humanitarian Leadership, Coordination and Strategy

The Department of Refugees at OPM and UNHCR continue to lead the refugee response in Uganda. 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 emergency and integrated management of acute malnutrition technical working group with MoH. The OPM Department of Disaster Preparedness coordinates and leads the country's humanitarian response efforts, primarily through a national disaster risk reduction platform. The national platform and district disaster management committees coordinate responses to disasters caused by natural hazards and internal displacement caused by floods or conflict. Meanwhile, humanitarian responses due to disease outbreaks are coordinated through a multi-stakeholder National Task Force co-chaired by MoH and the World Health Organization (WHO). MoH is the lead for COVID-19 and EVD response and preparedness activities with support from WHO and partners, including UNICEF. Response activities have built on MoH coordination and experience in preparedness activities since August 2018. The national COVID-19 and EVD response plans are built around the following pillars: (i) coordination and leadership; (ii) surveillance, including laboratory support and point-of-entry screening; (iii) case management, including IPC, and safe and dignified burials; (iv) RCSM-CE; (v) logistics; (vi) vaccination and investigational therapeutics; and (vii) MHPSS, including child protection. UNICEF co-leads the RCSM-CE sub-committee, and actively contributes to coordination and leadership, case management (with a focus on WASH, health, education and child nutrition), and the MHPSS pillars. In addition, UNICEF provides technical and financial support to the National Protection against Sexual Exploitation and Abuse Network.

UNICEF supports the implementation of durable solutions to chronic displacement in line with Uganda's Refugee and Host Population Empowerment (ReHoPE) Strategic Framework, the Settlement Transformation Agenda (STA), and the Comprehensive Refugee Response Framework (CRRF). UNICEF, in partnership with the government, supports efforts to adapt Uganda's nutrition, health, WASH, child protection, education, and social protection systems to humanitarian situations. Using a decentralized approach, UNICEF also strengthens the country's humanitarian response, including localized capacity-building, monitoring and reporting, and the procurement of essential equipment and supplies. Community-based support is designed to improve the delivery of targeted protection and basic services for affected children and adolescents. UNICEF, along with the government and partners at the national and district levels, is strengthening multi-year planning processes to leverage domestic and international resources for communities at risk. Government contingency planning and response efforts are supported to mitigate the effects of disease outbreaks and natural disasters. In high-risk communities, UNICEF is applying and scaling up existing civic engagement platforms such as U-Report to promote accountability to affected populations, build linkages between communities and local governments, and guide responsive district and sub-district planning and budgeting. Gender, HIV/AIDS, conflict sensitivity, and Communication for Development (C4D) programming are mainstreamed into all interventions.



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Our 2020 HAC Appeal is available at [https://www.unicef.org/appeals/files/2020-HAC-Uganda\(1\).pdf](https://www.unicef.org/appeals/files/2020-HAC-Uganda(1).pdf)

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Annex A

(i) Summary of Programme Results

UNICEF Uganda Humanitarian Targets 2020	2020 Targets	2020 Results	Change since last report ▼ ▲
NUTRITION			
Number of children aged 6–59 months who received vitamin A supplementation in semesters 1 and 2	782,328	528,412	▲ 120,163
Number of children aged 6–59 months affected by SAM admitted for treatment	22,723	24,881	▲ 5,117
EDUCATION			
Number of children accessing formal or non-formal early childhood education/pre-primary education	46,163	35,567	
Number of children accessing formal or non-formal basic education	71,853	34,102	
HEALTH			
Number of boys and girls vaccinated against measles****	303,256	340,981	▲ 178,920
Number of people reached with key health/educational messages*	1,963,705	2,380,806	▲ 8,660
WASH			
Number of people accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene	197,000	147,572	▲ 30,840
Number of people accessing appropriate sanitation facilities and living in environments free of open defecation***	255,100	19,961	▲ 3,800
HIV/AIDS			
Number of HIV-positive children continuing to receive antiretroviral treatment	3,948	1,591	▲ 56
Number of HIV-positive pregnant women receiving treatment to prevent mother-to-child transmission**	1,083	1,915	▼ 163
CHILD PROTECTION			
Number of children registered as unaccompanied or separated receiving appropriate alternative care services	6,575	1,470	▲ 843
Number of children benefiting from psychosocial support	41,899	31,068	▲ 6,198

* The result is higher than the target due to the ongoing nationwide public awareness campaign on COVID-19, the response to floods, and community sensitization in the cholera-affected districts of Kasese, Bundibugyo, Arua, Nabilatuk, and Moroto.

** The national transition to revised HMIS/DHIS2 tools and data elements have affected the quality of reporting, especially completeness and timeliness. The drop in results may be due to data cleaning exercises conducted over the previous quarters, eliminating reporting and data entry errors in DHIS2.

*** The low achievement is attributed to the low funding for sanitation improvement especially in refugee settlements in view of shift of donor funding to COVID 19 response with focus on improving IPC WASH in health care facilities and procurement of WASH supplies to help health workers and communities for better preparedness and response to the current COVID-19 global pandemic. The small achievement of benefiting 19,961 persons was due to WASH intervention in health care facilities in EVD response and flood response in 2020.

****Results update is as of August 2020. UNICEF and partners have been able to exceed the target due to support to continuity of essential health services amidst challenges posed by COVID-19 .

(ii) UNICEF Uganda COVID-19 Indicators and Targets

UNICEF Uganda COVID-19 Indicators	2020 Targets	2020 Results	Change Since Last Report ▼ ▲
NUTRITION			
Number of primary caregivers of children aged 0–23 months who received IYCF counselling through facilities and community platforms	1,380,834	1,547,024	▲ 166,190
Presence of IYCF promotion and treatment of wasting within the national health plan on continuation of essential health services	Yes/No	Yes	
EDUCATION			
Number of children reached with home-based/distance learning	1,970,000	2,606,405	▲ 13,666
HEALTH			
Number of children and women receiving essential health care services, including immunization and prenatal, postnatal, HIV and gender-based violence care in UNICEF-supported facilities	5,663,331	6,029,388	▲ 1,238,889
Number of districts with functional COVID-19 coordination committees	32	32	
WASH			
Number of people reached with critical WASH supplies (including hygiene items) and services	315,000	591,296	▲ 250,601
Number of institutions (health centres, maternity wards, schools) supported with a minimum WASH and IPC package	250	394	▲ 120

UNICEF Uganda COVID-19 Indicators	2020 Targets	2020 Results	Change Since Last Report ▼▲
CHILD PROTECTION			
Number of children without parental or family care provided with appropriate alternative care arrangements	2,232	1,891	▲ 43
Number of children, parents and primary caregivers provided with community-based MHPSS	33,648	26,943	▲ 7,807
Number of UNICEF personnel and partners who have completed training on gender-based violence risk mitigation and referrals for survivors, including for sexual exploitation and abuse (SEA)	Staff 223 Partners 151	Staff 149 Partners 136	▲ Staff 13 ▲ Partner 48
Number of children and adults that have access to a safe and accessible channel to report SEA	1,882,468	1,859,771	▼ 22,697
HIV/AIDS*			
Number of pregnant women living with HIV who continue to receive ARVs for PMTCT and for their own health	22,682	14,660	▲ 2,040
C4D			
Number of people reached on COVID-19 through messaging on prevention and access to services	14,260,834	17,738,022	▲ 4,488,971
Number of people engaged on COVID-19 through RCCE actions	67,500	71,095	▲ 10,727
Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established mechanisms	2,500,000	2,219,688	▲ 267,136
Number of printed COVID-19 IEC materials distributed among partners	3,000,000	2,394,391	▲ 20,000

Annex B

(i) HAC Funding Status*

Funding Requirements 2020					
Appeal Sector	Requirements	Funds Available		Funding Gap	
		Funds Received Current Year	Carry-Over	\$	%
Nutrition	8,426,009	994,943	1,366,844	6,064,222	72
Health	9,520,780	202,895	951,592	8,366,293	88
WASH	11,054,879	1,170,765	5,400,329	4,483,785	41
Child Protection	6,458,601	1,074,846	1,063,789	4,319,966	67
Education	13,112,473	848,102	3,814,422	8,449,949	64
HIV/AIDS	1,547,237	0	45,171	1,502,066	97
Total	50,119,979	4,291,551	12,642,147	33,186,281	66

* As defined in the HAC Appeal for 2020

(ii) UNICEF Uganda COVID-19 Funding Status Against Appeal

COVID-19 Funding Requirements 2020					
Appeal Sector	Requirements	Funds Available		Funding Gap	
		Funds Received Current Year	Carry-Over	\$	%
Nutrition	737,061	347,654	0	389,407	53
Health	4,584,435	2,036,278	0	2,548,157	56
WASH	4,088,583	2,015,927	0	2,072,656	51
Child Protection	1,969,028	473,244	0	1,495,784	76
Education	3,351,051	303,178	0	3,047,873	91
HIV/AIDS	269,842	3,179	0	266,663	99
Total	15,000,000	5,179,460	0	9,820,540	65