



Reporting Period: January to December 2020

Uganda Country Office

Humanitarian Situation Report No. 9

Highlights

- In 2020, Uganda had a cumulative total of 35,216 COVID-19 cases, including 11,733 recoveries and 251 deaths.
- By 31 Dec. 2020, Uganda was home to over 1.4 million refugees and asylum-seekers, of which 59 per cent were children.
- In 2020, flooding displaced 102,671 people and affected 799,796 more through the destruction of homes, crops, and infrastructure, and the disruption of livelihoods.
- In 2020, with support from UNICEF, over 371,000 children were vaccinated against measles, over 1.3 million children received vitamin A supplementation, over 50,000 children accessed psychosocial support services, and over 78,700 children received with early childhood education.
- In 2020, 157,763 people were provided with sufficient quantities of water for drinking, cooking, and personal hygiene.
- In 2020, 2,510 HIV-positive pregnant refugee women received treatment to prevent mother-to-child transmission of HIV.

Situation in Numbers



2.12 million

of children in need of humanitarian assistance (UNICEF HAC 2020)



3.48 million

of people in need (UNICEF HAC 2020)



853,363

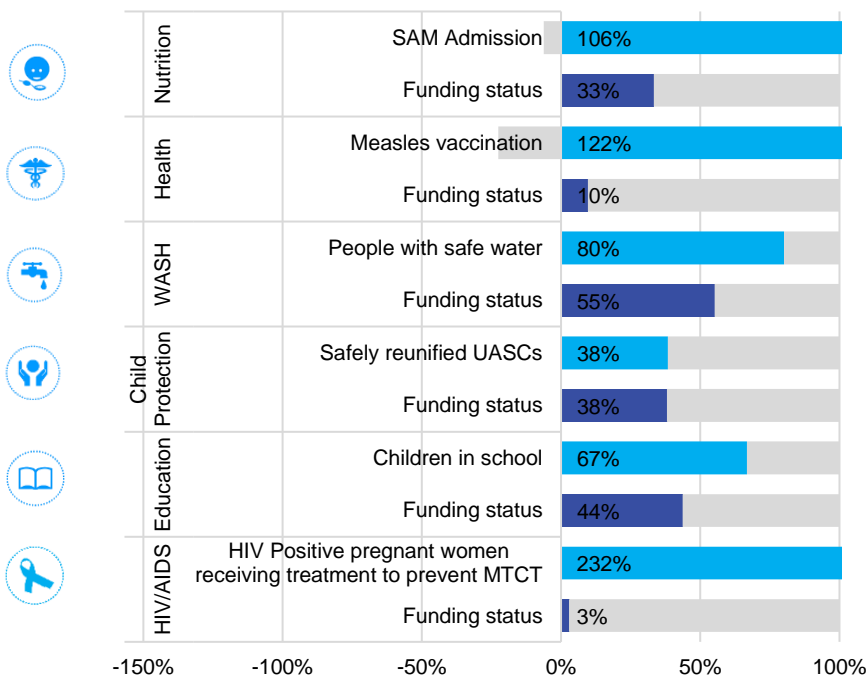
of refugees and asylum-seekers who are children



Over 1.42 million

of total refugees and asylum-seekers (OPM, Progress V4 31 Dec 2020)

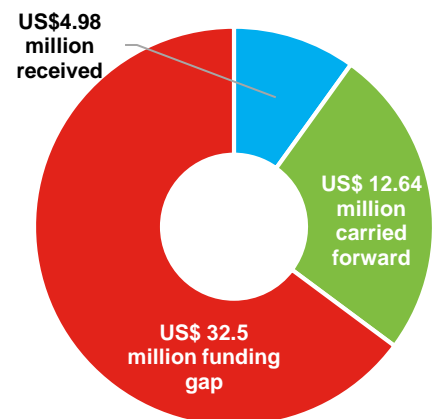
UNICEF Response and Funding Status*



UNICEF HAC Appeal 2020

US\$50.12 million

Funding Status (in US\$)



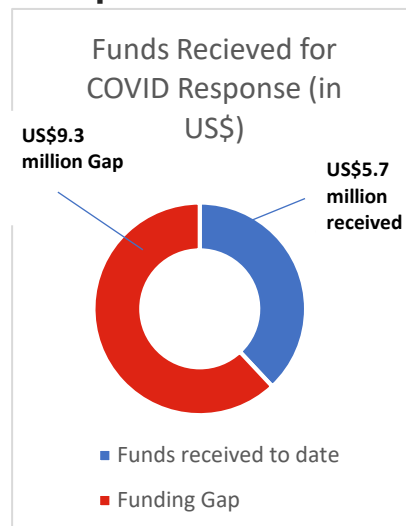
* UNICEF results are attributed to both ORE funding received as well as other resources, reprogrammed funds and regular resources.

Funding Overview and Partnerships

The 2020 UNICEF HAC appeal for Uganda was US\$50.12 million aimed at supporting life-saving services to vulnerable women and children. Carried-forward funds totaling to US\$12,642,147 enabled UNICEF and its partners to implement an array of humanitarian interventions. In 2020, 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 UK Committee for UNICEF, the German Committee for UNICEF, the British Government, and the Spanish Committee for UNICEF contributed US\$4,982,131 (35 per cent of the HAC appeal) to UNICEF Uganda's humanitarian response.

In 2020, UNICEF Uganda appealed for an additional US\$15 million to support the Government of Uganda's response to COVID-19. UNICEF received US\$5.7 million through generous contributions, leaving a funding gap of US\$9.3 million, or 62 per cent. UNICEF drew on other resources, reprogrammed existing funds, and reallocated its regular resources totalling US\$9.1 million to procure urgent supplies and support national and district coordination and programming in response to the unprecedented emergency.

UNICEF COVID-19 Response Plan 2020



Situation Overview and Humanitarian Needs

Refugees

According to the United Nations High Commissioner for Refugees (UNHCR) and the Office of the Prime Minister (OPM), Uganda was home to 1,425,040 refugees and asylum-seekers as of 31 December 2020, over 59 per cent of whom were vulnerable children. Of these refugees, 94 per cent lived in settlements in 11 of Uganda's refugee-hosting districts, while six per cent lived in Kampala. Most refugees were from South Sudan (889,054) and the Democratic Republic of Congo (421,563), with smaller numbers from Burundi (49,728), Somalia (44,479), and other countries (41,554). In March 2020, after confirming COVID-19 in Uganda, the government suspended the reception of new refugees and asylum-seekers. This restriction remained in effect through the end of 2020. In July, Uganda made a one-time exception and reopened borders for Congolese citizens stuck at the border due to renewed unrest.

COVID-19

Uganda registered its first confirmed case of COVID-19 on 21 March 2020, a 36-year-old Ugandan male who arrived by plane from Dubai. The President of Uganda declared COVID-19 a national emergency and issued guidelines on preventive measures to suppress the spread. These included a national lockdown and nightly curfew, the banning of gatherings, school closures, shopping mall closures, the suspension of public and private transport, the disbanding of open-air markets in rural areas, the prohibition of marketing of non-food items in urban markets, and the prohibition of entry into the country for newly arrived asylum-seekers.

As of 31 December 2020, the Government of Uganda (GoU) reported a cumulative total of 35,216 COVID-19 cases among nationals, including 3,874 cases in children and 1,796 cases among frontline workers. By the end of 2020, Uganda had reported 251 COVID-19 deaths and 11,733 recoveries. Most confirmed cases were male (86 per cent) and were imported by travellers and cross-border truck drivers from neighbouring Kenya, Tanzania, Rwanda, Burundi, and South Sudan. Hotspots included the capital city of Kampala, border districts with high-volume points of entry from South Sudan, Tanzania, and Kenya, island districts, and fishing communities with active trading links to Tanzania and Rwanda.

Measures like curfew remained in place and schools remained closed with the exception of students in their final academic year.

Due to the school closure of over 51,000 institutions, 15 million children, including 600,000 refugee children, were out of school and at risk of facing increased violence, exploitation, and abuse. Other measures included mandatory face masks in public places, physical distancing, and handwashing.

Uganda's response capacity was challenged by shortages of personal protective equipment (PPE) for health and other frontline workers, limited testing supplies, and inadequate hospital capacity to manage severe and critical COVID-19 cases. Limited testing supplies have been partly due to global disruptions in supply chains.

UNICEF and partners, including the Uganda Bureau of Statistics (UBOS), Cardiff University UK, and Bristol Poverty Institute, supported the GoU with comprehensive assessments of the expected impact of COVID-19 on Uganda's

economy, including identifying populations at heightened risk of exposure. Within Uganda, risk of exposure was extremely high due to overcrowding (especially in urban areas), the sharing of toilets, and the large number of households that lacked soap and water and needed to visit public water collection points daily.

Containment efforts were challenged by nationwide political campaigning and the electoral process in the last half of the year. The Ministry of Health (MoH) promoted the implementation of COVID-19 standard operating procedures (SOPs) as a public health law, while the government used enforcement measures to address the potential threat of mass gatherings and uncontrolled crowding which could have aggravated community infections, especially among the elderly and people with pre-existing conditions. In the same period, the government opened schools for candidate classes in primary, secondary, and tertiary institutions.

Flooding

According to OPM, moderate to heavy local rainfall in April, May, and November 2020 caused widespread floods across Uganda, including around Lake Victoria, Lake Albert, Lake Kyoga, and in southern Karamoja. By the end of 2020, Lake Victoria's water levels were the highest on record in 60 years. OPM reported that flooding displaced an estimated 102,671 people and affected approximately 799,796 others by destroying homes, crops, infrastructure, and disrupting livelihood activities. In areas with widespread flooding, including Kasese, Bundibugyo, and Ntoroko, crop losses resulted into below-average season harvests. It also led to communicable disease outbreaks including Cholera outbreak Kasese, Bundibugyo, Arua, Nabilatuk, and Moroto and upswing in Malaria cases.

Desert Locusts

According to FEWSNET,¹ Uganda continued surveillance for desert locusts in once-affected sub-regions of Karamoja, Teso, Acholi, Lango, and Sebei. In and around Karamoja, the locust invasion caused minimal damage due to their arrival during the agricultural off-season. By the end of 2020, populations of desert locusts of mostly less-destructive adults in Uganda were decreasing due to a combination of control measures and the insects reaching the end of their life cycles. According to the Ministry of Agriculture, Animal Industry and Fisheries (MAAIF), the hatching of locust eggs in affected areas was unsuccessful. Although surveillance and control measures are ongoing, capacity would be insufficient to deal with additional swarms. Lower-than-anticipated locust presence allowed farmers to plant as normal. According to most 2020 forecasts, harvests in Karamoja were average due to the above-average regional rain fall.

Ebola Virus Disease

In 2020, Uganda recorded no cases of Ebola Virus Disease (EVD) or EVD contacts under follow-up. Nevertheless, the country remained at high risk of EVD importation from the DRC. Because of the heightened risk of importation, MoH and partners developed a six-month plan to sustain efforts for the first half of the year. The plan was costed at US\$1.7 million but stalled in February 2020 after efforts shifted to the COVID-19 response. The plan remained unfunded and, in an effort to harmonise prevention efforts, focused on integrating EVD activities into the COVID-19 response with an emphasis on strengthening health systems. DRC had a resurgence of EVD, with eight confirmed cases reported in nearby Kasanga Health Area in Beni Health Zone. The Ebola Treatment Unit (ETU) in Kasese District was re-activated and prepared for isolation, treatment, and psychosocial support. On 18 November 2020, the MoH of the DRC declared the end of the EVD outbreak in Equateur Province.

Measles

In 2020, a cumulative total of 85 districts detected and investigated at least one suspected measles case. The COVID-19-related restrictions on integrated outreach services in Uganda posed a high risk of vaccine-preventable disease outbreaks. Measles cases were reported in districts that either host refugees or share a border with a neighbouring country. This may be partly due to the disruption of outreach sessions to communities due to COVID-19 restrictions on social gatherings and transport, which limited population mobility.

Rift Valley Fever

In 2020, Uganda registered two cases of Rift Valley Fever (RVF) in the districts of Kiruhura and Kabale that recovered following treatment at Mbarara Regional Referral Hospital.

Malaria

Uganda experienced an upsurge of malaria in 2020. Surveillance data showed over 50 districts transmitting cases above the normal malaria channel. The burden of malaria increased significantly in the post-Indoor Residual Spraying (IRS) districts of Lira, Dokolo, Amolatar, Otuke and Alebtong, with test positivity rates in the five districts reported at above 60 per cent for malaria Rapid Diagnostic Test (mRDT) and 50 per cent for microscopy. The

¹¹ <https://fewsn.net/east-africa/uganda>

upsurge's key drivers include climatic changes, population movements from low to high-burden areas, human activity creating artificial vector-breeding sites, and low utilisation of mosquito nets in the communities.

Yellow Fever

In 2020, Uganda had six confirmed Yellow Fever cases in Buliisa and Moyo districts. Five cases were fatal, rendering the case fatality rate 83 per cent. This outbreak started on 04 November 2019. The Yellow Fever vaccination campaign targeting 1.6 million people in five districts (Buliisa, Moyo, Yumbe, Koboko and Maracha) was put on hold at the beginning of the COVID-19 outbreak. This was due to established standard operating procedures to control the spread of the disease.

Cholera

Cholera outbreaks were reported in Moroto, Nabilatuk, Kotido and Nakapiripirit districts, with cumulative cases reaching 1,406, including 11 deaths (three in the cholera treatment units and eight community deaths). Approximately 25 per cent of patients were co-infected with malaria, while 30 per cent of cases were children under the age of five. One health worker was infected.

Crimean-Congo Haemorrhagic Fever

In 2020, there was one confirmed case of Crimean-Congo Haemorrhagic Fever (CCHF) in Kagadi. The patient later sero-converted to negative and was discharged. Busia district reported one confirmed and five suspected cases.

Summary Analysis of Programme Response

Health

UNICEF was an active member of the National Task Force (NTF), chaired by the Director General of Health Services at the MoH, to coordinate preparedness and response efforts towards EVD, COVID-19, malaria, maternal and child health, and immunisation. As of December 2020, 8,516,259 children and women including 682,412 refugees received essential healthcare services including immunisation, prenatal, postnatal, HIV and GBV care in UNICEF-supported facilities. This represents an over-achievement of 150.38 per cent, partly due to concerted efforts by MoH and partners to promote continuity of essential health services through integrated outreaches by VHTs and health workers. A total of 371,460 children were vaccinated against measles in 2020, exceeding the original target of 303,256.

UNICEF, with the Association of Volunteers in International Service (AVSI), Jhpiego, Baylor College and IntraHealth, is actively engaged in developing, disseminating, and implementing national guidance on the Continuity of Essential Health Services (CEHS), including at the community level. UNICEF also supported all 32 district health teams to strengthen coordination, develop COVID-19 response plans, and functionalise monitoring and reporting on the CEHS. UNICEF contributed to an Inter-Action Review of the COVID-19 response in which CEHS priorities and the status of indicators were analysed and discussed. UNICEF facilitated the distribution of PPE, including over 22,000 one-litre bottles of hand sanitizers to VHTs through Malaria Consortium, and supported the capacity-building and orientation of 23,587 VHTs on COVID-19 preventive guidelines to enable them to serve as ambassadors in their communities. Despite COVID-19 disruptions, UNICEF supported Integrated Child Health Days (IChDs) nationwide, with additional focus on 11 districts hosting refugees.

UNICEF supported establishing EVD tools for screening at points of entry, especially Entebbe International Airport, and revised tools to include screening for COVID-19. EVD preparedness activities included active case search, contact-tracing across the border, screening at points of entry, surveillance, and mentorship in communities and health facilities.

UNICEF provided direct technical support through Reaching Every District/Child (RED/REC) consultants to 58 poorly performing districts, 22 of which had immunisation inequities and 36 of which had immunisation disparities². Support included human resource capacity-building (RED micro-planning), supervision, mentorship at DHT and health facility levels, community mobilisation, defaulter tracing, vaccine and logistics management, and periodic data analysis.

UNICEF and WHO supported MoH to conduct a reactive Yellow Fever campaign in Moyo, Buliisa, Koboko, Yumbe, Obongi, and Maracha districts upon completion of preparations to adhere to COVID-19 SOPs. A total of 1.8 million vaccine doses were received. A total of 1.7 million people were reached with Yellow Fever immunisation.

² These districts included refugee-hosting districts (Adjumani, Moyo, Arua, Yumbe, Lamwo, Kiryandongo, Kikuube, Kampala, Isingiro, Kamwenge, and Kyegegwa), hard-to-reach communities, and urban informal settlements.

UNICEF provided technical support to all nine cholera district task forces in the Karamoja region. UNICEF supported MoH to approve deployment of 17,000 doses of oral cholera vaccine, administered among the high-risk population in Loputuk Parish in Moroto district. Baylor College in Uganda and IntraHealth supported UNICEF with last-mile distribution and monitoring of PPE. Similarly, UNICEF supported surveillance activities on COVID-19 in 11 districts in the Karamoja sub-region.

To respond to the malaria upsurge, MoH and partners continued to support Indoor Residual Spraying (IRS) in the 10 IRS districts of northern and eastern Uganda. MoH embarked on spraying of markets and trucks and distribution of LLINs in a bid to control malaria during the COVID-19 lockdown. As part of Strengthening Uganda's Response to Malaria (SURMA) and in collaboration with FCDO, UNICEF continued to support 27 targeted districts in implementing community and health facility level testing and treatment of malaria cases. The Mass Action Against Malaria task force review meetings, which UNICEF facilitated, attracted 426 members from Abim, Amudat, Moroto, Nabilatuk, and Nakapiripirit in the Karamoja sub-region; Alebtong, Amolatar, Apac, Dokolo, Kole, Kwania, and Otuke in the Lango sub-region; and Agago, Amuru, Gulu, Kitgum, Lamwo, Nwoya, Omoro, and Pader in the Acholi sub-region.

UNICEF and IntraHealth also supported the capacity-building of health workers in Infection Prevention and Control (IPC) measures in the flood-affected districts of Bududa and Katakwi.

HIV/AIDS

By the close of 2020, a cumulative total of 2,510 mothers (232 per cent of the target) were supported to access antiretroviral therapy (ART) for the Prevention of Mother-to-Child Transmission (PMTCT) and for their own health as part of CEHS. More women were reached as a result of focused and dedicated efforts and strategies in the refugee-hosting districts to address PMTCT/Early Infant Diagnosis (EID) gaps and in line with the PMTCT/EID surge guidelines and CEHS guidance by MoH.

Out of a target of 1,591 children, 1,413 (89 per cent) continued to receive antiretroviral treatment (ART) services. The low achievement resulted from over-targeting of the paediatric refugee population as informed by the current prevalence by those enrolled in care and not the actual community. This will be addressed by the upcoming Uganda Population and HIV Impact Assessment (UPHIA), which will be conducted among refugee populations. The effective PMTCT programme has reduced new paediatric infections, which should be factored in subsequent targets based on decline rates.

A total of 20,734 out of 22,682 pregnant women accessed antiretroviral treatment (ART) for PMTCT and for their own health across the 27 COVID-19 districts. Success is attributed to enhanced efforts implemented post-lockdown to ensure continuity of essential PMTCT/EID services, despite the 18 per cent decline recorded at the end of April 2020.

On-site mentorship in EID/EPI integration in Isingiro and Kikuube districts reaching 175 health workers was also supported. Similarly, in the West Nile districts, UNICEF in collaboration with MoH and Infectious Disease Institute (IDI) mentored a cumulative total of 350 health workers from 20 health facilities in Adjumani, Madi Okollo, and Arua districts on eMTCT focusing on quality antenatal, labour and delivery, and postnatal care, ART initiation, adherence counselling and support, viral-load testing and monitoring, antiretrovirals (ARV) prophylaxis for HIV-exposed infants, and infant and young child feeding counselling.

Nutrition

In 2020, a total of 24,138 (106 per cent of target) children suffering from severe acute malnutrition (SAM) were treated through in and out-patient therapeutic programmes covering the refugee-hosting districts. SAM admissions declined by 41.6 per cent compared to 2019. While multiple factors may have contributed to the decline, COVID-19 restrictions are thought to be associated with the reduction. Treatment services performed modestly well with SAM treatment indicators above the recommended MoH standards, with a cure rate of 79.3 per cent, a death rate of 6.5 per cent, and a defaulter rate of 10.9 per cent. During the same period, 1,258,684 children 6-59 months of age (>100 per cent of the target) received vitamin A supplementation. In addition, 2,127,573 caregivers (>100 per cent of the target) were reached with infant and young child feeding counselling services. During 2020, the nutrition programme was adapted to MoH COVID-19 guidelines for the continuity of health services including the use of Mid-Upper Arm Circumference (MUAC) for screening for acute malnutrition. Caretakers were trained on how they can

measure the MUAC themselves as per the family MUAC training protocol to determine the nutrition status of their own children and ensure self-referrals to the nearest nutrition site. A total of 2,632 health workers covering all 21 focus districts received onsite support supervision and mentorship on nutrition services. Only two of the 21 received training on the management of children with SAM, with coverage limited by funding and COVID-19 restrictions.

WASH

In 2020, 157,762 people out of the 197,000 targeted were reached with sufficient quantities of water of appropriate quality for drinking, cooking, and personal hygiene. A total of 719,643 people (352,625 males, 367,017 females) were reached with critical WASH supplies (exceeding the 315,000 people targeted), while 543 institutions (exceeding the 250 targeted) were supported with a minimum WASH and IPC package.

As a member of the WASH sub-pillar of the national COVID-19 response, UNICEF supported MoH in strengthening its COVID-19 response plan with WASH interventions. UNICEF also provided technical support to the Ministry of Water and Environment in developing a response plan mainly focused on continuity of services to ensure water availability, especially in high-risk communities. Similarly, UNICEF extended technical support to the Ministry of Education and Sports (MoES) to ensure the safe re-opening of schools by providing WASH supplies to 745 educational institutions across the country. UNICEF distributed hands-free handwashing facilities to support schools and health facilities, while IEC materials with messaging on handwashing were developed, printed, and distributed to schools and health facilities.

A total of 526 health facilities including maternities, were supported with WASH supplies targeting 32 high-risk districts,³ in addition to 17 regional referral hospitals. UNICEF supported the distribution of WASH supplies in 225 communities in high-risk areas and selected schools, including those in the refugee settlements, benefiting 90,564 people across 13 districts.

To maintain continuity of water supply services for improved hygiene, UNICEF supported the rehabilitation of 340 boreholes benefiting 102,000 people in the high-risk districts of Adjumani, Yumbe, Kiryandongo, Arua, Karenga, Kotido, Napak, Kamuli and Isingiro.

UNICEF continued to support EVD preparedness through the improvement of WASH infrastructure in health facilities, including the provision of solar-powered water systems with overhead storage tanks, pipeline distribution networks to the wards, and improving existing rainwater harvesting systems. UNICEF support improved WASH systems in 24 health facilities, benefitting 19,200 out- and in-patients.

UNICEF responded to the floods that impacted Uganda in December 2019 and the first half of 2020. In 2019, UNICEF's response provided immediate support through WASH supplies to affected populations covering 30 health facilities and 60 schools in Bundibugyo district. UNICEF also restored damaged water systems through the rehabilitation of 23 boreholes and the repair of three piped water systems. Additionally, 34 mobile toilets were installed in affected health facilities, schools, and communities. In 2020, UNICEF integrated its flood response to that of cholera in an effort to respond to the outbreaks witnessed in Moroto, Kotido and Nabilatuk districts. UNICEF responded with immediate support through WASH supplies to the affected population covering 12 districts, benefitting 32,477 people in 6,495 households. UNICEF also supported the rehabilitation of eight boreholes in Ntoroko (2), Kasese (2), Kikuube (1), and Moyo (5), benefitting 2,400 people.

In addition to this, UNICEF supported Nakivale Refugee Settlement and Adjumani district through the construction of a piped water supply system that benefitted about 18,000 refugees and members of host communities with safe water.

Child Protection

In its response to COVID-19, UNICEF emphasised the provision of mental health and psychosocial support (MHPSS) to children affected directly or indirectly by the crisis, reaching 19,399 children (11,544 girls, 7,855 boys) and 16,581 adults (9,099 women, 7,482 men) with PSS services in 2020. This included the direct provision of PSS at quarantine and treatment centres through specialised staff, and the provision of door-to-door community-level visits which also facilitated the identification and referral of child protection cases. UNICEF reached 16,789 children (9,490 girls, 7,299 boys) with critical case management services, including referrals to health, social work, justice, and other service providers in response to the COVID-19 crisis, including to children at treatment and quarantine centres. A total of 2,201 children (1,107 girls, 1,094 boys) benefitted from alternative care services in the COVID-19 context in 2020, while 149 UNICEF personnel and 136 partners completed training on gender-based violence risk

³ Iganga, Adjumani, Kampala, Wakiso, Mukono, Masaka, Hoima, Kasese, Kamwenge, Kikuube, Moroto, Kotido, Napak, Isingiro, Moyo, Zombo, Yumbe, Arua, Koboko, Gulu, Amuru, Kaabong, Amudat, Nabilatuk, Karenga, Nakapiripirit, Kamuli, Kitgum, Kanungu, Pakwach, Tororo, Soroti.

mitigation and referrals for survivors including for sexual exploitation and abuse. During Uganda's lockdown and movement restrictions, community structures were facilitated to provide basic support to children and ensure that critical cases were reported. UNICEF successfully advocated for the return of government Probation and Social Welfare Officers to their duty stations.

The provision of technical support to develop concept notes and guidelines to adjust to COVID-19 was critical. This included guidance for virtual case management, minimum standards for children in detention, and concept notes on key topics including alternative care. Social mobilisation was conducted to strengthen children, caregivers and community awareness and capacities on prevention, response and accessibility of services for the protection of children in the COVID-19 context. Radio messaging through IPSOS-monitored radio stations reached 4,823,338 individuals across the country. Additionally, 103,159 individuals (22,480 girls, 21,682 boys; 28,477 women, 30,520 men) were reached through sensitisation on protection concerns for children and how to report at community level, including through dialogue meetings, community drives, door-to-door visits, and local radio shows. At the national level, UNICEF worked closely with MoH to strengthen the functionality of the national MHPSS sub-committee and ensure that all UNICEF interventions were coordinated through the sub-committee.

In 2020, UNICEF and partners provided 4,744 children (2,319 boys, 2,425 girls) with critical child protection case management services, including direct support and referrals to other service providers (health, education, legal and psychosocial support) in districts hosting refugees. This includes 2,492 unaccompanied and separated children (1,295 boys, 1,297 girls) provided with alternative care services including placement in foster families, and support for the reunification of 29 children (14 boys, 15 girls) with their families. Children affected by different forms of sexual violence received multi-sectoral services such as health, psychosocial, legal, and safety support by UNICEF and partners, assisting a total of 163 children (153 girls, 10 boys) in 2020. Recreational and psychosocial support services were provided to a total of 50,450 children (26,775 boys, 23,675 girls) in targeted Child Friendly Spaces (CFSs) until mid-March, and were then adapted into mobile, door-to-door activities to observe COVID-19 regulations. UNICEF and partners reviewed activity implementation and service delivery to ensure continuity in the delivery of critical case management services in refugee settlements and the adoption of alternative ways of delivering prevention and psychosocial services in the new COVID-19 context, such as radio talk shows, physically distanced door-to-door sensitisations, and using megaphones, as well as remote follow-up of high-risk children through community structures. At the national level, throughout 2020 UNICEF continued to co-chair the National Refugee Child Protection Sub-working Group with UNHCR, providing guidance and technical support to all partners to ensure a harmonised response to protection concerns faced by refugee children and ensuring adaptation to the COVID-19 context.

UNICEF provided critical child protection services to flood and landslide-affected communities in Bundibugyo, Sironko, and Bududa districts following the floods in December 2019, and worked with Kasese, Isingiro, Ntoroko, and Pakwach districts to enhance mapping, needs assessments, and the identification of bottlenecks and gaps in the response to the floods in May 2020. Following adjustments to the COVID-19 context, services continued to provide and address flood and COVID-related protection concerns. Through UNICEF support, 732 child victims of GBV/VAC (358 boys, 374 girls) were supported with case management services; 304 children (158 boys, 146 girls) were provided with alternative care service, and 732 children (358 boys, 374 girls) received psychosocial support services.

In the first quarter of 2020, UNICEF continued to support MoH to ensure that the MHPSS subcommittee for EVD response remained operational and that its EVD strategy continued to guide MHPSS and child protection preparedness and response efforts. At the district level, UNICEF continued to strengthen government capacity on child protection and psychosocial support in EVD contexts through the partner Humanitarian Initiative Just Relief Aid (HIJRA). A total of 822 district staff and para-social workers in seven districts (Bunyangabu, Buliisa, Ntoroko, Kabarole, Kamwenge, Pakwach, and Zombo) were trained on protection concerns for children in EVD outbreaks and the provision of basic psychosocial support and psychological first aid. Refresher trainings for social welfare, community development, and health staff were held in March. Moreover, 365 community members were reached during community outreach activities on child protection in the EVD context that were conducted by trained para-social workers.

Education

Throughout COVID-19, adolescents continued to receive support through the accelerated education programme (AEP). In 2020, a total of 1,599 learners (730 females, 869 males) refugee learners attended the AEP. The programme continued to support adolescents throughout COVID-19 by providing learners with AEP self-study materials, small group community-based learning sessions, and radio programming.

On 20 March 2020, the MoES closed all learning institutions across the country, impacting a total of 15,126,167 learners (2,050,403 pre-primary; 10,777,846 primary; 1,986,362 secondary; and 311,556 tertiary), including over 600,000 refugee children and adolescents.

In response to the COVID-19 emergency, UNICEF worked closely with MoES to support the finalisation of the education sector's Preparedness and Response Plan. UNICEF collaborated closely with UNHCR and the Education in Emergency (EiE) working group to support MoES to ensure that all children had access to learning materials, radio lessons, and/or digital learning. Following school closures, UNICEF provided 2,513,475 children and adolescents with home-based/distance 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, 128,537 learners accessed continuity of learning through UNICEF's supported digital platform Kolibri. The most accessed content through Kolibri were curriculum-based materials in STEM followed by MoES's self-study materials. The majority of Kolibri users were adolescents between the ages of 13 and 19 years enrolled in secondary school. Only 36 per cent of users were female.

Skilling programmes for adolescents continued throughout school closures, reaching young people through community structures. In 2020, 43,213 refugee and host community adolescents were reached through community-based life skills programming. A total of 35,567 children received formal and non-formal early childhood development (ECD) and pre-primary education. This indicator was only reported for the first quarter because ECD and pre-primary schools remained closed by the government for the remainder of 2020 in response to COVID-19. All education-based programming supported by UNICEF strictly followed the COVID-19 SOPs, including social distancing, handwashing, and mask-wearing.

Communication for Development, Community Engagement and Accountability

Cumulatively in 2020, 19,948,943 people (10,173,961 males; 9,774,982 females) were reached with key messages on COVID-19 through mass media and social media via Facebook, Twitter, Instagram, U-Report, and websites, representing 140 per cent of the annual target coverage of 14,260,834. A total of 73,215 people (47,590 males; 25,625 females) participated in COVID-19 response activities through Risk Communication Social Mobilisation and Community Engagement (RCSM-CE) initiatives like community-dialogue meetings, trainings, and support supervision visits at district and community levels, representing 108 per cent coverage compared to the annual target of 67,500 people. A total of 2,600,539 people (1,675,347 males; 925,192 females) shared their concerns and asked questions about COVID-19 through online platforms like U-Report, the MoH's Call Centre, and UNICEF's social media platforms. By end of the year, 3,095,076 Information, Education and Communication (IEC) materials in various formats and in multiple languages were printed and distributed countrywide, including refugee and host communities.

In 2020, UNICEF co-chaired the Risk Communication, Social Mobilisation, and Community Engagement (RCSM-CE) pillar of the National Task Force to respond to the constantly changing landscape of the COVID-19 response. The government prioritised support to the nationwide home-based care and isolation strategy. UNICEF integrated COVID-19 into all community-based sectoral activities. UNICEF also disseminated its first advocacy brief on RCSM-CE activities in Uganda, which provided situation updates, monthly highlights, emerging trends, results, financial insights, and challenges faced by the RCSM-CE pillar during the COVID-19 response. UNICEF supported MoH's Inter-Action Review process for the COVID-19 response, and supported MoH's Health Promotion, Education and Strategic Communication (HPE & SC) Department on social behavioural trends and political activities.

UNICEF and partners reached 2,488,402 people with key health educational messages, exceeding the 1,963,705 targeted. A total of 1,889,898 children and adults were reached with access to a safe and accessible channel to report sexual abuse and exploitation.

UNICEF carried out a Knowledge Attitude Practices (KAP) study, which yielded important programmatic insights. Data showed, for instance, that essential services for both genders remained available and accessible. Awareness of COVID-19 risks was high, but men seemed more knowledgeable of the signs, symptoms, and prevention. Peers were a significant influence factor, especially among youth and women. Data collection exercises for an anthropological study on COVID-19 will start in January 2021.

Supply and Logistics

In 2020, UNICEF supported MoH to procure diagnostic tests, PPE items, WASH supplies for IPC, tents for National Medical Stores, national and regional referral hospitals, districts, and quarantine sites, along with Information and

Communications Technology (ICT) equipment to enhance the capacity of the Emergency Operation Centre and points-of-entry. UNICEF procured oxygen concentrators to support COVID-19 case management in Uganda's treatment facilities.

Humanitarian Leadership, Coordination and Strategy

The Department of Refugees at Office of the Prime Minister (OPM) and UNHCR led 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 (IMAM) technical working group with MoH. The OPM Department of Disaster Preparedness coordinated and led the country's humanitarian response efforts, primarily through a national disaster risk-reduction platform. The national platform and district disaster management committees coordinated responses to disasters caused by natural hazards and internal displacement caused by floods or conflict. Meanwhile, humanitarian responses due to disease outbreaks were coordinated through a multi-stakeholder National Task Force co-chaired by MoH and WHO. MoH led EVD and COVID-19 response and preparedness activities with support from WHO and partners, including UNICEF. Response activities have built on MoH's coordination and experience in preparedness activities since August 2018. The national COVID-19 and EVD response plans were built around the following pillars: (i) coordination and leadership; (ii) surveillance, including laboratory support and point-of-entry screening; (iii) case management, including Infection Prevention and Control (IPC), and safe and dignified burials; (iv) RCSM-CE; (v) logistics; (vi) vaccination and investigational therapeutics; and (vii) MHPSS, including child protection. UNICEF co-led the RCSM-CE sub-committee, and actively contributed to coordination and leadership, case management (focusing on WASH, health, education, and child nutrition), and the MHPSS pillars. UNICEF also provided technical and financial support to the National Protection against Sexual Exploitation and Abuse Network.

UNICEF supported implementation of durable solutions to chronic displacement in line with Uganda's Refugee and Host Population Empowerment Strategic Framework (ReHoPE), the Settlement Transformation Agenda (STA), and the Comprehensive Refugee Response Framework (CRRF). UNICEF, together with the GoU, supported efforts to adapt Uganda's nutrition, health, WASH, child protection, education, and social protection systems to humanitarian situations. Using a decentralised approach, UNICEF also strengthened the country's humanitarian response, including localised capacity-building, monitoring and reporting, and procurement of essential equipment and supplies. Community-based support was designed to improve 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, strengthened multi-year planning processes to leverage domestic and international resources for communities at risk. Government contingency planning and response efforts were supported to mitigate the effects of disease outbreaks and natural disasters. In high-risk communities, UNICEF applied and scaled up existing civic engagement platforms such as U-Report to promote accountability to affected populations and build linkages between communities and local governments, and guided responsive district and sub-district planning and budgeting. Gender, HIV/AIDS, conflict sensitivity and communication for development programming were 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	1,258,684	▲ 730,272
Number of children aged 6–59 months affected by SAM admitted for treatment*	22,723	24,138	▼ 743
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	43,213	▲ 9,111
HEALTH			
Number of boys and girls vaccinated against measles****	303,256	371,460	▲ 30,479
Number of people reached with key health/educational messages**	1,963,705	2,488,402	▲ 107,596
WASH			
Number of people accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene	197,000	157,763	▲ 10,191
Number of people accessing appropriate sanitation facilities and living in environments free of open defecation***	255,100	23,361	▲ 3,400
HIV/AIDS			
Number of HIV-positive children continuing to receive antiretroviral treatment*	3,948	1,413	▼ 178
Number of HIV-positive pregnant women receiving treatment to prevent mother-to-child transmission	1,083	2,510	▲ 595
CHILD PROTECTION			
Number of children registered as unaccompanied or separated receiving appropriate alternative care services	6,575	2,592	▲ 1,122
Number of children benefiting from psychosocial support	41,899	50,450	▲ 19,382

Note: Reasons for over/low achievement are explained in the narrative.

* The national transition to revised HMIS/DHIS2 tools and data elements affected the quality of reporting, especially completeness and timeliness which led to over/under reporting in the previous reporting period Enhanced data quality support for improvement will continue to be prioritized in the next year.

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

*** 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 benefitting 23,361 persons was due to WASH intervention in health care facilities in EVD response and flood response in 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	2,127,573	▲ 580,549
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	2,513,475*	▼ 92,930
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	8,516,259	▲ 2,486,871
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	719,643	▲ 128,347
Number of institutions (health centres, maternity wards, schools) supported with a minimum WASH and IPC package	250	543	▲ 149
CHILD PROTECTION			
Number of children without parental or family care provided with appropriate alternative care arrangements	2,232	2,201	▲ 310
Number of children, parents and primary caregivers provided with community-based MHPSS	33,648	35,980	▲ 9,037
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	
Number of children and adults that have access to a safe and accessible channel to report SEA	1,882,468	1,889,898**	▲ 30,127
HIV/AIDS*			
Number of pregnant women living with HIV who continue to receive ARVs for PMTCT and for their own health	22,682	20,734	▲ 6,074
C4D			
Number of people reached on COVID-19 through messaging on prevention and access to services	14,260,834	19,948,943	▲ 2,210,921
Number of people engaged on COVID-19 through RCCE actions	67,500	73,215	▲ 2,120
Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established mechanisms	2,500,000	2,600,539	▲ 380,851
Number of printed COVID-19 IEC materials distributed among partners	3,000,000	3,095,076	▲ 700,685

* The total decreased from the last reporting period due to a correction in the calculation of children reached through digital learning.

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	1,057,484	1,366,844	6,001,681	71
Health	9,520,780	0	951,592	8,569,188	90
WASH	11,054,879	699,989	5,400,329	4,954,561	45
Child Protection	6,458,601	1,316,638	1,063,789	4,078,174	63
Education	13,112,473	1,908,020	3,814,422	7,390,031	56
HIV and AIDS	1,547,237	0	45,171	1,502,066	97
Total	50,119,979	4,982,131	12,642,147	32,495,701	65

* 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	2,241,713	0	2,342,722	51
WASH	4,088,583	2,107,231	0	1,981,352	48
Child Protection	1,969,028	701,505	0	1,267,523	64
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	5,704,460	0	9,295,540	62

Links to External Media and Communication

Human Interest Stories

From community gatherings to airwaves

<https://www.unicef.org/uganda/stories/community-gatherings-airwaves>

Schools embrace feeding programmes to improve children's learning

<https://www.unicef.org/uganda/stories/schools-embrace-feeding-programmes-improve-childrens-learning>

Local authorities trained to report, track, refer and respond to cases of violence against children

<https://www.unicef.org/uganda/stories/local-authorities-trained-report-track-refer-and-respond-cases-violence-against-children>

“At home, there is not enough time to revise class notes”

<https://www.unicef.org/uganda/stories/home-there-not-enough-time-revise-class-notes>

Uganda-Kenya cross-border partnership rescues girls from female genital mutilation during COVID-19

<https://www.unicef.org/uganda/stories/uganda-kenya-cross-border-partnership-rescues-girls-female-genital-mutilation-during-covid>

Cleaners, the unsung heroes at the COVID-19 frontline

<https://www.unicef.org/uganda/stories/cleaners-unsung-heroes-covid-19-frontline>

UNICEF helps to keep health workers safe during the COVID-19 pandemic

<https://www.unicef.org/uganda/stories/unicef-helps-keep-health-workers-safe-during-covid-19-pandemic>

Kitgum leaders fear schools may not have female students after lockdown due to teenage pregnancies

<https://www.unicef.org/uganda/stories/kitgum-leaders-fear-schools-may-not-have-female-students-after-lockdown-due-teenage>

Before it rains: Building landslide resilience in Bududa

<https://www.unicef.org/uganda/stories/it-rains>

“I wish I could have some magic, I would just say let schools open right away”

<https://www.unicef.org/uganda/stories/i-wish-i-could-have-some-magic-i-would-just-say-let-schools-open-right-away>

Matuma Health Centre III sees an increase in deliveries during the COVID-19 lockdown in Uganda

<https://www.unicef.org/uganda/stories/matuma-health-centre-iii-sees-increase-deliveries-during-covid-19-lockdown-uganda>

541 people living with HIV and AIDS in Yumbe traced and linked back into care

<https://www.unicef.org/uganda/stories/541-people-living-hiv-and-aids-yumbe-traced-and-linked-back-care>

Restoring hope after flash floods, thanks to UNICEF

<https://www.unicef.org/uganda/stories/restoring-hope-after-flash-floods-thanks-unicef>

Tackling 2020's triple tragedy in Karamoja

<https://www.unicef.org/uganda/stories/tackling-2020s-triple-tragedy-karamoja>

Fighting a cholera outbreak in the middle of a COVID-19 pandemic

<https://www.unicef.org/uganda/stories/fighting-cholera-outbreak-middle-covid-19-pandemic>

Surviving cholera is the best thing that happened to my personal hygiene

<https://www.unicef.org/uganda/stories/surviving-cholera-best-thing-happened-my-personal-hygiene>

In Bundibugyo, UNICEF restores water supply after floods

<https://www.unicef.org/uganda/stories/bundibugyo-unicef-restores-water-supply-after-floods>

UNICEF activities in northern Uganda show progress despite COVID-19

<https://www.unicef.org/uganda/stories/unicef-activities-northern-uganda-show-progress-despite-covid-19>

Bundibugyo Soap Initiative supports uptake of health services during floods and COVID-19

<https://www.unicef.org/uganda/stories/bundibugyo-soap-initiative-supports-uptake-health-services-during-floods-and-covid-19>

A day in the life of an essential worker

<https://www.unicef.org/uganda/stories/day-life-essential-worker>

Floods wash away five schools, cut off 24 in western Uganda

<https://www.unicef.org/uganda/stories/floods-wash-away-five-schools-cut-24-western-uganda>

No cholera in Kasese for the first time in 13 years

<https://www.unicef.org/uganda/stories/no-cholera-kasese-first-time-13-years>

Karusandara Health Centre III in western Uganda gets safe and clean water

<https://www.unicef.org/uganda/stories/karusandara-health-centre-iii-western-uganda-gets-safe-and-clean-water>

Para-social workers intensify identification of child abuse cases in Kasese

<https://www.unicef.org/uganda/stories/para-social-workers-intensify-identification-child-abuse-cases-kasese>

Young people take to radio airwaves to sensitize fellow adolescents about COVID-19

<https://www.unicef.org/uganda/stories/young-people-take-radio-airwaves-sensitize-fellow-adolescents-about-covid-19>

Unlocking vital services for refugee children amidst the COVID-19 crisis

<https://www.unicef.org/uganda/stories/unlocking-vital-services-refugee-children-amidst-covid-19-crisis>

Inside the heart that pumps water, sanitation and hygiene COVID supplies to the whole country

<https://www.unicef.org/uganda/stories/inside-heart-pumps-water-sanitation-and-hygiene-covid-supplies-whole-country>

In Abim, parents are supporting their children to learn following school closure

<https://www.unicef.org/uganda/stories/abim-parents-are-supporting-their-children-learn-following-school-closure>

UNICEF and Partners support the printing and distribution of home learning materials to 2.5 million

<https://www.unicef.org/uganda/stories/unicef-and-partners-support-printing-and-distribution-home-learning-materials-25-million>

Why escape COVID-19 only to die of malaria?

<https://www.unicef.org/uganda/stories/why-escape-covid-19-only-die-malaria>

Mobile health educator takes one village at a time

<https://www.unicef.org/uganda/stories/mobile-health-educator-takes-one-village-time>

Community referral system save lives during the COVID-19 pandemic lockdown

<https://www.unicef.org/uganda/stories/community-referral-system-save-lives-during-covid-19-pandemic-lockdown>

A matter of life and death: A case of the Uganda Child Helpline

<https://www.unicef.org/uganda/stories/matter-life-and-death-case-uganda-child-helpline>

Engaging from a distance during COVID-19

<https://www.unicef.org/uganda/stories/engaging-distance-during-covid-19>

At the frontline in the fight against COVID-19 in Uganda

<https://www.unicef.org/uganda/stories/front-line-fight-against-covid-19-uganda>

Baby Gladys is delivered with clean hands in a safe environment

<https://www.unicef.org/uganda/stories/baby-gladys-delivered-clean-hands-safe-environment>

Rural school celebrates clean latrines and safe drinking water powered by the sun

<https://www.unicef.org/uganda/stories/rural-school-celebrates-clean-latrines-and-safe-drinking-water-powered-sun>

Photo Essays

Health workers use special days to reach every child with life-saving vaccines

<https://www.unicef.org/uganda/stories/health-workers-use-special-days-reach-every-child-life-saving-vaccines>

“Don’t use COVID-19 as an excuse not to immunize your children, you will regret it.”

<https://www.unicef.org/uganda/stories/dont-use-covid-19-excuse-not-immunize-your-children-you-will-regret-it>

Games children play during COVID-19 in Kikuube District

<https://www.unicef.org/uganda/stories/games-children-play-during-covid-19-kikuube-district>

COVID-19 diaries in Uganda

<https://www.unicef.org/uganda/stories/covid-19-diaries-uganda>

Reaching out to communities with soap, sanitizers and detergents to prevent coronavirus

<https://www.unicef.org/uganda/stories/reaching-out-communities-soap-sanitizers-and-detergents-prevent-coronavirus>

Health educator uses a mobile van to educate communities about COVID-19

<https://www.unicef.org/uganda/stories/health-educator-uses-mobile-van-educate-communities-about-covid-19>

Parents and caregivers brave the COVID-19 lockdown to immunize their children

<https://www.unicef.org/uganda/stories/parents-and-caregivers-brave-covid-19-lock-down-immunize-their-children>

Water that quenches our thirst and keeps us clean at school

<https://www.unicef.org/uganda/stories/water-quenches-our-thirst-and-keeps-us-clean-school>

Communities name water tap ‘Women’s Freedom’

<https://www.unicef.org/uganda/stories/communities-name-water-tap-womens-freedom>

How families are coping during the COVID-19 lockdown

<https://www.unicef.org/uganda/stories/how-families-are-coping-during-covid-19-lock-down>

Videos

Adolescents turn to radios to share critical messages during COVID-19

<https://youtu.be/MvjUCknQ6QM>

Emmanuel Ainebyoona from the Ministry of Health narrates how he recovered from COVID-19

<https://youtu.be/LgAJIHk6kFg>

Dr. Nsereko Chris, one of the doctors managing COVID-19 patients at Entebbe Referral Hospital

<https://youtu.be/Y76dKto8hWw>

Simon David Kisaka shares his COVID-19 story

<https://youtu.be/o8T2GuHmadw>

Children innovate to continue learning during Covid-19

<https://youtu.be/mWEWkRLbTC4>

Learning during Covid-19

<https://youtu.be/GL9SZ9SNrwQ>

Cleaners, the unsung heroes at the COVID-19 frontline

<https://youtu.be/RsjCkZs8AE>

UNICEF helps keep health workers safe during the COVID-19 pandemic

<https://youtu.be/QooZTB8sng0>

Bringing health services closer to communities throughout lockdown

<https://youtu.be/y4pKrML-nM>

The boda-boda (motorcycle) ambulance referral transport system

<https://youtu.be/DfNqB2pf3BI>

Free soap boosts immunization and hospital deliveries

<https://youtu.be/KBC6Xq9hHzs>

Restoring water supply after the floods

<https://youtu.be/8Qq5z2W8AE8>

Sustaining service delivery during Covid-19

<https://youtu.be/6vDyzA8oS-0>

Combating cholera outbreaks in Bududa District

<https://youtu.be/QTUCqHtoVB4>

Floods render people homeless in Nakapiripirit

<https://youtu.be/FT0t5x1tDtw>

Abigail, 12 years old, copes with school closures during COVID-19

https://youtu.be/h_0a4V5qbC4

Helping Kasese rise above the floods

<https://youtu.be/L1VboKjUFfA>

The water burden is lifted for girls in Adjumani

<https://youtu.be/MjCIKAKDKIc>

UN in Uganda supporting Government to protect lives during COVID-19

<https://youtu.be/eM9ScfLkLkw>

United Nations in Uganda providing nutrition support to vulnerable children during COVID-19

<https://youtu.be/IPCR4VQTESY>

United Nations in Uganda to support children's learning during COVID-19 and beyond

<https://youtu.be/BqFobU3yccg>

Keeping women and children safe during COVID-19 lockdowns

<https://youtu.be/dxDO4870kpM>

UN Delivering as One to fight COVID-19 in Uganda

<https://youtu.be/z-WZA-kymtE>

United Nations in Uganda: Ensuring access to critical health services during COVID-19

<https://youtu.be/P7mtRDpgMfw>

United Nations in Uganda appeals for clean and water to fight COVID-19

https://youtu.be/3N-1uKxL_qI

Access to clean water, healthy newborn babies

<https://youtu.be/2O9UP2ANYKk>

A tap stand communities call "Women's Freedom"

<https://youtu.be/Y88X7aR1CgQ>

Enhancing hygiene in schools

https://youtu.be/Rc9_kTfW3VA