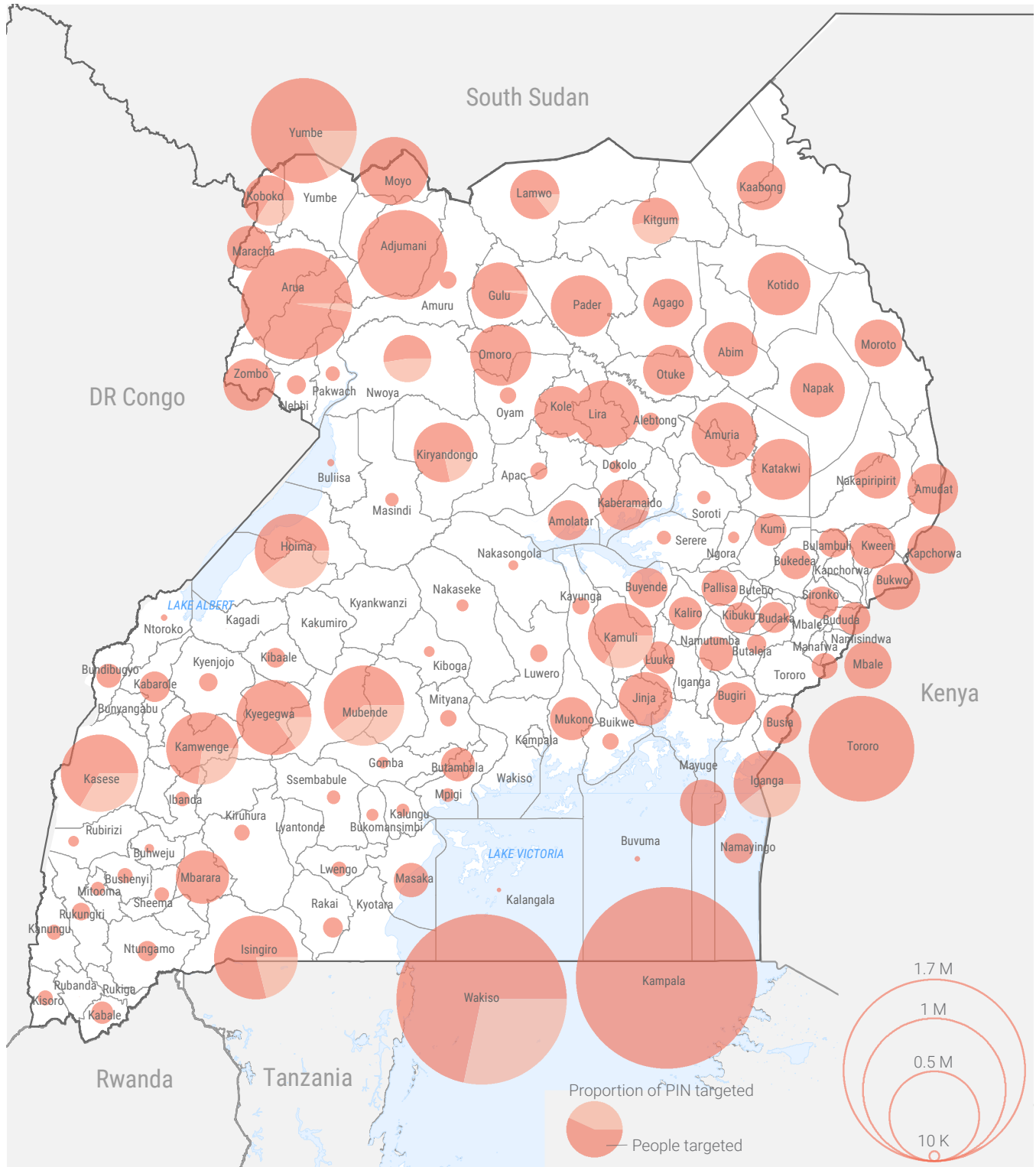


UNITED NATIONS EMERGENCY APPEAL FOR RESPONSE TO COVID-19 AND ITS IMPACTS UGANDA

APRIL -
SEPTEMBER
2020



Overview of People in Need & Targeted



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COVER PHOTO

A health worker takes the temperature of a woman as people from Democratic Republic of Congo line up at a screening facility set up at point of entry at Uganda-DRC border town of Bunagana in Kisoro district. Photo: UNICEF/Adriko

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Foreword by the Resident Coordinator

We are in a very critical time in human history. The emergence of the novel coronavirus or COVID-19, which the World Health Organization declared a global pandemic on 11 March 2020, is ravaging through every continent, territory and region. We, the people of the world, are facing an unprecedented health threat with severe implications for society's most vulnerable.

On 21 March 2020, Uganda confirmed its first COVID-19 imported case and since then cases have been on the rise. Let me take this opportunity to recognise the Government of Uganda for taking the appropriate preventive measures to stem the spread of the virus while ensuring critical services remain available.

COVID-19 puts all people in Uganda at risk and requires an urgent and robust response, including through the intensification of surveillance, detection and containment measures, as well as case management and community engagement. The preventive measures have come at a very high cost to this developing nation; essential services are strained as human and financial resources are diverted to respond to this rapidly expanding public health emergency. The restrictions on movement put in place to contain the outbreak are impacting both people's ability to access basic services like healthcare and food and to sustain their livelihoods. This could have detrimental effects on one of East Africa's most important economies with potentially devastating consequences on extremely vulnerable segments of the

population such as the 86 percent of women and 91 percent of youth in the informal economic sector, child-headed households, refugees, the elderly, the disabled, people living with HIV or TB as well as the poor in both urban and remote rural areas, including internally displaced persons as a result of extreme weather conditions.

No nation, country or region can deal with the COVID-19 alone and though the fight against it presents several challenges, it also allows for many opportunities. We, the UN and partners, have joined efforts to support the public health response, increase awareness, reinforce prevention and keep the most vulnerable alive. As Uganda ambitiously pursues ways to mitigate and respond to this disease within its own borders, we aim to support 12.8 million of the 15 million people in need. Our focus on Health, Food Security, Livelihoods & Nutrition, Life-Saving Services & Social Protection, Refugees and Displacement, Immediate Economic Support & Innovation, as well as Common Services, will be implemented thanks to partnerships between the UN system, non-governmental organizations (NGOs) and the Uganda Red Cross. Our strategies are closely aligned to the national plans and strategies in an effort to accelerate action

Together we can transform this challenge into an opportunity to show the world how our shared humanity can inspire innovation, home grown solutions to both save lives and ensure we build back better. Let us use this opportunity to continue to push for the

"Let's not forget this is essentially a human crisis. Most fundamentally, we need to focus on people – the most vulnerable."

UN Secretary-General's Call for Solidarity



realization of the Sustainable Development Goals— this is time to ensure zero hunger, good health, clean water and sanitation as well as apply industry, infrastructure and innovation to ensure Ugandan communities survive and later thrive. COVID-19 does not discriminate—it is devastating lives regardless of age, gender, ethnicity or country of origin. Each one of us has a role to play in this effort to stem its spread and no effort is too small to make a real difference. It is a shared burden. For this reason, we must find solutions as a collective—as one human race. It is my hope that you will read this Emergency Appeal and support the NGOs, Uganda Red Cross and United Nation's critical teams so that we may succeed together.

Ms. Rosa Malango

United Nations Resident Coordinator

Government of Uganda's Response & Complementarity of the Emergency Appeal

Uganda registered its first case of COVID-19 on 21 March 2020 and, as of 13 April, had registered 53 cases.

The Government of Uganda has responded rapidly, implementing a series of measures and developing national guidelines to prevent and respond to the spread of COVID-19. Coordination has been instituted with the appointment of an Incident Commander, Incident Management Teams and subcommittees. Government and partners have been implementing public health preparedness and response activities along eight core pillars: coordination and leadership; surveillance, laboratory support and points of entry; risk communication, social mobilization and community engagement; case management, infection prevention and control; ICT and innovation; WASH; mental health and psychosocial support; and logistics.

The Ministry of Health of Uganda prepared a National COVID-19 Preparedness and Response Plan that has been updated to respond to the evolving pandemic, modelling data and new evidence aimed at reducing the importation, transmission, morbidity and mortality as well as economic social disruption that might result from the COVID-19 outbreak. The Government of Uganda and the Ministry of Health, supported by the UN among other partners, are leading a robust response to the COVID-19 outbreak.

There is also policy and strategic oversight for the response. Government of Uganda implemented a series of vulnerability reduction and containment measures to curtail transmission of COVID 19. Some of the measures have included:

- Closure of schools and other high concentration points;
- Freeze of public and private transport;
- Outlawing all mass gathering events, including for worship; overnight curfew;
- Closure of international airport and ground crossing points for passengers; and
- A nationwide lockdown.

Technical response actions are being undertaken, focusing on all of the core interventions areas, including:

- Management of the suspected and confirmed cases in the two isolation facilities;
- Risk communication;
- Supply chain management and logistics support; and
- Psychosocial support.

Other immediate actions included:

- Quarantine – both institutional and self-quarantine for individuals perceived to be at a very high risk;

- Expansion of call centers capacity and activation of toll-free telephone lines for reporting suspected COVID-19 cases (0800-100-066 or 0800-203-033);
- Development of Risk Communication Strategy and dissemination of key messages on public health measures to general public;
- Engagement of key ministries, religious and cultural leaders to promote key messages; Adaptation of the messages to the evolving situation and response;
- Instituting regular media briefings and issuing media statements in an attempt to keep the public informed on the situation and share key messages on public health measures;
- Development of guidance on essential health service continuity;
- Effective mobilization of resources from all sectors of the Government to support the COVID-19 response; and
- Engagement of decentralized districts to mount a nationwide response.

District Task Forces and their subcommittees have been activated, and various guidelines, Standard Operating Procedures and public awareness messages have been developed and widely disseminated. Mapping of facilities for managing COVID-19 cases -including severely ill requiring intensive care management- is ongoing alongside resource mobilization. The Ministry of Health and partners have pre-positioned available response supplies at designated locations. Uganda has in-country capacity to test for COVID-19 at the Uganda Virus Research Institute (UVRI), with an existing sample transfer network and established severe acute respiratory infection sentinel surveillance sites. Surveillance and screening at Points of Entries has been scaled up, including at Entebbe International Airport, Busia, Malaba, Elegu, and Cyanika, among others.

Beyond the immediate public health aspects of the COVID-19 pandemic, the disease will also have humanitarian and socio-economic consequences, as already seen in the global economic slow-down. The Government of Uganda is proactively taking a number of measures to minimize the multi-faceted impacts of this rapidly evolving situation. In support of the Government's response, this UN Emergency Appeal will respond to the most urgent needs in the coming period, prioritizing activities to be implemented within eight weeks and those to be implemented within six months. The appeal will provide a bridge to longer-term activities focused on recovery and resilience-buildings and leaving no one behind, to be implemented under the UN Sustainable Cooperation Framework (2021-2025), which is under development, in support of the Government's new National Development Plan III and implementation of the Sustainable Development Goals (SDG).

Appeal at a Glance

PEOPLE IN NEED

15M

PEOPLE TARGETED

12.8M

REQUIREMENTS (US\$)

316.4M

OPERATIONAL PARTNERS

34

Strategic Objective 1:

Support the public health response to contain the spread of COVID-19 pandemic by decreasing morbidity and mortality.

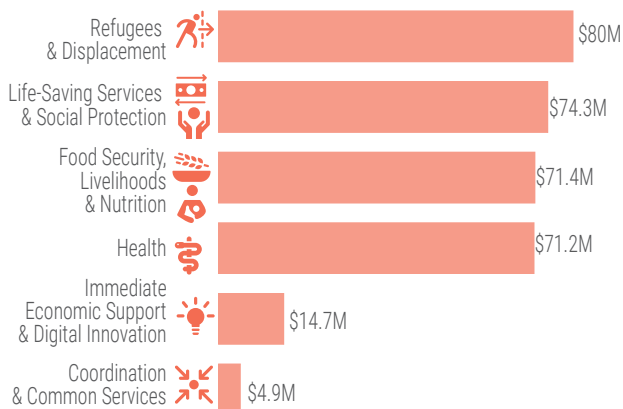
Strategic Objective 2:

Provide access to life-saving, livelihoods-saving and resilience-building services, assistance and protection, prioritizing the most vulnerable and those most at-risk of COVID-19.

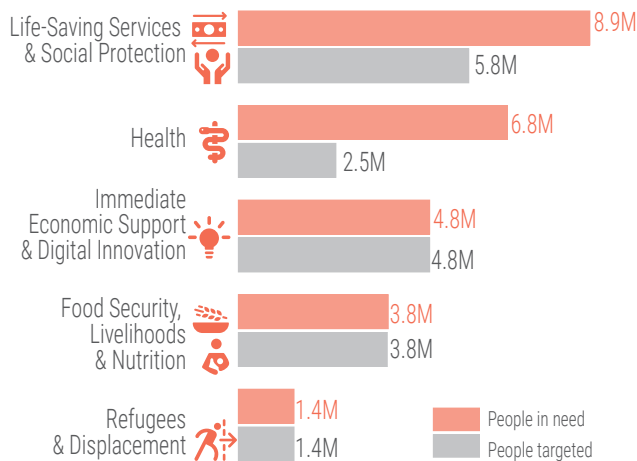
Strategic Objective 3:

Create an enabling environment for the COVID-19 response through immediate interventions to improve governance, human rights and gender equality, coordination and social cohesion.

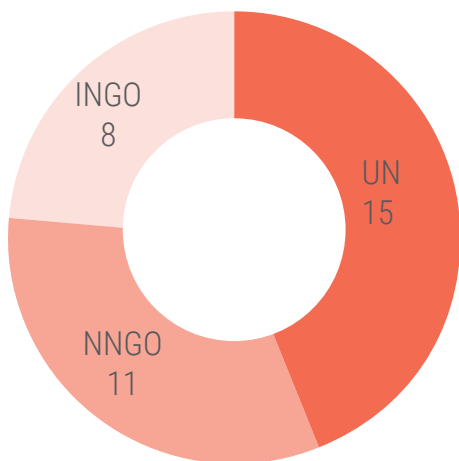
Requirements by Themes



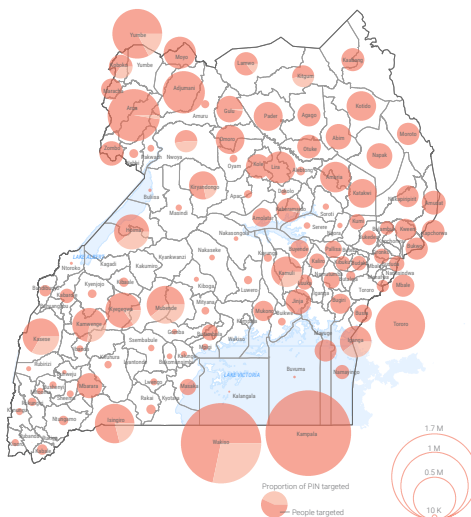
People in Need and Targets by Themes



Operational Partner by Type



People in Need & Targeted



Overview of the Crisis

Countries around the world are facing an unprecedented threat due to the emergence and rapid spread of novel coronavirus disease 2019 (COVID-19).

A global pandemic was declared on 11 March and, as of 13 April, there were 53 confirmed cases of COVID-19 in Uganda. COVID-19 has plunged the world economy into a recession, with the potential of deep secondary consequences and historical levels of unemployment and deprivation. Beyond a health crisis, this is also a jobs and livelihoods crisis and a human crisis, which will put the brakes on progress made towards the Sustainable Development Goals (SDGs). It is estimated that 25 million jobs could be lost worldwide and that labour income losses could range from US\$860 billion to \$3.4 trillion, according to the International Labour Organization. Small and medium enterprises, the self-employed, and daily wage earners are expected to be hardest-hit. In sub-Saharan Africa, an estimated 66 per cent of workers are in the informal economy, with no or limited access to social protection, nor do they have the economic security to take sick leave, get treated if required, or cope with lockdown. Supply chains need to be supported through digital platforms to remain active and continue tapping into Uganda's strategic regional positioning as a trade hub. The Unemployment rate in Uganda stands at 13.3 percent for women and youth, and 6 percent among men and is higher in urban (14 percent) than in rural areas (6 percent). Only 28 percent of women are in paid employment compared to 46 percent of men. Women account for 71 percent of people engaged in vulnerable employment or the informal sector. The proportion of the youth who have transitioned to stable or satisfactory jobs is low at 27 percent. COVID-19 has compounded the situation. Women and youth earn and save less and are therefore at a greater risk of falling into poverty, since they have little or no social/job security against economic shocks. At the same time, the coverage of social protection programs such as the Senior Citizens Grant (SCG) and cash grants given through the Northern Uganda Social Action Fund 3- are currently insufficient to meaningfully address the range and scope of vulnerabilities to shocks in Uganda. Furthermore, digital solutions have given rise to new business models such as the platform and gig economy with non-standard labor-employer relationships which tend to reduce benefits and protection for workers. This has created a new form of 'informal' economy which provides less space for decent work.

Restrictions imposed to contain the pandemic in Uganda are expected to have wide-ranging consequences, including for livelihoods and employment opportunities, particularly for women, who make up 86 per cent of the informal sector in the country, leaving millions of people in urgent need of assistance. For vulnerable groups -including refugees, the elderly, widows, people living with disabilities, female-headed households, market women, street vendors, and people living with HIV and TB who rely on daily income generating activities for their survival, this outbreak could have a devastating long-term impact. The Government of Uganda estimates

that over 6 million urban poor living in Kampala and other urban areas nationwide who live hand-to-mouth through casual labour as hawkers, porters, on construction sites and public transport, will need exceptional food assistance during the COVID-19 outbreak.

In Uganda, the COVID-19 pandemic is unfolding against the backdrop of one of the world's largest refugee responses. Uganda hosts 1.4 million refugees, of whom 82 percent are women and children. Wars, violence and persecution in the Horn of Africa and Great Lakes have driven forced displacement into Uganda, including insecurity in South Sudan, ethnic violence in the Democratic Republic of the Congo (DRC), and political instability and human rights violations in Burundi. In 2019, the Uganda Refugee Response Plan was 55 per cent funded, with just \$507 million of the required \$927.2 million received. Refugees already have reduced access to livelihoods, and COVID-19 will put a further strain on refugees and hosting districts. Most refugees remain reliant on food assistance for their food security and have limited access to alternative forms of income, despite the Government of Uganda's policy of granting refugees access to land for agriculture activities. Movement and market restrictions will further reduce the economic opportunities available to refugees (including casual labour, small businesses and trade), increase refugees' dependency on assistance and backslide resilience and self-reliance gains achieved over the last two years. From 2017 to 2019 resilience capacity increased 96 percent for refugees and 84 percent for host communities. Humanitarian resources have not been sufficient to meet the scale of need in some sites and critical gaps existed in the refugee response prior to the COVID-19 outbreak, including in key sectors such as protection (child protection, psychosocial support), shelter, WASH, health, education and food rations. The World Food Programme (WFP) announced this month that it must make a 30 per cent cut in the monthly food ration for refugees. Within this context, COVID-19 restrictions are increasing pressure on refugees in settlements and host communities who already struggle with daily survival. Most urban refugees and asylum seekers live in congested areas and rely on casual work for their sustenance. Due to restrictions on movement, many are at risk of not being able to meet their basic needs (food, soap, sanitary kits, rent, utilities and health care), and of resorting to negative coping mechanisms, including transactional sex and domestic violence.

While COVID-19 containment measures currently limit travel and cross-border movements, advocacy is ongoing to ensure continued access to asylum and an additional influx of new arrivals may occur when the border reopens. While planning figures for 62,000 new arrivals in 2020 cannot credibly be revised at this stage of the epidemic, there may be increased asylum-seekers when the border reopens depending on the situation in neighboring countries, in particular the DRC and South Sudan. Once borders are re-opened, UNHCR will ensure transit centres and collection points are

decongested at all times, in accordance with the agreed health care, sanitation and hygiene procedures. To ensure rapid decongestion of transit sites, new arrivals will need to be provided with pre-stocked household starter kits (core relief items) to facilitate speedy relocation to household plots in the settlements.

As prices rise and people struggle to cope, they are likely to resort to harmful coping mechanisms, including reduced food consumption, the sale of productive assets and increased protection concerns, with particularly harmful consequences for women.

Food prices in Uganda have shown significant inflation since the COVID-19 pandemic was declared, and there is concern that non-food items (including productive assets) will similarly experience price inflation as markets constrict in the coming weeks. Movement restrictions will have a detrimental impact on market functionality and may cause extremely vulnerable households to adopt negative coping strategies in the period ahead, including selling off assets, increasing early childhood marriage and further deterioration amongst already food insecure households. Violence against women is already pervasive in Uganda, with 56 percent of women having experienced spousal violence and 22 percent sexual violence. The figures for violence against children are also high, with 59 percent of females and 68 percent of males reporting experiencing physical violence during childhood, and 35 percent of girls and 17 percent of boys having experienced sexual violence. Over 15 percent of girls were married by the age of 15, and 49 percent by the age of 18. COVID-19 exacerbates these already critical issues, with increased stressors imposed on families, limitations in access to resources, and increase in negative

coping mechanisms. With children out of school, more are exposed to early child marriages, unwanted pregnancies, and HIV infections, among others. Limited economic opportunities are likely to increase exploitation of women and girls, including sexual exploitation and abuse. Gender roles and harmful cultural practices further put women and girls at risk, while the stress of the pandemic, and confinement of families, will add strain on households, increasing the risk of intimate partner violence and sexual violence.

Women and girls in Uganda, including in refugee settlements, are already experiencing disproportionate impacts of the pandemic, highlighting the crucial need to increase women's participation and decision making in the COVID-19 response and prioritize their unique needs. Women play a critical role in responding to COVID-19, including as frontline healthcare workers, caregivers at home, community leaders and mobilisers. Experience of other disease outbreaks demonstrates that this care burden increases their risk of infection, along with harmful gender norms. Through support from UN Women and UNHCR, the Inter-Agency Standing Committee Gender and Age Marker (GAM) was implemented throughout the development of this Appeal in Uganda. The IASC GAM is a tool that looks at the extent to which essential programming actions address gender- and age-related differences in humanitarian response.

In times of crisis such as the COVID outbreak, disruptions to families, friendships, daily routines and the wider community can have negative consequences for children's social supports and their psychosocial well-being, development and protection. An estimated 33 percent of primary-level children and over 70 per cent



ISINGIRO DISTRICT

Pupils of the Accelerated Education Programme studying at Kashojwa Learning Center, hosted by Kashojwa Primary School. Photo: UNICEF/Abdul

of secondary-education aged children are out of school. With schools closed, refugee children may congregate in public places, risking exposure to COVID. Children are expected to face increased separation from caregivers and/or families, including due to death of parents or caregivers. The closure of learning institutions, movement restrictions and closure of markets and other income generating activities can place new stressors on parents and caregivers who may have to find new childcare options and include children in income generating activities or other negative coping mechanisms, including child labour and sexual exploitation. Alternative childcare -such as traditional care arrangements through grandparents or other family members- may be disrupted, due to fears of COVID-19 transmission. Limited access to services and support to refugees under a lockdown will drastically reduce child protection services. Consequential risks are long-term school drop-out and lack of access to group activities, including group counseling, recreational activities that allow them to learn, play and positively develop. This requires continued and increased provision of child protection interventions which aim to prevent and respond to life-threatening factors including separation of children, psychosocial distress and mental disorders, exploitation and gender-based violence, physical harm and other forms of violence against children and women.

The containment measures and closure of schools will impact the nutritional status of children and extremely vulnerable households who are unable to cope with the rising cost of food. There is no data on how children with moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) will respond to COVID-19. However, it can be assumed that children with decreased nutrition will be immunocompromised and at a higher risk of developing the severe forms of COVID-19, potentially increasing mortality rates. There are currently 221,000 children with MAM and 139,000 children with SAM that lack treatment in Uganda. In 2019, the refugee operation exceeded planned nutrition admissions, admitting 131 percent of the expected number of malnourished children. There are high rates of anemia and stunting in refugee communities, attributed to inadequate infant and young children feeding practices, low household food diversity and food insecurity. In the last two months of 2019, the refugee operation experienced high mortalities in transit centres -especially Palabek settlement and Nyakabande transit center- due to individuals arriving with acute malnutrition. Following interventions, a mass screening exercise conducted in Palabek in October indicated a GAM rate of 12.1 percent down from 12.9 percent in June 2019 while Nyakabande had reduced to 12.5 percent in December 2019 from 22.9 percent. Continuity of existing nutritional programming and scale-up of MAM and SAM services, including retention and referrals, will be critical during COVID-19 to ensure the most at-risk children are identified and supported.

Maintaining access to essential health services, including sexual and reproductive healthcare, is critical to preventing loss of life during the COVID-19 pandemic, including in refugee hosting districts, where maternal and infant mortality rates and GBV remain high. Evidence from past epidemic responses, shows that efforts to contain the outbreak diverts resources from routine health. During epidemics, women are less able to safely deliver in health care facilities, increasing the risks during birth to both mother and child.

In Uganda, there are approximately 5,000 births per day, which will continue during the outbreak. Access to much-needed emergency obstetric care services has already reduced and this must urgently be addressed, including through ensuring that health workers have access to critical Personal Protective Equipment (PPE) to support safe deliveries. Action is also required to ensure that people living with HIV are able to access services during COVID-19. About 3 percent of Uganda's population, 1.2 million people, are on lifelong antiretroviral therapies (ARTs); viral suppression for people living with HIV is about 78 percent and 60 percent for children.

In addition to COVID-19, Uganda is experiencing outbreaks of Yellow Fever in West Nile, measles in 13 districts and Crimean Congo Hemorrhagic Fever. There have also been new cases of Ebola confirmed in the Democratic Republic of the Congo (DRC), which borders Uganda. The COVID-19 response therefore requires robust public health action to ensure containment of the disease and other life-threatening illnesses that reduce the immunity of vulnerable individuals. Given the fluidity of cross-border movement, particularly with the DRC and South Sudan, point-of-entry surveillance will be critical to ensuring cases are detected along entry points into Uganda.

People with underlying health conditions are at heightened risk from COVID-19 - including people living with hypertension, diabetes and cardio-vascular diseases, especially amongst the elderly - highlighting the critical importance of accessibility of healthcare during the outbreak. There are 1.4 million people living with HIV in Uganda, and each week an additional 1,000 acquire the virus. In addition, there are over 80,000 new TB infections annually in Uganda, a factor that could complicate COVID-19, itself a lung infection. At the same time, routine immunization has decreased following restrictions on movements, increasing children's susceptibility to other outbreaks, including the measles and yellow fever outbreaks ongoing in Uganda. Increasing immunization services and support to immunocompromised refugees will be critical to mitigate risks to refugee and host community populations.

All of this is taking place within the context of a stretched healthcare system. Consultations with district stakeholders indicate that service providers may not be functional or have capacity (human and supplies) to respond to non-COVID-19 health needs, including GBV, antenatal and maternal care, and HIV. More medical doctors, clinical officers, midwives and nurses need to be urgently recruited and trained to provide for the population's health needs. In refugee settlements, health infrastructure is a challenge: while most health facilities are now permanent and part of the Ministry of Health's system, twenty-six health facilities are temporary structures, unable to withstand wind and weather. Health workers lack accommodation, as most staff are sleeping in tents or sharing accommodation leading to high staff turnover and low quality of care. Village health teams and community level disease-prevention activities -such as health education, case finding, and referrals- need urgent upscaling to maintain continuity of essential health services and prevent overwhelming health facilities amidst the COVID-19 outbreak.

Providing access to safe water and improved sanitation are critical in addressing and preventing outbreaks. In Uganda, 33 per cent of children do not have access to safe water and 60 per cent of children

live 30 minutes walking distance from a water source. Three out of ten Ugandan households do not have a latrine, and only 8 per cent of mothers of children under age 5 have soap and water readily available for handwashing. For refugees, the COVID-19 outbreak and associated containment measures will likely impact timely maintenance of facilities, as well as access to populations to conduct widespread risk communication on disease prevention.

The period ahead will challenge not only households, but businesses and critical supply chains early time-critical economic recovery efforts are needed to prevent longer-term deterioration for Ugandan businesses many of which employ vulnerable households.

Agribusiness are already experiencing disruptions in supply chains, high transport costs, declining sales shortage of liquidity (short term financing in form of working capital) potential job cuts due to COVID-19. Support is needed to make these Small and Medium Enterprises (SMEs) more resilient and stay in business during and post COVID-19. As businesses have shut their doors and are unable to carry on their operations; they are unable to maintain critical cashflows needed to pay staff salaries during this time of need. There is a need to adopt business continuity measures that can help certain business operations continue while adhering to Ministry of Health and WHO guidelines to prevent the spread of COVID-19.

The pandemic will also strain the social fabric of Uganda, including due to misinformation and misperception. Following the implementation of preventive measures such as a lock-down and curfew put, cases of hate speech towards some segments of society

have been registered. In addition, human rights violations have been reported regarding disproportionate use of force by security forces against members of the public who contravene Presidential directives. A general decrease in security and increase in civil unrest is also likely and has already been observed in and around markets, as vendors and transporters protest restrictions being implemented by the government. There is an immediate need to repair trust between the security apparatus and the population, as well as strengthen social cohesion, particularly at the community-level, to ensure peace is sustained during this period.

At the same time as the COVID-19 pandemic is rapidly evolving, Uganda is faced with a range of other risks, including locusts and floods. The government estimates, based on historical data, that up to 293,000 people across thirteen districts may be affected by floods in Uganda's current rainy season (March to May). Floods and landslides in Uganda often cause displacement and can result in an influx of internally displaced people (IDPs) to collective sites. Given the COVID-19 outbreak, it will be critical to support affected communities with urgent shelter, non-food items (NFIs) and basic services, and to use collective sites only as a last resort, given their increased risk of outbreaks. It is critical that humanitarians begin preparedness and pre-positioning of essential shelter and NFI items to respond in the next critical three-month period. Emergency WASH reconstruction of water and sanitation services will be essential to prevent any additional outbreaks and further risk to communities.



ADJUMANI DISTRICT

*A pupil of Oriangwa Primary school washes his hands at a stand tap water facility built by UNICEF in the school.
Photo: UNICEF/Adriko*

Part 1

Response Approach

Response Approach

This United Nations-coordinated Emergency Appeal prioritizes the most urgent interventions to be carried out in Uganda in the next six months (April to September 2020) in support of the Government-led response to COVID-19. Complementing the Government of Uganda and the Ministry of Health's response, the appeal focuses on: 1) the immediate public health response to COVID-19, and 2) response to the secondary impacts of the pandemic on vulnerable Ugandans, including children, the elderly, women, people living with disabilities, people living with HIV, refugees, migrants, and those displaced by natural disasters. Whilst seeking to ensure that there is not duplication in funding asks with existing programmes, some activities in the Emergency Appeal represent a strictly prioritized and/or scaled-up version of activities included in the Uganda Refugee Response Plan,⁴ and Uganda's United Nations Development Assistance Framework (UNDAF).

For the immediate public health response, the Government of Uganda is requesting US\$126 million, of which \$48 million has already been committed from government and bilateral partners. Under this Appeal, the UN and partners aim to cover the remaining gap of \$78 million. The public health response planning was undertaken based upon a scenario of a 0.25 per cent infection of the total population with COVID 19. This translates to a total of 105,000 individuals, including refugees. However, it is estimated that only 15 percent (21,000) of these will require hospitalization for basic care. An additional 5 per cent (3,150) will require intensive care for complications of COVID 19. Effective case management is therefore planned for 2,450 patients. In addition, population-based interventions -including surveillance; contact identification and tracing; risk communication and infection prevention and control; and provision of mental health and psychosocial support- are urgently required to prevent propagation and amplification of the infections, interrupt transmission and achieve final control of the outbreak. UN agencies will work with NGOs and local governments in the implementation of the priority activities. Many of the NGOs and local governments already have existing working arrangements with the agencies and are present in the field and have been extensively involved with outbreak response. Partnerships with local governments will enhance their capacities to mount early response to all future events and contribute to overall health systems development for other public health issues.

The appeal then calls for \$ 246.7 million to respond to the most urgent needs generated by the secondary consequences caused by the COVID-19 outbreak for the most vulnerable Ugandans, including through: food security, livelihoods and nutrition interventions; life-saving protection, education and WASH services; social protection for the most vulnerable; assistance for refugees and internally displaced people; and support to the private sector, local governments and communities to counter-act the immediate humanitarian consequences of COVID-19. Common services -including coordination, security, communication and logistics- will underpin the response and support the scale-up of partners' emergency programmes to meet critical life-saving needs in the period ahead.

The appeal targets at risk communities across Uganda under five core themes: 1) Life-Saving Health Services, including the immediate COVID-19 public health response; 2) Food Security, Livelihoods and Nutrition; 3) Social Protection and Life-Saving Essential Services; 4) Refugees and Displacement; and 5) Immediate Economic Support & Digital Innovation.

Under each theme, the Appeal presents two sets of time-bound interventions, as follows:

1. The most urgently required immediate interventions for the public health emergency and impacts from COVID-19 in **next eight-weeks** are prioritized and highlighted;
2. These are placed alongside priority interventions that will tackle long-term public health interventions aimed at containment of COVID-19 and address the impacts of the containment measures over the **next six months**.

To maximize efficiency and effectiveness, wherever possible, existing mechanisms will be utilized -such as the social protection programme under the Ministry of Gender, Labour and Social Development (MGLSD)- with programmes in the Emergency Appeal supporting a vertical and horizontal expansion to incorporate new caseloads of vulnerable people in need. The response will complement the coordinated fiscal response led by the Office of the Prime Minister, which is scaling up existing social protection programmes and re-purposing them to protect the most vulnerable, including the elderly, youth, poor, women, people with HIV, people with disabilities, refugees and others. The response will also take into account other Government initiatives, such as: the establishment of a National Food Strategic Reserve and modernizing and digitalizing supply chains; protecting basic service delivery, such as water, electricity and health services; and working with International Financial Institutions to avoid the knock-on effects of COVID-19 for the wider economy.

Reprioritization of Existing Programmes

In complement to the requirements presented in this appeal, the United Nations and partners in Uganda have undertaken an urgent reprioritization to adapt and adjust their existing and already-funded programmes in light of COVID-19. Through this exercise, partners have already reprogrammed some of the programmes amounting est. \$13.4 million, as summarized in Annex Funds reprogrammed to respond.

Linkages to the Sustainable Development Goals and Leaving No One Behind

Even during this time of global crisis, the 2030 Agenda must be preserved, and the SDGs must be reached. As the Secretary-General has highlighted, it is in fact development deficits, failures in achieving the Millennium Development Goals (MDGs) and delays in SDG trajectories that have made so many countries so vulnerable to this crisis. Indeed, the virus is exposing a number of structural fragilities that would have been attenuated through more rapid, effective and universal development responses. The United Nations and partners therefore have a dual imperative: to respond urgently to stem the impact of COVID-19 and associated measures; and to do so in a way that helps governments and populations build a better future. Speed is of the essence, but actions taken must be fully consistent with the principles that underpin the Secretary-General's global call. The response should aim at the protection of people and planet, preserve gains across all SDGs, ensure equity, promote transparency, and place the voice, rights and agency of people at the center of all efforts. A differentiated response that mobilizes and delivers intensified support specifically to the settings and populations that need them most can only be achieved through community-led advocacy, service delivery and oversight.

Part 2

Operational Capacity & Access, Monitoring & Accountability

Operational Capacity

Under this Emergency Appeal, 15 UN agencies, 18 National and International NGOs, including the Uganda Red Cross Society will implement activities in the targeted districts, in support of the Government-led response to COVID-19. UN agencies have a presence across Uganda, with 2,849 staff based in 24 field offices in districts.

Access

In light of movement restrictions instituted as a result of the pandemic, the Resident Coordinator will engage through the Office of the Prime Minister to facilitate movement of humanitarian workers. The Resident Coordinator's Office (RCO) will support in the collection of inputs from all partners on programme critical movements during this critical period to ensure life-saving service delivery will continue and populations can access essential services.

Coordination, Monitoring and Linkages to the Government of Uganda

Implementation of the Emergency Appeal will be under the overall leadership of the United Nations Resident Coordinator, supported by the Uganda UN Country Team. For the response to COVID-19's secondary consequences, agencies have designated emergency focal points, working under the leadership of the Resident Coordinator's Office (RCO), to support the thematic response to the impacts of COVID. These emergency leads and the working group for the impact of COVID-19 will work directly with the Government's line ministries to support the response. The Office of the Prime Minister and UNHCR will continue to lead the Refugee Response (Theme 4) through the Refugee Coordination Model, ensuring implementation and monitoring of activities presented in this appeal, under the broader umbrella of the Uganda Refugee Response Plan. UN public health leads for the COVID-19 response will meet regularly under the leadership of WHO, while thematic coordination focal points will meet under the lead of the RCO, to monitor the implementation of the response. The appeal will be reviewed in three months' time and revised according to emerging needs or a changing operational environment. The UN will closely monitor the evolving situation, and has expertise in context analysis, poverty and vulnerability assessments, essential needs, market and supply chain analysis, which can also be put at the service of the Government to inform policy and programme choices.

For the public health response, the UN COVID-19 working group supports the Ministry of Health and the National Task Force along the eight response pillars. Each involved agency has identified a

public health expert to work together, under the leadership of WHO. The Incident Management Team, chaired by the Incident Commander and co-chaired by WHO, is the main coordination mechanism at national level; it brings together all pillar leads drawn from experienced MoH staff and partners to manage the outbreak response. Pillars meet daily to review progress, challenges, and needs and provide input into the policy and strategic oversight teams.

Accountability of Affected People

Agencies will use existing community complaints and feedback mechanisms to ensure that feedback on the response implemented under the Emergency Appeal is received and responded to.

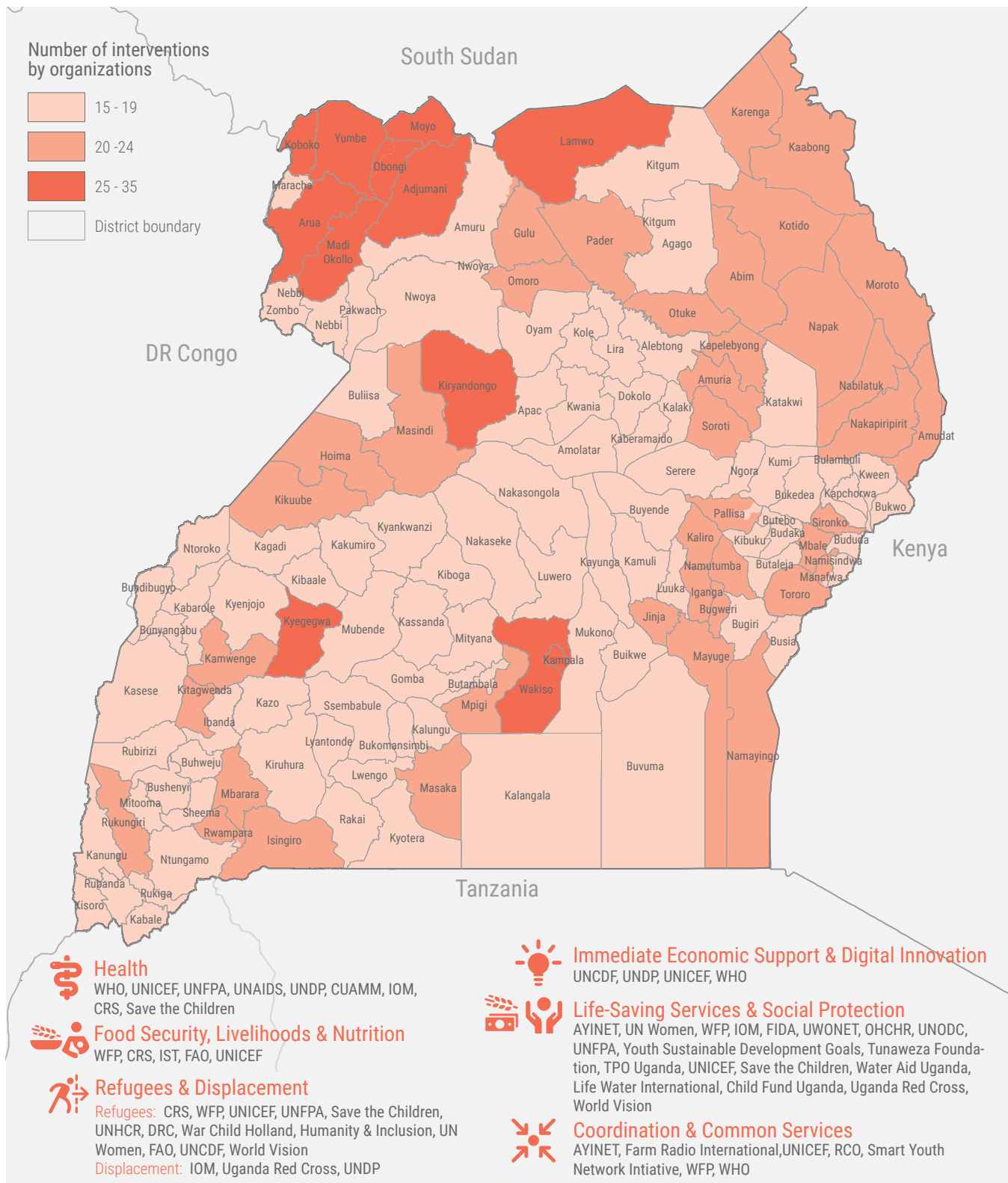
Programmes will be designed with feedback from communities and changes to implementation will be made following input from communities. All partners will utilize multiple communication platforms - mobile phones, radio, Information, Education and Communication (IEC) materials, help desk and hotlines- to ensure that communities are aware of interventions and are able to share feedback on service delivery, to be followed up on by implementing partners.

This UN Emergency Appeal will contribute to gender equality in the COVID -19 response in Uganda, with a score of 3 out of 4 based on the Inter-Agency Standing Committee (IASC) Gender and Age Marker.⁵ The activities are tailored to address particular needs of women, men, boys and girls of different age groups and vulnerability and thematic areas such as health, protection and refugee response indicate how affected people have participated in the project design, implementation and monitoring of the project.

Policy Advice

A package of integrated, country-specific policy advice is under development to address the impacts of COVID-19 and inform activities implemented under the Emergency Appeal. This policy advice will focus on: protecting workers most impacted by the crisis, such as informal and seasonal workers, migrants and domestic workers (especially stay-in workers), rural workers, and youth, in particular women among them; supporting enterprises, productivity, employment and incomes to keep business operating and workers in jobs, while protecting households and individuals through expanding social protection, teleworking and work sharing policies, and active labour market policies; stimulating the economy and employment to prevent the collapse of economic activity, especially the affected sectors such as travel, trade, tourism, construction (and to boost activity once the recovery is underway).

Partners by Theme



Part 3

Thematic Areas

AMUDAT DISTRICT

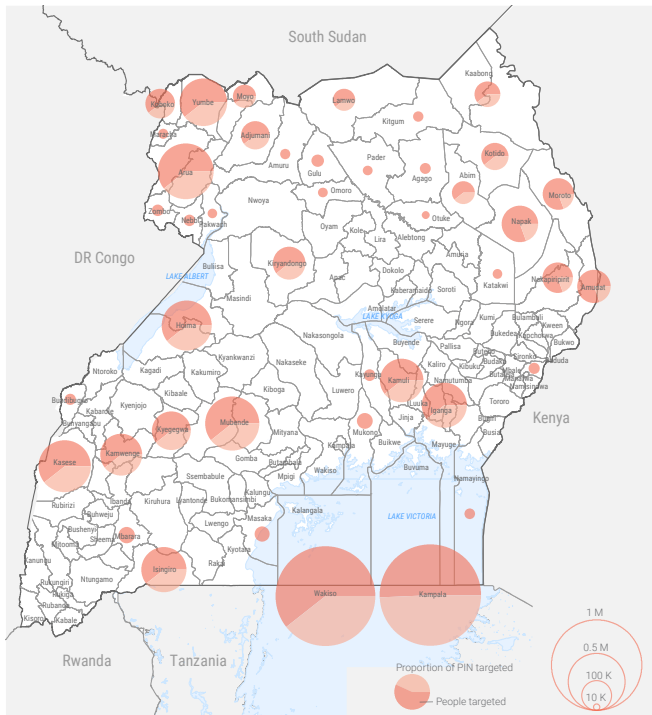
Rebecca Arupe Lomuget, 15 years, member of Napao Junior Farmer Field School, Amudat District is showing off her maize produce after a bumper harvest. Photo:FAO/Ayebazibwe





Theme 1: Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
6.8M	2.5M	\$71.2M	9	14



The COVID-19 pandemic is causing disruptions in access to and availability of critical health services, including sexual and reproductive health services, such as the distribution of contraceptives commodities and supplies, essential Maternal Health Medicines, and delivery of Menstrual Health and Hygiene items to the last mile at both facility and community level. Failure to access the sexual and reproductive health and rights may have life-threatening consequences and reverse recent gains on universal health coverage. Containment measures and reduced access to health services is also likely to affect children who may suffer from malaria, pneumonia, diarrhea and other acute conditions. At the same time, people living with HIV and/or TB are especially vulnerable due to their immune system being suppressed as a result of the disease and therapy. People with pre-existing non-communicable diseases (NCDs) appear to be more at-risk to becoming severely ill with the COVID-19. As health resources shift toward the pandemic outbreak there is a need to increase access to primary health care services, including prioritizing immunization services, management of most common childhood diseases and emergency detection and treat of non-communicable diseases. The health strategy will, therefore, focus on the most urgent emergency health interventions outside of the COVID-19 response, including:

Response Strategy

The Health Response Strategy is two-pronged, dealing with both the immediate COVID-19 public health response and the continuity of other essential life-saving health services during the outbreak.

The UN COVID-19 public health response will support the Ministry of Health through the national surveillance systems, ensuring early detection, isolation, confirmation and effective case management. The activities undertaken by the health sector, in support of the Government's response, will include:

- Surveillance, Lab and Point of Entry;
- Case Management, Infection Prevention and Control
- Risk Communication

Critical to this is the UN support to enhancement of preparedness measures at designated Points of Entry (PoEs) through strengthening capacity for early detection, confirmation, reporting and referral of suspected cases to designated isolation units. Support will be prioritised to PoEs with significant mobility patterns as prioritised in the National Plan -including high volume mobility and congregation points due to trade, refugee entry points, travel and education- and will support 100 percent of screening of all travelers at identified priority PoEs. Case management will support response activities focused on case management, including for patients in need of advanced care.

- Strengthen surveillance through use of innovative approaches, methods and tools for surveillance and contact tracing;
- Effective use of non-crowd gathering methods for community engagement and risk communication;
- Build capacity for a right-based approach to implementation of containment measures through dissemination of appropriate guidelines;
- Strengthen coordination at national- and district-levels and with private sector actors;
- Enhance national and district capacity for effective case management;
- Strengthen Point of Entry operations and screening, including providing equipment and essential supplies and human resources;
- Support to other disease outbreak prevention and response;
- Support access to drug supply for immunocompromised TB and HIV patients;
- Access to sexual and reproductive health services;
- Ensure supplies and medical health assistance are available for survivors of gender-based violence;
- Support management of the most common childhood diseases



and prioritizing routine immunization;

- Strengthen the health system through energy solutions for health and the health systems.

Priority Actions: First 8 weeks

Surveillance, Laboratory & PoEs

- Daily contact tracing;
- Active case search/investigation of alerts and suspected cases;
- Emergency deployment for Go data;
- Printing of surveillance tools;
- Alert managements;
- Timely transportation of sample;
- Procure lab supplies.

Case Management, Infection Prevention and Control:

- Mentorship of the case management staff;
- Functionalizing of ICUs;
- Procurement of equipment and supplies;
- Welfare of patients and staff;
- Patient referrals;
- Support for psychosocial teams and deployment;
- Support for research activities;
- IPC compliance;
- Implementing of triage;
- Emergency deployments;
- Mentorship of the responders;
- IPC in quarantine locations;
- Procurement IPC supplies;
- Safe burial;
- Decontamination and decommissioning of isolation units.

Essential life-saving health services outside of COVID-19:

- Provide essential health services such as immunization, management of the most common childhood diseases, maternal newborn health, HIV and TB, GBV services and family planning services;
- Procure life-saving equipment and kits, including delivery sets and IPC supplies;
- Orientate all maternity staff in Grade B Hospitals and the 7 Regional hospitals selected for response in abridged case management and IPC/MHPSS;
- Support distribution and redistribution of family planning commodities at all service delivery points, including condoms and emergency contraceptives;
- Disseminate key messages through media and other channels on the importance of health facility delivery, care of sick newborns, children and immunization services, as well as SRHR messages for adolescents and young people;

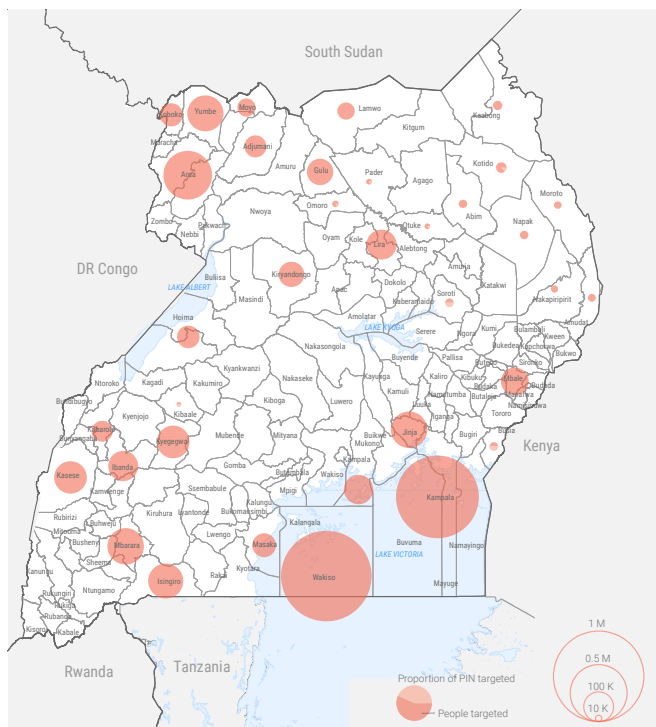
- Procure and distribute menstrual health items;
- Provide adequate personal protective equipment (PPEs) for health workers in emergency units and routine services;
- Procure and increase hand washing facilities in health units;
- Provide additional mental health and psychosocial support to both clients and health workers at the different levels of the response;
- Ensure that health units have adequate stock of emergency contraceptives and anti-retrovirals for PEP, condoms and thermometers to check temp of survivors;
- Support community networks of people living with HIV and TB with psychosocial support (PPS), thermometers, masks, gloves and boots to quickly support treatment refills so that adherence is not interrupted;
- Sensitize vulnerable groups to prevent both HIV and COVID-19;
- Rapidly assess national HIV and TB stock and support national supply chain management;
- Identify and promote viable digital innovations addressing public health challenges arising from COVID-19.

Key Activities: 6-month Response

- Continuation of COVID-19 Surveillance, Laboratory, PoEs, case management, infection prevention and control response identified in priority 8-week activities;
- Provide essential health services, such as immunization, maternal newborn health and family planning, HIV and GBV services;
- Support screening and detection of cardiovascular disease, diabetes and cancer -including at maternal and child health (MCH), HIV, TB and malaria service points, where possible- along with appropriate treatment and follow up;
- Support Village Health Teams (VHTs) to re-establish community demand once health service delivery is back to normal and COVID-19 is contained;
- Post-COVID-19 outbreak conduct two periodic intensified routine immunization (PIRI) in the identified areas using the WHO risk analysis tool;
- Sensitize the vulnerable population to strengthen adherence to ARVs and provide TB Preventive Therapy for people living with HIV;
- Deploy technologies in telehealth and remote Patient Monitoring, including: securing and deploying fast and secure infrastructure to enable conferencing via virtual spaces; and providing grants and technical assistance for innovators to scale proven digital solutions and business models addressing public health concerns within vulnerable communities;
- Powering existing and temporary health facilities to support health services through energy solutions.

Theme 2: Food Security, Livelihoods & Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
3.8M	3.8M	\$71.4M	5	10



hosting districts. Partners will support the Government’s plan to meet the food needs of over 6 million urban poor living in Kampala and other urban areas nationwide. In addition, food assistance will be provided to people in COVID-19 isolation centres. At the same time, nutrition partners will scale-up moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) programming across the country to help prevent a deterioration in the nutrition status of at-risk children and Pregnant and Lactating Women (PLW). Food security interventions will target highly food insecure districts facing Stressed levels of food insecurity (Integrated Phase Classification (IPC) Phase 2) -including Otuke and Omoro, Adjumani, Pader, Moyo and Karamoja regions- while nutrition interventions will target identified vulnerable communities. Food security and nutrition programming will link to work under the Digital Innovation theme to reach under-served communities.

Priority Actions: First 8 weeks

Food Security

- Support the government initiative to provide food assistance to urban poor;
- Coordinate the provision of food assistance to persons in COVID-19 isolation centres;
- Support the government-led Task Force to monitor COVID-19 impact on Food Security and Nutrition;
- Establish public and private community food banks and government market (rural and urban) control measures to maintain prices and mitigate inflation;
- Assess the need for temporary market structures or upgrading of existing market structures and facilitate linkages between retailers and wholesalers to ensure the supply of food;
- Increase access to agriculture inputs (seeds and tools) to subsistence farmers, training on agricultural practices and improved technologies, including for the most vulnerable households to manage homestead gardens and production on less than half an acre of land;
- Increase access to agriculture inputs (seeds) for production of staple and vegetable crops to help small holders produce for the market to generate income, with a focus on those who are vulnerable and producing on less than 2.5 acres of land;
- Implement trainings on climate smart agriculture and improved agriculture practices to increase land carrying capacity;
- Provide grants to micro- and small- enterprises led by women to

Response Strategy

The COVID-19 outbreak and measures taken to contain it are expected to have a significant impact on food security and nutrition at the household level. Most businesses and markets are likely to close or be subject to partial closures. Prices of basic commodities are already rising, and the closure of schools means that millions of children no longer have access to school feeding programmes.

Within this context, interventions will be addressed through:

- Access to food through food assistance and
- Access to food through own production.

Partners will seek to mitigate the food security and nutritional impact due to COVID-19 and movement restrictions on both the local population and local market systems, by ensuring continued access to food, especially amongst the vulnerable. Agricultural inputs, including seeds and tools, will be provided to help households to produce for their own consumption and to support the most vulnerable people to produce enough crops for market, generating income. Private and public partners will be supported to mitigate against inflation of market prices and market structures will be upgraded, increasing the potential for cash-based assistance, with a specific focus on refugee-



cushion them against the hardest impacts of the crisis;

- Provide grants to micro- and small- enterprises led by women to cushion them against the hardest impacts of the crisis.

Nutrition

- Procure and distribute SAM and MAM supplies, including CSB++;
- Print and disseminate communication materials on infant and young child feeding (IYCF) and management of stunting during COVID-19;
- Strengthen the capacity of health workers on nutrition in the context of COVID-19;
- Implement new standard operating procedures for supplementary feeding programme;
- Support the government-led Task Force to monitor COVID-19 impact on Food Security and Nutrition.

Key Activities: 6-month Response

Food Security

- Redistribute school feeding programmes through other channels to ensure continuity of food access to school-aged children;
- Conduct market assessments and build capacity of structures

and supply chain, including retailers;

- Train households on dry-season production and the use of improved agriculture technologies to meet household food consumption needs and increase year-round production;
- Collaborate with private sector to improve efficiencies in supply networks for continued value addition on key food commodities;
- Facilitate access to animal sourced protein through distribution of poultry to most vulnerable households.

Nutrition

- Procure and distribute SAM and MAM supplies, including CSB++;
- Support roll-out of SOPs for management of child wasting, including support for VHTs to distribute nutritious supplies;
- Distribute specialized nutritious foods for treatment of moderate acute malnutrition;
- Implement trainings on infant and young child feeding in emergencies;
- Carry-out community screening and referral of MAM and SAM cases.



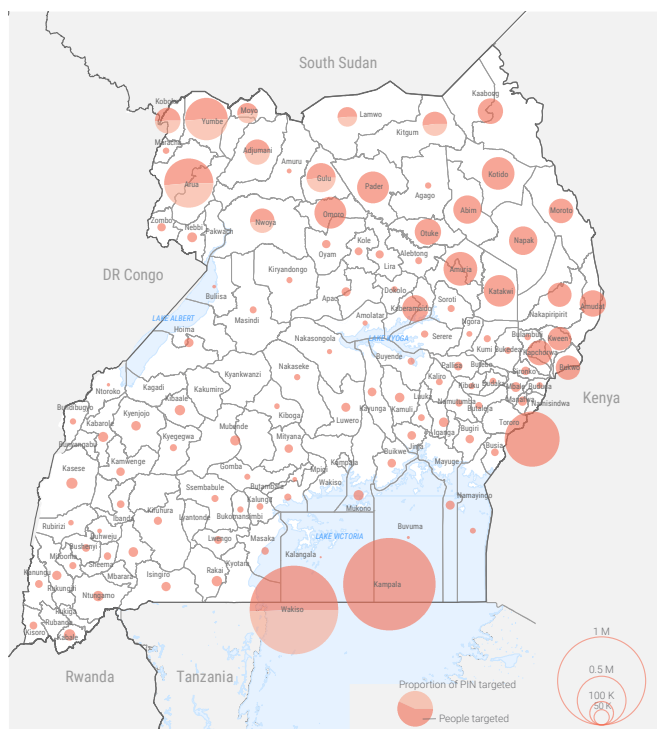
SERERE DISTRICT

Women winnow their harvest to ensure limited loss in Serere district before storing it in a warehouse WFP subsidized to enhance their access to market
Photo: WFP/Rein Skullerud

Theme 3: Life-Saving Services & Social Protection



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
8.9M	5.8M	\$74.3M	19	28



are at over 300 per cent holding capacity, and exposes both prisons staff and inmates to a higher risk of infection by COVID-19 virus. Many prisoners are held on remand, unable to pay for bail, and are awaiting court hearings, which for the time being have largely been suspended. According to information received from the Uganda Prisons Service, there are presently around 4,000 individuals in prison facilities who have completed their sentences and should be released but are unable to travel to their homes because of the current lockdown. Existing programmes would be drawn on to ensure that those released are adequately supported in terms of immediate allowances and rehabilitation.

Under this theme, partners will also support the expansion of the Senior Citizens Grant programme (SCG), under the leadership of the Ministry of Gender, Labour and Social Development (MGLSD). Global evidence shows that COVID has a disproportionate impact on older people, and the programmatic evidence from the SCG shows that beneficiaries spend most of their grant on supporting meals and school fees for children and other household members, highlighting this as an important existing mechanism to be leveraged to respond to COVID-19. Under this theme, partners will also support law enforcement agencies to ensure their operations are carried out in compliance with human rights.

Response Strategy

Restrictions imposed to contain the pandemic in Uganda are expected to have wide-ranging consequences for livelihoods and employment opportunities, particularly for women, who make up 86 per cent of the informal sector in the country, leaving millions of people in urgent need of assistance. For vulnerable groups -including refugees, the elderly, widows, people living with disabilities, female-headed households, market women, street vendors, and people living with HIV and TB - who rely on daily income generating activities for their survival, this outbreak could have a devastating long-term impact. At the same time, access to life-saving services will become increasingly challenging as a result of restrictions on movement. Given the unique impacts of COVID-19 on women and girls, tailored interventions are required to support and empower them as the situation unfolds.

The outbreak of COVID-19 in Uganda has also resulted in a number of measures which significantly impact on the operations of the justice, law and order sector, with potential protection consequences. On 19 March 2020, the Chief Justice issued guidelines for all courts in Uganda announcing measures to limit their operations, including the suspension of all court hearings and appearances for 32 days. This puts a significant strain on already overcrowded prison facilities, which

This theme will also cover two critical elements in support of the COVID-19 public health response, related to mental health and psychosocial support services (MHPSS) and WASH:

- Prevention, control and containment of COVID-19 will require the enforcement of quarantine measures which may cause individual isolation and separation of families or communities. This could lead to psychosocial challenges due to the breakdown of community support mechanisms, leading to the need for external mental health and psychosocial support. Additionally, affected communities may lose protection and livelihoods, especially children and the elderly. The UN and partners will target interventions to provide access to MHPSS for children and affected families.
- WASH assessments for infection prevention and control (IPC) capacity at health facilities revealed that over 60 per cent did not fulfil the desired threshold for effective implementation of recommended practices. Other informal assessments revealed that most health workers did not adhere to recommended standard operating procedures (SOPs) for IPC through WASH. There is therefore an urgent need to improve infrastructure and



scale-up mentorship and strengthen infections prevention and control through enhancement of WASH. The UN and partners will support the improvement of WASH infrastructure at health facilities, communities, and schools in selected districts to prevent the sustained transmission of the COVID-19.



Social Protection

Priority Actions: First 8 weeks

- Support scale-up of existing social protection programmes under MGLSD including communication and sensitization, training, registration, safeguards, coordination and implementation of complaints mechanism;
- Target vulnerable/affected women (especially those in urban informal settlements and poor rural settlements) through cash transfers and agricultural products;
- Support women peacebuilders to carry out advocacy and awareness on peaceful co-existence and advocate for peace and security in the COVID-19 response;
- Identify income gaps created by COVID-19 prevention activities and support emergency business plans, providing cash vouchers to identified beneficiaries to fill the gaps.

Key Activities: 6-month Response

- Under the expansion of the MGLSD programme, provide payments to beneficiaries and follow-up on beneficiary feedback received via complaints mechanisms;
- Conduct risk and impact analysis and rapid gender and economic vulnerability assessment and analysis for affected communities and households;
- Develop and disseminate relevant information and create awareness with key partners, including women's organizations and district local governments.



Education

Priority Actions: First 8 weeks

- Provide early childhood education and care for young children;
- Accelerate education programming and life skills for out of school adolescents;
- Disseminate key messages for parents and caretakers on key family care practices, importance of education and Reporting, Tracking, Referral and Response guidelines.

Key Activities: 6-month Response

- Provision of early childhood development (ECD) kits and services;
- Life skills development for vulnerable out of school adolescents and accelerated education programming to enhance skills development through literacy and numeracy;
- Strengthen Reporting, Tracking, Referral and Response to school-related gender-based violence.



Protection: General

Priority Actions: First 8 weeks

- Increase knowledge on ensuring human rights compliance of

COVID-19 response by making available posters/pocketbook containing Rules of Engagement for all law enforcement officers, including officers of the Uganda Police Forces, Uganda Peoples Defense Force, and Local Defense Units;

- Support release of prisoners who have completed their terms, including transport and coordination; engage prison authorities to ensure they submit lists for early, provisional or temporary release for those detainees and facilitate advisory meetings; ensure transport refund, in view of public transport lockdown, of those released to home communities;
- Support legal aid and virtual court hearings to address backlog of cases;
- Support social media and regular and print media messaging to sensitize communities to build/repair trust and enhance social cohesion;
- Support local, community and religious leaders to incorporate and disseminate conflict-sensitive COVID-19 information in their sermons;
- Support early warning structures to work closely with security apparatus to report any incidents that may raise tensions in communities.

Key Activities: 6-month Response

- Support awareness-raising about UPF mobi-app on crime reporting and responsiveness.



Protection: Child Protection

Priority Actions: First 8 weeks

- Support engagement of communities to assess and address potential stigma related to COVID-19;
- Support provision of psychosocial support services for affected communities;
- Support capacity building for probation officers, psychiatrists (clinical officers, nurses and doctors), psychologists, social workers and para-social workers that offer psychosocial support;
- Provide Support supervision and monitoring of psychosocial support services in the affected communities;
- Strengthen capacities at national, subnational levels to provide individual child protection services and psychosocial support;
- Support early childhood education and care for young children;
- Produce and distribute communication material on protection concerns for children in COVID outbreaks and where and how to report allegations;
- Produce and distribute communication material on zero tolerance for sexual exploitation and abuse (SEA) and where and how to report allegations; strengthen local PSEA Networks to refer survivors of SEA through the established GBV and Child Protection referral pathways.

Key Activities: 6-month Response

- Provide individual child protection case management services, including direct support and referrals and care for children;
- Provide remote psychosocial support through community

volunteers, social welfare and community development staff;

- Sensitize communities and families on protection concerns for children and stigma/discrimination related to public health emergencies.

Protection: Gender-Based Violence (GBV)

Priority Actions: First 8 weeks

- Assist the National Task Force to support GBV response, including, as appropriate: establishment of GBV hotlines; clear referral mechanisms at district-level; and development of emergency response and intervention protocols, guidance and Standard Operating Procedures (SOPs);
- Provide remote training on GBV risk mitigation and referrals for survivors, including for sexual exploitation and abuse;
- Strengthen capacities of at least three existing GBV shelters and advocate for additional shelters;
- Procure PPEs for Spotlight community development workers to support identification and reporting of GBV incidences in the community;
- Support Spotlight community policing and integration of GBV/ SRHR and COVID-19 messaging for hotspot areas at risk of harmful practices, including FGM/ECM;
- Increase GBV risk awareness through media, social media, and IEC materials;
- Produce and distribute communication material on zero tolerance on SEA and where and how to report allegations.

Key Activities: 6-month Response

- Procure equipment to enhance virtual court hearing of GBV cases;
- Support recruitment for SAUTI Help Line case manager and expand SafePal to enhance GBV reporting of GBV cases and linking to services;
- Facilitate tracking and collection of data of impact of COVID-19 on women and girls to support prevention and mitigation and access for integrated live saving GBV, HP SRHR lifesaving services;
- Messaging on prevention of GBV, reporting and information on service providers;
- Update GBV referral pathways to reflect the COVID response.

WASH

Priority Actions: First 8 weeks

- IPC refresher training and onsite mentorship on standard and transmission-based precautions;
- Procurement, distribution and monitoring of IPC supplies;
- Improvement of WASH in population congregation points;
- Hygiene promotion and sensitization on use of WASH commodities in congregational settings;
- Operationalization of WASH committees in the community;
- Operationalization of WASH in temporary treatment facilities;

- Provide WASH supplies in communities, health facilities and schools;
- Undertake hygiene promotion in communities, health facilities and schools;
- Create a platform for women to share their concerns;
- Procure and distribute key household and WASH NFIs for 40,000 households in Kampala.

Key Activities: 6-month Response

- Construction of water and sanitation facilities in schools, including to create a gender-responsive school environment;
- Support engagements with national and local authorities on improvement of WASH in health facilities, schools, communities and congregation institutions;
- Procure and distribution supplies and commodities for health facilities, schools and communities, especially most vulnerable ones, to support hand hygiene and infection prevention and control;
- Support improvements in WASH infrastructure in selected health facilities and communities, with focus on the most vulnerable;
- In collaboration with risk communication pillar actively promote positive WASH practices aiming at reducing transmission of COVID-19 and other diseases.



Mental Health and Psychosocial Support

Priority Actions: First 8 weeks

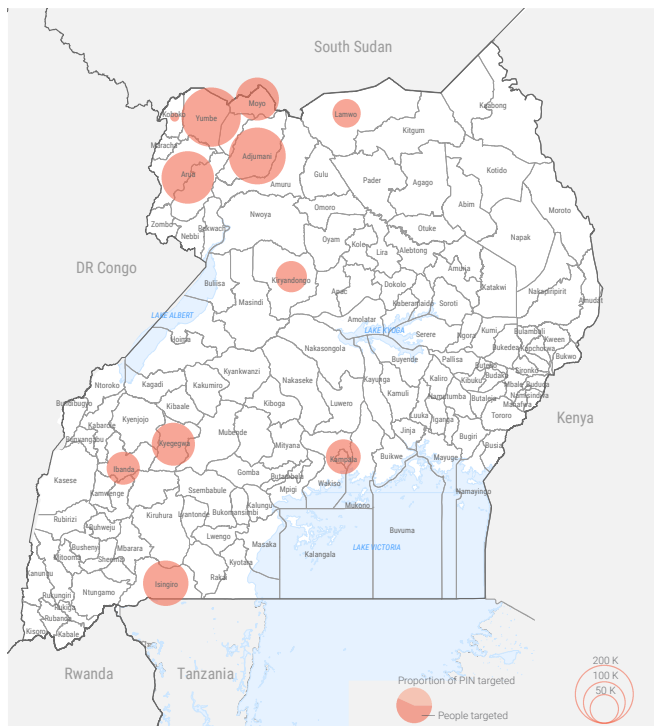
- Strengthen capacity of health actors and other key actors engaged in the response in the identification of mental health concerns and coordination with mental health practitioners;
- Strengthen capacity of MHPSS practitioners in the provision of MHPSS services to persons in isolation and quarantine and communities affected;
- Increase coverage of MHPSS services providers in isolation and quarantine facilities and affected communities;
- Strengthen linkages between MHPSS and social welfare service providers in the COVID-19 response;
- Increase and strengthen provision of social welfare services, in isolation and quarantine facilities and affected communities;
- Integrate key MHPSS and child protection considerations in risk communication, surveillance and other key sectors;
- Strengthening of mental health and psychosocial support practitioner's capacity Provision of mental health and psychosocial support services to persons in quarantine and isolation;
- Provision of community-based psychosocial support interventions to affected communities;
- Provision of alternative care services for children separated from caregivers due to health mitigation measures;
- Provision of child protection case management services to children in isolation and quarantine and those released back into their communities.

Theme 4: Refugees & Displacement

4.1 Refugees



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.4M	1.4M	\$77.7M	13	41



Refugee Response Strategy

The Office of the Prime Minister (OPM) and the UN High Commissioner for Refugees (UNHCR) will continue to lead the refugee response in Uganda in close coordination with UN and NGO partners and relevant line Ministries. The strategy and response follow a multi-sectoral approach, in line with the Refugee Coordination Model, targeting 1.4 million refugees in need. Whilst seeking to ensure continuation of critical activities to avoid loss of life as the COVID-19 response is underway, the proposed interventions in this Emergency Appeal prioritize: immediate life-saving measures within Uganda's Refugee Response Plan 2019-2020 critical measures for the COVID-19 response and mitigation against the secondary impacts of COVID-19; and Resources mobilized under the RRP, which remains severely underfunded, have already been diverted to put in place measures to prevent and respond to COVID-19.

In addition, UNHCR and partners will contribute to the immediate COVID-19 public health response, under the agreed pillars, with a focus on: surveillance, laboratories and PoEs; case management; WASH; and risk communication and community engagement.

Education

Education partners will seek to implement the Preparedness and Response Plan for COVID-19 that the Ministry of Education and Sports (MoES) drafted in coordination with UN and NGO partners, following the presidential directive that ordered the closure of schools in Uganda as a measure to prevent the spread of COVID-19. This plan aims at ensuring continuity of learning whilst addressing challenges affecting teachers, students, caregivers and parents resulting from school closures.

Priority Actions: First 8 weeks

- Pay teacher salaries, utilize teachers to prepare learning packages for students to study from home, and to support the health and protection sectors and follow-up of the most at-risk learners;
- Implement remote and distance learning solutions via radio, curriculum preloaded tablets, learning packs and textbooks to minimize interruption of learning and enable students to continue with their learning.

Key Activities: 6-month Response

- Support the National Curriculum Development Centre to develop accredited resource materials – print, audio, video and e-learning - with attention to the needs of refugees and rural communities.

Food Security

Partners will continue to respond to the food needs of individuals and communities in refugee settlements, minimizing the chance of COVID-19 transmission through a range of measures, such as revision of set-up and procedures for in-kind distribution, increase of cash (as feasible), and community mobilization activities (within COVID-19 restrictions). Due to a funding shortfall, WFP was forced to reduce refugee food rations from the April 2020 general food distribution. There are therefore additional concerns about the impact of any COVID-19 outbreak on refugee settlements as the nutritional status of refugees is likely to be further compromised, making refugee communities even more vulnerable to COVID-19 infection and the impacts of the disease. Outside of this appeal, WFP will continue to prioritize fundraising efforts to restore refugees' full entitlement to 100 per cent of the basic, survival ration. This would also reduce the likelihood that refugees will resort to negative coping strategies like transactional sex.



Priority Actions: First 8 weeks

- Increase community engagement with the refugee women, men, boys and girls of diverse backgrounds in relation to changes in the ration provision and the implications of COVID-19 on distributions;
- Use all available media for community messaging, e.g. radio, SMS messaging, etc ensuring accessibility for diverse groups, including persons with disabilities, and the illiterate;
- Switch distribution method (both in-kind and cash) to distribution to village groups (instead of groups related to family size), keeping social distance and using personal protective equipment (PPE) and handwashing facilities in all stages of the distribution process;
- Scale-up cash distributions, where feasible, and, resources permitting, prepare for multi-month distributions to minimize potential exposure of refugees and humanitarian workers during distributions.

Key Activities: 6-month Response

- Provide in-kind and cash food assistance through revised set-up and procedures with consideration for the specific needs of women, men and children.


Health and Nutrition

Emergency health interventions outside of the COVID-19 response include support to refugees for other disease outbreaks, access to drug supply for immunocompromised TB and HIV patients, access to sexual and reproductive health services and supplies and medical health assistance for GBV. As health resources shift toward the outbreak, there is a need to increase access to primary health care, including prioritizing immunization services and emergency detection and treatment of non-communicable diseases to increase immunity within at-risk groups within the refugee population. It is essential that partners support the Ministry of Health to ensure that the quality of primary health care services for refugees and their hosts does not deteriorate during the COVID-19 outbreak. The capacity of the health workforce in refugee settlements will be expanded by recruiting additional medical doctors, clinical officers, midwives and nurses. It is critical to further empower and recognize the contribution of the Village Health Teams (VHT) -the community-based backbone of the health system- including by increasing their incentives. Their role is essential in delivering community-level disease-prevention activities, such as health education, case finding and referrals. Referral systems will be upgraded through provision of ambulances and equipping referral sites in settlements with specialized staff, equipment, medicines and supplies, in order to reduce the costs of further referral to more distant referral hospital. More medicines and medical supplies will be procured and prepositioned at the health facilities within the settlements to ensure that refugees access necessary treatment during the COVID-19 crisis, including antimalarial drugs and rapid diagnostics test kits.

During the COVID-19 crisis, partners will seek to maintain access

to quality Sexual and Reproductive Health (SRH) services, including emergency obstetric care for pregnant women. Partners will work with the Ministry of Health and the Ministry of Gender to ensure skilled attendance during childbirth, reducing the risk of maternal and neonatal deaths – in addition to ensuring referral of complicated pregnancies through ambulance services and support to teenage pregnancy, and women and girls living with HIV/AIDS and sexually transmitted infections.

With malnutrition likely to worsen, the response will seek to ensure continuity of nutrition programs, including for patients suffering from Severe Acute Malnutrition (SAM) with or without medical complication and those suffering from Moderate Acute Malnutrition (MAM). The aim is to maintain the Global Acute Malnutrition (GAM) rate below 5 per cent.

Key Activities: 6-month Response

- Strengthen VHTs through training, payment of incentives and equipment;
- Strengthen referral care including through provision of ambulances, motorcycles;
- Procure 12 ambulances and functionalize high level health facilities with capacity for blood transfusion as well as surgeries;
- Stock essential quality medicines and diagnostics;
- Strengthen maternal and newborn care and community-based health care, including immunization;
- Strengthen systems on pregnancy mapping, Maternal Perinatal Surveillance of Death and district and community task force committees through training;
- Provide essential SRH care, including reproductive health emergency interventions for pregnant and postpartum women and young people, including through establishing tents around health facilities that can provide all-round SRH and GBV services, including for youth, teenage and adolescent services;
- Procure needed medical supplies and equipment for COVID-19 infections, with a particular focus on pregnant women and women of reproductive age, including mama kits;
- Procure and distribute inter-agency emergency reproductive health kits;
- Prevent and treat malnutrition among children and pregnant and lactating mothers, including through procurement and distribution of nutrition commodities;
- Enhance risk communication;
- Strengthen the capacity of local governments in their role in responding to COVID-19.

**Livelihoods and Resilience**

There is an urgent need to increase food production, cash availability and to stabilize food markets in refugee-hosting districts to reduce the risk of increasing poverty, loss of economic opportunities and severe food insecurity resulting from movement restrictions and

the general economic slowdown created by the COVID-19 crisis and the recent 30 percent cut in food rations. At least 80 percent of refugees already live below the international poverty line of US\$1.9 per day. Increased household food production will generate a surplus, improving household incomes and have a deflationary effect on local markets. Food production will be supported through seed distribution and training. Seed distribution is favored over cash transfer, due to the present fragility of local markets, however lag-time in agricultural production will necessitate cash transfers as a safety net to vulnerable households that are unable to cope, due to reductions in food rations and income. Cash transfers should form a modest part of overall intervention due to the risks of damaging already vulnerable local markets.

Increasing local market functionality -including support to transport and logistics- and enhanced coordination among supply chain actors and support to government entities in mitigating exploitative commercial practices will be important. With District Local Governments at the forefront of the COVID-19 response, it is critical to strengthen their capacity to implement COVID-19 response policies and guidelines issued by the national government. Preparedness, infrastructure, human capital capabilities and access to emergency funds are key assets for local government to be able to coordinate and communicate with central government to contain the spread of the virus and ensure speedy recovery.

Priority Actions: First 8 weeks

- Distribute seeds and related farm inputs to vulnerable male and female refugee households;
- Train vulnerable refugee households on good agriculture practices and improved technologies (e.g. kitchen garden technologies) to increase productivity;
- Provide discretionary operational expenditure block grants channeled directly to local governments;
- Share accurate and reliable information with small and medium enterprises (SMEs) on how to control COVID-19; develop guidelines for SMEs to adjust business processes to sustain continued operation; and empower SMEs with tools and skills to conduct business using available digital solutions/platforms;
- Provide short-term financing through micro-grants or reimbursable grants to female and male led-agrobusinesses in distress.

Key Activities: 6-month Response

- Train households on dry-season production;
- Conduct rapid gender and economic vulnerability assessment and analysis;
- Implement cash-based transfers to vulnerable female and male households;
- Explore grant/loan facilities to agricultural Small and Medium-sized Enterprises (SMEs), especially to women-run small businesses;
- Assist businesses, restructure loans and support financial institutions in debt restructuring.

Protection

The COVID-19 outbreak and its secondary consequences will have multi-faceted protection consequences, including for mental health, gender-based violence, child protection and people with specific needs.

Mental Health and Psychosocial Support (MHPSS) will play a fundamental role within the COVID-19 response to address increasing levels of fear, stress and worry due to the pandemic, which can lead to long-term consequences within families and communities, if left unaddressed. Partners will provide psychosocial support to refugees who have been affected by COVID-19, either as caregivers or as individuals who lost their loved ones or their livelihoods, including women and girls. Partners will implement activities fostering peaceful coexistence between refugee and host communities, seeking to reduce the potential stigmatization and discrimination of refugees, due to measures implemented during COVID-19 response.

Prevention and response to GBV will be a critical activity during the COVID-19 crisis, with partners reviewing their programmes to increase awareness and ensure access to services for a potentially higher number of survivors compared to the pre-COVID-19 situation. Partners will undertake radio outreach to raise women's awareness of different protective tools and to provide access to the right information for their protection. Menstrual hygiene management kits will continue to be provided to women and girls of reproductive age and psychosocial assistance to survivors. They will also train frontline health workers, judicial officials and police on GBV case management and Refugee Welfare Council leaders and local government officials on Prevention of Sexual Exploitation and Abuse.

In a context where children make up 60 per cent of the refugee population, child protection partners will focus on child-centered case management services, alternative care, community-based child protection, awareness activities as well as recreational and developmental activities to the extent possible.

People with specific needs will require close monitoring and follow-up, such as older persons and persons with underlying health conditions, people living with HIV, pregnant women, and people with disabilities.

Partners will scale up communication with communities to ensure sensitization on preventive and protective measures, as per the protocols established by the Ministry of Health. Key messages will be widely disseminated through mass media and other channels, including the Feedback, Referral and Resolution Mechanism (FRRM).

General - CwC, PSNs, MHPSS and Peaceful Coexistence

Priority Actions: First 8 weeks

- Collect and consistently analyze sex and age disaggregated data to understand the impact on different groups of people
- Raise awareness of COVID-19;
- Provide Mental Health and Psychosocial Support (MHPSS);
- Provide services for people with disabilities, elderly and other people with specific needs;
- Distribute cash to each refugee household in Kampala to meet their basic needs;

- MHPSS helpline in Arua, Yumbe and Kyaka II.

Key Activities: 6-month Response

- Communicate through FRRM helpline and other communication channels;
- Support community-based protection mechanisms;
- Ensure protection services are available for people with disabilities, elderly and other people with specific needs;
- Provide cash transfers to particularly vulnerable people with special needs to address critical basic needs;
- Provide psychosocial support for people in distress, including through existing community structures;
- Support community monitoring of the situation to address disputes through community structures;
- Support women peacebuilders to utilize radio, megaphones, mobile phone technology and social media platforms to advocate for peace, security and community cohesion;
- Distribute cash to each refugee household in Kampala to meet their basis needs.

 **Gender-based Violence**

Priority Actions: First 8 weeks

- Integrate GBV risk mitigation actions into interventions related to COVID-19;
- Strengthen GBV case management and referrals, and integration with PSEA;
- Update GBV referral pathways, deploy GBV case managers within medical teams; support documentation of GBV cases and facility birth; and provide psychosocial support to GBV survivors;
- Procure and provide hygiene and dignity kits;
- Undertake sensitization and awareness-raising; develop messages which are inclusive for Women, PWDs and teenagers, including contextualizing the messages to fit GBV in COVID situation in the villages;
- Monitor feedback received through available communication channels.

Key Activities: 6-month Response

- Support recovery -including through counseling, pscyhosocial support, and lifeskills development- for women girl survivors of GBV;
- Maintain and strengthen functional community volunteers/ functionality of Community Based Complaint Mechanisms, including for PSEA;
- Use GBV community volunteers and activists for awareness raising on PSEA;
- Integrate survivor assistance within GBV activities.

 **Child Protection**

Key Activities: 6-month Response

- Prepare an Emergency Referral Pathway, outlining critical child protection services;

- Provide critical and life-saving child protection case management services, including through mobile teams;
- Provide psychosocial support services for children at high risk and vulnerable families;
- List critical community network members to support children at risk;
- Develop child-friendly community messaging including awareness-raising; radio lessons and messaging; Risk Communication and Community Engagement at national and district level;
- Provide training and support to caseworkers and existing community structures related to Child Protection on COVID-19;
- Train foster care parents/caregivers, Para-social workers, Child protection Committees, Refugee Welfare Committees on positive parenting.

 **Shelter and Non-Food Items**

The provision of basic shelter materials and basic non-food items to new refugee arrivals in 2020 is critical to rapidly decongest reception centers. Following the announcement of border closures to asylum seekers in Uganda on 19 March 2020, transit centres were cleared. Some 18,000 newly-arrived refugees must be immediately provided with shelter kits and pre-stocked household items to facilitate speedy relocation to household plots in the settlements and decongest the reception centres. Once borders are re-opened, UNHCR and partners must ensure transit centres, collection points and reception centres remain decongested at all times, given the COVID-19 operational context. The stock of shelter kits and non-food items for the inevitability of new refugee arrivals once borders reopen is another urgent preparatory imperative. Indeed, due the deteriorating humanitarian situation in neighbouring countries and the impact of the COVID-19 crisis, it is likely that the number of new arrivals will be higher than the Uganda Refugee Response Plan (RRP) planning figure of 62,000 new arrivals in 2020.

Key Activities:6-month Response

- Immediate procurement and distribution of shelter kits and NFIs for the recent arrivals;
- Procurement and repositioning of shelter and NFIs for 60,000 people.

 **WASH**

In coordination with the Ministry of Water and Environment (MoWE), partners will ensure that access to safe and sufficient water, sanitation and hygiene services is not compromised due to the COVID-19 crisis. The focus will be on maintaining and upgrading existing water systems, while construction of new ones will be limited to areas that may be severely affected the impact of COVID-19 measures and outbreak. The response will consider water trucking as an emergency measure to provide life-saving water supply to communities in need.

Key Activities: 6-month Response

- Maintain and upgrade existing water systems;
- Construct new water systems in severely affected locations.

4.2 Internal Displacement



PEOPLE IN NEED

293K

PEOPLE TARGETED

293K

REQUIREMENTS (US\$)

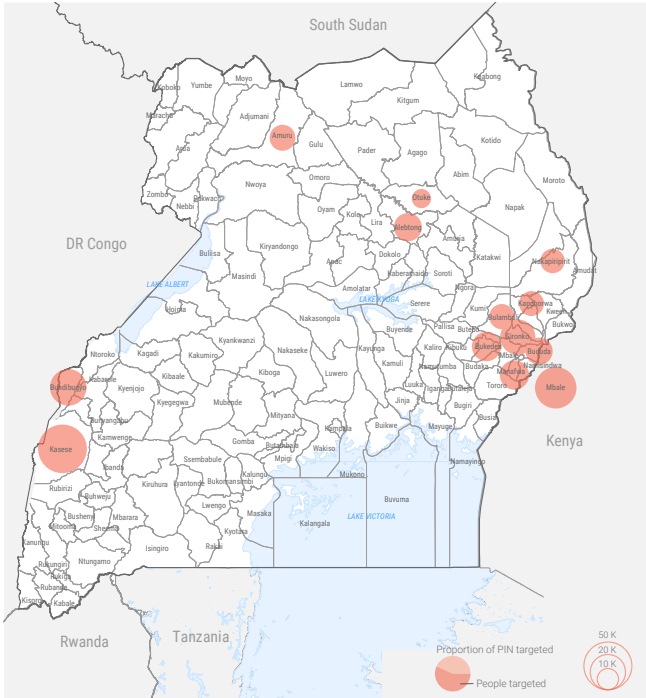
\$2.3M

PARTNERS

2

PROJECTS

2



Priority Preparedness Actions

- Support District Health Departments in updating disaster contingency plans;
- Strengthen the District, Sub-county and Parish Disaster Management Committees on disaster preparedness and management;
- Integrate tree planting at house and institution-level in all project areas to prevent the risk for further landslides;
- Rehabilitate existing water schemes in Bududa, Bulambuli, Manafwa and Sironko;
- Pre-position key emergency shelter, NFIs and WASH items in priority districts.

Priority Actions in the Event of Displacement

- Construct safe household sanitation facilities and hand washing facilities in Bududa, Manafwa and Sironko and provide of latrines to IDP communities in Bulambuli and Manafwa;
- Distribute tents/emergency shelters, NFI and hygiene kits;
- In collaboration with the District Water Offices, support water treatment through provision of household water treatment tablets and water treatment chemicals in Bududa, Manafwa and Sironko to reduce the effect of WASH related illnesses;
- Increase handwashing facilities, sodium hypochlorite and soap;
- Support construction of institutional latrines in schools, health facilities and markets in Bududa, Manafwa and Sironko;
- Reinforce data management on displacement in order to better assess initial gaps, needs and impact of activities;
- Provide protection support to displaced communities.

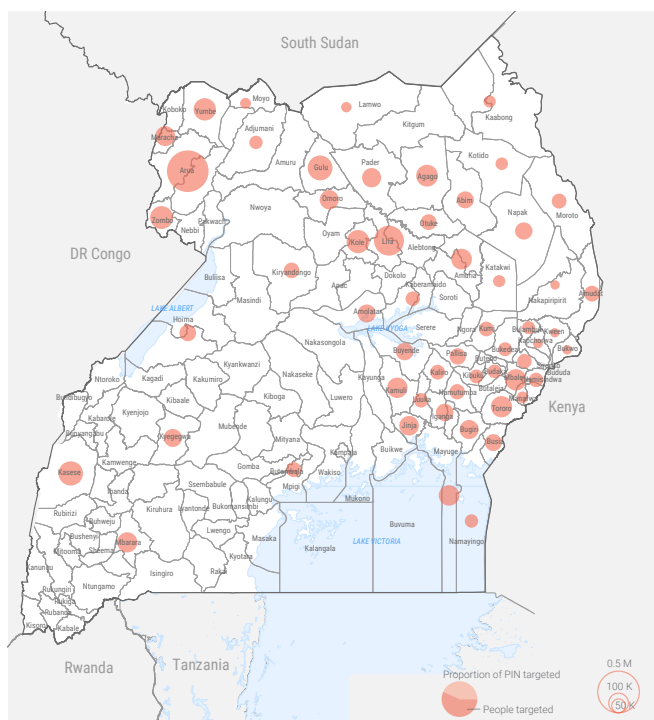
Response Strategy

The annual rainy seasons in Uganda ordinarily occur between March to May and September to October each year. However, recently the country has suffered from extreme weather patterns and prolonged wet seasons, causing an increased risk of flooding and landslides leading to destruction of homes and livelihoods as well as displacement which sometimes extends for months. The current rainy season (March to May 2020) is expected to see above-average and prolonged rains, and the Government of Uganda has requested agencies to urgently assist in preparedness actions, including prioritizing shelter and NFI support to ensure that communities do not have to congregate in collective sites, which could increase the public health risk during the COVID-19 outbreak. Based upon historical data and past events, the government estimates that in 13 districts an estimated 293,000 individuals (46,000 households) are at risk of flooding and/or landslides this season.

Theme 5: Immediate Economic Support & Digital Innovation



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
4.8M	4.8K	\$14.7M	4	4



In support of the immediate COVID-19 public health response, the UN and partners will utilize information technology and innovative platforms, including to support the monitoring and tracing of contacts. The COVID-19 response will also utilize real-time data collection of population movements and registration and monitoring of contacts to enhance surveillance across the country.

Priority Actions: First 8 weeks

- Strengthen monitoring capacity for COVID-19 response by extending facilities for collection, analysis and dissemination of data and information for decision-making, including data about population movements, content analysis of statements and broadcasts and e-tracking systems;
- Support the development of real-time registration and monitoring of contacts using ICT technologies;
- Ensure continuity of essential services through digitization of existing processes, including e-payments for public utilities and other essential services;
- Strengthen government monitoring capacity for COVID-19 response by extending facilities for collection, analysis and dissemination of data and information for decision-making, including data about population movements, content analysis of statements and broadcasts and e-tracking systems;
- Use digital platforms for reaching out to, and getting feedback from, various population groups and market segments where physical access may be severely restricted;
- Mitigate the economic impact on SMEs -including those in the informal sector- by: sharing accurate and reliable information with SMEs, including through digital channels, on how to control COVID-19, good business practices to allow social distancing, access to credit for working capital, etc; developing Guidelines for SMEs and supporting them to adjust business processes and models to sustain continued operation; providing SMEs with tools and skills to conduct business using available digital solutions/platforms; supporting SMEs to re-assess and prioritize their business strategies and operations to ably survive the short and long-term effects of COVID-19; and providing financial relief to SMEs in the form of short-term financing -micro-grants or reimbursable grants to agrobusiness;
- Provide discretionary operational expenditure block grants channeled directly to local governments;

Response Strategy

The United Nations Country Team is preparing a socio-economic impact assessment of COVID-19, working together to define strategic approaches and interventions at macro- and micro-level for support to the Ugandan economy. The policy, strategic and programmatic recommendations emanating from this are expected to support response and recovery through economic stimuli, financing packages and digital solutions and inclusive multi-sectoral management to COVID-19. This will include support to the private sector, local governments and communities to address the socio-economic impact of COVID-19, including poverty reduction, unemployment, business collapse and building the much-needed capacity of the sub-national level to effectively respond through financial mechanisms and digital innovation modalities designed to address challenges. COVID-19 shows the importance of fast and effective local action and content to slow the spread of the virus, minimize negative socio-economic effects and prepare for recovery. Local governments are uniquely positioned to shape, adapt and deliver a sector-wide response to epidemics. The activities outlined here are prioritized to support immediate recovery and will link to medium- and longer-term planning underway to counteract the negative socio-economic consequences of COVID-19 in Uganda.



- Help local authorities to identify, set up and implement relevant public-private initiatives;
 - Provide strategic support to the design and implementation of economic stimuli and financing packages;
 - Deploy digital solutions (zoom collaborative tool roll-out) for whole of Government to ensure business continuity, promote e-governance and ensure robust response to COVID-19;
 - Support digitalization of selected supply chains;
 - Support public outreach and risk communication through digital solutions;
 - Expand toll free line and equip National, Regional and District level NECOCs;
 - Establish, reactivate and equip border committees;
 - Identify and deploy innovative and digital solutions.
- Key Activities: 6-month Response:**
- Support the readjustment and restructuring of local government fiscal and monetary policies to support affected businesses and boost resilience of local economies (deferment of tax and nontax payments and other dues, offering free public facilities, contracts, etc.);
 - Provide advisory support to the design and implementation of economic and financial packages;
 - Lobby financial institutions against increasing interest rates;
 - Assist businesses to restructure loans and support financial institutions in debt restructuring;
 - Consult with government and private sector partners to fully utilize the private sector potential for COVID-19 response;
 - Operationalize the national business continuity platform (design and build initial prototype; pilot testing on limited scale in Northern Uganda);
 - Large scale deployment of key messages across messaging platforms, with mass media promotion, and content adaptation for different languages and regions;
 - Issue a challenge for innovative solutions for COVID-19 response, with technical and financial assistance extended to support prototyping, piloting and application;
 - Roll out digital solutions, including to address COVID-19, to support NECOC, to support early recovery programmes, to promote e-justice programmes;
 - Implement resilience building through early recovery programmes, stabilization and conflict prevention;
 - Establish a strategic and dedicated private sector facility to support MSMEs and young entrepreneurs.



SEBAGORO DISTRICT

Imani, 22, waits with her baby to board a bus in Sebagoro, Uganda after fleeing violence in the Democratic Republic of the Congo.

Photo: UNHCR/Michele Sibiloni



Coordination & Common Services

REQUIREMENTS (US\$)

\$4.9M

PARTNERS

7

PROJECTS

7

Response Strategy

In light of COVID-19, UN and NGO partners have started to expand their operations in support of the Government of Uganda's response. Coordination and Common services -including communications, community engagement, safety and security, civil military coordination, and facilitation of humanitarian movement- are critical to ensure an effective, efficient and coherent response.

For COVID-19's immediate public health impacts, in support of the Government-led response, WHO will coordinate the UN and partners to support implementation of the Government's Preparedness and Response Plan. This will include both national and subnational coordination support. The UN will strengthen the existing supply chain management system and the National Medical Stores (NMS) through the Logistics subcommittee of the NTF. The UN will also support the Electronic Logistics Management and Information System (ELMIS).

Coordination and communication for the response will be under the overall leadership of the United Nations Resident Coordinator, with support from the RCO. Thematic focal points will be assigned by the Resident Coordinator and led by members of the United Nations Country Team. Under the RCO, the communications team will lead on development of key messages for the response, development of updates toward response achievements and mass media outreach.

The Resident Coordinator will lead the facilitation of movement of humanitarian movements, working with the Government of Uganda and in line with programme criticality arrangements in country, while UNDSS will advise on safety and security related mitigation strategies and support NGOs under the Saving Lives Together framework. UNDSS will also provide psychosocial support services for UN staff.

Coordination

Priority Actions

- Support the National and Subnational level coordination to respond to COVID-19;
- Support orientation of the District Taskforce on COVID 19 Management using the Incident management system;
- Development of the COVID dashboard for National and District Levels;
- Support simulation exercise for National and Subnational Levels;
- Support deployment of the National Rapid Response Team;
- Human resources deployment and surge capacity to support COVID coordination at lower levels;

- Coordinate the immediate humanitarian response and transition to longer-term development action in relation to COVID-19, including of thematic focal point leads, UN agencies, INGOs and NNGOs responding to the impact of COVID;
- Facilitate movement of humanitarian workers, in line with programme criticality arrangements;
- Support to address humanitarian-peace-development nexus;
- Information management.

Common Services

Priority Actions

- Recruitment and deployment of personnel, through flexible and tailored human resources solutions;
- Grant disbursement and fund management services on behalf of partners.

Communication, Risk Communication, Social Mobilization and Community Engagement

Priority Actions

- Mobilize and educate communities across the country on Infection, Prevention and Containment (IPC) of COVID-19 through: mass media channels; social media campaigns with active involvement of youth; radio programs and rapid response telephone hotlines and call centers;
- Support community engagement and integration with community-based surveillance and psychosocial support services;
- Leverage existing relations with the media and craft key messages on COVID-19 targeting different audiences to air on TVs, radio stations and newspapers across the country, to counteract misinformation and disinformation;
- Mobilize community influencers to pass on accurate and factual messages on COVID-19 to communities, in addition to targeted IEC materials per region that will be printed and circulated, to keep communities informed about the disease and how they can stay safe. Different influencers will be engaged in different parts of the country and targeting different age groups. Support mass media outreach on UN support to COVID response in Uganda;
- Develop common key messages for UN COVID response and use all agency social media to post short videos, well designed

posts and well-crafted messages about COVID-19, with target audiences in Uganda and internationally. Provide regular updates, including through bulletins with response updates;

- Analyse radio content on talk shows – particularly community radio stations – to understand public perception, myths and misconceptions regarding the COVID-19 outbreak in Uganda and provide actionable insight to inform the response. The web-based platform will present a flow of relevant qualitative analysis which will highlight emerging issues to be addressed by the Ministry of Health and the Government at large;
- Develop and disseminate relevant information with and through key partners, including women's organizations and district and local governments;
- Amplify, at all levels, messaging on prevention of GBV, including information on reporting mechanisms and service providers;
- Raise awareness of the fact that services for communities in both development and humanitarian settings are unconditional, widely disseminate the UN's Zero Tolerance Policy on Sexual Exploitation and Abuse, and ensure communities understand how to report alleged cases and confidentially and safely access services for survivors.

Security Risk Management & Saving Lives Together

Priority Actions

- Provide 24/7 psychosocial support services to UN Security Management System (SMS) entities in Uganda;
- Reinforce, strengthen and support Emergency Operations, including supporting NGOs under the Saving Lives Together framework;
- Strengthened 24/7 capability to deter, deny and respond in a timely manner to UN Staff and dependents and NGOs related security incidents and emergencies in Arua, West Nile, Moroto and Karamoja;
- Ensure 24/7 uninterrupted communications with/from UNDSS during any situation by the deployment of satellite phones as a backup means of communications;
- Ensure that the 600 Uganda Police Force (UPF) personnel deployed to protect UN personnel, offices, assets and accommodations, including the Quick Reaction Force (QRF) are issued with sufficient COVID-19 Personal Protection Equipment (PPE) to ensure their safety and they safety of those with whom they interact.

Civil-Military Coordination

Priority Actions

- Establish a liaison structure and Civil-Military dialogue with national authorities to support the humanitarian community to predictably access people in need, ensure the movement of humanitarian assistance, and continue delivery of assistance and protection. This structure should ensure that armed actors are tasked by their relevant civil authorities, at national and sub-national level. This is critical in conveying consistent and coherent humanitarian messaging to both civil authorities and armed actors to facilitate coordination of operational issues to sustain humanitarian action, where needed;
- Ensure that any use of civil or military defence assets in the COVID-19 response complies with international principles, standards and guidance, that decisions to use such assets are made in accordance with the Last Resort criteria, and that all efforts are made to ensure the usage of the relevant asset is time-limited and does not generate longer-term second and third order negative consequences.

Logistics

Priority Actions

- Support procurement and distribution of supplies, supply chain management exercise;
- Strengthen the national and subnational capacity in logistics management;
- Support the storage of supplies;
- Support infrastructure setup as required;
- Support procurement and distribution of food to fill gaps for affected individuals and communities;
- Support feeding activities at isolation and treatment facilities.

Part 4

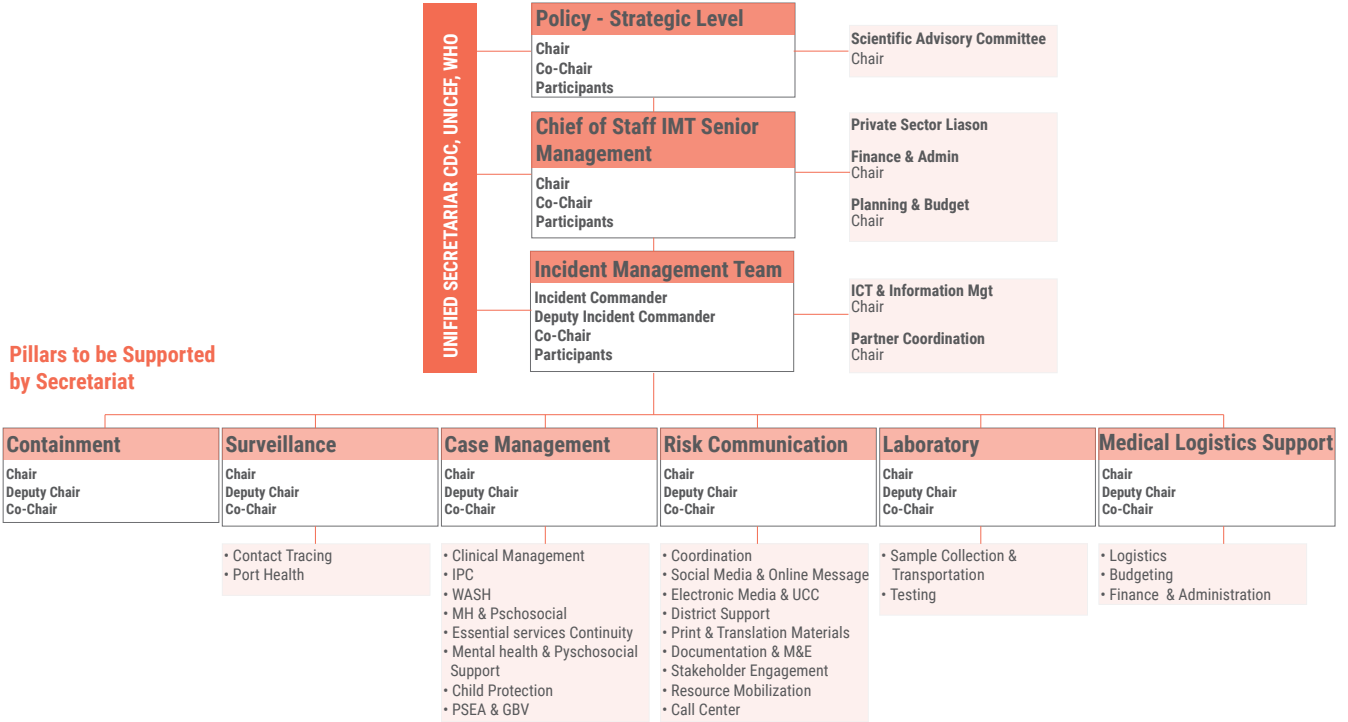
Annexes

WEST NILE DISTRICT

Doreen and her baby boy are two of the beneficiaries of the UNICEF's motorcycle (boda boda) transport referral system that supports timely access of health facilities by pregnant women and sick babies. Photo: UNICEF/Abdul



COVID-19 Public Health Response Structure



PALLISA DISTRICT

A woman feeds her turkeys provided to her as an alternative livelihood for voluntarily vacating cultivation in Limoto wetland
 Photo: UNDP/ Henry Mukasa Nsubuga

Participating Organizations

ORGANIZATION	REQUIREMENTS (US\$)	ORGANIZATION	REQUIREMENTS (US\$)
African Youth Initiative Network	2.2M	Tunaweza Foundation	27K
Child Africa Uganda	248K	Uganda Red Cross	644K
Catholic Relief Services	6.7M	UN Women	4M
CUAMM (Collegio Universitario Aspiranti Medici Missionari)	492K	UNAIDS	800K
Danish Refugee Council	500K	United Nations Capital Development Fund	5.5M
Food and Agriculture organization of the United Nations	7.8M	United Nations Development Programme	10M
Farm Radio Interntional	500K	United Nations Population Fund	3.5M
FIDA - International Federation of Women Lawyers	120K	United Nations High Commissioner for Refugees	45.9M
Humanity & Inclusion	250K	United Nations Children's Fund	24M
International Organization for Migration	6.1M	United Nations office on Drugs and Crime	60K
Institute for Social Transformation	80K	Uganda Women's network	500K
Life Water International	292K	War Child Holland	1.1M
Office of the United Nations High Commissioner for Human Rights	119K	Water Aid Uganda	619K
Resident Coordinator Office	692K	World Food Programme	128.3M
Save the Children	7.1M	World Health Organization	51.9M
Smart Youth Network initiative	46K	World Vision International	6.1M
TPO Uganda	185K	Youth Sustainable Development Goals Fellowship	75K

Funds Reprogrammed to Respond

THEME	SUB-THEMES	APPEALING AGENCY	FUNDS REPROGRAMMED TO RESPOND		
Health	Health	WHO	-		
		UNICEF	1,997,947		
		UNFPA	100,000		
		UNAIDS	100,000		
		UNDP	500,000		
		CUAMM	-		
		Sub total	2697,947		
Food Security, Nutrition & Livelihoods	Food Security, Nutrition & Livelihoods	WFP	-		
		UNICEF	100,000		
		FAO	-		
		IST	-		
		Sub total	100,000		
Life-saving Services & Social Protection	Social Protection	UNFPA	90,000		
		UN Women	1,630,129		
		WFP	-		
		FIDA	-		
		UWONET	-		
		OHCHR	-		
		UNODC	50,000		
		IST	-		
		water Aid	68,000		
		YSDGF	-		
		TF	-		
		TPO UGANDA	-		
			Basic Services (WASH, Education, Protection)	IOM	-
				UNICEF	1,300,000
		URC	-		
		Sub total	3,138,129		
Refugees & Displacement	Refugees	UNHCR	3,000,000		
		UN Women	1,214,222		
		UNDP	250,000		
		IOM	-		
		URC	-		
	Pre-Paredness Displacement IDPs				
		Sub total	4,464,222		
Immediate Economic Support & Digital Innovation	Economic Impact	UNCDF	1,000,000		
		UNDP	2,000,000		
		Sub total	3,000,000		
Coordination, Community Engagement & Common Services	Coordination	RCO	35,000		
		AYINET	-		
	Communication	Farm Radio Int.	-		
			-		
		Sub total	35,000		
Total			13,435,298		

Agency Specific Requirements for COVID-19 Response by Pillar

PILLAR	OVERALL BUDGET (USD)	AGENCY	ALLOCATION (USD)
1. Coordination and leadership	806,742	WHO UNICEF UNHCR	558,609 163,944 83,189
2. Surveillance, laboratory support & POEs	23,113,600	WHO UNHCR IOM	16,364,423 3,250,000 3,499,177
3. Risk communication, social mobilization & community engagement	3,494,058	UNICEF WHO UNHCR	1,544,058 150,000 1,800,000
4. Case management, infection prevention & control	39,695,451	WHO UNICEF UNHCR	30,000,000 3,890,070 5,805,381
5. ICT and Innovation	150,000	UNICEF WHO	124,740 25,260
6. WASH	8,262,624	UNICEF UNHCR IOM	4,924,011 3,310,613 28,000
7. Mental health and Psychosocial support	230,000	UNICEF	230,000
8. Logistics	2,691,422	WFP	2,691,422
Total	78,442,896		

Projects

THEME 1: HEALTH				
AGENCY	SUB-THEME	PROJECTS	AMOUNT REQUESTED (US\$)	CONTACT
Catholic Relief Services	COVID-19 Direct Response	Pillar 4: Case management, infection prevention and control	3,592,804	Niek de Goeij Niek.degoeij@crs.org
Catholic Relief Services		ensuring continuity of care for children living with hiv and their caregivers amid the covid-19 pandemic in uganda	998,317	Niek de Goeij Niek.degoeij@crs.org
CUAMM		Supporting district response to COVID-19 while sustaining RMNCAH and TB/HIV integrated services at community and health facilities in 5 districts of Karamoja	491,823	Dr. Peter Lochoro p.lochoro@cuamm.org
IOM	COVID-19 Direct Response	Pillar 2: Surveillance, laboratory support & POEs	3,499,177	Victoria Kajja vkajja@iom.int
Save the Children	COVID-19 Direct Response	Pillar 4: Case management, infection prevention and control	2,775,000	Brechtje Van Lith brechtje.vanlith@savethechildren.org
UNAIDS		Facilitating access to COVID19 and HIV/TB services for vulnerable groups such as people living with HIV, especially pregnant women, children and adolescents.	800,000	Sarah Nakku Kibuuka nakkusa@unaids.org
UNFPA		Health response to life-saving maternal newborn health, HIV, SGBV/GBV and family planning services	500,000	Gillian Butts-Garnett butts-garnett@unfpa.org
UNICEF	COVID-19 Direct Response	Pillar 3: Risk communication, social mobilization and community engagement	1,544,058	Dr Doreen Mulenga dmulenga@unicef.org
UNICEF	COVID-19 Direct Response	Pillar 4: Case management, infection prevention and control	3,890,070	Dr Doreen Mulenga dmulenga@unicef.org
UNICEF		UNICEF contribution to Emergency Appeal and Facility for the impact of COVID-19 in Uganda (Education, Child Protection, Nutrition, WASH, Health)	1,800,000	Alessia Turco aturco@unicef.org
WHO	COVID-19 Direct Response	Pillar 2: Surveillance, laboratory support & POEs	16,364,423	Dr Yonas Tegegny tegegny@who.int
WHO	COVID-19 Direct Response	Pillar 3: Risk communication, social mobilization and community engagement	150,000	Dr Yonas Tegegny tegegny@who.int

WHO	COVID-19 Direct Response	Pillar 4: Case management, infection prevention and control	30,000,000	Dr Yonas Tegegny tegegny@who.int
WHO		Strengthening health sector response during the COVID-19 pandemic	4,754,086	Dr Suraj M Shrestha shresthasu@who.int
Sub-total			71,159,758	

THEME 2: FOOD SECURITY, NUTRITION & LIVELIHOODS

AGENCY	SUB-THEME	PROJECTS	AMOUNT REQUESTED (US\$)	CONTACT
CRS	Food Security & Livelihoods	Covid-19 food assistance for most vulnerable urban ugandans	611,004	Niek de Goeij Niek.degoeij@crs.org
FAO	Food Security & Livelihoods	Promoting food and nutrition security through household production in COVID-19	4,000,000	Antonio Querido antonio.querido@fao.org
FAO	Food Security & Livelihoods	Livelihoods support to mitigate COVID-19	1,500,000	Antonio Querido antonio.querido@fao.org
IST	Food Security & Livelihoods	Safety and livelihoods response to covid 19 pandemic in local markets in uganda through innovation and technology "the market garden app	80,000	Rita Atukwas atukwasarita@gmail.com
UNICEF	Nutrition	UNICEF contribution to Emergency Appeal and Facility for the impact of COVID-19 in Uganda (Education, Child Protection, Nutrition, WASH, Health)	13,91,424	Alessia Turco aturco@unicef.org
WFP	Food Security & Livelihoods	Build the capacity of selected local small-scale enterprises to aggregate, add value and supply to the market outlets in the refugee hosting districts	500,000	Clare Graham clare.graham@wfp.org
WFP	Food Security & Livelihoods	Communication for Development (C4D) support food security and nutrition programmes	157,813	Clare Graham clare.graham@wfp.org
WFP	Food Security & Livelihoods	Institutional Feeding to persons in COVID-19 Isolation Centers	1,892,724	Clare Graham clare.graham@wfp.org
WFP	Food Security & Livelihoods	Safety Net for Urban Poor	53,567,563	Clare Graham clare.graham@wfp.org
WFP	Nutrition	Targeted Supplementary Feeding Programme (MAM)	7,733,310	Clare Graham clare.graham@wfp.org
Sub-total			71,433,838	

THEME 3: LIFE-SAVING SERVICES AND SOCIAL PROTECTION

AGENCY	SUB-THEME	PROJECTS	AMOUNT REQUESTED (US\$)	CONTACT
African Youth Initiative Network (AYINET)	Protection	Outreach and psysocial support to youth in Uganda	1,900,000	Victor Ochen v.ochen@africanyouthinitiative.org
CRS	WASH	Campaign for Urban Public Health	200,000	Niek de Goeij Niek.degoeij@crs.org
Child Fund Uganda	WASH	Community resilience against COVID-19 through WASH	247,761	Moses Otai motai@childfund.org
FIDA	Social Protection	Strengthening Access to Justice and Legal Protection from Gender Based Violence During COVID-19 Pandemic	120,000	Lillian Byarugaba Adriko lilianadriko@gmail.com
IOM	Social Protection	Support to vulnerable mobile and hosting communities affected by the economic impact of COVID19 pandemic.	800,000	Sahra Farah sfarah@iom.int
IOM	COVID-19 Direct Response	Pillar 6: WASH	28,000	Victoria Kajja vkajja@iom.int
Life Water International	WASH	Emergency WASH Response in three districts of Kakumiro, Kaliro & Mayuge	291,631	Spera Atuhairwe satuhairwe@lifewater.org
OHCHR	Protection	Ensuring human rights compliant response by Justice Law and Order Sector actors to COVID-19, including addressing overcrowding in detention facilities	119,000	Nicole nbjerler@ohchr.org
Save the Children	Social Protection	Social Protection for ensured child protection and education	1,500,000	Brechtje Van Lith brechtje.vanlith@savethechildren.org
Save the Children	Child Protection	Child Protection and PSS/Family PSS (Prevention sGBV against children)	1,075,000	Brechtje Van Lith brechtje.vanlith@savethechildren.org
Save the Children	WASH	Support to WASH activities targeting high-risk districts such as Wakiso and refugee hosting districts.	350,000	Brechtje Van Lith brechtje.vanlith@savethechildren.org
TPO Uganda	Protection	MHPSS support services including management of trauma, depression, suicidal behavior and chronic stress.	185,000	Emmanuel Ngabirano engabirano@tpoug.org
Tunaweza Foundation	Protection	Response to People with Disabilities, increasing their access to basic services and information during COVID-19.	27,000	Victo Nalule +256 782 034 344
UN Women	Social Protection	Strengthening the Protection, Empowerment and Leadership of women and girls to respond and recover from COVID 19 crisis.	3,000,000	Claire Hawkins claire.hawkins@unwomen.org

UNFPA	Protection	Support to GBV, HP SRHR lifesaving services	900,000	Gillian Butts-Garnett butts-garnett@unfpa.org
UNICEF	Child Protection	UNICEF contribution to Emergency Appeal and Facility for the impact of COVID-19 in Uganda (Education, Child Protection, Nutrition, WASH, Health)	420,000	Alessia Turco aturco@unicef.org
UNICEF	COVID-19 Direct Response	Pillar 7: Mental Health and Psychosocial Support	230,000	Dr Doreen Mulenga dmulenga@unicef.org
UNICEF	WASH	UNICEF contribution to Emergency Appeal and Facility for the impact of COVID-19 in Uganda (Education, Child Protection, Nutrition, WASH, Health)	2,060,000	Alessia Turco aturco@unicef.org
UNICEF	COVID-19 Direct Response	Pillar 6: WASH	4,924,011	Dr Doreen Mulenga dmulenga@unicef.org
UNICEF	Education	UNICEF contribution to Emergency Appeal and Facility for the impact of COVID-19 in Uganda (Education, Child Protection, Nutrition, WASH, Health)	2,262,495	Alessia Turco aturco@unicef.org
UNODC	Protection	Ensuring human rights compliant response by Justice Law and Order Sector actors to COVID-19, including addressing overcrowding in detention facilities	60,000	Sharon Nyambe sharon.nyambe@un.org
URC	WASH	Life-Saving WASH NFIs for Kampala Urban Poor	143,400	Brian Kanaahe bkanaahe@redcrossug.org
UWONET	Social Protection	National CSO Women's Task Force For Gender Sensitive Response to COVID-19.	500,000	Rita .H. Aciro – Lakor racheal.wanyana@uwonet.org
WaterAid Uganda	WASH	Improving access to inclusive, water, sanitation and hygiene for the urban poor in Greater Kampala Metropolitan Area(WASH 4 Poor)	618,900	Jane Sembuche Mselle janesembuche@WaterAid.org
WFP	Social Protection	Addressing the coronavirus pandemic impacts in Uganda through social security (rapid assessment and modelling)	70,000	Clare Graham clare.graham@wfp.org
WFP	Social Protection	Support for expanded rollout and COVID response through the Senior Citizen Grant programme	45,750,000	Clare Graham clare.graham@wfp.org
WFP	Social Protection	Cash transfers to Extremely Vulnerable Households previously engaged in Asset Creation programmes (West Nile, Karamoja and Isingiro)	2,000,000	Clare Graham clare.graham@wfp.org
World Vision International	WASH	Emergency Response to COVID -19 through Provision of Safe Water improved Sanitation and Hygiene Services in target vulnerable communities in Uganda	4,396,869	Jason Evans jason_evans@wvi.org
YSDGF	Protection	Youth focused project targeting people with disabilities with provision of handwashing, mentorship programmes, supporting those experiencing protection and human rights concern, media campaign to help people with disabilities access medical information.	75,000	Edson Zeboosi youth.sdgsfellows@gmail.com
Sub-total			74,254,067	

THEME 4: REFUGEES AND DISPLACEMENT**4.1 REFUGEES**

AGENCY	SUB-THEME	PROJECTS	AMOUNT REQUESTED (US\$)	CONTACT
CRS	Health	Health and Nutrition for Refugees	1,322,430	Niek de Goeij Niek.degoeij@crs.org
DRC	Support to PSN	Community-based Protection (CwC, PSN, MHPSS, Peaceful coexistence)	175,000	Severine Moisy Severine.moisy@drc.ngo
Danish Refugee Council	Child Protection	Child Protection Refugees	175,000	Severine Moisy Severine.moisy@drc.ngo
Danish Refugee Council	Prevention and response to SGBV	Prevention and response to SGBV for Refugees	150,000	Severine Moisy Severine.moisy@drc.ngo
FAO	Livelihood & Resilience	Livelihoods & Resilience for Refugees	2,317,500	Antonio Querido Antonio.querido@fao.org
Humanity & Inclusion	MHPSS and support to PSN	Community-based Protection (CwC, PSN, MHPSS, Peaceful coexistence)	250,000	Ryan Duly r.duly@hi.org
Save the Children	Health & Nutrition	Health and Nutrition for Refugees	225,000	Brechtje Van Lith brechtje.vanlith@savethechildren.org
Save the Children	Cash Assistance	Community-based Protection (CwC, PSN, MHPSS, Peaceful coexistence)	500,000	Brechtje Van Lith brechtje.vanlith@savethechildren.org
Save the Children	Child Protection	Child Protection Refugees	425,000	Brechtje Van Lith brechtje.vanlith@savethechildren.org
Save the Children	Education	Child Protection Refugees	150,000	Brechtje Van Lith brechtje.vanlith@savethechildren.org
Save the Children	WASH	WASH for Refugees	100,000	Brechtje Van Lith brechtje.vanlith@savethechildren.org
UN Women	"CwC MHPSS"	Community-based Protection (CwC, PSN, MHPSS, Peaceful coexistence)	200,000	Claire Hawkins claire.hawkins@unwomen.org
UN Women	Prevention and response to SGBV	Prevention and response to SGBV for Refugees	400,000	Claire Hawkins claire.hawkins@unwomen.org
UN Women	Livelihood & Resilience	Livelihoods & Resilience for Refugees	400,000	Claire Hawkins claire.hawkins@unwomen.org

UNCDF	Resilience strengthening (local governments and SMEs)	Livelihoods & Resilience for Refugees	1,000,000	Jenifer Bukokhe Wakhungu Jenifer.bukokhe@uncdf.org
UNFPA	"Sexual and Reproductive Health Coordination"	Health and Nutrition for Refugees	900,000	Gillian Butts-Garnett butts-garnett@unfpa.org
UNFPA	"CwC MHPSS"	Community-based Protection (CwC, PSN, MHPSS, Peaceful coexistence)	600,000	Gillian Butts-Garnett butts-garnett@unfpa.org
UNFPA	Prevention and response to SGBV	Prevention and response to SGBV for Refugees	600,000	Gillian Butts-Garnett butts-garnett@unfpa.org
UNHCR	COVID-19 Direct Response	Pillar 1: Coordination and Leadership	83,189	Joel Boutroue boutroue@unhcr.org
UNHCR	COVID-19 Direct Response	Pillar 2: Surveillance, laboratory support & POEs	3,250,000	Joel Boutroue boutroue@unhcr.org
UNHCR	COVID-19 Direct Response	Pillar 3: Risk communication, social mobilization and community engagement	1,800,000	Joel Boutroue boutroue@unhcr.org
UNHCR	COVID-19 Direct Response	Pillar 4: Case management, infection prevention and control	5,805,381	Joel Boutroue boutroue@unhcr.org
UNHCR	COVID-19 Direct Response	Pillar 6: WASH	3,310,613	Joel Boutroue boutroue@unhcr.org
UNHCR	Health & Nutrition	Health and Nutrition for Refugees	15,000,000	Joel Boutroue boutroue@unhcr.org
UNHCR	Community-based protection	Community-based Protection (CwC, PSN, MHPSS, Peaceful coexistence)	1,000,000	Joel Boutroue boutroue@unhcr.org
UNHCR	Community-based protection	Community-based Protection (CwC, PSN, MHPSS, Peaceful coexistence)	5,250,000	Joel Boutroue boutroue@unhcr.org
UNHCR	Child Protection	Child Protection Refugees	414,919	Joel Boutroue boutroue@unhcr.org
UNHCR	Education	Education Refugees	2,436,742	Joel Boutroue boutroue@unhcr.org
UNHCR	Prevention and response to SGBV	Prevention and response to SGBV for Refugees	3,000,000	Joel Boutroue boutroue@unhcr.org
UNHCR	NFI	NFI Assistance for Refugees	4,500,000	Joel Boutroue boutroue@unhcr.org

UNICEF	Health & Nutrition	Health and Nutrition for Refugees	3,339,578	Alessia Turco aturco@unicef.org
UNICEF	Child Protection	Child Protection Refugees	450,000	Alessia Turco aturco@unicef.org
UNICEF	Education	Education Refugees	567,118	Alessia Turco aturco@unicef.org
UNICEF	Water supply	WASH for Refugees	800,000	Alessia Turco aturco@unicef.org
War Child Holland	MHPSS	Community-based Protection (CwC, PSN, MHPSS, Peaceful coexistence)	788,034	Jan Jaap Kleinrensink janjaap.kleinrensink@ warchild.nl
War Child Holland	Child Protection	Child Protection Refugees	127,506	Jan Jaap Kleinrensink janjaap.kleinrensink@ warchild.nl
War Child Holland	Education	Education Refugees	188,846	Jan Jaap Kleinrensink janjaap.kleinrensink@ warchild.nl
WFP	Nutrition	Food assistance (in the form of cash transfers) for Urban Refugees	1,814,470	Clare Graham clare.graham@wfp.org
WFP	Food Security	Additional costs of delivering refu- gee food assistance under COVID-19 restrictions	12,129,299	Clare Graham clare.graham@wfp.org
World Vision	WASH	WASH for Refugees	1,745,238	Jason Evans jason_evans@wvi.org
Sub-total			77,690,863	

4.2 DISPLACEMENT

AGENCY	SUB-THEME	PROJECTS	AMOUNT REQUESTED (US\$)	CONTACT
IOM	Internal Displacement	Reducing the negative impact of COVID-19 on Internally Displace Persons (IDPs) and Host Communities of Flood Affected Districts of Bududa, Bulambuli and Sironko	1,800,000	Getachew Mekuria gmekuria@iom.int
URC	Internal Displacement	Shelter, Health: WASH Coordination and NS Capacity strengthening, Protection assistance to internally displacement due to natural disasters	500,879	Brian Kanaahe bkanaahe@redcrossug. org
Sub-total			2,300,879	

THEME 5: IMMEDIATE ECONOMIC SUPPORT AND DIGITAL INNOVATION				
AGENCY	SUB-THEME	PROJECTS	AMOUNT REQUESTED (US\$)	CONTACT
UNCDF	Economic Impact, Digital Innovation	Rapid Economic Response for COVID -19.	4,500,000	Jenifer Bukokhe Wakhungu jenifer.bukokhe@uncdf.org
UNDP	Economic Impact, Digital Innovation	Strengthening Uganda's Resilience to COVID-19 through Economic Stimuli, Digital Innovations and Robust Multi-Sectoral Crises Management	10,000,000	Elsie Attafuah elsie.atafuah@undp.org
UNICEF	COVID-19 Direct Response	Pillar 5: ICT and Digital Innovation	124,740	Dr Doreen Mulenga dmulenga@unicef.org
WHO	COVID-19 Direct Response	Pillar 5: ICT and Digital Innovation	25,260	Dr Yonas Tegegn tegegn@who.int
Sub-total			14,650,000	
COORDINATION, COMMUNITY ENGAGEMENT & COMMON SERVICES				
AGENCY	SUB-THEME	PROJECTS	AMOUNT REQUESTED (US\$)	CONTACT
African Youth Initiative Network (AYINET)	communication	"Community awareness, preparedness and prevention to overcome the impact of Corona Virus in Uganda"	250,000	Victor Ochen v.ochen@africanyouthinitiative.org
Farm Radio International	communication	interactive radio and mobile based technologies for COVID 19 rapid reponse	500,000	Ecaat Stephen estephen@farmradio.org
Resident Coordinator's Office	coordination	Support to UN Coherence Efforts in Uganda for COVID-19 Response	691,658	Asel Abdurahmanova asel.abdurahmanova@one.un.org
Smart Youth Network initiative	communication	Youth Rise Against Corona Virus - Media campaign focused on Youth	45,952	Nakintu Phoebe smartyouthnetworkinitiative@gmail.com
UNICEF	COVID-19 Direct Response	Pillar 1: Coordination and Leadership	163,944	Dr Doreen Mulenga dmulenga@unicef.org
WFP	COVID-19 Direct Response	Pillar 8: Logistics	2,691,422	Clare Graham clare.graham@wfp.org
WHO	COVID-19 Direct Response	Pillar 1: Coordination and Leadership	558,609	Dr Yonas Tegegn tegegn@who.int
Sub-total			4,901,585	

Methodology for Calculations of People in Need and People Targeted

People in Need (PIN) and People Targeted by theme:

Health theme was calculated using the people in need and people targeted provided by UNFPA, UNAIDS, UNICEF and CUAMM. The people in need and people targeted were allocated by agency, by district and the highest figure in each district was taken to come up with the overall People in Need and Overall Target for the Health Theme.

Food Security, Nutrition and Livelihoods theme, PIN and targets were provided by WFP for the Urban Poor, WFP MAM project and FAO projects. The WFP MAM and FAO projects targeted rural populations while WFP's safety net for urban poor targets caseloads in urban areas. Each project people in need and people targeted were aligned by district. The highest figure per district between WFP and FAO were chosen, to account for duplication, then the WFP urban poor caseloads per district were added to arrive at the overall people in need and people targeted.

Life-saving Services and Social Protection theme were calculated from figures provided by UNFPA, UN Women, IOM, Uganda Red Cross, and WFP. It was assumed that basic services would overlap with people in need and targeted by other agencies. The people in need figure for UN Women was calculated from the overall number

of females per district. All agencies pins and targets were aligned by district with the maximum figure chosen for each district to ensure that there is not duplication between agencies.

Refugee and Displacement theme targeted of 1.4 million people was provided as a district breakdown by UNHCR and the caseload of internal displacement was estimated by the Government of Uganda.

Immediate Economic Support and Digital Innovation, UNDP calculations for people in need and targets were calculated as 20 percent of the total population for the district, the percentage of people estimated to be absolute poor. UNCDF estimates were calculated by the agency. District figures were aligned, and the highest figure was chosen.

Overall People in Need and Target for appeal:

The overall PIN was calculated by aligning all the themes people in need and targets by district. The pin and target were calculated by taking the highest figure by district to ensure minimum duplication. Taking the highest figure by district by theme for People in Need and People Targeted then the refugee caseload was added to each district. Every effort was made to ensure that there was no duplication during calculations of people in need and people targeted.

End Notes

1. *Protecting workers in the workplace* on https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_738742/lang-en/index.htm
2. *Uganda economic update* on <http://documents.worldbank.org/curated/en/571011581515307951/pdf/Uganda-Economic-Update-14th-Edition-Strengthening-Social-Protection-to-Reduce-Vulnerability-and-Promote-Inclusive-Growth.pdf>
3. *The Uganda national nutrition survey guidelines were supported by UN Women and UNHCR*
4. *With regard to the UNHCR budget for response to COVID-19 (\$14,249,182), this is above the \$3,142,355 prioritized requirements laid out in UNHCR's COVID-19 Emergency Appeal released on 27 March, which is also part of the COVID-19 Global Humanitarian Response Plan released on 25 March. These requirements, which were initially developed when Uganda was operating under Scenario 1 of the Ministry of Health COVID-19 response (no COVID-19 cases reported in Uganda), have now increased as the response progressed to scenario 3 (COVID-19 cases confirmed in multiple locations)*
5. *GAM project report can be accessed on <https://iascgenderwithagemarker.com/en/home/> with reference number G446652906*

Acronyms

ART	Antiretroviral Therapies	PSEA	Protection against Sexual Exploitation and Abuse
AYINET	African Youth Initiative Network	PSFU	Private Sector Foundation of Uganda
CMCs	Community Management Committees	PSNs	People with Special Needs
CSB++	Children Super Cereal Plus	QRF	Quick Reaction Force
CSOs	Civil Society Organizations	RC	Resident Coordinator Office
CUAMM	CUAMM (Collegio Universitario Aspiranti Medici Missionari)	RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
CwC	Communicating with Communities	RRP	Recommended Retail Price
DRC	Danish Refugee Council	RUIF	Ready to use Infant Formula
ECD	Early Childhood Development	RUTF	Ready to Use Therapeutic Food
ECM	Early Childhood Marriage	SAM	Severe Acute Malnutrition
FAO	Food and Agriculture organization of the United Nations	SCG	Senior Citizens Grant Programme
FGM	Female Genital Mutilation	SDG	Sustainable Development Goals
FIDA	FIDA - International Federation of Women Lawyers	SEA	Sexual Exploitation and Abuse
FRI	Farm Radio International	SMEs	Small and Medium Enterprises
FRRM	Feedback, Referral and Resolution Mechanism	SOPs	Standard Operating Procedures
GAM	Global Acute Malnutrition	SRH	Sexual and Reproductive Health
GBV	Gender-Based Violence	SRHR	Sexual and Reproductive Health and Rights
HIV	Human Immunodeficiency Virus	TB	Tuberculosis
ICT	Information and Communication Technology	TSFP	Targeted Supplementary Feeding Programmes
IDPs	Internally Displaced People	UDB	Uganda Development Bank
INGO	International Non-Governmental Organization	UMA	Uganda Manufacturers Association
IOM	International Organization for Migration	UN	United Nations
IPC	Integrated Phase Classification	UN SMS	United Nations Security Management System
IST	Institute for Social Transformation	UNAIDS	Joint United Nations programme on HIV and AIDS
IYCF	Infant and Young Child Feeding	UNCDF	United Nations Capital Development Fund
JLOS	Justice Law and Order Sector	UNDAF	United Nations Development Assistance Framework
LEAP	Leadership, Empowerment, Access and Protection	UNDP	United Nations Development Programme
LTA	Long Term Agreement	UNDSS	United Nations Department of Safety and Security
MAM	Moderate Acute Malnutrition	UNFPA	United Nations Population Fund
MCH	Maternal and Child Health	UNHCR	United Nations High Commissioner for Refugees
MDG	Millennium Development Goals	UNICEF	United Nations Children's Fund
MGLSD	Ministry of Gender, Labour and Social Development	UNODC	United Nations office on Drugs and Crime
MHPSS	Mental Health and Psychosocial Support	UNOPS	United Nation Office for Project Services
MoES	Ministry of Education and Sports	UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
MoWE	Ministry of Water and Environment	UPF	Uganda Police Force
NCD	Non-Communicable Diseases	URC	Uganda Women's network
NECO	National Emergency Coordination Centre	USSIA	Uganda Small Scale Industries Association
NFIs	Non-Food Items	UVRI	Uganda Virus Research Institute
NGO	Non-Governmental Organizations	UWONET	Uganda Women's Network
NITA-U	National Information Technology Authority - Uganda	USSIA	Uganda Small Scale industries Association
NTF	National Task Force	UVRI	Uganda Virus Resaerch Institute
OHCHR	Office of the United Nations High Commissioner for Human Rights	URCS	Uganda Red Cross Society
OPM	The Office of the Prime Minister	VHTs	Village Health Teams
PEP	Post Esposure Prophylaxis	WASH	Water, Sanitation and Hygiene
PIRI	Periodic Intensified Routine Immunization	WCH	War Child Holland
PLW	Pregnant and Lactating Women	WFP	World Food Programme
PPE	Personal Protective Equipment	WHO	World Health Organization
PPS	Psychosocial Support		

How to Contribute

Contribute towards Uganda Multi-Partner Trust Fund – Emergency Window



The UN Uganda Multi-Partner Trust Fund (MPTF) is a country-level pooled funding instrument administered by an independent UN Trustee (MPTF Office) and governed by the UN Country Team in Uganda (UNCT), that receives contributions from multiple financial partners in a pool and allocates such resources to multiple implementing entities (upon decisions from the Fund Steering Committee). The Fund is structured in thematic windows.

To ensure urgent and timely support for the response and impact of Covid-19 the Emergency Window is established under UN Uganda Multi-Partner Trust Fund.

The overall goal of the UN Uganda Multi-Partner Trust Fund is to support the achievement of the Sustainable Development Goals (SDGs) in Uganda by supporting key catalytic interventions within the Uganda UN Sustainable Development Cooperation Framework (2021-2025). The direct recipients of funds are the UN Agencies and partners, that will implement the projects according to their internal rules and regulations, as they apply in the country.

The Fund will have the following functions:

- Coordination and alignment: Enable a platform to strengthen coordination, evaluation, planning and communication among different entities;
- Coherence: Develop synergies among different players;
- Strategic allocation of resources through an inclusive and transparent decision-making structure;
- Reduce political and fiduciary risks faced by stakeholders through the concentration of resources and a result-based management system which is transparent and responsible;
- Broaden the financial base of emerging or non-resident donor;

Contribute through the Central Emergency Response Fund



CERF is a fast and effective way to support rapid humanitarian response. CERF provides immediate funding for life-saving humanitarian action at the onset of emergencies and for crises that have not attracted sufficient funding. Contributions are received year-round.

www.unocha.org/cerf/donate

Contribute towards the Uganda Emergency Appeal



Donors can contribute directly to aid organizations participating in this Emergency Appeal based on the projects outlined.



The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

fts.org/appeals/2020

For any further information, please contact:

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This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries