



Uganda Country Office

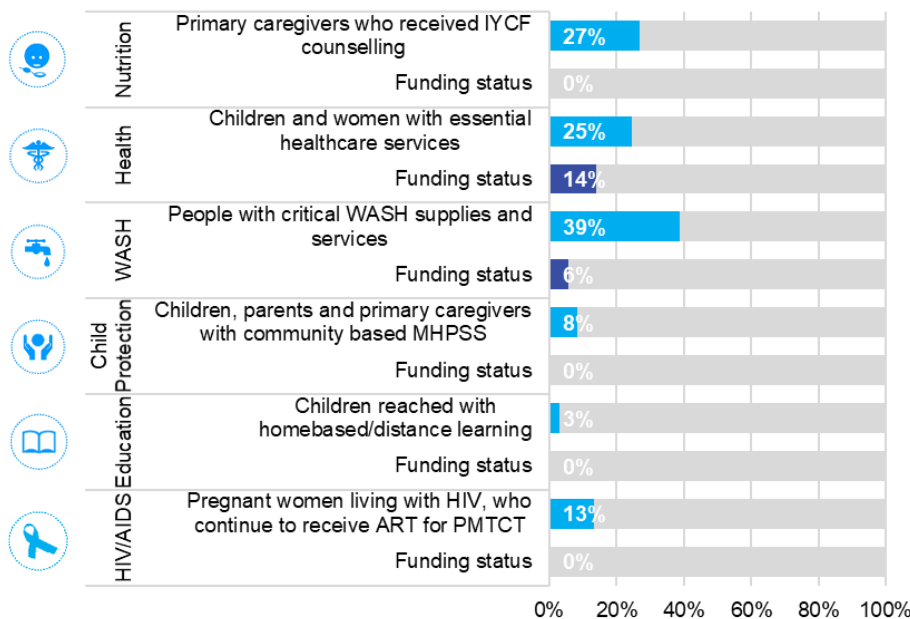
COVID-19 Situation Report No. 2

Reporting Period: 16 to 31 May 2020

Highlights

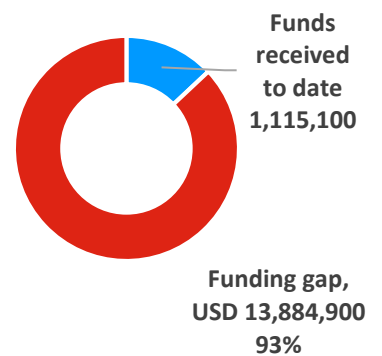
- As of 31 May, Uganda reported 457 confirmed COVID-19 cases, 73 recoveries and zero deaths. Seven new cases among health care workers were among the confirmed cases for this reporting period.
- Given the challenges of extending lockdown measures, the government began to gradually loosen containment measures beginning in mid-May, while imposing the mandatory wearing of masks and the observance of physical distancing measures.
- 353,833 women and children (176,209 male, 177,624 female) were reached with essential health care services during the reporting period.
- Cumulatively from April 2020, 499,929 (248,965 male, 250,964 female) primary caregivers of children were reached with infant and young child feeding (IYCF) counselling through facilities and community platforms.
- 159,671 people (78,239 male, 81,432 female) were reached with critical water, sanitation and hygiene (WASH) supplies and services.
- 212 children, parents and primary caregivers were reached with community-based mental health psychosocial support (MHPSS) in May 2020.
- 61,625 children (30,689 boys, 30,936 girls) were reached with home-based/distance learning to ensure continuity of learning from April to May 2020.

Funding Status



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

Funding received for the COVID-19 response



Funding Overview and Partnerships

UNICEF Uganda is appealing for US\$15 million to support the government response to COVID-19. UNICEF has so far received US\$1,115,100 through generous contributions, leaving a funding gap of US\$13.9 million or 93 per cent. To help support Uganda's immediate COVID-19 response needs, UNICEF has drawn on other resources,

reprogrammed existing funds, and reallocated its regular resources, totalling US\$3.5 million, to procure urgent emergency supplies and support national and district coordination and programming.

Situation Overview and Humanitarian Needs

As of 31 May 2020, 457 COVID-19 cases were confirmed in Uganda. These included nine children and seven health care workers. Since the start of the epidemic, Uganda has reported zero COVID-19 deaths and 73 recoveries. The majority of confirmed COVID-19 cases in Uganda continue to be male (86 per cent). Three-quarters of the country's cases are imported (74 per cent), with importation coming via travellers from abroad and cross-border truck drivers from neighbouring Kenya, Tanzania, Rwanda, Burundi, and South Sudan. During the reporting period, new high-risk areas emerged, including refugee-hosting districts in the West Nile sub-region and other northern districts bordering South Sudan.

As of 31 May, Uganda reported having conducted more than 98,500 tests cumulatively. According to the Ministry of Health (MoH), there were 346 people on admission in 15 designated isolation and treatment facilities. More than 1,550 people were under institutional quarantine in 68 facilities across 55 districts.

A relatively low number of cases and slow epidemic progression through the end of May can be explained by prolonged and stringent quarantine measures applied by the Government of Uganda since March 31. Given the challenges of extending the lockdown measures, the government began to gradually loosen them from mid-May by first allowing private transport to resume and some markets and public offices to reopen. While border districts will remain under lockdown for an additional period, the government is set to allow public transportation to resume in early June, and is in process of discussing a partial re-opening of schools. In an attempt to slow down viral transmission, the government began requiring the mandatory use of cloth masks by everyone in public places and the observance of physical distancing measures.

While expecting an increase in the number of COVID-19 cases, MoH is working to decentralize all aspects of the response and continues to expand its testing, quarantine, isolation, and case management capacity. Uganda's COVID-19 response capacity is being challenged by shortages of personal protective equipment (PPE) for health and other frontline workers, and limited availability of testing supplies due to global disruptions in supply chains. Hospital capacity to manage severe and critical COVID-19 cases, although expanded and strengthened during the lockdown period, may be quickly overstretched should the number of cases significantly increase.

UNICEF monitoring of the continuity of essential health services showed a 20 per cent drop in immunization for diphtheria, pertussis and tetanus (DPT3) and an 18 per cent decline in HIV-exposed infants receiving antiretrovirals (ARVs) at birth between the months of January and April 2020. Furthermore, health facility admission data showed an 8 per cent increase in severe acute malnutrition (SAM) cases nationwide, with some regions (e.g., Karamoja and West Nile) experiencing nearly 50 per cent increases. This surge in SAM cases has resulted in an over-consumption of nutrition supplies. Yet, due to global disruptions in supply chains, Uganda is likely to experience a pipeline break in SAM supplies. Delays in the provision of rapid diagnostic tests for malaria may disrupt service delivery for malaria, as well.

Summary Analysis of Programme Response

Health

In UNICEF's role as co-chair of the service continuity pillar within the COVID-19 response structures, and as an active member of the technical working group on maternal and child health, the immunization technical coordination committee, and the malaria working group, UNICEF has been actively engaged in developing, disseminating and implementing national guidance on continuity of essential health services, including at the community level. In addition, UNICEF has been supporting district health teams to strengthen coordination, develop COVID-19 district response plans, and functionalize monitoring and reporting on the continuity of essential health services. As result of these efforts, all 32 UNICEF-supported districts have functional district task forces for COVID-19 with response plans and are actively implementing mitigation measure to ensure service continuity. Cumulatively, 1,393,799 children and women have accessed essential health care services, including immunization, prenatal, and postnatal care in UNICEF-supported districts.

During this reporting period, UNICEF and its implementing partner JHPIEGO supported COVID-19 trainings in case management, infection prevention and control (IPC), and psychosocial support for 163 health workers in Moyo Hospital (36), Kaabong (42), Nyapea (15), Fort Portal RRH (30), and Hoima Regional Referral Hospital (40).

UNICEF supported the printing of 517 copies of the MoH Guidance on Continuity of Essential Health Services (CEHS), the distribution of which is underway through AVSI in the West Nile sub-region.

Through Malaria Consortium and IntraHealth, UNICEF continued supporting coordination, monitoring and service delivery activities for malaria in 27 most-affected districts in the Karamoja, Lango, Acholi, and Teso sub-regions. Out of the 22,815 village health teams (VHTs) in 27 SURMA programme-supported districts, 5,066 VHTs in Karamoja were oriented on IPC to ensure a safe continuation of integrated management of malaria, pneumonia and diarrhoea at the community level with technical support from UNICEF partners.

In ensuring continuity of home-based UNICEF services during the COVID-19 pandemic, a team of three consultants provided technical support supervision and mentorship to 18 districts. Key in the technical support are coordination meetings of district teams, ensuring functional and safe static and outreach sessions, and the availability of vaccines and logistics. During the reporting period, UNICEF supported seven districts with sub-optimal immunization coverage in the Busoga sub-region to register children and organize community mobilization by trained and registered VHTs. UNICEF will support an additional four districts with VHT training, child registration, and community mobilization to improve immunization coverage. UNICEF has activated its partnership with World Vision International to support the continuation of immunization services in urban settings such as Wakiso and Kampala, which have experienced the largest declines in immunization coverage since the introduction of COVID-19 containment measures. Catch-up immunization activities are expected to begin in June.

HIV/AIDS

Cumulatively, 3,649 pregnant women living with HIV continued to receive ARVs for prevention of mother-to-child transmission (PMTCT) and for their own health in UNICEF focus districts. The countrywide lockdown and the movement restrictions enforced by the government led to declines in HIV service provision and utilization. UNICEF-supported government health facilities will implement the guidance on HIV/TB service delivery to mitigate interruptions in service delivery and utilization. Furthermore, district local governments and partners have been supported to re-programme activities to adapt service delivery modalities and ensure sustained delivery of essential HIV services, with a focus on PMTCT and paediatric and adolescent HIV care and treatment.

Nutrition

During this reporting period, the percentage of infants initiated to breastfeeding within one hour stood at 80.8 per cent, 100 per cent, and 99.8 per cent in West Nile, Karamoja, and western refugee-hosting districts, respectively (DHIS2). Cumulatively, 499,929 (248,965 male, 250,964 female) primary caregivers of children aged 0 to 23 months received IYCF counselling through facilities and community platforms.

UNICEF continued to provide technical support to MoH and district local governments to monitor and ensure the continuity of essential nutrition services in the context of COVID-19. Nutrition was integrated within the COVID-19 case management and continuity of services guidelines. Training of trainers for health workers in COVID-19 has included IYCF recommendations and guidance related to management of integrated management of acute malnutrition (IMAM). Communication materials on IYCF for health workers were developed, printed, and are being distributed in West Nile. The printing of posters for the Karamoja sub-region and other refugee-hosting districts is in progress.

Water, Sanitation and Hygiene

As of 8 June, 100 health facilities, including 17 regional referral hospitals, and high-volume health centres in the high-risk districts of Adjumani (10), Iganga (13), Kampala (24), and Wakiso (36) were supported with essential WASH supplies. Last mile distribution of additional WASH supplies is ongoing in five additional districts (Kotido - 9 health facilities; Moroto - 8 health facilities; Hoima - 21 health facilities; Masaka - 16 health facilities; and Mukono - 22 health facilities). A total of 100 boreholes benefiting 30,000 people living in high-risk districts (Adjumani - 40, Yumbe - 40, and Isingiro - 20) have been rehabilitated to provide safe and clean water for refugees and host communities, and to ensure the availability of water for handwashing. Overall, from April to June 2020, critical WASH supplies and services reached 159,671 people (78,239 male, 81,432 female). During the reporting period, UNICEF has been supporting MoH and the Ministry of Education and Sports (MoES) to develop WASH guidelines to prepare for the safe re-opening of schools. Based on the field-testing of several versions of hands-free handwashing facilities to further reduce the risk of COVID-19 transmission, UNICEF initiated large-scale procurement of successful models.

Child Protection

UNICEF continues to respond to the COVID-19 emergency and offer technical support to districts and refugee settlements to develop child protection COVID-19 response plans and support sector coordination. UNICEF and the Ministry of Gender, Labour and Social Development (MoGLSD) developed key guidance documents including guidelines for virtual case management, minimum standards for children in detention, and concept notes on key topics (including alternative care). Butabika Hospital staff (psychologists, psychiatrists, psychiatric clinical officers, and mental health nurses) were orientated on their role in providing mental health and psychosocial support (MHPSS) services in treatment and quarantine facilities and on protection concerns for children in COVID-19 contexts. MHPSS teams were deployed across the country in the last week of May to support the provision of MHPSS services in quarantine and treatment centres. A total of 212 children, parents, and primary caregivers were provided with community-based MHPSS in UNICEF-supported districts as of May 2020.

UNICEF is providing technical support to probation and social welfare, sub-county, and district community development officers for continuous provision of remote case management and psychosocial support, including through community structures. In targeted refugee settlements, partners provided community structures with hand sanitizers, temperature guns, gumboots, hand gloves, PPE, chlorines, and face masks as a means to stop and prevent the spread of COVID-19 while ensuring that critical service delivery continues. Social mobilization also continued in May through radio talk shows, DJ mentions, and radio spot messages to raise awareness on violence against children and harmful practices, and to increase demand for and use of psychosocial case management and care services within the COVID-19 situation.

Education

In response to the COVID-19 emergency, UNICEF continues to work closely with MoES, supporting the preparation and implementation of the Education Sector Preparedness and Response Plan. The closure of schools has been extended indefinitely and MoES is now prioritizing continuity of learning. UNICEF is engaging in close collaboration with the United Nations High Commissioner for Refugees (UNHCR), the Education in Emergencies Working Group, and education development partners to support MoES to ensure that all children are supported to continue their education through self-learning materials, radio, and TV lessons, and/or digital learning. UNICEF is chairing the Digital Learning Task Force and is supporting MoES to print and distribute self-learning materials.

UNICEF is collaborating with the National Curriculum Development Centre to print home learning packs for approximately 2,475,000 learners in primary and secondary school across 48 districts. Distribution will take place in early June. UNICEF and partners are rolling out radio programming to disseminate Key Family Care Practices to parents of children in early childhood development (ECD). Additionally, implementing partners are rolling out radio programming, which targets adolescents and engages them through discussions on violence against children, child rights, gender, and life skills. Together with the MoES and other partners, UNICEF continues to explore how to prepare schools, teachers, and students to return to school. Cumulatively, 61,625 children (30,689 boys, 30,936 girls) were reached with home-based/distance learning.

Communication for Development, Community Engagement and Accountability

The UNICEF Communication for Development (C4D) team is providing technical support on COVID-19 and co-chairing the MoH Risk Communication Social Mobilization and Community Engagement (RCSM-CE) sub-committee. The UNICEF C4D team has supported the MoH Health Promotion Education and Strategic Communication Department and members of the national RCSM-CE sub-committee to coordinate the ongoing extensive mass media coverage on COVID-19. A media campaign on face masks is ongoing on 203 radio stations and 20 TV stations nationwide. Messages on the use of face masks were developed in different formats such as posters, social media graphics, televised scripts and mentions, radio spots, and DJ mentions, and through government- and multiple donor-supported airtime, including from UNICEF.

More than 826,243 people have been reached through Facebook, 119,358 through Twitter, and 42,677 through U-report. The MoH call centre is active – weekly reports indicate an increase in the number of calls from districts other than Kampala and Wakiso, including Masaka, Arua, Mbarara, Mayuge, Jinja, and Isingiro. UNICEF continues to support radio talk shows and radio spots on COVID-19 in the most at-risk districts. Cumulatively, 2,258,496 information, education and communication (IEC) materials were printed and distributed to districts between April and May. The IEC materials are in English (including do's-and-don'ts posters and flyers) and 30 local languages, including refugee languages. UNICEF is supporting the dissemination of dramatized TV clips on COVID-19 on six television stations as part of the MoH *Tonsemerera* (Keep Your Distance) media campaign. U-report, social media, and website messaging and monitoring continue with weekly postings and comments/feedback, focusing on truck drivers and the socio-economic effects of the lockdown.

UNICEF is taking the lead in developing an inter-agency information-sharing protocol on sexual exploitation and abuse (SEA) data and the victim assistance protocol (VAP). During the reporting period, a U-report poll was sent to 63,011 women between the ages of 18 and 35 to gather information on their understanding of what SEA is, and where and how to report cases.

Supply and Logistics

UNICEF continues to support MoH to procure diagnostic tests, PPE items, WASH supplies for IPC, and tents for National Medical Stores, national and regional referral hospitals, districts, and quarantine sites, along with information and communications technology (ICT) equipment to enhance the capacity of the Emergency Operation Centre and points of entry. The value of the UNICEF supply and logistics support to date is estimated at over US\$1.6 million.

Humanitarian Leadership, Coordination and Strategy

The Government of Uganda's response to the COVID-19 epidemic is coordinated through a multi-sectoral coordination mechanism, or National Task Force, led by the Prime Minister and overseen by the President of Uganda. National Task Force members include MoH, MoES, MoGLSD, the Ministry of Transport, the Ministry of Information and Communication Technologies, the Ministry of Finance, Planning and Economic Development, the Ministry of Local Government, and others.

MoH, which plays a key strategic and technical advisory role to national and local governments, has activated the COVID-19 Incident Management Team. The team is chaired by the Minister of Health at the strategic level and by the Health Director General at the operational level. A dedicated Scientific Advisory Committee consisting of eminent researchers and experts was set up to synthesize the latest evidence, to guide Uganda-specific research activities, and to provide scientific and technical advice to the Minister of Health and support government decision-makers during the evolution of the epidemic and the adaptation of the response. The World Health Organization (WHO) provides technical leadership to MoH on behalf of United Nations organizations and co-chairs strategic and operational structures in the health sector. UNICEF is represented at both the strategic and operational levels of coordination with the government and the United Nations. It is also an observer on the Scientific Advisory Committee.

The COVID-19 response in the health sector is built around the following pillars: (i) coordination and leadership; (ii) surveillance and laboratory; (iii) case management, including WASH/IPC and MHPSS; (iv) RCSM-CE; (v) logistics and supplies; (vi) ICT and innovations; and (vii) essential services continuity. UNICEF co-leads the RCSM-CE and service continuity pillars, and actively contributes to coordination and leadership, logistics and supplies, ICT and innovations, and case management pillars. In the latter, UNICEF focuses on WASH and MHPSS, including the newly established sub-committee on prevention and response to gender-based violence and violence against children. In addition, UNICEF field office staff provides technical and operational support to the COVID-19 district task forces in UNICEF focus areas.

UNICEF is applying and scaling up existing civic engagement platforms such as U-Report to support community engagement and feedback. Gender, PSEA, HIV/AIDS, conflict sensitivity, and C4D programming are mainstreamed into all interventions.



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

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Annex A

Summary of Programme Results

UNICEF Uganda COVID-19 Indicators	2020 Targets	2020 Results	Change since last report ▼▲
NUTRITION			
Number of primary caregivers of children aged 0–23 months who received IYCF counselling through facilities and community platforms	1,860,091	499,929	▲ 75,661
Presence of IYCF promotion and treatment of wasting within the national health plan on continuation of essential health services	Yes/No	Yes	No change
EDUCATION			
Number of children reached with home-based/distance learning	1,970,000	61,625	▲ 12,865
HEALTH			
Number of children and women receiving essential health care services, including immunization and prenatal, postnatal, HIV and gender-based violence care in UNICEF-supported facilities	5,663,331	1,393,799	▲ 353,833
Number of districts with functional COVID-19 coordination committees	32	32	No change
WASH			
Number of people reached with critical WASH supplies (including hygiene items) and services	315,000	121,715	▲ 66,558
Number of institutions (health centres, maternities, schools) supported with a minimum WASH and IPC package	250	62 ¹	▲ 34
CHILD PROTECTION			
Number of children without parental or family care provided with appropriate alternative care arrangements	100	0	No change
Number of children, parents and primary caregivers provided with community-based MHPSS	2,600	212	No change
Number of UNICEF personnel and partners that have completed training on gender-based violence risk mitigation and referrals for survivors, including for SEA	Staff - 50 Partners - 30	Staff- 21 Partners- 17	▲ Staff-6 No change
Number of children and adults that have access to a safe and accessible channel to report SEA.	428,294	428,294	No change
HIV/AIDS			
Number of pregnant women living with HIV who continue to receive ARVs for PMTCT and for their own health	27,218	3,649	▲ 1,467
C4D			
Number of people reached on COVID-19 through messaging on prevention and access to services	14,260,834	4,659,733	▲ 1,130,811
Number of people engaged on COVID-19 through RCCE actions	67,500	9,812	3,420
Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established mechanisms	2,500,000	358,492	▲ 122,436

¹ Only health facilities and maternities have been reached. Schools are still closed as per the President's directive regarding the COVID-19 response measures.

Number of printed COVID-19 IEC materials distributed among partners	3,000,000	2,258,496	▲ 1,458,496
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Annex B

UNICEF Uganda COVID-19 Funding Status Against Appeal

Pillar	Programmable requirements	Support costs	Cost recovery	Total	Total funded	Gap (%)
Coordination and leadership	386,254	38,625	33,990	458,870	0	100%
Risk communication, social mobilization, community engagement and education	3,897,565	389,757	342,986	4,630,308	617,981	87%
Case management	473,100	47,310	41,633	562,042	37,334	93%
Case management - HR (support to surge capacity in health facilities)	144,995	14,499	12,760	172,254	0	100%
ICT and innovation	68,142	6,814	5,996	80,953	0	100%
Logistics and operations	5,998,776	599,878	527,892	7,126,546	459,785	93%
MHPSS support, including child protection	1,657,431	165,743	145,854	1,969,028	0	100%
TOTAL	12,626,263	1,262,626	1,111,111	15,000,000	1,115,100	93%