



Uganda Country Office

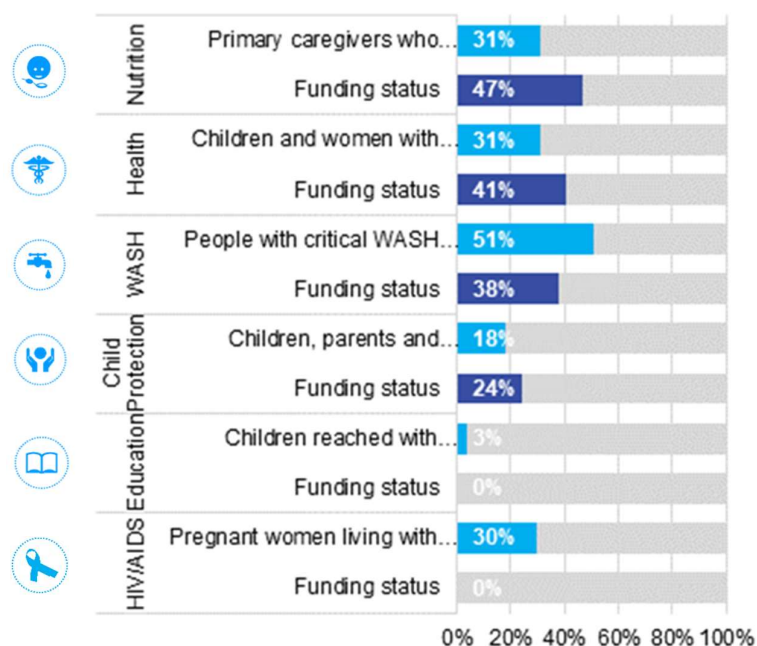
COVID-19 Situation Report No. 3

Reporting Period: 1 to 15 June 2020

Highlights

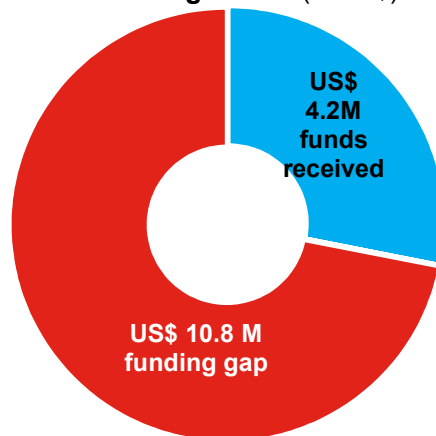
- As of 15 June, Uganda had confirmed a cumulative total of 724 COVID-19 cases, 351 recoveries, and zero deaths, with more than 150,000 tests conducted. Of confirmed cases, 27 were of frontline health workers and 27 were of children. During the reporting period, Uganda recorded an increase in local transmission and a shift from sporadic cases to clusters of community spread.
- Since the beginning of the response, 5,940,112 people (2,958,176 male, 2,981,936 female) were reached with COVID-19 prevention messages, and 471 children, parents and primary caregivers were supported with community-based mental health psychosocial support (MHPSS) services.
- As of June 15, a total of 68,397 children (34,062 boys, 34,335 girls) had been reached with home-based / distance learning support.
- Since the last reporting period, 353,833 women and children (176,209 male, 177,624 female) were reached with essential health services; 75,661 primary caregivers of children (mothers) received infant and young child feeding (IYCF) counselling; and 4,441 pregnant women living with HIV continued to receive antiretrovirals (ARVs) to prevent mother-to-child transmission of HIV and for their own health.

UNICEF RESPONSE and Funding Status



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

Funding Status (in US\$)



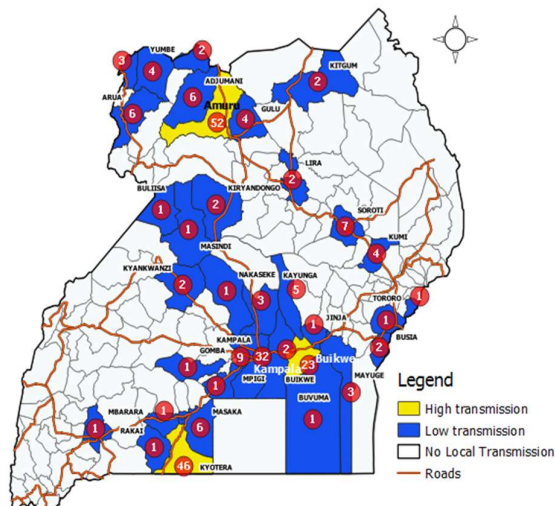
*UNICEF results are attributed to both other resources (emergency funding) received as well as other resources, reprogrammed funds and regular resources.

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\$4.2 million through generous contributions, leaving a funding gap of US\$10.8 million or 72 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\$2.7 million, to procure urgent emergency supplies and support national and district coordination and programming.

Situation Overview and Humanitarian Needs

As of 15 June, the Government of Uganda reported a cumulative total of 724 COVID-19 cases among nationals and 924 cases among foreigners. Among Ugandans, there have been 27 confirmed cases in children and 27 cases in health care workers. Since the start of the epidemic, Uganda has reported zero COVID-19 deaths and 351 recoveries. The majority of the confirmed COVID-19 cases in Uganda continue to be male (87 per cent) and 66 per cent (476) of the cases are imported by travelers and cross-border truck drivers from neighbouring Kenya, Tanzania, Rwanda, Burundi, and South Sudan. During the reporting period, Uganda recorded a rise in local transmissions accounting for 34 per cent (248) of cases, and a shift from sporadic cases to clusters of community spread. 'Hot-spot' areas include the border districts with high-volume points of entry from South Sudan, Tanzania, and Kenya, as well as Kampala (see the map).



Uganda map with district local transmission as of June 14

As of 15 June 2020, Uganda reported having conducted more than 150,000 tests. More than 1,700 people, including 62 children, were under institutional quarantine in 68 facilities across 52 districts. The Ministry of Health (MoH) reported 494 confirmed cases of COVID-19 including 17 children admitted to 15 designated isolation and treatment facilities. The majority of admitted cases continued to be asymptomatic, mild or moderate. During the reporting period, due to an increasing number of confirmed cases, the bed occupancy rate reached 80 per cent. This prompted MoH to expand its isolation and treatment capacity, and to review its current hospitalization strategy. As part of this strategy, the government adapted the National Namboole Stadium to accommodate over 1,500 isolation beds and proceeded to set up isolation tents for an additional 440 beds in proximity to national and regional referral hospitals that had already been designated as COVID-19 case management facilities.

The gradual lifting of the national lockdown measures has been accompanied by intensified communication of the Presidential directives on the mandatory use of masks in public places and the observance of physical distancing measures. The Government of Uganda launched mass mask distribution across the country, targeting the entire population from 6 years old and above.

While expecting an increase in the number of COVID-19 cases following the relaxation of some containment measures, MoH is working to decentralize all aspects of the response and continues to expand its testing, quarantine, isolation, and case management capacity. Hot-spot districts are targeted and supported on a priority basis with intensified surveillance, contact-tracing, and testing alongside enhanced community engagement. Uganda's COVID-19 response capacity is being challenged by limited availability of testing supplies due to global disruptions in supply chains and shortages of personal protective equipment (PPE) for health and other frontline workers. There is also a continued need to expand case management and MHPSS capacity.

Summary Analysis of Programme Response

UNICEF Uganda's COVID-19 support is aligned with the Uganda National Preparedness and Response Plan. The main objective of the UNICEF Response Plan is to strengthen Uganda's national capacity to prevent and reduce morbidity and mortality associated with COVID-19, including among the displaced population in refugee-hosting districts in Uganda.

UNICEF's work is focused on two main areas:

- Support COVID-19 emergency response with focus on enhancing district planning and coordination; risk communication and community engagement (RCCE); procurement of PPE and water, sanitation and hygiene (WASH) supplies; and MHPSS, child protection and prevention of sexual abuse and exploitation (SEA) and gender-based violence.
- Prevent and address the secondary impact of the outbreak on children, women and their facilities from the most vulnerable communities, which includes monitoring the impact of containment measures and supporting access to essential services such as health, nutrition, HIV, WASH, education and child protection.

Health

As part of the COVID-19 emergency response, UNICEF continued to be an active member of the COVID-19 Incident Management Team, National Task Force, and the surveillance and case management pillars. During the reporting period, UNICEF technical support to the surveillance pillar contributed to the finalization of national guidelines and the orientation of 16 surveillance focal persons in the Mbarara Regional Referral Hospital catchment area on detection, investigation, contact-tracing for COVID-19, and other public health events in Uganda. In addition, UNICEF in collaboration with the World Health Organization (WHO), supported MoH to adopt the Go.Data software to facilitate COVID-19 case investigation and contact-tracing, and to develop a specific module in mTrac to support timely sharing of test results. In the context of increasing numbers of positive COVID-19 cases, UNICEF supported the Gulu Regional Referral Hospital and 20 priority districts to assess the COVID-19 isolation, quarantine and case management capacities and to develop recommendations on expanding these facilities. In the Karamoja sub-region, UNICEF, through IntraHealth and Malaria Consortium, conducted an initial orientation of 909 health workers and 2,797 village health teams (VHTs) on COVID-19 management.

In its role of 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 essential health services continuity including at community level. During the reporting period, UNICEF in collaboration with United States Agency for International Development (USAID), the US Centers for Disease Control and Prevention and their implementing partners supported the integration and dissemination of guidelines on COVID-19 case management and the continuity of essential health services across several sub-regions including West Nile, Rwenzori, Acholi, Lango, Karamoja, east-central, and mid-western.

In addition, UNICEF has been supporting district health teams to strengthen coordination, develop COVID-19 district response plans, and functionalize monitoring and reporting on essential health services continuity. With UNICEF technical and financial support, 32 focus districts have functionalized district task forces for COVID-19 with response plans and have taken measures to ensure the continuity of essential health services. Cumulatively, 1,747,637 children and women have accessed services, including immunization and prenatal, and postnatal care in UNICEF-supported districts.

To strengthen quality and utilization of essential maternal and newborn health services, UNICEF, through Jhpiego, facilitated quarterly review meetings with midwives in Lamwo and Maracha districts and provided mentorship support on maternal and perinatal death surveillance and reporting to 44 health workers from Koboko, Maracha, and Yumbe districts. Twenty-nine midwives in Maracha benefitted from UNICEF-supported learning meetings focused on infection prevention and control (IPC) in the context of COVID-19. Eight health facilities in Adjumani, Nebbi, Yumbe, and Zombo districts were supported to initiate rehabilitation works in maternity units.

To strengthen data capture and reporting on routine health services, UNICEF supported mentorship on the Health Management Information System revised tools for 118 health workers from Arua (63), Koboko (19), and Madi-Okollo (36) districts. As part of strengthening community health programming, UNICEF and partners held review meetings with 1,794 VHT members from the three districts of Adjumani (56), Maracha (290), Nebbi (850), and Pakwach (556), and with VHT supervisors (42) to discuss their performance, the challenges they face, and to provide technical guidance.

UNICEF technical support enabled 22 districts with the lowest immunization coverage and highest inequities to update their immunization micro-plans. With UNICEF technical and financial support, 14 districts have continued child registration and community mobilization activities to increase demand for immunization and improve coverage. In addition, UNICEF supports MoH with nationwide airing of radio messages on the continuity of immunization services in the context of COVID-19. Key challenges and potential solutions to immunization services continuity were discussed during a joint teleconference with MoH, UNICEF, WHO, PATH, CHAI and AFENET in the framework of the Eastern and Southern Africa Regional Working Group.

HIV/AIDS

At the national level, UNICEF continues to provide technical support through the essential health services continuity pillar, and the weekly MoH HIV and tuberculosis (TB) Incident Management Team platforms. These monitor the trends in HIV and TB services utilization using predefined indicators and existing routine data systems (DHIS2 and mTrac). By the end of May 2020, MoH data showed a 50 per cent decline in testing for HIV-exposed infants. Weekly discussions involving MoH, AIDS development partners, and regional implementing partners were conducted to identify the causes of the decline and the solutions for maintaining access to, and utilization of, essential HIV services. Restricted transportation and a reduced workforce for routine service delivery were identified as key bottlenecks for access to services. In response, MoH, UNICEF, CDC and USAID have developed and disseminated the early infant diagnosis (EID) surge strategy, which uses health facility prevention of mother-to-child transmission (PMTCT) data to identify all HIV-exposed infants who missed their first and second HIV polymerase chain reaction (PCR) tests. UNICEF supported frontline health workers to actively track missed appointments, and develop weekly line lists for PMTCT mothers and/or mother-baby pairs, and children and adolescents living with HIV who missed their ART/TB medicines pick-up and could not be reached by telephone. Using locator information, health workers and peers (mentor mothers, expert clients and adolescent peers) were engaged to deliver drugs to clients, and to update the facility records with refill information. ARV delivery has been integrated with sample collection for viral-load monitoring and adherence support. Data from three districts that benefited from early UNICEF reprogramming of funds indicated that a total of 740 children living with HIV, adolescents living with HIV, and PMTCT mothers who were identified as having missed appointments from facility records were successfully tracked for ARV refills and/or EID, and viral-load testing.

At the sub-national level (district, health facility, and community level), UNICEF has supported 27 focus districts, including five refugee-hosting districts with activities aimed at continuity of HIV services, with a focus on access to medicines (ART, TB), adherence support, EID, and viral-load monitoring. In collaboration with four border district health teams, UNICEF supported radio talk shows, jingles, and DJ mentions using local community radio stations. Messages were broadcast emphasizing the availability and continuity of ART/TB service delivery during the lockdown and encouraging uninterrupted treatment.

Cumulatively, from the start of the response, 8,090 pregnant women living with HIV received ARVs to prevent mother-to-child transmission of HIV and for their own health between March and June 2020 in the 27 UNICEF focus districts.

Nutrition

Since the last reporting period, the Government of Uganda, with support from UNICEF, reached 75,661 primary caregivers of children with IYCF counselling through facilities and community platforms.

UNICEF supported the printing of posters with IYCF recommendations in the context of COVID-19 for all districts hosting refugees and for districts in Karamoja. 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 and reduce community outreach, including the treatment of severe acute malnutrition (SAM), vitamin A supplementation, deworming and other essential nutrition services.

Water, Sanitation and Hygiene

Overall, from April to June 2020, critical WASH supplies and services reached 159,671 people (79,516 male, 80,155 female). During the reporting period, UNICEF supported 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.

As of 15 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 140 boreholes benefiting 30,000 people living in high-risk districts (Adjumani – 40, Yumbe – 40, Kiryandongo – 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.

Child Protection

UNICEF continues to provide critical child protection services to prevent and respond to protection risks faced by children during the COVID-19 pandemic. Key areas of intervention by UNICEF Uganda in targeted districts include the provision of case management and care services, mental health and psychosocial support (MHPSS), and interventions to prevent separation, distress and other forms of violence against children. During the reporting period, UNICEF has continued to provide technical support to districts and partners operating in refugee settlements to strengthen the COVID-19 child protection response and support sector coordination. UNICEF is supporting MGLSD to adapt the global child protection guidance on children, isolation and quarantine to the Uganda context for use in districts.

UNICEF is providing technical support to probation and social welfare, sub-county and district community development officers for the continuous provision of remote case management and psychosocial support, including through community structures. A total of 471 children, parents, and primary caregivers in quarantine centres and communities were provided with community-based MHPSS in UNICEF-supported districts as of 15 June 2020. In Kitgum, Arua, Adjumani, Kasese and Kamwenge, 215 child protection cases benefitted from assistance and five benefitted from alternative/interim care. In Arua and Adjumani, messaging via door-to-door sensitisation with a focus on protection concerns in COVID was conducted. 97 staff (psychiatric nurses, health social workers, counsellors, clinicians, etc.) were trained by Butabika Hospital in the second week of June in western, eastern and central regions with UNICEF support. In targeted refugee settlements, partners provided community structures with protective equipment while ensuring that critical service delivery continues. Social mobilization also continued in the first half of June 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 works with MoES to support the preparation and implementation of the Education Sector Preparedness and Response Plan. MoES is 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 and MoES, in partnership with National Curriculum Development Centre, New Vision, Irish Aid, Danish Embassy, Norwegian Embassy and Global Partnership for Education, handed over home learning materials during this reporting period. These materials include support to 13 refugee-hosting districts from the United Nations High Commissioner for Refugees (UNHCR). During the reporting period, New Vision has initiated the distribution of approximately 2,473,500 learning packs across 48 districts, which are expected to support all primary and secondary school learners in these districts. UNHCR is distributing 338,125 learning packs in refugee settlements. Distribution of these learning materials started, and UNICEF zonal office staff continue to follow up and track the distribution at sub-county and village levels.

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 for adolescents where violence against children, child rights, gender and life skills are discussed. Together with MoES and other partners, UNICEF continues to explore how to prepare schools, teachers, and students to return to school. MoES shared reopening guidelines with MoH and will share a final draft with the Cabinet for approval. MoH continues to engage with MoES and other stakeholders including the National Teachers Union and private school proprietors on the re-opening of schools.

Radio lessons through commercial and community radio are being conducted in Rwamwanja, Kyaka II, Kyangwali, Palabek, Rhino Camp, Bidibidi, Pagirinya I & II, Boroli I & II, Nyumanzi, Ayilo I & II, Maji I, II & III, Mungula I & II, Mirieyi, Alere and Karamoja districts for continuity of learning. Talk shows to increase awareness of alternative learning platforms are being conducted by district education departments. Key Family Care Practices booklets are being delivered to the districts of Isingiro, Kasese, Kamwenge, Ibanda, Kyegegwa, Mubede, Kassanda, Kabulasoke, Busubuzi, Lamwo, Adjumani, Moyo, Yumbe, Koboko, Arua, Kiryandongo, Abim, Karenga, Kaabong, Kotido, Moroto, Napak, Nabilatuk, Nakapiripirit and Amudat. Cumulatively, 68,397 children (33,515 boys, 34,882 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. Pictorial messages to address the do's and don'ts of wearing masks were developed and shared on social media.

A total of 5,940,112 people were reached through Facebook, Twitter, and U-Report since the beginning of this response. The MoH call centre is active; overall, 3,988 calls were received during this reporting period, but with a sudden decline during the second week of 1,378 compared to 2,610 in the first week. This is likely due to the exit of partner MTN.

UNICEF continues to support radio talk shows and radio spots on COVID-19 in the most at-risk districts. Cumulatively, 2,336,996 information, education and communication (IEC) materials were printed and distributed to districts between April and mid-June. The IEC materials are in English (including do's-and-don'ts posters and flyers) and in 30 local languages, including refugee languages. UNICEF continues to support the dissemination of dramatized TV clips on COVID-19 on six television stations as part of the MoH *Tonsemerera* (Keep Your Distance) media campaign.

A U-Report poll was sent to 63,011 women between the ages of 12 and 35 to gather information on their understanding of what sexual exploitation and abuse (SEA) is, and where and how to report cases. A total of 8,597 responses were received. Analysis of feedback shows that 26 per cent of the respondents answered "yes" to whether they have ever experienced a situation where an NGO or United Nations worker has asked for sex in order to give assistance and 19 per cent of the respondents replied that they did not know that it is wrong for anyone from an NGO or the United Nations to ask for sex in order to give assistance or help.

Supply and Logistics

UNICEF placed additional orders for PPE kits (22,815 one-litre bottles of hand sanitizers, 27,375 boxes of 50 pack surgical face masks, 9,125 boxes of 50 pair disposable examination gloves, and 22,815 eye goggles/safety glasses) for the 22,815 VHTs in the 27 SURMA districts. UNICEF collaborated with Malaria Consortium to support the delivery of PPEs to mid-northern, western and mid-western parts of Uganda and the Karamoja sub-region, reaching 27 UNICEF-DFID target districts and 13 Malaria Action Program for Districts (MAPD) districts.

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\$1.8 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. 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) RCSSM-CE; (v) logistics and supplies; (vi) ICT and innovations; and (vii) essential services continuity. UNICEF co-leads the RCSSM-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, prevention of sexual exploitation and abuse (PSEA), HIV/AIDS, conflict sensitivity, and C4D programming are mainstreamed into all interventions.



Find us online at <https://www.unicef.org/uganda/>.

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	575,590	▲ 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	68,397	▲ 6,772
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	1,747,632	▲ 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	159,671	▲ 37,956
Number of institutions (health centres, maternities, schools) supported with a minimum WASH and IPC package	250	100 ¹	▲ 38
CHILD PROTECTION			
Number of children without parental or family care provided with appropriate alternative care arrangements	100	26	
Number of children, parents and primary caregivers provided with community-based MHPSS	2,600	471	▲ 259
Number of UNICEF personnel and partners who have completed training on gender-based violence risk mitigation and referrals for survivors, including for SEA	Staff - 50 Partners - 30	Staff- 25 Partners- 20	▲ Staff-4 ▲ Partners-3
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	8,090	▲ 4,441
C4D			
Number of people reached on COVID-19 through messaging on prevention and access to services	14,260,834	5,940,112	▲ 1,280,379
Number of people engaged on COVID-19 through RCCE actions	67,500	23,633	▲ 20,213
Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established mechanisms	2,500,000	360,226	▲ 64,524
Number of printed COVID-19 IEC materials distributed among partners	3,000,000	2,336,996	▲ 78,500

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

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	1,444,294	69%
Case management	473,100	47,310	41,633	562,042	537,826	96%
Case management - HR (support to surge capacity in health facilities)	144,995	14,499	12,760	172,254	223,423	-30%
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	1,537,791	78%
MHPSS support, including child protection	1,657,431	165,743	145,854	1,969,028	470,066	76%
TOTAL	12,626,263	1,262,626	1,111,111	15,000,000	4,213,400	72%

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