Based on Map No. 3862 Rev. 4.1, United Nations Office of Information and Communications Technology, Geospatial Information Section, September 2020

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
The year 2020 was a very difficult one for Uganda’s 27.5 million children, youths and their families. Like most of the world, Uganda was hard hit by the devastating COVID-19 pandemic in March.

To contain the spread of this highly infectious and life-threatening disease, the Government of Uganda responded early and decisively by closing borders, imposing a national lockdown curfew and closing schools. The government also rolled out critical public health measures and campaigns to encourage physical distancing, masking and handwashing with soap. These prompt containment measures made a significant difference in slowing the spread of the epidemic throughout the country.

However, the situation of children worsened as the socioeconomic impacts of the crisis took root, with the potential for longer-term effects from the delayed implementation of the Sustainable Development Goals. The pandemic exposed deep inequalities and injustices, affecting disadvantaged children and women the most.

By 31 December 2020, Uganda recorded a total of 35,511 confirmed COVID-19 cases, including 2,280 children, which is 6.4 per cent of the total case load. While no children died, COVID-19 is without doubt a child rights crisis. The most vulnerable children – such as those affected by poverty, exclusion, displacement or family violence – faced even greater risks, cut off from existing support.

In March, schools across the country closed their doors, with approximately 15 million children affected; we observed a 6 to 9 percentage point drop in immunization coverage and 3 percentage points fewer institutional deliveries this year compared to last.

A total of 819 juveniles (750 boys, 69 girls) remained in detention without access to justice due to the closure of courts. Regular direct support and follow-up from cases workers for approximately 41,000 unaccompanied and separated refugee children, who either live with extended family or in foster care in refugee settlements, was affected by the lockdown.

Therefore, it was critical that we continued supporting the delivery of critical services throughout the country, including in refugee settings. With support from the United Nations Children’s Fund (UNICEF), other United Nations agencies, development partners and other stakeholders, the government made massive efforts in a short time to respond to the shocks to Uganda’s education, health, water and sanitation, child protection and social protection systems.

UNICEF took a multipronged approach to fight the spread of COVID-19 and protect the rights of children and women in Uganda. We conducted risk communication campaigns to help children, families and communities adopt protective behaviours. We supported the maintenance of routine health services, including immunizations, for all children and mothers, and provided personal protective equipment to frontline service providers.

We also helped ensure continuity of learning through online and offline strategies, while providing positive parenting guidance to families with young children. We worked with the government and other partners to keep mothers and children safe and protected from violence, including violence at home, and supported the provision of mental health and psychosocial support.

This annual report showcases the results we were able to achieve for children during this challenging year, and the many ways in which we supported the national COVID-19 response while safeguarding the continuity of key social services in Uganda.

As we move forward, we are refocusing our efforts on a number of issues that have emerged with heightened relevance. Among these are equitable access to vaccines, tackling the learning crisis with greater investment, and bringing an end to the neglect, abuse and childhood traumas that drive poor life outcomes. We also want to work with government, businesses and local communities to increase access to clean water, sanitation and hygiene, while addressing environmental degradation and climate change. As we reimagine a safer, fairer and better world for every child, we invite you to seize the moment and work with us to rapidly accelerate action for children where it matters most.

M. MUNIR A. SAFIELDIN, PhD
UNICEF Representative to Uganda
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OUR REACH IN 2020

4.8 MILLION CHILDREN & WOMEN ABLE TO CONTINUE BENEFITING FROM IMMUNIZATION, PRENATAL, POSTNATAL, HIV AND OTHER HEALTH SERVICES THROUGH UNICEF SUPPORT

MORE THAN 19.9 MILLION PEOPLE REACHED WITH COVID-19 PREVENTION MESSAGES THROUGH TRADITIONAL AND SOCIAL MEDIA, AND INTERPERSONAL COMMUNICATION

OF THE TARGETED 1.34 MILLION INFANTS PROVIDED WITH CATCH-UP PENTAVALENT AND MEASLES-RUBELLA VACCINATIONS, RESPECTIVELY

MORE THAN 13,600 VILLAGE HEALTH TEAM MEMBERS TRAINED IN INTEGRATED COMMUNITY CASE MANAGEMENT IN 27 HIGH-BURDEN MALARIA DISTRICTS, AND OVER 95% OF MALARIA CASES AMONG CHILDREN UNDER 5 TREATED WITHIN 24 HOURS

MORE THAN 2.65 MILLION CHILDREN AGED 6–59 MONTHS REACHED WITH VITAMIN A NATIONWIDE IN THE FIRST SEMESTER OF 2020

CLOSE TO 30,800 GIRLS & BOYS TREATED FOR SEVERE ACUTE MALNUTRITION NATIONWIDE, INCLUDING MORE THAN 25,300 FROM REFUGEE-HOSTING DISTRICTS

704 VILLAGES WITH AN ESTIMATED 211,200 PEOPLE TRIGGERED TO ABANDON OPEN DEFECATION (AGAINST THE ANNUAL TARGET OF 233,000 PEOPLE)
MORE THAN 2.6 MILLION PRIMARY AND SECONDARY SCHOOL CHILDREN IN 48 DISTRICTS, INCLUDING THOSE WITH DISABILITIES, ENSURED CONTINUITY OF LEARNING THROUGH THE PROVISION OF SELF-STUDY MATERIALS, RADIO EDUCATION PROGRAMMES AND DISTRIBUTION OF BRAILLE AND AUDIO MATERIALS

MORE THAN 43,800 PARENT LISTENERS BENEFITED FROM RADIO TALK SHOWS ON POSITIVE PARENTING TO PROMOTE EARLY CHILDHOOD DEVELOPMENT OF YOUNG CHILDREN

MORE THAN 25,300 OUT-OF-SCHOOL ADOLESCENT GIRLS AND BOYS IMPROVED THEIR LIFE SKILLS THROUGH PARTICIPATION IN FORMAL AND NON-FORMAL LEARNING SPACES

CLOSE TO 66,500 CHILDREN, PARENTS AND CAREGIVERS, INCLUDING THOSE LIVING IN REFUGEE SETTLEMENTS, REACHED WITH SCALED-UP PROVISION OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

MORE THAN 2,100 UNACCOMPANIED CHILDREN IN THE REFUGEE AND FLOOD CONTEXT BENEFITED FROM ALTERNATIVE CARE, AND MORE THAN 2,000 COVID-19-AFFECTED CHILDREN BENEFITED FROM SUPPORT AND CARE SERVICES

NEARLY 27,700 ADOLESCENTS IN REFUGEE-HOSTING AREAS BENEFITED FROM THE ACCELERATED EDUCATION PROGRAMME, LIFE SKILLS, VOCATIONAL TRAINING AND NON-FORMAL LEARNING

MORE THAN 30 MILLION PEOPLE REACHED THROUGH UNICEF-SUPPORTED MULTIMEDIA BEHAVIOUR-CHANGE CAMPAIGNS

VIOLENCE AGAINST WOMEN AND CHILDREN, IMMUNIZATION, VIOLENCE IN SCHOOLS AND EARLY CHILDHOOD DEVELOPMENT

CLOSE TO 232,000 CHILDREN UNDER THE AGE OF 17 HAD THEIR BIRTHS REGISTERED, UP FROM JUST OVER 100,000 CHILDREN IN 2019
SURVIVE AND THRIVE
“DON’T USE COVID AS AN EXCUSE NOT TO VACCINATE YOUR CHILDREN. IMMUNIZATION IS GOOD FOR OUR CHILDREN’S HEALTH AND GUARANTEES THEM A HEALTHY FUTURE.”

JANET KASIBANTE, 30, A MOTHER OF SIX CHILDREN, KAMPALA DISTRICT
Immunization (third dose of the diphtheria, pertussis and tetanus vaccine) and vitamin A coverage fell by 9 percentage points, intermittent preventative treatment for malaria in pregnancy by 6 percentage points and deliveries in health facilities by 3 percentage points compared to the previous financial year, according to Uganda’s Annual Health Sector Performance Report 2019/2020.

Meanwhile, progress in prevention of mother-to-child-transmission and paediatric HIV stagnated. Additionally, births of infants with low birthweight increased by 10 per cent, and health facility-based maternal mortality and under-five mortality rose by 7.6 and 4 percentage points, respectively.

Access to safe and clean water – a key underlying factor for good health and nutrition – stagnated and even worsened in rural areas.

All these indicators missed the national development targets.

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UNICEF ACTION

In response to the crisis, UNICEF quickly reoriented its resources and capacities, partnering with the World Health Organization and others to support the Ministry of Health, focus districts and other key responders through the COVID-19 emergency response and by supporting the continuity of essential services in health, nutrition, HIV and water, hygiene and sanitation (WASH).

The participation of the United Nations Children’s Fund (UNICEF) in the government’s national COVID-19 strategic meetings, scientific committee and incident management team, as well as in key pillars of the COVID-19 task force – including risk communication and community engagement (co-chair), logistics, strategic information, research and innovation, continuity of essential health services (co-chair) and WASH – helped UNICEF stay informed of the latest developments, while informing planning and implementation strategies, and adapting its interventions when needed. UNICEF’s participation in these forums helped the government fill critical gaps in line with UNICEF’s comparative advantage in areas such as risk communication, community health programming, vaccine procurement and the supply of essential commodities for the treatment and prevention of common childhood illnesses, as well as ensuring the continuity of all essential health services at both facility and community levels.

In addition, earlier UNICEF investments in pandemic preparedness, including during the 2017 Marburg outbreak and the 2018–2020 Ebola outbreak, played a critical role in Uganda’s prompt response to COVID-19.
COVID-19 also highlighted the importance of a strong national enabling environment for child survival and development in Uganda. To that end, UNICEF continued to work with the Government of Uganda to develop and update policy and normative frameworks, as well as data management systems, in health, nutrition, HIV and WASH. Among these were the National Guidelines on Essential Health Services Continuity in the Context of COVID-19; the National Plan for Elimination of Mother-to-Child Transmission of HIV, Syphilis and Hepatitis B (2020/21–2023/24); the National Malaria Strategic Plan (2021–2025); and updated guidelines on integrated community case management; guidelines on HIV and COVID-19; the WASH Integrated Refugee Response Plan; and an upgraded management information system to strengthen monitoring of the WASH-related Sustainable Development Goal targets 6.1 and 6.2.

RISK COMMUNICATION AND HEALTH CARE CONTINUITY

Risk communication, one of UNICEF’s areas of expertise both globally and in Uganda, is a critical component of the response to COVID-19, helping people make the right decisions about how to protect themselves, when to seek care and how to avoid contributing to panic and fear about the disease.

In order to strengthen infection prevention and control in health facilities, while ensuring the continuity of essential health services for the most vulnerable children and women, UNICEF invested in personal protective equipment valued at US$650,000, while orientating 3,370 health workers in 32 districts and supporting 119 critical health providers, including medical doctors and midwives, in four refugee-hosting districts on service continuity amid the COVID-19 pandemic. Cumulatively, an estimated 4.8 million children and women were able to continue accessing immunization, prenatal, postnatal, HIV and other health services.
IMMUNIZATION

UNICEF’s partnership with GAVI, the Vaccine Alliance, led to stronger national capacities for the immunization cold chain in Uganda, while improving service delivery approaches to reach all children with vaccines.

GAVI-funded supply support, including fridges, vaccine carriers, motorcycles, motorboats and vehicles, as well as Reaching Every District/Community and demand stimulation approaches implemented with UNICEF support in 58 districts (including 22 poorly performing ones), helped deliver immunization services and improve coverage, which had suffered a setback in April and May during Uganda’s national lockdown. Catch-up vaccination during the October Integrated Child Health Days reached 90 and 86 per cent of the targeted 1.34 million infants with the pentavalent and measles-rubella vaccine, respectively.

The year 2020 saw groundbreaking global collaboration to accelerate the development and production of and equitable access to COVID-19 tests, treatments and vaccines. In the context of COVAX – the vaccines pillar of the Global Access to COVID-19 Tools Accelerator – UNICEF is leading the provision of COVID-19 vaccines to low- and lower-income countries, including through international freight, logistics and in-country delivery.

In Uganda, UNICEF, the World Health Organization and other immunization partners supported the government with a readiness assessment and preparedness planning for COVID-19 vaccine deployment. Alongside other partners, UNICEF provided technical assistance for the development and submission to COVAX of Uganda’s vaccine request and cold chain equipment support. In anticipation of the COVID-19 vaccine arrival, UNICEF’s work focuses on two areas: (1) procurement planning, in-country logistics and cold chain preparedness and (2) demand stimulation for vaccine uptake.
CHILD AND MATERNAL HEALTH

Through UNICEF’s steadfast support, child and maternal health services saw continued improvement in 2020. Quality of care standards for maternal, neonatal and child health care are now available in 144 health facilities (beyond the original 92 that UNICEF had targeted). Newborn special care units have been established in 16 hospitals (against a target of 11) and kangaroo mother care is functional in 45 targeted health facilities. Going forward, UNICEF will continue to ensure their functionality and improve their adherence to standards of care for small and sick newborns.

UNICEF supported refresher training for more than 12,400 village health teams and the initial training of close to 1,200 new teams in 27 target districts with high rates of malaria in children under 5 years. As a result of this training, together with the provision of drugs, over 95 per cent of confirmed malaria cases among children under 5 years received the recommended treatment. The cases of pneumonia and diarrhoea among children under 5 years was also well managed.

HIV

With UNICEF technical input, the Uganda Country Coordinating Mechanism mobilized US$34 million from the Global Fund to reinforce HIV interventions during the COVID-19 pandemic. This was in addition to US$359 million leveraged for HIV and tuberculosis for 2021–2023. This new HIV grant will help expand innovative strategies for testing, triple elimination of mother-to-child transmission of HIV, index child testing in HIV-positive pregnant women, and differentiated antiretroviral therapy service delivery.

UNICEF assisted the government with the rollout of multi-month dispensing of drugs (for 3–6 months) for all clients including children, adolescents and women, ensuring continuity of HIV treatment for those unable to visit health facilities, such as pregnant women and mothers who breastfeed. As a more efficacious antiretroviral therapy drug regimen is rolled out, multi-month dispensing will also help to increase adolescent girls’ access to this therapy.
NUTRITION

To prevent the COVID-19 pandemic from resulting in a deterioration in the nutritional status of children and women, UNICEF supported the government in maintaining nutritional services.

At the community level, 906 frontline workers were trained to implement community-based nutrition actions. UNICEF’s provision of nutrition supplies allowed the Ministry of Health to give 2.65 million girls and boys under the age of 5 vitamin A supplements in the first semester of 2020. Vitamin A is key micronutrient for boosting children’s immunity and saving their lives in the long run.

In addition, nearly 126,000 pregnant and breastfeeding women received iron and folic acid tablets, and 1.8 million caregivers were reached with infant and young child-feeding counselling services in 20 districts. Close to 30,800 children across the country were treated for severe acute malnutrition, including more than 25,300 children from refugee-hosting districts.

To strengthen decentralized nutrition interventions, 18 district local governments were capacitated to carry out multisectoral nutrition actions, while 15 districts were supported to integrate district nutrition action plans into their development plans – key for resourcing and implementing nutrition actions.

To improve the availability and quality of nutrition analysis, UNICEF continued to support the functionality of the National Information Platform for Nutrition, with leadership from the Office of the Prime Minister and the Uganda Bureau of Statistics. In 2020, UNICEF finalized and disseminated 10 nutrition-related studies and assessments, helping the government and other partners to plan more effective and targeted nutrition interventions.
In addition, UNICEF supported improvements to WASH infrastructure such as disability-friendly toilets, menstrual hygiene management systems and solar-powered handwashing facilities in 65 schools. To improve community ownership, nearby villages were also provided with tap water.

In order to improve infection prevention and control and contribute to more births taking place in health facilities, 32 health centres were provided with improved WASH infrastructure in delivery rooms, maternity wards, laboratories, operation theatres and outpatient departments.

In support of the COVID-19 response, UNICEF mobilized resources and provided essential WASH supplies for 394 health facilities and 225 communities. UNICEF also contributed to safe opening of schools by providing hygiene supplies to 441 schools. A partnership with local producers led to the design of a hands-free handwashing facility. The prototype was successfully tested, produced and distributed to the targeted health facilities and schools.

Beyond the pandemic, UNICEF responded to flooding in the east of the country and a cholera outbreak in northern Uganda, directly benefiting more than 157,700 people out of a targeted 130,000. The COVID-19 containment measures slowed social mobilization activities implemented in the context of community-led total sanitation. However, 704 villages – with an estimated population of 211,200 – were triggered to end open defecation during the year, against an annual target of 233,000 people.
INNOVATION IN COMMUNITY HEALTH

Through its implementing non-governmental organization partner, AVSI, UNICEF is supporting the design and implementation of an innovative community-based referral system in West Nile to identify and take critically sick children and women to the nearest health centre using village health teams and trusted local boda-bodas (motorcycle taxis). Nearly 700 boda-boda riders have been nominated by the community in 11 West Nile districts. The riders were trained by the Uganda Police on safe riding and by the district health teams on how to administer first aid in pregnancy and labour.

This voucher-based referral system serves both refugee and host communities, and is proving to be a relevant and cost-effective service model in remote rural communities. In the context of the COVID-19 lockdown, the designated boda-boda riders were cleared by district authorities to move around and support referrals of critical cases to health facilities, thus contributing to the sustained delivery of health services. The boda-boda riders were also trained in infection prevention and control and provided with alcohol-based hand sanitizers and face masks to prevent the spread of COVID-19.

“\textit{The labour pains started at 1 a.m. but fortunately I had taken down the number of the boda-boda. I called him and he arrived very fast. He assured me that he would transport me safely to the health facility. }\textit{... He took me carefully; even at the steep valley we went slowly because I was in pain. To my surprise he had already called the health worker who received me.”}"

\textbf{FUANEBA ANNA}, 35, WHO GAVE BIRTH TO HER FIFTH CHILD IN A HEALTH CENTRE AFTER BEING TAKEN THERE BY A BOBA-BODA DRIVER WHO IS PART OF THE VOUCHER-BASED REFERRAL SYSTEM
LEARN
“THIS IS THE ONLY TIME I HAVE TO READ AND CONCENTRATE. I READ NOTES THAT WERE GIVEN TO US BY OUR TEACHERS. SOMETIMES I ATTEND THE TELEVISION LESSONS, ESPECIALLY FOR THE SCIENCE SUBJECTS LIKE CHEMISTRY, BIOLOGY, PHYSICS, MATHEMATICS AND ALSO ENGLISH.”

CHRISTINE MANUELLA, 17, A CANDIDATE STUDENT AT MUNGULA SECONDARY IN ADJUMANI DISTRICT IN NORTHERN UGANDA, EXPLAINS HOW SHE ONLY HAD TWO HOURS A DAY TO STUDY WHILE AT HOME DURING SCHOOL CLOSURES, AS SHE WAS RESPONSIBLE FOR TIME-CONSUMING DOMESTIC CHORES.
The nationwide closure of all 67,500 primary and secondary schools, early childhood development (ECD) and early learning programmes and tertiary (and other higher) educational institutions in March 2020 disrupted the learning of more than 15 million children, especially affecting those from the poorest households, children living in rural areas, children with disabilities and girls, and bringing out huge inequalities in access to learning.

Even before the pandemic, Uganda was already facing a learning crisis, including poor access to early learning at 37 per cent and with only 1 in 9 children with disabilities able to access basic education.

The phased reopening of schools that started in mid-October targeted only examination candidate classes at primary and secondary levels, bringing no more than 10 per cent of all school-aged children back to the classroom.

Continuity of learning measures ensured that the right to education was at the forefront of the response to COVID-19, using radio, television and print materials, as well as Braille and audio for children with disabilities. However, Uganda is not best placed to fully utilize visual internet-based solutions to home-learning. Only 6 per cent of households have access to a computer, 99 per cent of internet access is through mobile phones, and only 8 per cent of households report school-aged children accessing the internet where it is available.

UNICEF ACTION

In partnership with the Ministry of Education and Sports, the Ministry of Gender, Labour and Social Development, the Ministry of Local Development, district local governments and civil society partners, including faith-based organizations, UNICEF focused its support on the development and implementation of effective policies, strengthening capacities to make efficient use of available resources, and mobilizing parents, teachers and local authorities to create safe environments for learning at home and in educational institutions.

The COVID-19 pandemic reinforced the need to maintain strong policy responses to support continuity of learning, while preparing to build back better after the crisis. In light of this, UNICEF continued to work with the government to strengthen the enabling environment for education by supporting the Ministry of Education and Sports in the planned safe reopening of schools and learners’ re-entry to school.

UNICEF, as coordinator of the Global Partnership for Education in Uganda, facilitated the development of the Education and Sports Sector Strategic Plan (2021–2025),
which will be the precursor to the application for Global Partnership for Education grants. UNICEF also supported the Ministry of Education and Sports in preparing their COVID-19 response plan and the application for a US$15 million grant from the Global Partnership for Education to support children’s right to education during the pandemic.

As part of the process to reimagine education in the COVID-19 context, UNICEF, together with the United Nations Educational, Scientific and Cultural Organization and other partners, supported the development of the Digital Agenda Framework for the Education Sector, providing an impetus for extending the use of digital learning during and beyond the pandemic and developing digital skilling of adolescents.

To advance adolescent development, UNICEF assisted the Ministry of Gender, Labour and Social Development to roll out the National Multi-Sectoral Coordination Framework for Adolescent Girls (2018–2022). With UNICEF support, Uganda made further progress in implementing the National Integrated Early Childhood Development Policy. On average, 82 per cent of focus districts managed to meet five or more of the criteria of the Functional Coordination Mechanism. Among the focus districts, 93 per cent completed the mapping of service points, and 82 per cent prioritized ECD and early learning activities in their five-year district development plans.

Though education service delivery was severely impacted by the pandemic, the crisis also stimulated innovation in the education sector. New approaches to support education and training continuity were rapidly developed, using existing technologies such as radio, television and take-home packages. In addition, many rural communities organized neighbourhood learning groups to facilitate their children’s learning using the home learning materials provided.

Braille and audio materials were distributed to 1,479 primary and secondary school learners. Radio talk shows on the 22 Key Family Care Practices reached more than 43,800 parent listeners with information on how to better care for visually impaired school learners at home. In addition, radio talk shows facilitated civic engagement of more than 18,200 adolescent girls and boys. There were also 16,625 online and offline interactions on curriculum-based primary school content through the Kolibri e-learning platform.

Close to 5,000 ECD and early learning caregivers or 49 per cent of all caregivers in the country were trained to manage ECD and early learning centres and care holistically for young children. This was achieved through UNICEF support for Core Primary Teachers’ Colleges to provide in-service training for the Community-Based Child Care Programme.
The majority (81 per cent) of UNICEF-assisted school management committees continued to monitor schools and home learning throughout the school closure period, with 1,365 schools receiving UNICEF support. Of the nearly 5,400 teachers who received UNICEF-supported training, 74 per cent were practising child-centred methodologies when monitored. All 12 refugee-hosting districts maintained active coordination structures throughout the year to tackle school closure, continuity of learning and school reopening efforts.

Although school closures prevented full achievement of the planned target on adolescent life skills education, more than 25,300 out-of-school adolescent girls and boys improved their life skills through participation in formal and non-formal learning spaces. Education in emergencies interventions in refugee-hosting areas reached close to 27,700 adolescents with the Accelerated Education Programme, life skills, vocational training and non-formal learning.
PROTECT
“MANY PEOPLE WANT TO USE THE LOCKDOWN TO COMMIT OFFENCES AGAINST OUR CHILDREN. I HAVE VISITED SEVERAL HOUSEHOLDS AND ADVISED PARENTS TO PROTECT CHILDREN. I HAVE ALSO ADVISED PARENTS NOT TO PUSH THEIR CHILDREN INTO CHILD LABOUR.”

JOACHIM BARUKU, PARA-SOCIAL WORKER IN KASESE DISTRICT, WESTERN UGANDA
Evidence suggests that the lockdown period increased children and families’ psychosocial distress and triggered protection risks, especially for girls and urban children. This included sexual exploitation and abuse, forced child marriage and adolescent pregnancy, and exacerbated other forms of violence, particularly in the home.

Data from Uganda’s Child Helpline shows that the number of reported cases related to violence against children almost doubled between May and August, from 338 to 619. Sexual violence was the most reported form of violence against children, making up 38 per cent of cases, while neglect was second highest at 36 per cent. Service provision was also constrained during the lockdown.

**THE CONTEXT**

The COVID-19 pandemic disrupted child protection services in Uganda and put unprecedented strain on family life, leaving children at greater danger of harm.

**UNICEF ACTION**

Despite the challenges of COVID-19, UNICEF was able to make significant progress in strengthening the enabling environment for child protection. With UNICEF support, the Cabinet approved and launched the National Child Policy. The Framework for Alternative Care and its Action Plan were finalized. Critical policy documents on civil registration and vital statistics were also completed or were in development, facilitating collaboration for birth registration service delivery across sectors.

A key priority for UNICEF and its partners in 2020 was to preserve the centrality of child protection services in the midst of the COVID-19 emergency. UNICEF and the Ministry of Gender, Labour and Social Development 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.

Psychologists, psychiatrists, psychiatric clinical officers and mental health nurses from Butabika National Referral Mental Hospital were orientated on their role in providing mental health and psychosocial support services in treatment and quarantine facilities, and on protection concerns for children in COVID-19 contexts.

Protection messages were disseminated to the public during the lockdown in innovative ways, including through multimedia campaigns on violence against children, positive parenting and staying safe during COVID-19. The campaigns reached more than 18.4 million people, including young people. In addition, with the support of UNICEF, more than 42,600 U-Reporters gained awareness of the impact of gender-based violence and violence against children, as well as channels to report violence and abuse during the lockdown.
To highlight the critical role of the social welfare workforce in the COVID-19 emergency response, UNICEF advocacy helped to ensure that social welfare officers were able to resume work by 7 May 2020. Also, advocacy efforts were made to reopen the Child Helpline. These provided children and women at risk of abuse or victims of violence with emergency support and referral services. Gender-based violence was also integrated into the Child Helpline through UNICEF advocacy.

UNICEF support for the scale-up of direct service provision for mental health and psychosocial support in the context of COVID-19 reached close to 66,500 children and caregivers, including those in refugee settlements. More than 2,100 unaccompanied children in refugee and flood situations benefited from alternative care, and more than 2,000 children affected by COVID-19 benefited from support and care services.

Beyond the emergency context, UNICEF provided technical support to strengthen case management capacity in nine learning districts. This included empowering close to 4,000 para-social workers to carry out their mandate and placing 67 social welfare officers at sub-county level, thereby strengthening the social welfare structure from village to district level.

UNICEF advocacy, technical and financial support prompted the judiciary to extend its services to remand homes and children’s detention facilities by holding remote high court special sessions for children. In addition, 27 children’s homes were monitored to assess implementation of COVID-19 standard operating procedures.

Birth registration through the health system in nine learning districts greatly improved as a result of technical support and capacity building provided by UNICEF and the National Identification and Registration Authority (NIRA). Close to 232,000 children aged 0–17 years, of whom 193,660 were under the age of 5, had their births registered at the decentralized NIRA district offices through the upgraded Mobile Vital Records System (compared to 100,672 children in 2019).

UNICEF successfully rolled out and trained all staff and active partners on the internal prevention of sexual exploitation and abuse notification alert. Thirteen partners were risk-assessed and three were supported to develop and implement prevention of sexual exploitation and abuse action plans. More than 432,000 young people were reached through U-Report on zero tolerance of sexual exploitation and abuse, and where and how to report allegations.
More than 432,000 young people were reached through U-Report on zero tolerance of sexual exploitation and abuse, and where and how to report allegations.
EQUAL OPPORTUNITIES IN LIFE
“GIVE US THE CHANCE TO MEET WITH LEADERS AND WE’LL TELL THEM WHAT WE THINK, AND SHARE OUR IDEAS AND SOLUTIONS TO HELP MAKE THINGS BETTER FOR US.”

FEEDBACK FROM A CHILD DURING CONSULTATIVE MEETINGS ON NATIONAL CHILD PARTICIPATION STRATEGY
THE CONTEXT

Uganda’s COVID-19 containment measures gravely affected the economic opportunities available to families that rely on informal employment to survive.

The World Bank estimated that up to 3 million more people in Uganda could fall into poverty – above the estimated 8.7 million in 2017.

The risk of exposure to COVID-19 is highly concentrated among poor households, which comprise 47 per cent of the population, as well as urban dwellers who were most affected by the containment measures. Wages and income declined in many households, increasing vulnerability and directly affecting outcomes for children. The pandemic also heightened pressure on the country’s fiscal space, with projected deterioration of domestic revenue posing a challenge for social sector spending and investments in human capital development.

While social safety nets expanded around the world with an unprecedented 200 per cent increase in social protection globally in response to the pandemic, social assistance in Uganda remained limited in scope, reaching just under 3 per cent of the population.

UNICEF ACTION

In 2020, UNICEF Uganda was committed to supporting the COVID-19 response, while sustaining critical programme interventions and advocating for reimagining a world fit for children, post-COVID. In addition, 2020 was a key year for Uganda with the inauguration of the third National Development Plan, the launch of the first United Nations Sustainable Development Cooperation Framework and the approval of the Government of Uganda–UNICEF Country Programme 2021–2025, bringing together key stakeholders at a critical time to plan for the years ahead.

UNICEF continued to work with the government and key partners to ensure improved equity-sensitive and child-friendly policies, programmes and budget allocations based on high-quality evidence.

To that end, UNICEF supported the Office of the Prime Minister to implement the second wave of the Multi-Dimensional Child Poverty (MDCP) data collection, ensuring that collection of longitudinal evidence on the change in MDCP over time among the poorest children continued and that the government would be able to use the data to take action. UNICEF also successfully advocated for the inclusion of a module on violence against children in the 2020 National Survey on Violence and developed it. This will also help to capture data on violence against children in the aftermath of the COVID-19 pandemic.

UNICEF led consultations of special-interest groups during the Voluntary National Reporting process to ensure that the voices of people most left behind were included, including those of young people. Findings were shared with the National Council for Disability at a high-level political forum.
UNICEF also supported the Ministries of Health; Education and Sports; and Water and Environment to develop Uganda’s first comprehensive database for off-budget funding for the social sectors. The data was also fully integrated in the Uganda Equity Atlas, with steps taken to facilitate its integration into the Aid Management Platform.

UNICEF successfully launched *What Works for Africa’s Poorest Children*, a book that highlights the most effective interventions in supporting Africa’s poorest children and provides cutting-edge examples of identifying child poverty and deprivation. In the spirit of innovation, UNICEF also concluded a scoping study to assess Uganda’s readiness for innovative financing in social sectors.

UNICEF worked with the government and other United Nations agencies to ensure that social protection and child rights governance were embedded and prioritized in the National Development Plan III and the United Nations Sustainable Development Cooperation Framework. UNICEF also played a critical role in coordinating the COVID-19 social protection response, providing timely analysis to development partners to assess response options.

In collaboration with the Kampala Capital City Authority, UNICEF generated results for the first cohort of the GirlsEmpoweringGirls programme through continual delivery of mentoring during the COVID-19 lockdown via an innovative digital strategy, along with service referrals and cash transfers to in- and out-of-school girls, while also investing in strengthening of systems to build capacity among policymakers and improve services for adolescents.

To further the objective of child-sensitive social protection at the humanitarian-development nexus, UNICEF and the World Food Programme launched a COVID-19 cash response in the context of the United Nations Joint Programme on Child-Sensitive Social Protection in the West Nile subregion, supporting pregnant and breastfeeding women and children under 2 years of age.

Another major UNICEF contribution was the effective promotion and support of national efforts to institutionalize child rights governance and to amplify the voices of children. This was achieved through collaboration with the Ministry of Gender, Labour and Social Development and Save the Children to launch the child-friendly National Child Participation Strategy, and with the Uganda Human Rights Commission to finalize a television series highlighting children’s rights. The ministry was also successful in getting Cabinet approval of the Country Report for the African Charter on the Rights and Welfare of the Child. Finally, UNICEF developed its first Child-Friendly Country Programme Document to increase accountability to children over the next five years.

Another major UNICEF contribution was the effective promotion and support of national efforts to institutionalize child rights governance and to amplify the voices of children.
“PERSONALLY, I WANT TO BECOME A DOCTOR. THAT IS WHY IT IS IMPORTANT FOR ME AND OTHER CHILDREN TO GO TO SCHOOL. WE CANNOT ACHIEVE OUR DREAMS WITHOUT GOING TO SCHOOL.”

ALEX ABIGAIL, 12, FROM THE DEMOCRATIC REPUBLIC OF THE CONGO, WHO LIVES AS A REFUGEE IN ARUA DISTRICT IN WEST NILE SUB-REGION
HUMANITARIAN ACTION

In 2020, Uganda was host to 1.4 million refugees, most of whom fled from Burundi, the Democratic Republic of the Congo and South Sudan due to insecurity and political instability. Most refugees are women and children, accounting for over 80 per cent of this very vulnerable population.

Refugee children and women continued to face many hardships, including overcrowding in urban settlements, poor access to clean water and sanitation, high prevalence of undernutrition and multiple protection risks. COVID-19 exacerbated existing vulnerabilities.

In addition, more than 600,000 people were affected by floods in 2020, and high levels of food insecurity and malnutrition are evident in areas such as the Karamoja sub-region, where one quarter of children under 5 years are stunted and 1 child in 10 is wasted.

The COVID-19 pandemic was a major driver of needs in 2020 and will continue to be at the forefront of the humanitarian situation globally and in Uganda in 2021. Uganda’s COVID-19 National Response Plan (2020) built on the significant investments made by UNICEF and partners in recent years to support national health systems and incorporate learning from previous health emergencies such as the Ebola outbreak.

UNICEF continued to support the government in the areas of risk communication; coordination and leadership; supplies and logistics; information and communication technology; innovation; and case management.

UNICEF applies both development and humanitarian approach to programming. This was instrumental in ensuring that the government response to the COVID-19 emergency included the continuity of essential basic social services.

UNICEF also co-chairs the refugee child protection sub-working group with the United Nations High Commissioner for Refugees, the refugee WASH working group with the Ministry of Water and Environment and the national nutrition in emergency and integrated management of acute malnutrition technical working group with the Ministry of Health.

UNICEF’s emergency stand-by partnership with World Vision Uganda enabled last mile distribution of critical supplies, in coordination with districts, to affected communities in the focus districts of the COVID-19 response.
PUBLIC ADVOCACY

Building on the global Advocacy Agenda for Action narrative that the COVID-19 crisis is a child rights crisis, UNICEF advocated for reimagining a world fit for children, post-COVID. UNICEF’s strong working relationships with the Ministry of Health and and the Ministry of Education and Sports helped UNICEF lead national advocacy efforts on reopening schools and continuing routine health service delivery.

By positioning UNICEF as a trusted partner in the COVID-19 response, coupled with a novel online approach to positive parenting, coping mechanisms for children and home learning, and led by new supporter engagement approaches, the agency was able to achieve online engagement of more than 35 million people – five times higher than in 2019 – and a traditional media reach of 42 million people.

The main advocacy agenda was to support the safe reopening of schools. In line with this focus, the World Children’s Day activations rallied around the national theme of ‘Reimagine the future of learning’. Around 3.8 million people were reached through several activities, including a high-level media roundtable with representatives from the government, the private sector and UNICEF, and amplified by the voices of adolescents through national television and UNICEF Uganda’s social media channels, especially on how the COVID-19 pandemic has affected their lives. These digital storytellers, trained by UNICEF, also used their newly acquired skills to participate in an e-conference, as well as to shoot and produce short videos and write poems and design basic posters bearing their messages.

UNICEF also strengthened its donor recognition and visibility efforts through online and mainstream media, community signage and impact documentation for funds received. Donors and partners responded positively to these efforts, leading to a demand for Ugandan-generated content that they could use on their respective platforms.

PRIVATE SECTOR ENGAGEMENT

The UNICEF child rights and business agenda advanced in 2020, despite the COVID-19 crisis. Three industry associations (Federation of Uganda Employers, Uganda Manufacturers Association and Uganda Chamber of Mines and Petroleum) were engaged to put into practice the children’s rights and business principles (CRBP), although scheduled orientation sessions for CRBP champions stalled due to lockdown protocols.

UNICEF used the lockdown period to share messages and materials related to COVID-19 with more than 20 private-sector partners, networks and industry associations and federations, providing them with an authoritative source of information. UNICEF also collaborated with Private Sector Foundation Uganda and engaged select corporations, including MTN Uganda, to contribute to ‘Reimagine the future of learning’. Private Sector Foundation Uganda subsequently commemorated World Children’s Day 2020 by hosting a ‘Kid’s takeover’ meeting and turning their office buildings ‘Blue for children’.

Collaboration with the Ministry of Gender, Labour and Social Development helped advance the development of a regulation requiring mandatory breastfeeding and child-care spaces in the workplace, although wider stakeholder consultations stalled with the onset of the COVID-19 lockdown. UNICEF secured the agreement of the Ministry of Education and Sports to co-lead the Skilling Youth for Early Childhood Development initiative, as well as develop guidance to align it to relevant government policies to advance implementation, following the completion of a feasibility study that deemed the youth-led business proposition viable.
Cultivating a Culture of Innovation

The UNICEF Country Office in Uganda organized nine innovations and a technology for development meeting in 2020. Under the leadership and oversight of innovation governance, the country office also developed and launched the Innovation Challenge Fund, which will be used to build capacity and mentor innovators in Uganda who work on children’s issues.

Supply Support

Stimulated by the acute need to respond to the COVID-19 pandemic, the scale of the supply contribution remained at very high levels in 2020, with a total value of US$83.8 million. UNICEF took a leadership role in the national response for WASH-related infection prevention and control supplies and played an instrumental role in sustaining the supply of vaccines, therapeutic food for severely malnourished children and other supplies to support the continuity of essential health and nutrition services.

Communication for Development and Risk Communication

UNICEF-supported social and behaviour change programmes resulted in multimedia campaigns on violence against women and children, immunization, violence in schools and ECD, reaching more than 30 million people, including those affected by emergencies and disease outbreaks.

Specific to COVID-19, more than 19.9 million people were reached through messaging and more than 2.5 million people shared their concerns, asked questions and received some form of feedback through established online and offline mechanisms.
FINANCES
UNICEF would like to take this opportunity to express its sincere appreciation to the donors and partners for their generous financial and technical contribution to support children in Uganda. Your support and partnership has contributed to the results reported herein and is making a positive impact on the lives of children and families across the country, including vulnerable children facing humanitarian situations and children in families seeking asylum and refuge in Uganda.

## PROGRAMME BUDGET 2020 (US$)

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<th>PROGRAMME</th>
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## DONOR CONTRIBUTIONS 2020 (US$)

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