



Reporting period: July to August 2023.

© UNICEF Uganda/2023/Tibaweswa

Uganda Country Office

Humanitarian Situation Report No.4

July-August 2023



for every child

Situation in Numbers

7,400,000

of children in need of humanitarian assistance (UNICEF HAC 2023)

13,800,000

of people in need (UNICEF HAC 2023)

1,900,000

of children to be reached with humanitarian assistance (UNICEF HAC 2023)

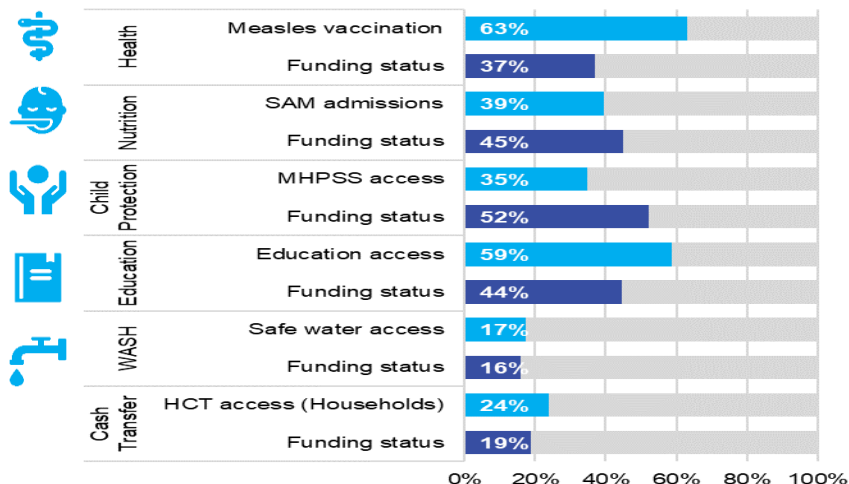
3,700,000

of people to be reached with humanitarian assistance (UNICEF HAC 2023)

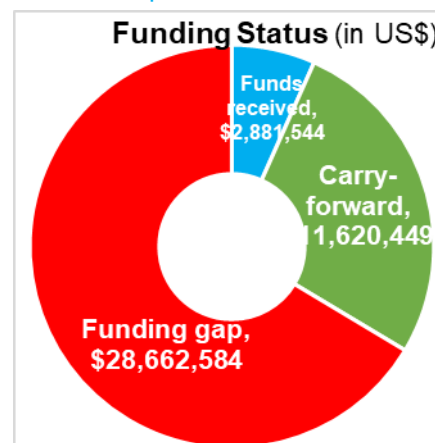
Highlights

- Uganda responded to a localized cholera outbreak affecting the districts of Kayunga and Namayingo, a situation likely to be exacerbated by projected impacts of El-Niño. Government and its partners, including UNICEF, remain prepared to respond.
- Over 89,000 children aged 5 to 59 months and 10,000 pregnant or lactating women are expected to suffer from acute malnutrition in Karamoja region between February 2023 and January 2024. Kaabong district is at critical level, with a Global Acute Malnutrition (GAM) prevalence of 18 per cent.
- The nutrition situation in refugee settlements remains concerning, with more admissions (6,901) for Severe Acute Malnutrition (SAM) reported this year compared to 6,130 for the same reporting period last year.
- UNICEF and partners have reached 8,770 children with treatment for SAM during this reporting period.
- As of August 2023, a total of 795,514 children and women have been reached with essential health care services, including immunization and antenatal care.
- In July and August, 11,932 people were reached with mental health and psychosocial support. A total of 26,577 children were supported to access formal and non-formal education, including early learning.
- UNICEF's Humanitarian Action for Children (HAC) remains unfunded with a funding gap of over US\$28.7 million.

UNICEF's response and funding status*



UNICEF Appeal 2023 US\$43.2 million



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

Funding overview and partnerships

Despite the growing humanitarian needs of women and children in Uganda, UNICEF's Humanitarian Action for Children (HAC) remains underfunded, with a gap of US\$28.7 million or 66 per cent, against a total requirement of US\$43.2 million. UNICEF has received a total of US\$14.4 million to sustain life-saving services for women and children. This includes US\$11.6 million carried over from 2022 and funding received from the Government of Japan, the UK Government through the Foreign, Commonwealth, and Development Office (FCDO) in response to the refugee influx in Uganda; and an internal allocation from the Global Humanitarian Thematic Fund (GHTF) to mitigate the impacts of climate change on food security and livelihoods in Karamoja sub-region.

Carry-over funds from 2022 were generously contributed by the US Fund for UNICEF, Spanish Committee for UNICEF, German Committee for UNICEF, United Kingdom of Great Britain and Northern Ireland, the Netherlands Committee for UNICEF, United States Agency for International Development (USAID), United Nations Office for the Coordination of Humanitarian Affairs (OCHA) Central Emergency Response Fund (CERF) Secretariat, Global Humanitarian Thematic Fund (GHTF), European Community Humanitarian Office (ECHO) and the Government of the Netherlands.

Situation overview and humanitarian needs

Hydrometeorological hazards

The Office of the Prime Minister (OPM), and the International Organization for Immigration (IOM), reported several disasters including floods, disease outbreaks, wildfires, heavy winds and hailstorms in Uganda during the period July to August 2023. A total of 4,944¹ people were affected by the disasters which displaced 1,197 people and brought the cumulative total of people affected since the beginning of the year to 95,170. Cumulatively, 7,641 people have been displaced since the start of the year.

The Uganda National Meteorological Authority (UNMA) issued a weather advisory indicating that the country will experience humanitarian impacts caused by El Niño this year, with above-normal rainfall expected throughout the period September to December, implying high risk of floods, landslides, mudslides, crop diseases and displacements. To counter these impacts, the government and its partners have kicked off a series of preparedness efforts.

Food insecurity in Karamoja region

In Karamoja region, Crisis (IPC Phase 3) outcomes persist due to a prolonged lean season caused by delayed harvests. While the lean season typically ends in July, prolonged periods of low rainfall and production constraints have meant that the season has stretched into August.

At critical level 4 (GAM prevalence of 18 per cent), Kaabong district is most affected by the lean season. Affected households are experiencing wide food consumption gaps, thus resorting severe coping strategies². This in turn is expected to lead to increased cases of malnutrition in the region.

Ebola Virus Disease (EVD)

The epidemiological situation for Ebola Virus Disease (EVD) remains the same since the declaration of the end of the Uganda outbreak on 11 January 2023. During the reporting period July to August, the ministry of health (MoH), World Health Organization (WHO), UNICEF and partners continued implementation of the key priorities of the '180 Days Recovery Response Plan' that had been projected to run up to the end of July 2023.

Measles

At the start of the year, Obongi, Lamwo, Kiryandongo and Koboko districts experienced an outbreak of measles, linked to an ongoing outbreak in South Sudan. A total of five cases have been confirmed during this reporting period: UNICEF, UNHCR, AVSI, and WHO are providing ongoing support to the districts in responding to the outbreak.

Cholera

In mid-July 2023, Uganda confirmed an outbreak of cholera in Kayunga and Namayingo districts. By the end of August, Kayunga district had reported 56 cases of cholera with six confirmed deaths, while Namayingo district had reported 20 suspected cases, of which six were later confirmed. No deaths have so far been reported. Factors driving cholera transmission include poor hand hygiene practices, low sanitation coverage, traditional beliefs and weak enforcement of the Public Health Act. The ministry of health (MoH) has developed a six-month preparedness and response plan covering 17 hot-spot districts. Relatedly, UNICEF has updated its preparedness plan to align with that of the MoH. Based on these plans, the ministry and its partners including UNICEF, WHO, World Vision International and Médecins Sans

¹ Districts affected include Zombo, Mubende, Amuru, Kapelebyong, Gulu, Lwengo, Kayunga, Namayingo, Nakapiripit, Kagadi, Nakaseke.

² Eating less expensive food, borrowing food or money, using credit, relying on relatives or friends, limiting portion sizes or number of meals per day and begging.

Frontières are supporting the two districts across all the response pillars. However, the districts continue to report sporadic cases against a backdrop of low stock levels of rapid diagnostic test (RDT) kits, and inadequate case management and community surveillance. In addition, the anticipated El-Niño situation across Uganda following the start of the September- December rains, is likely to compound the situation in the two affected districts, with a high likelihood of the disease spreading to other districts. To adequately respond to these challenges, UNICEF and its partners will require additional support and intervention of other stakeholders.

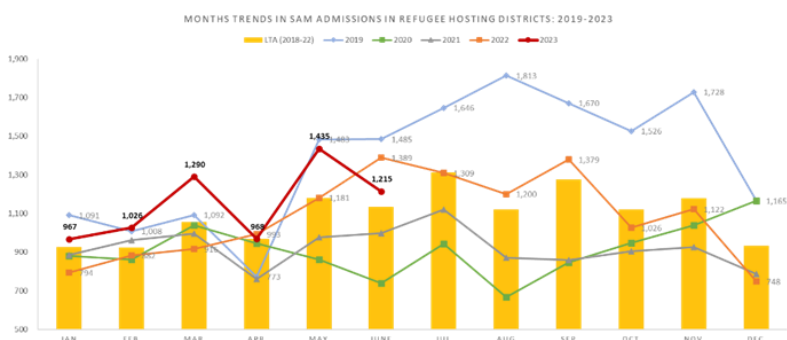
Other Disease Outbreaks

UNICEF continues to support the MOH to plan for management of other public health events such as yellow fever in Nakaseke, Mbarara, and Kazo districts and in Mbarara City, as well as Crimean Congo haemorrhagic fever (CCHF) in Wakiso district.

Refugees

Uganda continues to receive new arrivals from the Democratic Republic of Congo (DRC), South Sudan and Sudan due to ongoing conflicts in those countries. Cumulatively since January 2023, 67,190 individuals have arrived in the country: of these, 29 per cent are from South Sudan, 27 per cent from the DRC, and 44 per cent are urban new arrivals in Kampala³. In addition, Uganda is host to 6,014 refugee from Sudan.

In mid-July, WFP began implementation of its needs-based re-prioritization of humanitarian food assistance in refugee settlements. In line with this approach, highly vulnerable refugee populations receive 60 per cent rations, moderately vulnerable populations receive 30 per cent rations, while refugees determined to be self-sufficient for food no longer receive food assistance. While food prices have remained relatively stable they are still high. High food prices, high competition for labour, and eroded relations with some host communities have meant that households receiving cash-based assistance and who are heavily purchase-dependent for food have reduced purchasing power and coping capacity. Given the sizable reduction in food assistance amid limited access to food and income sources, refugee households are likely to face moderate food consumption gaps typical of Crisis (IPC Phase 3) outcomes. As one of the ways to counter these challenges, UNICEF is leading this year's Food Security and Nutrition Assessment among refugees and host communities which will inform partner support to the refugee - hosting districts.



Summary analysis of programme response

Health

During this reporting period, UNICEF continued to engage with MoH and partners, through the National Task Force (NTF) for public health emergencies and to prioritize delivery of essential health services; risk communication and community engagement; IPC/WASH and follow up and support to EVD survivors. The MoH and implementing partners including UNICEF have continued to implement the post-Ebola recovery response plan by strengthening IPC at eight regional referral hospitals and providing support to operationalize two emergency operation centres at Jinja and Mubende hospitals.



Learners at Busaana CoU Primary school wash their hands at a UNICEF- donated hand washing facility ©UNICEF/ Martin Ngolobe

During this reporting period, a total of 172,232 children and women, of whom, 11,981 being refugees, received essential health care services, including immunization and antenatal care. Similarly, a total of 80,197 children under one year received measles vaccination in UNICEF's 29 focus districts. Of these, 6,372 were refugee children. Between January and August 2023, a total of 379,268 children under one year have received measles vaccination while a total of 795,514 women and children have received primary health care services (ANC and immunization).

³ From Eritrea, Somalia, Ethiopia, Sudan and other nationalities.

During this reporting period UNICEF has supported the cholera response in Kayunga and Namayingo districts. UNICEF procured six tents as part of activities to help set up the Cholera treatment units at Namusaala Health Centre (HC) III in Kayunga; and Bugana HCIII and Bumalenge HCII in Namayingo District. Working with partners WHO, UNHCR and the International Rescue Committee, UNICEF supported the MoH to carry out a measles-rubella (MR) mass campaign in Obongi district. In addition, UNICEF provided technical support to the routine immunization efforts in Lamwo, Kiryandongo and Koboko districts.

Nutrition

During this reporting period, UNICEF has provided technical assistance to the Ministry of Health Nutrition Division; Mubende and Kassanda district local governments, and Mubende Regional Referral Hospital (RRH) in the prevention and timely care for severe child wasting and other forms of undernutrition. This took the form of the national scale up of nutrition supplies⁴ and promotion of appropriate infant and young child feeding practices. Four infants and young children affected by EVD in Mubende and Kassanda were provided with nutrition care. A total of 3,024 packs of ready-to-use infant formula (RUIF) were delivered to Mubende RRH to support the child survivors of EVD. As part of a strategic move to improve timely identification and treatment of children with severe wasting, UNICEF procured and distributed 100 pieces of length boards; 100 adult and 300 infant weighing scales; three in-patient therapeutic care (ITC) kits and 12 ECD kits. In response to the cholera outbreak in Kayunga, UNICEF prepositioned F75, F100, ReSoMal and ready to use therapeutic food (RUTF) to support the management of infected children per the national Integrated Management of Acute Malnutrition (IMAM) standards.

In this reporting period, UNICEF, in partnership with Action Against Hunger Canada, provided technical support to the Government of Uganda to conduct the 2023 Food Security and Nutrition Assessment (FSNA) in 13 refugee settlements and 12 host districts. Once completed, the data will provide critical insights to inform nutrition interventions.

Through its Zonal offices⁵, UNICEF supported the districts and health facilities to conduct community mass screening and integrated outreaches for the early detection and management of child wasting, and for delivery of other essential nutrition and health services including vitamin A supplements, deworming medicines, and vaccines. In addition, capacity of 85 health workers, from 50 health facilities, was built on nutrition service delivery through monthly coaching, mentorship, and supportive supervision. As a result of these interventions, 26,526 children with severe child wasting were reached with services between January and July 2023. Within the month of July, 4,520 caregivers and 135,722 children with severe wasting were reached respectively. Additionally, 878,185 primary caregivers were counselled on IYCF in the target districts.



Arichu Angiro is carried by her mother during an assessment at Moroto Regional Referral Hospital. © UNICEF/Tibaweswa

Child Protection

During the reporting period, the child protection (CP) team continued to provide technical support and mentorship to district officials and partners on provision of critical child protection services to children and families. These included probation officers; community service departments; social welfare officers at sub-county level and community-based structures, notably para-social workers. Following the ADF attack⁶ in Kasese district, Rwenzori region, UNICEF mobilized para-social workers and psychiatric officers to provide specialized Mental Health and Psychosocial Support (MHPSS) services to survivors, as well as community-based psychosocial support to community members. Community dialogues were also conducted in 12 sub-counties affected by the attack. Through this intervention, a total of 3,803 children (1,685 boys, 2,118 girls) and 3,666 adults (1,555 men, 2,111 women) were reached with community-based psychosocial support, while 192 survivors and bereaved parents / caregivers comprising 110 adults (40 men, 70 women) and 82 children (34 boys, 48 girls) were provided with MHPSS services. A further 1,920 parents and caregivers

⁴Specifically, the program working closely with the Communication, Advocacy and Partnerships (CAP) team finalized the write up and editorial of the 'Nutrition supplies integration pilot report for Uganda' which will be disseminated nationally and within the ESAR in September 2023.

Relatedly, UNICEF provided logistical and technical support to MoH and NMS in the last mile distribution of RUIF (57,000 packs), RUTF (11,825 cartons) and therapeutic milk (150 cartons of F75 and 100 cartons of F100) to the targeted districts and health facilities in the country

⁵ Mbarara, Gulu and Moroto

⁶ On Friday 16 June, assailants suspected to have links to the Allied Democratic Forces (ADF), attacked Lhubirha Secondary School in Mpondwe Town Council, Kasese District. The attack, which lasted about two hours, resulted in the loss of 44 lives (20 male, 24 female) majority of whom were children (17 boys and 21 girls), between the ages of 14 and 17.

were reached with messaging on prevention of child marriage, positive parenting, prevention of sexual exploitation and abuse, reporting of abuse and on referral pathways. To ensure that government-led security operations in the region, in response to the Kasese attack, are child-sensitive, UNICEF supported training of 55 security personnel on child rights and child protection.

In Nakivale refugee settlement, UNICEF, in collaboration with Isingiro District Local Government, conducted training of 150 para-social workers using the national para-social worker curriculum manual to align the settlement's Child Protection Committee (CPC) structure with the approved national para-social worker structure. The training of the CPCs using the national curriculum will ensure that refugee children receive age and gender-appropriate child protection services, including alternative care for unaccompanied and separated children, and community-based psychosocial support services.

Water, sanitation, and hygiene (WASH)

During this reporting period, UNICEF continued to support post-Ebola and Marburg viral disease preparedness and response in Kassanda and Kyotera districts respectively. Construction of water-supply systems in eight health facilities in Kassanda and Kyotera districts is being completed to support EVD and Marburg preparedness. Seven health centres in Kassanda, and one in Kyotera will benefit from this support. As part of the Marburg response, UNICEF supported Kyotera district to conduct a rapid assessment of Infection Prevention and Control (IPC) WASH practices in health facilities; thereafter a training manual was developed to address the identified IPC WASH needs. In July, 80 health workers (36 males; 44 females) in 10 health facilities in Kyotera were trained on IPC/WASH to promote hygiene behaviour among health workers and patients.

On the cholera response, UNICEF responded with critical WASH supplies to the outbreak confirmed by the ministry of health in Kayunga and Namayingo districts. UNICEF provided support, including six mobile toilets, to Bukana Cholera Treatment Centre (CTC), with a further six mobile toilets installed in Buduma Primary School, in Namayingo district, to enable the school re-open following its closure by the district task force (DTF). UNICEF also supported the last-mile distribution of Aquatabs for treatment of drinking water; laundry soap, 20-litre jerrycans and handwashing facilities to affected communities to reduce the risk of transmission through contaminated water sources. WASH supplies were also distributed to specific high-risk areas. In total, WASH supplies were dispatched to support a total of 136 schools and 14 health facilities in Kayunga district; and 19 health facilities in Namayingo, targeting health workers, teachers and pupils. As a result, a total of 94,400 people (25,517 girls, 24,515 boys; 22,628 women; 21,740 men) were reached with hygiene behaviour promotion services.

Education

During this reporting period, UNICEF revamped the Early Childhood Development (ECD) kit for emergencies. The prototype kit was updated based on feedback from partners and is currently being piloted in three sub-counties in the refugee-hosting district of Terego. UNICEF also initiated the roll-out of the caring for the caregiver (CFC) package by conducting a training of trainers (ToTs) in Adjumani district. Eight participants took part in the capacity building programme; they will in turn train 25 frontline workers to fully roll out the package. The CFC package enables frontline workers (village health teams, child protection committee members and para-social workers) to promote caregivers' mental and emotional well-being, which in turn improves caretakers' ability to provide nurturing care for young children. In Kyegegwa, Kamwenge, Isingiro and Kikuube districts, a total of 548 (135 males and 423 female) caregivers successfully completed training on community childcare practices and undertook field testing to complement the training experience.

As part of efforts to promote safe and conducive learning environment in schools, UNICEF supported the training of 400 (234 male and 166 female) teachers and head teachers in Madi-Okollo, Yumbe, Adjumani, and Lamwo on Mental Health and Psychosocial Support (MHPSS). In Kasese, following the Allied Democratic Forces (ADF) attack, 288 teachers (180 male and 108 female) from affected sub-counties were successfully trained on MHPSS to enable them to identify and provide support to affected learners. A total of 97 (30 male and 67 female) learners from 91 schools also benefited from the MHPSS training. Similarly, 321 (222 male and 99 female) members of school management committees across the were trained to promote safe return to schools. Ninety-three schools received recreational and edutainment materials to support provision of psychosocial support.

During the reporting period, UNICEF and its partners supported several interventions in Isingiro district, aimed at building transferable skills, empowering and creating opportunities for young people to thrive. A total of 234 out-of-school adolescents were supported to return to learning through the accelerated education programme (AEP). This brought the cumulative number of beneficiaries to 903 adolescents (454 boys and 449 girls) between January and August 2023.

Furthermore, UNICEF and partners provided remedial learning support (teaching at the right level) to 13,583 (5,920 male and 7,663 female) in-school adolescents who are over-age for grade. Additionally, to promote upskilling of out-of-school adolescents with competencies needed for work, UNICEF continued to support implementation of the integrated-UPSHIFT programme. A total of 147 (80 male and 67 female) mentors were trained; these in turn rolled out the training to 8,323 (2,962 male and 5,361 female) adolescents. To build life skills for active citizenship and decent work among adolescents, a total of 1,551 teachers (63 per cent females) were oriented on the Life Skill Toolkit (LST).

Social behaviour change (SBC), accountability to affected populations (AAP), and localization

During the reporting period, UNICEF has cumulatively reached a total of 3,309,627 people with messages on prevention and access to services during public health emergencies (PHEs) including EVD, cholera and measles outbreaks. UNICEF, through its partners, organized community meetings and engagement dialogues, to promote awareness and gather essential feedback from those impacted. A total of 600,817 people participated in community engagement actions, while 777,965 people shared their concerns and asked questions through established feedback mechanisms.

In six districts: Kasese, Kikuube and Bundibugyo in the Southwestern region; and Adjumani, Kiryandongo and Lamwo in the North UNICEF supported a needs assessment on Risk Communication and Community Engagement (RCCE) for recurring public health emergencies, shocks, and disasters. The results were used to conduct two regional workshops for multisectoral district teams. The aim was to promote effective community engagement and to improve the collection and use of social and behavioural data during rapid/regular risk assessments. During the workshops, the district officials identified and ranked floods, mudslides, and hailstorms as the most likely seasonal threats, with cholera and malaria listed as the potential health risks/consequences. Other recurring diseases/ threats highlighted included measles, polio, yellow fever, Rift Valley fever, COVID-19, Ebola, anthrax among wildlife and, specific to Kasese district which borders the DRC, insecurity. Using results from the needs assessment, the district teams developed integrated, multi-sectoral plans of action and early warning messages on the seasonal threats. They also developed action plans for response to the upcoming climatic changes such as the forecasted El-Niño rains. A total of 60 people⁷ were trained, and six district action plans were developed. At the beginning of August, UNICEF and its partners embarked on a nationwide mass-media campaign on PHEs, working with over 40 district-based radio stations and 100 informal community radio networks (tower/megaphone radios). A total of 222,888 key influencers including VHTs, teachers, traditional healers and members of the village task forces were engaged in RCCE interventions, and 445,777 people were able to provide and receive feedback on matters concerning their health, through participatory community dialogue meetings and house-to-house visits during the reporting period. A total of 1.1 million people were reached with life-saving messages on several public health diseases mainly malaria, cholera, and COVID-19⁸.

UNICEF also continues to support RCCE interventions in Kayunga⁹ and Namayingo¹⁰ districts which are dealing with localized cholera emergencies. Over 3,077 learners¹¹ were reached with lifesaving messages to help counter challenges faced by the districts including poor hygiene and sanitation especially among the fishing communities, and the low latrine coverage which goes to as low as 5 per cent among some fishing communities.

Social Protection

UNICEF has recently completed the second round of the Humanitarian Cash Transfer initiative in Lamwo district. The initiative started in the first half of the year, targeting 6,335 beneficiaries in refugee and host communities in Lamwo district. In this reporting period, the activities were conducted at the end of August in collaboration with the Office of the Prime Minister (OPM) and key stakeholders in Lamwo district. Out of the 6,335 individuals (2,427 households) initially targeted as beneficiaries, 6,251 individuals (2,396 households), or 99 per cent, successfully received their cash allocations. Each eligible child, just as in the first cycle, received a two-month allocation of Uganda Shillings 90,000, equivalent to US\$25. UNICEF retained 30 per cent of this amount, which totals to US\$7.5, as part of a beneficiary savings plan designed to mitigate future unforeseen challenges.

⁷ Each district was represented by 10 participants composed of six technical staff and four non-technical persons representing the community. The technical team included the District Health Educator, the District Environment Health Officer, the District Inspector of Schools, the Senior Probation and Social Welfare officer, the District Communications Officer and the District Veterinary Officer while the non-technical team included a religious leader, a cultural leader, a representative of traditional healers and one local councillor/politician. This was a strategic approach to promote integration, multi-sectoral planning and representation the community by involving influencers with established structures in the community.

⁸ Source: Results from the Social Listening and the district activity reports

⁹ On 7 July 2023, Kayunga district received a report of two deaths from a household that had earlier lost two people (on 30th June and 4th July). The last two deaths were of household members who were reported unwell on 6 July, with both dying the following day (7 July 2023). Samples from the deceased were tested; *Vibrio Cholerae* O1 Ogawa was confirmed on 19 July 2023.

¹⁰ On 15 July 2023, Namayingo District Health Office received an alert of a female aged two years and nine months (index case). A diagnosis of suspected cholera was made, and treatment initiated. Consequently, on 17 July 2023 two more suspected cholera cases were admitted at Bugana HC III with similar signs (profuse diarrhoea, vomiting and abdominal pain) as the index case. As of 4 August 2023, a total of 22 cholera cases (4 confirmed and 18 suspects) have been identified in Namayingo district.

¹¹ The learners included children based in early development centres and primary schools and adolescents in secondary or tertiary institutions. The mobilisation teams visit respective sites.

Humanitarian leadership, coordination, and strategy

UNICEF's humanitarian response in Uganda is in line with the Comprehensive Refugee Response Framework, Grand Bargain commitments and the current Country Programme Document (CPD), and centres on district-level systems strengthening. To this end, district actors are supported to incorporate humanitarian preparedness and response into their annual and midterm district plans.

The Government's national response to disease outbreaks builds on significant investments made by UNICEF and partners in recent years to support national health systems and incorporate learning from previous health emergencies. UNICEF, in collaboration with the ministry of health and other partners, is focusing on public health awareness through risk communication and community engagement, coordination and leadership and information and communication technology through the national and district task forces.

UNICEF is supporting national and district specific coordination meetings around nutrition emergency response and governance. UNICEF is supporting the emergency and planning and response (EPR) initiative by scaling up support to selected districts and sub-county disaster management committees on capacity-building efforts in partnership with the Office of the Prime Minister.

UNICEF participates in the in-country interagency Prevention of Sexual Exploitation and Abuse (PSEA) Task Force, and provides technical support to the Humanitarian Interagency Coordination Group (HICG) led by the United Nations Resident Coordinator's Office at the national and sub-national levels. UNICEF is actively engaged in the UN HICG activities including emergency planning and coordination meetings on flooding and the Karamoja Nutrition Response. The support to HICG includes development of a joint contingency plan for natural disasters and acceptable thresholds and supporting requests for a joint Central Emergency Response Fund (CERF).

Human interest stories and external media

Stories: www.unicef.org/uganda/stories-field

UNICEF Uganda human interest story: <https://www.unicef.org/uganda/stories/children-and-youth-uganda-call-their-leaders-take-urgent-action-climate-crisis>

Next SitRep due: November 2023

UNICEF Uganda: www.unicef.org/uganda

Uganda Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/uganda>

For further
information,
please contact:

Munir A. Safieldin
Representative
UNICEF Uganda
Tel: +256 417 171 001
Email: msafieldin@unicef.org

Ann Robins
OIC Deputy Rep Programmes
UNICEF Uganda
Tel: +256 772 147 004
Email: arobins@unicef.org

Fabian Mwanyumba
OIC Chief Field Ops & Emergency
UNICEF Uganda
Tel: +256 772 147 148
Email: fmwanyumba@unicef.org

Annex A: Summary of programme results

	UNICEF and implementing partners' response		
Indicator disaggregation by SVD pillars	2023 target	2023 results	Progress
Health			
# of children vaccinated against measles	602,174	379,268	▲ 63%
# of children and women accessing primary healthcare in UNICEF - supported facilities	2,045,688	795,514	▲ 39%
Nutrition			
# of children 6-59 months with severe wasting admitted for treatment	67,440	26,526	▲ 39%
# of primary caregivers of children 0-23 months receiving infant and young child feeding counselling	1,104,787	878,185	▲ 79%
Child protection, GBVIE and PSEA			
# of children, adolescents and caregivers accessing community-based mental health and psychosocial support	89,156	30,971	▲ 35%
# of women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions.	218,216	63,774	
# of people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	205,644	138,422	
# of unaccompanied and separated children provided with alternative care and/or reunified	3,785	732	
Water, sanitation, and hygiene			
# of people accessing a sufficient quantity and quality of water for drinking and domestic needs	166,000	28,800	
# of people accessing appropriate sanitation services	58,300	10,900	▲ 19%
# of people reached with critical WASH supplies	1,494,900	655,700	▲ 44%
Education			
# of children accessing formal or non-formal education, including early learning	197,644	116,079	▲ 59%
Social protection			
# of households reached with UNICEF-funded humanitarian cash transfers	10,000	2,396	▲ 24%
Risk communication and social mobilization/ Community Engagement			
# of people reached through messaging on prevention and access to services	9,677,046	3,309,627	▲ 34%
# of people who participate in engagement actions	1,935,409	600,817	▲ 31%
# of people sharing their concerns and asking questions through established feedback mechanisms	3,870,819	777,965	31%

Annex B: Funding Status*

Funding requirements 2023					
Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received in 2023	Resources available from 2022 (carry-over)	US\$	%
Nutrition	7,281,879	1,732,413	1,531,225	4,018,241	55
Health	9,014,266	172,167	3,162,923	5,679,176	63
Water, sanitation & hygiene	12,198,083	0	1,922,947	10,275,137	84
Child protection, GBViE and PSEA	6,305,839	976,966	2,311,189	3,017,684	48
Education	4,364,510	0	1,940,166	2,424,344	56
Social Protection	4,000,000	0	752,000	3,248,000	81
Total	43,164,577	2,881,546	11,620,449	28,662,582	66

* As defined in the 2023 Humanitarian Action for Children Appeal for 12 months