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for every child

# UNICEF UGANDA

*Annual Report 2017*





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## Message From the Representative

**Over 1 million children were reached with measles and pentavalent vaccines while, in 19 districts, 71 per cent of children under 5 were treated within 24 hours of developing malaria, diarrhoea and pneumonia symptoms.**

**In 2017, in the context of an economic slowdown, increasing poverty, climate shocks, declining public financing in health and education, outbreaks of infectious diseases such as Marburg measles and cholera, and over-stretched social services, UNICEF's 2016–2020 Country Programme of Cooperation with the Government of Uganda continued to make steadfast progress in realizing children's rights across Uganda.**

In collaboration with our partners and donors, we supported the Government to improve service coverage in health, nutrition and water, sanitation and hygiene (WASH), education and children protection. As a result, over 1 million children were reached with measles and pentavalent vaccines while, in 19 districts, 71 per cent of children under 5 were treated within 24 hours of developing malaria, diarrhoea and pneumonia symptoms. In addition, over 400,000 people gained access to safe drinking water, including South Sudanese refugees, while 101 communities - well above the targeted 75 communities - were declared free of open defecation.

Progress was also made in integrated early childhood development (ECD) programming for children between conception and eight years of age, with 24 districts integrating cross-sectoral ECD services and over 75,000 parents/caregivers trained on Key Family Care Practices (KFCEPs) within a comprehensive parental education programme.

Child marriage and female genital mutilation/cutting (FGM/C), which continue to affect adolescent girls, were addressed through a variety of interventions, especially community mobilization. This led to 25 villages in the Karamoja region, where FGM/C is common, declaring abandonment of the practice, bringing the total number of villages that have abandoned FGM/C to 108.

In our humanitarian response, we supported the Government and other partners to deliver essential services to refugees and host communities. Even with only receiving 43 per cent of our US\$52.8 million 2017 humanitarian appeal – under \$23 million – we were able to reach most of our emergency sector targets by adapting our regular development programming to include the needs of refugees.

UNICEF's Public Finance for Children policy briefs and the National Social Service Delivery Equity Atlas represented milestones in budget transparency by making data available to monitor the equitable delivery and impact of national programmes affecting children and vulnerable Ugandans.

Another key achievement was the release of the Uganda Demographic and Health Survey (UDHS) 2016/2017 Key Indicators report two months after the completion of the data collection. This was largely driven by using computer-assisted personal interviews, which UNICEF supported.

We continued to support Uganda with technology-based innovations. In 2017, UNICEF helped the Government to integrate automated decision-making tools within the district health information management system, an action tracker in health sector guidelines for local government planning, and a digital payment and school management pilot.

In 2018, UNICEF will continue its collaboration with the Government of Uganda and our international and national partners to strengthen essential services for every child.



With my sincere thanks,  
**Dr. Doreen Mulenga**  
Representative

**We continue  
to support  
Uganda as a  
global leader in  
technology-based  
innovations.**

# Childhood in Uganda

**Following the death of both parents – his father in 2013 and mother in 2016 – Atwine Kenneth, who was 16 at the time of his mother’s death, took on the huge responsibility of looking after seven younger siblings.**

Atwine, who lives in Katengyeto village, Ibanda District, was told that his parents died of AIDS-related illnesses. Four of the older siblings, including himself, have since been tested for HIV, the results coming back negative. He plans to also take the younger siblings for testing soon.

Uganda has more than three million orphans. Like Atwine, many of them have lost both parents and are living in child-headed households where children fend for themselves and take care of their younger brothers and sisters.

Atwine confirms that looking after his siblings is not easy. “Before our parents died, life was good. We had plenty to eat, school fees paid for, access to medical care and I was in school, but I had to drop out.”

Atwine’s day starts as early as 6am when he wakes up to prepare the children for school. Some are old enough to do it on their own but a lot of support is needed for 4-year-old, Olive, the youngest. After an hour, they set off to a nearby government primary school. “We cannot afford breakfast so most times they go to school hungry.”

Even though government provides free education, parents and guardians still need to pay a small fee, purchase uniforms and scholastic materials, and provide meals. But for Atwine, not all his siblings have school uniforms and most times, school essentials like books, pens, pencils and fees are very difficult for him to provide.

When the children are all out, he heads out to look for odd jobs to earn some money. He mainly digs in people’s gardens and is paid 4,000 UGshs (around US\$1) for three hours. To supplement this, he sometimes sells crops and coffee from his garden when there is a bumper harvest. Lately he also buys coffee from farmers, dries it and sells it at a slightly higher price to earn more.

**“Before our parents died, life was good. We had plenty to eat, school fees paid for, access to medical care and I was in school, but I had to drop out.”**

With his meagre earnings, Atwine prioritizes school fees and basic necessities. However, when he cannot find work, his siblings have to drop out of school for weeks and sometimes months. “This worries me a lot as it greatly disrupts their learning, that is why many repeat classes,” he says.

At lunch time, the children return home from school for their one and only meal for the day, mainly prepared from matooke (plantain) or maize flour – both carbohydrates without anything added. This is not nutritious at all. “I cannot afford to provide them with more than one meal a day,” Atwine asserts.

Life is evidently not very easy for the young head of the household. However, the children respect and listen to him. On top of providing for them, he also counsels and talks to them about the realities of life. “I urge them to focus on education.” He strongly believes that in case one of them succeeds, especially through education, he/she would be able to support the rest.” He plans to talk to the girls when they are old enough, about the dangers of early marriage and the need to prioritize education. “Everything has its own time, education first then marriage,” he says.

Atwine is in control of managing the home. The children know exactly what to do and when. He distributes the house chores well while ensuring all children are involved. The girls usually stay home to wash dishes, sweep the compound while the boys go fetch water and firewood. He says the girls need to stay home because they can be raped or kidnapped. He is very protective of his sisters. He also checks their homework and provides support were needed.

Regardless of the challenges, Atwine believes that nothing will stop him from taking care of his siblings. “Until I fail, I will not stop trying. I will keep working hard because I don’t want us to be in this state forever, I want us to live a better life.”

# THE COUNTRY PROGRAMME

**The 2016–2020 Country Programme of Cooperation between the Government of Uganda and UNICEF is guided by the United Nations Convention on the Rights of the Child, which Uganda ratified in 1990 and enshrined in the Constitution in 1996.**

It is also informed by the Convention on the Elimination of All Forms of Discrimination Against Women, and other human rights treaties. The objectives and strategic approaches of the Country Programme are consistent with the Sustainable Development Goals, Uganda's National Development Plan II and the Government of Uganda's Vision 2040. The Country Programme is also aligned with the UNICEF global Strategic Plan 2014–2017 and the United Nations Development Assistance Framework for Uganda (UNDAF 2016–2020).

The overall goal of the 2016–2020 Country Programme is to support national efforts to progressively realize children's rights.

The Country Programme is comprised of three sectoral components and one cross-sectoral component:

- **Keeping children ALIVE and THRIVING** – Child survival and development
- **Keeping children LEARNING** – Basic education and adolescent development
- **Keeping children SAFE** – Child protection

The programme is implemented in three cross-sectoral programme outcome areas:

- [Social policy, advocacy and evaluation](#)
- [Strategic communication and partnerships](#)
- [Programme coordination, planning and monitoring](#)





# Key statistics



- > **Total population of Uganda:** 37,673,800 (Uganda Bureau of Statistics projections 2017)
- > **Total child population:** 20,444,300 (Uganda Bureau of Statistics projections 2017)
- > **Total fertility rate:** 5.4 children per woman (DHS 2016)
- > **Teenage pregnancy:** 25% of adolescent girls aged 15–19 years have begun childbearing (DHS 2016)
- > **Neonatal mortality:** 27/1,000 live births (DHS 2016)
- > **Infant mortality:** 43/1,000 live births (DHS 2016)
- > **Under-five mortality:** 64/1,000 live births (DHS 2016)
- > **Antenatal care:** 6 in 10 women have four or more antenatal care visits (DHS 2016)
- > **Delivery care:** 74% of newborns are delivered by a skilled healthcare provider (DHS 2016)
- > **Immunization:** 55% of children aged 12–23 months have received all their required vaccinations (DHS2016)
- > **Childhood illnesses:** 9% of children under 5 suffer from acute respiratory infections; 33% from fever and 20% from diarrhoea (DHS 2016)
- > **Malnutrition:** 29% of children under 5 are stunted; 4% are wasted; and 11% are under-weight (DHS 2016)
- > **Exclusive breastfeeding:** 66% of children under 6 months of age are exclusively breastfed (DHS 2016)
- > **Minimum acceptable diet:** 14% of children aged 6–23 months eat a minimum acceptable diet (DHS 2016)
- > **Access to water:** 78% of Ugandans have access to safe drinking water (UDHS 2016)
- > **Access to sanitation:** 80% of Ugandans have access to improved sanitation (Ministry of Water and Environment Annual Sector Performance Report)
- > **Education:** 62% of children who enroll in primary school complete Primary 7 (EMIS 2016)
- > **Early marriage:** 49% of women aged 20–49 years have been married before the age of 18 (UNICEF SITAN 2015)
- > **Birth registration:** 68.4% (MVRS 2016)
- > **Poverty:** 21.4% of Ugandans live in poverty (UNHS 2016/2017)

# For every child survival and development

**“I was happy when they told me that my baby was healthy. I was also told to come back many times because the doctors needed to check if the baby was growing properly and advised me to deliver in a hospital and not at home.”**

Every pregnant woman’s dream is to have a safe pregnancy and a healthy baby. This was Nema Adera’s dream the day she found out she was pregnant. Unfortunately for her, just four months into the pregnancy, she had to flee the civil war in her country, South Sudan.

After five days of endless walking, hunger, fighting off mosquitoes and sleeping in the bush, Nema and her family arrived at the Ugandan border. The fear of losing her unborn baby along the way was a constant worry. “I always dreamt of having a healthy child, so I tried to walk faster to find safety but often fell behind the rest. I was always tired because we ate very little,” she says.

She still remembers the day she arrived at the border and recalls the joy she had while boarding the ‘big’ buses to the reception centre. She also remembers that while receiving a tetanus shot at the centre, the health workers stressed that she urgently needed to get herself and her baby checked out.

Nema followed the advice and went for her first antenatal visit at Yiinga Health Centre III, which was not far from her new home located in Imvepi refugee settlement, Arua district, in Northern Uganda. She later returned for four more visits before delivery.

“I was happy when they told me that my baby was healthy. I was also told to come back many times because the doctors needed to check if the baby was growing properly and advised me to deliver in a hospital and not at home.”

In the settlement, Nema was also assigned a village health team member to occasionally visit her and monitor her progress. “I was told to ring the village health team member the moment the pains begin so that he can take me to the health centre,” she added. This she did and an ambulance

was dispatched to take her to the health facility when her contractions started.

At exactly 2:00 am on 1 November, Nema gave birth to a baby girl. However, her delivery experience was a difficult one. According to Jane Candiru, the attending midwife, Nema progressed very slowly despite arriving early at the health facility. When she finally delivered, the baby did not cry, a condition known as 'birth asphyxia'. Jane swung into action and resuscitated the baby.

A year ago, Jane couldn't have saved the baby. But today, she is confident and knows exactly what to do when she comes in contact with babies born with a similar condition. This she attributes to the knowledge and skills received from the Helping Babies Breathe training supported by UNICEF. The trainees learn how to use neonatal resuscitation kits and oxygen cylinders to save the lives of babies who can't breathe properly at birth.

Yiinga Health Centre III serves both refugees and nationals from the surrounding villages, receiving an average of 60 to 90 patients a day. The maternity wing alone handles over 100 deliveries a month, with refugees making up the largest percentage. The health centre also conducts nutrition screening of pregnant women and children and provides nutritional supplements for those who are under-weight.

"My baby has no name yet because it is the father's responsibility to give her a name. However, given a chance to suggest a name I will choose 'Agaba', which means – through the bush," says Nema, smiling broadly and relieved that she and her baby survived a very difficult ordeal.

**Yiinga Health Centre III serves both refugees and nationals from the surrounding villages, receiving an average of 60 to 90 patients a day. The maternity wing alone handles over 100 deliveries a month, with refugees making up the largest percentage.**

# REPRODUCTIVE, MATERNAL, NEONATAL, CHILD AND ADOLESCENT HEALTH

Children and mothers in Uganda stand a better chance of survival today than they did more than a decade ago.

## CHILD MORTALITY

2000–01



**1 in 7**

children died before their fifth birthday.

2016



**1 in 16**

children died before their fifth birthday.

## MATERNAL MORTALITY

2000–01

**5.24**

maternal deaths for every 1,000 births.



2016

**3.68**

maternal deaths for every 1,000 live births.

Demographic and Health Survey 2016 (pregnancy-related mortality ratio)

*“I cannot keep any of my children un-immunized because I have witnessed children who have never been immunized suffer from diseases like olunkusense (measles) and skalaakiro (whooping cough).”*

AMINA KAKONDI,  
A MOTHER OF FIVE CHILDREN



Immunization is a simple and effective way of protecting children from preventable infectious diseases.

# Key results

**UNICEF worked with the Government and other partners to address Uganda's high burden of childhood diseases and improve access to child and maternal health services. This was done through building partnerships and promoting innovation by strengthening the health system at both national and district level including: developing equity-focused health policies, strategies and plans; improving management capacity for evidence-based planning and monitoring; implementing high impact interventions including at community level, such as Integrated Community Management of Childhood Illness (IMCI); and mobilizing communities to adopt healthy family care practices.**

■ **More than 1 million children under 1 were reached with measles and pentavalent immunization**, which protects children against many killer diseases. To prevent meningitis outbreaks, more than 5 million people under the age of 29 in 39 high-risk districts were vaccinated as part of a preventative campaign.

■ **UNICEF procured polio vaccines for an immunization campaign in 77 districts**, which reached 6.4 million children under 5. In refugee-hosting districts, 87 per cent of children under 15 were vaccinated against measles and 100 per cent of children under 5 against polio.

■ **In 19 districts, the IMCI programme resulted in 78.6 per cent of all children under 5 receiving treatment** within 24 hours of the onset of symptoms of malaria, diarrhoea and pneumonia.

■ In collaboration with Global fund, Against Malaria Foundation (AMF), DFID and PMI **more than 22.3 million long-lasting insecticide treated nets were distributed** to over 95 per cent of the population in all districts in the country.

■ As part of an emergency obstetric and neonatal care package that was introduced in 212 health facilities, **health workers were provided with newborn resuscitation equipment and trained how to use it. More than 13,200 village health team members were also trained to conduct home visits** to pregnant mothers and newborns to improve maternal and newborn survival.

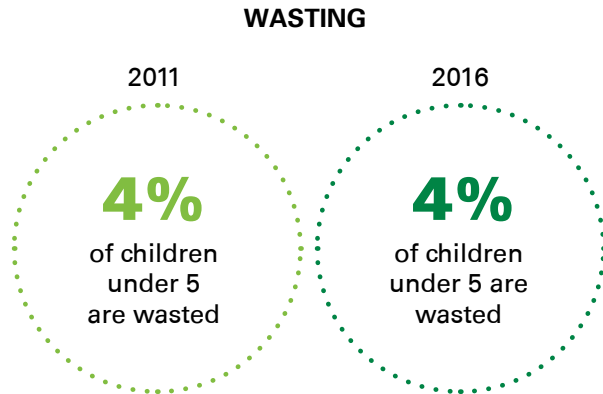
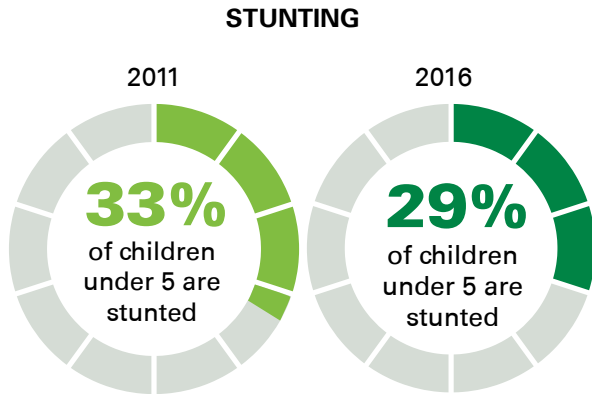
■ To strengthen the community health information system, **more than 11,100 village health teams in 12 districts enrolled in FamilyConnect, an SMS tool that sends pregnant women health care appointment reminders and key health messages**, as well as helps service providers track clients. The village health teams were able to track close to 46,000 mothers as a result.

## Innovations in health

A scorecard for Reproductive, Maternal, and Neonatal, Child and Adolescent Health has been included in the health sector guidelines for local governments to track their performance. 42 districts conducted quarterly performance reviews using the scorecard.

# NUTRITION

Child nutrition is improving but remains high in some parts of Uganda.



Source: Demographic and Health Survey 2016



A mother prepares nutritious greens for a family meal.

“ Here at the centre, we teach parents agricultural skills so that they learn how to plant a variety of crops and also maintain their gardens at home. ”

JULIUS LIKAMBO, A CAREGIVER  
AT ALENGU EARLY CHILDHOOD  
DEVELOPMENT CENTRE IN RHINO CAMP  
REFUGEE SETTLEMENT IN NORTHERN  
UGANDA

# Key results

Despite overall declines in malnutrition levels, around two million children are still stunted in Uganda. In poor and hard-to-reach areas such as Karamoja and West Nile, hunger and wasting are above national averages. In 2017, UNICEF continued to assist the Government in rolling out the National Nutrition Plan in 21 UNICEF-supported districts and strengthened the nutrition response in refugee-hosting districts.

■ In 21 UNICEF-supported districts, **93 per cent of children under the age of 5 were reached with vitamin A supplement**, significantly exceeding the national average.



A child receives a vitamin A supplement.

■ Over 6,000 village health teams, 4,500 parish development committees and 2,000 functional adult literacy groups, were **trained to improve maternal, infant and young child nutrition** amongst parents and caregivers.



A group of parents and caregivers gather for a community session on childcare and nutrition.

■ In the 21 UNICEF-supported districts, more than **200,000 pregnant/lactating women received iron and folic acid tablets** and more than **460,000 caregivers received counseling** on infant and young child feeding (IYCF).

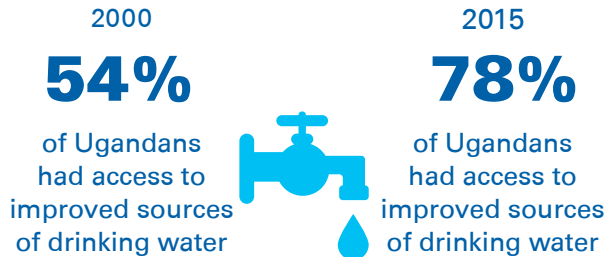
■ **UNICEF helped to strengthen** the nutrition information system through the provision of two technical advisors to the Uganda Nutrition Action Plan Secretariat, the establishment of the National Information Platform for Nutrition, and the provision of coaching and mentoring to district officials with a focus on data management.

■ Also in the 21 UNICEF-supported districts, **nearly 27,000 children under 5 with severe acute malnutrition (SAM) received therapeutic care**, well over the target of 23,000.

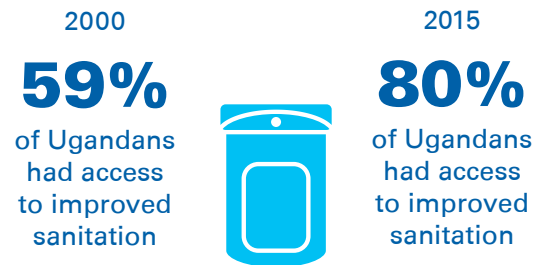
# WATER, SANITATION AND HYGIENE

Access to improved drinking water and sanitation has increased.

## WATER



## SANITATION



Source: Demographic and Health Survey 2016, Ministry of Water and Environment Annual Sector Performance Report 2015

“ This tap stand is very near and provides us with clean water. We are happy with our new source. We used to fetch water from a dirty stream. ”

FORTUNATE ASIANZU, 15, A NATIONAL OF ILIOA VILLAGE IN RHINO REFUGEE SETTLEMENT, ARUA DISTRICT



Fortunate collects clean drinking water in Rhino refugee settlement.



# Key results

**Uganda has made steady progress in improving access to safe water and adequate sanitation. However, unsanitary hygiene practices, such as open defecation, are still practiced by 7 per cent of the population. Most households do not have hand washing facilities and soap, which are key to preventing childhood diseases such as diarrhoea and respiratory illnesses. In 2017, UNICEF-supported the Government to increase water and sanitation coverage and improve hygiene practices in rural areas, refugee-hosting districts and schools.**

■ To strengthen district management capacity in five districts with the worst WASH indicators, **UNICEF supported a bottleneck analysis and the development of a WASH costed action plan.** Priority interventions from the costed plan were integrated into district annual development plans.

■ The Ministry of Water and Environment, with support from UNICEF and partners, started to plan for catchment-based water services in refugee-hosting districts. As a result, the **capacity of District Disaster Management Committees to implement emergency preparedness and response activities in three refugee-hosting districts was strengthened.**

■ In 12 UNICEF-supported districts, **94,000 people gained access to safe water through solar-powered motorized water systems,** the rehabilitation of gravity-fed water systems and the drilling of 142 boreholes.

■ In the remote Nebbi district and in refugee settlement areas, 900 solar-operated water treatment containers were distributed to prevent potential outbreaks of cholera in communities living close to Lake Albert and the Nile River.

■ **The UNICEF-supported Community led Total Sanitation programme supported 779 communities to abandon open defecation,** while 101 communities were declared open-defecation free.

■ Over 310,000 South Sudanese refugees and host community members in West Nile Region **gained access to safe water through UNICEF support.**

■ **A national Menstrual Hygiene Management toolkit,** including a multi-media package for adolescents, parents, caregivers and school management committees, was rolled out through the media and in schools in 11 districts.

## Innovations in WASH

As a strategy to improve efficiencies and address inequities in access to water in rural areas, UNICEF advocated with the Government and partners for a shift from the conventional drilling of boreholes to innovative motorized solar-powered water systems and solar-powered water treatment containers.

# HIV AND AIDS

HIV prevalence has declined as coverage of prevention and treatment services improved.

## ADULT HIV PREVALENCE



2011: 7.3%  
2016: 6%

## COVERAGE OF PMTCT



2011: 50%  
2017: 95%

## NEWBORN HIV INFECTIONS



2010: 25,000  
2016: 3,400

Source: Uganda Population-Based HIV Impact Assessment 2016-2017, Spectrum Estimations 2016, Health Information Management System 2016

“ At first, the drugs would make me drunk. I talked to the nurses who advised me how to take the drugs. I am now okay. I thank the doctors of Bukulula because if I had not adhered to their instructions again, my two boys would also have contracted HIV. ”

JACKIE AYEBALE, MOTHER, KALUNGU,  
CENTRAL UGANDA



With the support of health workers, Jackie has adhered to her HIV treatment and now enjoys a full and healthy life.

# Key results

**Uganda is one of the world's success stories in halting the spread of HIV. However, adolescent girls and young women continue to bear the brunt of the epidemic, with HIV prevalence four times higher among 15–24-year-old women than men of the same age. In 2017, UNICEF worked with the Government and other partners to keep HIV-positive mothers and their babies on ARV treatment, and to generate data for advocacy and HIV programming for adolescents.**

■ **95 per cent of HIV-positive pregnant women were on ARV treatment by September 2017.** In 37 UNICEF-supported districts, more than 667,000 pregnant women attending antenatal care had their HIV status known. Of these, more than 31,000 were positive with 97 per cent of them enrolled on Option B+.

■ UNICEF supported the Ministry of Health to adapt and implement the WHO guidelines for universal treatment of all population groups, including an innovative service delivery model that reduced health facility burdens by handling over 900,000 people on antiretroviral therapy (ART). **Eighty national trainers were trained to roll out the guidelines in nine districts in Northeastern Uganda.**

■ **Through joint efforts of UN, Government and other partners, Uganda launched the Presidential Fast-track Initiative with a five-point agenda on ending HIV and AIDS in Uganda by 2030. The initiative will accelerate**

the reduction of new infections among girls and young women and their male partners. The coverage for adolescent HIV testing services improved from 9 per cent in 2016 to 32 per cent in 2017.

■ **Identification and early diagnosis of HIV-exposed and infected children significantly improved from 36 per cent in 2016 to 73 per cent in 2017.** In 37 UNICEF-supported districts, the number of sites accredited by the Ministry of Health to provide paediatric HIV services increased from 461 facilities in 2016 to 501 sites in 2017.

■ **To improve an uptake of HIV services for women and children, and the retention of HIV-positive mothers and their exposed babies in care,** an innovative peer-based community model using male champions and community mentor mothers was implemented in 21 UNICEF-supported districts.



Jackie with her young son who was born HIV-free.

# For every child learning

**“It is fun because we teach them through play,” she says. “The children are also taught how to interact with each other, how to take care of themselves, such as with basic hygiene practices, among many other things.”**

It is a few minutes after nine o’clock and the children of the Mirambo Integrated Early Childhood Development Centre are all in class for morning lessons. In the middle class, for those aged 4 to 5 years, it is time for working with number concepts, a lesson led by children themselves. The session is participatory and the children are learning through songs.

Before the lesson begins, Immaculate, the teacher, settles the children down by encouraging them to sing and clap. When she asks for a volunteer to lead the class, several hands go up in the air. She selects five-year-old Amos. He quickly dashes to the corner where locally-made learning materials like balls, sticks and bottle tops, are kept. He chooses balls made out of banana fibre. He then picks up one ball at a time, counting loudly to 10 as the whole class repeats after him. Upon completion, the whole class claps for him, for a job well done, and they all start to sing again.


“Amos, Amos, you are so good. You are very nice. You are so clever. A song and dance for you,” the children sing.

Medius Busingye, the head caregiver at the centre, explains that this approach helps children learn faster.

“It is fun because we teach them through play,” she says. “The children are also taught how to interact with each other, how to take care of themselves, such as with basic hygiene practices, among many other things.”

Mirambo centre, located 18km from Kabale town in Western Uganda, is a community based model run by a faith based organization of an early childhood development centre, that was set up with UNICEF support to provide early learning to children between the ages of 3 and 6 years.

Prior to its establishment, the children stayed at home because the nearby primary school didn’t have facilities tailored for early childhood.



Since it opened its doors, the numbers have more than tripled from 25 in 2012 to 89 in 2017. The centre includes 10 trained caregivers and today, the children, accompanied by their parents, walk as far as 3km to the centre because they want to learn and play.

“Early learning provides a firm foundation for these children,” says Kate Kasiisi, the Inspector of Schools in Kabale district. “We emphasize early learning as a key component of early childhood development.”

It’s not just the little ones who thrive at the centre. Their parents also benefit from monthly sessions where they are educated on how to best look after young children and stimulate their minds and bodies.

“We sensitize parents on why it is important to take good care of their children from the time they are conceived until they grow up,” says Busingye. “We conduct sessions on pregnancy, breastfeeding, nutrition, sanitation, nurturing and care of the young ones and usually have an attendance of 70 parents, including men.”

Busingye is very proud of the work she is doing to make sure that children in her community receive the best start in life. “If parents, leaders, and the church, are committed, we can support our children, even in a rural setting like this. I hope other communities in Kabale can learn from us.”

**It’s not just the little ones that thrive at the centre. Their parents also benefit from monthly sessions where they are educated on how to best look after young children and stimulate their minds and bodies.**

# EARLY CHILDHOOD DEVELOPMENT

More needs to be done to meet the developmental needs of young children in Uganda.



**55%**

of 1–2 year-olds in Uganda have received all basic vaccinations



**14%**

of children aged 6–23 months are given a minimum acceptable diet.



**65%**

of children between 3 and 5 years are developmentally on track in literacy, numeracy and physical, social and emotional development.

Source: Demographic and Health Survey 2016

*It is a new phenomenon for us to get involved in the lives of our children. I prioritize time to play with my children. I know by interacting and playing with them, our relationship grows strong.*

AMOS LOMERIGOROK, 25,  
FATHER, AMUDAT DISTRICT



A child plays with building blocks, which not only improve motor skills but also cognition.

# Key results

**Young children in Uganda are deprived in many areas of growth and development, requiring concerted and coordinated efforts to help them thrive and reach their full potential. In 2017, UNICEF supported the implementation of the National Integrated Early Childhood Development Policy, which harmonises goals and strategies across sectors to ensure that children from birth to age 8 have access to quality and integrated learning, health, nutrition, WASH and protection services.**

■ Out of 30 districts supported by UNICEF with integrated ECD interventions, 25 districts, 108 sub-counties and 203 parishes, **established cross-sectoral planning committees for integrated ECD.** Twenty-two districts began to integrate cross-sectoral ECD services.

■ UNICEF supported the rollout of KFCPs, which cover practices in health, nutrition, WASH, education and child protection, and promote quality parenting. **More than 75,000 parents and caregivers, 26 per cent of whom were men, were oriented on the KFCPs.**

■ Pre-primary school coverage in the 30 UNICEF-supported districts reached 27 per cent, **benefitting nearly 355,000 children.**

■ According to UNHCR, **over 53,000 children accessed ECD centres in nine refugee settlements,** 32 per cent of which were Ugandan children (17,000) with the remaining number (36,000) comprising refugee children from South Sudan, the Democratic Republic of Congo and Burundi.

■ In the 30 UNICEF-supported districts, over **3,000 ECD caregivers were trained to provide young children with early learning and quality parenting support.** They were also trained to implement the KFCPs and support young children access all services critical to their development.

■ **The UNICEF-supported #BestStartInLife ECD campaign reached 17.6 million people** across Uganda with messages on how parents and care givers can practice the KFCPs, such as nurturing care and stimulation, to ensure the optimal development of their young children.



Children learning in an ECD centre.

# QUALITY EDUCATION

Most children go to primary school in Uganda but do not learn properly, and many never make it to secondary school.



**32%**

of children who enrol in primary school make it to Primary 7 on time.



**60%**

of children read at the defined level of literacy at Primary 3.

Source: Education Management Information System 2016

**“** I am so grateful to the government of Uganda and Irish Aid, for supporting vulnerable girls like me. I am a testament that this programme can support more adolescents in Karamoja to complete their primary and secondary education. **”**

FATUMA HASSAN NAPEYOK, SCHOOL GIRL, AT THE LAUNCH OF THE UNICEF-IRISH AID QUALITY EDUCATION PROGRAMME IN KARAMOJA.



Quality education is key to breaking the cycle of poverty and illiteracy.



# Key results

In Uganda, primary school enrolment is high but quality remains poor. Violence and corporal punishment are common in schools and dropout rates are high at both primary and secondary levels. Children with special learning needs, poor children, rural children and children in the northern parts of the country are still disproportionately excluded from education. In 2017, UNICEF supported the Government to provide equitable access to quality, inclusive and gender-sensitive education.

- In the 20 districts with the poorest education performance, **UNICEF-supported the Quality Enhancement Initiative (QEI)** programme in 600 schools.
- In 10 UNICEF-supported districts in North-eastern Uganda, **around 2,000 school management committee members from 160 primary schools were oriented on school improvement planning**, resulting in the development of school improvement plans.
- **Staff in 319 government aided primary schools in seven districts in Western Uganda were trained** in all aspects of supervision. Of the 319 schools, 270 were supported to strengthen school management committees. And of the 270, 257 had functional school management committees by the end of the year.
- In the 10 districts in Northern Uganda, **190 school head teachers conducted regular teacher support supervision in 2017**.
- In Karamoja, four out of the seven UNICEF-supported districts had functional coordination

## Innovations in education

**Kupaa:** A digital school payment and management process piloted in more than 60 government and private schools in partnership with MasterCard Labs. The technology reduces school payment transaction costs to both parents and schools, and contributes to enhanced transparency and accountability.

**Kolibri:** An open source platform for the dissemination of high quality education resources launched in 30 secondary schools in 10 districts.

mechanisms in place in 2017, with education sector coordination meetings held monthly. This resulted in **enhanced capacity by all education actors in Karamoja to coordinate programme implementation and identify gaps** for further programming.

■ Also in Karamoja, 91 per cent of schools conducted support supervision every month, while nearly **2,000 teachers in 218 schools benefited from school inspection and support supervision**.

■ The Reporting, Tracking, Referral and Response to Violence Against Children in Schools guidelines were disseminated in 109 schools, **reaching 810 teachers and more than 25,000 pupils**.

■ In nearly all districts in Karamoja, over **1,000 teachers and deputy head teachers were trained in gender and conflict-sensitive learning methodologies**. As a result, gender parity at primary level is slowly improving, with girls comprising 40 per cent of the school population.

# ADOLESCENT DEVELOPMENT

Adolescent girls are vulnerable in Uganda.



**1.8%**

HIV prevalence among  
adolescent girls, 15–19 years

**0.5%**

HIV prevalence among  
adolescent boys, 15–19 years

Source: Uganda Population-Based HIV Impact  
Assessment 2016-2017, DHS 2016

**“** I like the mentors very much. They give us a lot of hope... they provide us with small note books and encourage us to write our dreams and aspirations. **”**

AMINA MOHAMMED, 18, A PARTICIPANT IN THE ADOLESCENT PROGRAMME IN BIDIBIDI REFUGEE SETTLEMENT IN NORTHERN UGANDA.

**40.4%**

of women aged 20-49 who  
were first married by the  
age of 18.

**A quarter**

of adolescent girls between  
15–19 years have begun child  
bearing.



Amina feels inspired by the UNICEF-supported adolescent programme she attends in Bidibidi refugee settlement.

# Key results

**Adolescents, especially girls, are a highly vulnerable and vastly under-served population group in Uganda. In 2017, as a flagship programme, UNICEF continued to work with the Government to improve inter-sectoral coordination and implementation of adolescent development programming.**

■ **Key policies and plans to strengthen the enabling environment for adolescent development** were launched with UNICEF support. Among them, the Education and Sports Sector Strategic Plan 2017–2020 aims to reduce the number of out-of-school adolescent girls and boys (currently at 900,000) and improve learning achievement for all levels of education. Also, the Gender in Education Policy is set to address gender-related bottlenecks in education while the Multi-Sectoral Framework for Adolescent Girls is a key advocacy and accountability instrument aligned with Vision 2040, the Sustainable Development Goals and the United Nations Development Assistance Framework (UNDAF).

■ **The National Strategy to End Child Marriage and Teenage Pregnancy was expanded to an additional 25 districts in 2017.** Out of the cumulative total of 55 districts, 25 allocated resources to implement the strategy.

■ The rollout of the National Strategy for Girls' Education and school health/life skills programme continued in 11 districts. **More than 14,000 teachers and 70,000 children were trained to prevent violence against children in schools** as well on life skills education,

menstrual hygiene management, and gender-sensitive pedagogy (for teachers).

■ **Nearly 29,000 out-of-school refugee adolescents were reached** with accelerated learning and vocational and life skills training in refugee hosting districts.

■ In partnership with the Government, the UN and other partners, **Uganda launched the Presidential Fast-track Initiative with a five-point agenda on ending HIV and AIDS in Uganda by 2030.** The initiative aims to accelerate the reduction of new HIV/AIDS infections among girls and young women and their male partners.



Amina enjoys a board game with her friends at the UNICEF-supported adolescent programme in Bidibidi refugee settlement.

# For every child *protection*

**UNICEF is supporting 12 CFSs in Amudat district, all operated by TPO. In each of the centres, the TPO team works with a core group of 25–30 adolescents to help them to understand violence and harmful practices.**

**As you approach Naguliet Child Friendly Space (CFS) in Loroo sub-county in Amudat district, Eastern Uganda, you can't help but notice girls and boys playing football, netball and other community games as well as a group of adolescent girls seated under a shade with a mentor.**


At the other end of the CFS, a classroom has been converted into an early childhood development (ECD) centre. Michael Longok, Senior Probation Officer, explains that older children also come to the centre because "there is no school here". The nearby school is 20km away but most of the children cannot walk that long distance.

The Naguliet CFS, operated by Transcultural Psychosocial Organization (TPO) with UNICEF support, helps to bring communities together. The parents and caregivers use this space to meet and talk about their children. The space also provides a platform to educate adolescent girls and boys on the dangers of female genital mutilation/cutting (FGM/C), child marriage and other risks.

George Mubiru, TPO's Programme Coordinator, says the community values the CFS. "Different age groups come here to assess a wide range of information and services. Parents have been very supportive," he explains.

UNICEF is supporting 12 CFSs in Amudat district, all operated by TPO. In each of the centres, the TPO team works with a core group of 25–30 adolescents to help them understand violence and harmful practices, such as FGM/C, and empower them to protect themselves against such practices.

"Through the core groups, girls are encouraged to reach out to other girls and boys in the community to pass on the messages, which contributes to a change in attitude towards harmful practices," says Marianna Garofalo,



UNICEF Child Protection Specialist. “The Child Friendly Spaces are also a safe place for children to report cases of violence and abuse.”

The CFSs also serve as a child protection surveillance mechanism. For example, when the same children go to the spaces every day, it is easy for caregivers to spot and follow up on those who go missing and make follow-ups through friends and community members.

**“Through the core groups, girls are encouraged to reach out to other girls and boys in the community to pass on the messages, which contributes to a change in attitude towards harmful practices.”**

# INTEGRATED CHILD PROTECTION SYSTEMS

Children, especially girls, are at greater risk of violence in Uganda.

**35%**

of girls in Uganda have experienced some form of sexual abuse

**17%**

of boys in Uganda have experienced some form of sexual abuse



**83%**

of girls experienced multiple incidents of sexual abuse

**81%**

of boys experienced multiple incidents of sexual abuse

Source: Violence Against Children Survey 2017 – data above among young adults aged 18–24 who experienced abuse during childhood.

“When I joined the campaign, I made sure I saved my six younger daughters from the knife. Instead I sent them to school and I know they will become responsible people in the community after their education.”

LOMIAT ELIA, 67, A RESPECTED LOCAL LEADER AND ROLE MODEL FOR THE CAMPAIGN TO END FGM/C IN TAPAC SUB-COUNTY, MOROTO DISTRICT.



Children need to be protected from violence and live a safe and happy childhood.

# Key results

Thousands of Ugandan children need to be protected from the risk and harm that comes with living in a poor and unequal society. Violence, abuse and exploitation of children are rife, with early marriage, FGM/C and sexual violence a tragic feature of the lives of many children and adolescents. In 2017, UNICEF continued to support the Government in strengthening the policy environment and providing integrated child protection services across the country and in refugee-hosting areas.

■ **The National Strategy to End Child Marriage and Teenage Pregnancy was rolled out to an additional 25 districts**, with 56 districts to-date implementing activities.

■ **Twenty-five out of a targeted 30 villages in Karamoja declared abandonment of FGM/C** in 2017, bringing the total number of villages to 108. Approximately 11,000 community members participated in the declarations and were reached with messages and community dialogues to end the practice.

■ **Close to 90,000 refugee children received psychosocial support** in Child Friendly Spaces and over 3,800 unaccompanied and separated children were provided with alternative care services.

■ 377 refugee children, 357 of whom were girls, were provided with multi-sectoral support in response to sexual violence.

■ **The national database on gender-based violence was rolled-out to an additional seven districts**, bringing the total number of districts



A community member displays signatures on a public declaration notice to end FGM/C.

**to 24.** UNICEF supported the operationalization of the Uganda Child Helpline (UCHLP) national call centre and the 16 district action centres (DACs). All reported cases – around 2,500, including nearly 1,500 related to girls and over 1,000 related to boys - received at least one type of response service. Out of these, around 700 were cases of sexual violence with four cases of online sexual abuse.

# JUSTICE FOR CHILDREN

Priority should be placed on community-based reintegration for children in contact with the law. The child protection system needs to be strengthened so that vulnerable children are treated by the social welfare sector and not the justice sector, as is often the case. Furthermore, child- and victim-friendly court procedures should also be prioritized.

HENK JAN BAKKER, AMBASSADOR OF THE KINGDOM OF THE NETHERLANDS AND CHAIRPERSON OF THE JUSTICE, LAW AND ORDER DEVELOPMENT PARTNERS' GROUP, ON THE OCCASION OF THE 22ND ANNUAL REVIEW OF THE JUSTICE LAW AND ORDER SECTOR, 30 NOVEMBER 2017.



A girl received Justice for Children services from the police after her parents were able to prove her age by submitting a short birth certificate.



# Key results

Despite the existence of a juvenile justice legal framework in Uganda, the rights of children who come into conflict or contact with the law are often ignored. In 2017, UNICEF advocated for a more child-friendly and responsive justice system and supported institutional capacity building in the Justice, Law and Order Sector (JLOS).

- **JLOS included a separate Justice for Children (J4C) budget allocation** of US\$3.7 million in its new Sector Development Plan 2017–2021.
- **To strengthen district-level decision-making, and as a result of ongoing training, the police appointed five senior officers to head the Directorate of Criminal Investigations (CID) and Child and Family Protection Units (CFPUs) in Karamoja.** In addition, the Judiciary redesigned registers with fields to capture children’s issues, addressing the need to make the justice system more child-friendly and responsive.
- **Following the training of 141 officers in 10 districts in 2016, inspections visits to those districts in 2017 indicated an increase in cases** from 4,582 to 5,251, with certain cases newly reflected in the system from village to district level.
- **The continued capacity building of JLOS institutions, especially the police, and the support for J4C coordinators sitting in 13 High Court Circuits, led to the diversion of 69 per cent of children in 60 districts (over 3,200 children) whose cases were eligible for diversion.**



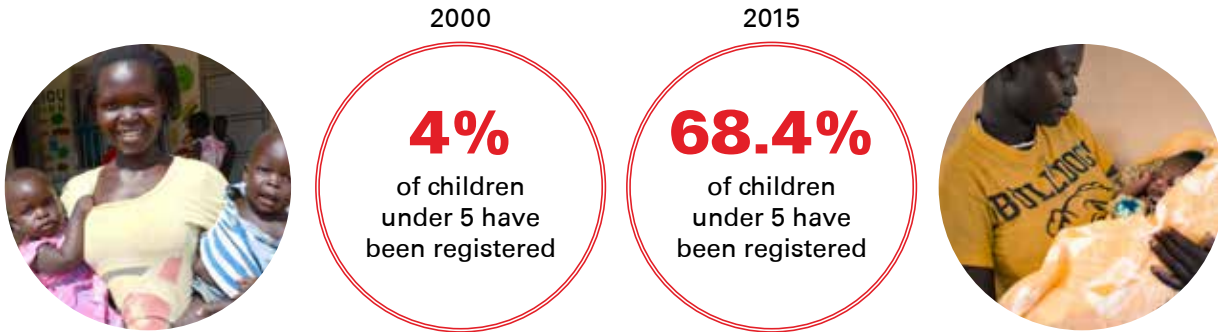
Street children in Mbale town who at one point may need justice for children services.



The Justice for Children programme advocates for children to receive counsel from social workers prior to their appearance in court, and for the creation of child-friendly spaces in courts.

# BIRTH REGISTRATION

Access to birth registration is improving in Uganda.



Source: Mobile Vital Records System 2016. The figures above are estimates.

*In the districts where the Mobile Vital Records System is used, UNICEF also supports home visits to clear the backlog of children below 5 years who were not registered at birth.*

**AUGUSTINE WASSAGO, UNICEF CHILD PROTECTION SPECIALIST (IDENTIFICATION & REGISTRATION)**



Officials at Mulago hospital enter particulars of children and their parents into Mobile Vital Records System to obtain short birth certificates. The system is an innovative technology supported by UNICEF to improve birth registration in Uganda.

# Key results

**Birth registration service delivery was hampered by institutional reforms that transferred civil registration responsibilities from the Uganda Registration Services Bureau (URSB) to the newly established National Identification and Registration Authority (NIRA). In 2017, UNICEF supported the Government to scale up registration services as part of the civil registration and vital statistics (CRVS) system.**

■ **Close to 850,000 children aged 0–17 years had their birth registered through the Mobile Vital Records System (MVRS) and were issued with birth notifications. Of these, 71 per cent were children under 5, including refugee children born in Uganda. This resulted from UNICEF's support to the NIRA, 135 government and missionary hospitals, and the scale-up of birth registration services using MVRS to 85 district local governments in 2017.**



A pupil of Jovia Nursery and Primary School in Kyanangozi village, Kisekka sub county in Lwengo district displays his birth notification record. He is a beneficiary of an education grant and other necessities because his parents have a birth notification record that proved his age, which was a requirement for eligibility.



A mother displays her child's short birth certificate generated by Mobile Vital Records System, at Mityana hospital.

■ **To scale up the delivery of birth registration services, UNICEF supported NIRA to orient technical and political district leaders on the new legal framework for birth registration in Northern and Western Uganda. NIRA also trained birth notifiers in hospitals, health centres and in communities in eight districts to register births and issue birth notifications.**

■ **The Minister of Internal Affairs launched the national multi-sectoral CRVS coordination mechanism. This will pave the way for the development of a national CRVS policy, a costed CRVS strategic plan, a CRVS communications strategy, and the revision and updating of training materials to support capacity development of registrars and notifiers.**

# Working across sectors

**Byamungu was happy with the treatment he and his family received at the Ugandan immigration office. "The team was welcoming and we got transport to Nyakabande Transit Centre by UNHCR."**


**It is 7am and refugees from the Democratic Republic of Congo are about to enjoy their first meal of the day – breakfast – out of three meals provided at Nyakabande Transit Centre in Kisoro, Western Uganda.**

Byamungu John is seated with his family waiting for his wife to return with sugar for the family to have their porridge. Byamungu is the sole breadwinner for the family of 12 that includes his wife, sister in law and nine children. Byamungu was working to fend for his family until the fighting in North Kivu intensified. "We would hear gunshots and reports of people being kidnapped and killed," says Byamungu. This forced Byamungu and his family to start their journey for refuge in Uganda.

They carried a few belongings and walked from their home in Moba village, which is 7km away from Moba Port. There they took a boat to Uvira and got public transport to Bukavu, 150km away. They then walked another 600km to Goma where they found a truck that gave them a ride to Bunagana border, where they arrived at the transit centre for refugees. Byamungu lost his professional documents amidst the different means of transport.

Byamungu was happy with the treatment he and his family received at the Ugandan immigration office. "The team was welcoming and we got transport to Nyakabande Transit Centre by UNHCR. Uganda's refugee policy is very impressive. We were able to forget about our worries for a moment," says Byamungu.

At the transit centre, shelter for men is different than that for women, which was not good news for Byamungu but he was happy he did not have to worry about attacks at night. "I wish my children could continue learning," explains Byamungu in a heartbroken tone.



Nyakabande transit centre is located in Kisoro district. If logistics are available, refugees stay at least two to three nights before they are transferred to Kyaka II Refugee Settlement in Kyegegwa district, a seven-hour drive from Kisoro.

UNICEF is supporting screening for malnutrition and appropriate care, measles vaccinations, vitamin A and deworming at transit centres. With its partner, Save the Children, UNICEF is providing psychosocial support through the establishment of integrated Child Friendly Spaces (CFS) at Nyakabande. This helps to protect children from physical harm and psychosocial distress as well as to help them to continue learning and developing skills. Children access structured play, recreation, leisure and learning activities and also a venue that identifies vulnerable and at risk children to facilitate their referral for immediate response.

“The CFS is the first interface for children at the reception centre,” says Susan Birungi Nyakoojo, Emergency Officer at UNICEF Mbarara Zonal Office. “They engage in play, story-telling and learning which helps them to forget about prior traumatic experiences from home. This in turn gives them an opportunity to grow as children.”

**At refugee transit centers, UNICEF is supporting screening for malnutrition and appropriate care, measles vaccinations, vitamin A and deworming.**

# STRATEGIC COMMUNICATION AND PARTNERSHIPS

“UNICEF has greatly touched and improved the lives of our listeners, and Ugandans with its powerful messages on early childhood development. At Capital Radio, we're happy and proud to have been part of this life-changing journey and pledge our continued support and commitment in 2018 and beyond.”

PETER MUNGOMA, GENERAL MANAGER CAPITAL FM AND BEAT FM

## Key results

**The Strategic Communication and Partnership programme helps to increase public awareness and understanding of child rights in Uganda. It aims to put children at the centre of national development and promotes positive individual and social behaviour change. In 2017, UNICEF continued to develop and implement public advocacy, Communication for Development and private sector engagement approaches to drive change for children in Uganda.**

■ In 2017, 25 million people were reached with information on children in Uganda through traditional media, while 20 million people were reached through social media, and over 300,000 people were reached via the UNICEF

**Uganda website.** Overall, UNICEF's messages and content were seen over 630 million times throughout the year.

■ UNICEF completed the 1st and 2nd phases of its national #BestStartInLife ECD campaign, including a 14 radio and TV spot mini-drama series on several radio and TV stations highlighting the KFCPs necessary for children to optimally develop between conception and eight years of age. As a result, **segments of the audience shared their stories on how they are taking action to ensure the optimal development of their young children.**

■ **Citizen engagement via U-Report continued to grow with more than 22,000 people**, the majority of whom are youth, joining the platform. More than 100,000 Ugandans engaged in child rights discussions using

U-Report, with around 7,000 questions on various issues responded to by U-Report civil society partners.

■ A national adolescent Communication for Development (C4D) strategy was validated, an ECD C4D strategic framework and KFPCs package were developed, and a Sports for Development framework was validated.

■ Over 7,000 district local government officials were oriented on the KFPCs and an orientation of over 600 religious leaders led to over 1,000,000 men and women reached on the KFPCs at parish level. **Around 4,000 village health team members were also trained on the KFPCs in seven Karamoja districts.**

■ 800 district health team members, 30 central facilitators from key line departments, and 700 health and health-related extension workers were trained on communication for the Expanded Programme on Immunization (EPI) in 10 Busoga districts.

■ **Under EPI, five communication packages were developed for six key stakeholder groups and an EPI message kit was developed for health workers.** Two radio campaigns were aired for integrated Child Health Days and routine immunization, and information, education and communication (IEC) materials were developed for Ebola and Avian influenza. **Thirteen types of IEC materials focusing on YCF and micro-nutrient powder were also developed for Karamoja.** IEC materials were also developed in five different languages for the Marburg outbreak.

■ **A multi-media Menstrual Hygiene Management (MHM) campaign was broadcasted in four languages in 21**



Recording of a music video for World Children's Day with South Sudanese refugee children in Kiryandongo Refugee Settlement.

**districts,** and a TV and radio campaign was also broadcasted for three rounds of polio vaccinations. Marburg radio spots and radio talk shows were also supported on three radio stations in the two affected and four at-risk districts.

■ Regarding UNICEF's Public-Private Partnership blended finance concept, political buy-in from many senior officials in the Government, along with significant **interest from major international organizations, was generated.**

■ In the area of Children's Rights and Business Principles (CRBPs), four companies and one apex association became the first private sector organizations in Uganda to start assessing their business practices according to the CRBPs. A partnership with the UNICEF in The Netherlands to champion the CRBPs within the extractives sector was also developed.

# SOCIAL POLICY AND ADVOCACY

Poverty levels are increasing in Uganda.



Source: Uganda National Household Survey 2016/17

“ given the challenges that threaten to undermine our national potential and trap millions of children in poverty, we must take action now to develop child-centred programmes that prepare for and prevent climate-related hazards as well as ensure that children living in urban areas are protected and able to achieve their full potential. ”

CHRISTINE GUWATUDDE KINTU, PERMANENT SECRETARY, OFFICE OF THE PRIME MINISTER.



Children arranging firewood in a rural setting.



# Key results

**Poverty is on the rise in Uganda, hitting children the hardest. In addition, a drought in Karamoja in the North-east; declining public health and education budgets; disease outbreaks; and over-stretched social services are stark reminders that children's welfare is at risk. In 2017, UNICEF promoted the development of equity-sensitive and child-friendly policies, programmes and budgets, using the latest research and evidence. UNICEF also advocated for the poorest and most vulnerable children to be better reached by basic social services.**

■ The Uganda Bureau of Statistics (UBoS) released the Uganda Demographic and Health Survey (UDHS) 2016/17 Key Indicators Report just two months after completing data collection. This was largely driven by the use of the Computer Assisted Personal Interviews (CAPI) technology supported by UNICEF.

■ **With support from UNICEF and the World Bank, UBoS launched the Uganda National Household Survey 2016/17 (UNHS).** The UNHS report includes a dedicated section on child poverty and deprivation alongside Uganda's traditional analysis of monetary poverty analysis.

■ UNICEF's support in the production of timely and more disaggregated national statistics led to the inclusion of the Multiple Indicator Cluster Survey ECD module in the UDHS 2016/17 and the formulation of **Uganda's first ever ECD index**, as well as the introduction of a **disability and functionality survey** into the UBoS survey series.

■ The Government and UNICEF carried out a pioneering study '*Emerging Global Challenges: Climate Related Hazards and Urbanization - Protecting Uganda's Children*'. **The report revealed that Uganda has one of the fastest changing climates and rate of urbanization in the world, with potentially serious impacts on children.** As a follow-up, UNICEF is supporting the Kampala City Council Authority in the development of an urban-based social protection targeting adolescent girls in line with the national social protection policy framework.

■ To monitor the delivery and impact of national programmes affecting children and vulnerable Ugandans (i.e. public finance for children), the UNICEF social policy brief series and the **National Social Service Delivery Equity Atlas were key achievements in strengthening budget transparency.**

■ **UNICEF worked closely with the Government to popularize the National Social Protection Policy and Children Amendment Act.** UNICEF continued to collaborate with the Uganda Social Protection Platform, the Uganda National NGO Forum and other partners to develop advocacy activities around child rights issues. In addition, the National Child Participation Strategy was launched.

■ **UNICEF supported the Government to update the State Party report to the Convention on the Rights of the Child (CRC).** In addition, a new partnership with the Uganda Human Rights Commission (UHRC) was established to strengthen the Commission's capacity on child rights monitoring, and work began on an assessment of the legal framework in Uganda vis-à-vis the standards in the CRC.

# EMERGENCIES

“ I love my community and I don't want anything bad to happen to them. Back home, we were dying of guns, so we can't die of diseases while here. This is why I do what I do. ”

JACKSON ALEMI, A HYGIENE PROMOTER AND SOUTH SUDANESE REFUGEE IN BIDI BIDI SETTLEMENT, NORTHERN UGANDA.



## 1.4 million

REFUGEES IN UGANDA

**98%** are integrated with 3.8 million people in rural districts

**26%** are from the Democratic Republic of Congo, Burundi and other countries in the region

**74%** of refugees are from South Sudan

**61%** of all refugees are children

Source: UNHCR/UNOCHA data 2017

# Key results

UNICEF's humanitarian strategy supports the Government to incorporate emergency preparedness and response into its multi-year development planning, especially in refugee-hosting districts. In other emergency-affected areas, community mobilization and behaviour change communication, combined with the provision of equipment and supplies, is used to contain disease outbreaks such as Marburg virus disease, measles, cholera and malaria. In addition, the provision of nutrition supplies and technical support assist district health services to respond to the increasing malnutrition caseloads in Karamoja and refugee-hosting areas. Additional humanitarian response capacity is supported through an emergency stand-by partnership with the Uganda Red Cross Society.

■ Around 670,000 children aged 6 months–15 years old in refugee-hosting districts were vaccinated against polio, and more than 300,000 children under 5 were vaccinated against measles.

■ Around 286,000 pregnant women from host and refugee communities received folic acid to prevent birth defects and more than 750,000 children aged 6 months to 5 years were supplemented with vitamin A.

■ UNICEF supported the Ministry of Health to urgently stop the transmission of Marburg virus disease in Kween district in Eastern Uganda, as well as measles, cholera and malaria outbreaks in other parts of the country.

■ More than 30,000 refugee children under 5 were admitted for treatment of severe acute malnutrition while nearly 5,000 children and adolescents were supported to continue with antiretroviral therapy.

■ Over 310,000 refugees and host community members gained access to safe drinking water while around 163,000 refugees received access to adequate sanitation through the construction of household latrines.

■ UNICEF and partners continued supporting access to formal and informal education for 120,000 children and adolescents from refugee and host communities.

■ Nearly 90,000 refugee children received psychosocial support in child-friendly spaces and more than 3,800 unaccompanied and separated children were provided with foster or kinship care.

■ 377 children, including 357 girls, were provided with multi-sectoral support in response to sexual violence.

■ With UNICEF support, officials from seven refugee-hosting districts were trained on risk-informed programming. Advocacy by UNHCR, UNICEF and partners at district and central levels, led to the acknowledgment of the presence of refugees in district budget conferences, although a funding gap continues to be a challenge.

# FUNDING

## PROGRAMME BUDGET, 2017, US\$

OUTCOME (SECTION)	SUPPORT BUDGET (IB)	OTHER RESOURCES (OR)	OTHER RESOURCES - REGULAR (ORR)	OTHER RESOURCES - EMERGENCY (ORE)	TOTAL FUNDED
CHILD SURVIVAL & DEVELOPMENT		8,660,470	21,283,049	6,653,849	36,597,368
BASIC EDUCATION & ADOLESCENT DEVELOPMENT		4,362,912	2,812,440	1,277,980	8,453,332
CHILD PROTECTION		3,069,821	1,270,487	1,587,719	5,928,028
SOCIAL POLICY		1,012,160	31,632		1,043,792
STRATEGIC COMMUNICATION		1,329,757	733,853	63,120	2,126,730
MANAGEMENT	155,286				
PROGRAMME EFFECTIVENESS	14,703	4,701,671	1,666,992	1,019,414	7,558,066
<b>TOTAL</b>	<b>169,990</b>	<b>23,136,791</b>	<b>27,798,452</b>	<b>10,602,082</b>	<b>61,707,316</b>



## DONOR CONTRIBUTIONS, 2017, US\$

DONORS	UTILIZED
BELGIAN COMMITTEE FOR UNICEF	416,234
CANADIAN UNICEF COMMITTEE	55,898
CONSOLIDATED FUNDS FROM NATCOMS	393,465
DANISH COMMITTEE FOR UNICEF	15,023
END VIOLENCE FUND	65,812
EUROPEAN COMMISSION / ECHO	717,791
EUROPEAN COMMISSION/EC	269,575
FINLAND	68,417
FINNISH COMMITTEE FOR UNICEF	111,195
GAVI THE VACCINE ALLIANCE	828,754
GERMAN COMMITTEE FOR UNICEF	55,020
GERMANY	238,082
GLOBAL - EDUCATION	595,046
GLOBAL - HIV AND AIDS	109,317
GLOBAL - THEMATIC HUMANITARIAN RESP	1,004,982
GLOBAL - WATER SANITATION & HYGIENE	183,384
IRELAND	1,829,244
JAPAN	1,522,483
JAPAN COMMITTEE FOR UNICEF	41,287
SUPPORT BUDGET(IB)	169,990
NETHERLANDS	529,712

DONORS	UTILIZED
NUTRITION INTERNATIONAL	216,743
REPUBLIC OF KOREA	2,871,045
SIDA - SWEDEN	3,476,229
SPANISH COMMITTEE FOR UNICEF	136,500
SWEDEN	55,436
SWEDISH COMMITTEE FOR UNICEF	82,320
THE UNITED KINGDOM	15,776,942
UNDP - MDTF	228,620
UNFPA - USA	871,518
UNICEF (FOR GR ALLOCATIONS ONLY)	23,136,791
MASTERCARD LABS	179,550
ELMA FOUNDATION	435,300
UNITAID	41,951
UNITED NATIONS JOINT PROGRAMME	17,352
UNITED STATES FUND FOR UNICEF	1,778,406
UNOCHA	2,348,228
USAID	808,200
WFP - ITALY	6,953
WHO	18,520
<b>GRAND TOTAL</b>	<b>61,707,316</b>





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