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for every child

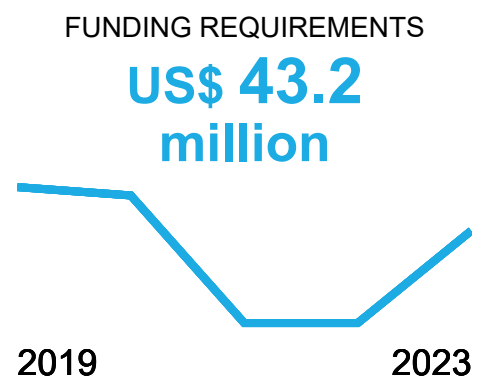
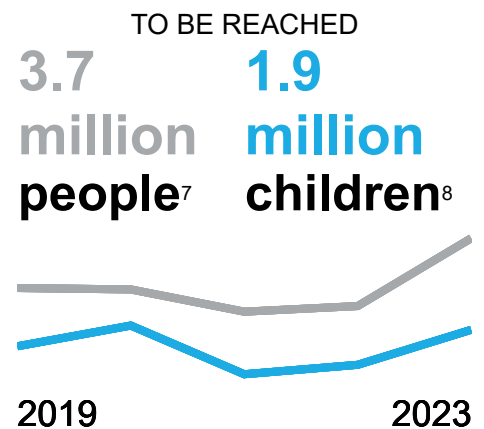
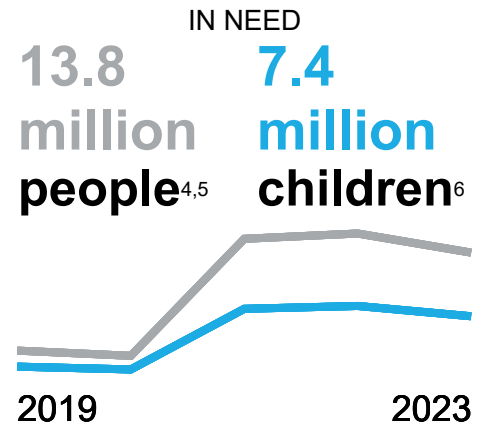
Humanitarian Action for Children

Zacharia Fusheni, UNICEF Nutrition Manager, gives ready-to-use therapeutic food to one-year-old Louma as the baby's mother Margaret Lomongin looks on, at Loputuk Health Centre III in Moroto, Uganda.

Uganda

HIGHLIGHTS¹

- Uganda faces multiple humanitarian crises every year, including refugee influxes, disease outbreaks and climate-related disasters. In 2022, due to drought, more than 500,000 people in the Karamoja subregion were food-insecure, and nearly 92,000 malnourished children required treatment.³ These emergencies have been compounded by an Ebola outbreak declared in September 2022. Altogether, an estimated 13.8 million children, women and vulnerable people will require humanitarian assistance in 2023.²
- In response to humanitarian needs, UNICEF will support government authorities at all levels and work in partnership with non-governmental organizations to provide integrated and multisectoral life-saving assistance. UNICEF will employ a combined approach to its interventions, focusing on systems strengthening, service delivery, provision of critical supplies and durable solutions, contributing to building the resilience of vulnerable communities. The UNICEF response is informed by gender analysis and accounts for the differentiated risks, needs and capacities of women, girls, men and boys.
- In 2023 UNICEF requires US\$43.2 million to uphold the rights of children, adolescents and women affected by these crises, and to help to save their lives. The increased budget is related to the Ebola outbreak and climate hazards.



KEY PLANNED TARGETS



2 million
children and women
accessing primary
healthcare



1.1 million
primary caregivers
receiving infant and young
child feeding counselling



1.5 million
people reached with critical
WASH supplies



9.7 million
people reached through
messaging on prevention
and access to services

HUMANITARIAN SITUATION AND NEEDS

In 2022, the combined effects of multiple hazards led to the deterioration of the humanitarian situation in Uganda. The Integrated Food Security Phase Classification (IPC) exercise officially released by the Government and partners in June 2022 indicates a deterioration in the food security situation in the Karamoja subregion, with approximately 520,000 people classified in IPC Phase 3 or above, with 91,600 children under 5 years of age suffering from wasting and in need of treatment.⁹ The Uganda Ministry of Health declared an outbreak of Ebola disease caused by Sudan virus on 20 September 2022, following a positive test result for one adult male in Mubende district. While it is still unclear how the outbreak will evolve, UNICEF is considering the scenario that delay in detection of cases will cause the spread of the outbreak (beyond the nine districts reporting cases¹⁰) to high-risk districts, but containment within these 21 districts,¹¹ and a response enduring 6-8 months. The Ebola outbreak will likely limit the provision of basic health services due to overstretching and infection of health workers and fear of communities getting infected; result in the utilization of existing spaces in health facilities to establish isolation areas; disrupt immunization campaigns such as the one for coronavirus disease 2019 (COVID-19); and require an upgrade to existing health facilities to comply with Ebola prevention and mitigation measures. Women and girls carry primary responsibility for the sick, and any stigma attached to this might constrain their livelihoods, increasing the risks of gender-based violence and survival sex.

Uganda hosts 1.5 million refugees, including more than 898,000 children from Burundi, the Democratic Republic of the Congo and South Sudan.¹² An additional influx¹³ of refugees is expected to arrive in Uganda in 2023, including unaccompanied children and people with disabilities. Due to overcrowding in urban settlements, poor access to clean water and sanitation, high prevalence of undernutrition and multiple protection risks, an estimated 7.4 million refugees and host community members will need humanitarian assistance by the end of 2023.¹⁴ In refugee-hosting communities, access to education remains low, with the gross enrolment ratio for early childhood development (preschool) at only 48 percent, and for primary and secondary education it is 88.5 percent and 12 percent, respectively.¹⁵ Up to 41 percent of primary- and secondary-school-age children are out of school and only 2 percent of learners with a disability are enrolled in schools.¹⁶ Child protection needs assessments show that refugee and host community children continue to experience a range of protection risks, including child labour, child marriage, sexual and physical violence and neglect.

More than 87,000 people were affected by floods in 2022, which brought about displacement, destruction of infrastructure and risks of waterborne diseases.¹⁷ In the Mount Elgon region, 35 schools and more than 7,000 children were affected by floods.¹⁸ Climate hazards amplify protection risks for children by increasing separation, psychosocial distress and neglect and by exacerbating pre-existing levels of violence.

SECTOR NEEDS



3.6 million people in need of nutrition assistance¹⁹



7.3 million people in need of primary health care²⁰



2.7 million children, caregivers in need of protection services²¹



2.2 million children in need of education support²²



2.4 million people in need of safe water, soap, hygiene²³

STORY FROM THE FIELD



Anastanzia Keriku, 41, a cleaner at Arinya Health Centre III in Adjumani District, fills her bucket from a tap (motorized, solar-powered WASH facilities installed by UNICEF) in the hospital compound.

Beyond medicine, water is the greatest need at a health centre. "We provided health services, but the quality of our work wasn't good as we used water very sparingly. We also would wash our uniforms only once a week, as we could not take a break from work to queue at the borehole, wash the uniforms and return to work," says Angaika Kalsum, a midwife at Dramba Health Centre.

In 2022, UNICEF's motorized, solar-powered WASH facilities have kept health centres operational. "This new water system has made us a real health centre," Kalsum says. "We can effectively treat, as well as prevent and control infections."

[Read more about this story here](#)

UNICEF's humanitarian response in Uganda will be carried out with partners in line with the Comprehensive Refugee Response Framework, Grand Bargain commitments²⁶ and the Country Programme Document 2021-2025, emphasizing district-level systems strengthening. District actors will be supported to incorporate humanitarian preparedness and response into their annual and midterm district plans.

The Government's Ebola National Response Plan 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, will focus on public awareness of Ebola through risk communication and community engagement, coordination and leadership and information and communication technology. The aim is to reduce the risks of transmission. UNICEF will also support health worker training, provide critical supplies, improve WASH infrastructure in health facilities, maintain positive feeding practices for infants and young children who are affected by the Ebola outbreak and support the continuity of primary health care services.

UNICEF will support maternal and child health services, with a focus on newborns, adolescents and young mothers. This will include support for immunization and HIV services and strengthening the health system at the national and district levels. Furthermore, UNICEF will enhance preparedness for any additional influx of refugees in host communities and in those areas affected by other hazards. UNICEF will deliver multipurpose, unconditional humanitarian cash transfers to support the recovery of livelihoods for vulnerable households impacted by drought, and in Ebola-affected districts.

The nutrition programme will strengthen coordination, information and financing systems to aid scale-up of interventions for prevention and timely treatment of child wasting at the national, district and community levels, including in emergency situations (e.g., drought, in refugee settings and for those affected by the Ebola outbreak). UNICEF will ensure that affected groups and institutions have access to safe water, hygiene products and emergency sanitation by rehabilitating water and sanitation services, supporting a shift to solar-powered WASH systems and distributing hygiene items - and by strengthening WASH management committees, local authorities and the private sector.

UNICEF will continue providing technical assistance to the Ministry of Education and Sports and to district education offices on quality education interventions. These encompass learning recovery, adolescents, life skills development programmes and integrated early childhood development in refugee-hosting communities. Support will also go to schools affected by Ebola, flood and drought to ensure continuity of learning activities. Social and behavioural change will be integrated across programmes.²⁷

UNICEF will provide case management and community-based psychosocial support, including referrals to specialized mental health and education services. Assistance to survivors of gender-based violence, along with prevention interventions, will be integrated into the child protection programme and mainstreamed across all other sectors. In all interventions, UNICEF will implement measures to prevent and respond to sexual exploitation and abuse and use the lens of accountability to affected populations and conflict sensitivity. Within the Ebola coordination framework, UNICEF co-leads the risk communication community engagement and continuity of essential services pillars and actively contributes to other response pillars.²⁵ UNICEF will further support sector coordination for WASH, education, nutrition and child protection at national and subnational levels in response to other hazards.



Health

- **602,174** children vaccinated against measles²⁸
- **2,045,688** children and women accessing primary healthcare in UNICEF-supported facilities²⁹



Nutrition³⁰

- **67,440** children 6-59 months with severe wasting admitted for treatment³¹
- **1,104,787** primary caregivers of children 0-23 months receiving infant and young child feeding counselling³²



Child protection, GBViE and PSEA

- **89,156** children, adolescents and caregivers accessing community-based mental health and psychosocial support³³
- **218,216** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions³⁴
- **205,644** people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations³⁵
- **3,785** unaccompanied and separated children provided with alternative care and/or reunified³⁶



Education^{37,38}

- **197,644** children accessing formal or non-formal education, including early learning³⁹



Water, sanitation and hygiene

- **166,000** people accessing a sufficient quantity and quality of water for drinking and domestic needs⁴⁰
- **58,300** people accessing appropriate sanitation services
- **1,494,900** people reached with critical WASH supplies⁴¹



Social protection

- **10,000** households reached with UNICEF-funded humanitarian cash transfers



Cross-sectoral (HCT, SBC, RCCE and AAP)

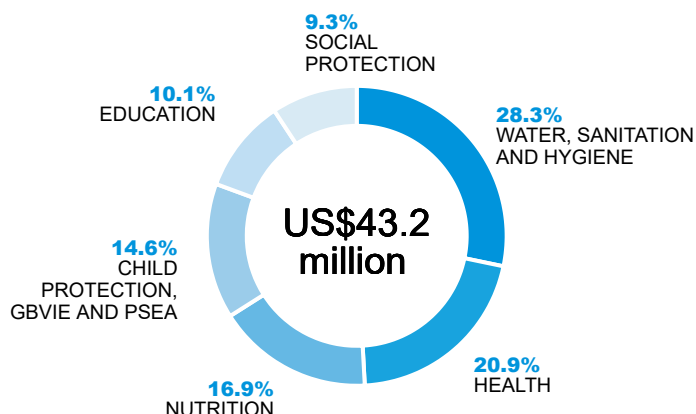
- **9,677,046** people reached through messaging on prevention and access to services^{42,43}
- **1,935,409** people who participate in engagement actions⁴⁴
- **3,870,819** people sharing their concerns and asking questions through established feedback mechanisms⁴⁵

FUNDING REQUIREMENTS IN 2023

Aiming to reach 1.9 million children in Uganda, UNICEF appeals for US\$43.2 million. This appeal, fully aligned with the UNICEF Response Plan, will enable UNICEF to support vulnerable communities affected by climate-related shocks and such communicable diseases as the recent Ebola outbreak. UNICEF requires an additional US\$18 million compared with the 2022 Humanitarian Action for Children appeal to 1) carry out a timely response to the Ebola outbreak; 2) address the needs linked to an expected increase in the number of refugees; 3) foster education programming in drought-affected areas, as well as humanitarian cash transfers to support the recovery of livelihoods for vulnerable households, including in Ebola-affected districts; and 4) ensure prevention of and response to sexual exploitation and abuse in all interventions.

Funding of this appeal will support the quintupling (compared with 2022) of UNICEF's WASH efforts due to the Ebola outbreak. Education interventions coverage increment by 46 per cent, reaching more than 197,000 children. Furthermore, US\$19.1 million will allow UNICEF to respond to extreme weather events, including the devastating drought in the Karamoja subregion. To ensure a timely and integrated refugee response (including through partnerships with local non-governmental organizations), US\$8.4 million is required. Finally, US\$15.7 million will allow UNICEF to respond to Ebola and other disease outbreaks and prepare for future shocks.

Without sufficient and timely funding, UNICEF will be unable to deliver sustainable results in health, nutrition, WASH, child protection and education. Multi-year support will allow UNICEF to strengthen the response capacities of communities, districts and line ministries across Uganda.



Sector	2023 requirements (US\$) ^{46,47}
Health	9,014,266 ⁴⁸
Nutrition	7,281,879 ⁴⁹
Child protection, GBVIE and PSEA	6,305,839
Education	4,364,510
Water, sanitation and hygiene	12,198,083 ⁵⁰
Social protection	4,000,000 ⁵¹
Total	43,164,577

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ENDNOTES

1. COVID-19 remains a Public Health Emergency of International Concern as declared by the World Health Organization in January 2020. On 1 July 2022, UNICEF deactivated its Level 3 Sustained Phase for the global COVID-19 pandemic response. All activities related to COVID-19 pandemic response, including programme targets and funding requirements, have been shifted into regular development programming and operations. While UNICEF's Level 3 emergency response phase of the COVID-19 pandemic was deactivated, the organization is continuing to respond to the COVID-19 pandemic and its impact on children, their families and their communities and on the social systems they rely on.
2. This figure represents the total population affected by food insecurity (Karamoja region), floods in 2022 and refugees and the total population hosting the refugees (8,043,746 people). For the Ebola outbreak, it was assumed that 60 per cent of the population of the 21 districts classified as high-very high risk will require some form of assistance (7,346,156). To avoid double counting it was considered for the overall people in need for each district, the max figure between the Ebola people in need and people in need due to other hazards. The population figures are from Uganda Bureau of Statistics projected population by the district for 2021, adding 3.4 percent as the projected annual population increase.
3. Integrated Food Security Phase Classification (IPC), Uganda (Karamoja): Acute food insecurity situation March - July 2022 and projection for August 2022 - February 2023, release date 31 May 2022, available at <www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1155648/?iso3=UGA>.
4. This figure represents the total population affected by food insecurity (Karamoja region), floods in 2022 and refugees and the total population hosting the refugees (8,043,746 people). For the Ebola outbreak, it was assumed that 60 per cent of the population of the 21 districts classified as high-very high risk will require some form of assistance (7,346,156). To avoid double counting it was considered for the overall people in need for each district, the highest figure between the Ebola people in need and people in need due to other hazards. The population figures are from Uganda Bureau of Statistics projected population by district for 2021, adding 3.4 percent as the projected annual population increase.
5. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
6. Calculation based on children under 18 years of age, representing 53.9 percent of Uganda's population based on the latest projections for 2021 from the Uganda Bureau of Statistics (53.9 per cent of the people in need are children).
7. Estimated as the sum of the targets for infant and young child feeding (1.1 million), children 6-59 months screened for acute malnutrition (1.7 million), access to primary and secondary education (145,000) and the number of people receiving critical WASH supplies. The targeting of all affected population including in relation to Ebola outbreak will be done jointly with the Government. Double counting was prevented by deducting the overlap figures of the same population age and gender group among the targets across the sectors. The adult population includes 50.9 percent women and 49.1 percent men, based on the Uganda Bureau of Statistics. Prevalence of disability is 11 per cent among adults, based on the Uganda Functional Difficulties Survey 2017.
8. Estimated as the sum of the targets for screening for acute malnutrition under 5 (1.7 million) and the target for access to primary and secondary education (145,000). The targeting of all affected population including in relation to Ebola outbreak will be done jointly with the Government. This includes 48.9 per cent girls and 51.1 percent boys, based on the Uganda Bureau of Statistics. Prevalence of disability is 8 percent among children, based on the Uganda Functional Difficulties Survey 2017.
9. Integrated Food Security Phase Classification (IPC), Uganda (Karamoja): Acute food insecurity situation March - July 2022 and projection for August 2022 - February 2023.
10. As of 14 November 2022, there were eight districts reporting Ebola cases: Mubende, Kassanda, Kyegegwa, Bunyangabu, Kagadi, Kampala, Wakiso, Masaka and Jinja.
11. Twenty high-risk districts representing three health regions.
12. Most of the refugees fled from Burundi, the Democratic Republic of the Congo and South Sudan due to insecurity and political instability. See Uganda Comprehensive Refugee Response Portal, available at <<https://data.unhcr.org/en/country/uga>>.
13. In 2022, UNHCR estimated that there would be an influx of 150,000 refugees into Uganda through December 2022.
14. UNHCR, Uganda Comprehensive Refugee Response Portal, available at <<https://data.unhcr.org/en/country/uga>>.
15. Ministry of Education and Sports, Education Response Plan for Refugees and Host Communities in Uganda II 2021-2022/2024-2025, draft (July 2022).
16. Ministry of Education and Sports, Education Response Plan for Refugee and Host Communities II 2021-2022/2024-2025, draft (July 2022).
17. International Organization for Migration, multihazard database for 2022.
18. Multisectoral rapid needs assessment during the Elgon floods in Mbale - preliminary results, August 2022.
19. Estimated based on the number of children aged 6-59 months (17.7 per cent of the total population) and the number of primary caregivers living in areas affected by drought, floods, refugees settlements and at high risk of Ebola.
20. Estimated as 60 per cent of the population in high-very high risk districts for Ebola who will require continuity of essential health services.
21. The assumption is that 50 per cent of children in need as result of drought, floods, in refugee settlements require mental health and psychosocial support (MHPSS). The number includes caregivers.
22. School-aged children (aged 3-17 years old) in need of support in areas affected by drought and floods and in refugee settlements.
23. Estimated based on the number of people affected by food insecurity, floods, Ebola and other health emergencies and additional refugees in the country, who will need safe water and critical WASH supplies.
24. This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.
25. Coordination and leadership, logistics and supplies, ICT, strategic information research and innovations, and case management pillars that includes nutrition, mental health and psychosocial support and WASH.
26. UNICEF is committed to empowering local responders in humanitarian crises in a variety of ways. The revised Core Commitments made investing in strengthening the capacities of local actors in the humanitarian response a mandatory benchmark for UNICEF action. A more localized response will improve humanitarian action and is fundamental to achieving better accountability to affected populations.
27. Including interpersonal communication, outreach through mass media and digital platforms and data generation.
28. Estimated based on the percentage of children under age 1 within the total population - 4.3 per cent - in drought, floods, health emergencies, Ebola-affected areas and in refugee settlements.
29. Estimated based on the percentage of women of child-bearing age within the total population (20.2 per cent), of whom 5 per cent on top are estimated to be pregnant plus the measles target in areas affected by drought, flood, refugee settlements and Ebola affected and at risk districts.
30. The nutrition response includes the indicator 'number of children 6-59 months screened for wasting', with the target of 1.7 million. The service includes screening, vitamin A supplementation and deworming.
31. The target was defined based on the severe wasting prevalence rate which varies from district to district (0.5-1.9 per cent), and the target was taken as 50-100 per cent of the children likely with severe wasting in districts affected by drought, floods, Ebola and other health emergencies, as well as refugee-hosting districts.
32. Estimated using the percentage of women who are pregnant within the population in affected (5 per cent), and the target is 80 per cent of the pregnant women. For example in the refugee-hosting districts the total population is 7,438,457; 5 per cent of this is 371,923; and 80 percent of these pregnant women is 297,538. This was done for all districts affected by hazards, drought, floods, and health emergencies as well as refugee-hosting districts.
33. The assumption was that 50 per cent of all children in need in the areas affected by different hazards, including those in refugee settlements, will be in need of basic mental health and psychosocial support services due to stressors.
34. The target for the gender-based violence indicator is lower in 2023 compared with 2022. For 2022, a nationwide media campaign was planned under the coronavirus disease 2019 (COVID-19) response. For 2023, the target is aligned to the gender-based violence risk mitigation programme interventions planned by the child protection, education, nutrition, health and WASH teams. The calculations are based on the sectoral targets, applying the following assumptions: under gender-based violence risk mitigation, 2 per cent of the overall sector target population will be reached with a gender-based violence risk mitigation activity, either through awareness raising, community dialogue, or other activity; for prevention of sexual exploitation and abuse, the assumption is that 3 per cent of the overall sector target population will have access to a UNICEF sexual abuse and exploitation reporting channel.
35. The calculations are based on the sectoral targets, applying the following assumption: for prevention of sexual exploitation and abuse, 3 per cent of the overall sector target population will have access to a UNICEF sexual exploitation and abuse reporting channel.
36. The assumption is that 2 per cent of those in need of mental health and psychosocial support will be in need of alternative care.
37. The remaining children in need of education services will be covered by district-level local government in collaboration with other partners, including the Office of the United Nations High Commissioner for Refugees (UNHCR) for the refugee population.
38. The education target is split as follows: 52,695 children aged 3-5 years accessing formal or non-formal early learning and pre-primary education; and 144,949 children aged 6-17 years accessing formal or non-formal primary and secondary education.
39. The education target was calculated based on the total number of children aged 3-18 years, equivalent to 45 per cent of the population (based on the Uganda Bureau of Statistics).
40. Estimated based on the number of people affected by different hazards, the additional influx of refugees in the settlements, and those that might be admitted to an Ebola treatment unit.
41. Estimated based on the number of people accessing the 703 health facilities and 1,000 schools planned for support in the Ebola response (1,062,400 people). The remaining figure refers to people in other areas such as the Karamoja subregion, flood-affected areas and refugee communities and refugee-hosting areas.
42. Estimated as 70 per cent of the people in need as a result of floods, drought, health emergencies, as well as refugees and host communities.
43. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.
44. Estimated as 20 per cent of those people who are reached through messaging on prevention and access to services.
45. Estimated as 40 per cent of the people who are reached through messaging on prevention and access to services.
46. All sectors set aside 10 per cent of their total budget for social and behavioural change communication activities, so US\$3,620,049.
47. Funding requirements increased by 73 per cent due to response to the Ebola outbreak (the preliminary response plan costs more than US\$14 million), deterioration of food insecurity in the Karamoja subregion, and other shocks recorded in 2022.
48. The health budget includes US\$2 million for the risk communication and community engagement work that is required for Ebola response.
49. An increase in funding requirements compared to 2022 is prompted by rising levels of wasting and food insecurity in drought-affected areas. The severe wasting target to be reached for 2023 is 32 per cent higher than in 2022, leading to higher funding requirements.
50. The WASH requirements increased significantly for 2023 compared with 2022 due to the Ebola outbreak (support to 703 health facilities, 1,000 schools) and the increased levels of food insecurity. In addition, WASH will provide an integrated package that is upgradable to long-term solutions and robust capacity development of national actors (resources, skills development for local authorities and nongovernmental organizations) for their rapid reaction in case of new emergencies occurring more frequently due to the impact of climate change, and due to more groups living in exposed locations.
51. The funding under social protection is to assist 10,000 households over 6 months, reaching at least 40,000 people (20,000 are children) affected by various shocks in the country.