

Uganda

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A N N U A L
R E P O R T





2016 ANNUAL REPORT

UGANDA

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A Note from the Representative

In 2016, the UNICEF Uganda Country Programme, based on a history of cooperation and respect, continued its long-term partnership with the Government of Uganda.

In a year with a general election in February and record numbers of refugees arriving, UNICEF Uganda continued to support the Government in both development and humanitarian interventions with a focus on the most marginalised and deprived children and women across the country.

In 2016, the UNICEF Uganda Country Programme, based on a history of cooperation and respect, continued its long-term partnership with the Government of Uganda. In a year with a general election in February and record numbers of refugees arriving, UNICEF Uganda continued to support the Government in both development and humanitarian interventions with a focus on the most marginalised and deprived children and women across the country.

The achievement of Vision 2040, which aims to propel Uganda to middle income status, relies on the Government's commitment to realize a number of key child rights. For UNICEF, this means continuing to strengthen systems in each sector, creating increased demand for service delivery, developing the capacity of key stakeholders (ie Government, Private Sector, Civil Society, media, FBOs, etc) and supporting evidence-based advocacy through its Country Programme 2016-2020.

In pursuit of these goals, in 2016 UNICEF supported the Ministry of Health to develop the Reproductive

Maternal, New-born, Child and Adolescent Health (RMNCAH) Investment Plan and contributed to strengthening health systems through a digitized Scorecard that aims to improve the quality of programme management decisions and accountability for delivery of health services.

With support to procure vaccines as well as execute national social mobilization activities, UNICEF in partnership with WHO, enabled polio vaccination to over eight million children under five. UNICEF support also resulted in 85 per cent of children in 49 districts receiving appropriate treatment for malaria within 24 hours of disease onset. The renewal of the National Nutrition Policy and Strategic Plan also contributed to improving multi-sectoral coordination and the promotion of better family care practices to reduce stunting and malnutrition.

UNICEF continued to support the provision of clean drinking water and adequate sanitation in Uganda's schools, health centres and communities, with 224,700 refugees and Ugandans in refugee host communities as well as more than 150,000 Ugandans in 14 priority districts getting access to clear water.

A major achievement in 2016 was the launch of the National Integrated Early Childhood Development Policy and Action Plan 2016-2021 to improve the development of all children under the age of 8. UNICEF's Early Childhood Development (ECD)

'#BestStartinlife' multi-media campaign and roll out of the Key Family Care Practices also greatly raised awareness on key behaviours parents and care providers should apply to ensure the optimal development of their young children.

UNICEF continued to develop and use innovative technologies to strengthen results for children. U-survey, an electronic data collection tool with in-built statistical capabilities, was developed to improve the collection of national statistics. With UNICEF's support, the Government also launched Uganda's first National Social Service Delivery Equity Atlas which, for the first time, presents financial and social development data in a manner that should significantly improve equity-focused social service delivery.

Uganda hosted 865,385 refugees from South Sudan, Burundi and the Democratic Republic of Congo, of which 58 per cent were children. Of these, around 400,000 South Sudanese (64 per cent children) arrived since July 2016. Throughout 2016, UNICEF supported newly displaced women and children with emergency responses while strengthening existing national, district and local level service delivery systems in refugee-hosting areas.

Aida Girma-Melaku
Representative, UNICEF Uganda

Uganda's childhood by numbers: statistics and data

Population



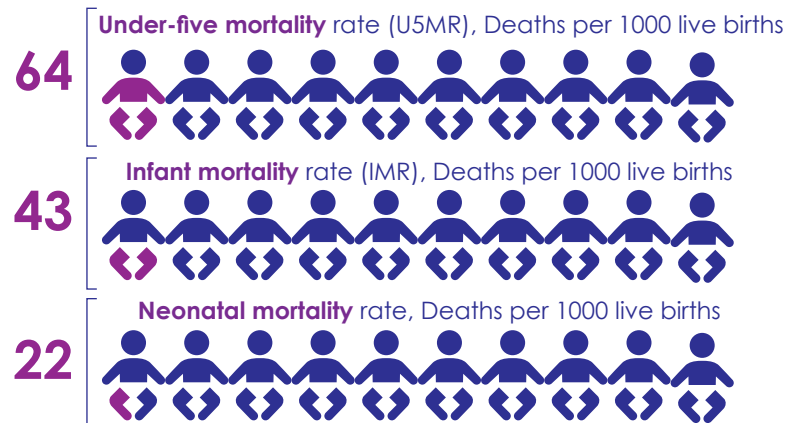
34.6 million, of which



are children under **18 years**

Source: 2014 national census

Child Mortality



Source: Preliminary 2016 UDHS findings

Maternal Health



Antenatal care coverage for at least **One visit**

97%

Antenatal care coverage for at least **Four visits**

59.9%

Proportion of births attended by skilled health personnel

74%

Source: Preliminary 2016 UDHS findings

HIV/AIDS



Estimated number of new HIV infections among adolescents (aged 10-19) **79,000**

Source: Ministry of Health 2016 data

Sanitation



Proportion of population using Improved sanitation facilities

19%

Proportion of population using Shared sanitation facilities

14%

Proportion of population using Percentage of people practising open defecation

7%

Source: WHO/UNICEF 2015 Joint Monitoring Programme

Child Nutrition



Exclusive breastfeeding rate in children under 6 months



Prevalence of stunting in children under five

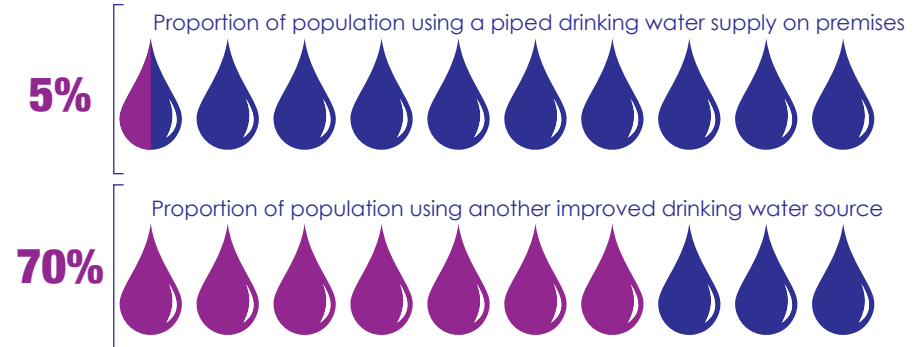


Children under five years who suffer from anaemia



Source: Preliminary 2016 UDHS findings

Water



Source: WHO/UNICEF 2015 Joint Monitoring Programme

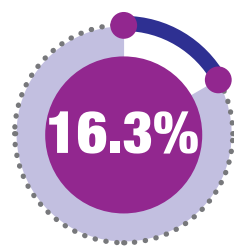
Child Protection



Children under age 5 whose birth is registered



Women aged 20 to 24 years who were first married or in union by age 18



Children aged 5 to 14 years engaged in child labour

Source: 2015 UNICEF Situational Analysis of Children

Education



Attendance to early childhood by children aged 3 – 5



Source: 2016 Education Sector Report

Proportion of pupils starting grade 1 who reach grade 5



Proportion of out-of-school children of primary school age



Source: Education Management Information System

Child Survival and Development

In 2016, UNICEF supported the Government of Uganda reach or exceed its performance targets in immunization, Elimination of Mother-to-Child Transition of HIV, and water and sanitation.

Strengthening health facility management and accountability

UNICEF worked closely with WHO, the United Nations Population Fund and the World Bank to support Uganda's Ministry of Health on the development of a Reproductive Maternal, New-born, Child and Adolescent Health (RMNCAH) Investment Case based on the RMNCAH Sharpened Plan. The Investment Case was submitted to the World Bank and Global Financing Facility for approval to mobilise up to US\$140 million to support RMNCAH activities in 60 districts, such as strengthening district health systems and birth registration as well as supporting the implementation of Key Family Care Practices.

The RMNCAH Scorecard was digitized and integrated into Uganda's national and community data systems. The Scorecard is intended to improve the quality of programme management decisions and social accountability for the delivery of health services. UNICEF supported District Management Teams to ensure that the RMNCAH Scorecard was operationalized in 21 priority districts.

Nutrition

UNICEF and partners provided Vitamin A supplementation to an estimated 2.5 million children under five years old, and deworming to 4.5 million children nationwide. Furthermore, 52,822 under-five children were treated for Severe Acute Malnutrition across the country. In 21 districts that UNICEF has prioritised for strengthening nutrition services, 28,568 acutely malnourished children were treated, enabling UNICEF to achieve its annual targets in both development and humanitarian contexts.

Reaching immunization targets

UNICEF, in partnership with WHO, supported the Government of Uganda to procure vaccines and execute national social mobilization activities that reached over eight million children under five years old with immunization against polio. UNICEF also supported the Government of Uganda to introduce the inactivated polio vaccine as part of efforts to strengthen routine immunization. In response to a yellow fever outbreak, UNICEF supported the procurement of vaccines which resulted in over 600,000 people immunised against yellow fever in Masaka, Rukungiri and Kalangala districts.

UNICEF in partnership with the Government of Uganda is working to strengthen national capacity to deliver improved health and nutrition outcomes for children, pregnant women and other vulnerable groups as well as contribute to sustained improvements in population dynamics by 2020. More specifically, UNICEF is supporting:

- Strengthen national capacity to scale up and sustain the provision of quality, high-impact maternal, neonatal, child and adolescent health and nutrition interventions
- Strengthen national capacity to improve the quality, access and utilization of PMTCT of HIV, paediatric, maternal and adolescent AIDS/TB care and treatment services
- Strengthen national capacity to scale up and sustain high-impact child nutrition interventions, with a focus on the first 1,000 days of life to reduce stunting and other forms of malnutrition
- Support the sustained improvement of access to and use of safe drinking water and improved sanitation and personal and environmental hygiene practices, with a focus on rural and under-served areas.



Integrated Management of Childhood Illnesses

Under the Integrated Community Case Management of Childhood illnesses programme, UNICEF supported the training of 14,528 Village Health Team members to equip them with skills to diagnose and treat malaria, diarrhoea and pneumonia at the community level. The provision and close monitoring of essential non-malarial commodities through national systems (NMS and mTrac) minimised the stock outs of essential medicines for treatment of malaria. As a result, 85 per cent of children in 49 priority districts received appropriate treatment for malaria within 24 hours of disease onset.

The Community and District Empowerment for Scale-up (CODES) programme is a district-level management intervention to improve child survival in Uganda. CODES addresses the obstacles to lifesaving interventions, such as limited data or limited analytic and planning capacity, in order to prevent malaria, pneumonia and diarrhoea deaths, which together account for nearly 40% of under-5 deaths.

Early results show that malaria and pneumonia prevention, and immunization coverage improved significantly in the eight CODES districts. Testing/assessment before treatment for malaria and pneumonia rose from 23 per cent to 69 per cent at the facility level in two years, and health worker absenteeism fell from 44 per cent to 29 per cent in two years.



Water and Sanitation

Approximately 150,000 people in 14 priority districts received access to water with the rehabilitation of two gravity-fed water systems' and the installation of 45 hand-dug wells and 238 deep wells. The National Hand-Washing Initiative, including media campaigns, were rolled out nationwide. Water quality assessments in 15 cholera-prone districts guided the development of water quality safety plans. Community-led Total Sanitation, which enhances community learning for improved community sanitation, was rolled out in 32 districts while a Community Rapid Assessment Protocol tool developed a road map for the elimination of open defecation in six districts.

UNICEF supported the Ministry of Water and Environment to train 36 hand-pump mechanics on the operation and maintenance of water and sanitation facilities in rural areas, including a few women (7%). Though a seemingly small percentage, this statistic marks a significant step forward for female employment in a field traditionally held by men.

UNICEF supported the construction of three additional solar-powered water systems to serve more than 24,000 South Sudanese refugees. In total, UNICEF has supported the construction of 16 solar-powered water systems in refugee settlements since 2014. In addition, UNICEF provided more than 1,000 solar-powered water treatment jerry cans to address a cholera outbreak in Nebbi district.

“ In places like Karamoja, scarcity of clean water is still a challenge. So, our WASH programme adapts measures to each situation to ensure the regular operation and maintenance of piped water systems. The satisfaction is when you see people lifting water up to their face, and drinking.”

Prakash Raj Lamsal UNICEF Uganda, Chief WASH



HIV Care and Treatment

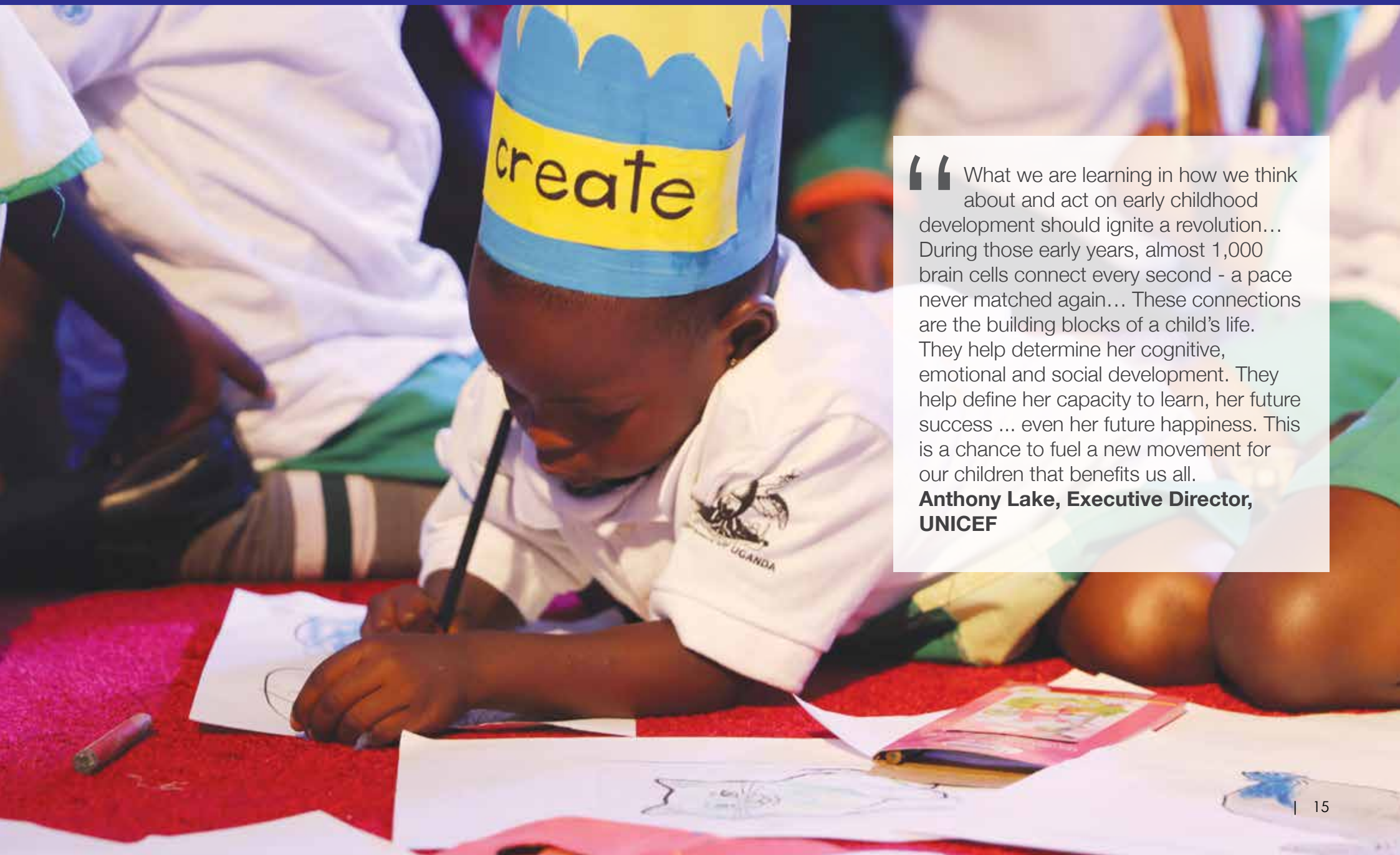
In 34 districts supported by UNICEF to scale up the Elimination of Mother-to-Child Transmission of HIV, 85 per cent of pregnant women were tested for HIV and 84 per cent of the targeted 39,377 HIV-diagnosed children were enrolled in care. Anti-retroviral therapy (ART) for Elimination of Mother-to-Child Transmission of HIV was provided to 3,521 HIV-positive pregnant refugee women and to 622 refugee children and adolescents requiring continuation of ART. UNICEF provided HIV test kits for 12 districts affected by stock-outs in 2015 and 2016, and supported 21 districts with training, mentorship and the

establishment of community facility linkages that ensure pregnant mothers and their babies are kept within the continuum of care.

The ALL-IN rapid assessment supported by UNICEF and partners provided age- and sex-disaggregated data on adolescent HIV to inform the integrated National Adolescent Girls Programme Framework and overall programming that provides HIV prevention and care services for adolescents. ALL-IN is a global strategy to address HIV and AIDS among adolescents, which Uganda is party to.



Basic education and adolescent development



“ What we are learning in how we think about and act on early childhood development should ignite a revolution... During those early years, almost 1,000 brain cells connect every second - a pace never matched again... These connections are the building blocks of a child's life. They help determine her cognitive, emotional and social development. They help define her capacity to learn, her future success ... even her future happiness. This is a chance to fuel a new movement for our children that benefits us all.

**Anthony Lake, Executive Director,
UNICEF**

In the education sector, UNICEF's support continues to focus on improved access to education and creating quality and safe learning environments in school.

Early Childhood Development: *building blocks of a child's life*

The Cabinet's approval of the National Integrated Early Childhood Development (IECD) Policy and Action Plan (2016 -2021) was a major achievement in 2016.

UNICEF supported the IECD Policy implementation with:

- The development and roll-out of the Key Family Care Practices;
- The revision of the community Integrated Management of Childhood Illness package to include Child Care for Development modules on early learning and stimulation;
- The finalization of ECD norms and standards;
- The training of 2,900 caregivers in approximately 1,000 community-based ECD centres.

Over 268,284 children in 5,460 community-based ECD centres, including refugee settlements, benefited from appropriate care and learning opportunities provided by trained caregivers.

The **#BestStartInLife** ECD multi-media campaign generated over 6,000 media reports that reached around 22 million people, significantly raising awareness on the recommended behaviours parents and caregivers should practice to ensure the optimal development of young children. As a result of orientation sessions conducted by UNICEF, Members of Parliament, Ministers, senior civil servants, the private sector and the media have committed to supporting the implementation of the IECD policy.





Primary Education: Equitable access, quality, and sustainability

In addition to its capacity as Chair of the Basic Education Working Group, UNICEF became the coordinating agency for the Global Partnership on Education. In these positions, UNICEF advocated for a comprehensive reform of the education sector, including support to the Ministry of Finance, Planning and Economic Development to analyse education expenditure to ensure a more effective and efficient utilisation of the education budget.

With training and supervision support, 1,504 teachers from 687 schools in 15 priority districts improved their understanding of the thematic curriculum and early grade reading methodologies, which is benefitting over 120,000 children.

UNICEF supported a number of initiatives to improve the learning outcomes for children with disabilities. Pilot testing of a set of digitalized English textbooks for children with visual and hearing impairments was completed and 494 district stakeholders were trained to mentor teachers of children with special needs. The Special Needs Education Policy was also submitted to Ministry of Education for approval.



Adolescents: Improving access to information, life skills and essential services

In 2011, 49 per cent of women aged 20 to 49 years reported getting married before the age of 18, and 15 per cent reported being married by the age of 15. At 24 per cent, the teenage pregnancy rate is among the highest in Africa, and 18 per cent of all maternal deaths are experienced by adolescent girls who suffer from pregnancy-related conditions. In response, UNICEF Uganda integrated adolescent issues, especially for girls, as a cross-cutting priority into all programmes.

Working with the Ministry of Gender, Labour and Social Development and partners at the district and national levels, UNICEF initiated the development of the National Programme Framework for Adolescent Girls to build on the on-going work on adolescent development in the education, health and protection sectors. In partnership with the First Lady and champion for adolescent girls, Mrs. Janet Museveni, UNICEF supported the establishment of an inter-ministerial group to champion the development and empowerment of adolescent girls.





“ On the International Day of the Girl Child, Uganda joined the world to highlight challenges that adolescent girls face, calling to end corporal punishment, heavy domestic work and parental neglect of girls' education as well as harmful cultural practices such as early marriage, teenage pregnancy and female genital mutilation.

Aida Girma, UNICEF Uganda Representative

Child protection

The interdependence of all the rights of the child, including child participation, is gaining widespread understanding. In 2016, UNICEF Uganda supported policies that together will allow the country to reform current structures and strengthen decentralized funding systems between ministries and local government. UNICEF supported the following legal documents and strategies that creates an improved legal environment for children:

- The Child Rights Act Amendment;
- Action Plan for Children with Disabilities;
- The National Policy Framework for Adolescents;
- Uganda National Child Helpline;
- Child Marriage and Teenage Pregnancy Strategy;
- The handbook, "Prosecuting Child-related Cases in Uganda."

Together, these initiatives are creating an environment for increased government commitment to address issues facing children and adolescents at the national and sub-national level.

Child protection systems: Ending harmful cultural practices and violence

The field work of a study on Violence Against Children conducted in collaboration with the U.S. Center for Disease Control and Prevention, was completed. The preliminary findings of the survey shows that more than 50 per cent of children in Uganda are victims of different forms of violence.

With UNICEF support, the National Strategy on Ending Child Marriage and Teenage Pregnancy was rolled out in 30 districts. The roll-out inspired: 391 public commitments by local leaders to end child

marriage and teenage pregnancy; 163 leaders to sign pledges to prevent child marriage in their communities; and 51 districts to develop Child Marriage Action Plans and allocate funds in their budgets for activities to end child marriage. Work to eliminate female genital mutilation also continued, resulting in 83 villages declaring abandonment of the practice.

Improving justice for children

As a result of support for a responsive justice system, 612 cases of sexual violence were reported to the National Child Helpline, and 16 Uganda Child Helpline District Action Centres were established, reaching 87,249 at-risk children. Working with the Ministry of Internal Affairs, UNICEF has developed a National Action Plan to address online child sexual abuse and trained 35 police officers and prosecutors to detect and handle cases related to online abuse.

UNICEF supported the Justice, Law and Order Sector with the training of 168 prosecutors, police, magistrates, registrars, probation officers and health professionals on how to deal with cases of children in contact with the law. This, coupled with hiring 13 regional coordinators to support coordination between justice actors, led to an improved management of cases within the justice system.

Extending birth registration services

With UNICEF support, a total of 620,223 children (49.5 per cent girls) had their births registered and were issued with a birth notification from the Mobile Vital Records System. About 60 per cent of these children were under five years old and 23,680 were refugee children born in Uganda. By the end of 2016, 75 districts and 135 hospitals were using the Mobile Vital Records System to register the births of children and adults and issue birth notifications.



Innovations

Key innovations:

DHIS2 – an online health database

mTrac – an SMS-based health systems strengthening tool designed to improve reporting on disease surveillance and medicines tracking in all health facilities in Uganda.

eHMIS – an online health management information system that brings together DHIS2 and MTrac to improve reporting, analysis, and data use nationally.

EduTrac – a system that collects routine educational data from head teachers, teachers and school management committees via SMS.

U-report – a free SMS based system that allows young people to speak out on what is happening in their communities and seek solutions.

MVRS – a mobile vital records system that enables health workers and local government officials to register births and deaths, with simple verification and printing of certificates.

uSurvey - a mobile-based survey data collection tool.

FamilyConnect – an SMS-based system that sends targeted messages to pregnant women, new mothers, heads of households, male partners and caregivers with information on what they can do to keep themselves and their babies in good health and stimulate optimal development during the critical first 1000 days of life.



Building on experience in strengthening decentralized health systems and using technology to generate data, UNICEF addressed data fragmentation and developed automated tools for district managers. Government established systems such as the Health Management Information System were expanded to include community health systems to generate integrated dashboards for more effective programming.

UNICEF also provided technical support for EduTrac, a mobile technology solution to collect education data. An innovative dashboard which 10,000 reporters in 37 districts are contributing to is being managed by the Ministry of Education and Sports. Working

with UNESCO and the Ministry of Education and Sports, UNICEF also developed and piloted digitalized English textbook materials for children with visual and hearing impairments in rural areas.

uSurvey is a mobile-based survey data collection tool that has in-built automated data capture and summarization capabilities. A survey on Female Genital Mutilation was carried out via uSurvey in 2016 - the first ever official survey to be conducted with the tool. Conducted over 14 days and covering 4,600 households, uSurvey enabled UNICEF and the Uganda Bureau of Statistics to obtain real-time data that allowed for a presentation of preliminary results just three days after the fieldwork was completed.

“ Without a doubt, the mobile technology innovations that have been invested here in Uganda are greatly helping to measure our progress along the results chain. We have now gone past the time of questioning the value of mobile technology innovations.”

Mr. Omar Abdi, UNICEF Deputy Director

Compared with traditional data-collection processes, uSurvey has a significantly shorter time lag between survey data collection and results release; higher levels of geographical disaggregation of data; greater cost effectiveness; greatly reduced transcription errors; and improved data accuracy.

Emergencies

Extending humanitarian assistance and building resilience

By 14 December, Uganda hosted 865,385 refugees from South Sudan, Burundi and the Democratic Republic of Congo, of which 58 per cent were children. Of these, 400,000 South Sudanese refugees (68 per cent children) arrived from July 2016. An estimated 380,000 more refugees are expected in 2017.

Working within the Uganda Refugee and Host Population Empowerment (ReHoPE) framework, UNICEF partnered with the Office of the Prime Minister and UNHCR, to support the Government's emergency preparedness and response to mitigate the effects of additional refugee influx and disease outbreaks. The framework is supported by the United Nations and the World Bank and aims to enhance refugee and host community self-reliance and resilience through joint analysis, collective advocacy, integrated service delivery and joint-resource mobilization.

A stand-by emergency partnership with the Uganda Red Cross Society was fully activated enabling response to numerous disease outbreaks, including cholera, as well as the refugee influx. Using a holistic humanitarian and development response approach, UNICEF provided humanitarian support in 24 districts while strengthening existing national, district and local level health, education and child protection systems. This support was provided on three major fronts: 1) to the influx of refugees from the DRC and Burundi; 2) to the South Sudanese refugee influx; and 3) to disease outbreaks of malaria, cholera, and Rift Valley and yellow fever.



Responding to the South Sudanese influx, UNICEF provided safe water to 70,400 persons (45,056 children); sanitation and hygiene supplies/promotion to 80,000 persons (51,200 children); measles immunisation to 102,320 children; and polio and supplementary immunisation to around 80 per cent of children

Out of **865,385** refugees who entered Uganda in 2016,



in refugee hosting districts, including host communities. Along with immunisation, 209,055 6-59 month old children received Vitamin A supplementation. An estimated 5,000 children under five years with Severe Acute Malnutrition were targeted for treatment, and 2,404 children were admitted to UNICEF-supported treatment programmes.

Approximately 35 per cent of the 68,000 children registered at birth in the eight refugee hosting districts were from refugee parents, demonstrating the integration of the refugee response within national systems. UNICEF supported child-friendly to help refugee children cope with trauma, including sexual violence while 66,507 refugee and host community children received psychosocial support (up from 30,844 in 2015); 9,501 separated and unaccompanied children received alternative care services; and 76 girls received multi-sectoral support in response to consequences of sexual violence.

Nearly 38,000 refugee and host community children accessed Early Childhood Development services. UNICEF conducted *Go Back to School* campaigns in the three districts hosting South Sudanese refugees. Since the July 2016 influx, UNICEF provided 25 tents and 13 school-in-a-box kits for temporary learning spaces for 2,500 children. In August 2016, UNICEF supported an assessment for refugee adolescents, which led to a shift in focus to support skills-based education and mentoring for adolescents. 650 out-of-school adolescents were since reached with livelihood and life skills. With UNICEF support, 9,338 primary and 5,246 secondary school learners and 734 teachers from 14 districts were trained on Child Disaster Risk Management and school safety plans.



Cholera Response

Since October 2015, a cholera outbreak registered 3,196 cases and 95 deaths across Uganda. UNICEF reached 213 communities in 22 districts to mitigate malaria and cholera transmission with hygiene promotion and supplies, including chlorine tablets to complement health messaging. UNICEF supported water quality assessments in 15 cholera-prone districts to develop water safety plans, and assisted 22 districts to develop emergency preparedness and response plans.





Social policy and advocacy

UNICEF partnered with the Ministry of Finance, Planning and Economic Development and the Economic Policy Research Centre to monitor the equitable allocation of local government budgets for social service delivery.

In May, the Children's Act Amendment was signed into law, addressing issues on adoption, corporal punishment and birth-registration. UNICEF worked in partnership with Ministry of Finance, Planning and Economic Development and the Justice Law and Order Sector to advocate for the new law.

In November 2016, in partnership with DFID, Irish Aid, the World Food Programme, World Bank and the Ministry of Finance, Planning and Economic Development, UNICEF launched the Social Protection Investment Case to prioritize national investment in Uganda's poorest and most deprived children. UNICEF strengthened the government's capacity to plan and manage social protection programmes with the expansion of the Social Protection Secretariat; trained partners such as the Uganda Social Protection Platform and Uganda National NGO Forum to advocate for broader social protection; and facilitated knowledge sharing through South-to-South Cooperation. As chair of the National Social Protection Taskforce, UNICEF supported the development of a Social Protection Working Group with development partners, which became a forum to strengthen coordination, collaboration and joint advocacy on social protection.

As part of UNICEF's Public Financing 4 Children initiative, Government launched Uganda's first *National Social Service Delivery Equity Atlas* to monitor basic services for children and enable integration of equity-sensitive budgeting in local government allocations. UNICEF and the Uganda Bureau of Statistics piloted a consensual deprivation approach in the Uganda National Panel Survey, which was integrated into the Uganda National Household Survey 2016/17 and measured poverty beyond traditional household income or consumption-based approaches.



Strategic communication and partnerships

By reaching nearly **22 million people** across Uganda in 2016 through traditional and social media, UNICEF continued to put children's rights in the public spotlight and on the national agenda.

Key milestones throughout 2016 included: public advocacy around the assenting to the Children's Amendment Act by President Museveni; the launches of the National Integrated Early Childhood Development Policy and Social Protection Investment Case; and the launch and execution of the national flagship **#BestStartInLife** ECD campaign. New campaign partnerships with three of Uganda's top media houses (Vision Group, NBS TV, Capital FM) led to over 6,000 media reports on ECD.

Five social accountability pilots in 11 Districts created space for citizens to voice social issues of concern to them with government officials, which resulted in the development of 15 different by-laws and local ordinances by local Government to directly address these issues.

A draft multi-sectoral Adolescent Girls C4D strategy was developed, including a national Sports for Development Strategy. Similarly, as part of the roll out of the National Integrated Early Childhood Development (IECD) policy, a multi-sectoral ECD C4D framework and theory of change was developed.

A Key Family Care Practices (KFCPs) manual was revised with the number of practices updated to serve as a comprehensive parenting manual for ECD in Uganda. With the Ministry of Health, 27 districts were supported to develop C4D plans with a specific focus on rolling out the Key Family Care Practices. Key structures within the Ministry of Gender, Labour and Social Development were also mobilized in 19 districts to roll out the KFCPs at the sub-national level.

With the Inter-Religious Council Uganda, capacity was built for 300 Senior District-level Religious Leaders on the KFCPs, with support also provided

to revitalize Inter-Faith Committees to roll them out in 15 districts in the deprived Karamoja and Acholi regions.

An official Public-Private Partnership for Child Rights (PPP4CR) Steering Committee was established with the Government, Private Sector Foundation Uganda (PSFU) and UNICEF being core members. The Steering Committee articulated three strategic focus areas for the PPP4CR: i) Develop a policy/legislation that institutes standards and regulations for the private sector to concertedly protect and promote child rights; ii) Support companies and industries to fully operationalize the Children's Rights and Business Principles (CRBPs); and iii) Develop innovative financing mechanisms that catalyze investments from the private sector to scale-up high impact Social Protection mechanisms for ECD and Adolescent Girls.

Phase 1 of a comprehensive PPP4CR policy analysis was completed while 46 companies in Uganda were oriented on the CRBPs, with at least two major companies – MTN and Stanbic Bank –engaged to robustly operationalize them in 2017.

Based on UNICEF's advocacy, the Government established a high-level "Financing for ECD Scale-Up" Task Force, which aims to pool private sector finances to sustainably scale-up a Child Support Grant to benefit the most marginalized young children in Uganda.



FOR EVERY CHILD
#BestStartInLife

Key Family Care Practices

Family and community participation in health and optimizing child development requires a life-course approach with family care practices during pregnancy, childbirth, the new-born period and early childhood especially up to three years of age. The following are the Key Family Care Practices.

Growth Promotion, development and Protection practices

1. Keep the newborn warm, umbilical cord and skin clean and hygienic and recognize low- weight (small), sick babies and those at the risk of HIV infection and seek appropriate care.
2. Notify the birth of your child for registration as soon as possible after birth and obtain a birth certificate.
3. Breast feed for all infants exclusively until the age of six months.
4. Starting at six months of age, feed babies freshly prepared energy and nutrient rich complementary foods, while continuing to breastfeed up to two years of age.
5. Promote mental and social development during early childhood in the years (0-8 years) by communicating and responding to children's needs through talking, playing affection and providing a stimulating, learning and safe environment.
6. Monitor physical growth and recognize children's developmental difficulties and disabilities for timely intervention or management.
7. Give children, adolescents and women adequate amounts of micro-nutrients through de-worming them.

Disease prevention practices

8. Ensure wellness and proper physical, mental and social development of adolescents by supporting and encouraging them to use youth and adolescents friendly services including getting information about STI/HIV/ AIDS and contraception.
9. Protect children from early pregnancy (including abortions) and other risk by supporting and talking to them to delay sexual relations, avoid smoking, drinking alcohol and drugs.
10. Avoid unwanted pregnancy and ensure appropriate interval/spacing of your children by using appropriate contraceptive methods.
11. Ensure that every pregnant woman gets at least eight antenatal visits from an appropriate health care provider. The mother also needs support

from her family and community in seeking care during pregnancy, at the time of delivery, after delivery and lactation period.

12. Protect pregnant women and children from malaria by sleeping under Long Lasting Insecticide treated Nets (LLINs) or use of insecticide treated curtains.
13. Recognize when a child, adolescent and pregnant woman need psychosocial support and seek medical, timely and appropriate care.
14. Follow the health worker's advice about taking medication and treatment, follow up visits and referral.

Home management practices

15. Continue feed and offer more fluids, including breast milk, to a child when child is sick
16. Dispose of faeces, including children's faeces and washing hands after defecation, before preparing meals and before feeding children.
17. Give sick children and pregnant women appropriate home treatment during sickness.

Care seeking and compliance practices

18. Take children as scheduled to complete a full course of immunization (BCG, DPT, OPV, Pneumonia, HPV Measles) before their first birthday
19. Take appropriate actions to prevent and manage child injuries and accidents in the home and community.
20. Protect children and women from neglect and abuse including exposing them to Female Genital Mutilation (FGM) and take appropriate timely action when it occurs.
21. Ensure that men are involved in the process of offering care to women during pregnancy, Childbirth, and after birth, when accessing family planning.
22. Enroll and keep all your children in school to the age of 18.



Funding



UNICEF is grateful to all its donors for their generous contributions to invest in Uganda's children.

Funds received by donor	
UNICEF regular resources	20,277,633
The United Kingdom	21,373,144
UN Office for the Coordination of Humanitarian Affairs	4,065,000
Swedish International Development Agency	3,158,720
United States Fund for UNICEF	794,000
Netherlands	1,491,875
UNFPA – USA	1,430,378
Republic of Korea	2,651,813
Global Education Thematic Fund	593,369
The GAVI Fund	515,138
Spanish Committee for UNICEF	576,760
The Micronutrient Initiative	508,340
Canada	412,065
Global Thematic Humanitarian Fund	372,218
USA USAID	329,297
Global Water Sanitation & Hygiene Thematic Fund	319,187
Germany	293,769
UNITAID	139,725
Finland	131,324
Global HIV and AIDS Thematic Fund	106,990
Uganda	102,357
UNDP – Multi Donor Trust Fund	97,972
Swedish Committee for UNICEF	79,962
Japan Committee for UNICEF	99,854
Canadian Committee for UNICEF	195,838

European Commission/ECHO	341,791
Finnish Committee for UNICEF	41,401
German Committee for UNICEF	182,571
Slovak Committee for UNICEF	11,274
Ireland	1,311,475
USA Centres for Disease Control and Prevention	36,020
United Kingdom Committee for UNICEF	26,453
Consolidated Funds from National Committees	21,643
United Nations Joint Programme	4,333
Grand Total	62,093,689

Funds received by programme area, 2016 (US\$)

Programme Area	Regular Resources	Other Resources - Regular	Other Resources - Emergency
Child survival and development	7,295,268	22,655,602	4,763,224
Basic education and adolescent development	3,417,583	3,423,172	416,718
Child protection	2,645,348	2,109,443	1,837,462
Social policy and advocacy	1,098,319	29,295	1,599
Strategic communication and partnerships	815,400	500,336	48,654
Operations	482,484	1,012,003	
Programme effectiveness	4,523,231	4,322,466	696,081
Total	20,277,633	34,052,317	7,763,739



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