



**PEACEBUILDING FUND**

**END OF PROGRAMME NARRATIVE REPORT**

Programme Title & Number		Country, Locality(s), Thematic Areas
Programme Title: Peace building and enhancing protection systems  Programme Number: PBF JP2 PBF/UGA/A-2  MDTF Office Atlas Number: <a href="#">00076965</a>		UGANDA

Participating Organization(s)		Implementing Partners
UNFPA  UNICEF		American Refugee Committee (ARC)  ANPPCAN  CCF Pader  Children as Peacebuilders  Church of Uganda  GUSCO  KICWA  Muslim Supreme Council  UCRNN  Uganda Catholic Secretariat  UTL  UWONET (Ugandan Women Network)  War Child Holland

Programme/Project Cost (US \$)		Programme Duration (months)
MDTF Fund Contribution:  •UNFPA: 1,300,000 •UNICEF: 1,200,000  Agency Contribution:		Overall Duration: 21 month(s)  Start Date: 01-Jan-2011

<i>Government Contribution:</i>  <i>Other Contribution (donor):</i>  <b>TOTAL: 2,500,000</b>	End Date or Revised End Date:30-Sep-2012  Operation Closure Date: 30-Sep-2012  Expected Financial Closure Date: 30-Sep-2012
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Programme Assessments/Mid-Term Evaluation	Submitted By
Assessment Completed: Yes <input checked="" type="checkbox"/> No Date:  Mid-Evaluation Report Yes <input checked="" type="checkbox"/> No Date:	Name: 2011: Anna Mutawati OVERALL: Florence Apuri Auma  Title: 2011: Senoir GBV Coordinator OVERALL: Team Leader Gender  Participating Organization: 2011: UNFPA OVERALL: UNFPA Email Address: 2011: <a href="mailto:mutavati@unfpa.org">mutavati@unfpa.org</a> OVERALL: <a href="mailto:auma@unfpa.org">auma@unfpa.org</a>

## I. PURPOSE

### A. Objectives & Outcomes

JP Priority Area:

Outcome 1: Women and children are empowered to overcome specific post-conflict hardship (e.g. psychical and economic security, political participation) and to end gender-based violence and discrimination

### B. How the programme relates to the Strategic (UN) Planning Framework guiding the operations of the Fund/JP.

2011 : The implementing partners are working with local governments and CBOs to strengthen their capacities to deliver gender sensitive services to respond to and prevent GBV. In so doing the programme is contributing to the national development plan goal of increasing access to quality social services. This is being done through strengthening capacities of local governments to plan and budget for GBV. CBOs' capacities are being strengthened to play a role in preventing GBV.

The implementing partners are working with local government and CBOs to strenghten their capacities to mitigate triggers to conflict by ensuring that the most vulnerable children and families affected by conflict benefit from protection services.

OVERALL: It relates to the following UNPRAP Outcomes:

UNPAPOutcome 1: Strengthened human rights, accountability and good governance capacity of key government, civil society institutions and mechanisms including traditional structures contribute to improved security, protection, access to justice and reconciliation for all people in Northern Uganda.

UNPRAP Outcome 3: Recovery and increased functionality of social service systems results in increased and more equitable access to improved quality services for returnee and transit populations.

UNPRAP Outcome 4: Rural communities in the north have improved gender responsive sustainable livelihoods, diversified economic opportunities and basic social protection

## **II. RESOURCES**

### **A. Financial Resources**

*Provide information on other funding resources available to the project, if applicable.*

*2011* : There are no other funding resources available to the project. UNICEF utilizes its own funding resources in other districts on similar project activities so as to achieve a wider national impact of the project interventions.

*OVERALL:* Other funding resources were not available to the project, however agencies provides its resources such as staff, ICT equipment and supplies, and vehicles and transport facilities to be used for promoting the objectives of the Peace Building Fund programme.

*Provide details on any budget revisions approved by the appropriate decision-making body, if applicable.*

*2011* : There were no budget revisions.

*OVERALL:* The no-cost extension of the project was recommended by the Steering committee and approved by the TAP.

*Provide information on good practices and constraints in the mechanics of the financial process, times to get transfers, identification of potential bottlenecks, need for better coordination, etc.*

*2011* : The use of Implementing Partners to transfer funds to sub-contactees was a good practice in the transfer of funds.

*OVERALL:* UNFPA worked with two consortium of CSOs thus UWONET and ARC with two and five member NGOs respectively. Use of implementing partners to transfer funds to sub-contractees in consortium enables speedy transfer of funds to many implementing agencies while reducing on transaction costs and increasing efficiency in program implementation.

### **B. Human Resources**

## **III. Implementation and Monitoring Arrangements**

### **A. Summarize the implementation mechanisms primarily utilized and how they are adapted to achieve maximum impact given the operating context**

*2011* : The use of existing community based structures which are accessible, well versed with the context regarding GBV and can be used by other funders to continue with working on GBV. Such structures include Self Help Empowerment and Leadership groups (SHEL), district CSO groups and child protection committees.

UNICEF implements its component through the Government and NGO partners. With the Government it has signed a 5 year Rolling Workplan which includes the interventions of the Peace Building project. With the NGOs it signs the Project Cooperation Agreements. All interventions are results based and time-bound. UNICEF approves quarterly plans of the partners and advances funds for implementation. Once funds are advanced the field level activities are implemented. Field activities are at times jointly monitored by UNICEF and the implementing partner. Besides routine monitoring, UNICEF has also

developed a unique method called Programme Quality Assurance (PQA) for monitoring the programme. UNICEF has so far conducted PQAs of all Government and NGO partners, and the feedback on gaps have been shared with the partners, and actions taken to address the gaps identified which hinder progress on implementation.

*OVERALL:* The implementation mechanics that were primarily utilized by UNICEF was to work through the Community Based Development Departments of the seven District Local Governments, and through 5 NGOs. Agreements were signed with War Child Consortium, KICWA, GUSCO, CCF, and CAP for the implementation of project activities. With the Government, UNICEF has signed a 5-year Rolling Workplan, under which the Community Based Services of Local Governments were supported. UNICEF advanced funds based on the approved workplans every quarter and received quarterly reports and accountabilities.

UNFPA worked with two consortiums of CSOs thus UWONET and ARC with two and five member NGOs respectively. UNFPA signs Letter of Understanding with consortium Lead Agencies: UWONET and ARC and transfers funds to them. The NGO Consortium Lead Agencies have running agreements with the consortium members which forms the basis of subsequent fund transfers. This enables speedy transfer of funds to many implementing agencies thereby reducing transaction costs while increasing efficiency in program implementation. The consortium work mechanisms also promote shared learning among implementing partners and provides opportunity for joint programming including advocacy.

**B. Provide details on the procurement procedures utilized and explain variances in standard procedures.**

*2011 :* During the reporting period NGO partners were supported to procure equipment necessary for them to execute their roles effectively. These include motor vehicles, computers, printers and motor bikes among others. Having conducted a capacity assessment of the NGO partners, the UN satisfied itself that the selected partners had sound management systems and procedures, including procurement. Where gaps were identified, the partners were supported to strengthen their systems as condition for the partnership. The NGOs therefore used their procurement systems as reviewed by the UN. The UN used their established systems and procedures for the procurement of goods and services under this joint programme. There was therefore no variance in the standard procurement procedures.

The procurement of equipment for the project is done through regular UNICEF process and the equipment mostly computers, bicycles have been handed over to the implementing partners.

*OVERALL:* As per UNICEFF policy procurement was done centrally by UNICEF through its own supply section; therefore the procurement procedures that were adopted were the same as for the UNICEF country programme.

UNFPA used her procurement policy. Purchases above \$50,000 were done through the UN Central Contracts Committee.

**C. Provide details on the monitoring system(s) that are being used and how you identify and incorporate lessons learned into the ongoing project.**

*2011 :* Monitoring of project activities are done both by the partners and by the UN agencies. UNICEF and UNFPA provides funding support to partners for monitoring and support supervision to carry out monitoring and reporting.

IPs are required to submit activity schedules after development of workplans. The activity schedules are used to monitor timely and quality implementation of activities. Lessons learnt in one quarter used to

inform the workplans of the subsequent quarters. UNFPA sub-office in Gulu and GBV coordinators of Kitgum and Pader routinely monitor activities of the implementing partners. The monitoring focuses on identification of challenges in programme implementation and how they can be addressed, possibilities of creating linkages with other partners doing similar work.

UNICEF also hold joint monitoring visits with the Government and NGO partners. UNICEF's own District Project Officers are regularly monitoring project implementation at the field level in all the 7 districts. UNICEF has developed a unique methodology for monitoring Government and NGO interventions through what is called "Programme Quality Assurance " (PQA). For this purpose specific monitoring tools have been developed for the Government and NGOs. This exercise is done every 6 months. It focuses on management, programme effectiveness and efficiency, monitoring and reviews and supply issues. PQAs have been conducted for all 7 districts and NGO partners. Through this exercise gaps and constraints which hinders progress on implementation are identified. These are incorporated as lessons learned and action points are drafted to overcome the bottlenecks. These are then communicated to the implementing partners, so that the constraints could be addressed and rectified, to ensure smooth implementation. Besides the PQA, the Government and NGO partners provided quarterly progress reports which includes monitoring and review reports.

*OVERALL:* UNICEF adopted several channels for monitoring the peace building programme. Field visits were made, the implementing partners shared quarterly progress reports on project implementation; mid year and end year reviews were conducted with the partners; and monitoring of the peace building programme was done through bi-annual Programme Quality Assurance mechanisms. The PQA is the innovation that UNICEF has introduced in Uganda and was utilized for the programme. PQA templates were created, which were used for collecting information on progress of implementation, constraints, or lessons learned. The strategies that were adopted for implementation of planned inputs were sometimes modified as a result of these monitoring exercises. For example it was found in the review of GUSCO activities that the community dialogues which were supposed to make the communities more supportive of the women and children returning from the LRA through planning activities which show how they supported the women and children. This was not happening because the communities were more focused on their own other needs such as water bore holes, scholastic materials for their children, land conflicts, and so the activities that they planned as a result of the community dialogues were more to take care of their needs. This finding was used to end the community dialogues under the GUSCO partnership until their staff was more trained on how to gear the community level discussion in the direction of women and children returning from the LRA. This is evidence that the monitoring system used by UNICEF was comprehensive and informed on project progress and constraints, lessons learned.

UNFPA uses results based programme management where monitoring and evaluation are integrated in the program development framework from design to implementation and final evaluation. Joint program planning sessions are held with partners in annual work plan development workshops. Partners then develop their specific work plans and budgets. There are quarterly reports and accountability systems where partners account for both program and financial results before next tranche of funds are released. UNFPA identifies areas of technical support and develops integrated program and technical support program (IPTS) which is implemented and reviewed on quarterly basis. Field visits are conducted every quarter to provide IPTS and monitor program implementation. Field visit reports are documented and feedback given to partners with areas for further improvement well spelt out, monitored and followed up for accountability for results. Joint field monitoring visits involving partner UN agencies and relevant government ministries are conducted on quarterly basis.

#### **D. Report on any assessments, evaluations, or studies undertaken.**

2011 : A mid-term review of the PBF was undertaken in 2011 and results were used to strengthen

strategies and M and E.

*OVERALL:* Both UNFPA and UNICEF did not undertake any formal assessments, evaluation or studies under JP 2. However the field trips reports, the PQAs and the Review meetings reports were used to inform on project implementation. Both UNFPA and UNICEF participated in the mid-term evaluation that was planned for the project through the RC office.

A midterm evaluation was under taken from September 24th to October 20th 2011 and the findings informed design of accelerated program implementation strategies including the request for no-cost extension to allow smooth program closure with consolidated sustainability strategies.

## **IV. RESULTS**

### **Summary of Qualitative Achievements**

Correlation Between Gender Based Violence (GBV) and Peace building:

GBV is exacerbated in conflict-related settings, which increase vulnerability of disadvantaged and marginalized groups such as women, children, elderly and disabled persons. Men are also subjected to GBV, in particular sexual violence in conflict when GBV is used as a weapon of war.

Reduction in economic power:

One of the effects of the conflict is the stagnation of the local economies in Northern Uganda due to disruption of and slow return to normal economic activities. In many situations, people's sources of livelihoods were destroyed and whole communities were displaced and dependent on hand-outs from relief agencies. With the region undergoing a recovery and reconstruction process, economic activities such as agricultural activities are picking up but income disparities high poverty levels persist. Within this scenario the distribution of power within communities and households has continued to disfavor women's economic empowerment and fueled domestic tensions and violence when households struggle to meet basic family needs such as medical, food and tuition fees. Women have borne the brunt of this violence given their low economic status and yet they are at the same time responsible for looking after the family.

Low uptake of GBV concerns by local governments:

Sub-counties and districts have not prioritized funding GBV initiatives in the district development planning processes, which has led to low uptake of GBV concerns by Local Governments (LGs). This is both symptomatic and partly contributes to impunity and low capacity of the LGs to respond to the challenges of addressing GBV in post-conflict society.

Unequal gender relations:

These have been exemplified by disagreements at family level, which have degenerated in physical, psychological, sexual and other forms of violence within the home and community, with women and children bearing the brunt. Often times family disagreements have been regarded as private matters to be resolved privately among the parties involved. However, the failure to treat domestic violence and other forms of GBV as crimes and human rights violations has only served to fuel the violence because the perpetrator is aware that there are no true consequences following his actions. Many survivors of GBV also see formal justice as irrelevant and unresponsive to their needs and, in many situations fear reprisals by perpetrators and other family and community members.

Displacement of Communities:

A consequence of the conflict was the displacement communities into camps. With the cessation of hostilities, most of the population in the Acholi sub-region has returned to their home sites or resettled in trading centers or unoccupied rural land. However, the return process has been fraught with land conflicts, which have at times lead to intra-communal violence and fueled domestic tensions and GBV. Many

women and child-headed households have been deprived of access to and ownership over land, and there have been widespread allegations of land grabbing by influential people from within and outside the region. Land dispute resolution processes, including magisterial courts, local council mechanisms, and elder-driven mechanisms have largely been overwhelmed by the number of cases and are sometimes seen as biased, leading many communities to take matters into their own hands.

#### Limited capacity of JLOS institutions to respond to GBV:

Years of conflict stagnated development and weakened government institutions and although efforts have been made to consolidate state authority through construction of courts, police stations and prisons, the numbers and functioning of these institutions are not sufficient to respond to reported cases of GBV, which even represent only a small proportion of actual cases. This is due to inadequate financial and human resources, as well as low knowledge of GBV-related laws and negative attitudes towards survivors and their needs GBV. There are also significant procedural and technical challenges within the criminal justice system that limit JLOS actor capacity for responding to GBV. There is also continued distrust of police and local authorities, who were repeatedly associated with perpetration of GBV during the conflict. Communities lack of access to justice through the JLOS has resulted in impunity for GBV, which has been identified as a driver of conflicts within communities and contributes heavily to the lack of an effective protective environment for women and children within Northern Uganda.

#### Lack of access to services:

The breakdown of health system, JLOS, and social services sector during the conflict rendered government institutions incapable of providing services. With regard to GBV, the physical, financial and other barriers for survivors to access services such as health and psychosocial support were unavailable thereby making survivors vulnerable to a vicious cycle of violence.

#### Analysis of how activities implemented under the enhancing protection systems on GBV prevention and response have contributed to peace building:

Peace building programmes are designed with the intention to respond to drivers of conflict and grievances associated with past conflict and in so doing contribute to peaceful co-existence. Consequently peace times are characterized by reduction in unemployment levels, functioning institutions, psychological reconstruction, social reconstruction and higher sense of harmony. Interventions implemented under the PBP have contributed to peace building by responding to factors that aggravate both vulnerability to and perpetration of GBV, as well as whether survivors' access to critical services.

Psychosocial care and support services for women and children survivors of GBV and abuse provided in all target districts

In Northern Uganda, violation of the rights of women and children still continued even after the end of the violent LRA war 2006. According to the data received through the GBV Information Management System (GBV IMS) between January 2009 and March 2010 an average of 227 cases were reported per month to five NGO partners, out of which rape constituted nearly 40% of these cases followed by domestic violence, which stood at 33% of the cases.

To address the traumatic consequences of violence faced by many GBV survivors, UNFPA through its implementing partners ARC, Refugee Law Project, ACCORD, Food for the Hungry and VIVO provided referrals and psychosocial care and support services in the seven districts of northern Uganda. In effect, local structures including peace clubs and committees were set up in the different districts for example in Kitgum district, four communities of Akwang, Lokung, Palabek kal and Orom signed social contracts that watch committees and local leaders are using to reduce conflicts and promote peaceful coexistence.

ACCORD provided economic psychosocial support to survivors. FH made referrals to psychosocial and other service providers over the course of their awareness-raising and community engagement efforts. While, ARC provided psychosocial support to GBV survivors through community-based organizations and VIVO provided mental health care through professional a trauma treatment programme, which included addressed the effects of Post-Traumatic Stress Disorder (PTSD). As a result of the support the survivors have received, some survivors have reported that they have been able to participate both in

economic and peace building activities as part of the healing process.

The provision of the psychosocial support was strengthened by the development and dissemination of GBV referral pathways, which have improved awareness on multi-sectoral service providers. For example, 86% of the survivors that received psychosocial support from ARC in the first quarter 2012 came through the PBF-supported hotline service, which is one of first points of reference in the referral pathway.

Referral services at community level, information on where to access services and coordination meetings on the referral pathway will be continued under the Joint Programme on GBV which runs until December 2013. However, UNFPA is contributing to mapping of service providers in the Acholi sub-region as a part of the continued evolving availability of services in districts and sub-counties as NGOs and government funding and priorities fluctuate.

#### Economic Empowerment of Women:

iCON one of the implementing partners (IP) under the PBP responded to economic manifestation of GBV by mobilizing women to come together to form Self Help Empowerment and Leadership (SHEL) Groups in the sub-counties of Ongako and Alero in Gulu and Nwoya districts respectively. The groups with about 50 members each, majority of whom are women and were trained on social transformation, peace building and leadership by Community Facilitators identified and trained by iCON. One of the major causes of GBV identified by the group members is gender inequality, which manifests in men's inability or failure to meet the expectation to look after their families and when women raise it as a concern they are meted with violence. As a response mechanism the women were encouraged to save on a weekly basis from their earnings from their economic activities. Within a year of PBF intervention, iCON mobilized 20 SHEL Groups - 10 in Ongako and 10 in Alero sub-counties which groups saved Ug Shs 6,967,000 and 5,103,000 respectively. The savings were then used to engage in group activities such as group crop and animal farming and casual labour. The proceeds from the group economic activities were shared according to each member's savings in the group. Group members also had the opportunity to borrow from the group. This enabled them to meet family needs, which their husbands were unable to provide. This staved off domestic violence although it is noted that men should not be permitted to abscond their responsibilities. The activity responded to economic GBV manifestation at the family level during the PBF project period and its impact will continue post PBF project intervention.

The SHEL Groups developed action plans monitored by iCON staff and Community Peace Committees. A common activity in the SHEL group's action plans was the need to respond to high prevalence of GBV within their communities. SHEL Groups engaged with Local Councillors in their weekly meetings to discuss peace building issues and strategies on ending gender based violence, in adding to the weekly savings and credit management.

Survivors of GBV tend to be more vulnerable particularly if they experience violence in their homes. VIVO has come across many survivors who after having received psychosocial support have had no option but to go back to their abusive partners because they were not economically independent. To address this issue ACCORD provided psycho-economic support to 120 GBV survivors most of whom were child mothers, widows and survivors. Both spouses in the homestead were targeted to avoid the psycho-economic support being a driver of conflict in the homestead. ACCORD equipped the beneficiaries with the necessary skills to manage income-generating activities and conduct group savings and loans initiatives with basic knowledge, and also conflict resolution and group dynamics skills. This support contributed to peace building not only in the homes but also in the community. Further, it contributed to the economic empowerment of women.

Increased capacity of District authorities to plan and budget for addressing GBV, child protection and human rights violations:

The districts' capacity on GBV and child protection was weak in planning and budgeting for addressing GBV, child protection and human rights violations in Northern Uganda.

Through the PBF programme district officials were trained on GBV and human rights planning and budgeting. District councillors and technical staff took key actions from the training and incorporated them into district gender budget. Similarly, sub counties of the target districts have also adopted inclusion of some gender issues into their plans.

Key agreed action to be taken to support districts to implement gender and equity budgeting are regular refresher trainings on gender budgeting and strengthening capacity of women councillors to effectively participate in council proceedings to ensure that identified gender concerns are allocated resources by district staff who have been trained. For example, Paloro sub-county in Gulu District identified, planned and implemented GBV related activities with its own resources for gender based violence in the FY 2011/2012. Paloro sub-county trained and sensitised sub-county leaders on GBV. It also conducted community dialogues in all villages of the 4 parishes in the sub-county led by a trained leader, and supported by CSOs, Police and health workers.

ARC also held advocacy meetings with district leaders to encourage them to prioritize GBV related activities. One advocacy meeting was held with the Gulu District Population Secretariat while developing the Gulu District Population Action Plan (DPAP) 2012 - 2015, to advocate for GBV to be recognized and captured in the plan as a population issue. In the DPAP 2012 - 2015, whose theme is "Consolidating Post-Conflict Recovery and Development Efforts" by the Secretary for Finance, Planning, Administration and Investments, GBV takes centre-stage as strategic area 6 of 12 to be addressed with a target set to reduce the prevalence by 10% by 2015 in the district. This demonstrates that making strategic interventions during key planning processes can contribute to districts owning and planning for GBV related activities. It also showed commitment to addressing GBV and demonstrated local government ownership and sustainability of peace building program.

Community dialogues on GBV, gender equality, non-discrimination and child protection conducted in target districts:

In Northern Uganda the communities have limited knowledge about existing laws and policies that criminalize SGBV and promote women's rights. Therefore GBV, gender inequality, discrimination was occurring in communities unattended to.

To address this, communities and their local leaders (the cultural and religious, local government, civil society and community members) were mobilized for dialogues on GBV, gender equality, non-discrimination and child protection. Community dialogues (were used as a platform for the dissemination of laws aimed at protecting women's rights such as the Domestic Violence Act 2010, the ICGLR Protocol on the Prevention and Suppression of Sexual Violence against Women and Children and information on referral pathways for community sensitization and SGBV response prevention and referral pathways for redress in order to reduce the occurrence of SGBV crimes and to improve response when they occur. This was done through distribution of assorted Information Education and Communication (IEC) Materials like T-shirts, caps, bumper stickers and training hand outs. Local groups also provided edutainment through the use of interactive drama on topical conflict issues. The drama skits were also recorded and aired on a local television station, Uganda Broadcasting Corporation (UBC). Participants of the dialogues came up with recommendations on how to address the problems they had identified. Different actors including instrumental members of the community such as traditional leaders, Sub County and district officials testified to the positive impact of the community dialogues. As a result of engaging communities, including men, in social activism to prevent and respond to GBV, cultural leaders from the cultural institution Ker Kwaro Acholi, report improved relationships between husbands and wives. Food for the Hungry also worked with men in two districts:

“There can't be a GBV safe environment for women to live in without the involvement of men in the prevention ”

Testimonies from men group discussion in Agago and Pader

ACORD mobilised communities using community dialogues and social contracting process to initiate the process of resolving the land conflicts, which revolve on boundary disputes. ACORD implemented a Community Social Peace and Recovery Model (CSPR) that supports rapprochement between grass root communities that had been divided by more than thirteen years of conflict. The model supports the divided and affected communities to take leadership to dialogue and negotiate social peace and come up with agreed social contracts for sustainable peace and recovery. This is mainly achieved through community dialogue with an aim of ensuring that peace agreements reflect the local needs and realities of local communities and also to get their involvement in peace in their communities. The communities are guided to share how the conflict has affected them as a means of “emotional healing ” and creating understanding between the conflicting parties. The affected parties then jointly take the responsibility to identify the root causes and effects of the conflict as well as the role individuals and groups have played in contributing to the conflict. Subsequently, the communities take the lead in proposing community-based solutions and reparations for the issues identified. As part of commitment to peaceful coexistence, communities are assisted to negotiate “social contracts ”. These are morally binding contracts, which commit all parties in the conflict to contribute to a culture of peace and refrain from negative behavior identified during the community dialogue sessions. Representatives from the rivaling parties sign these social contracts.

Using the social contract process ACORD worked with the conflicting communities in Palabek Kal Sub-County and Lelapwot in Lokung Sub-County in Lamwo District over land, which was claimed by two clans. During the community dialogues both clans agreed to undertake work, which would provide a platform for dialoguing on contentious issues. The community identified bridge construction in Palabek Kal Sub-County, and opening of an access road between two conflicting communities in Lelapwot in Lokung Sub-County. During the construction of the bridge and opening up of the access road dialogues were conducted and actions agreed upon on how to address the ongoing conflict and others such as GBV. Some of the agreed actions are referring the land dispute to the elders who are knowledgeable on the boundaries and both communities would agree to the decision reached by these elders. Regarding GBV it was agreed that perpetrators who participated in the construction and opening of road initiatives would be monitored by the LCs to ensure that money paid to them for undertaking this work is not spent on alcohol consumption. The communities established community watchdogs in each of their locations, to oversee the implementation of the community social peace contracts and continue to encourage individuals to maintain their commitments to peaceful co-existence. The social contracts building blocks for sustainable peace building and conflict preventions.

UNFPA will explore possibilities of continuing to support of the social contract implemented by ACORD because of its demonstrated capacity to facilitate peaceful co-existence among communities.

Community led initiatives to respond to GBV:

Through use of community dialogues IPs have worked with communities to identify drivers of conflict and devise home grown solutions to address them. For example, grass roots peace champions in the two sub-counties of Alero and Ongako were instrumental in implementing peace building and social enterprises within their communities such as inviting LCs and councillors in their weekly meetings to discuss peace building issues and strategies on ending gender based violence.

Gulu University students (both male and female) who are fellows of the iCON transformation leadership and peace building training participated in community peace interventions including GBV awareness sessions using innovative activities means such as cleaning water points, market days, cleaning of streets, organizing leadership seminars for primary and secondary school students. The students also engaged in social enterprises within their communities such as brick making, rearing chicken, pigs and goats, running salons and selling second clothes at the university.

Child Protection

There is evident that addressing the needs of conflict-affected children contributed to the peace building process:

-The most obvious evidence is that people and communities are living in peace except for where there are land issues, and there is no on-going conflict going on. The conflict that existed before 2006 has been contained.

-The medical psychosocial situation of conflict-affected children was almost non-existent in the communities, as most of the communities were living in camps before 2010, however with the advent of the return process, and the start of the project interventions, medical and psychosocial support was provided to the children victims of violence through the NGOs. Every year around 6000 children were identified by the communities who needed various kind of case management support. Of these approximately 4000 children were supported directly through the CPCs, the referral system, and the NGOs case-management support. Those children who needed police protection and legal support was also provided to them through the NGOs. The parents and the communities appreciated this support because had it not been for the peace building programme, the parents and the communities did not have the capacity nor the means to provide support to the children who needed the support.

-It is quite challenging to assess the change in the quality of life of children and their families due to the project interventions, but generally it is observed that more children are going to school now than in 2010, and more children are involved in sports, music dance and drama, and ICT activities than in 2010.

-Community awareness and participation has been achieved through hundreds of community dialogues in the 72 subcounties, regular radio-talk shows, and other ICT materials such as comic books, radio drama serials, posters etc. The communities have been supportive of the women and children returning from the LRA through preparedness activities conducted with the communities. The discrimination that existed before the project has been addressed and the communities no longer discriminate against the women and children returning from the LRA. This has led to communities becoming more sympathetic to the women and children affected by armed conflict, leading to more cohesive and organized community life; and those women and children affected by armed conflict have become integral to a peaceful community life. The vocational skills training that was provided to 500 women and children affected by armed conflict increased their life skills and livelihood skills capacity as they started interacting and contributing to local economic life. This greatly contributed to the development of the communities and to the general development process.

-The dynamics within the family and community life were affected positively because of the project interventions. As the women and children were empowered through vocational skills training, children as change agents, child clubs and child parliaments, they were able to play a more influential role within their families and within the community generally. There are stories of children when they learnt about a child being neglected or abused actually provided peer support and informed the local LC1 about the child who was neglected or abused. This proved that the children are not only more aware of their rights, but also more informed, and know what action to take when they come across violence against children cases.

-The achievement is sustained in the sense that at the Govt level the capacities of the Community development officers in all the 72 subcounties were built on child protection; the probation and the police role were strengthened for providing protection to children, the probation, police and magistrates were trained in how to handle child violence cases. The data management system on child protection was created in all the Community Based Services of the 7 Local Governments. The project interventions related to awareness raising at the community level on child protection issues are also sustained, because when the messages are targeted for behaviour change, then the persons are transformed, and value to maintain as child protection system that is protective of children and women. Methodologies such as My Role My Responsibility were used to generate community ownership of the protection of children. Therefore the interventions are sustainable. The Government through the PRDB 2 will continue to build its capacity for providing services to the children and women. The communities are now empowered enough to cope on their own and be responsible for the protection of their children and women.

**A. Provide a summary of Programme progress in relation to planned outcomes and outputs; explain any variance in achieved versus planned outputs during the reporting period**

Cumulative Achievement Percentage for Outcome Indicators	212.5%
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Cumulative Achievement Percentage for Output Indicators	<b>221.0%</b>
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**Reason for variance:**

2011 : Additional outputs to the planned ones were achieved.

*OVERALL:* The variance in the output indicators is due to the fact that more community dialogues were conducted than planned, and more women and adolescents were provided with reintegration support that the planned figure of 500.

**B. Report on the key outputs achieved in the reporting period including # and nature of the activities (inputs), % of completion and beneficiaries.**

ACTIVITY	STATUS	BENEFICIARIES
<b>For Outcome 1</b>		
<b>Output 1: Psychosocial care and support services for women and children victims of GBV and abuse provided in all target districts</b>		
1. Case management (War Child Holland)	Completed	<i>Community People:</i> By Age: 2,500 Children, 0 Youth, 0 Adult(s), 0 Senior(s) By Sex: 1,500 Female(s), 1,000 Male(s)
2. Case management (War Child Holland)	Completed	<i>Community People:</i> By Age: 2,500 Children, 0 Youth, 0 Adult(s), 0 Senior(s) By Sex: 1,500 Female(s), 1,000 Male(s)
3. Case management through districts. Provide short & medium support to survivors of child abuse and GBV	Completed	<i>Community People:</i> By Age: 1,000 Children, 1,000 Youth, 1,000 Adult(s), 0 Senior(s) By Sex: 1,500 Female(s), 1,000 Male(s)
4. Case management through districts. Provide short & medium support to survivors of child abuse and GBV	Completed	<i>Community People:</i> By Age: 1,000 Children, 1,000 Youth, 1,000 Adult(s), 0 Senior(s) By Sex: 1,500 Female(s), 1,000 Male(s)
5. Case management and psychosocial support provision (Accord)	Completed	<i>Community People:</i> By Age: 2 Children, 0 Youth, 0 Adult(s), 0 Senior(s) By Sex: 385 Female(s), 0 Male(s)
6. Case management and psychosocial support provision (Accord)	Completed	<i>Community People:</i> By Age: 2 Children, 0 Youth, 0 Adult(s), 0 Senior(s) By Sex: 385 Female(s), 0 Male(s)
7. Case management and psychosocial support provision and operation of hotline (ARC)	Completed	<i>Community People:</i> By Age: 154 Children, 0 Youth, 0 Adult(s), 0 Senior(s) By Sex: 172 Female(s), 3 Male(s)
8. Case management and psychosocial	Completed	<i>Community People:</i>

support provision and operation of hotline (ARC)		By Age: 154 Children, 0 Youth, 0 Adult(s), 0 Senior(s) By Sex: 172 Female(s), 3 Male(s)
9. Case management and psychosocial support provision (Food for the hungry)	Completed	<i>Community People:</i> By Age: 48 Children, 0 Youth, 0 Adult(s), 0 Senior(s) By Sex: 69 Female(s), 0 Male(s)
10. Case management and psychosocial support provision (Food for the hungry)	Completed	<i>Community People:</i> By Age: 48 Children, 0 Youth, 0 Adult(s), 0 Senior(s) By Sex: 69 Female(s), 0 Male(s)
11. Psychosocial services for more serious cases and capacity building of partners to provide psychosocial support (Vivo)	Completed	<i>Community People:</i> By Age: 9 Children, 0 Youth, 0 Adult(s), 0 Senior(s) By Sex: 39 Female(s), 0 Male(s)
12. Psychosocial services for more serious cases and capacity building of partners to provide psychosocial support (Vivo)	Completed	<i>Community People:</i> By Age: 9 Children, 0 Youth, 0 Adult(s), 0 Senior(s) By Sex: 39 Female(s), 0 Male(s)
<b>Output 2: Community dialogues on GBV gender equality, non-discrimination and child protection conducted in target districts</b>		
1. Conduct monthly mobilization and sensitization of members of laity groups of child rights and GBV (Church of Uganda)	Completed	<i>Community People:</i> By Age: 25,000 Children, 5,000 Youth, 0 Adult(s), 0 Senior(s) By Sex: 15,000 Female(s), 15,000 Male(s)
2. Conduct monthly mobilization and sensitization of members of laity groups of child rights and GBV (Church of Uganda)	Completed	<i>Community People:</i> By Age: 25,000 Children, 5,000 Youth, 0 Adult(s), 0 Senior(s) By Sex: 15,000 Female(s), 15,000 Male(s)
3. Conduct montly mobilization and sensitization of members of laity groups on child rights and GBV (Uganda Catholic Secretariat)	Completed	<i>Community People:</i> By Age: 23,000 Children, 2,000 Youth, 0 Adult(s), 0 Senior(s) By Sex: 13,000 Female(s), 12,000 Male(s)
4. Conduct montly mobilization and sensitization of members of laity groups on child rights and GBV (Uganda Catholic Secretariat)	Completed	<i>Community People:</i> By Age: 23,000 Children, 2,000 Youth, 0 Adult(s), 0 Senior(s) By Sex: 13,000 Female(s), 12,000 Male(s)
5. Conduct montly mobilization and sensitization of members of laity groups on child rights and GBV (Uganda Muslim Supreme Council)	Completed	<i>Community People:</i> By Age: 18,000 Children, 2,000 Youth, 0 Adult(s), 0 Senior(s) By Sex: 10,000 Female(s), 10,000 Male(s)
6. Conduct montly mobilization and sensitization of members of laity groups on child rights and GBV (Uganda Muslim Supreme Council)	Completed	<i>Community People:</i> By Age: 18,000 Children, 2,000 Youth, 0 Adult(s), 0 Senior(s) By Sex: 10,000 Female(s), 10,000 Male(s)
7. Participation of DCDO/CDO in community dialogues of FBOs, War Child and CAP	Completed	<i>Community People:</i> By Age: 25,000 Children, 5,000 Youth, 0 Adult(s), 0 Senior(s) By Sex: 15,000 Female(s), 15,000 Male(s)

8. Participation of DCDO/CDO in community dialogues of FBOs, War Child and CAP	Completed	<i>Community People:</i> By Age: 25,000 Children, 5,000 Youth, 0 Adult(s), 0 Senior(s) By Sex: 15,000 Female(s), 15,000 Male(s)
9. Community dialogues (Children as Peacebuilders)	Completed	<i>Community People:</i> By Age: 2,500 Children, 2,500 Youth, 2,500 Adult(s), 0 Senior(s) By Sex: 4,000 Female(s), 3,500 Male(s)
10. Community dialogues (Children as Peacebuilders)	Completed	<i>Community People:</i> By Age: 2,500 Children, 2,500 Youth, 2,500 Adult(s), 0 Senior(s) By Sex: 4,000 Female(s), 3,500 Male(s)
11. Community dialogues (War Child Holland)	Completed	<i>Community People:</i> By Age: 10,000 Children, 17,000 Youth, 17,000 Adult(s), 0 Senior(s) By Sex: 22,000 Female(s), 22,000 Male(s)
12. Community dialogues (War Child Holland)	Completed	<i>Community People:</i> By Age: 10,000 Children, 17,000 Youth, 17,000 Adult(s), 0 Senior(s) By Sex: 22,000 Female(s), 22,000 Male(s)
13. Community dialogues, sensitizations, drama activities on GBV, rights of childre, gender and land, and community obligations + Facilitation of social contract process and community micro peace projects + Production and disemmination of IEC materials (ACORD)	Completed	<i>Community People:</i> By Age: 3 Children, 0 Youth, 0 Adult(s), 0 Senior(s) By Sex: 170 Female(s), 217 Male(s)
14. Community dialogues, sensitizations, drama activities on GBV, rights of childre, gender and land, and community obligations + Facilitation of social contract process and community micro peace projects + Production and disemmination of IEC materials (ACORD)	Completed	<i>Community People:</i> By Age: 3 Children, 0 Youth, 0 Adult(s), 0 Senior(s) By Sex: 170 Female(s), 217 Male(s)
15. Mobilization and outreach of community peace building champions through training, community dialogues and radio dialogues (ICON)	Completed	<i>Community People:</i> By Age: 0 Children, 0 Youth, 486 Adult(s), 0 Senior(s) By Sex: 400 Female(s), 86 Male(s)
16. Mobilization and outreach of community peace building champions through training, community dialogues and radio dialogues (ICON)	Completed	<i>Community People:</i> By Age: 0 Children, 0 Youth, 486 Adult(s), 0 Senior(s) By Sex: 400 Female(s), 86 Male(s)
17. Build capacity of media on gender responsive media programming and peacebuilding (ARC and ACORD)	Completed	<i>Community People:</i> By Age: 0 Children, 58 Youth, 0 Adult(s), 0 Senior(s) By Sex: 15 Female(s), 43 Male(s)
18. Build capacity of media on gender	Completed	<i>Community People:</i>

responsive media programming and peacebuilding (ARC and ACORD)		By Age: 0 Children, 58 Youth, 0 Adult(s), 0 Senior(s) By Sex: 15 Female(s), 43 Male(s)
19. Community dialogues focusing on strengthening local protection mechanisms (ARC)	Completed	<i>Community People:</i> By Age: 0 Children, 1,301 Youth, 1,301 Adult(s), 0 Senior(s) By Sex: 888 Female(s), 1,714 Male(s)
20. Community dialogues focusing on strengthening local protection mechanisms (ARC)	Completed	<i>Community People:</i> By Age: 0 Children, 1,301 Youth, 1,301 Adult(s), 0 Senior(s) By Sex: 888 Female(s), 1,714 Male(s)
21. Community dialogues, dramas, film shows to promote women's participation in peace building (FH)	Completed	<i>Community People:</i> By Age: 0 Children, 0 Youth, 5,609 Adult(s), 0 Senior(s) By Sex: 2,878 Female(s), 2,731 Male(s)
22. Community dialogues, dramas, film shows to promote women's participation in peace building (FH)	Completed	<i>Community People:</i> By Age: 0 Children, 0 Youth, 5,609 Adult(s), 0 Senior(s) By Sex: 2,878 Female(s), 2,731 Male(s)
<b>Output 3: District mechanisms for regular collection and documentation of reported incidents of GBV and child protection established and functional</b>		
1. Map existing actors for GBV/CP in each district. Mapping of child protection services (UCRNN)	Completed	140 Local NGO(s)
2. Map existing actors for GBV/CP in each district. Mapping of GBV actors	Ongoing	CDOs DCDOs District Councillors Technical officials Political officials government planning department PSWOs Police Local Council Courts
3. Conduct quarterly review and analysis of the data. Quarterly review of data (UNICEF and UNFPA)	Completed	CDOs DCDOs
4. Conduct quarterly review and analysis of the data. Quarterly review of data (UNICEF and UNFPA)	Completed	CDOs DCDOs
5. Conduct quarterly review and analysis of the data. Coordination mechanism and supervision strengthened at district level (districts/sub-counties)	Completed	CDOs DCDOs
6. Conduct quarterly review and analysis of the data. Coordination mechanism and supervision strengthened at district level (districts/	Completed	CDOs DCDOs

sub-counties)		
7. Facilitate use of data to inform planning programmes and budgeting at all levels Data input in computer (districts)	Completed	District Councillors government planning departement
8. Facilitate use of data to inform planning programmes and budgeting at all levels Data input in computer (districts)	Completed	District Councillors government planning departement
9. Development of the software for a 24 hours Call Centre for the Help line and training of 200 people on the use of the new system (UTL)	Completed	<i>Community People:</i> By Age: 60,000 Children, 0 Youth, 0 Adult(s), 0 Senior(s) By Sex: 40,000 Female(s), 20,000 Male(s)
10. Development of the software for a 24 hours Call Centre for the Help line and training of 200 people on the use of the new system (UTL)	Completed	<i>Community People:</i> By Age: 60,000 Children, 0 Youth, 0 Adult(s), 0 Senior(s) By Sex: 40,000 Female(s), 20,000 Male(s)
<b>Output 4: Increased capacity of district authorities to plan and budget for addressing GVB, child protection and human rights violations</b>		
1. Support inclusion of gender planning from grassroots level (ARC)	Completed	District Councillors Technical officials government planning departement
2. Support inclusion of gender planning from grassroots level (ARC)	Completed	District Councillors Technical officials government planning departement
3. Advocacy activities with district leadership to support gender budgeting and mainstreaming (UWONET)	Completed	District Councillors
4. Advocacy activities with district leadership to support gender budgeting and mainstreaming (UWONET)	Completed	District Councillors
5. Peace building, leadership, advocacy and entrepreneurship seminars for elected women leaders, targeted men and young women (ICON)	Completed	<i>Community People:</i> By Age: 0 Children, 50 Youth, 50 Adult(s), 0 Senior(s) By Sex: 75 Female(s), 5 Male(s)
6. Bi-annual meetings to linke district GBV concerns to national level dialogue (ACORD)	Ongoing	
7. Train local tech and pol officials on child protection(ANPPCAN)	Completed	Technical officials Political officials
8. Advocacy activities with district leadership to support gender budgeting and mainstreaming (UWONET)	Completed	
9. Advocacy activities with district	Completed	

leadership to support gender budgeting and mainstreaming (UWONET)		
10. Bi-annual meetings to link district GBV concerns to national level dialogue (ACORD)		CDOs District Councillors
<b>Output 5: Case management and referral pathway for children and GBV survivors enhanced in all target districts</b>		
1. Renew and revise the referral pathway (War Child Holland)	Completed	<i>Community People:</i> By Age: 10,000 Children, 0 Youth, 0 Adult(s), 0 Senior(s) By Sex: 6,000 Female(s), 4,000 Male(s)
2. Media sensitization on referral pathways, quarterly review meetings, and sub-county coordination meetings (ACORD)	Completed	CDOs DCDOs District Councillors Technical officials government planning departement PSWOs
3. Update referral pathways at sub-county level with partners and community members and follow up with service providers including health workers and police on use of referral pathway (ARC)	Completed	Police Health workers
4. Update referral pathways at sub-county level with partners and community members and follow up with service providers including health workers and police on use of referral pathway (ARC)	Completed	Police Health workers
5. Production and dissemination of referral pathway (FHI)	Completed	<i>Community People:</i> By Age: 0 Children, 0 Youth, 931 Adult(s), 0 Senior(s) By Sex: 509 Female(s), 432 Male(s)
6. Production and dissemination of referral pathway (FHI)	Completed	<i>Community People:</i> By Age: 0 Children, 0 Youth, 931 Adult(s), 0 Senior(s) By Sex: 509 Female(s), 432 Male(s)
7. Conduct orientation of identified stakeholders on referal pathways for CP and GBV (War Child Holland)	Completed	20 Community Based Organization(s) PSWOs Police
8. Printing and dissemination of the referral pathway (War Child Holland)	Completed	140 Local NGO(s) PSWOs Police
9. Conduct quarter review of functionality of the referral pathway and adjust as necessary Workshop (UNICEF)	Completed	20 Local NGO(s) PSWOs Police
10. Conduct quarter review of	Completed	20 Local NGO(s) PSWOs

functionality of the referral pathway and adjust as necessary Workshop (UNICEF)		Police
<b>Output 6: Children formerly associated with armed groups and other children affected by conflict are supported through reception, interim care and/or reunification with families/communities of origin (UNICEF)</b>		
1. Children, mothers with children and pregnant women returning from the LRA benefited from interim care, counselling, family tracing, reunification (FTR) and psychosocial support (GUSCO)	Completed	<i>Community People:</i> By Age: 200 Children, 0 Youth, 0 Adult(s), 0 Senior(s) By Sex: 150 Female(s), 50 Male(s)
2. Children, mothers with children and pregnant women returning from the LRA benefited from interim care, counselling, family tracing, reunification (FTR) and psychosocial support (GUSCO)	Completed	<i>Community People:</i> By Age: 200 Children, 0 Youth, 0 Adult(s), 0 Senior(s) By Sex: 150 Female(s), 50 Male(s)
3. follow up and psychosocial support to returnees and families (KICWA)	Completed	<i>Community People:</i> By Age: 150 Children, 0 Youth, 0 Adult(s), 0 Senior(s) By Sex: 100 Female(s), 50 Male(s)
4. follow up and psychosocial support to returnees and families (KICWA)	Completed	<i>Community People:</i> By Age: 150 Children, 0 Youth, 0 Adult(s), 0 Senior(s) By Sex: 100 Female(s), 50 Male(s)
5. Support children formerly associated with armed groups and other children affected by conflict (CCF Pader)	Completed	<i>Community People:</i> By Age: 150 Children, 0 Youth, 0 Adult(s), 0 Senior(s) By Sex: 100 Female(s), 50 Male(s)
6. Support children formerly associated with armed groups and other children affected by conflict (CCF Pader)	Completed	<i>Community People:</i> By Age: 150 Children, 0 Youth, 0 Adult(s), 0 Senior(s) By Sex: 100 Female(s), 50 Male(s)

**C. Explain, if relevant, delays in programme implementation, the nature of the constraints, actions taken to mitigate future delays and lessons learned in the process.**

2011 : The following are lessons learned:

- (i) The need to develop a strategy to follow up district councilors who have made commitments to plan and budget for GBV in the district development plans.
- (ii) In the provision of psycho-economic support, the importance of targeting men as well to avoid violence in the home relating to men wanting to take all the income earned by the women for this support.
- (iii) The importance of involving both men and women in community dialogues so that both parties can agree and implement the action plans agreed upon on stopping violence in their homes.
- (iv) In conducting the community dialogues, the importance in involving local leaders, i.e. LC officials, district officials, e.g. the Community Development Officers (CDOs) and Representatives of the Police Force so that they can be involved in monitoring the commitments that the community make in addressing the causes and eliminating violence within their homes.

(v) The need to involve the media in reducing stereotyping in the way they report on gender issues in general and GBV cases in particular.

(vi) The importance of educating the community about the referral pathway as well as having a functional referral pathway and most importantly the community is aware of the importance of ensuring that GBV survivors access Post-Exposure Prophylaxis (PEP) within 72 hours.

(vii) The community alerted about the dangers of delaying to assist a survivor obtaining medical and psychosocial support immediately.

(viii) Girls and women especially those who have been affected by armed conflict are yet to receive full support for their recovery and reintegration. Therefore UNICEF will target more specifically girls and young mothers who have returned from the LRA and provide them with psycho-social support focused on their reintegration.

(ix) The community members lack information on the referral pathways. Therefore we have to include information on the referral pathway in the community dialogues.

(x) Delays were experienced due to signing of contract with implementing partners; and then delays were experienced due to first building the capacity of the Faith Based Organizations in developing understanding for child protection and peace building. When their trainers/priests were trained, then they could fully implement in the communities the child protection interventions.

(xi) Delays were experienced in providing training to district councillors on inclusion of child protection in the district planning budgets. UNICEF should follow-up closely with the districts to ensure that this is materialized in the first quarter of 2012.

(xii) Fewer children are returning from the LRA since 2010 than expected. Therefore UNICEF will extend support for integration also for children who have returned before 2011 and who are already reunified with family and community in order to achieve the planned target.

(xiii) The coordination between local government and NGOs is still a challenge. It seems difficult for both parties to share information. UNICEF should play a more active role in sharing information between local government and NGOs.

(xiv)

The October 2011 Mid-Term Review (MTR) of the PBF found that overall the design and strategy of the PBF was relevant to the peacebuilding needs in Northern Uganda addressing risk factors for stability on the local level.

The MTR further noted that in general the PBF had been appreciated by the stakeholders and many beneficial effects had been realized from the interventions during the first half of the project period from January to September 2011. The achievements were attributed to the regular programmes of the UN agencies, which were continued under PBF. These comprised of the areas of service provision for victims, among them the most vulnerable such as women and children, economic development and access to justice. The MTR also attributed new approaches, which were added and specifically tailored to the peacebuilding needs. These approaches consist of relevant background research, transitional justice, community based conflict resolution, capacity building for youth centers and training on peacebuilding.

*OVERALL:* UNICEF did not experience any major delays in programme implementation. The only delay that was experienced was the training of the councillors on integrating child protection in district plans and budgets. The delay was caused due to the fact that the NGO ANPCAN which was partnering to provide the technical assistance was based in Kampala and their coordination with the District officials in the northern Uganda was weak. Therefore UNICEF had to facilitate this coordination, which sometimes was delayed as the timings of the Kampala team were not matching with the availability of the District Officials and the Councillors so the organization of the trainings were sometimes delayed in the districts.

UNFPA experienced a brief delay in quarter 1 of 2012 when it had to align her Country program Action plan indicators to the revised Global Business Strategy. However, partners were supported to accelerate program implementation and re-program some activities to second quarter 2012.

#### **D. List the key partnerships and collaborations, and explain how such relationships impact on the**

## **achievement of results.**

2011 : 1) It is too soon to report on the results of the collaboration on gender and equity budgeting, since the joint training was only undertaken in December 2011. The results will be reported on after the district development plans and budgets for Financial Year (FY) 2012/13 have been approved in June 2012. It is hoped that these plans and budgets will incorporate activities and provide resources for gender prevention and response activities.

2) Referral of survivors from one Implementing Partner to another, e.g. ARC referred survivors to VIVO, while VIVO referred survivors to ACORD, ensured that the survivors received appropriate and holistic psychosocial support.

3) Collaboration between ARC and NUMEC on the one hand and ACORD and NUMEC on the other ensured more district coverage as well the number of media personnel targeted in the media related activities.

UNICEF is closely collaborating with the local government officials in charge of child protection and coordinates its implementation with UNFPA. A Joint-Monitoring field visit with UNFPA, OHCHR and UNDP was conducted in December 2011. The findings of the visits will be used to fine-tune the implementation of the last 5 months of the projects.

The district authorities showed more ownership for the programme implementation. The Government District Budget Plans have incorporated Child Protection in all the 7 districts. This was achieved as a consequence of technical support provided by UNICEF through ANPCANN to train all the Councillors and concerned Government officials in the Districts to plan and budget for child protection in the District Budget Plans. These are being reflected in the District Budget Plans 2012-2013 Fiscal Year.

*OVERALL:* For UNICEF the key partners were the following: Community Based Services Departments of 7 District Local Governments; War Child Consortium NGO, KICWA, GUSCO, CCF, CAP NGOs. Standard Project Cooperation Agreements were signed with the NGO partners. The partnership with the Government departments was covered through the signing of the Rolling Workplan with the Govt.

UNICEF follows the results-based methodology for programming with partners, therefore the project results were built in the PCAs, which by the end of the project were all achieved. Similarly they were also built in the collaboration with the Government departments, and achieved each quarter.

The relationship with the partners impacted on two fronts: 1. The Peace Building Programme results were achieved. 2. Another unintended project impact was that the capacities of the Govt and NGO partners were built in the process.

UNFPA worked with two consortiums of CSOs thus UWONET and ARC with two and five member NGOs respectively. UWONET Consortium had UWONET and ICON; while ARC consortium had ACCORD, Refugee Law Project, Food for the Hungry, VIVO, and ARC implementing JP PBF.

UNFPA signs Letter of Understanding with consortium Lead Agencies: UWONET and ARC and transfers funds to them. The NGO Consortium Lead Agencies have running agreements with the consortium members which forms the basis of subsequent fund transfers. This enables speedy transfer of funds to many implementing agencies thereby reducing transaction costs while increasing efficiency in program implementation. The consortium work mechanisms also promote shared learning among implementing partners and provides opportunity for joint programming including advocacy.

The NGOs worked with local Government complementing service delivery while building government capacity for improved quality of services at the same time.

The 24 hour hot-line is used to coordinate and manage response to GBV and child protection by CSOs, Government and communities. This has reduced the lead time in response to reported child abuse and GBV cases.

## **E. Other highlights and cross-cutting issues pertinent to the results being reported on.**

2011 : Key cross cutting issues that pertain to more than one Implementing Partners that UNFPA are collaborating with are the following: (i) provision of psychosocial and psycho-economic support. American Refugee Committee (ARC), Food for the (FH), and Victims Voice (VIVO) provided psychosocial support, while ACORD provided psycho-economic support. ARC referred clients who required Narrative Exposure Therapy to VIVO. While VIVO referred clients to ACORD who needed psycho-economic support so as to get out of an violent home environment. (ii) ACORD, ARC and FH disseminated the referral pathway and kept it updated. (iii) Whilst ARC operated the GBV hotline, the IPs operating in the areas that GBV was reported provided support to the survivors. (iv) ACORD, ARC, and FH carried out community dialogues and followed up of the action plans agreed upon by the communities. In 2012 these IPs will continue to carry out community dialogues and follow up on the ones carried out in 2011. (v) Collaborating with the media: ARC collaborated with Northern Uganda Media Club (NUMEC) in building gender and media campaigns. ARC trained journalists in advocacy strategies and agreed on tools for monitoring both quantity and quality of media reporting on GBV. ACORD also collaborated with NUMEC in training of media personnel from Kitgum, Lamwo and Pader on GBV and peacebuilding. (vi) ACORD and UWONET collaborated in the preparatory activities for the training of targeted district officials and elected women councilors in gender and equity budgeting. The training was aimed at building the capacity of the aforementioned target group to plan and allocate resources for GBV prevention and response activities in the sub-county and district development plans.

UNICEF has noted that it is very important that health facilities level 3 and above have the capacity for providing quality and timely post-rape care services to children and adolescents, according to international standards ( if clinics have sexual violence management guidelines; a trained staff member trained to use the guidelines; a confidential examination room, provide free examination and emergency post-rape care kit/equivalent). The initial assessment suggests that such comprehensive services are not readily available. There is need for provision of the SGBV management guidelines and training of the medical staff in those guidelines.

*OVERALL:* Some of the high lights and cross-cutting issues pertinent to the results are as follows:

- The development of a digitized Child Protection Data Collection system with the Community Based Services of the Government necessitated the use of computers and internet. This led to the CDOs trying to learn how to use computers and how to report the data on the internet.
- The Probation Officers who are also the social welfare officers were more inclined to play the role of the probation. Through the project interventions and trainings they became more aware of their social welfare role, and started applying child friendly techniques and procedure when dealing with children either as victims of violence or as perpetrators.
- UNICEF is basically a children organization, but to high light the need of the most vulnerable women who returned from the LRA with their children, UNICEF changed its strategy of only focusing on children and provided reintegration support to the women. This was to accept that these women when they were abducted were once children therefore their needs are as significant as if they would have been children. UNICEF supported more than 300 women through livelihood and vocational skills training; through providing them with animal traction support, and providing them with ECD support for their children/toddlers so that trained carers were taking care of their children when they were getting trained. This emphasis on the Gender dimension of the peace building programme was fully supported by UNICEF.

The process of harmonization of child protection and GBV information management system has increased collaboration between NGOs and Government.

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comments (if any)
<b>Outcome 1: Women and children are empowered to overcome specific post-conflict hardship (e.g. psychological and economic security, political participation) and to end gender-based violence and discrimination</b>							
<b>Output 1: Psychosocial care and support services for women and children victims of GBV and abuse provided in all target districts</b>	Indicator 1.1. % increase in number of child survivors receiving psychosocial care and support in all target districts	Children = 400 cases per month in five districts	30% for all cases	<p>1. 181 child survivors received psychosocial support in the 7 districts from April to June 2011 <i>Percentage Achievement: 8.0%</i></p> <p>2. 704 child survivors received psychosocial care and support in all target districts. <i>Percentage Achievement: 33.0%</i></p> <p>3. 3634 child survivors received psychosocial support in all target districts <i>Percentage Achievement: 168.0%</i></p> <p>4. 1,732 child survivors received psychosocial care and support in all targeted districts <i>Percentage Achievement: 80.0%</i></p> <p>5. 2575 child survivors were identified, referred and provided psychosocial care and support in all targeted districts. <i>Percentage Achievement: 119.0%</i></p> <p><b>Total Percentage Achievement for this Indicator: 408.0%</b></p>	The children needing psychosocial care and support services was far greater in the communities than the planned number, therefore efforts were made to reach to as many children as possible, so if direct case management support was not provided at least referral and conflict resolution support was provided which did not require additional funding.	Cost-effective methods and sources to quantify or assess indicators	
	Indicator 1.2. %	GBV= 227 cases per	30% for all cases	1. A total of 123 survivors of various forms of gender based violence were		Cost-effective methods	

	increase in number of GBV survivors receiving psychosocial care and support in all target districts	month in five districts.		<p>attended to in the Gulu, Amuru, Nwoya, Pader and Agago in the 2 months of April and May 2011. They were supported with psychosocial support <i>Percentage Achievement: 10.0%</i></p> <p>2. A total of 179 GBV survivors received psychosocial care and support. <i>Percentage Achievement: 15.0%</i></p> <p>3. 3,018 GBV survivors received psychosocial care and support <i>Percentage Achievement: 247.0%</i></p> <p>4. 244 GBV survivors received psychosocial care and support <i>Percentage Achievement: 18.0%</i></p> <p>5. A total of 362 survivors received psychosocial support. <i>Percentage Achievement: 29.0%</i></p> <p><b>Total Percentage Achievement for this Indicator: 319.0%</b></p>		and sources to quantify or assess indicators	
<b>Output 2: Community dialogues on GBV gender equality, non-discrimination and child protection conducted in target districts</b>	Indicator 2.1. Number of community dialogues held to influence community norm	GBV, Gender and non-discrimination = unknown	504 community dialogues (4 dialogues per quarter per subcounty in 3 sub-countie	1. 14 community dialogue sessions took place during the reporting period, in 6 out of the seven districts. A total of 340 adults were engaged in the dialogue which focused on understanding the post conflict priorities of the communities. The dialogue sessions were appreciated by the community members, who saw		NGO reports	

	<p>change on GBV, gender equality and non-discrimination in seven districts.</p>		<p>s per district for 7 districts)</p>	<p>them as an opportunity to be engaged in the development discussions of their communities, an opportunity that they rarely get.  <i>Percentage Achievement: 3.0%</i></p> <p>2. 44 community dialogues took place in all 7 districts. 1423 adults participated in the dialogues. Actions emerging from the dialogues were: identification of response to GBV for inclusion in the parish and sub-county development plans; involvement of cultural leaders and elders in the resolving land boundaries disputes because they are knowledgeable on land boundaries; capacity building of land conflict resolution structures such as land committees, local council courts, and the Rwot Kweri in conflict resolution.  <i>Percentage Achievement: 9.0%</i></p> <p>3. 193 community dialogues were held. Emerging issues from the dialogues focused on land disputes, dispossession of widows and women solely bearing the responsibility of looking after children. The dialogues also were aimed at generating a lasting solution to GBV.  <i>Percentage Achievement: 38.0%</i></p> <p>4. 10 community dialogues and 40 awareness sessions were held on GBV prevention and drivers of GBV. 63</p>			
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				<p>dialogues were held on violence against GBV. <i>Percentage Achievement: 2.0%</i></p> <p>5. During the reporting period a total of 345 community dialogues were held by the Implementing Partners. 7,083 adults, 315 children and 30 youth leaders attended these dialogues. 18 seminars targeting 330 women were held on leadership, peacebuilding, savings, investments, advocacy, and entrepreneurship. 21 male champions were trained on peacebuilding, advocacy, enterprise governance, savings, investment, mentoring and coaching. <i>Percentage Achievement: 68.0%</i></p> <p><b>Total Percentage Achievement for this Indicator: 120.0%</b></p>			
Indicator 2.2. % of communities in target district with agreed community norms on child protection	Child protection = 3 subcounties each in 4 districts	50% increase	<p>1. 58 communities 6 subcounties of Gulu and Amuru have agreed community norms on child protection <i>Percentage Achievement: 33.0%</i></p> <p>2. 72 Community have agreed community norms on child protection in 20 subcounties of all 7 districts <i>Percentage Achievement: 111.0%</i></p> <p>3. 151 communities have agreed community norms against violence through 196 community dialogues held</p>		Monitoring of community practices		

				<p>in 20 subcounties for changing community norms. <i>Percentage Achievement: 111.0%</i></p> <p><b>Total Percentage Achievement for this Indicator: 255.0%</b></p>		
<p><b>Output 3: District mechanisms for regular collection and documentation of reported incidents of GBV and child protection established and functional</b></p>	<p>Indicator 3.1. % of participating districts with functional mechanisms for regular collection and documentation of reported incidents of child protection</p>	<p>Children =4/7</p>	<p>100%</p>	<p>1. the 7 districts have a basic manual mechanism for collection and documentation of reported incidents of Child Protection <i>Percentage Achievement: 50.0%</i></p> <p>2. the 7 districts use the manual mechanism for collection and documentation of reported incidents of child protection <i>Percentage Achievement: 50.0%</i></p> <p>3. All 7 districts have the basic system for collecting and reporting on child protection issues. <i>Percentage Achievement: 0.0%</i></p> <p>4. Additional support to capacity building for Child Protection MIS in the Govt was planned. A TOR was developed and advertized for selection of candidate for improving on the Child Protection MIS. 22 applicants documents were reviewed. Could not find appropriate consultant. <i>Percentage Achievement: 3.0%</i></p> <p>5. The effort to improve the manual</p>		<p>System for data collection in place</p>

				<p>system by making it a computerized one did not materialize as no consultant was found who has both the child protection and the computerized system development expertise <i>Percentage Achievement: 0.0%</i></p> <p>6. All 7 districts have the basic system for collecting and reporting on child protection issues. <i>Percentage Achievement: 0.0%</i></p> <p><b>Total Percentage Achievement for this Indicator: 103.0%</b></p>			
	Indicator 3.2. % of participating districts with functional mechanisms for regular collection and documentation of reported incidents of GBV	GBV =4/7	100%	<p>1. 5 out of the seven districts have established and functional systems for collecting, analysing and disseminating data on GBV reported incidents <i>Percentage Achievement: 33.0%</i></p> <p>2. The remaining two districts have functional GBV and child protection reporting mechanisms. <i>Percentage Achievement: 67.0%</i></p> <p><b>Total Percentage Achievement for this Indicator: 100.0%</b></p>		GBV IMS	
<b>Output 4: Increased capacity of district authorities to</b>	Indicator 4.1. % of Districts with trained officials on	Children = 4/7	100%	1. 60 Councillors and District officials in Gulu and Nowya were trained in development of District Plans and Budget integrating child protection concerns.		Training reports	

<p><b>plan and budget for addressing GVB, child protection and human rights violations</b></p>	<p>child protection and human rights</p>			<p><i>Percentage Achievement: 28.0%</i></p> <p>2. 40 Councillors and district officials of Lamwo district were trained in development of District Plans and Budget integrating child protection concerns <i>Percentage Achievement: 14.0%</i></p> <p>3. 60 Councillors and district officials in Kitgum and Amuru districts were trained on development of District Plans and Budget integrating child protection concerns <i>Percentage Achievement: 29.0%</i></p> <p>4. 60 Pader and Agago District Councillors were trained in integrating child protection in the district budget plans and budget <i>Percentage Achievement: 29.0%</i></p> <p><b><i>Total Percentage Achievement for this Indicator: 100.0%</i></b></p>			
	<p>Indicator 4.2. % of Districts with trained officials on GBV, gender, child protection and human</p>	<p>GBV = 4/7</p>	<p>7/7</p>	<p>1. ICON has trained women leaders and identified male champions from seven districts <i>Percentage Achievement: 10.0%</i></p> <p>2. District officials from 4 out of 7 districts were trained on gender and equity budgeting, gender mainstreaming and GBV. Key agreed actions to be taken to support districts</p>		<p>NGO reports</p>	

	rights, supported to implement gender budgeting			<p>to implement gender and equity budgeting are regular refresher trainings on gender budgeting and strengthening capacity of women councillors to effectively participate in council proceedings to ensure that identified gender concerns are allocated resources.</p> <p><i>Percentage Achievement: 57.0%</i></p> <p>3. Training on gender and equity budgeting undertaken for the remaining districts of Gulu, Nwoya and Pader. The training was appreciated as indicated by the commitment of district councillors and technical staff to take key actions to respond to GBV and improve on gender budgeting.</p> <p><i>Percentage Achievement: 43.0%</i></p> <p><b>Total Percentage Achievement for this Indicator: 110.0%</b></p>			
<b>Output 5: Case management and referral pathway for children and GBV survivors enhanced in all target districts</b>	Indicator 5.1. Number of districts with integrated and updated GBV and Child Protection referral pathways	GBV = 4/7	7/7 or 100%	<p>1. 4 out of 7 districts have established referral mechanisms in place for managing GBV and CP cases. There was no movement on this output during this reporting period</p> <p><i>Percentage Achievement: 0.0%</i></p> <p>2. Only the Implementing Partner supported by UNICEF, i.e. War Child Holland, updated the referral pathway for Child Protection in all 7 districts. ARC's activities are</p>		District GBV/CP referral documents for each district	

				<p>implemented in 3 district, more specifically in a total of 8 sub-counties. Food for the Hungry implemented activities in two sub-counties in 1 district namely Agago. <i>Percentage Achievement: 100.0%</i></p> <p>3. All the referral pathways in the 7 districts updated by War Child in the previous quarters were functional <i>Percentage Achievement: 0.0%</i></p> <p><b>Total Percentage Achievement for this Indicator: 100.0%</b></p>			
Indicator 5.2. % increase in number of cases of children with complete information on case management, including referral and follow-up activities, and case outcomes	Children = 3000 children in 7 districts	5000 children in 7 districts	<p>1. 831 child cases responded to including referral and followup activities.98 legal protection actors equipped with knowledge and skills to prevent and respond to violence.-Manual on Child Child/ Marriage Counselling, and on Violence against children developed by FBO. <i>Percentage Achievement: 16.0%</i></p> <p>2. -44 referral pathways updated in all the new and old sub counties in all the districts <i>Percentage Achievement: 0.0%</i></p> <p>3. 1789 child cases identified by CPCs and communities were responded to and provided with care and support including police, legal and probation support.</p>		District referral documents for each district		

				<p><i>Percentage Achievement: 35.0%</i></p> <p>4. 2481 cases by referred by Govt and NGO partners. (in addition to the project, Church of Uganda identified 105, and UMSC supported 2150 children mostly girls with referral, care and support).</p> <p><i>Percentage Achievement: 50.0%</i></p> <p><b>Total Percentage Achievement for this Indicator: 101.0%</b></p>			
<p><b>Output 6: Children formerly associated with armed groups and other children affected by conflict are supported through reception, interim care and/or reunification with families/communities of origin (UNICEF)</b></p>	<p>Indicator 6.1. Number of children formerly associated with armed groups and other children affected by conflict provided with support</p>	100	500	<p>1. 30 children who have previously returned from the LRA received support for their reintegration into the community and follow-up by the social workers from Gusco Centre</p> <p><i>Percentage Achievement: 6.0%</i></p> <p>2. 32 children got follow-up support</p> <p><i>Percentage Achievement: 6.0%</i></p> <p>3. -9 (7 females, 2 males) of whom 6 were children were received and reunified in the districts of Amuru, Kitgum and Pader.-2 community dialogues were conducted in Bobi and Bungatira subcounties for acceptance by the communities of women and children returning from the LRA. Another 16 communities in 10 subcounties were empowered for supporting the reintegration of children formerly associated with armed</p>		NGO reports	

			<p>conflict, to reduce stigmatization, increase social acceptance for peaceful harmonious living.-100 Formerly Abducted children were supported with scholastic materials and provided access to education.-15 Formerly Abducted Children were enrolled in vocational skills and apprenticeship trainings.-  <i>Percentage Achievement: 24.0%</i></p> <p>4. 75 infants of formerly abducted child mothers were provided with ECCD care and support. 100 child mothers were identified to participate in vocational training in Pader Girls Academy; 50 child mothers in the communities were identified and supported with oxen and plough for ox-cultivation to enhance food security and livelihood. 143 care takers and parents were reached through 2 communities dialogues to provide support to former abductees for their full reintegration with the communities in which they live.  <i>Percentage Achievement: 30.0%</i></p> <p>5. -171 youth formerly associated with armed conflict were assisted to access vocational and skills training.-18 groups of young mothers (5 in each group) were provided animal traction support (a pair of oxen, plough, and chain) for supporting their access to land and for income-generating</p>			
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			<p>activities.-50 children of young mothers formerly associated with armed conflict were supported to participate in Early Childhood care and development programme while their mothers participation in vocational skills training.-100 Vulnerable and formerly abducted children were supported to access formal education.-30 communities were prepared to provide reintegration support, while 2 communities made their action plans. 200 participants (98 male, 102 female).-20 students were able to access information, communication and technology services- 2 Women and 4 children (5 females, 1 male) were received at GUSCO reception centre. <i>Percentage Achievement: 50.0%</i></p> <p>6. 245 youth supported to use ICT in Gusco;1 woman and a child were received from the LRA. <i>Percentage Achievement: 50.0%</i></p> <p><b><i>Total Percentage Achievement for this Indicator: 166.0%</i></b></p>			
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## **V. FUTURE WORK PLAN**

### **A. Summarize the projected activities and expenditures for the programme period.**

2011 : (i) From the outset, the Implementing Partners will include an element of peacebuilding as they plan, implement and monitor their activities (UNFPA & UNICEF)

(ii) A monitoring strategy will be developed to monitor district councilors to follow up on their commitments on planning and budgeting for GBV and CP (UNFPA & UNICEF)

(iii) In the districts of Agago and Pader where Food for the Hungry (FH) have found that the community delayed to report GBV cases because they wanted to first negotiate with the perpetrators; FH will continue to use representatives of the police force in the community dialogues to educate them about how not report cases is a felony.

(iv) An impressive number of community dialogues were carried out in 2011, the Implementing Partners will devise monitoring strategies to monitor if the communities are implementing the action plans that they have agreed upon.

(v) UNICEF will advocate with the NGOs and the Local Governments to share information between local government and NGOs.

(vi) UNICEF will extend support for integration also for children who have returned before 2011 and who are already reunified with family and community in order to achieve the planned target.

vii) UNICEF will submit another proposal to the Peace Building Support Office, this time targeting the adult women who were once abducted girls for reintegration support and community acceptance through community support mechanisms.

*OVERALL:* None as the project is coming to an end.

### **B. Indicate any major adjustments in strategies, targets or key outcomes and outputs planned.**

2011 : No major adjustments are anticipated.

Strategies to accelerate implementation of activities have been devised in partnership with the IPs. Quarterly review meetings will be held to monitor timely and quality implementation of activities.

*OVERALL:* No major adjustments in strategies, targets or key outcomes and outputs are planned, as the project is coming to a close.

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