

**IMPROVING AVAILABILITY AND UTILIZATION OF LIFE SAVING HEALTH SERVICES IN  
THE CONTEXT OF COVID-19 RESPONSE IN UGANDA ANNUAL PROGRAMME<sup>1</sup>**

**NARRATIVE PROGRESS REPORT**

**REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2021**

<p><b>Programme Title &amp; Project Number</b></p> <ul style="list-style-type: none"> <li><b>Programme Title:</b> Improving Availability and Utilization of Life Saving Health Services in the context of COVID-19 response in Uganda.</li> <li>Programme Number (<i>if applicable</i>)</li> <li>MPTF Office Project Reference Number:<sup>3</sup></li> </ul>	<p><b>Country, Locality(s), Priority Area(s) / Strategic Results<sup>2</sup></b></p> <p><i>Country/Region</i> Uganda</p> <p><i>Priority area/ strategic results</i> <b>Cholera hotspot districts</b></p>
<p><b>Participating Organization(s)</b> <b>WORLD HEALTH ORGANIZATION</b></p>	<p><b>Implementing Partners</b></p> <ul style="list-style-type: none"> <li>National counterparts (government, private, NGOs &amp; others) and other International Organizations</li> </ul>
<p><b>Programme/Project Cost (US\$)</b></p> <p>Total approved budget as per project document: MPTF /JP Contribution<sup>4</sup>:140,570.18 USD</p> <ul style="list-style-type: none"> <li><i>by Agency (if applicable)</i> Agency Contribution</li> <li><i>by Agency (if applicable)</i> Government Contribution (<i>if applicable</i>)</li> <li>Other Contributions (donors) (<i>if applicable</i>)</li> </ul> <p><b>TOTAL: 140,570.18 USD</b></p>	<p><b>Programme Duration</b></p> <p>Overall Duration (<i>12months</i>)</p> <p>Start Date<sup>5</sup> (<i>03.05.2021</i>)</p> <p>Original End Date<sup>6</sup> (<i>02.05.2022</i>)</p> <p>Current End date<sup>7</sup>(<i>02.05.2022</i>)</p>
<p><b>Programme Assessment/Review/Mid-Term Eval.</b></p> <p>Assessment/Review - <i>if applicable please attach</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>dd.mm.yyyy</i>          Mid-Term Evaluation Report – <i>if applicable please attach</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p>	<p><b>Report Submitted By</b></p> <ul style="list-style-type: none"> <li>Name: Komakech Innocent</li> <li>Title: Deputy Incident Manager</li> <li>Participating Organization (Lead): WHO</li> <li>Email address: komakechi@who.int</li> </ul>

<sup>1</sup> The term “programme” is used for programmes, joint programmes and projects.

<sup>2</sup> Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;

<sup>3</sup> The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page the [MPTF Office GATEWAY](#)

<sup>4</sup> The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the [MPTF Office GATEWAY](#)

<sup>5</sup> The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)

<sup>6</sup> As per approval of the original project document by the relevant decision-making body/Steering Committee.

<sup>7</sup> If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities.

## Acronyms

- CFR, Case Fatality Rate
- COVID 19, Corona Virus Disease 19
- UN, United Nations
- DTF, District Task Force
- ODK, Open Data Kit
- VHF, Viral Hemorrhagic Fever
- VHT, Village Health Teams
- IEC, Information Education and Communication
- OCV, Oral Cholera Vaccine

## **EXECUTIVE SUMMARY**

Cholera and other diarrheal diseases remain major causes of morbidity and mortality in developing countries. In April 2020 at the peak of the COVID-19 pandemic response in Uganda, a Cholera outbreak was confirmed in the Karamoja region, starting in Moroto and eventually spreading to Kotido, Napak and Nabilatuk districts. A total of 1,105 cases were confirmed during the 7 months of the outbreak, including 18 deaths (CFR=1.6%). A preventive Oral Cholera Vaccine campaign targeted the high-risk populations in the hotspot districts with 86.2% coverage achieved by September 2021. During the implementation period all the selected districts had functional District Task Forces and applied the Incident Management System in response coordination, up to 100% of the health facilities implemented the Standard Operating Procedures for COVID-19 care and supported the home-based care strategy, all the targeted districts had improved capacity to rapidly detect, confirm and investigate outbreaks and with a strong community vigilance to diseases of outbreak potential through the training of the VHTs in community-based disease surveillance.

### **I. Purpose**

To achieve the main objective and expected outcomes of Improving Availability and Utilization of Life Saving Health Services in the context of COVID-19 response in Uganda in the seven selected districts as per the strategic UN planning framework, through strengthening outbreak response coordination, leadership, monitoring and reporting mechanisms for COVID-19 and Cholera, improving the capacity of the health institutions to provide case management interventions for cholera and COVID-19 patients and districts capacity to detect, confirm and conduct investigation of suspected cases.

### **II. Results**

From January to December 2021, in the seven selected districts 100% functional DTFs were achieved (baseline 22%) and 95% (97) of the planned districts teams were trained in incident management system with assigning of focal points for the different response pillars to effectively coordinate the outbreak response interventions. The DTF members were supported with airtime and fuel to facilitate the response activities within their districts and this enable them to respond effectively and address the public health

concerns timely. Generally, there was marked improvement in coordination, leadership, monitoring of the response and reporting of events from the districts through the ODK, situation reports and HMIS.

A total of 193 (97%) of health workers were trained in COVID-19/Cholera case management and IPC in the selected seven districts. All the districts were provided with assorted supplies for case management, with 6 additional treatment units for COVID-19 supported during the project period. There was marked reduction in health workers infections and improvement in the patients outcome with cumulative COVID-19 case fatality rate dropping to 2.2% by the end of December, 2021. This was attributed to the support provided to the treatment units and the enhanced capacity of the health workers to manage critically ill COVID-19 patients and improved community awareness on early referral of cases.

Districts capacities to detect, report, investigate and respond to outbreaks have improved through capacity building of the 635 (135%) Village Health Teams and leaders in community based disease surveillance and provision of airtime and job aids, sample transportation to the reference laboratory was supported by providing a vehicle, fuel and allowances this reduced on the Turn Around Time for the results and therefore districts were able to effectively intervene and interrupt several clusters of COVID-19 infections. During the project period, the World Health Organization supported the Ministry of Health to conduct a reactive Oral Cholera vaccination in Moroto with a coverage of 84.6% achieved, this was due to the security challenges within the region, as well as misinformation on vaccines.

Due to the COVID-19 social and public health restrictions, implementation of some activities was delayed. However, this was addressed by having a phased approach for the trainings. In the regions of Karamoja, the insecurity due to the increased activities of the cattle rustlers was a major challenge to implementation. A multi-sectoral approach was critical in addressing gaps and that emerged during the implementation, as well as collaboration with partners and the Ministry of Health allowed for optimized utilization of the resources to meet the goals. Therefore, the project in some areas complemented on efforts by the UN partners, development partners and the Ministry of Health.

Generally, there was an improvement in the outbreak response with more notifiable diseases reported, Anthrax in Madi-Okolo, Measles suspects in Adjumani, VHF suspects in Arua all during the implementation period.

Nationally, the cumulative COVID 19 case fatality rate stands at 2.2%, vaccination uptake improved in the targeted districts due to the strong community structures that were built. All the achievements were attributed to well coordination and collaboration of the health partners by the World Health Organization and the multi-sectoral approach which was adapted.

## ii) Indicator Based Performance Assessment:

	<b><u>Achieved</u> Indicator Targets</b>	<b>Reasons for Variance with Planned Target (if any)</b>	<b>Source of Verification</b>
<b>Outcome 1<sup>8</sup>:</b> Outbreak response, coordination, leadership, monitoring and reporting mechanism functional in selected districts strengthened <b>Indicator:</b> Proportion of districts with functional coordination mechanism <b>Baseline:</b> 22% <b>Planned Target:</b> 25%	25%		HMIS, DHIS2
<b>Output 1:</b> Districts enabled to coordinate, provide leadership, monitor and report outbreaks			
<b>Indicator 1.1:</b> Number of districts with established and functional District Taskforces <b>Baseline:</b> 0 <b>Planned Target:</b> 7	7		District Task Force meeting minutes
<b>Indicator 1.2:</b> Number of districts' teams oriented and applying the Incident management system including pillar approach <b>Baseline:</b> 0 <b>Planned Target:</b> 7	(95% of the district teams were trained in incident management system) 7		Open Data Kit (ODK) meeting minutes
<b>Outcome 2:</b> Improved Capacity of health institutions to provide case management interventions for cholera and COVID-19 patient <b>Indicator:</b> Proportion of health facilities providing patient care according to set protocols <b>Baseline:</b> 40% <b>Planned Target:</b> 50%	50%		Standard protocols and patients outcomes
<b>Output 2:</b> Health facilities enabled to provide case management interventions to patients suffering from cholera or COVID 19 through training and use of standard protocols			

<sup>8</sup> Note: Outcomes, outputs, indicators and targets should be as outlined in the Project Document so that you report on your actual achievements against planned targets. Add rows as required for Outcome 2, 3 etc.

<b>Indicator 2.1:</b> Number of health workers trained in case management and infection prevention and control <b>Baseline:</b> 40% <b>Planned Target:</b> 50%	(193) 96%		Training reports ODK
<b>Indicator 2.2:</b> No of health facilities basic set of diagnostic equipment and monitoring for use at the isolation centre <b>Baseline:</b> 1 <b>Planned Target:</b> 7	7		Delivery notes/reports
<b>Outcome 3:</b> Districts Capacity to detect, confirm and conduct investigation of suspected cases improved <b>Baseline:</b> 40% <b>Planned Target:</b> 50%	50%		
<b>Output 3:</b> Suspected outbreaks rapidly detected, confirmed and investigated			
<b>Indicator 3.1:</b> Number of VHTs from High-risk districts with capacity to conduct active case finding, contact tracing and follow up <b>Baseline:</b> 0 <b>Planned Target:</b> 40%	635 (135%)	Implementation cost could accommodate more VHTs to be trained, as well the need to support the role out of community engagement strategy. Collaboration with partners	Open data kit (ODK) reports
<b>Indicator 3.2:</b> Number of facilities timely collecting specimen and submitting to national reference laboratory <b>Baseline:</b> 15% <b>Planned Target:</b> 40%	100%	Through the use of the hub system, more facilities were able to be supported to transport samples to the national laboratory.	Laboratory and surveillance reports
<b>Indicator 3.3:</b> Number of VHTs trained in Community Based Surveillance <b>Baseline:</b> 0 <b>Planned Target:</b> 40%	635 (135%)	Variations resulted from variation in the village structures in Acholi region and the formation of new villages.	Training reports

**Problem / Challenge faced:** Describe the specific problem or challenge faced by the subject of your story (this could be a problem experienced by an individual, community or government).

The strict COVID 19 preventive measures interrupted and caused delays in the implementation of the activities.

Inadequate funding to support preventive and response interventions in all the hotspot districts (flood prone, refugee settlements and those near the water bodies).

The trained Village Health Teams have limited support to aid their work (VHT kits and stipend).

Lack of printed IEC materials for Cholera and COVID 19 to support community engagement.

During the implementation period, two outbreaks in Karamoja and Isingiro were responded to and these were not previously mapped, need to conduct a national risk mapping for Cholera.

The Oral Cholera Vaccination (OCV) registered suboptimal coverage due to conflicting vaccination campaigns and inadequate funds to support the activities.

### **Programme Interventions:**

A multi-sectoral approach was critical in addressing gaps and that emerged during the implementation, as well as collaboration with partners and the Ministry of Health allowed for optimized utilization of the resources to meet the goals.

The community alerts improved with over 2,825 alerts received and responded to within 5 months during the project implementation period.

Interruption of the COVID 19 transmission among the household members with proper risk communication and engagement by the trained VHTs and community leaders in Home-based care for COVID 19. This



reduced on the morbidity and mortality.

Increase uptake of COVID 19 vaccines in the selected districts due to the intensified involvement of the community structures in the mobilization,

- A multi-sectoral approach to the cholera response was critical in addressing the gaps and optimizing resources.
- Additional funding to support intervention to reduce morbidity and mortality from Cholera. (1. Address WASH needs in the high-risk districts. 2. Preventive OCV campaigns in the high-risk districts and refugee settlement).
- Maintain the support of the VHTs: Continuous capacity building and equipping the VHTs with necessary tools to carry out their work effectively.

**III. Other Assessments or Evaluations (if applicable)**

- Report on any assessments, evaluations or studies undertaken.

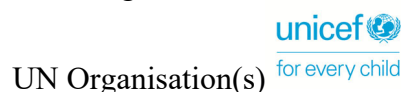
**IV. Programmatic Revisions (if applicable)**

- Indicate any major adjustments in strategies, targets or key outcomes and outputs that took place.

**V. Resources (Optional)**

- Provide any information on financial management, procurement and human resources.
- Indicate if the Programme mobilized any additional resources or interventions from other partners.

Insert Logo for Participating



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## MPTF OFFICE ANNUAL PROGRAMME<sup>1</sup> NARRATIVE PROGRESS REPORT

REPORTING PERIOD: 1 FEBRUARY 2021 – **31 JANUARY 2022**

<p><b>Programme Title &amp; Project Number</b></p> <ul style="list-style-type: none"> <li>Programme Title: <b>Improving Availability and Utilization of Life Saving Health and Water, Sanitation and Hygiene (WASH) Services in the context of COVID-19 and flood response in Uganda.</b></li> <li>Programme Number (if applicable): <b>SM210259</b></li> <li>MPTF Office Project Reference Number:<sup>3</sup></li> </ul>	<p><b>Country, Locality(s), Priority Area(s) / Strategic Results<sup>2</sup></b></p> <p><b>Uganda / ESARO</b></p> <hr/> <p><i>Priority area/ strategic results</i></p>
<p><b>Participating Organization(s)</b></p> <ul style="list-style-type: none"> <li>Organizations that have received direct funding from the MPTF Office under this programme</li> </ul> <p><b>UNICEF</b></p>	<p><b>Implementing Partners</b></p> <p>National counterparts (government, private, NGOs &amp; others) and other International Organizations</p> <ul style="list-style-type: none"> <li><b>Save the Children Italy (SCI)</b></li> <li><b>CUAMM</b></li> <li><b>Selected District Local Governments</b></li> </ul>
<p><b>Programme/Project Cost (US\$)</b></p> <p>Total approved budget as per project document: <b>\$399,683.84</b></p> <p>MPTF /JP Contribution<sup>4</sup>:</p> <ul style="list-style-type: none"> <li>by Agency (if applicable)</li> </ul> <p>Agency Contribution</p> <ul style="list-style-type: none"> <li>by Agency (if applicable)</li> </ul> <p>Government Contribution (if applicable)</p> <p>Other Contributions (donors) (if applicable)</p> <p><b>TOTAL: \$ 399,683.84</b></p>	<p><b>Programme Duration</b></p> <p>Overall Duration: <b>12 months</b></p> <p>Start Date<sup>5</sup>: <b>01 February 2021</b></p> <p>Original End Date<sup>6</sup>: <b>31 January 2022</b></p> <p>Current End date<sup>7</sup>:</p>

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**Programme Assessment/Review/Mid-Term Eval.**

Assessment/Review - if applicable *please attach*

☐ Yes ☐ No Date: *dd.mm.yyyy*

Mid-Term Evaluation Report – *if applicable please attach*

☐ Yes ☐ No Date: *dd.mm.yyyy*

**Report Submitted By**

- Name: Vedasto Nsanzugwanko
- Title: Deputy Representative, Programmes
- Participating Organization (Lead): UNICEF
- Email address: vnsanzugwanko@unicef.org

## NARRATIVE REPORT FORMAT

### **ACRONYMS**

AAP	Accountability for Affected Populations
ADHO	Assistant District Health Officer
AEFI	Adverse Effects Following Immunisation
CEHS	Continuity of Essential Health Services
CFR	Case Fatality Rate
CTU	COVID 19 Treatment Unit
CUAMM	Doctors' with Africa
DHIS	District Health Information System
DHO	District Health Officer
DHT	District Health Team
DLG	District Local Government
DTF	District Task Force
DVS	District Vaccine Stores
GoU	Government of Uganda
HACT	Harmonized Approach to Cash Transfers
HIA	Health Information Assistant
HMIS	Health Management Information System
IEC	Information Education and Communication
IPC	Infection Prevention and Control
LMIS	Logistics Management and Information System
MoH	Ministry of Health
MPTF	Multi Partner Trust Fund
NGO	Non-Governmental Organization
PPE	Personal Protective Equipment
PSEA	Protection against Sexual Exploitation and Abuse
PSS	Psychosocial Support
RRH	Regional Referral Hospital
SCI	Save the Children Italy
SEA	Sexual Exploitation and Abuse
SOP	Standard Operating procedure
UN	United Nations
UNICEF	United Nations Children's Fund
VfM	Value for Money
WHO	World Health Organization

### **EXECUTIVE SUMMARY**

The main objectives of the contribution were to improve individual and household behavior change and community action to prevent COVID-19 and other disease outbreaks; and to provide Personal Protective Equipment (PPE) for use by health workers. The project targeted seven districts of Kasese, Kaabong, Moroto, Karenga, Amudat, Nabilatuk, Napak that are prone to seasonal floods which lead to bouts of Cholera during the rainy season and was implemented in partnership with the district-based partners, CUAMM and Save the Children Italy, using strategic mix and linking of mutually reinforcing activities, including risk communication for enhanced awareness; community engagement on COVID-19 and hygiene promotion; training of health workers and the distribution of critical supplies like, translated IEC materials, personal protection equipment (PPEs) and WASH supplies, as mitigation measures against both COVID-19 and Cholera.

By end of the project, a total of 803,957 people were reached with basic messages in all the seven (7) districts. Communities were sensitised through radio-talk shows, house-to-house visits and community dialogue meetings. A total of 1,545 VHTs were trained on community-based surveillance and effective community engagement; 142,470 people were reached through house-to-house and community dialogue meetings and were able to share their concerns and asking questions/clarifications to address their needs through existing established feedback mechanisms. By the end of 2021, public awareness on the risks associated with COVID-19 and awareness on the importance of vaccination against COVID-19 was at 90 per cent.

UNICEF used funding from MPTF to procure and distribute PPEs, and information education and communication (IEC) supplies directly to the district local governments. The implementing partners assisted the districts to ensure last mile distribution of the PPEs to 110 Health Facilities in the seven districts and the VHTs. The VHTs were equipped with 5400 sets of job-aides on COVID-19 prevention and COVID-19 vaccination and 20,000 posters on Cholera and 20,000 booklets on Frequently Asked Questions (FAQs) in English and the respective translated versions, four local languages in Karamoja region and two local languages in Kasese district.

## I. Purpose

The main objectives of the contribution were to improve individual and household behaviour change and community action to prevent COVID-19 and other disease outbreaks; and to provide Personal Protective Equipment (PPE) for use by health workers. Specific behavioural change objectives included compliance to COVID-19 preventive measures including COVID-19 vaccination acceptance, continuity of essential health services (CES) and the maintenance of basic household key family care practices like home hygiene, in all community-based health care and health education initiatives.

UNICEF, with funding from [the](#) Multi Partner Trust Fund (MPTF) aimed to contribute to the roll out of a new community engagement strategy that focusses on integrated messaging and direct engagement with affected population, for prevention and care of both Cholera and COVID-19, through programme collaboration with two implementing partners, CUAMM and Save the Children Italy (SCI). Seven districts benefitted from the project, i.e., six local governments in the Karamoja region (Kaabong, Moroto, Karenga, Amudat, Nabilatuk and Napak) and one (1) Kasese district.

## II. Results

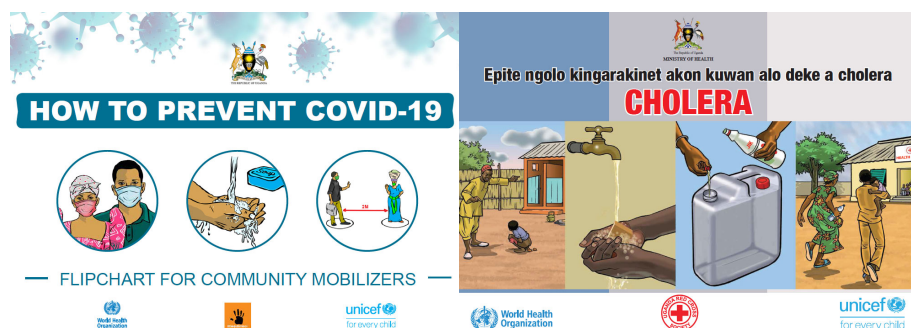
### Outcome

**Improved awareness:** According to the U-Report (UNICEF- November 2021), nation-wide community rapid assessment, public awareness on COVID-19 vaccination is at 90 per cent. Almost twice as many people as planned targets were reached with messages on COVID-19. A total of 803,953 people were reached with interventions in all the seven (7) districts, that is, 489,743 in Karamoja region (288,948 M (59%) and 200,795 F (41%)) and 314,210 in Kasese district (153,963 M (48%) and 160,247 F (52%)).

### Outputs

**Trained and equipped community mobilisers:** 1,545 VHTs were trained on community-based surveillance and effective community engagement with 100 per cent achievement of the planned target in Karamoja region and Kasese districts. The trained VHTs and health workers (HWs) were equipped with 5400 sets of job-aides on COVID-19 prevention and COVID-19 vaccination; and 20,000 posters on Cholera

and 20,000 booklets on Frequently Asked Questions (FAQs) in English and translated versions in four local languages in Karamoja region and two local languages in Kasese district.



*Samples of job-aid flipcards developed for health workers and VHTs*

**Sensitized communities through radio spots and radio-talk shows in local languages and engaged communities in dialogue on COVID-19 and Cholera prevention:** The trained VHTs made house-to-house visits, informed and mobilised communities about COVID-19 vaccination using megaphones and public address system.



*CUAMM/2021: L -R Community sensitization in Kanawat and Kacheri in Kotido on COVID response and integrated health services*

**Feedback from affected population:** Cumulatively, 142,470 people were reached through house-to-house and community dialogue meetings and were able to share their concerns and asking questions/clarifications to address their needs through existing established feedback mechanisms.

**Procured and supplied Personal Protective Equipment (PPE) to the seven districts:** The following PPE items were procured and distributed to Kasese and the six districts in Karamoja for use by the health workers to prevent the spread of COVID-19 and Cholera.

Material description	Quantity
Handwashing liquid soap 5 L	3,800
Hand sanitizer, Alcohol>60%, 1 Liter	2,464
Gloves, exam, nitrile, pwndfree, M,BOX-100	186

Surgical gloves	599
Plastic apron/PAC-100	866
Surgical maskspack50	1,420
Mask, N95, pieces	2,274
Coveralls	2,744

## ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWP** - provide an update on the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why, as well as plans on how and when this data will be collected.

	<b><u>Achieved</u> Indicator Targets</b>	<b>Reasons for Variance with Planned Target (if any)</b>	<b>Source of Verification</b>
<b>Outcome 1<sup>8</sup></b> <b>Indicator:</b> <b>Baseline:</b> <b>Planned Target:</b>	Contribute to closing gaps in logistics and supplies for an effective national COVID-19 and Cholera response in 7 districts including Kasese, Kaabong, Moroto, Karenga, Amudat, Nabilatuk, Napak.  <b>Planned:</b> 7 districts <b>Achieved:</b> 7 districts (100%)	None	Programme Cooperation Agreement Documents (PCA)
<b>Output 1.1</b> <b>Indicator 1.1.1</b> <b>Baseline:</b> <b>Planned Target:</b>	1.1.1a Number of health facilities provided with infection prevention and control package including PPE <b>Planned:</b> 70 <b>Achieved:</b> 110 (157%)	Demand and need on the ground to facilitate health facilities and HWs available to ensure effective reach	PCA reports from CUAMM and SCI respectively
<b>Indicator 1.1.2</b> <b>Baseline:</b> <b>Planned Target:</b>			
<b>Output 1.2</b> <b>Indicator 1.2.1</b> <b>Baseline:</b> <b>Planned Target:</b>	1.2 To scale up risk communication, social mobilisation and community engagement activities in 7 districts on COVID-19 and cholera response		
<b>Indicator 1.2.2</b> <b>Baseline:</b> <b>Planned Target:</b>	1.2.1a Number of people reached with health education messages on COVID-19 and cholera prevention  <b>Planned:</b> 893,286 <b>Achieved:</b> 803,957 (90%)	Access to mass media (radio, TV and internet) is still very low in the Karamoja region. The innovative interventions used like community radios, display of IEC materials, use of mobile megaphone and house-to-house visits had restricted geographic reach.	PCA reports from CUAMM and SCI respectively

<sup>8</sup> Note: Outcomes, outputs, indicators and targets should be as outlined in the Project Document so that you report on your actual achievements against planned targets. Add rows as required for Outcome 2, 3 etc.



### iii) A Specific Story (Optional)

#### **Example of a human-interest story from Kasese district**

**Link:** [UNICEF and Save the Children train community health workers on COVID-19 prevention and vaccination | UNICEF Uganda](#)

<b>Title</b>	<b>UNICEF and Save the Children train community health workers on COVID-19 prevention and vaccination - Bringing COVID-19 messaging and services closer to communities</b>
<b>Problem / Challenge faced</b>	<p>The subject in the story reflects the <b>key factors that may hinder change of behaviour at individual and social level:</b></p> <ul style="list-style-type: none"> <li>- Level of awareness and perception of the COVID-19 risks – the subject was initially detached from the risk</li> <li>- Disbelief, denial, and superstition</li> <li>- Negative advice or risks associated with peer influence</li> <li>- Stigma – as an eventual reaction by immediate community</li> <li>- Exposure to misinformation e.g., political campaigns, mistrust, and propaganda</li> <li>- Rumors and myths</li> </ul>
<b>Programme Interventions</b>	<ol style="list-style-type: none"> <li><b>1. Public awareness through the mass-media</b> <ul style="list-style-type: none"> <li>○ Dissemination of messages on mass media e.g., radio and TV (subjects mentioned exposure to messages via TV).</li> </ul> </li> <li><b>2. Training of 1,545 Village Health Workers (VHT) on signs and symptoms, preventive measures, home-based care treatment and how to counsel the affected</b> <ul style="list-style-type: none"> <li>○ Trained VHTs were equipped with job-aides which had basic messages;</li> <li>○ VHTs were deployed to work in their communities to educate, inform, reach out to infected persons, refer infected to nearest health facility, provide guidance on home-based care and;</li> <li>○ VHT provided regular follow up and psychosocial support.</li> </ul> </li> <li><b>3. Mobilisation of local leaders and key influencers</b> to support and promote compliance and participate in sensitisation of others and to promote the on-going COVID-19 vaccination process. In the story, 45 Community Resource Persons including chairpersons, local council leaders, religious leaders, and sub county technical staff were mobilized and engaged.</li> </ol>
<b>Results - the observable <i>change</i> that occurred so far as a result of the Programme interventions.</b>	<ol style="list-style-type: none"> <li><b>1. Positive change behavior, attitude and practice:</b> Kajumba<sup>9</sup> says that after she fully recovered from COVID-19, she was advised by a VHT to go for vaccination which she agreed to do. She is now an advocate for COVID-19 vaccination within her community because she knows that vaccines help one reduce on the risk of severe illness once infected with the virus.</li> <li><b>2. Individuals and communities received messages on COVID-19 prevention and vaccination</b> and were able to share their views and concerns through trained VHTs.</li> <li><b>3. Increase in COVID-19 vaccine acceptance, demand and uptake –</b></li> </ol>

<sup>9</sup> Kajumba Proscovia, 46, is one of the leaders within Kasese District and a survivor of COVID-19.

	<p>Kajumba was vaccinated and a promoter.</p> <p><b>4. Community-based response to COVID-19</b> – Government of Uganda launched and is supporting the community engagement strategy which includes establishment of taskforces on COVID-19 at village level and it is prioritising home-based care.</p>
<p><b>Lessons Learned:</b> What did you (and/or other partners) learn from this situation that has helped inform and/or improve Programme (or other) intervention</p>	<ol style="list-style-type: none"> <li>1. It is vital to train and motivate VHTs: <i>‘VHTs are the true unsung heroes because they have helped to save people’s lives at the grassroots level during the pandemic’.</i>(Kajumba)</li> <li>2. UNICEF will continue to support more public health education on COVID-19 preventive measures and promote demand creation for COVID-19 vaccines. People need regular updates on COVID-19 situation; knowledge gaps, doubts and hesitancy exist in communities and people are vulnerable to misinformation.</li> <li>3. Important to strengthen the follow up mechanisms and support to the infected e.g., home-based care and psychosocial support through the health system and at communal and family levels.</li> <li>4. Local leaders’ engagement is vital for the success of the COVID-19 vaccination process – important for local leaders to work very closely with the health care workers and the vaccination teams especially during micro-planning. <ol style="list-style-type: none"> <li>a. UNICEF is refining the community engagement strategy to promote community health and incorporate social behavioral change processes that will lead to effective mobilisation and community-based response to the COVID-19 pandemic e.g., build skills in risk assessments, monitoring and reporting COVID-19 cases, infection trends and community perceptions.</li> <li>b. UNICEF is supporting the revival of village health committees building on the established village taskforces (VTFs) on COVID-19.</li> <li>c. UNICEF will promote integrated public health education and community resilience to common disease outbreaks (COVID-19, Cholera, Malaria etc.) - e.g., broaden roles of community-based persons and local leaders in the COVID-19 response.</li> </ol> </li> </ol>

Source: [UNICEF and Save the Children train community health workers on COVID-19 prevention and vaccination | UNICEF Uganda](#)

### III. Other Assessments or Evaluations (if applicable)

- Report on any assessments, evaluations or studies undertaken.
- Not applicable

**III. Programmatic Revisions (if applicable)**

UNICEF will continue to support the districts that are under performing in COVID-19 response through involvement of local leadership structures from village to district level, in key processes like the mapping of hotspots, conducting simple risk and vulnerability assessments through data reviews to identify poorly performing sub counties for targeted interventions and strategic sensitisation of communities to address hesitancy among the public (the eligible groups) and to improve level of preparedness of the health workers to ably talk about and promote COVID-19 vaccination exercise.

UNICEF will support outreach services and community dialogues with population groups that are most affected by disease outbreaks through creation of coalitions with their formal and informal leaders through their smaller associations (religious, cultural, traders, youths, refugees, women groups, boda-bodas, cattle-keepers and elders).

UNICEF will continue to leverage other partner and government support to ensure prioritisation, procurement and distribution of PPE to health workers to minimise COVID-19 and Cholera transmission.

**V. Resources (Optional)**

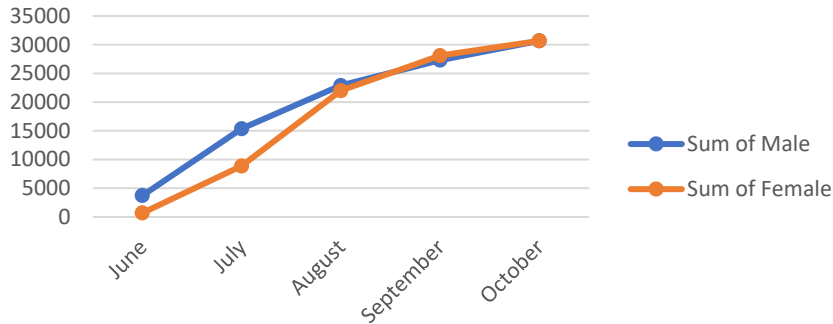
- Provide any information on financial management, procurement and human resources.
- Indicate if the Programme mobilized any additional resources or interventions from other partners.

**UN Uganda Multi-Partner Trust Fund – Emergency Window  
PROJECT QUARTERLY PROGRESS REPORT  
Period: April/May-August 2021**

<b>Project Number and Title:</b> Strengthening district capacity to rapidly detect, confirm and investigate all suspected cases of COVID-19 at points of entry and adjacent communities.	<b>PROJECT START DATE<sup>1</sup>:</b>  1/05/2021	<b>AMOUNT ALLOCATED by MPTF</b>  \$21,211.83  <b>Other Sources:</b>  <b>Government Input:</b>	<b>RECIPIENT ORGANIZATION</b>  IOM												
<b>Project ID:</b> UG10P0542	<b>EXTENSION DATE:</b> N/A														
<b>Project Focal Point:</b> <b>Name:</b> Victoria Kajja <b>E-mail:</b> vkajja@iom.int															
<b>Proposal Location (Departments):</b> Uganda, Elegu POE.	<b>PROJECTED END DATE:</b>  31/10/2021	<b>EXPENDITURES as of [date]</b>  \$ 21,211.83	<b>IMPLEMENTING PARTNER(S):</b>  IOM												
<b>Strategic Objective TRACKS</b>		<b>Beneficiaries:</b> <i>Please, indicate the number of beneficiaries and provide disaggregated data, if available</i>													
<input type="checkbox"/> <b>TRACK 1a:</b> Intensifying efforts to cut transmission of cholera and improve access to care and treatment	<table border="1"> <thead> <tr> <th colspan="2">No. of Beneficiaries</th> </tr> </thead> <tbody> <tr> <td>Communities</td> <td>15,000</td> </tr> <tr> <td><b>Total</b></td> <td><b>15,000</b></td> </tr> </tbody> </table>			No. of Beneficiaries		Communities	15,000	<b>Total</b>	<b>15,000</b>						
No. of Beneficiaries															
Communities	15,000														
<b>Total</b>	<b>15,000</b>														
<input type="checkbox"/> <b>TRACK 1b:</b> Addressing the medium/longer term issues of water, sanitation and health systems	<table border="1"> <thead> <tr> <th colspan="2">No. of Beneficiaries</th> </tr> </thead> <tbody> <tr> <td>Women</td> <td>87,815</td> </tr> <tr> <td>Girls</td> <td>2,542</td> </tr> <tr> <td>Men</td> <td>97,601</td> </tr> <tr> <td>Boys</td> <td>2,374</td> </tr> <tr> <td><b>Total expected cases</b></td> <td><b>190,332</b></td> </tr> </tbody> </table>			No. of Beneficiaries		Women	87,815	Girls	2,542	Men	97,601	Boys	2,374	<b>Total expected cases</b>	<b>190,332</b>
No. of Beneficiaries															
Women	87,815														
Girls	2,542														
Men	97,601														
Boys	2,374														
<b>Total expected cases</b>	<b>190,332</b>														
<input checked="" type="checkbox"/> <b>TRACK 2:</b> Assistance and Support															
<b>Key Achievements</b> <i>(please use this section to highlight project inputs and key achievements for the quarter, using bullet points or Infographics if preferred)</i>															
<ul style="list-style-type: none"> <li>A total of 190,975 (M=99,975 and F=90,357) were screened at Elegu POE from June to 31<sup>st</sup> October 2021.</li> </ul>															

<sup>1</sup> The date project funds were first transferred.

A graph showing the number of people screened on entry at Elegu POE since June 2021.



From the graph above, there has been a positive shift in the number of people screened at Elegu POE on entry into Uganda since June 2021 and this is attributed to three factors;

- The Uplifting of the lockdown restrictions by GoU which was implemented to curb the spread of COVID-19.
- The waiver of entry visa costs for South Sudanese crossing into Uganda.
- The approaching Christmas festive season propelling to cross to Uganda for celebrations and trade related activities.

Three (3) District Task Force (DTF) meetings were held on 31<sup>st</sup>/08/2021, 19<sup>th</sup> October 2021 and 26<sup>th</sup> Oct 202. The total number reached was 49 (F=10, M=39). A district task force meeting was facilitated to enhance coordination between the district teams and the respective pillars including the Surveillance, PoE working group, risk communication. The notable discussions held were to increase the observation to the SOPs at the POE and other district departments, increasing the uptake of vaccines as well as improving the HMIS reporting within Amuru district.

During the reporting period, IOM also conducted two joint support supervision and monitoring visit to 12 health facilities. This was aimed at strengthening the health facility systems at the identified health facilities to contain the COVID-19 outbreak in Amuru by ensuring that the facility systems are improved to enforce IPC protocols at all entry points in the facility, increase profiling of all vaccinated persons in the data management systems at the health facility as well as ensure proper documentation in all the recommended COVID-19 data capture tools. The health facilities supported included; Atiak HCIV, Bibia HCIII, Pabbo HCIII, Kaladima HCIII, Lobongali HCIII, Pawel HCIII, Lacor Pabbo HCIII, Olwal HCIII, Poggio HCIII, Elegu Port Health & Otwee HCIII in Amuru district.

IOM also developed, printed and distributed two COVID-screening booklets for Elegu POE as well as the GBV SOPs. However, the GBV SOP is still under the adoption process.

#### QUARTERLY PROGRESS REPORT RESULTS MATRIX

##### OUTPUT INDICATORS

Indicator	Geographic Area	Projected Target (as per results matrix)	Quantitative results for this current reporting period	Cumulative results since project commencement (quantitative)	Delivery Rate (cumulative % of projected total) as of date
<i>Description of the quantifiable indicator as set out in the approved project proposal</i>					
<b>Output 1: Districts capacity to detect, confirm and conduct investigation of suspected cases improved</b>					
1a # of District supported to detect, confirm and conduct investigation of suspected cases.	Elegu POE	1	1	1	100%

1b # of Monitoring and support supervision conducted.	Elegu POE	02	02	02	100%
<b>Output 2: COVID-19 screening services at the border point are facilitated.</b>					
1.2b # SoPs developed, adapted and distributed to the PoEs to ensure compliance.	Elegu POE	02	01	02	100%
1.2b # coordination meetings supported to develop locally tailored SOP and referral procedures from PoEs	Elegu POE	03	02	03	100%
1.2b # of persons screened at the PoE	Elegu POE	15,000	61,373	190,332	1,169%

Insert Logo for Participating  
UN Organisation(s)



A UN system-wide  
service hosted by



[Name of Fund or Joint Programme]  
**MPTF OFFICE GENERIC ANNUAL PROGRAMME<sup>1</sup> NARRATIVE PROGRESS REPORT**  
**REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2021**

<p style="text-align: center;"><b>Programme Title &amp; Project Number</b></p> <ul style="list-style-type: none"> <li>Programme Title: <b>Ensuring human rights compliant response by Justice Law and Order Sector actors to COVID-19, including addressing overcrowding in detention facilities</b></li> <li>Programme Number <i>(if applicable)</i></li> <li>MPTF Office Project Reference Number:<sup>3</sup></li> </ul>	<p style="text-align: center;"><b>Country, Locality(s), Priority Area(s) / Strategic Results<sup>2</sup></b></p> <p><i>(if applicable)</i> Country/Region <b>Uganda</b></p> <p>Priority area/ strategic results <b>Life-Saving Services, Multisectoral Cash &amp; Social Protection:</b></p>
<p style="text-align: center;"><b>Participating Organization(s)</b></p> <p><b>UNODC</b> <b>OHCHR</b></p>	<p style="text-align: center;"><b>Implementing Partners</b></p> <ul style="list-style-type: none"> <li><b>Uganda Law Society, Uganda Prison Service (UPS)</b></li> </ul>
<p style="text-align: center;"><b>Programme/Project Cost (US\$)</b></p> <p>Total approved budget as per project document: MPTF /JP Contribution<sup>4</sup>: <b>31,817.74 USD</b></p> <p>Agency Contribution <b>UNODC – 60,000 USD</b></p> <p>Government Contribution <i>(if applicable)</i></p> <p>Other Contributions (donors) <i>(if applicable)</i></p> <p><b>TOTAL:</b></p>	<p style="text-align: center;"><b>Programme Duration</b></p> <p>Overall Duration <i>(months)</i> <b>11 Months</b></p> <p>Start Date<sup>5</sup> <b>June 2021</b></p> <p>Original End Date<sup>6</sup> <b>May 2022</b></p> <p>Current End date<sup>7</sup> <b>May 2022</b></p>
<p style="text-align: center;"><b>Programme Assessment/Review/Mid-Term Eval.</b></p> <p>Assessment/Review - if applicable <i>please attach</i>  <input type="checkbox"/> Yes   <input type="checkbox"/> No   Date: <i>dd.mm.yyyy</i></p> <p>Mid-Term Evaluation Report – <i>if applicable please attach</i>  <input type="checkbox"/> Yes   <input type="checkbox"/> No   Date: <i>dd.mm.yyyy</i></p>	<p style="text-align: center;"><b>Report Submitted By</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Name: <b>Sharon Nyambe</b></li> <li><input type="radio"/> Title: <b>Head of Office</b></li> <li><input type="radio"/> Participating Organization (Lead): <b>UNODC</b></li> <li><input type="radio"/> Email address: <b>sharon.nyambe@un.org</b></li> </ul>

<sup>1</sup> The term “programme” is used for programmes, joint programmes and projects.

<sup>2</sup> Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;

<sup>3</sup> The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page the [MPTF Office GATEWAY](#)

<sup>4</sup> The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the [MPTF Office GATEWAY](#)

<sup>5</sup> The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)

<sup>6</sup> As per approval of the original project document by the relevant decision-making body/Steering Committee.

<sup>7</sup> If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities.

(DELETE BEFORE SUBMISSION)

### **Guidelines:**

The Narrative Progress Report template is based on the UNDG 2003 template, which is currently under review and is in line with the [UNDG Results Based Management Handbook \(October 2011\)](#).

Building on continued efforts made in the UN system to produce results-based reports, the progress report should describe how the activities (inputs) contributed to the achievement of specific short-term outputs during the twelve month reporting period, and to demonstrate how the short-term outputs achieved in the reporting period collectively **contributed to the achievement of the agreed upon outcomes** of the applicable Strategic (UN) Planning Framework guiding the operations of the Fund.

In support of the individual programme reports, please attach any additional relevant information and photographs, assessments, evaluations and studies undertaken or published.

Where available, the information contained in the Programme Summaries and Quarterly and/or Semi-Annual Updates prepared by the Participating Organizations may be useful in the preparation of the Annual Narrative Progress Report. These Summaries and Updates, where applicable, are available in the respective Fund sections of the MPTF Office GATEWAY (<http://mptf.undp.org/>).

### **Formatting Instructions:**

- The report should be between 10-15 pages. Include a list of the main abbreviations and acronyms that are used in the report.
- Number all pages, sections and paragraphs as indicated below.
- Format the entire document using the following font: 12point \_ Times New Roman and do not use colours.
- The report should be submitted in one single Word or PDF file.
- Annexes can be added to the report but need to be clearly referenced, using footnotes or endnotes within the body of the narrative.



## **NARRATIVE REPORT FORMAT**

### **EXECUTIVE SUMMARY (of results)**

The project steering committee officially approved a request re-programme UNODC-OHCHR towards the ongoing Uganda Prison Service mass vaccination exercise. As a result, over 18,630 prisoners from prisons in the Central region, South Western region and Southern Region have been vaccinated against Covid-19. UNODC allocated an additional 60,000 USD to increase scope and impact of the project. In partnership with the Uganda Law Society (ULS) a prison decongestion program aimed at enhancing access to justice, improving welfare, and increasing legal awareness for inmates and juveniles as well as increasing capacity for prison officers was launched. During the period installation of video conferencing equipment was finalized in three additional prison sites, these are facilitating virtual court hearings and ensuring that prisoners have continued access to justice. 18 laptops were also procured for the Office of the Director of Public Prosecutions (ODPP) to support business continuity and linkage to courts and prisons for virtual court sessions.

### **I. Purpose**

- Provide the main objectives and expected outcomes of the programme in relation to the appropriate **Strategic UN Planning Framework (e.g. UNDAF) and project document (if applicable) or Annual Work Plan (AWP).**

### **II. Results**

In 2021, the UN Uganda Multi-Partner Trust Fund Steering Committee Meeting project steering committee meeting held in 2021, officially approved a request to re-programme funds for the UNODC-OHCHR project *“Ensuring human rights compliant response by Justice Law and Order Sector actors to COVID-19, including addressing overcrowding in detention facilities”* towards the emergency vaccination needs of prisoners. This was envisaged to prevent the spread of COVID 19 in prisons and prevent any fatalities of both convicted and pre-trial prisoners. As a result, over 18,630 prisoners from prisons in the Central region, South Western region and Southern Region have been vaccinated against Covid-19.

UNODC allocated an additional 60,000 USD to increase scope and impact of the project. In partnership with the Uganda Law Society (ULS) a prison decongestion program aimed at enhancing access to justice, improving welfare, and increasing legal awareness for inmates and juveniles as well as increasing capacity for prison officers was launched. The project is being implemented in the Districts of Jinja, Gulu, Arua, Mbale and Mbarara in partnership with key stakeholders like State Attorneys, the Judiciary, and Probono lawyers among others. The project focuses on vulnerable and marginalized groups such as People eligible for mandatory bail, women with children in detention, persons with severe illnesses, the elderly and Minor or petty offenders particularly those who were arrested and detained for violation of the COVID 19 restrictions. Approximately 150 prisoners per region will be reached through legal aid and legal representation within five regions amounting to 750 prisoners.

During the period installation of video conferencing equipment was finalized in three additional prison sites, these are facilitating virtual court hearings and ensuring that prisoners have continued access to justice. 18 laptops were also procured for the Office of the Director of Public Prosecutions (ODPP) to support business continuity and linkage to courts and prisons for virtual court sessions.

Conducted an assessment of six prison sites of Masaka Main Prison, Kitale Mini-Max Prison, Jinja Main Prison, Kakiika High Security Prison, Luzira Upper Maximum-Security Prison and Luzira Women Maximum Security Prison in preparation for the project roll out.

## ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWP** - provide an update on the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why, as well as plans on how and when this data will be collected.

**(Due to the reprogramming of funds towards the mass vaccination of prisoners, the project was not able to make progress in the achievement of indicators at both the output and outcome level. However, with the launch of the prison decongestion project in April 2022, progress will be made on the identified areas during the second and third quarters of 2022)**

	<u>Achieved</u> Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
<b>Outcome 1<sup>8</sup></b> Indicator: Baseline: Planned Target:			
<b>Output 1.1</b> Indicator 1.1.1 Baseline: Planned Target:			
Indicator 1.1.2 Baseline: Planned Target:			
<b>Output 1.2</b> Indicator 1.2.1 Baseline: Planned Target:			
Indicator 1.2.2 Baseline: Planned Target:			

<sup>8</sup> Note: Outcomes, outputs, indicators and targets should be **as outlined in the Project Document** so that you report on your **actual achievements against planned targets**. Add rows as required for Outcome 2, 3 etc.

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### iii) A Specific Story (Optional)

- This could be a success or human story. It does not have to be a success story – often the most interesting and useful lessons learned are from experiences that have not worked. The point is to highlight a concrete example with a story that has been important to your Programme in the reporting period.
- In ¼ to ½ a page, provide details on a specific achievement or lesson learned of the Programme. Attachment of supporting documents, including photos with captions, news items etc, is strongly encouraged. The MPTF Office will select stories and photos to feature in the Consolidated Annual Report, the GATEWAY and the MPTF Office Newsletter.

**Problem / Challenge faced:** Describe the specific problem or challenge faced by the subject of your story (this could be a problem experienced by an individual, community or government).

The outbreak of the COVID-19 pandemic in Uganda, and the measures put in place to curb its spread, significantly exacerbated the already existing challenges such as the overcrowding of prisons, with additional persons having been sent to prisons for contravening the COVID-19 restrictions. The overcrowding of prisons - with the occupation standing at above 312% of holding capacity level - exposed persons in confined and overcrowded situations to a higher risk of infection as well as other human rights concerns. In enforcing the Presidential Directives to combat COVID-19, state security forces arrested many persons suspected of flouting the Directives, thereby further clogging a system that is already overwhelmed with overcrowding. Between 4000 and 6000 thousand persons were reported to have been arrested at the height of the pandemic across the country. Since the outbreak of the COVID pandemic, Uganda Prison Service was severely affected due to the exposure and limited means to prevent transmission and enable social distancing since it continued to receive prisoners in large numbers during the pandemic.

**Programme Interventions:** How was the problem or challenged addressed through the Programme interventions?

During the UN Uganda Multi-Partner Trust Fund Steering Committee Meeting project steering committee meeting held in 2021, UNODC officially requested for permission to re-programme funds for the UNODC-OHCHR project “*Ensuring human rights compliant response by Justice Law and Order Sector actors to COVID-19, including addressing overcrowding in detention facilities*” towards the emergency vaccination needs of prisoners. This was envisaged to prevent the spread of COVID 19 in prisons and prevent any fatalities of both convicted and pre-trial prisoners. As a result, over 18,630 prisoners from prisons in the Central region, South Western region and Southern Region have been vaccinated against Covid-19.

**Result (if applicable):** Describe the observable *change* that occurred so far as a result of the Programme interventions. For example, how did community lives change or how was the government better able to deal with the initial problem?

Prisoners have been vaccinated and this has enabled the ease of restrictions in prison settings. As a result, prisoners now can be visited by their relatives and can access their lawyers and legal aid service providers including the Uganda Law Society who have embarked on a prison decongestion initiative in the districts of Jinja, Mbarara, Gulu, Arua and Mbale.

**Lessons Learned:** What did you (and/or other partners) learn from this situation that has helped inform and/or improve Programme (or other) interventions?

There is need to strengthen alternatives to imprisonment especially for petty or first-time offenders and this should be made priority in emergency situations as was noted during the COVID 19 pandemic.



### **III. Other Assessments or Evaluations (if applicable)**

- Report on any assessments, evaluations or studies undertaken.

### **IV. Programmatic Revisions (if applicable)**

The UN Uganda Multi-Partner Trust Fund Steering Committee Meeting project steering committee meeting held in 2021, approved a request for re-programming of funds for the UNODC-OHCHR project “*Ensuring human rights compliant response by Justice Law and Order Sector actors to COVID-19, including addressing overcrowding in detention facilities*” towards the emergency vaccination needs of prisoners.

### **V. Resources (Optional)**

- Provide any information on financial management, procurement and human resources.
- Indicate if the Programme mobilized any additional resources or interventions from other partners.

## MPTF OFFICE GENERIC ANNUAL PROGRAMME<sup>1</sup> NARRATIVE PROGRESS REPORT

### REPORTING PERIOD: **1 JANUARY – 31 MARCH 2022**

<b>Programme Title &amp; Project Number</b>  Programme Title: <b>Continuity of Provision of Essential Life Saving integrated SRHR/GBV prevention and response services for women and young people</b> Programme Number (if applicable) <u>00126504</u>  • MPTF Office Project Reference Number: <sup>3</sup>	<b>Country, Locality(s), Priority Area(s) / Strategic Results<sup>2</sup></b> <i>(If applicable)</i> Country/Region: <b>Uganda</b>  <b>Priority area/ strategic results: Life-saving services and social protection</b>
<b>Participating Organization(s)</b> United Nations Population Fund (UNFPA)	<b>Implementing Partners</b> • Ministry of Gender Labour and Social Development (MGLSD), Action Aid (AAIU) and Reproductive Health Uganda (RHU)
<b>Programme/Project Cost (US\$)</b>  <b>Total approved budget as per project document:</b> <b>265,148</b>  MPTF /JP Contribution <sup>4</sup> : • by Agency (if applicable) Agency Contribution Nil • by Agency (if applicable) Government Contribution Nil (if applicable) Other Contributions (donors) Nil (To be reviewed (If applicable) <b>TOTAL:</b> <b>265,148</b>	<b>Programme Duration</b>  Overall Duration (11 Months)  Start Date <sup>5</sup> ( <b>12 May 2021</b> ) Original End Date <sup>6</sup> (30th October 2021) Current End date <sup>7</sup> ( <b>30th March 2022</b> )

<sup>1</sup> The term “programme” is used for programmes, joint programmes and projects.

<sup>2</sup> Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;

<sup>3</sup> The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page the [MPTF Office GATEWAY](#)

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<sup>6</sup> As per approval of the original project document by the relevant decision-making body/Steering Committee.

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**Programme Assessment/Review/Mid-Term Eval.**

Assessment/Review - if applicable *please attach*

☐ Yes ☐ No Date: *dd.mm.yyyy*

Mid-Term Evaluation Report – *if applicable*  
*please attach*

☐ Yes ☐ No Date: *dd.mm.yyyy*

**Report Submitted By**

- Name:
- Title:
- Participating Organization (Lead): UNFPA
- Email address:

## **EXECUTIVE SUMMARY**

UNFPA supported the continuity of provision of essential lifesaving integrated SRHR/GBV prevention and response services for women and young people in the context of COVID-19 response in six focus districts of Abim, Amudat, Moroto, Kotido, Kween and Kampala. The interventions included mentorship of the health providers in clinical management of rape, STIs and COVID 19 response; and integrated service delivery outreaches and camps during which a range of sexual reproductive and GBV services were provided. The programme also focused on commodity redistribution thus ensuring increased access to health commodities in vulnerable communities. The GBV and SRHR referral mechanisms were enhanced through customization of referral pathways to COVID-19 context, risks of GBV in emergencies in the context of COVID-19 were mitigated through enhancing prevention and response to GBV incidences, involving psychosocial support, medical response, and provision of legal aid services in the one-stop GBV Centre established in Amudat district and GBV shelters in Kampala and Moroto. The programme benefitted a total of 532,666 women of reproductive age group (15-49 years), including 7,363 GBV survivors reported through HMIS.

During the reporting period, the programme registered various key achievements including:

- Enhanced capacity of health care workers to provide SRHR and GBV response services within the context of COVID-19. This included mentoring of 190 health care workers from 30 facilities on Clinical Management of Rape (CMR), STI management and COVID-19 response.
- Improved access to quality services for clinical management of rape through the provision of 6 post rape care kits to six health facilities in the targeted districts.
- Improved access to GBV response services through set up of a one-stop GBV response centre Amudat HCII where a total 647 cases have so far accessed a range of GBV services. Cases including child neglect, domestic violence, and defilement. Of these, 572 (458- Female, 114-Male) received counselling; 14 females received legal advice; 14 referrals to police Children and Family Protection Unit (CFPU); while 47 cases (16 – Female, 31 – Male) were successfully mediated.
- Functionality of three GBV shelters in target districts was strengthened and a total of 219 survivors accessed psycho-social support, health, legal, and economic services for cases related to defilement, rape, domestic violence, child neglect, land disputes, assault, forced marriage, and property ownership. These cases were registered in Bwaise 80 (71-Female; 9-Male), Kween 125 (98-Female; 27-Male) and Amudat 4 (4-Female).
- Expanded access to a range of SRH services through outreaches. A total of 14,410 clients accessed a range of SRH services during integrated health camps such as family planning, FGM/GBV screening, condoms among other services.

The programme ensured that women, adolescents and young people made vulnerable during the COVID-19 pandemic were empowered with information and services they needed and that systems were supported to continue provision of essential lifesaving services.

### **Purpose**

The purpose of the programme was to increase coverage, access and, utilization of life-saving quality sexual reproductive health care and GBV services in Karamoja; ensure an enabling legal, and accountability environment for elimination of GBV and strengthening coordination among the GBV and SRHR actors.

These were executed through four main objectives.



1. Expansion of Life-saving services in UNFPA focus districts so to increase access to health commodities in vulnerable communities.
2. Strengthened referral network systems for GBV and SRHR through customization of referral pathways to COVID-19 context.
3. Reduction of risks of GBV in emergencies in the context of COVID-19.
4. Provision of mental health, psychosocial support (MHPSS) and legal services in line with MOH guidelines to GBV survivors.

## **I. Results**

### **i) Narrative reporting on results:**

UNFPA under the COVID- 19 Emergency support prioritized the most urgent Life-Saving Services and Social Protection interventions. With the MPTF support UNFPA focused on the following five intervention areas:

- a) Provision of integrated clinical care services and GBV lifesaving services to women, young people, and Persons with Disabilities (PWDs). This will involve making clinical care services available; ensuring medical workers have the requisite skills and equipment to provide lifesaving services; and ensure increased awareness and demand for the available service.
- b) Strengthen the weakened GBV referral systems at district level; the programme will especially support updating of Standard Operating Procedures (SOPs) and referral pathways for multi-sectoral response to GBV in the context of COVID-19 and post COVID-19.
- c) Gender Based Violence and COVID-19 risk awareness using appropriate and risk context platforms to women, young people and PWDs.
- d) Orientation and mentorship of health workers, and police and judiciary staff on GBV response especially for GBV survivors made vulnerable by COVID-19 to reduce the social tolerance of GBV and improve SRHR outcomes.
- e) Facilitate national and subnational level multi-sectoral coordination, accountability and partnerships meetings in line with COVID 19 guidelines.

During the reporting period March 2021 to March 2022, UNFPA achieved the following summarized by outcome and output results.

### **Outcome 1: Expansion of Life-saving services in UNFPA focus districts with focus to vulnerable communities**

Interventions under this outcome contributed to increasing the availability and accessibility of services in the programme districts particularly in relation to increasing user confidence in service providers and availability of commodities. The programme focused on addressing key barriers in access and utilisation of SRHR services in the target districts including strengthening capacity of public health facilities for provision of quality SRHR services, and reducing COVID infection through provision of PPE as well as increasing access through outreach for FP.

### **Output: Strengthen capacity of health facilities to provide health commodities including FP commodities and SRH products in UNFPA focus districts.**

The objective of this output was to strengthen the capacity of health facilities to continue provision of essential quality SRHR services by increasing access, availability, and acceptability of SRHR services during the COVID-19 pandemic. Key results achieved are detailed below:

- A health facility mapping and needs assessment was conducted in all the target districts that established the need to train health facility stores in-charges in logistics management. A total of 30 stores personnel were trained on logistical management, forecasting, reporting and general medicines management. Redistribution of commodities was conducted in liaison with the district

medicine supervisors, facility in-charges and DHOs, and this reduced stockouts for FP commodities to almost zero in the supported districts for the period of implementation.

- UNFPA procured over 3,744 infection prevention and control (IPC) items; including surgical masks, examination gloves, liquid soap and hand sanitizers and supplied to 25 health facilities in the five programme districts, (5-Abim, 3-Amudat, 9-Kotido, 7-Moroto, 1-Kampala). These ensured continuity of provision of life saving SRHR and GBV services amidst COVID-19 pandemic.
- Further, clinical management of rape services for GBV survivors were enhanced through the provision of six post-rape kits which were procured and distributed to target health facilities. As a result, 7363 survivors accessed quality care during the reporting period.
- A total of 14,410 clients were reached with SRHR services. Although information was provided to all clients, a total of 2,314 accessed family planning services including condoms while over 88 clients who were survivors of FGM/ SGBV accessed GBV screening and post care services, whereas nine were referred for further support and management.

## **Outcome 2: Strengthened referral and network systems for GBV and SRHR through customization of referral pathways to COVID-19 context.**

COVID-19 hampered both social and health services especially for vulnerable adolescent girls and women. The referral systems were weakened hence disrupting access to services. UNFPA supported the programme districts to develop/review district level referral pathways and SOPs to enhanced appropriate linkage for GBV survivors. Five programme districts (Kampala, Abim, Kotido and Amudat and Moroto) reviewed, finalized, and disseminated their GBV referral pathways and Standard Operating Procedures (SOPs) in view of COVID-19 guidance.

## **Output: Strengthen institutions and capacities to respond to GBV cases and SRHR needs in the context of COVID-19.**

- Five districts were supported to develop or update their referral pathway. Of these, three (3) districts (Moroto, Kotido and Abim) have functionalized their referral pathways. These were printed together with the SOPs and launched in respective districts at the 16 days of activism against GBV public events in November 2021. With support from other programmes, such as Joint programme to eliminate GBV, Global programme to end Child Marriage, Joint programme to eliminate FGM, the Spotlight Initiative, UNFPA will support the remaining districts to print and disseminate/launch the referral pathways.
- Following two cross border meetings held in Amudat-Uganda and Kacheliba-Kenya, nine (9) commitments were made by leaders towards ending FGM and 4 actions agreed on leading to intensified tracking of perpetrators, strengthening of arrests, creation of awareness on dangers of FGM, rescuing of victims and coordination with partners to provide social services to FGM and GBV survivors.

- Furthermore, community outreaches conducted in four FGM hotspot sub counties of Loroo, Kongorok, Lochengenge and Katabok in Amudat district enhanced integration of GBV/SRHR and COVID-19 messaging for hotspot areas renown for harmful socio-cultural practices including FGM and child marriage; 303 people were reached (138-F; 165-M), while 21 GBV survivors accessed counselling, legal advice, and supported with referrals for medical services to the one-stop GBV Centre at Amudat HCII.
- The outcome of these meetings fed into the National cross boarder FGM meeting held in Kampala in November 2021

### **Outcome 3: Reduction of risks of GBV in emergencies in the context of COVID-19**

#### **Output: Awareness on GBV in the context of COVID-19 to mitigate risks in the vulnerable communities raised**

- 105 Male Action Groups (MAGs) of 20 – 24 men and boys established in five GBV/FGM hot spot sub counties of Loroo, Kongorok, Abiliyep, Losidok and Lokales. The MAGs, working with other stakeholders conducted 23 community sensitizations and initiated door to door engagements on FGM with 30 women and girls, where six (6) women declared to abandon FGM practice and will not initiate their daughters. In addition, the MAGs have also reached 17,570 men and boys on gender norms change following a training on positive masculinity, power analysis and how it affects relations, gender-based violence including FGM and other harmful practices.
- MGLSD and UNFPA initiated a one-month media campaign to protect women and girls against GBV and enhance their access to SRHR services during COVID-19 pandemic. MGLSD led the media campaign to address GBV and access to SRHR services in collaboration with NBS TV one of the most-watched Television in Uganda. The campaign focused on; the plight of women and girls during the COVID-19 pandemic, policy overview and the convergence of Government and Development Partners' programming to curb GBV. During the programme, the speakers included the Minister of Gender labor and social services and UNFPA country representative. They provided insight into GBV shelters and discussed how young people are coping in the COVID-19 times. The campaign which was delivered through talk shows, infomercial and documentaries created numerous conversations on GBV and proffered ideas on how to prevent violence against women during the COVID-19 pandemic period during which there was a reported increase.

#### **Output: Strengthen the technical capacity of health workers to respond GBV.**

- The GBV One-stop Centre was established, launched and is fully operational in Amudat district and so far, 647 (426-Female; 221-Male) survivor cases have been registered. Out of which, 70 cases (69-F, 1-M) have received services within the Centre including: non-maintenance – 36, Domestic violence – 17, Denial of resources – 03, Land dispute – 01, Threatening violence – 04, Physical assault – 02, Child Marriages – 04, Marital dispute – 03. The over 500 have only accessed general counselling awaiting specific



**Action Aid peers conducting a mediation session at the One-Stop-Center in Amudat**

**Key results achieved at the one-stop center include.**

- Successfully delivered 102 counselling sessions to GBV clients, and 32 referrals made to different stake holders for further case management.
- 27 mediations held and cases solved amicably, while 21 follow-ups made with duty bearers where survivors were found to be free from violence.
- 14 persons were provided with legal services and 08 girls rescued from early marriages and two perpetrators arrested.
- Two regional consultative workshops with District Local Governments (DLGs) stakeholders on the SafePal were conducted and the draft Safe Pal Communications Plan reviewed. The final SafePal Communications Plan including the implementation strategy was validated at national level, stakeholder roles identified, the monitoring and evaluation framework developed and a roadmap for rolling out was generated. Safe Pal was rolled out to 112 districts, and the Ministry of Gender Labour and Social Development will continue to mobilize for resources to rollout the strategy across all the districts and municipalities.  
<https://docs.google.com/document/d/13zFK0s-Kt07mabEifmjnN7zImZ0vudng/edit?usp=sharing&oid=107938635875267354185&rtpof=true&sd=true>
- During the programme implementation, reporting through NGBVD system was intensified in the targeted districts. This was aimed at ensuring strengthened reporting and use of GBV data to inform GBV interventions during the lockdown and post COVID-19 period. As a result, a total of 1,521<sup>8</sup> cases were reported through the NGBVD system higher than cases reported from the same districts previously. The districts reported as follows, Abim: 131 (F-131 M-0); Amudat: 626 (F-579; M- 47); Kampala: 384 (F-306 M-78); Kotido: 232 (F-202; M-30); Moroto: 148 (F-135; M-13).
- From the NGBVD database, the following categories of GBV incidents are recorded in the 5 target districts: Child marriages 98; physical violence 628; Defilement 122; Denial of resources and opportunities 393; forced marriage 48; psychosocial Abuse 143; Rape 47; sexual assault 42. There was a high number of physical violence indicating there is need for more engagement to address these vulnerabilities.
- The five (5) target districts were facilitated with data bundles and Mifi and routinely collected monthly GBV data, generated and presented to the district councils, GBV statistical abstracts generated from the NGBVD.
- Furthermore, five districts strengthened coordination for GBV and SRHR services. Five district level and two sub-county level coordination meetings were conducted in the target districts. GBV service providers were brought together to reflect on continuity of service delivery amidst the lockdown, Ministry of Health Continuation of essential services guidelines were disseminated of which GBV service provision was part.
- <https://docs.google.com/document/d/104mcRUOPy24MBgfh7QM-plbZZRgFb1xo/edit>

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<sup>8</sup> Data reported through National Gender Based Violence database- This may not be consistent with HMIS, due to persistent capacity gaps to harmonize the data for both systems

- Facility level orientation and mentorship of 190 health workers from 30 health facilities on clinical management of rape (CMR) and integration of STI screening into COVID-19 response and incorporation of early identification and screening of GBV into COVID-19 case management was carried out in the five (5) programme districts. As a result, a total of 7,363<sup>9</sup> (HMIS) women and girls were screened for GBV and thereafter received appropriate post GBV care services.

**Outcome 4: Expansion of mental health, psychosocial support (MHPSS) and legal services in line with MOH guidelines to GBV survivors.**

It was evident that the direct and indirect psychological and social effects of the Coronavirus disease 2019 (COVID-19) pandemic were/are pervasive and affected mental health of many special women and girls who already have predisposing factors to mental health and psychological torture. With the MPTF support, Action Aid Uganda was supported to provide Mental Health and Psychosocial Support services to GBV survivors in the community setting. Out of the 7,363 individuals who were screened for GBV a total of 1,306 (932-Female; 374-Male) GBV survivors accessed MHPSS as per the eligibility criteria and MOH guidelines, yet the rest were served with the general post GBV package.

**Output: Strengthen integration of MHPSS services into existing support mechanisms.**

- The MGLSD conducted a field technical monitoring and support supervision in the selected GBV shelters including Amuru, Gulu, Lira, Tororo, Moroto, Kween, Kawempe and Bwaise in Kampala to track compliance and adherence to the National Guidelines for Establishment and Management of GBV shelters in Uganda. All shelters were compliant with the basic standard measures including feeding of survivors in the GBV shelters, security/Privacy of the survivors, availability of dignity kits, recreational activities, availability of services (legal, psychosocial support), location & standard of the shelter building, presence of professional staff (counsellor, and project officer), beddings, hygiene and sanitation; except that all shelters had no clear sustainability plan.


However, Bwaise Shelter was too congested during the lockdown with over 100 women and girls and social distancing was a challenge which was a risky factor for spreading COVID-19. MGLSD liaised with the Uganda Network on Law Ethics and HIV/AIDS (UGANET) and Action Aid to create more space for the survivors and expedite re-integration and mediations with family members to decongest the shelters.

- Additionally, two GBV shelters of Bwaise and Kween were supported and enhanced the delivery of quality emergency psychosocial, health, legal, economic and other GBV related services to 1,306 (932-F; 374-M) GBV survivors. The cases recorded at the shelters related to defilement, rape, domestic violence, child neglect, land disputes, assault, forced marriage, property ownership, denial of resources, family dissolution and physical assault among others.

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<sup>9</sup> Data reported through MOH HMIS, data is collected through the GBV registers at facility level triangulated through the other registers as per the different services provided

## Key results achieved with GBV shelter support include

- 1,306 (932-F; 374-M) survivors accessed counselling
  - 57 (51-F; 6-M) accessed legal advice and support.
  - 11 were provided temporary shelter as the cases were being handled.
  - 291 group and couple mediations conducted.
  - 71 referrals to other service points facilitated
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- 249 physical and phone calls follow ups were conducted, where 20 survivors were noted to be free from violence, while others needed additional support.
  - 70 cases resolved amicably after mediations and the families reconciled and collaborated with the police.
  - In collaboration with Police, 12 arrests were made (4-defilement and 8-domestic violence)
  - 3 GBV coordination meetings were held at the shelters where 67 partners (28-F; 39-M) participated and made commitments to address GBV and improved response to services.

## Challenges and Lessons Learnt

- **Delayed Project Start up:**  
The start date was affected by delayed funds disbursement. Although the project was to commence in April 2021, Funds were received towards end of May 2021. This was also affected by the government end of financial year since government was one of the Implementing Partners. Government by May, June, is usually closing finances for the previous year and starting new year in July.
- **Lengthy Procurement process**  
The procurement cycle was also underestimated- It was realized that items like GBV kits take a period of more than 4 months to six months to be procured and shipped. This called for an extension of the project to accomplish payment of all procured items.
- **Escalated GBV cases in Kween**  
Kween Shelter was in Kween district was not among the planned shelters for support, however, the district and implementing partners expressed a concern for increasing cases of GBV in the districts and entire Sebei region that required urgent intervention. Resources were allocated to the shelter of which over 200 GBV cases including Female Genital Mutilation related cases were supported during the project period.
- **Lockdown causing restricted movement as a result of Pandemic.**  
As anticipated during the project design, most service points were closed including the courts, health facilities at the inception of the lockdown, schools, counselling safe spaces. This affected GBV service provisions of which survivors were locked in the same spaces with the perpetrators. However, avenues such as radios, peer to peer and small meetings were utilized to provide necessary GBV services.

## Qualitative assessment:

Overall, the programme achieved 85% of its target (indicators), and some indicator targets were surpassed. UNFPA worked in collaboration with existing government, cultural and CSO structures, including health



facilities, district local government, courts of law, cultural institutions and UNFPA supported CSOs in the targeted districts

The programme was implemented through national partners including the Ministry of Gender Labour and Social development, Action Aid International (AAIU) and Reproductive Health Uganda (RHU). These partners were at the frontline of this project working together with the District Local Governments. Their existing signed MoUs with the targeted local governments and their track record in implementing humanitarian settings facilitated the implementation and achievement of the programme.

UNFPA has field presence in Karamoja region ensured readily available presence, engagement and technical support to implementing partners and District Local Governments. This facilitated integration of SRHR and GBV into district development plans and enhanced programme delivery.

## ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWP** - provide an update on the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why, as well as plans on how and when this data will be collected.

	<u>Achieved</u> Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
<b>Outcome 1<sup>10</sup> Expansion of Life-saving services in UNFPA focus districts to increase access to health commodities in vulnerable communities</b> <b>Indicator 1:</b> % of women of reproductive age, currently married, who have an unmet need for family planning <b>Baseline:</b> 28% <b>Planned Target: 26%</b>  <b>Indicator 2:</b> % of health facilities in the supported districts with no stock-outs of at least three modern FP commodities in the past 3 months.  <b>Baseline:</b> 75.1% (SDP Survey, 2020)	UDHS results not yet out	N/A	N/A
<b>Output 1.1: Expanded life-saving services in UNFPA focus districts with among vulnerable communities.</b> <b>Indicator 1.1.1a:</b> Number of young people (10-24 years) reached with SRHR services through Safeboda riders (Integrated Outreaches supported by the UN MPTF) <b>Baseline:</b> <b>Planned Target:12000</b> 1.1.1b: Number of health facilities supported on infection prevention and control (IPC)/PPE	Target: 12,000  Achieved 14,410	Achievement was surpassed with over 2000 young people reached with SRHR services. This was attributed to change of modalities from working with safe boda to outreach model targeting young people, as well increased the scope from only Kampala to all the five project districts.	IP report

<sup>10</sup> Note: Outcomes, outputs, indicators and targets should be as outlined in the Project Document so that you report on your actual achievements against planned targets. Add rows as required for Outcome 2, 3 etc.



<p><b>Baseline: 0</b> <b>Planned Target: 30</b></p> <p>1.1.1 c: Number of health facilities whose capacity is strengthened to provide health commodities including FP commodities and SRH products in UNFPA focus districts.</p> <p><b>Baseline:0</b> <b>Planned Target: 30</b></p> <p>1.1.1d: Number of health facilities providing life-saving services for management of GBV including sexual GBV (Rape kits to facilitate screening and management of GBV cases).</p> <p><b>Baseline: 0</b> <b>Planned Target: 30</b></p>	<p>Target =30 Achieved =30</p> <p>Target =30 Achieved= 41</p>	<p>Thirty health facilities in Karamoja districts (Abim, Moroto, Kotido, Nakapiripirit and Amudat</p> <p>A total of 219 health workers from 41 health facilities were oriented/Mentored on provision of integrated package of services including SRHR and GBV related services.</p>	<p>Distribution lists, programme report</p> <p>IP Reports</p>
	<p>Target: 30 Achieved: 6</p>	<p>At planning stage there was an oversight on the number of kits to be procured and the health facilities to support. UNFPA procured 6 kits of 50 pieces which is enough to serve over 300 GBV cases. These were deemed to be enough for a period of six months to avoid wastage due to expiration</p>	<p>Distribution list, program reports</p>
<p><b>Outcome 2: Strengthened referral and network systems for GBV and SRHR through customization of referral pathways to COVID-19 context</b></p> <p><b>Indicator 1:</b> 2.1a: Number of women, men, girls and boys in target districts reached with GBV and SRHR services</p> <p><b>Baseline:0</b> <b>Planned Target :5000</b></p>	<p>Target: 5000</p> <p>Achieved: 7,363</p>	<p>This was possible due to intensified mobilization and strengthened referral pathway.</p>	<p>IP Report</p>
<p><b>Output 2.1.1:</b> Strengthen institutions and capacities to respond to the needs of GBV cases and SRHR needs in the context of COVID-19.</p> <p><b>Indicator 2.1.1a:</b> Number of districts who have updated Standard Operating Procedures (SOPs) and referral pathways for multi sectoral response to GBV in the context of COVID 19, and disseminated</p> <p><b>Baseline: 0</b> <b>Planned Target: 5</b></p>	<p>Target =5</p> <p>Achieved =5</p>	<p>All the five districts reviewed and developed Referral pathway of which three districts launched their referral pathways during the 16 days of activism.</p>	<p>Program reports District reports/ copies of referral pathways</p>

<p><b>Outcome 3: Reduced risks of GBV in emergencies in the context of COVID-19</b></p> <p><b>Indicator:</b> 3.1a: Number of GBV cases reported through the programme period in the supported districts disaggregated by gender, location, Disability and type of GBV</p> <p>Baseline: 300</p> <p>Planned Target: 1800</p> <p>Indicator 3.1b: Number of health workers who attended one of physical or on-line UNFPA supported training on CMR, STI and COVID-19 response in the targeted districts</p> <p>Baseline: 0</p> <p>Planned Target: 50</p>	<p>Target =: 1800</p> <p>Achieved = 7363</p>	<p>7363 GBV survivors accessed various health, psychosocial, legal advice and referral services. Out of which, 647 (426-Female; 221-Male) accessed services at the GBV one-stop center while 1,521 (1,353-F; 168-M) were reported into the National GBV Database (NGBVD).</p>	<p>Ministry of Gender National GBV database, IP report and HMIS</p>
	<p>Target =50</p> <p>Achieved = 190</p>	<p>190 health workers from 30 health facilities in the five programme districts have improved skills on clinical management of rape (CMR) and integration of STI and GBV screening into COVID response and case management</p>	<p>IP reports</p>
<p><b>Output 3.1.</b> Awareness on GBV in the context of COVID-19 to mitigate risks of GBV among vulnerable communities raised</p> <p><b>Indicator:3.1. a.</b> Number of individuals reached with GBV/SRHR information through small groups using SASA and MAGs interventions integrated with COVID 19 messages in Amudat.</p> <p><b>Baseline:</b></p> <p><b>Planned Target:</b> 800</p> <p><b>Indicator 3.1.1b:</b> Number of media engagements conducted such as social media, IEC materials printed, radio, and TV talk shows at national and district levels to popularize GBV prevention and response including harmful practices in the COVID-19 context.</p> <p><b>Baseline: 0</b></p> <p><b>Planned Target :20</b></p> <p>Indicator 3.2.1c: Number of one-stop centers for</p>	<p>Target = 800</p> <p>Achieved = 17,570</p>	<p>UNFPA used community models such as the Male Action groups (20 -24) members in each group and SASA groups in Abim, Kotido, Moroto, and Nakapiripirit districts through which more people were reached with information on covid 19 prevention, SRHR and GBV prevention and available referral services.</p>	<p>IP reports</p>
	<p>Target = 20</p> <p>Achieved = 1-month</p> <p>1 documentary by the Ministry</p>	<p>UNFPA supported MGLSD to conduct media engagements targeting five districts. UNFPA supported the One-month long campaign spearheaded by Minister for State for Gender and Cultural Affairs on NBS on GBV prevention during the lockdown.</p>	<p>MGLSD report</p>

<p>GBV survivors established in the target districts Baseline: 0 <b>Planned Target: 4</b></p>	<p>Target:4 Achieved: 1</p>	<p>UNFPA supported Action Aid to set up one-stop center in Amudat district. Assessment was conducted and service needs were much higher in Amudat compared to other districts. As guided by the district, it was established in Amudat town council which serves a population from the town council and where it's easy to access other services including health services, police, among others due to its central location. One stop center was considered due to the costs involved to establish it. UNDP is establishing a Shelter in Amudat to support ensure a comprehensive service delivery. UNFPA will leverage on services at the shelter as well the one in Moroto to link GBV survivors from the One-stop center who may require specialized shelter services.</p>	<p>IP reports</p>
<p><b>Indicator 3.2.1d:</b> Number of Districts where Safe Pal application is launched/disseminated to enhance GBV/VAC reporting and linking to services using the established referral pathway</p> <p>Baseline: 0 <b>Planned Target: 5</b></p> <p><b>Indicator 3.2.1.e.</b> Number of districts carders whose capacity built to collect, track and report GBV data using the GBV Incidence forms and NGBVD.</p> <p>Baseline: 0</p>	<p>Target =5 Achieved =5 (More districts reached with support from other programmes)</p> <p>Target =5 Achieved =5</p>	<p>Safe Pal was launched in 112 districts including the five districts supported by MPTF.</p> <p>All the five supported districts were able to collect and report GBV data using National Database. 1,521 (1,353 Female 168 Male) GBV cases were reported.</p>	<p>MGLSD Report</p>

<p><b>Planned Target: 5</b></p> <p>3.2.1.g: Number of districts with at least five sub counties with functional GBV coordination structures and developed action plans</p> <p>Baseline: 0</p> <p><b>Planned Target: 5</b></p>	<p>Target =5 Achieved = 5</p>	<p>All supported districts have functional GBV multisectoral coordination structures at District and sub-district level.</p>	
<p><b>Outcome4:</b> Expanded mental health and psychosocial support (MHPSS) legal services</p> <p>Indicator: Number of GBV survivors who received MHPSS service in the programme period</p> <p>Baseline: 0</p> <p>Planned Target: 500</p> <p>Output:4.1.1: Strengthened integration of Mental Health and Psychosocial Support (MHPSS) services into existing support mechanisms.</p> <p>Indicator 4.1.1a: Number of GBV cases supported through the GBV Shelters to enhance quality emergency support to GBV cases in the target districts (, Moroto and Bwaise in Kampala)</p> <p>Baseline: 0</p> <p>Planned Target: 200</p> <p>Indicator 4.1.1b: Number of GBV Survivors supported through the GBV fund to access health including mental health, Legal, social and psychosocial support services</p> <p>Baseline: 0</p>	<p>Target = 500 Achieved = 1,306 (932-F; 374-M)</p> <p>Target = 200 Achieved = 1306</p> <p>Target =200 Achieved = 657</p>	<p>UNFPA supported Action Aid to provide mental health and Psychosocial Support services through the shelter setting for GBV survivors. The same support was also extended the 30 health facilities hence the over performing on this target.</p> <p>A total of 1306 GBV survivors accessed a range of within the shelter setup. The additional shelter in Kween and a one stop center contributed to the more cases reported</p> <p>These were clients identified through the shelter and linked to health, legal and other social services.</p>	<p>IP Reports</p> <p>IP report</p> <p>IP report</p>

<p>Planned Target: 200</p> <p>Indicator 4.1.1.c: Number of technical and monitoring supervision Visits conducted Jointly by MGLSD and UNFPA in programme area to the shelters alternative care institutions, and surrounding health facilities that serve as referral points for survivors and foster care families, reception and remand homes to ensure compliance to standards, proper data generation and reporting into the national data systems</p> <p>Baseline: 0</p> <p>Planned Target: 2</p>	<p>Target :2</p> <p>Achieved: 2</p>	<p>MGLSD conducted supervision across the shelters, as well they were joined by the UNFPA field office in Moroto and Kween.</p>	<p>IP Report</p>
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### iii) A Specific Story (Optional)

**Problem / Challenge faced:** Describe the specific problem or challenge faced by the subject of your story (this could be a problem experienced by an individual, community or government).

Jacinta, 28 years old and her husband Moses have been married for over 10 years and share six children together. She reported a case of domestic violence to the One-stop GBV shelter that was established in Amudat district during the project period. Jacinta narrated multiple incidences of abuse from her husband involving; physical assault, property grabbing, psychological abuse and child/family neglect.

According to her, the abuse intensified when her husband married a second wife. “My husband changed completely, he hardly spent time with us at home and if I complained I earned a thorough beating”, said Jacinta. Her husband would torture her, denied her conjugal rights and at one time beat her until she was unconscious only to wake up in the hospital. She tried to run away on some occasions, but her father would ask her to return back to her husband after healing, a situation that normalized violence in her life.

She continued to narrate that, “my husband also grabbed my cows and used for marrying his second wife, an action that annoyed me so much, but I was helpless. Coupled with the constant torture visited on me with no support for over three years, yet he often picked my goats for sale, I turned into an alcoholic”.

**Programme Interventions:** How was the problem or challenged addressed through the Programme interventions?

One day while at the health Centre seeking services for her sick child, she saw a tent and asked out of curiosity what it was for?

“My neighbor who sat next to me told me it was a Centre for helping people who experience violence, as she explained the services offered,” said Jacinta. She was surprised about the Centre since she had never heard about such a place providing a number of services to people like her.

One fateful Sunday last year, Jacinta sought for her husband to provide her some food to feed the children, but it became a fight.

“I found him drinking alcohol with his friends and when I politely asked him to give us some money to buy food, he beat me so hard saying I am embarrassing him in front of his friends”. Said Jacinta.

The next early morning, Jacinta went to the one-stop GBV center in Amudat district to seek support and was welcomed warmly, as she narrated her story. The experience surprised Jacinta as she explained that “I felt for the first time that someone listened to me. I was given first aid at the health center since I had some bruises and a swollen face; and counselling”.

**Result (if applicable):** Describe the observable *change* that occurred so far as a result of the Programme interventions. For example, how did community live change or how was the government better able to deal with the initial problem?

After receiving support at the one-stop Centre, Jacinta was referred to the police to record her case. The police then summoned her husband. A mediation meeting was organized at the one-stop GBV Centre involving both hers and husbands’ family. Following hours of counselling, talking, and listening to each other, Jacinta’s husband apologized.

“For the first time in my married life, my husband apologized to me!”. She said with excitement.

At the end of the mediation, Jacinta’s husband agreed to do the following moving forward.

- ❖ Replace her calf and the goats that he had sold.
- ❖ Gave her 3 acres of land in Acoricori for cultivation since the land in Cheporochoch was not productive and small as well.
- ❖ Be responsible and provide for the family.

- ❖ Promised never to lay his hand on Jacinta ever again.
- ❖ We have both promised to stop drinking alcohol.

**Lessons Learned:** What did you (and/or other partners) learn from this situation that has helped inform and/or improve Programme (or other) interventions?

**The following learning was deduced from this situation.**

- GBV is very prevalent and is always made worse during emergencies, where access to services and information becomes a challenge
- Reporting of GBV incidences is still hindered by the lack of information regarding where the services can be found. There is need to continue popularizing the GBV referral pathways and SOPs up to community level
- A one-stop GBV Centre is critical in every community as it provides efficient, compassionate support to survivors, including easing referrals. These need to be supported across all districts.
- Mediation of GBV cases offers opportunity to amend broken relationships and create happy homes where women, men and children are all thriving.
- Community sensitization, mobilization and engagement needs to be strongly supported to ensure people have information, knowledge and are seeking available services.

## **II. Other Assessments or Evaluations (if applicable)**

- The project did not conduct any evaluation but utilized findings and data from Ministry of Health and Ministry of Gender Labor and Social Development on COVID 19 and GBV respectively.

## **III. Programmatic Revisions (if applicable)**

- Revisions were made on coverage of which Kween district was included among the supported districts specially to provide shelter services to GBV services. Establishment of one-stop centers was also adjusted from the four centers planned to one in Amudat. The programme opted to utilize the existing Kween shelter given the high costs of establishing additional stop centers
- The programme also conducted integrated outreaches targeting young people rather than working with safe boda as suggested at design level, Instead the programme engaged Reproductive Health Uganda with its wider coverage to reach young people beyond Kampala through outreach platforms.

## **V. Resources (Optional)**

- The programme supported 2 staff to oversee implementation of the programme. These were placed in the district and undertook regular monitoring.
- Items procured for the programme included the Post rape kits and the materials for IEC and BCC.

[LMPTF]

**MPTF OFFICE GENERIC ANNUAL PROGRAMME<sup>1</sup> NARRATIVE PROGRESS REPORT  
REPORTING PERIOD: MAY 2021 – 30 APRIL 2022**

Programme Title & Project Number	Country, Locality(s), Priority Area(s) / Strategic Results <sup>2</sup>
<ul style="list-style-type: none"> <li>Programme Title: <b>Strengthening Access to Integrated GBV, HIV, COVID-19 Prevention and Response Services for Affected Women and Girls in Gulu, Moroto and Tororo</b></li> <li>Programme Number: <b>MPTFO 00125449</b></li> <li>MPTF Office Project Reference Number:<sup>3</sup> <b>MPTFO 00125449</b></li> </ul>	<p><i>Country/Region: UGANDA</i></p> <p><i>Priority area/ strategic results: SP IMPACT 3: All women and girls live a life free from all forms of violence.</i> <i>3.1 promoting equitable access to and utilization of quality basic social and protection services.</i></p>
Participating Organization(s)	Implementing Partners
<ul style="list-style-type: none"> <li>UN Women</li> </ul>	<ul style="list-style-type: none"> <li>ActionAid International Uganda, MIFUMI, Ministry of Gender, Labor and Social Development.</li> </ul>
Programme/Project Cost (US\$)	Programme Duration
<p>Total approved budget as per project document: <b>USD265,147.83</b></p> <p>MPTF /JP Contribution<sup>4</sup>:</p> <ul style="list-style-type: none"> <li>by Agency (if applicable) N/A</li> <li>Agency Contribution</li> <li>by Agency (if applicable) N/A</li> <li>Government Contribution (if applicable) N/A</li> <li>Other Contributions (donors)</li> </ul>	<p>Overall Duration (months): <i>12 months</i></p> <p>Start Date<sup>5</sup> <i>1<sup>st</sup> May 2021</i></p> <p>Original End Date<sup>6</sup> <i>31<sup>st</sup> May 2022</i></p> <p>Current End date<sup>7</sup> (dd.mm.yyyy)</p>

<sup>1</sup> The term “programme” is used for programmes, joint programmes and projects.

<sup>2</sup> Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;

<sup>3</sup> The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page the [MPTF Office GATEWAY](#)

<sup>4</sup> The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the [MPTF Office GATEWAY](#)

<sup>5</sup> The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)

<sup>6</sup> As per approval of the original project document by the relevant decision-making body/Steering Committee.

<sup>7</sup> If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date



(if applicable) N/A	
<b>TOTAL: USD 265,147.83</b>	
<b>Programme Assessment/Review/Mid-Term Eval.</b> Assessment/Review - if applicable <i>please attach</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>dd.mm.yyyy</i> N/A Mid-Term Evaluation Report – if applicable <i>please attach</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>dd.mm.yyyy</i> N/A	<b>Report Submitted By</b> <input type="checkbox"/> Name: Dan Bazira <input type="checkbox"/> Title: Deputy Country Representative a.i <input type="checkbox"/> Participating Organization (Lead): UN Women <input type="checkbox"/> Email address: dan.bazira@unwomen.org

## EXECUTIVE SUMMARY

The Multi-Partner Trust Fund (MPTF) was allocated to three GBV shelters in Moroto, Gulu and Tororo with the aim of increasing access to multisectoral and integrated GBV services for survivors of violence against women and those at risk of HIV and COVID between June 2021-May 2022. The services included psychosocial support, Legal Aid, livelihood support and referral among others, whilst raising awareness on GBV including the existence of services. The intervention also harnessed existing partnerships and services including SRHR provided by police, health sector, judiciary, and community services, and was expected to reach a total of 40,000 beneficiaries in the three districts, which had been identified alongside Kampala as areas with the highest GBV caseload. During the project period, Uganda as a country went through a transition period from a partial lockdown in September 2021 at the inception of the project to the full re-opening of the economy in January 2022, following a 2-year nationwide lockdown. The reopening of the economy provided room for the resumption of group level interventions at the GBV Shelter including mediations, awareness campaigns, sheltering of survivors, and stakeholder dialogue meetings. In Karamoja subregion where the Moroto GBV Shelter is located, the operation of the GBV shelter was severely affected by insecurity arising from cattle raids, which curtailed movements of survivors to access shelter services. These challenges notwithstanding, the project registered results as highlighted below:

### Output 1.1.1: 10,000 women and girls are empowered to report cases of violence and access safety and psychosocial support at the selected shelters

- 1,303,219 (719,736 F, 583,483M) community members are more knowledgeable of GBV, COVID-19 and HIV/AIDS prevention, referral and care seeking behaviour.
- 122 reported cases (F-76, M-46) were legally represented in court, and 14 of these were successfully concluded.
- 707 GBV survivors that were registered at the three GBV Shelters. A follow up conducted to 503 survivors established that 261 (F-188, M-73) survivors were free from violence.
- The GBV shelters enhanced survivors' access to psychosocial support.

### Output 1.2.1: Increased utilization of multi-sectoral GBV services for 10,000 women and girls in Gulu, Moroto and Tororo

- Increased buy-in and renewed commitment by GBV actors towards GBV shelter interventions and survivors resulted in commitments by districts to allocate resources towards running the GBV shelter and strengthened the referral pathway through building synergy on the project outcomes and outputs.
- The strong collaborations and synergies with the formal referral pathway actors facilitated case follow up, legal representation and mediations.

### Output 1.1.1 Women and girls enjoy greater freedom from violence and sexual exploitation in private and public spaces by disability, age and gender

- Community activists, paralegal workers and women's networks identified GBV cases at community level, reported to the local authorities at the Local Council level and the Community development

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which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities.

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Officer, and linked the survivors to the GBV Shelter for first line of support as appropriate, and thereafter for other interventions including temporary sheltering and police.

- During the reporting period, the implementing partner did not produce any IEC materials.

Because this project did not start at the planned time due to significant delays, UN Women is engaging the donor for a seven months no-cost extension to be able to implement the project as per the proposed scope.

## I. Purpose

This programme responded to Uganda's commitment to prevent and respond to GBV as stipulated in the Beijing Platform for Action, CEDAW, DEVAW and International Conference on the Great Lakes Region (ICGLR) that Uganda is signatory to. The programme aimed to increase access to multisectoral GBV services for survivors of violence against women and those at risk of HIV and COVID whilst raising awareness on GBV including the existence of services. The programme was premised on the theory that:

If vulnerable women and girls have improved access to essential, safe, and adequate GBV services to end VAWG/GBV in Gulu, Moroto and Tororo Districts,

If prevention of GBV, COVID 19 and HIV/AIDS is improved through changes in attitudes, behaviors, and practices in the selected communities,

If access to psychosocial support is increased for GBV survivors, women experiencing sexual exploitation, pregnant women and people living with HIV in Gulu, Moroto and Tororo by December 2021,

Then Gender Based Violence (GBV), COVID-19 and HIV/AIDS will be prevented among the most at risk population in Gulu, Moroto and Tororo.

## II. Results



The programme contributed to the UN Cooperation Framework outcome 3.1 on promoting equitable access to and utilization of quality basic social and protection services. It supported theme 3 of the United Nations Emergency Appeal and facility for the impact of COVID 19 in Uganda on life saving services and Social Protection; Sustainable Development Goals (SDG) -specifically Goal 5 on Gender Equality and empowerment of women and girls. Survivors of violence against women and girls accessed integrated and expedited packages of services including access to justice, psychosocial support, resettlement, and reintegration of survivors into their communities. GBV survivors are increasingly reporting freedom from violence and have enhanced access to other support systems and services for appropriate and immediate support and intervention, including health services and psychosocial support among others. Further,

perpetrators are being held accountable for their offences because of the improved referral and response system. The shelter team works closely with the councilors' representing persons with disabilities and GUDIPU an organization based in Gulu that supports people living with disability. **The achievements by output are highlighted below:**

***Outcome 1: Improved access for vulnerable women and girls to essential, safe, and adequate GBV services to end VAWG/GBV in Gulu, Moroto and Tororo Districts***

***Output 1.1.1 10,000 women and girls are empowered to report cases of violence and access safety and psychosocial support at the selected shelters***

- There is improved and expedited dispensation of justice for GBV survivors because of the improved fidelity of evidence collected. 122 cases (F-76, M-46) were legally represented in court, and 14 of these were successfully concluded. This was achieved through facilitation provided to 30 police officers for evidence collection which enabled the cases to be forwarded to court, resulting in the apprehension of 32 perpetrators.
- There is increased access to GBV services, and this has restored hope, dignity, safety, and sense of belonging to GBV survivors. In the reporting period, out of the 707 GBV survivors that were registered at the three GBV Shelters, 130 (F-123, M-7) of them were provided temporary accommodation and basic needs, of whom 122 (F-87, M-7) were fully discharged, resettled, and reintegrated into the community. A follow up conducted to 503 survivors established that 261 (F-188, M-73) survivors were free from violence.
- GBV survivors are increasingly reporting freedom from violence as evidenced by anecdotal information shared by 261 survivors during the follow up visits by staff and community actors.
- Enhanced survivors' access to other support systems and services for appropriate and immediate support and intervention, including health services and psychosocial support among others. Further, perpetrators are being held accountable for their offences because of the improved referral and response system. As alluded to earlier, 32 perpetrators were apprehended for several criminal offences including defilement.
- There is increased awareness among community members on EVAWG. During the reporting period, a total of 1,303,219 (719,736 females, 583,483 males) people were reached with messages on EVAWG through media and partnership engagements and over 24 spot messages run on rock mambo radio in Tororo. Furthermore, 1,786 (992 F, 794 M) received legal advice, legal education on laws on EVAW, succession, marriage, and children during shelter and community mediations where they

**Output 1.2.1 Increased utilization of multi-sectoral GBV services for 10,000 women and girls in Gulu, Moroto and Tororo**

- The GBV shelters provided temporary accommodation to GBV survivors, and this enhanced the safety of the survivors and provided an opportunity for effective response. A total of 707 GBV survivors (F-592, M-115) were registered at the 3 GBV shelters, and 104 were persons with disabilities (PWDs). Of the total survivors registered at the GBV shelter, 130 survivors (F-123, M-07) were temporarily accommodated; 16 were girls and 7 boys below 18 years. 112 GBV survivors (87 female, 25M) were discharged and resettled back in the communities. 339 (294 female, 45 male) survivors were referred for specialized services to the different referral pathways, including Police, health and support for basic needs.
- The strengthened referral pathway contributed to improvement in mediating over, representing and concluding cases of VAWG through the formal and informal justice mechanisms. A total of 490 (455F,35M) cases were successfully concluded with 165(153 F, 12M) cases resolved at the shelter and 216 (195F,21M) through alternative Dispute Resolutions (ADR) and mediations; 112 (107

F,5M) at referral points by duty bearers, including male change agents, police, Local council chairpersons, cultural and religious institutions, and leaders. 122 new cases (76F,46M) were represented in the courts of law and the perpetrators got remanded, 14 cases were concluded in court during the reporting period.

- There is increased awareness among community members of issues of VAWG and how to end violence against women and girls. A total of 1,303,219 (719,736 females, 583,483 males) received messages on EAWG and COVID-19 through media and partnership engagements and over 24 spot messages run on rock mambo radio in Tororo. 1,786 (992 F, 794 M) people reached during shelter and community mediations where they received legal advice, legal education on laws on EAW, succession, marriage, and children.
- More survivors are reporting freedom from violence following interventions provided by the GBV shelters. Anecdotal evidence provided by survivors during follow up phone calls and home visits, indicated that out of the 503 (356 female,147 Male) followed up, 261 (188 F,73 M) survivors reported freedom from violence.
- Increased buy-in and renewed commitment by GBV actors towards GBV shelter interventions and survivors. This was achieved through 5 stakeholder coordination meetings conducted in Gulu, Moroto and Tororo. This resulted in commitments by districts to allocate resources towards running the GBV shelter and strengthened the referral pathway through building synergy on the project outcomes and outputs. The cultural leaders have been engaged in conducting joint mediations at the community, some of which were successfully concluded.
- Stakeholders/coordination meetings helped strengthen the referral pathway especially through building synergy on the project outcomes and outputs highlighting the role of each stakeholder in the fight against GBV. Most importantly these meetings enabled stakeholders share lessons learnt, challenges and recommendations towards ending Gender-Based violence. A total 5 coordination meetings constituting of various district stakeholders, Cultural, religious leaders, and partners of were held in Moroto, Tororo, and Gulu Shelters
- Through coordination meetings, the shelters have had cultural leaders like Ker Kwaro Acholi in Gulu participate in various concluded mediations. The Probation Officer and CDO actively took in conclusion of cases in all the shelters.

***OUTCOME 2: Improved prevention of GBV, COVID 19 and HIV/AIDS through changes in attitudes, behaviors, and practices in the selected communities***

***Output 1.1.1 Women and girls enjoy greater freedom from violence and sexual exploitation in private and public spaces by disability, age and gender***

- A total of 1,303,219 (719,736 F, 583,483M) community members are more knowledgeable of GBV, COVID-19 and HIV/AIDS prevention, referral and care seeking behaviour having been reached through radio talk shows and community radio live stream.
- In terms of community-based initiatives for protecting women and girls from GBV and harmful practices, the project interventions were delivered through existing structures at the community level. Community activists, paralegal workers and women's networks identify GBV cases at community level, report to the local authorities at the Local Council level and the Community development Officer and links the survivors to the GBV Shelter for first line of support as appropriate, and thereafter for other interventions including temporary sheltering and police.
- Additionally, there are 4 Community initiatives. During the 16 Days of Activism in Awach, Gulu District the women and girls formulated themselves into small groups where the elder women took on the responsibility of looking out for the teenage girls in the community for them not to engage into early sexual intercourse and to advise not to get into child marriages. And in case it goes beyond; they would refer the case to the referral pathway actors including the shelter.

- In Unyama there were commitments made male counterparts especially boda boda men to look out for the teenage girls vulnerable of teenage girls and advise both the girls and parents against it. In the circumstances where this would fail, they committed to the referral pathways.
- MIFUMI have 2 community support groups in Nagongera that support in GBV response, case mediations, referrals and community mediations. They are 8 women and 2 men per centre. These have been vital in supporting GBV Cases at grass root level but also referring GBV cases according to the referral pathway in the community.

**ii. Describe any delays in implementation, challenges, lessons learned & best practices:** If there were delays, explain the nature of the constraints and challenges, actions taken to mitigate future delays and lessons learned in the process. Provide an updated risk analysis (have any of the risks identified during the project design materialized or changed? Are there any new risks?). Were there any programmatic revisions undertaken during the reporting period? Please also include experiences of failure, which often are the richest source of lessons learned.

#### **Challenges:**

- There was a delay in project start up arising from challenges in the partnership between the main implementing partner (ActionAid) and their subgrantee (MIFUMI). This affected the startup of operations at the GBV Shelters in Tororo and Moroto.
- Associated risks arising from insecurity in the Karamoja subregion further contributed to delays in project start up. While community level activities were affected, the ability of survivors to seek services at the GBV shelter was equally affected.
- In some cases, the shelter experienced a challenge of slow rate of completion/ resolution of cases in court because of the slow judicial process which led to case backlog of GBV cases in court. The Shelter team continuously engaged judicial officers to reiterate the importance of speedy disposal of GBV cases. The programme also facilitated police officers during evidence collection and arrest of perpetrators, and this helped expedite justice processes.
- There were difficulties in prosecuting some domestic violence cases because several reported cases had witnesses who were related to the suspects. The programme managed this through engagements with police officers on survivor-centered approaches during platforms that bring stakeholders together for experience sharing on GBV case management.

#### **Lessons learnt:**

- One key lesson learnt is the strategic role and influence that the District Local Governments play in sustaining the operations of the GBV shelters. In all three locations, the districts provided in kind support including foodstuff for the survivors and mobilized resources from other implementing partners and organizations to sustain basic needs that were not fully covered under the Shelter budget.

#### **Next Steps:**

- UN Women is pursuing a seven months no-cost extension with the donor to be able to implement the project as per the proposed scope. This is because the protracted contractual processes between the implementing partner (Actionaid International Uganda) and their subgrantee (Mifumi) to run the GBV shelters in Tororo and Gulu affected the timely startup of the project. As such, the interventions were not fully implemented, and targets were consequently not met. The no cost extension will allow for provision of integrated package of essential services to more survivors. More awareness will be created in the community on the rights of women and girls and the need to protect them, as the extension will make it possible for community level activities to be conducted. Building on the lessons learnt from implementing a similar project with funding from CERF, UN Women will be able to integrate strengthening of economic empowerment through skills building for survivors at the GBV shelter for their own sustenance.

- iii. Qualitative assessment:** Provide a qualitative assessment of the level of overall achievement of the Programme. Highlight key partnerships and explain how such relationships impacted on the achievement of results. Explain cross-cutting issues pertinent to the results being reported on. For Joint Programmes, highlight how UN coordination has been affected in support of achievement of results.

The project experienced start up delays resulting from challenges in the partnership between Actionaid International Uganda and their subgrantee-Mifumi. This was exacerbated by the delay of Moroto District Local Government to renew the MoU with Mifumi due to the district's desire to be funded to run the GBV Shelter directly. The insecurity in Karamoja subregion where the Moroto GBV shelter is located equally affected the operations of the shelter, especially the response arm at community level as it was unsafe to conduct physical follow up of survivors. However, UN Women reinforced partnerships at national and subnational levels to end violence against women and girls through enhanced access to justice and integrated services. The Ministry of Gender, Labor and Social Development continued to provide coordination and oversight support to implementing partners and district Local Governments in the operations of the Shelter to ensure quality assurance and compliance with standard operating procedures. The Police, particularly the Child and family Protection unit, and the Criminal Investigation Department was an important ally in the work on investigation, documentation of cases, evidence collection, rescue of survivors, apprehension of perpetrators and presenting them to court. The Judiciary continued to support hearing of cases in an expeditious manner in line with the law. At the District Local Government level, the Community Based services department leveraged on relief support from Office of the Prime Minister to provide food to complement the basic needs at the GBV Shelter in Tororo, and in Moroto they leveraged on support from UNICEF to provide sanitary facilities to child survivors at the GBV shelter. District Local Governments allocated personnel (Community Development Officers) to oversee the day to day running of the GBV Shelters in line with standard operating procedures. Other valuable partners included the Uganda Human Rights and International Justice Mission which participated in joint mediations in Gulu and provided food and clothing support to the GBV Shelter in Moroto respectively. UN Women continued to provide policy advice to stakeholders including the line Ministry, technical oversight, and expertise at subnational level through her field teams and mobilizing resources for continuity of services at the GBV Shelters.

## ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWP** - provide an update on the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why, as well as plans on how and when this data will be collected.

Result level	Indicator	Baseline	Annual			End of Project target <sup>8</sup>	End of Project Actual <sup>9</sup>	Reasons for deviation +/- 10%
			Target <sup>10</sup>	Actual <sup>11</sup>	Variance			
<b>Outcome 1:</b> Improved access for vulnerable women and girls to essential, safe, and adequate GBV services to end VAWG/GBV in Gulu, Moroto and Tororo Districts	1.1a Number of women and girls receiving Psychosocial services <sup>1</sup> in target shelter facilities in Gulu, Moroto and Tororo	8,232	10000	699 women and girls (592 Female, 107 girls)	9,301	10,000	699	Delayed project start up
	1.1b # of reported SGBV cases receiving multi sectoral support including health, PSS, legal, safety and security	8,232	10000	707	9,293	10,000	707	Delayed project start up

<sup>8</sup> End of project refers to the entire project period total

<sup>9</sup> End of project actual should be the total since project inception

<sup>10</sup> Target is the annual target for the specific indicator

<sup>11</sup> The actual should be for the specific reporting period

<b>Result level</b>	<b>Indicator</b>	<b>Baseline</b>	<b>Annual</b>			<b>End of</b>	<b>End of</b>	<b>Reasons for</b>
<b>Output 1.1.1</b> 10,000 women and girls are empowered to report cases of violence and access safety and psychosocial support at the selected	1.1.1a Number of women and girls reporting cases of violence and access safety and psychosocial support at the selected shelters	<b>8,232</b>	<b>10000</b>	<b>707</b>	<b>9,293</b>	<b>10,000</b>	<b>707</b>	<b>Delayed project start up</b>
<b>Output 1.2.1</b> Increased utilization of multi-sectoral GBV services for 10,000 women and girls in Gulu, Moroto and Tororo	1.2.1a Number of beneficiaries2 receiving essential and safe GBV, HIV and COVID 19 response services in targeted Shelters- Gulu, Moroto and Tororo (Disaggregated by sex, response service (legal services, counselling, mediation, first aid, accommodation etc..., age, and disability)	<b>8,232</b>	<b>10000</b>	<b>707</b>	<b>9,293</b>	<b>10,000</b>	<b>707</b>	<b>There were delays in project start up due to constraints in the subcontracting process between the main IP and their subgrantee</b>
<b>Outcome 2:</b> Improved prevention of	1.1a# of persons reached through SGBV awareness		<b>20000</b>	<b>1,303,219 (719,736 F, 583,483M)</b>	<b>1,283,219</b>	<b>20,000</b>		<b>Community radio live</b>



Result level	Indicator	Baseline	Annual			End of	End of	Reasons for
GBV, COVID 19 and HIV/AIDS through changes in attitudes, behaviors, and practices in the selected communities	and sensitization sessions, by disability, age, and gender						1,303,219 (F-719,736; M-583,483)	stream and radio talk shows facilitated the wide coverage of the messages
	Evidence of change in social norms, beliefs, and practices as result of women and girl's involvement	67% of men and women say it is okay for a husband to beat his wife when she does not take care of the children; 60% of men and women think it is okay for a husband to beat his wife when she fails to prepare a good meal for her husband e.g. burns the food	26.4% It is okay for a husband to beat his wife when she does not take care of the children; 16.4% of men and women think it is okay for a husband to beat his wife when she fails to prepare a good meal for her husband e.g. burns the food	0	0	0	0	the IP did not conduct a survey to ascertain change in norms, beliefs and practices as the actual implementation period has been short
	1.1b Percentage of the community with	46.5%	60%	4176.99%. the total number of people reached	+1,301,392	60%	4176.99%. the total number of	The methodology applied by the

Result level	Indicator	Baseline	Annual			End of	End of	Reasons for
	increased knowledge and awareness of GBV, COVID 19 and HIV/AIDS prevention, referral and care seeking behavior in Gulu, Moroto and Tororo			with awareness raising over the target $\times 100$ . (1,306,192÷4800×100).			ple reached with awareness raising over the target $\times 100$ . (1,306,192÷4800×100).	implementing partners has a wider Geographical coverage, hence the positive gain made on the target
<b>Output 1:</b>  1.1.1 Women and girls enjoy greater freedom from violence and sexual exploitation in private and public spaces by disability, age and gender	1.1.1a Number of the community members aware (Knowledgeable and understand) of GBV, COVID 19 and HIV/AIDS prevention, referral and care seeking behavior in Gulu, Moroto and Tororo disaggregated by sex, age, and other vulnerabilities	12,000	20,000	1,303,219 (719,736 F, 583,483M)	1,283,219	20,000	1,303,219 (719,736 F, 583,483M)	Utilization of social media including radio talk shows and live stream on community radio
	1.2.1a Number of gender sensitive and age-appropriate IEC materials produced and disseminated to most at risk	2,000	300,000	0	0	0	0	The IP did not produce any IEC materials as the project delayed to start.

Result level	Indicator	Baseline	Annual			End of	End of	Reasons for
	population							
	Number of community initiatives to protect women and girls from SGBV and harmful traditional practices	3	6	4	2	6	4	2 community support groups, which includes one male champions group, and 2 groups formed by women at the community level. In other locations, the IP mostly used existing community platforms such as the LC system, the community paralegals and women's networks to provide community support

### iii) A Specific Story (Optional)

- This could be a success or human story. It does not have to be a success story – often the most interesting and useful lessons learned are from experiences that have not worked. The point is to highlight a concrete example with a story that has been important to your Programme in the reporting period.
- In ¼ to ½ a page, provide details on a specific achievement or lesson learned of the Programme. Attachment of supporting documents, including photos with captions, news items etc, is strongly encouraged. The MPTF Office will select stories and photos to feature in the Consolidated Annual Report, the GATEWAY and the MPTF Office Newsletter.

**Problem / Challenge faced:** Describe the specific problem or challenge faced by the subject of your story (this could be a problem experienced by an individual, community or government).

#### ABUSED BUT NOT BROKEN



**Photo:** *Amito Harriet washing clothes from their compound at Aworyim in Owoo Sub- County, Gulu District*

Harriet is a 19 year old brave girl, from Awor-yim village, Owoo sub county, Gulu District, who overcame fear and trauma after being raped 5 times by her uncle a former Army Officer.

On that fateful day, in the night, her uncle Kidega sneaked into the house where she normally slept with two other children. She said, ' *because I was already asleep, I only woke up to a heavy weight on me and a hand squeezing my throat to strangulation*'. She then started struggling with him to avoid being undressed, he immediately showed her a panga, a bow, and an arrow asking me if she wanted to die.

Harriet recalls with teary eyes that he also said, "*You know that I have been a soldier and I have killed very many people, just know that I can do the same to you if you don't co-operate*". With all the threats, she became cold, fearful, felt helpless, then her uncle removed her dress and sexually abused her. Thereafter, he picked his panga, bow with the arrows and walked out of the house.

This became his routine leading to his having sexual intercourse with her **5** times, whereby during daytime, when people were not home, he would walk to her, reminding her to continue keeping silent in exchange for her life. This made Harriet live in fear and kept wishing herself out of the situation.

One day, Harriet's grandfather noticed that the door to the house where girls normally sleep was not properly locked, noticing a sign of an adult footprint near the house, he picked keen interest which prompted him to sermon Harriet and her father in the evening. At around 9:00pm, Harriet's grandfather sat together with Harriet, her biological father and requested her to tell them the truth regarding the suspicions he had. She started crying and said *"Uncle Kidega has been coming to the house with a panga and forcefully having sexual intercourse with me. He threatened to kill me if I talked."*

**Programme Interventions:** How was the problem or challenged addressed through the Programme interventions?

Harriet's grandfather and Father reported the matter to the LC1, who referred them to police and the police after taking the statement further referring her matter to the Gulu Gender Based Violence Shelter for management. At the GBV Shelter, Harriet was temporarily accommodated for her safety and security since the perpetrator had not yet been arrested. She received medical examination and treatment from the hospital and counselling sessions to overcome her psychological challenges. The Police was facilitated to collect evidence and effect an arrest of the suspect who was remanded to Gulu Main Prison.

**Result (if applicable):** Describe the observable *change* that occurred so far as a result of the Programme interventions. For example, how did community lives change or how was the government better able to deal with the initial problem?

After the counselling sessions, Harriet overcame the trauma and stigma, regained her confidence and has gone back to school. She says she now understands the importance of life and the need to move past the incident, to face the world and achieve her dreams. The perpetrator was remanded and is facing trial for his actions.

**Lessons Learned:** What did you (and/or other partners) learn from this situation that has helped inform and/or improve Programme (or other) interventions?

More awareness raising on the existence of referral pathway actors who are very key in the fight against GBV is needed since it never be a one-man job but requires a team effort. There's need for more sensitization campaigns on empowering the girl child/women to speak out when faced with threats of violations.

### III. Other Assessments or Evaluations (if applicable)

- Report on any assessments, evaluations or studies undertaken.  
No assessments or evaluations were done.

### IV. Programmatic Revisions (if applicable)

- Indicate any major adjustments in strategies, targets or key outcomes and outputs that took place.  
None was done. UN Women is in the process of requesting for a no cost extension to fast-track project implementation.

### V. Resources (Optional)

- Provide any information on financial management, procurement and human resources.
- Indicate if the Programme mobilized any additional resources or interventions from other partners.

## MPTF OFFICE GENERIC ANNUAL PROGRAMME NARRATIVE PROGRESS REPORT

### REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2021

<div style="background-color: #f2f2f2; text-align: center; padding: 5px;"><b>Programme Title &amp; Project Number</b></div> <p>Programme Title: <b>Promoting women's active participation in efforts to prevent the spread of COVID-19 and promote social cohesion, conflict prevention and sustaining peace in Uganda.</b></p> <ul style="list-style-type: none"> <li>Programme Number: <b>00127413</b></li> <li>MPTF Office Project Reference Number: <b>00127413</b></li> </ul> <div style="background-color: #f2f2f2; text-align: center; padding: 5px;"><b>Participating Organization(s)</b></div> <ul style="list-style-type: none"> <li>Organizations that have received direct funding from the MPTF Office under this programme</li> </ul> <div style="background-color: #f2f2f2; text-align: center; padding: 5px;"><b>Programme/Project Cost (US\$)</b></div> <p>Total approved budget as per project document: <b>US\$ 96,417.39</b></p> <p>MPTF /JP Contribution:</p> <ul style="list-style-type: none"> <li>by Agency (if applicable)</li> </ul> <p>Agency Contribution</p> <ul style="list-style-type: none"> <li>by Agency (if applicable)</li> </ul> <p>Government Contribution (if applicable)</p> <p>Other Contributions (donors) (if applicable)</p> <p><b>TOTAL:</b> <b>US\$ 96,417.39</b></p> <div style="background-color: #f2f2f2; text-align: center; padding: 5px;"><b>Programme Assessment/Review/Mid-Term Eval.</b></div> <p>Assessment/Review - if applicable <i>please attach</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p> <p>Mid-Term Evaluation Report – if applicable <i>please attach</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p>	<div style="background-color: #f2f2f2; text-align: center; padding: 5px;"><b>Country, Locality(s), Priority Area(s) / Strategic Results</b></div> <p>(if applicable) Country/Region</p> <hr/> <p>Priority area/ strategic results</p> <div style="background-color: #f2f2f2; text-align: center; padding: 5px;"><b>Implementing Partners</b></div> <p>Overcomer's Women's Activists</p> <div style="background-color: #f2f2f2; text-align: center; padding: 5px;"><b>Programme Duration</b></div> <p>Overall Duration (<i>months</i>) <span style="float: right;">12 months</span></p> <p>Start Date: <span style="float: right;">June 2021</span></p> <p>Original End Date: <span style="float: right;">31 May 2022</span></p> <p>Current End date: <span style="float: right;">31 May 2022</span></p> <div style="background-color: #f2f2f2; text-align: center; padding: 5px;"><b>Report Submitted By</b></div> <ul style="list-style-type: none"> <li>Name: Claire Hawkins</li> <li>Title: WPS Program Specialist</li> <li>Participating Organization (Lead): UN Women</li> <li>Email address: <a href="mailto:Claire.hawkins@unwomen.org">Claire.hawkins@unwomen.org</a></li> </ul>
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## **NARRATIVE REPORT FORMAT**

### **EXECUTIVE SUMMARY**

- There is enhanced collaboration between Overcomers and the Adjumani District Covid-19 Task force on the standards Operational Procedures and identification of the venerable breastfeeding mothers who are at risk of the Covid-19 infection which has greatly helped the organization lay a foundation with both Government and other CSOs in this area of work
- There is increased awareness on the effects of teenage pregnancies, early marriage and gender-based violence as a result of the community dialogues that were conducted in host community and refugee settlements in Adjumani and Yumbe districts.

**Below is the aggregated reach from the 11 dialogues (5 in Adjumani and 6 in Yumbe).**

District	Female	Male	PWDs		Age					
					0-17		18-35		36+	
			F	M	F	M	F	M	F	M
Adjumani	225	111	7	2	130	54	73	25	22	32
Yumbe	174	30	0	0	81	0	90	28	3	2
Total	399	141	7	2	211	54	163	53	25	34

This was achieved during the gender responsive sensitizations on the Covid-19 SOPs, and effect of Covid-19 mainly on the teenage girls since it contributed to high numbers of teenage pregnancies due to lockdowns and closure of schools. This has given the community a better understanding of the gender dynamics in response to the pandemic.

- Overcomers Women Activists is now officially authorized to operate in Zone 4 in Bidibidi Settlement in Yumbe district and in all the 19 refugee settlements in Adjumani following the approval by the Office of the Prime Minister. This project is being implemented specifically in the communities of Nyumanzi, Olua, Maaji I, Maaji III, Mireyi, Adjumani Town Council, Agojo and Zone 4 Bidibidi in Yumbe.
- 10 women led organizations/groups in Yumbe district are set to benefit from support aimed at strengthening and supporting functional Women peace mediators' centers/structures to report, record and attend to GBV cases and security issues that the community faces.
- 300 peace mediators, analysts and monitors have committed to support activities on promoting social cohesion (mediation, resolution, and negation) in both Adjumani and Yumbe Refugee settlements of Nyumanzi, Olua, Maaji I, Maaji III, Mireyi, Adjumani Town Council, Agojo and Zone 4 Bidibidi in Yumbe
- 60 cultural, religious leaders and clan elders in Adjumani and Yumbe are scheduled to be trained on their roles and responsibilities towards conflict management and the relevance of UNSCR 1325.
- 12 Functional Groups of Women peace mediators and peace promoters have been identified in Adjumani and Yumbe, these will be trained specifically to report, record and attend to all kinds of GBV cases and security issues that the community faces including COVID-19 messaging. (Peace Clinics).

## **I. Purpose**

This programme contributes to theme 3 of the United Nations Emergency Appeal and facility for the impact of COVID-19 in Uganda on life saving services and Social Protection, Sustainable Development Goals (SDG) - specifically Goal 5 on Gender Equality and Goal 16 on Peace, Justice and strong institutions; as well as security, development and human rights and partner with national level women's rights organisations engaged in advocacy related to key peace building processes especially during the COVID-19 response.

## **II. Results**

Outcome 1: Increased women's participation in promoting peaceful coexistence in COVID-19 response

### **Output 1.1.1. Increased knowledge of 300 women peace builders in advocacy and awareness on peaceful co-existence in the COVID-19 response in Kotido, Yumbe, Amuria, Lamwo, Obongi & Adjumani districts.**

300 peace mediators, analysts and monitors from existing peace structures have committed to support activities on promoting social cohesion (mediation, resolution, and negotiation) in both Adjumani and Yumbe Refugee settlements of Nyumanzi, Olua, Maaji I, Maaji III, Mireyi, Adjumani Town Council, Agojo and Zone 4 Bidibidi in Yumbe. Their capacity will be strengthened with trainings scheduled for March - April 2022 period.

### **Output 1.2.1. Increased capacity of 400 women peace committees' members and RWC leaders, and women front line responders on mediation, and equipped with PPEs**

12 functional groups of women peace mediators and peace promoters have been identified in Adjumani and Yumbe, these will be trained specifically to report, record and attend to all kinds of GBV cases and security issues that the community faces including COVID-19 messaging.

### **Output 1.3.1. Strengthened coordination and functionality of existing Government COVID-19 Response Reams, women led CSOs and peace structures in Kotido, Yumbe, Amuria, Lamwo, Obongi & Adjumani)**

There is enhanced collaboration between Overcomers and the Adjumani District Covid-19 Task force on the standards Operational Procedures and identification of the venerable breastfeeding mothers who are at risk of the Covid-19 infection which has greatly helped the organization lay a foundation with both Government and other CSOs in this area of work

Refugee and host community members from Yumbe and Adjumani have increased awareness on the effects of teenage pregnancies, early marriage and gender-based violence as a result of the community dialogues that were conducted in host community and refugee settlements in Adjumani and Yumbe districts.

**Below is the aggregated reach from the 11 dialogues (5 in Adjumani and 6 in Yumbe)**



District	Female	Male	PWDs		Age					
					0-17		18-35		36+	
			F	M	F	M	F	M	F	M
Adjumani	225	111	7	2	130	54	73	25	22	32
Yumbe	174	30	0	0	81	0	90	28	3	2
Total	399	141	7	2	211	54	163	53	25	34

This was achieved during the gender responsive sensitizations on the Covid-19 SOPs, and effect of Covid-19 mainly on the teenage girls since it contributed to high numbers of teenage pregnancies due to lockdowns and closure of schools. This has given the community a better understanding the gender dynamics in response to the pandemic.

### **Challenges, lessons learned & best practices:**

#### Challenges

- Delay in finalization of programme document which affected disbursement of funds
- The existing peace structures are many but most of them are dormant because of lack of resource to move on with activities.
- A baseline study needs to be conducted to establish the functionality of the different peace structures and trained peace mediators. This will inform interventions and further programming on peace building

#### Lessons learned

- Onboarding of Implementing Partners needs to be fast tracked to enable life saving activities to be completed.
- Effective communication is key for sustainable peace, this helps prevent potential violent conflict outbursts in the communities.

### **Qualitative assessment:**

Whereas the Project has not achieved the desired results yet, relationships have been built with organizations working around women peace and security both in the community and refugee settlements in order to synergize, avoid duplication and make good use of the available resources. This has enabled Overcomers to identify the following: Lutheran World Federation (LWF) which have 300 peace promoters across all the 19 Refugee settlements in Adjumani and 30 peace mediators in Yumbe and 120 in Adjumani from Women International Peace Center (WIPC) already in existence in these refugee settlements and with this Overcomer's Women Activists will find it easy to collaborate and work with these already existing peace structures.

## ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWP** - provide an update on the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why, as well as plans on how and when this data will be collected.

	<b><u>Achieved</u> Indicator Targets</b>	<b>Reasons for Variance with Planned Target (if any)</b>	<b>Source of Verification</b>
<b>Outcome 1<sup>1</sup></b> <b>Indicator 1.1.1a.</b> Percentage of women meaningfully participating in the peace building committees under the COVID-19 response at household and community level  <b>Baseline: 156</b> <b>Planned Target: 300</b>  <b>Indicator 1.1.1b.</b>  Number and types of conflict cases mediated by women <b>Baseline: 42</b> <b>Planned Target: 200</b>	0	The delay in finalization of programme document affected disbursement of funds	
<b>Output 1.1</b> <b>Indicator 1.1.1b</b> Number of women mediators trained in conflict monitoring, reporting and early warning systems <b>Baseline: 0</b> <b>Planned Target: 120</b>	0	The delay in finalization of programme document affected disbursement of funds. This being a new partner, UN Women had to support technically with proposal development which had a back-and-forth communication to get to the level of a strong proposal	
<b>Indicator 1.2.1a.</b> Number of women peace committees' members and female RWC leaders, and women front line responders trained on mediation	0	The delay in finalization of programme document affected disbursement of funds	

<sup>1</sup> Note: Outcomes, outputs, indicators and targets should be as outlined in the Project Document so that you report on your actual achievements against planned targets. Add rows as required for Outcome 2, 3 etc.

<b>Baseline:</b> <b>Planned Target: 120</b>			
<b>Output 1.2</b> <b>Indicator 1.2.1.b</b> Number of women peace committee members and female RWC leaders, who confirm that they are in position to mediate Conflicts. <b>Baseline:</b> <b>Planned Target: 120</b>	0	The delay in finalization of programme document affected disbursement of funds	
<b>Indicator 1.3.1.a</b> Number of coordinated efforts initiated by COVID-19 response teams, Women led CSOs and peace structures in establishing or strengthening peace and conflict resolution in the Context of COVID-19 (per region). <b>Baseline:</b> <b>Planned Target: 50</b>	0	10 women led CSOs already identified and are to be supported to engage in peace & conflict resolution.	
<b>Indicator 1.3.1.b</b> Male community leaders including male cultural and religious leaders and COVID-19 response teams are aware of the gendered impacts of COVID-19 pandemic <b>Baseline:</b> <b>Planned Target: 40</b>	0	60 male cultural and religious leaders have been identified. Their training is planned for April 2022.	
<b>Indicator 1.3.1.c</b> Number of gender responsive sensitization sessions for community members on Effects of COVID-19 implemented. <b>Baseline:</b> <b>Planned Target: 50</b>	11	11 community dialogues were conducted (5 Adjumani and 6 Yumbe)	

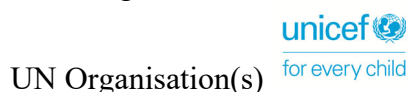
### **III. Other Assessments or Evaluations (if applicable)**

No studies were undertaken during this period.

### **IV. Programmatic Revisions (if applicable)**

The IP has completed all the preliminary activities that are a prerequisite for smooth implementation of program interventions. Accelerated program plans have been developed and this will enable the IP to implement and complete all the planned activities on time.

Insert Logo for Participating



UN Organisation(s)



A UN system-wide service hosted by



[Name of Fund or Joint Programme]

## MPTF OFFICE GENERIC ANNUAL PROGRAMME<sup>1</sup> NARRATIVE PROGRESS REPORT REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2019

<p><b>Programme Title &amp; Project Number</b></p> <ul style="list-style-type: none"> <li>Programme Title: <b>Improving Water, Sanitation and Hygiene services in the context of Covid-19 and flood response</b></li> <li>Programme Number (if applicable) <i>SM210261</i></li> <li>MPTF Office Project Reference Number:<sup>3</sup></li> </ul>	<p><b>Country, Locality(s), Priority Area(s) / Strategic Results<sup>2</sup></b></p> <p>(if applicable) Country/Region: <i>Uganda</i></p> <p>Priority area/ strategic results: <i>Water, Sanitation &amp; Hygiene</i></p>
<p><b>Participating Organization(s)</b></p> <ul style="list-style-type: none"> <li>Organizations that have received direct funding from the MPTF Office under this programme</li> </ul> <p><b>UNICEF</b></p>	<p><b>Implementing Partners</b></p> <ul style="list-style-type: none"> <li>National counterparts: (government, private, NGOs &amp; others) and other International Organizations</li> </ul> <p><b>District local governments of Adjumani, Kisoro, Buliisa, Pakwach, Obongi, Kasese, Ntoroko, Moroto, and Nakapiripiriti.</b></p>
<p><b>Programme/Project Cost (US\$)</b></p> <p>Total approved budget as per project document: MPTF /JP Contribution<sup>4</sup>: \$239,775.59</p> <ul style="list-style-type: none"> <li>by Agency (if applicable) Agency Contribution</li> <li>by Agency (if applicable) Government Contribution (if applicable)</li> <li>Other Contributions (donors) (if applicable)</li> </ul> <p><b>TOTAL: \$239,775.59</b></p>	<p><b>Programme Duration</b></p> <p>Overall Duration: <i>12 months</i></p> <p>Start Date<sup>5</sup> <i>(01.02.2021)</i></p> <p>Original End Date<sup>6</sup> <i>(31.01.2022)</i></p> <p>Current End date<sup>7</sup> <i>(31.01.2022)</i></p>
<p><b>Programme Assessment/Review/Mid-Term Eval.</b></p> <p>Assessment/Review - if applicable <i>please attach</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p> <p>Mid-Term Evaluation Report – if applicable <i>please attach</i></p>	<p><b>Report Submitted By</b></p> <ul style="list-style-type: none"> <li>Name: <i>Vedasto Nsanzugwanko</i></li> <li>Title: <i>Deputy Representative, Programmes</i></li> <li>Participating Organization (Lead): <i>UNICEF</i></li> </ul>

<sup>1</sup> The term “programme” is used for programmes, joint programmes and projects.

<sup>2</sup> Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;

<sup>3</sup> The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page the [MPTF Office GATEWAY](#)

<sup>4</sup> The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the [MPTF Office GATEWAY](#)

<sup>5</sup> The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)

<sup>6</sup> As per approval of the original project document by the relevant decision-making body/Steering Committee.

<sup>7</sup> If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities.

☐ Yes ☐ No Date: *dd.mm.yyyy*

☐ Email address: [vnsanzugwanko@unicef.org](mailto:vnsanzugwanko@unicef.org)

## LIST OF ACRONYMS

MPTF	Multi Partner Trust Fund
OPM	Office of the Prime Minister
PSN	Persons with Special Needs
URCS	Uganda Red Cross Society
WASH	Water, Sanitation and Hygiene

## ARRATIVE REPORT FORMAT

### EXECUTIVE SUMMARY

- The MPTF contribution of \$239,775 was received following heavy rains that caused widespread flooding and a lot of destructions across Uganda from causing landslides and windstorms affecting districts in the Eastern, Western and Northern regions of the country. As per the assessment conducted by the OPM, 240,000 people were affected country wide. At least 40,000 people were displaced solely in Kasese district alone and sought shelter in churches and schools. The OPM-led emergency preparedness and response plan outlined the provision of WASH support to affected communities as a key component of the required response. Given the scale of the crisis, the humanitarian aid response by OPM and URCS was insufficient to meet the dire need of the affected communities hence MPTF funds contributed to risk reduction through provision of WASH supplies and restored decontaminated water points to ameliorate the suffering. The districts most affected were provided by OPM assessment report while UNICEF worked closely with the district local government of affected districts to identify gaps by undertaking rapid needs assessments to identify WASH needs and provide services most needed. UNICEF provided immediate response for WASH supplies to affected communities in targeted districts and also rehabilitated boreholes as a measure to bring back the previous services destroyed by the flood. In response to the floods, UNICEF provided WASH supplies and mobile toilets to the affected communities in Kasese, Ntoroko and Buliisa districts. Similarly, borehole rehabilitation in Kasese, Ntoroko, Buliisa, Nakapiripiriti and Moroto districts improved access to safe water.

### I. Purpose

- The funding allocation was sought to enable UNICEF to support 28,000 people affected by the floods emergency with WASH supplies and services.

### II. Results

- With funds from the MPTF, UNICEF continued to support flood affected populations with WASH supplies, safe water and sanitation facilities in the nine (9) flood affected districts of Adjumani, Kisoro, Buliisa, Pakwach, Obongi, Kasese, Ntoroko, Moroto, and Nakapiripiriti. In total, 30,006 persons were reached against the planned target of 28,000 as shown in the table below:

SN	Districts	No. people reached with safe water	No. of people reached with sanitation facilities	No. of people reached with critical WASH supplies	No. of HF's reached
1	Adjumani	1240	0	0	4
2	Obongi	2,704	0	5,890	6
3	Pakwach	1,240	0	0	8
4	Buliisa	1,800	1200	6,076	10
5	Kasese	3,900	2,400	8,432	18
6	Kisoro	3,600	0	2,268	12
7	Ntoroko	3,066	1,800	7,340	12
8	Moroto	900	0	0	0
9	Nakapiripiriti	900	0	0	0
<b>Total</b>	<b>9</b>	<b>19,350</b>	<b>5,400</b>	<b>30,006</b>	<b>70</b>



- UNICEF provided critical WASH supplies, improved water and sanitation facilities in communities and institutions through distribution of WASH supplies, rehabilitation of 20 boreholes and installed 18 mobile toilets in the nine (9) flood affected districts. The mobile toilets had provisions for persons with special needs (PSNs) and benefited 5,400 persons. UNICEF also provided WASH supplies to the affected population to promote appropriate behaviours.

UNICEF procured and distributed the supplies were as follows:

No.	Item description	Quantity
1	Water purif (NaDCC) 67mg tabs/BOX-16000	200
2	Laundry soap, Carton, 25 bars, 800 grams	879
3	Liquid soap, handwash, 5 L	1,200
4	Hand washing facility, 60 litres	366
5	Menstrual pad, reusable	750
6	Calcium hypochlorite 65-70% **	120
7	Water tank, plastic, 10000 litre	5
8	Jerry can, rigid, 20l	1,200
9	Tarpaulin plastic reinforced 4x5m 22.5kg	200
10	Gum Boots Rubber Size 43	300
11	Gum Boots Rubber Size 44	300
12	Bleach	1,000
13	Mobile plastic portable toilet	18

## ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWP** - provide an update on the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why, as well as plans on how and when this data will be collected.

QUARTERLY PROGRESS REPORT RESULTS MATRIX					
OUTPUT INDICATORS					
Indicator	Geographic Area	Projected Target (as per results matrix)	Quantitative results for this current reporting period	Cumulative results since project commencement (quantitative)	Delivery Rate (cumulative % of projected total) as of date
<i>Description of the quantifiable indicator as set out in the approved project proposal</i>					
1.1 Number of people accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene	Kasese, Ntoroko, Buliisa Moroto and Nakapiripiriti, Obongi, Pakwach, Adjumani, Kisoro	25,000; Adults, 11,750 (Male, 5,757; Female, 5,993)  Children; 13,250 (6,758 girls and 6,492 boys),	19,350	25,350	101.4%
1.2 Number of people in humanitarian situations accessing appropriate sanitation facilities and living in environments free of open defecation	Kasese, Buliisa, Ntoroko	3000 Adults – 1200 (Male, 588; Female 612) Children, 1,800 (918 girls and 882 boys).	3,000	5,400	180%
1.3 Number of people reached with critical WASH supplies (including hygiene items) and services	Obongi, Ntoroko, Buliisa and Kasese Kisoro	28,000	12,000	30,006	107.2%
1.4 Number of health facilities supported with a minimum WASH and IPC package	Obongi, Ntoroko, Buliisa and Kasese	70	29	70	100%

### iii) A Specific Story (Optional)

- Field Pictures



- Rehabilitation of borehole in Ntoroko



- Installed mobile toilet in Muhokya IDP Kasese



Distribution of WASH supplies for flood affected population

**Problem / Challenge faced:** Describe the specific problem or challenge faced by the subject of your story (this could be a problem experienced by an individual, community or government).

**Programme Interventions:** How was the problem or challenged addressed through the Programme interventions?

**Result (if applicable):** Describe the observable *change* that occurred so far as a result of the Programme interventions. For example, how did community lives change or how was the government better able to deal with the initial problem?

**Lessons Learned:** What did you (and/or other partners) learn from this situation that has helped inform and/or improve Programme (or other) interventions?

Provision of safe water, sanitation facilities and hygiene supplies contributed to improved environmental and key hygiene practices thus reduced the risk of infectious disease outbreaks, in the event of floods. In addition to the immediate response, the rehabilitation of boreholes provided a long-term sustainable solution to the communities by ensuring a sustained access to safe water even after the floods are over. WASH supplies provided are inclusive of menstrual hygiene materials related supplies incorporated in WASH supplies to

meet specific needs of girls/women. The project also contributed to the strengthening of COVID-19 response by creating an enabling environment for handwashing with soap and other hygiene practices. As a result of UNICEF supported WASH activities, all the planned results were achieved.

**III. Other Assessments or Evaluations (if applicable)**

- Report on any assessments, evaluations or studies undertaken.

**IV. Programmatic Revisions (if applicable)**

- None

**V. Resources (Optional)**

- Provide any information on financial management, procurement and human resources.
- Indicate if the Programme mobilized any additional resources or interventions from other partners.

## Final Report to UN Uganda Multi-Partner Trust Fund- MPTF (Multi-Window Fund)

Emergency assistance for flood-affected and displaced people in Uganda.

Executing Agency:	International Organization for Migration (IOM)
Project Identification:	IOM Project Code: UG10P0525/DP.2320
Grant Reference ID:	N/A
Geographical Coverage:	Uganda
Beneficiaries:	The project was implemented in 7 districts affected by floods. A total of 13,554 (6,341F, 7,213M) displaced people from the districts of Oyam, Sironko, Bukedea, Bududa, Masaka, Kapelyebong, and Katakwi benefited from the project.
Partner(s):	<ul style="list-style-type: none"> <li>Uganda Red Cross Society</li> <li>District Local Governments</li> </ul>
Management Site:	Uganda-CO-Kampala-UG10
Relevant Regional Office(s):	RO Nairobi
Project Period:	07 May 2021 to 06 November 2021
Reporting Period:	02 May 2021 to 01 November 2021
Date of Submission:	12 <sup>th</sup> 04 2022
Total Confirmed Funding:	USD 241,043.48
Total Funds Received to Date:	USD 241,043.48
Total Expenditures:	USD 241,043.48

## I. Summary of Key Achievements during the Reporting Period

This project, *Emergency assistance for flood-affected and displaced people in Uganda*, focused on shelter/non-food items and water, sanitation, and hygiene (WASH) for affected populations. The first component was designed to provide access to life-saving assistance to internally displaced persons (IDPs) and most at-risk and affected communities due to COVID-19 floods, and landslides by providing access to safe and clean water, sanitation, and hygiene support while improving shelter conditions. While providing assistance services, the team also ensured beneficiary protection against potential harm during the distributions. Team ensured that beneficiaries are protected against potential harm that could occur during the process of distributing NFI.

The project also conducted preparedness activities such as risk communication that involved the distribution of information, education, and communication (IEC) materials containing COVID-19, hygiene and sanitation messages combined with community meetings/engagements and house to house social mobilization by the community volunteer workers deployed by the implementing partner (IP). The risk communication and community engagement (RCCE) activities included door to door dialogues with house-hold members. The IP staff and community volunteers distributed IEC materials with COVID-19 and sanitation-related messages, and encouraging the beneficiaries to observe standard operating procedures (SoPs). They went on to pass on the information to the rest of the communities during focus group discuss and community sessions held at public places such as churches and schools.

Finally, in a bid to improve access to safe drinking water, IOM in partnership with the Uganda Red Cross (URC) rehabilitated water sources in some areas to spread use of safe drinking water to mitigate the spread of other diseases.

Through these activities, the project concluded with the following key achievements:

- **Improved access to safe and clean water and hygiene amongst floods and landslide affected communities.** The project implementing partner – Uganda Red Cross Society together with the community leaders and volunteers, identified and rehabilitated 6 boreholes in Sironko, Katakwi, and Bukedea to improve access to safe, clean water and hygiene practices. These six points benefitted 6,176 people from 1,125 households.
- **Access to basic household hygiene and sanitation messages by the targeted populations.** A total of 2520 households were reached with sanitation and hygiene messages, and COVID-19 preventive messages during the project duration. This sanitation campaign was conducted concurrently to the distribution of non-food items (NFIs) in the districts of Oyam, Sironko, Bukedea, Bududa, Masaka, Kapelyebong, and Katakwi.
- **Access to basic Emergency NFI basic needs is improved among flood affected communities and IDPs.** A total of 7,378 (3,518M and 3,860F) individuals received WASH kits (700) and shelter kits (500) in six districts (Oyam, Sironko, Bukedea, Bududa, Masaka, Kapelyebong, and Katakwi). The kit content included plates, blankets, cups, jerry cans, tarpaulins, solar lamps, bars of soap, knives, sleeping mats, mosquito nets and cooking pots.

## II. Progress Made towards Realizing Outcomes and Outputs

**Outcome 1:** Improved access to safe and clean water and hygiene amongst Floods and Land slide affected communities

### Output 1.1: Access to basic safe drinking water for targeted affected populations – 1

During the project period, activities under output 1.1 were implemented and completed successfully. The project rehabilitated six boreholes (three in each) districts that were affected by floods. These

districts included Sironko, Katakwi, and Bukedea, all in Teso sub region. The project achieved more than the target under output 1.1, with four additional boreholes rehabilitated. This achievement led to an increase in the number of persons with access to safe and clean water. The target achieved was 6,176 beneficiaries, above the planned target of 1,500 people. Additionally, 2,520 households were reached with sanitation and hygiene messages and COVID-19 preventive messages during the project duration. The messages were delivered through household distributions conducted by community volunteer workers. In addition to the messages, posters with hygiene and sanitation messages were put in public places, including markets, schools, and churches, for access to the communities. The project also distributed non-food items (NFI) kits consisting of blankets, jerry cans, tarpaulins among other items. This distribution contributed to improved access to safe, clean water, and hygiene practices for at least 7,378 household members and community members.

## Outcome 2: Desirable hygiene practices promoted among the targeted affected population at IDP and host communities

Output 2.1: (Access to basic household Hygiene and Sanitation messages by the targeted populations), and Output 2.1 (Access to basic Emergency NFI basic needs is improved in flood affected communities and IDPs)

In a bid to further improve hygiene and sanitation in affected areas, the project provided hygiene and sanitation messages in four additional districts, which included Oyam, Kapelabyong, Bududa, Masaka, Katakwi, that hosted populations displaced by floods, where 2,520 households benefited. Messages targeting both men and women were printed and distributed among household members. The project also distributed NFIs to the four additional districts, targeting populations in displaced camps. The populations were also provided with emergency shelter kits comprising of tarpaulins and blankets. This benefited at least 700 individuals above the target of 115 individuals.

Outcome 1.1. Improved access to safe and clean water and hygiene amongst Floods and Land slide affected communities.					
% of targeted affected households with access to safe water for drinking	Sironko, Katakwi, and Bukedea	76%	IP conducting evaluation of the performance	83.5%	83.5%
Output 1.1 Access to basic safe drinking water for targeted affected populations					
# affected water sources that have been cleaned and disinfected	Sironko, Katakwi, and Bukedea	02	06	06	300%
# of the affected populations with access to safe water disaggregated by gender	Sironko, Katakwi, and Bukedea	1,500	1,102 HH 6,176 (2,823M 3,353F)	1,102 HH 6,176 (2,823M 3,353F)	73%
# of the affected population with access to safe hygiene and shelter kit disaggregated by gender.	Sironko, Katakwi, and Bukedea	1500	1,418 HH 7,378 (3,518M 3,860F)	1,418 HH 7,378 (3,518M 3,860F)	94%
Outcome 2: Desirable hygiene practices promoted among the targeted affected population at IDP and host communities					
% of targeted households with access to hygiene and sanitation promotion services.	Oyam Sironko Bukedea Bududa Masaka Katakwi Kapelyebong	65%	65%	65%	65%
Output 2.1 Access to basic household Hygiene and Sanitation messages by the targeted populations.					
# targeted households members reached with	Oyam Sironko	3,500HH		2,520HH	72%

hygiene messages including COVID-19 messages disaggregated by gender.	Bukedea Bududa Masaka Katakwi Kapelyebong		2,520HH		
Output 2.2: Access to basic Emergency NFI basic needs is improved in flood affected communities and IDPs.					
# targeted households provided with hygiene kits	Oyam Sironko Bukedea Bududa	62	700	700	1129% (IP was able to adjust target to 700Kits)
# Of targeted households with access to emergency shelter.	Masaka Bukedea Katakwi Kapelyebong	115	500	500	434% (IP was able to adjust target to 700Kits)

## II.1. Progress Made towards Incorporating Cross-cutting Themes

Gender issues were mainstreamed in the overall project activities. Gender equality was key and strongly considered in all stages of the project including the needs assessment, identification of beneficiaries and distribution of response. During the distribution of NFIs, the gender aspect was strongly considered as both male and female beneficiaries were included on the list, with more emphasis on women, who were especially affected by the landslides. Out of 7,378 individuals that benefited from the NFI distribution, 3,860 were female. A section of stakeholders including district disaster management committee members, local leaders, and women representatives at district and community level actively participated in the implementation of project activities through directly engaging with the communities during community dialogue sessions on hygiene and sanitation. The local council chairpersons of the respective target villages also participated in the distribution of posters with COVID and hygiene messages. To ensure balanced gender representation, the implementing partner (Uganda Red Cross Society) worked with community volunteers and leaders to identify the most affected households with a focus on women and children beneficiaries through the direct involvement of women in the identification of target beneficiaries.



### III. Progress Achieved Compared with the Indicators in the Results Matrix

Project Goal	Provide access to life-saving assistance to IDPs and those most at-risk of COVID-19 in flood and landslide affected communities			
Outcome 1.1	Improved access to safe and clean water and hygiene amongst Floods and Land slide affected communities	Baseline	Target	Results Achieved
Indicator Outcome 1.1	% of targeted affected households with access to safe water for Drinking	0	76%	83.5%
Output 1.1	<b>Access to basic safe drinking water for targeted affected populations</b>			
Indicators Output 1.1	# affected water sources that have been cleaned and disinfected	0	02	06
	# of the affected populations with access to safe water disaggregated by gender	0	1,500	1,102 HH 6,176 individuals (2,823M 3,353F)
	# of the affected population with access to safe hygiene and shelter kit disaggregated by gender.	0	1,500	1418 HH 7,378 individuals (3,518M 3,860F)
Outcome 2:	<b>Desirable hygiene practices promoted among the targeted affected population at IDP and host communities</b>			
Indicator Outcome 2	% of targeted households with access to hygiene and sanitation promotion services.	0	65%	65%
Output 2.1	<b>Access to basic household Hygiene and Sanitation messages by the targeted populations.</b>			
Indicator Output 2	# targeted household's members reached with hygiene messages including COVID-19 messages disaggregated by gender.	0	3,500	2520 HH
Output 2.2	<b>Access to basic to Emergency NFI basic needs is improved in flood affected communities and IDPs</b>			
Indicator Output 3.1:	# targeted households provided with hygiene kits	0	62	700
	# Of targeted households with access to emergency shelter.	0	115	500

#### IV. Challenges Encountered and Actions Taken

Challenges	Actions Taken
Limited supplies (NFI) to meet the demands of the target households.	Coordinated with other agencies to support on NFI stock positioning to support flood-affected communities in the target communities/locations.
Delayed start of project activities due to delayed project activation.	Full and active engagement of the IP to including intensive monitoring to ensure timely implementation and completion of planned project activities

#### V. Conclusion

All activities under outputs 1, 2 and 3 of outcome 1 (Improved access to safe and clean water and hygiene amongst Floods and Land slide affected communities), and outcome 2 (Desirable hygiene practices promoted among the targeted affected population at IDP and host communities) have been achieved. The project achieved above the targets under many of the indicators as reflected in the results matrix. Though this was a short-term project implemented under the complex COVID-19 situation, and perennial rains caused tremendous delays in reaching affected populations since roads were blocked and others impassable, the IOM project team and the IP nonetheless managed to achieve the set targets.

#### VI. Expenditures and Resource Utilization

Please see the attached financial report.

#### VII. Annexes

N/A

[Name of Fund or Joint Programme]  
**MPTF OFFICE GENERIC ANNUAL PROGRAMME<sup>1</sup> NARRATIVE PROGRESS REPORT**  
**REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2021**

<p style="text-align: center;"><b>Programme Title &amp; Project Number</b></p> <ul style="list-style-type: none"> <li>Programme Title: <b>Increased access to finance for gender-responsive Micro Small &amp; Medium Enterprises (MSMEs) to enable recovery from the impacts of COVID-19 pandemic</b></li> <li>Programme Number <i>(if applicable)</i></li> <li>MPTF Office Project Reference Number:<sup>3</sup></li> </ul>	<p style="text-align: center;"><b>Country, Locality(s), Priority Area(s) / Strategic Results<sup>2</sup></b></p> <p><i>(if applicable)</i>  Country/Region: <b>Kampala, Wakiso, Manafwa, Namisindwa and Nwoya districts - Uganda</b></p>
<p style="text-align: center;"><b>Participating Organization(s)</b></p> <ul style="list-style-type: none"> <li>United Nations Capital Development Fund</li> <li>United Nations Development Programme</li> <li>UN Women</li> </ul>	<p style="text-align: center;"><b>Implementing Partners</b></p> <ul style="list-style-type: none"> <li>National counterparts (government, private, NGOs &amp; others) and other International Organizations</li> </ul>
<p style="text-align: center;"><b>Programme/Project Cost (US\$)</b></p> <p>Total approved budget as per project document: US\$ 192,834.79</p> <p>MPTF /JP Contribution<sup>4</sup>:</p> <ul style="list-style-type: none"> <li>UNCDF: US\$ 64,278.26</li> <li>UNDP: US\$ 64,278.26</li> <li>UN Women: US\$ 64,278.26</li> </ul> <p>Agency Contribution</p> <ul style="list-style-type: none"> <li>by Agency <i>(if applicable)</i></li> </ul> <p>Government Contribution <i>(if applicable)</i></p> <p>Other Contributions (donors) <i>(if applicable)</i></p> <p><b>TOTAL: 192,834.79</b></p>	<p style="text-align: center;"><b>Programme Duration</b></p> <p>Overall Duration <i>(months)</i>:  Twelve (12) Months</p> <p>Start Date<sup>5</sup> (27.05.2021)</p> <p>Original End Date<sup>6</sup> (01.02.2021)</p> <p>Current End date<sup>7</sup> (31.05.2022)</p>
<p style="text-align: center;"><b>Programme Assessment/Review/Mid-Term Eval.</b></p> <p>Assessment/Review - if applicable <i>please attach</i></p>	<p style="text-align: center;"><b>Report Submitted By</b></p> <p><input type="radio"/> Name: Jenifer Bukokhe</p>

<sup>1</sup> The term “programme” is used for programmes, joint programmes and projects.

<sup>2</sup> Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;

<sup>3</sup> The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page the [MPTF Office GATEWAY](#)

<sup>4</sup> The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the [MPTF Office GATEWAY](#)

<sup>5</sup> The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)

<sup>6</sup> As per approval of the original project document by the relevant decision-making body/Steering Committee.

<sup>7</sup> If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities.

☐ Yes ☐ No Date: *dd.mm.yyyy*  
Mid-Term Evaluation Report – *if applicable please attach*  
☐ Yes ☐ No Date: *dd.mm.yyyy*

○ Title: Deputy Director a.i.  
○ Participating Organization (Lead): UNCDF  
○ Email address: [Jenifer.bukokhe@uncdf.org](mailto:Jenifer.bukokhe@uncdf.org)

(DELETE BEFORE SUBMISSION)

### **Guidelines:**

The Narrative Progress Report template is based on the UNDG 2003 template, which is currently under review and is in line with the [UNDG Results Based Management Handbook \(October 2011\)](#).

Building on continued efforts made in the UN system to produce results-based reports, the progress report should describe how the activities (inputs) contributed to the achievement of specific short-term outputs during the twelve month reporting period, and to demonstrate how the short-term outputs achieved in the reporting period collectively **contributed to the achievement of the agreed upon outcomes** of the applicable Strategic (UN) Planning Framework guiding the operations of the Fund.

In support of the individual programme reports, please attach any additional relevant information and photographs, assessments, evaluations and studies undertaken or published.

Where available, the information contained in the Programme Summaries and Quarterly and/or Semi-Annual Updates prepared by the Participating Organizations may be useful in the preparation of the Annual Narrative Progress Report. These Summaries and Updates, where applicable, are available in the respective Fund sections of the MPTF Office GATEWAY (<http://mptf.undp.org/>).

### **Formatting Instructions:**

- The report should be between 10-15 pages. Include a list of the main abbreviations and acronyms that are used in the report.
- Number all pages, sections and paragraphs as indicated below.
- Format the entire document using the following font: 12point \_ Times New Roman and do not use colours.
- The report should be submitted in one single Word or PDF file.
- Annexes can be added to the report but need to be clearly referenced, using footnotes or endnotes within the body of the narrative.

## NARRATIVE REPORT FORMAT

### EXECUTIVE SUMMARY

- In ¼ to ½ a page, summarise the most important achievements of Programme during the reporting period and key elements from your detailed report below. Highlight in the summary, the elements of the main report that you consider to be the most critical to be included in the MPTF Office Consolidated Annual Report.

*The UNCDF component of Increased access to finance for gender-responsive Micro Small & Medium Enterprises (MSMEs) to enable recovery from the impacts of COVID-19 pandemic started slowly on the aspect of identifying commercial banking partner. The failure to sign partnership arrangement with one commercial bank after lengthy negotiations provided invaluable insights and lessons as we continue to champion access to finance for marginalized SMEs.*

*With a pipeline of ninety-six SMEs (Annex 1) were identified, profiled and supported, thanks to the partnership with Private Sector Foundation Uganda (PSFU) UNCDF is confident that soon they will be able to produce financial and transformative proposals for onward submission to UDB to access concessional financing.*

#### I. Purpose

- Provide the main objectives and expected outcomes of the programme in relation to the appropriate Strategic UN Planning Framework (e.g. UNDAF) and project document (if applicable) or Annual Work Plan (AWP).

*This programme will contribute to window 2: Mitigate the Socioeconomic Impact and safeguard people and their livelihoods, and Pillar 3, Economic Response and Recovery of the United Nations Emergency Appeal and facility for the impact of COVID-19 in Uganda.*

*The main intervention of the project is to increase access to finance to contribute to support of 5000 gender-responsive Micro Small & Medium Enterprises access to finance to enable recovery from the impacts of COVID-19 pandemic.*

#### II. Results

- This section is the **most important in the Report** and particular attention should be given to reporting on **results / and changes** that have taken place rather than on activities. It has three parts to help capture this information in different ways (i. Narrative section; ii. Indicator based performance assessment; and iii. A specific story).

##### i) Narrative reporting on results:

From January to December 2021, respond to the guiding questions indicated below to provide a narrative summary of the results achieved. The aim here is to tell the **story of change** that your Programme has achieved in 2021. Make reference to the implementation mechanism utilized and key partnerships.

- **Outcomes:** Outcomes are the strategic, higher level of change that your Programme is aiming to contribute towards. Provide a summary of progress made by the Programme in relation to **planned outcomes from the Project Document / AWP**, with reference to the relevant indicator(s) in these

documents. Describe if any targets were achieved, or explain any variance in achieved versus planned results during the reporting period. Explain who the main beneficiaries were.

N/A

- **Outputs:** Outputs are the more immediate results that your Programme is responsible for achieving. Report on the key outputs achieved in the reporting period, in relation to **planned outputs from the Project Document**, with reference to the relevant indicator(s) in these documents. Describe if any targets were achieved, or explain any variance in achieved versus planned results during the reporting period. If possible, include the percentage of completion of the outputs and the type and number of beneficiaries.

*Working through the Private Sector Foundation Uganda (PSFU), at least Ninety-six SMEs, mostly women owned / led, were identified, profiled and given general pre-investment BDS support in three districts (Manafwa, Namisindwa and Nwoya). This is against the 50 SMEs targeted by the project implying the high interest by SMEs in the project. While it was not possible to form partnerships with one of the commercial banks, the partnership with UDB remains available to extend credit to the SMEs that present financial and transformative proposals. Given more time, a number of SMEs are expected to start accessing finance in 2022.*

- **Describe any delays in implementation, challenges, lessons learned & best practices:** If there were delays, explain the nature of the constraints and challenges, actions taken to mitigate future delays and lessons learned in the process. Provide an updated risk analysis (have any of the risks identified during the project design materialized or changed? Are there any new risks?). Were there any programmatic revisions undertaken during the reporting period? Please also include experiences of failure, which often are the richest source of lessons learned.

*The implementation of the project faced delays while UNCDF was negotiating to get on board the commercial banking partner. The bank was un-willing to provide better terms for the de-risked SMEs to access credit and the protracted negotiations did not achieve much.*

*The biggest lesson from this challenge was that negotiations with commercial banks require a lot of time. Changing the terms normally offered by the bank requires approval at the highest levels of the bank and this usually takes a lot of time. With the commercial banks unable to join the implementation, UNCDF reverted back to Uganda Development Bank (UDB) to continue providing credit to de-risked SMEs under the START (Support to Agricultural Revitalization and Transformation) facility concessional loan terms.*

*The SMEs also have several challenges that require extensive and targeted pre-investment BDS to produce financial and transformative proposals.*

- **Qualitative assessment:** Provide a qualitative assessment of the level of overall achievement of the Programme. Highlight key partnerships and explain how such relationships impacted on the achievement of results. Explain cross-cutting issues pertinent to the results being reported on. For Joint Programmes, highlight how UN coordination has been affected in support of achievement of results.

*The project has identified and provided general Business Development Services (BDS) support to SMEs, thanks to the partnership with Private Sector Foundation Uganda (PSFU), but is yet to succeed in building financial and transformative proposals for submission to financial service providers. The timeframe has been rather short to engage banks in a meaningful way. In the*

*absence of a committed commercial bank to provide credit to the SMEs, UNCDF will continue to work with UDB under the START facility program to support these SMEs to access finance.*



## ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWP** - provide an update on the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why, as well as plans on how and when this data will be collected.

	<b><u>Achieved</u> Indicator Targets</b>	<b>Reasons for Variance with Planned Target (if any)</b>	<b>Source of Verification</b>
<b>Outcome 2<sup>8</sup></b> Enhanced access to capital for gender-responsive Businesses Enterprises by Supporting Gender-responsive Start-Ups and MSMEs to access concessional finance from Microfinance Institutions (MFIs) and Financial Institutions (FIs) to promote Women Economic Empowerment (WEE). <b>Indicator:</b> Number of Gender-responsive Start-Ups and MSMEs accessing concessional finance from MFIs and FIs to promote WEE. <b>Baseline: 0</b> <b>Planned Target: 100</b>	0	No SME has accessed finance, since they are yet to submit financeable proposals to the only financing partner UDB	Project reports
<b>Output 2.1:</b> Provide relevant business development services in form of financial literacy and digitization services to support 50 MSMEs to overcome capacity gaps, adjust business processes and models, prepare financial and transformative business ideas and financial models necessary to access funding and to sustain continued operations during and beyond COVID-19 pandemic <b>Indicator 2.1:</b> Number of MSMEs supported with business development services <b>Baseline: 0</b> <b>Planned Target: 50</b>	96	While 96 received general BDS support. We intend to provide more targeted BDS to a about half of the SMEs to ensure they prepare financeable and transformative proposals	Project reports
<b>Output 2.2 :</b> Strengthen collaboration with existing funding facilities and engage MFIs and banks to create innovative products that rely on alternative credit scoring mechanisms for WEE. <b>Indicator 1.2.1:</b> Number of MFI's and FIs attracted to provide financing to MSMEs under and promote WEE.	1	The failed partnership with one of commercial banks initially selected to be part of the implementation accounts for the variance. Only UDB remains available to support finance to SMEs.	Project reports

<sup>8</sup> Note: Outcomes, outputs, indicators and targets should be as outlined in the Project Document so that you report on your actual achievements against planned targets. Add rows as required for Outcome 2, 3 etc.

<b>Baseline:0</b> <b>Planned Target: 2</b>			
<b>Output 2.3</b> : Link Gender-responsive Start-Ups and MSMEs to access concessional finance from MFIs and FIs to promote WEE <b>Indicator 1.2.2</b> Number Gender-responsive Start-Ups and MSMEs accessing concessional finance from MFIs and FIs to promote WEE <b>Baseline:0</b> <b>Planned Target: 50</b>	0	No SME has accessed finance, since they are yet to submit financial & transformative proposals to the only financing partner UDB	Project Reports

### iii) A Specific Story (Optional)

- This could be a success or human story. It does not have to be a success story – often the most interesting and useful lessons learned are from experiences that have not worked. The point is to highlight a concrete example with a story that has been important to your Programme in the reporting period.
- In ¼ to ½ a page, provide details on a specific achievement or lesson learned of the Programme. Attachment of supporting documents, including photos with captions, news items etc, is strongly encouraged. The MPTF Office will select stories and photos to feature in the Consolidated Annual Report, the GATEWAY and the MPTF Office Newsletter.

**Problem / Challenge faced:** Describe the specific problem or challenge faced by the subject of your story (this could be a problem experienced by an individual, community or government).

*There is the challenge of convincing commercial banks to provide financing to SMEs which are deemed too risky. This results in banks providing unfavourable terms (high interest rate) to these SMEs and poorly structured repayment terms.*

*The challenge of Language barrier since some of the participants were semi-illiterate, requiring an interpreter to interpret for them. Most of the training materials are in the English language, which may affect appreciation of the message.*

**Programme Interventions:** How was the problem or challenged addressed through the Programme interventions?

*The implementation team adopted the use of community-based translators and are now considering translating the training materials into local languages. This is costly but necessary to deal with language barrier.*

*The issue of commercial banks remains a challenge unless policy changes are achieved at the highest level to compel commercial banks to extend credit to the vulnerable SMEs and individuals. In the meantime, discussions and negotiations continue to engage several other banks to interest them to be part of the campaign to enhance Women Economic Empowerment.*

**Result (if applicable):** Describe the observable *change* that occurred so far as a result of the Programme interventions. For example, how did community lives change or how was the government better able to deal with the initial problem?

N/A

**Lessons Learned:** What did you (and/or other partners) learn from this situation that has helped inform and/or improve Programme (or other) interventions?

- There is overwhelming demand for financial services from SMEs exemplified by the overwhelming response to the project – ninety-six SMEs have identified from 3 districts even before adding the other two populous districts.
- Majority of the enterprises involved in processing of coffee, maize, sim-sim, ground nuts lack modern equipment for processing hence relying on rudimentary equipment which affects the quality

and quantity of their products.

- Much as Village Savings and Loan schemes (VSLAs) are in place in some areas, they cannot sufficiently satisfy the credit needs of the enterprises, hence majority of the businesses continue to experience serious capital constraints which retards their growth.
- Majority of women-led enterprises lack proper storage facilities for their products hence leading to their produce getting destroyed by rodents, rain etc.
- Lack of extension services and information on certified input dealers in the areas of Nyowa continues to expose farmers to fake pesticides on the market which affects the quality of their produce.
- Poor terrain and road network in the areas of Namisindwa and Manafwa affects transport of produce hence limiting access to potential markets in peri-urban areas.
- Marketing of products continues to be a big challenge for MSMEs in all the 3 districts of Manafwa, Namisindwa and Nwoya. Generally, products are not well packaged and branded.
- Majority of the women associations/groups are registered at the district as CBOs and therefore need to transit into cooperatives by registering at the national level as cooperatives. This gives them the mandate to operate as business entities.

### **III. Other Assessments or Evaluations (if applicable)**

- Report on any assessments, evaluations or studies undertaken.

N/A

### **IV. Programmatic Revisions (if applicable)**

- Indicate any major adjustments in strategies, targets or key outcomes and outputs that took place.

N/A

### **V. Resources (Optional)**

- Provide any information on financial management, procurement and human resources.
- Indicate if the Programme mobilized any additional resources or interventions from other partners.

# ANNEX 1: LIST OF MSMEs

## NAMISINDWA DISTRICT

NO	NAME	ORGANISATION	SUB-COUNTY	TEL:
1	KHAKASA SYLVIA	SIMWANI KHUFUNA	BUMBO	0775455942
2	MUNYIFA BEATRICE	MARASI FARM	MARASI	0775212570
3	MUTYEMBU SYLVIA	AGRO-INPUT	BUMBO	0779684468
4	NASIMOLO DAVID	NABUKHI FARMERS GROUP	MUKOTO	0783802547
5	NAMAE JOSPHINE	MAKUBILI UNITED	MAKUBILI	
6	MAWKA JUNC	MEKEBO	BUMAN	0704132889
7	ZAINABU MURUNGA	NAMUTOTO TUBUNA	BUMBO	0705552376
8	NAFULA SARAH NAOMI	CHETERELA	BUMBO	0785228586
9	NANDUTU EVELYN	BUSUBENDE WOMEN GP	BUSUBENDE	0782209607
10	NAMONO PETWA	TSETELELA FARMERS	TSETELELA	0774110020
11	MUYAMA MODESTA	BUYAKA DAIRY	NAMABYA	0777683707
12	NAMUKOWA ROSILA	SISONGOWA CIP	NAMABYA	0785584421
13	KALENDA JUDITH	WAMBOKA & FAMILY INT	BUWABWALA	0789621810
14	NANYAMA VIOLET	MUKOTO DAILY	MUKOTO	0751678797
15	NAMAROME KANAH	MUKOTO G.C.S	MUKOTO	0783065343
16	NALUKETU TEREZA	NABITSIKHI YETANA	NABITSIKHI	0782936615
17	NEKESA SARAH	MAGALE DAILY	MAGALE	0785598641
18	NANTANDWE ZITA	NANGWALE TUBANA	MAGALE	0773870085
29	MARY TSEMWARE	WEKELEKHA TUPANA	NAMITSA	0779350379
20	WESWA SUZAN	OPURA MILLERS	BUMBO	0784142039
21	MAKIKI JUDITH	RISE AND SHINE	BUMBO	0781878697
22	KHARUNDA VICTOR	MUTONYI AGRO	MAGALE	0786537810
23	BUTEME SARAH	NAMISINDWA ARABICA G.A	BUKHAWEKA	0784481644
24	TSEBOYI ANGELA	BUKITUMA W.G	BUMBO	0784292601
25	MATUKA JUNIE	MEKEDO GROUP	BUMWIA	0704132889
26	WABULE OLIVER	SITUMA PAUL AGRO INPUT	BUMBO	0770746626
27	KHAWOYA JESIKA	BUMUTUNDI S.GROUP	BUKHABUSI	0779015050
28	NAMAE JOSEPHINE	MAKUBILI UNITED	MAKUBILI	
29	NABULO FAITH	SIBAAL W.GROUP	BUWATUWA	0784956830
30	MASIBO JANE TIMBITI	NAMULUNYI B.T.S.& CG	MUKOTO	0707393418
31	WANDABWA JOHN BOSCO	BUMBO ARABICA G	BUMBO	0778321124
32	KHWAKA ANNET	JOHN BOS	BUMBO	0784429630
33	MUKHABU ROGERS	MAGALE FARMERS A	MAGALE	0778991322

## MANAFA DISTRICT

NO	NAME	ORGANISATION	SUB-COUNTY	TEL:
1	WESONGA DISON	MANAFWA	BUTTA	0775413606
2	NAMAE ALICE	NAKHASENYI GROWERS.C.S	MAEFE	0776618981
3	KAKAI JOYCE	BA-INLAND VET INPUT	KHABUTOOLA	0782247162
4	NAMUTOSI AIDAH	BULYULI WEST	BUKHOFU	0777472822
5	MUSOBA HARRIET	NAMUTEKHOLU FARMERS GP	MANAFWA	0782235426
6	MUTONYI AIDAH	BUMULEKHA YOUTH IP	KHABUTOOLA	0772699316
7	NAMUWENGE HARRIET	NAMWANYI ABEEWO	BUTTA	0776667014
8	BUYEKA CATHERINE	COFFEE MARKETING	SIBANGA	0774270470
9	NAMAKHONGE KEZIA	BUKEWA DAIRY	BUKEWA	0782759837
10	EUNICE WASIKE	NAWA CATERING & BEE KEEPING	MANAFWA	0774284840
11	MASABA RONALD	BUKHOFU YETANA WOMEN ASSTN	MANAFWA	0784675348
12	MUNIALO TOLOPHOSA	SIBANGA INTERGRATED ASSTN	SIBANGA	0777177532
13	NAMBUYA ZAINA MUYOBO	ZAYAM FARM	KHABUTOOLA	0782843084
14	NABULOLI ANNET	BIKIMIYU FERTILIZER	BUTIRU	0774872788
15	MASIBO MARIAM	BECOMAP	MANAFWA	0777252731

16	WATSEMWA LOVICE	BUMATOOLA SAEMALFA	KHABUTOOLA	0775137070
17	NAKHAYENZI ESTHER	BUBWAYA MIXED C.P	MANAFWA	0782461846
18	LIMIO GRACE	BUTTA ENVIROMENT	BUTTA	0772153680
29	MUKOYA JUSTINE	BUNYIZA SACCO	BUNYINZA	0776003120
20	WATSEMBA CHRISTINE	TINA'S WINE	MUYANZA	0773106177
21	MUKHAYE OLIVER	NKAV CATERING & AGRO INPUTS	MANAFWA	0778285460
22	NEKESA MARGRET	MANAFWA ARABICA COFFEE	MANAFWA	0781306547
23	NAFUNA NORAH	BUWAFULA MILLERS	BUTIRU	0776879724
24	BUYI SAMALI	FULUMA TOMA GCS	BUTTA	0787902851
25	MUTONYI RACHAEL	BIDEV	MANAFWA	0777126642
26	WANZALA SAMUEL	DCO	MANAFWA	0772986807
27	WATSEMWA CATHERINE	WALCOM FARM	BUGOBERO	0783730260
28	KEKHE DAPHINE	MANAFWA NUSARIES	MANAFWA	0780473091
29	NANZALA GRACE	BUWANZALA W.P	BUNYINZA	0785731117
30	NABULO SYLVIA	SCAO	BUTIRU	0772926535
31	IRENE WALIMBWA	BUWANZALA.W	BUNYINZA	0782753448
32	MUYAMA DOREEN	SP COFFEE NURSARY	BUKHOFU	0760484393

#### NWOYA DISTRICT

NO	NAME	ORGANISATION	SUB-COUNTY	TEL:
1	GRACE KIPWOLA	RUBANGA MATWERO PRODUCE	PURONGO	0783803776
2	KAMUNU FILDA	FILDA GOING & FAMILY	KOCH GOMA	0774351984
3	AKELLO CAROLINE	CAROLINE & FAMILY	KOCH GOMA	0780585032
4	ACEN LUCY	GUM PEROM	ANAKA	0772170940
5	ABALO JACKLINE JUDITH	ABALO & SONS	ANAKA	0774667362
6	AJOK AGNES	TIC REMO CAN	ANAKA	0787248789
7	AUMA CHRISTINE	YALARA AGRO INPUT	ANAKA	0777363237
8	LADUR JANET	LACAN KWITE	ANAKA	0774612535
9	AKIDI GRACE	CAN RWEDE PEKE	PURONGO	0777328232
10	AYET LILLY LULAVIYA	TWO PE YERO	PURONGO	0783885345
11	ABWOLA EVALINE	RUBONGA TWERO	ANAKA	0775157802
12	ADYERO FLORENCE	TUTEKENI WOMEN GROUP	ANAKA	0787331393
13	AKELLO BRENDA	WAGANO ROOT SELF HELP GP	PURONGO	0785663381
14	OKELLO CHRIS AJABARA	KABAKE MILLING GROUP	KOCH GOMA	0784239704
15	OKELLO JINO	RUBANGA TWERO STORE	ANAKA	0773067820
16	ATALA CHRISTINE	NGA MINI WOMEN GROUP	ANAKA	0771688572
17	ADOKORACH BEATRICE	KABAKE MILLERS & PRODUCE	KOCH GOMA	0788792854
18	OKELLO JOHN KENNETH	FILDA OGINY & SON	KOCH GOMA	0784102488
19	LATABU IRENE	APPROACHLINE CANONS	KOCH GOMA	0774847892
20	ATIM BETTY	PRODUCE & VEGS PRDN	LII	0779749320
21	LAKER GRACE	NWOYA UNITED AGRI DEV'T ASN	ANAKA	0774817290
22	ADOCH EUNICE	WINY KITI WOMEN'S GROUP	LUNGULU	0713150345
23	LABOL SUZAN	NWOYA WOMEN GROUP	ALERO	0786414907
24	KIPWOLA GRACE	NWOYA WOMEN ENT'S ASSTN	ANAKA	0783803776
25	APIYO SCOVIA	PA MIN BINYI YOUTH EMPOW'T G	ALERO	0715850812
26	APIYO SHARON	BER PA RUBANGA AWARO Y.GP	PANYABONO	
27	AKELLO SANTA	LAPIT OOL GROUP	KOCH GOMA	0783190471
28	OBOL MONICA	KICA BER PROD'TN & MRKT'NG	ANAKA	0773818243
29	AJOK HELLEN	ORYEM PEKO KI WOMEN'S GP	LUNGULU	
30	AYAA CHRISTINE	MED KERO LABWOROMOR W.GP	ALERO	0777137899
31	ALOYO MARGRET	RUBANGA AYE MIYO	LUNGULU	0771493525

[Name of Fund or Joint Programme]  
**MPTF OFFICE GENERIC ANNUAL PROGRAMME<sup>1</sup> NARRATIVE PROGRESS REPORT**  
**REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2021**

<p style="text-align: center;"><b>Programme Title &amp; Project Number</b></p> <ul style="list-style-type: none"> <li>Programme Title: <b>Scaling up the Small Business Recovery Fund (SBRF) to Increase Access to Finance for Gender and Youth Responsive Micro, Small and Medium Enterprises to enhance recovery from COVID -19 Impact across the country.</b></li> <li>Programme Number <i>(if applicable)</i></li> <li>MPTF Office Project Reference Number:<sup>3</sup></li> </ul>	<p style="text-align: center;"><b>Country, Locality(s), Priority Area(s) / Strategic Results<sup>2</sup></b></p> <p><i>(if applicable)</i>  Country/Region: <i>Northern Region - Uganda</i></p>
<p style="text-align: center;"><b>Participating Organization(s)</b></p> <ul style="list-style-type: none"> <li>United Nations Capital Development Fund</li> </ul>	<p style="text-align: center;"><b>Implementing Partners</b></p> <ul style="list-style-type: none"> <li>National counterparts (government, private, NGOs &amp; others) and other International Organizations</li> </ul>
<p style="text-align: center;"><b>Programme/Project Cost (US\$)</b></p> <p>Total approved budget as per project document: US\$ 144,626</p> <p>MPTF /JP Contribution<sup>4</sup>:</p> <ul style="list-style-type: none"> <li>UNCDF: US\$ 144,626</li> <li>Agency Contribution</li> <li>by Agency <i>(if applicable)</i></li> <li>Government Contribution <i>(if applicable)</i></li> <li>Other Contributions (donors) <i>(if applicable)</i></li> </ul> <p><b>TOTAL: US\$144,626</b></p>	<p style="text-align: center;"><b>Programme Duration</b></p> <p>Overall Duration <i>(months)</i>:  <i>Twelve (12) Months</i></p> <p>Start Date<sup>5</sup> <i>(27.05.2021)</i></p> <p>Original End Date<sup>6</sup> <i>(01.02.2021)</i></p> <p>Current End date<sup>7</sup> <i>(31.01.2024)</i></p>
<p style="text-align: center;"><b>Programme Assessment/Review/Mid-Term Eval.</b></p> <p>Assessment/Review - <i>if applicable please attach</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p> <p>Mid-Term Evaluation Report – <i>if applicable please attach</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p>	<p style="text-align: center;"><b>Report Submitted By</b></p> <ul style="list-style-type: none"> <li>Name: Jenifer Bukokhe</li> <li>Title: Deputy Director a.i.</li> <li>Participating Organization (Lead): UNCDF</li> <li>Email address: <a href="mailto:jenifer.bukokhe@uncdf.org">jenifer.bukokhe@uncdf.org</a></li> </ul>

<sup>1</sup> The term “programme” is used for programmes, joint programmes and projects.

<sup>2</sup> Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;

<sup>3</sup> The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page the [MPTF Office GATEWAY](#)

<sup>4</sup> The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the [MPTF Office GATEWAY](#)

<sup>5</sup> The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)

<sup>6</sup> As per approval of the original project document by the relevant decision-making body/Steering Committee.

<sup>7</sup> If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities.

(DELETE BEFORE SUBMISSION)

### **Guidelines:**

The Narrative Progress Report template is based on the UNDG 2003 template, which is currently under review and is in line with the [UNDG Results Based Management Handbook \(October 2011\)](#).

Building on continued efforts made in the UN system to produce results-based reports, the progress report should describe how the activities (inputs) contributed to the achievement of specific short-term outputs during the twelve month reporting period, and to demonstrate how the short-term outputs achieved in the reporting period collectively **contributed to the achievement of the agreed upon outcomes** of the applicable Strategic (UN) Planning Framework guiding the operations of the Fund.

In support of the individual programme reports, please attach any additional relevant information and photographs, assessments, evaluations and studies undertaken or published.

Where available, the information contained in the Programme Summaries and Quarterly and/or Semi-Annual Updates prepared by the Participating Organizations may be useful in the preparation of the Annual Narrative Progress Report. These Summaries and Updates, where applicable, are available in the respective Fund sections of the MPTF Office GATEWAY (<http://mptf.undp.org/>).

### **Formatting Instructions:**

- The report should be between 10-15 pages. Include a list of the main abbreviations and acronyms that are used in the report.
- Number all pages, sections and paragraphs as indicated below.
- Format the entire document using the following font: 12point \_ Times New Roman and do not use colours.
- The report should be submitted in one single Word or PDF file.
- Annexes can be added to the report but need to be clearly referenced, using footnotes or endnotes within the body of the narrative.



## NARRATIVE REPORT FORMAT

### EXECUTIVE SUMMARY

- In ¼ to ½ a page, summarise the most important achievements of Programme during the reporting period and key elements from your detailed report below. Highlight in the summary, the elements of the main report that you consider to be the most critical to be included in the MPTF Office Consolidated Annual Report.

*At least Sixty-Eight agribusiness SMEs (Annex 3) accessed general pre-investment Business Development Services (BDS) support and encouraged to apply for MPTF financing. Ten of the SMEs were developed into full financial and transformative proposals to access both reimbursable grants under MPTF and concessional loans from UDB. Four out of the 10 SMEs have already received reimbursable grants in form of working capital to support the SMEs to navigate the severe impact of COVID-19. The annex 1 shows the reimbursable grant funding to the SMEs – 400,000,000 will be disbursed in form of reimbursable grants to 10 SMEs while leveraging over UGX 200,000,000 in owner contributions. More SMEs remain part of the pipeline as the implementing team supports to the developers to develop financeable and transformative proposals.*

*The ten projects so far developed will access over UGX 1.6billion from Uganda Development Bank (UDB) under the START (Support to Agricultural Revitalization and Transformation) facility arrangement in concessional loans for value addition and agro-processing – Annex 2.*

### I. Purpose

- Provide the main objectives and expected outcomes of the programme in relation to the appropriate Strategic UN Planning Framework (e.g. UNDAF) and project document (if applicable) or Annual Work Plan (AWP).

*This programme will contribute to Window 2: Mitigate the Socioeconomic Impact and safeguard people and their livelihoods, and Pillar 3, Economic Response and Recovery of the United Nations Emergency Appeal and facility for the impact of COVID-19 in Uganda.*

*The main intervention of the project is to increase access to finance to contribute to support of at least 40 gender and youth responsive Micro Small & Medium Enterprises access to finance to enable recovery from the impacts of COVID-19 pandemic.*

### II. Results

- This section is the **most important in the Report** and particular attention should be given to reporting on **results / and changes** that have taken place rather than on activities. It has three parts to help capture this information in different ways (i. Narrative section; ii. Indicator based performance assessment; and iii. A specific story).

#### i) Narrative reporting on results:

From January to December 2021, respond to the guiding questions indicated below to provide a narrative summary of the results achieved. The aim here is to tell the **story of change** that your Programme has achieved in 2021. Make reference to the implementation mechanism utilized and key partnerships.

- **Outcomes:** Outcomes are the strategic, higher level of change that your Programme is aiming to contribute towards. Provide a summary of progress made by the Programme in relation to **planned outcomes from the Project Document / AWP**, with reference to the relevant indicator(s) in these

documents. Describe if any targets were achieved, or explain any variance in achieved versus planned results during the reporting period. Explain who the main beneficiaries were.

*During the period, ten SMEs were approved to receive reimbursable grants for working capital purposes. Four of these projects (Honey Pride Arua Limited, TAF Assured Mixed Enterprises Limited, Gabhome Limited and Agrobased Enterprises Limited) have already received the funds and the other six (Kalongo Investments Limited, CH Group of Companies Limited, Waribe Enterprises Limited, UGP Traders Limited, Tropical Honey Limited and Capital commodities Limited) are in the final documentation stage to access the funds. A detailed schedule of projects developed is attached to the report. The lower number of SME beneficiaries are attributed to the lengthy negotiations with a commercial banking partner that eventually failed to materialize due to the adverse terms by the bank.*

- **Outputs:** Outputs are the more immediate results that your Programme is responsible for achieving. Report on the key outputs achieved in the reporting period, in relation to **planned outputs from the Project Document**, with reference to the relevant indicator(s) in these documents. Describe if any targets were achieved, or explain any variance in achieved versus planned results during the reporting period. If possible, include the percentage of completion of the outputs and the type and number of beneficiaries.

*Ten SME proposals were fully developed and submitted for approval to the START Management Board and virtual UNCDF investment Committee too access reimbursable grants and concessional loans against the planned forty projects. The number is still below the target although more SMEs are lined up as part of the pipeline. Given more time, more SMEs will be approved to benefit.*

- **Describe any delays in implementation, challenges, lessons learned & best practices:** If there were delays, explain the nature of the constraints and challenges, actions taken to mitigate future delays and lessons learned in the process. Provide an updated risk analysis (have any of the risks identified during the project design materialized or changed? Are there any new risks?). Were there any programmatic revisions undertaken during the reporting period? Please also include experiences of failure, which often are the richest source of lessons learned.

*The implementation of the project faced delays while UNCDF was negotiating to get on board the commercial banking partner. The bank was un-willing to provide better terms for the de-risked SMEs to access credit and the protracted negotiations did not achieve much.*

*The biggest lesson from this challenge was that negotiations with commercial banks require a lot of time. Changing the terms normally offered by the bank requires approval at the highest levels of the bank and this usually takes a lot of time.*

*With the commercial bank unable to join the implementation, UNCDF reverted bank to UDB to continue providing credit to de-risked SMEs under the START facility concessional terms*

- **Qualitative assessment:** Provide a qualitative assessment of the level of overall achievement of the Programme. Highlight key partnerships and explain how such relationships impacted on the achievement of results. Explain cross-cutting issues pertinent to the results being reported on. For Joint Programmes, highlight how UN coordination has been affected in support of achievement of results.

*The project is around 50% in the achievement of the set targets / objectives. The failed negotiations with the commercial bank contributed to the slow start of the project while the long*

*standing relationship between UNCDF and Uganda Development Bank helped to push forward the project after the disastrous failure to get a commercial bank on into the partnership.*

## ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWP** - provide an update on the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why, as well as plans on how and when this data will be collected.

	<b><u>Achieved</u> Indicator Targets</b>	<b>Reasons for Variance with Planned Target (if any)</b>	<b>Source of Verification</b>
<b>Outcome 1<sup>8</sup></b> : Increased access to and use of innovative Financing and online trading platforms for Women and Youth Economic Empowerment <b>Indicator:</b> <b>Baseline: 0</b> <b>Planned Target: 25</b>	10	The number is still low due to the delays and eventual failure to sign a partnership agreement with a commercial bank partner.	Project Reports
<b>Output 1.1:</b> Enhanced access the capacity of gender-responsive Businesses Enterprises through BDS support  <b>Indicator 1.1.1:</b> Number of gender responsible MSMEs identified, selected and given business development services support  <b>Baseline: 0</b> <b>Planned Target: 50</b>	68		Project Reports
<b>Output 1.2</b> Provide reimbursable grants to gender responsive MSMEs to enable them survive the short and long-term effects of COVID-19 pandemic <b>Indicator 1.2.1:</b> Number of gender responsible MSMEs Supported with reimbursable grants <b>Baseline: 0</b> <b>Planned Target: 40</b>	10	The number is still low due to the delays and eventual failure to sign a partnership agreement with a commercial bank partner	Project Reports
<b>Output 1.2</b> Link supported MSMEs to development and commercial banks to access medium and long term funding for future growth and expansion. Agribusiness MSMEs from northern Uganda will also be linked to START facility funding.  <b>Indicator 1.2.1:</b> Number of MSMEs linked to	10	The number is still low due to the delays and eventual failure to sign a partnership agreement with a commercial bank partner	Project Reports

<sup>8</sup> Note: Outcomes, outputs, indicators and targets should be as outlined in the Project Document so that you report on your actual achievements against planned targets. Add rows as required for Outcome 2, 3 etc.

development and commercial banks and other providers of medium- and long-term capital including START facility concessional loans where applicable			
<b>Baseline: 0</b> <b>Planned Target: 20</b>			

### iii) A Specific Story (Optional)

- This could be a success or human story. It does not have to be a success story – often the most interesting and useful lessons learned are from experiences that have not worked. The point is to highlight a concrete example with a story that has been important to your Programme in the reporting period.
- In ¼ to ½ a page, provide details on a specific achievement or lesson learned of the Programme. Attachment of supporting documents, including photos with captions, news items etc, is strongly encouraged. The MPTF Office will select stories and photos to feature in the Consolidated Annual Report, the GATEWAY and the MPTF Office Newsletter.

**Problem / Challenge faced:** Describe the specific problem or challenge faced by the subject of your story (this could be a problem experienced by an individual, community or government).

*One of the biggest challenges was related to the on-boarding of the financial Service Provider (Bank) to provide to provide semi – concessional loans to the SMEs. Discussions with one of the banking partner failed after six months of negotiations. The commercial bank was adamant and unwilling to significantly revise downwards the terms for accessing finance even after UNCDF has de-risked the projects. At the end, UNCDF took a decision to drop the commercial bank which was a huge set back in terms of time.*

**Programme Interventions:** How was the problem or challenged addressed through the Programme interventions?

*The challenge of not having a commercial banking partner six months after the START of the project was very critical and required a quick solution. Therefore, UNCDF decided to drop the lengthy and fruitless negotiations with the commercial banking partner and reverted to linking de-risked SMEs to Uganda Development Bank to access concessional loans under the START facility.*

**Result (if applicable):** Describe the observable *change* that occurred so far as a result of the Programme interventions. For example, how did community lives change or how was the government better able to deal with the initial problem?

*With a few SMEs just received funds, it's not possible at the moment to identify any results.*

**Lessons Learned:** What did you (and/or other partners) learn from this situation that has helped inform and/or improve Programme (or other) interventions?

*Negotiations with commercial financial institutions to form partnerships for development is a lengthy and painful experience. With the commercial banks main goal of profit maximization, a lot of concessions must be provided for these banks to extend credit to marginalized segments of society like women and youth.*

### III. Other Assessments or Evaluations (if applicable)

- Report on any assessments, evaluations or studies undertaken.  
N/A

### III. Programmatic Revisions (if applicable)

- Indicate any major adjustments in strategies, targets or key outcomes and outputs that took place.

N/A

**V. Resources (Optional)**

- Provide any information on financial management, procurement and human resources.
- Indicate if the Programme mobilized any additional resources or interventions from other partners.

***Annex. 1: Reimbursable Grant Proposals.***

<b>Company Name</b>	<b>District</b>	<b>Value Chain</b>	<b>Project Value (UGX)</b>	<b>Owner Contribution</b>	<b>Financing Gap (UGX)</b>	<b>Project Status</b>
<b>1. Honey Pride Arua Limited</b>	Arua	Honey	60,000,000	20,000,000	40,000,000	Disbursed
<b>2. TAF Assured Mixed Enterprises</b>	Lira	Honey	60,000,000	20,000,000	40,000,000	Disbursed
<b>3. Gabhome (U) Ltd</b>	Adjumani	Livestock	60,000,000	20,000,000	40,000,000	Disbursed
<b>4. Agro-based Enterprises Ltd</b>	Apac	Sunflower	60,750,500	20,750,500	40,000,000	Disbursed
<b>5. Waribe (U) Ltd</b>	Omoro	Food Processing	65,000,000	25,000,000	40,000,000	In progress
<b>6. UGP Traders Limited</b>	Nakapiripirit	Simsim	70,000,000	30,000,000	40,000,000	In progress
<b>7. Kalongo Investments Ltd</b>	Agago	Maize , Rice & Sunflower	60,000,000	20,000,000	40,000,000	In progress
<b>8. Tropical Honey Ltd</b>	Amuru	Apiary	60,000,000	20,000,000	40,000,000	In progress
<b>9. Capital Commodities Ltd</b>	Arua	Sesame	56,000,000	16,000,000	40,000,000	In progress
<b>10. CH Group Limited</b>	Kotido	Livestock	65,000,000	25,000,000	40,000,000	In progress
<b>TOTAL</b>			<b>616,750,500</b>	<b>216,750,500</b>	<b>400,000,000</b>	



***Annex 2: Concessional Loan Applications to UDB***

<b>Company Name</b>	<b>District</b>	<b>Value Chain</b>	<b>Project Value (UGX)</b>	<b>Owner Contribution</b>	<b>Financing Gap (UGX)</b>	<b>Project Status</b>
<b>1. Honey Pride Arua Limited</b>	Arua	Honey	420,000,000	250,000,000	170,000,000	Disbursed
<b>2. TAF Assured Mixed Enterprises</b>	Lira	Honey	309,462,483	115,962,563	193,499,920	Disbursed
<b>3. Gabhome (U) Ltd</b>	Adjumani	Livestock	335,942,137	98,000,000	237,942,137	Under Appraisal
<b>4. Agro-based Enterprises Ltd</b>	Apac	Sunflower	322,350,000	98,100,000	224,250,000	Under Appraisal
<b>5. Waribe (U) Ltd</b>	Omoro	Food Processing	254,286,746	134,286,746	120,000,000	Under Appraisal
<b>6. UGP Traders Limited</b>	Nakapiripirit	Simsim	1,215,820,390	475,000,000	740,820,390	Disbursed
<b>7. Kalongo Investments Ltd</b>	Agago	Maize , Rice & Sunflower	563,623,000	140,000,000	423,623,000	Under Appraisal
<b>8. Tropical Honey Ltd</b>	Amuru	Apiary	249,543,685	71,906,969	177,636,717	Under Appraisal
<b>9. Capital Commodities Ltd</b>	Arua	Sesame	1,182,500,000	754,860,000	427,640,000	Under Appraisal
<b>10. CH Group Limited</b>	Kotido	Livestock	782,843,840	632,843,840	150,000,000	Under Appraisal
<b>TOTAL</b>			<b>2,857,861,756</b>	<b>1,171,349,309</b>	<b>1,686,512,447</b>	

### Annex 3 – List of SMEs

No	Name of entity	Legal Status	District	Value Chain
1	K.S Obba and Sons Limited	Partnership	Yumbe	Livestock
2	Classic Projects Limited	Company	Yumbe	Honey
3	Kubezio Company Limited	Company	Adjumani	Rice
4	Fraisha Multi Youth Project Limited	Company	Yumbe	Sesame
5	Grand Millian (GM) Limited	Company	Madi-Okollo	Vegetables
6	Mara Brothers (U) Ltd	Company	Lira	Sesame
7	Aywee United Brothers & Sons Limited	Company	Agago	Sunflower
8	KEDE company Limited	Company	Arua	Livestock
9	Mega Blizz Enterprises (U) Limited	Company	Arua	Soyabean
10	Agric-care Uganda Limited	Company	Adjumani	Soyabean
11	Lugali Bees Farmers	Sole Proprietorship	Omoro	Honey
12	Muzuri Services Ltd	Company	Omoro	Honey
13	kwera young oil seed farmers cooperative society ltd	Cooperative	Dokolo	Soyabean
14	Oasis Agribusiness Limited	Company	Abim	Rice
15	Atoori general Enterprises (U) Limited	Company	Katakwi	Vegetables
16	Owere Agro Innovate Limited	Company	Pakwach / Zombo	Irish potatoes
17	Kirombe Christian Youth Association	Association	Gulu	Apiary
18	Youth For Life Tree planting Uganda	Company	Lira	Soyabeans
19	PIT KACEL PRODUCE DEALERS COMPANY LIMITED	Company	Kitgum	Cassava
20	Community Development Foundation Farmers Group	Cooperative	Yumbe	Cassava
21	Nile Highland Arabica Coffee Farmers' Association (NIHACOFA)	Company	Zombo	Coffee
22	Munguchi Medical Center	Company	Arua	Rice
23	Northern Farm Masters U Limited	Company	Amuru	Maize
24	Jac Commodities & Export Limited	Company	Gulu	Livestock
25	Alo- Cero Village Cooperative Society Limited	Cooperative	Oyam	Maize
26	Atar Foundation Limited	Company	Abim	Maize
27	Karamoja Agribusiness Company Limited	Company	Abim	Cassava
28	Tii ki komi Cassava Commercial Growers Ltd	Company	Lamwo	cassava
29	Capital Commodities and Beverages Company Limited	Company	Arua	Sesame
30	Raymonds Integrated Ventures	Sole proprietorship	Moyo	Maize
31	Tick Feeders Investments	Company	Gulu	Maize
32	GLOFORD Institute of Innovation	Company	Lira	Soyabean
33	Gulu Uganda Country Dairy Limited	Company	Gulu	Livestock
34	Wodma Investments Limited	Company	Gulu	Maize
35	Wilo Uganda Limited	Company	Gulu	Rice
36	HEAVYYYIELD UGAND LIMITED	Company	Otuke	Apiary
37	King of kings multi-investments& consultancy farm ltd	Company	Kitgum	Sesame
38	Doroon Cottage	Sole proprietorship	Nebbi	Shea butter
39	Kweyo Growers Cooperative Society Ltd	Cooperative	Omoro	Groundnuts
40	HakwaLine Co. Ltd	Company	Nwoya	Soyabeans
41	Wilo Uganda Limited	Company	Gulu	Rice
42	Bright Consults Africa Limited	Company	Arua	Apiary
43	Jabeel International Company Ltd	Company	Yumbe	Rice
44	Pale and Sons Enterprises (U) Ltd	Company	Adjumani	Apiary
45	Laking Enterprises Limited	Company	Amuru	Groundnuts
46	Paicho Kal Growers Cooperative Society Limited	Cooperative	Gulu	Maize
47	Smart Agricultural Solutions Limited	Company	Kole	Maize
48	Kaato Agro-Forestry	Company	Karenga	Rice
49	BSI Commodities Limited	Company	Nakapiripirit	Rice
50	Usuk Homelands Limited	Company	Katakwi	Rice
51	Tropical Honey Limited	Company	Amuru	Apiary
52	Agali Farmers' Cooperative Society Limited	Cooperative	Lira	Sunflower
53	Amolatar Agro Produce Company Limited	Company	Gulu	Rice
54	Oslo city Limited	Company	Lira	Soyabean
55	Kalongo Investments Limited	Company	Agago	Maize
56	Ag-Ploutos Company	Company	Kitgum	Sesame
57	Waribe Uganda Limited	Company	Omoro	Sorghum
58	CH Group of Companies Limited	Company	Kotido	Livestock
59	Landmark millers Limited	Company	Amuria	Sorghum

60	West Nile Private Sector Development Promotion Center Ltd (WENIPS)	Company	Nebbi	Soyabean
61	Adept Agribusiness Development (AGRID) Limited	Association	Amuru	Rice
62	StriveAgric (U) Limited	Comapny	Nwoya	Rice
63	koch Goma Apiculture Development Association	Farmers Association	Nwoya	Apiary
64	Apala Area cooperative Enterprises Limited	Cooperative	Alebtong	Cassava
65	Wapisol Impact Investments- SMC	Company	Arua	Livestock
66	MEJOB COMPANY LTD	Company	Abim	Cassava
67	Growfront Enterprises Limited	Company	Arua	Fruits
68	Approaches to Rural Community Development Limited	Company	Yumbe	Rice

## MPTF OFFICE GENERIC ANNUAL PROGRAMME<sup>1</sup> NARRATIVE PROGRESS REPORT REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2021

<div style="background-color: #f2f2f2; padding: 5px; text-align: center;"><b>Programme Title &amp; Project Number</b></div> <ul style="list-style-type: none"> <li>Programme Title: Support UN Coherence Efforts in Uganda for COVID-19 Response</li> <li>Programme Number: 00129086</li> <li>MPTF Office Project Reference Number:<sup>3</sup></li> </ul> <div style="background-color: #f2f2f2; padding: 5px; text-align: center;"><b>Participating Organization(s)</b></div> <ul style="list-style-type: none"> <li>Organizations that have received direct funding from the MPTF Office under this programme</li> <li>RCO/UNDP</li> </ul> <div style="background-color: #f2f2f2; padding: 5px; text-align: center;"><b>Programme/Project Cost (US\$)</b></div> <p>Total approved budget as per project document: US\$18,758.00 MPTF /JP Contribution<sup>4</sup>:</p> <ul style="list-style-type: none"> <li>by Agency (if applicable) Agency Contribution</li> <li>by Agency (if applicable) Government Contribution (if applicable)</li> <li>Other Contributions (donors) (if applicable)</li> </ul> <p><b>TOTAL:</b> US\$18,758.00</p> <div style="background-color: #f2f2f2; padding: 5px; text-align: center;"><b>Programme Assessment/Review/Mid-Term Eval.</b></div> <p>Assessment/Review - if applicable <i>please attach</i>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: dd.mm.yyyy          Mid-Term Evaluation Report – if applicable <i>please attach</i>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: dd.mm.yyyy</p>	<div style="background-color: #f2f2f2; padding: 5px; text-align: center;"><b>Country, Locality(s), Priority Area(s) / Strategic Results<sup>2</sup></b></div> <p>(if applicable) Country/Region</p> <hr/> <p>Priority area/ strategic results</p> <div style="background-color: #f2f2f2; padding: 5px; text-align: center;"><b>Implementing Partners</b></div> <ul style="list-style-type: none"> <li>National counterparts (government, private, NGOs &amp; others) and other International Organizations</li> </ul> <div style="background-color: #f2f2f2; padding: 5px; text-align: center;"><b>Programme Duration</b></div> <p>Overall Duration (24 months)</p> <p>Start Date<sup>5</sup> (04.11.2021)</p> <p>Original End Date<sup>6</sup> (23.11.2023)</p> <p>Current End date<sup>7</sup> (31. 5. 2022)</p> <div style="background-color: #f2f2f2; padding: 5px; text-align: center;"><b>Report Submitted By</b></div> <ul style="list-style-type: none"> <li>Name: Tatsuhiko Furumoto</li> <li>Title: Team Leader, RCO</li> <li>Participating Organization (Lead): RCO</li> <li>Email: tatsuhiko.furumoto@un.org</li> </ul>
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<sup>1</sup> The term “programme” is used for programmes, joint programmes and projects.

<sup>2</sup> Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;

<sup>3</sup> The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page the [MPTF Office GATEWAY](#)

<sup>4</sup> The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the [MPTF Office GATEWAY](#)

<sup>5</sup> The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)

<sup>6</sup> As per approval of the original project document by the relevant decision-making body/Steering Committee.

<sup>7</sup> If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities.



### **Guidelines:**

The Narrative Progress Report template is based on the UNDG 2003 template, which is currently under review and is in line with the UNDG Results Based Management Handbook (October 2011).

Building on continued efforts made in the UN system to produce results-based reports, the progress report should describe how the activities (inputs) contributed to the achievement of specific short-term outputs during the twelve-month reporting period, and to demonstrate how the short-term outputs achieved in the reporting period collectively **contributed to the achievement of the agreed-upon outcomes** of the applicable Strategic (UN) Planning Framework guiding the operations of the Fund.

In support of the individual programme reports, please attach any additional relevant information and photographs, assessments, evaluations and studies undertaken or published.

Where available, the information contained in the Programme Summaries and Quarterly and/or Semi-Annual Updates prepared by the Participating Organizations may be useful in the preparation of the Annual Narrative Progress Report. These Summaries and Updates, where applicable, are available in the respective Fund sections of the MPTF Office GATEWAY (<http://mptf.undp.org/>).

### **Formatting Instructions:**

- The report should be between 10-15 pages. Include a list of the main abbreviations and acronyms that are used in the report.
- Number all pages, sections and paragraphs as indicated below.
- Format the entire document using the following font: 12point \_ Times New Roman and do not use colours.
- The report should be submitted in one single Word or PDF file.
- Annexes can be added to the report but need to be clearly referenced, using footnotes or endnotes within the body of the narrative.

## **NARRATIVE REPORT FORMAT**

### **EXECUTIVE SUMMARY**

The Resident Coordinator's Office has been providing core Secretariat support to the Steering Committee of the Uganda MPTF Emergency Window and central coordination support to the recipient UN entities implementing projects aimed at COVID-19 response and its impacts in Uganda. These projects were funded through the allocation of the Government of Norway – US\$2.1M. Through this allocation through the Uganda Multi Partner Trust Fund, the Government of Norway supported UN efforts in responding to the COVID-19 pandemic and its impacts in Uganda. IOM, OHCHR, UNCDF, UNDP, UNICEF, UNFPA, UNODC, UN Women, WHO and with UN Resident Coordinator's Office support have been implementing this allocation in the areas of Health, Life-Saving Services, Multisectoral Cash & Social Protection, Natural Disasters and Displacement, Immediate Economic Support & Digital Innovation and Coordination. The project outcomes aimed at enhanced coordination support at the national and field level, improved joint planning and programming, and increased communications and advocacy capacities to respond to COVID-19 through radio content analysis tools.

The project component on Pulse Lab Kampala (PLK)'s support has been part of the risk communication and social mobilization pillar's subcommittee on social listening and evidence generation for the COVID-19 response in Uganda. The social listening and evidence generation subcommittee's aim was to uncover rumours, questions and misinformation that could deter people from getting vaccinated and adhering to non-pharmaceutical COVID-19 prevention measures at the time when Uganda was experiencing the 2<sup>nd</sup> wave of the DeltaCOVID-19 variant. see [annex 1](#) for detailed TORs

- On this subcommittees, PLK has since contributed rumours, misinformation and misconceptions around COVID-19 extracted from public radio discussions for 35 weeks (July 2021 – February 2022) from 26 FM radio stations. The target radio stations broadcast in Luganda received in Kampala but covering the central region.
- Radio is one of the sources; others include SMS, Hotline, Facebook, Twitter, IVR and Real-time contributors. Radio has contributed an average of 23% of the weekly submissions.
- Ministry of Health leads the subcommittee; with membership from USAID/SBCA, WHO, CDFU, Red Cross, Pulse Lab Kampala, ULearn, UNICEF, KCCA Twaweza-Uganda, and Uganda Media Council.
- This work was contributed to a bigger project between UN Global Pulse (PLK is of the global pulse labs with others in the USA, Finland and Indonesia) and WHO Africa on infodemic Management.

### **I. Purpose**

To support UN coherence efforts in Uganda for COVID- 19 Response

#### **Project Outcomes**

The achievement of the project's theory of change is enabled by sound technical, policy and secretariat support, results-based management, reporting and evaluation, as well as knowledge management, communications and innovations support to deliver UN COVID-19 response.

### **II. Results**

#### **i) Narrative reporting on results:**

The project provided quality technical, advisory and Secretariat support to Uganda MPTF Steering Committee. RCO coordinated and organized a Steering Committee Meeting on 9<sup>th</sup> December 2021 to provide a strategic review of progress of projects implementation, key challenges and reflect on key recommendations. The meeting was chaired by Dr. Munir Safeldin, UN Resident Coordinator a.i., UNICEF Representative and co-chaired by Mr. Geoffrey Sseremba, Acting Permanent Secretary at the Office of the Prime Minister of the

Republic of Uganda and Mr. Arne Haug, Minister Counsellor, Embassy of Norway. The meeting commended the leadership of the Office of the Prime Minister in the very effective response to COVID-19 in Uganda and efforts to control the spread of the pandemic. Uganda is among few countries that ensured a considerable amount of vaccines supply amounting to almost 20 million doses including through COVAX and with generous support of the development partners. Additional 30 million doses have been attracted to support vaccinations of population in 2022. The Government of Norway allocation has been an early effort to respond when the pandemic hit, the Embassy of Norway discussed with the UN Resident Coordinator's Office to support coordinated response in Uganda through donating of 20 million Norwegian Kroner (US\$2.1M). This decision was also made with Norway as a big supporter of the UN reform agenda and Delivering as One.

Through this project led by RCO, RCO supported in ensuring effective coordination of 6 Thematic Working Groups that have been established following the launch of the UN Emergency Appeal for COVID-19 response and its impacts. RCO prepared selection criteria and facilitate prioritization of projects/joint programmes for approval by the Steering Committee. RCO organized a first SC on 1<sup>st</sup> December 2020 where all projects were presented and approved by the SC for the allocation. RCO drafted and circulated minutes of SC meetings, ensuring necessary follow-up on key decisions. Both SC meetings engaged participation of development partners, NGO partners and other implementing partners.

RCO coordinated and managed day-to-day activities necessary for the smooth running of the Fund. RCO drafted TORs for the expansion of the Uganda MPTF to align to the UN Sustainable Development Cooperation Framework (2021-2025). RCO organized deep dive session with UN Deputies Team and MPTF Office to present the scope of the country level pooled fund as a mechanism to support UN reform implementation, serving as one of the mechanisms to mobilize resources for the UNSDCF. RCO in consultation with MPTF Office ensured Fund's rules and procedures compliance. RCO liaised with the Administrative Agent's office in New York, submitted project documents, requests for transfer of funds on behalf of the SC.

RCO organized coordination meetings to review and monitor progresses on projects implementation. RCO consolidated Uganda MPTF annual reporting.

We were able to collaborate with USAID/SBCA, WHO, CDFU, Red Cross, UN Pulse, ULearn, UNICEF, KCCA, Twaweza-Uganda and Uganda Media Council to contribute to activities that informed the COVID-19 response team in managing information being accessed by the public about COVID-19 and shape their communication around issues that were arising.

The initially proposed indicator was the number of risk communication and/or campaign messages shaped by insights from infodemics mined from the radio content analysis. PLK could not monitor this indicator; being in a response mode with a clear division of labour for each partner in the response, PLK played the role of mining infodemics from radio and contributing a weekly report to the social listening and evidence subcommittee. PLK contributed 25% on average of all the weekly infodemics. There was no feedback loop to ascertain how many infodemics submitted translated into actual campaign messages to debunk the rumours. Our new proposed indicator would be the number of weeks radio as sources of infodemics contributed to over 30% of the rumours to the subcommittee.

- **Describe any delays in implementation, challenges, lessons learned & best practices:** If there were delays, explain the nature of the constraints and challenges, actions taken to mitigate future delays and lessons learned in the process. Provide an updated risk analysis (have any of the risks identified during the project design materialized or changed? Are there any new risks?). Were there any programmatic revisions undertaken during the reporting period? Please also include experiences of failure, which often are the richest source of lessons learned.



Challenge: The vocabulary around COVID-19 kept on changing as new names of vaccines, local remedies and variants, surfaced in the public radio discussions. But, unfortunately, the set of words recognised by the Automatic Speech Recognition (ASR), one of the Artificial Intelligence components of the radio content analysis tool (and responsible for transcribing speech into text), could not be updated during the exercise. Therefore, the new words do not help the search for relevant discussions around COVID-19 because they could not be transcribed correctly.

Lesson learnt: Flexibility was essential to fit and contribute to an existing structure for COVID-19 response. However, this meant changing the proposed means of delivery from the real-time dashboard to weekly reports using a template designed by the social listening and evidence generation subcommittee.

Recommendation: More funds are required to 1) retrain the ASR to support the new vocabulary, 2) continue the work since COVID-19 may still be with us for a more extended period or even in the event of another emergency response.

- **Qualitative assessment:** Provide a qualitative assessment of the level of the overall achievement of the Programme. Highlight key partnerships and explain how such relationships impacted on the achievement of results. Explain cross-cutting issues pertinent to the results being reported on. For Joint Programmes, highlight how UN coordination has been affected in support of the achievement of results.

Out of the six sources of infodemics (including SMS, Hotline, social media, IVR and real-time contributors), radio is the main source of information for most Ugandans and thus mining infodemics from the radio was critical in the response to COVID-19 in Uganda. Radio also has the ability to facilitate interactive dialogue between the host and people from the community through call-ins. This two-way communication enables us to harness the radio mining tool to better understand what is happening in the communities at the “grassroots”.

## ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWP** - provide an update on the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why, as well as plans on how and when this data will be collected.

	<b><u>Achieved</u> Indicator Targets</b>	<b>Reasons for Variance with Planned Target (if any)</b>	<b>Source of Verification</b>
<b>Outcome 1<sup>8</sup></b> <b>Indicator:</b> <b>Baseline:</b> <b>Planned Target:</b>	% Result Framework targets met: Baseline: 0 Targets: (December 2021): At least 50% (December 2022): At least 50%		
<b>Output 1.1</b> <b>Indicator 1.1</b> % of Steering Committee and implementing agencies coordination meetings for which relevant documents have been circulated at least one week in advance <b>Baseline:</b> 0 <b>Planned Target:</b> 100%	100%		Minutes of the Steering Committee Presentations on progress of projects
<b>Output 1.2</b> The Secretariat promotes in its operations a culture of risk management, accountability and transparency  Availability of a SC approved Operations Manual: Baseline: N/A Planned Target: Yes  Periodicity of update of the risk management matrix			

<sup>8</sup> Note: Outcomes, outputs, indicators and targets should be **as outlined in the Project Document** so that you report on your **actual achievements against planned targets**. Add rows as required for Outcome 2, 3 etc.

Baseline: N/A Target: at least once a year		The initial TORs for the expanded Uganda MPTF have been drafted and shared with MPTFO. The process also needs to be supported by the UNCT strategic buy-in and agreement, RC has proposed this is discussed in the second quarter of 2022 once UN flagship programmes are agreed that will potentially inform joint RM and bring under the country level pooled fund for potential funding	Draft TORs
Output 1.3. Results-based monitoring, reporting and reviews successfully contributes to achieving the programmes results  Availability of a Results framework Baseline: NO Target: Yes  Number of reviews/evaluations Baseline: 0 Target (December 2018): 3  Number of results-based annual reports Baseline : 0 Target : 1	Yes   2		RBM system  Annual report

<p>Output 1.4. Communications and Innovations: Public perception, myths and misconceptions on COVID-19 pandemic in Uganda, using the radio content analysis tool / Pulse Lab</p> <p><b>Indicator 1.4 Number of</b> risk communication and/or Campaign messages shaped by from insights from infodemics mined from the radio content analysis  <b>Baseline: 0</b>  <b>Planned Target: 15</b></p>	28		<p>Pulse Lab innovations component:</p> <p>A dashboard with near real time infomedics discussed in Kampala and the surrounding districts</p>
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### iii) A Specific Story (Optional)

- This could be a success or human story. It does not have to be a success story – often the most interesting and useful lessons learned are from experiences that have not worked. The point is to highlight a concrete example with a story that has been important to your Programme in the reporting period.
- In ¼ to ½ a page, provide details on a specific achievement or lesson learned of the Programme. Attachment of supporting documents, including photos with captions, news items etc, is strongly encouraged. The MPTF Office will select stories and photos to feature in the Consolidated Annual Report, the GATEWAY and the MPTF Office Newsletter.

**Problem / Challenge faced:** Describe the specific problem or challenge faced by the subject of your story (this could be a problem experienced by an individual, community or government).

**Programme Interventions:** How was the problem or challenged addressed through the Programme interventions?

**Result (if applicable):** Describe the observable *change* that occurred so far as a result of the Programme interventions. For example, how did community live change or how was the government better able to deal with the initial problem?

**Lessons Learned:** What did you (and/or other partners) learn from this situation that has helped inform and/or improve Programme (or other) interventions?

### III. Other Assessments or Evaluations (if applicable)

- Report on any assessments, evaluations or studies undertaken.

### IV. Programmatic Revisions (if applicable)

- Indicate any major adjustments in strategies, targets or key outcomes and outputs that took place.

### V. Resources (Optional)

- Provide any information on financial management, procurement and human resources.
- Indicate if the Programme mobilized any additional resources or interventions from other partners.

## List of Acronyms

Abbreviation	Description
UN	United Nations
MPTF	Multi-Partner Trust Fund
NGO	Non-Governmental Organisation
RCO	Resident Coordinator's Office
UNDP	United Nations Development Programme
US	United States
JP	Joint Programme
UNDG	United Nations Development Group
WHO	World Health Organisation
PLK	Pulse Lab Kampala
UNCDF	United Nations Capital Development Fund
IVR	
USAID	
SBCA	
UNICEX	
COVAX	
SC	
TOR	Terms of Reference
KCCA	Kampala Capital City Authority
ASR	
AWP	Annual Work Plan
MPTFO	
RBM	Results Based Management