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MPTF OFFICE GENERIC ANNUAL PROGRAMME[1] FINAL NARRATIVE REPORT
REPORTING PERIOD: 12 MAY 2021 – 31 AUGUST 2022

Programme Title & Project Number	**Country, Locality(s), Priority Area(s) / Strategic Results[2]**
Programme Title: **Continuity of Provision of Essential Life Saving integrated SRHR/GBV prevention and response services for women and young people.** Programme Number *(if applicable)* 00126504 • MPTF Office Project Reference Number:[3] **126504**	*(If applicable)* *Country/Region:* **Uganda** *Priority area/ strategic results:* **Life-saving services and social protection**
Participating Organization(s)	**Implementing Partners**
United Nations Population Fund (UNFPA)	• Ministry of Gender Labour and Social Development (MGLSD), Action Aid (AAIU) and Reproductive Health Uganda (RHU)

Programme/Project Cost (US$)		**Programme Duration**
Total approved budget as per project document:	**265,148**	Overall Duration *(15 Months)*
MPTF /JP Contribution[4]: • *by Agency (if applicable)*		Start Date[5] *(**12 May 2021**)*
Agency Contribution • *by Agency (if applicable)*	Nil	Original End Date[6] *(31st March 2022)*
Government Contribution *(if applicable)*	Nil	Current End date[7] *(31st August 2022)*
Other Contributions (donors) *(If applicable)*	Nil (To be reviewed	
TOTAL:	**265,148**	

Programme Assessment/Review/Mid-Term Eval.	**Report Submitted By**
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*	○ Name: Harriet Ndagire ○ Title: Programme Analyst, GBV ○ Participating Organization (Lead): UNFPA ○ Email address: hndagire@unfpa.org

[1] The term "programme" is used for programmes, joint programmes and projects.
[2] Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;
[3] 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
[4] The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the MPTF Office GATEWAY
[5] 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
[6] As per approval of the original project document by the relevant decision-making body/Steering Committee.
[7] 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.

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 ware 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 service intervention.

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&ouid=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[8] 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
- 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[9] (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

[8] 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.
[9] 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.

(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 dissertation and physical assault among others.

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.
- 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 perpetuators. 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 Labor 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.

	Achieved Indicator Targets	**Reasons for Variance with Planned Target (if any)**	**Source of Verification**
Outcome 1[10] Expansion of Life-saving services in UNFPA focus districts to increase access to health commodities in vulnerable communities. **Indicator 1:** % of women of reproductive age, currently married, who have an unmet need for family planning. **Baseline:** 28% **Planned Target: 26%** **Indicator 2:** % of health facilities in the supported districts with no stock-outs of at least three modern FP commodities in the past 3 months. **Baseline:** 75.1% (SDP Survey, 2020)	UDHS results not yet out	N/A	N/A
Output 1.1: Expanded life-saving services in UNFPA focus districts with among vulnerable communities. **Indicator 1.1.1a**: Number of young people (10-24 years) reached with SRHR services through Safeboda riders (Integrated Outreaches supported by the UN MPTF **Baseline:** **Planned Target:12000** 1.1.1b: Number of health facilities supported on infection prevention and control (IPC)/PPE **Baseline: 0** **Planned Target: 30** 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. **Baseline:0** **Planned Target: 30** 1.1.1d: Number of health facilities providing life-	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
	Target =30 Achieved =30 Target =30 Achieved= 41	Thirty health facilities in Karamoja districts (Abim, Moroto, Kotido, Nakapiripirit and Amudat 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.	Distribution lists, programme report IP Reports

[10] 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.

saving services for management of GBV including sexual GBV (Rape kits to facilitate screening and management of GBV cases). **Baseline: 0** **Planned Target: 30**	Target: 30 Achieved: 6	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	Distribution list, program reports
Outcome 2: Strengthened referral and network systems for GBV and SRHR through customization of referral pathways to COVID-19 context. **Indicator 1:** 2.1a: Number of women, men, girls and boys in target districts reached with GBV and SRHR services. **Baseline:0** **Planned Target :5000**	Target: 5000 Achieved: 7,363	This was possible due to intensified mobilization and strengthened referral pathway.	IP Report
Output 2.1.1: Strengthen institutions and capacities to respond to the needs of GBV cases and SRHR needs in the context of COVID-19. **Indicator 2.1.1a**: 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. **Baseline: 0** **Planned Target: 5**	Target =5 Achieved =5	All the five districts reviewed and developed Referral pathway of which three districts launched their referral pathways during the 16 days of activism.	Program reports District reports/ copies of referral pathways
Outcome 3: **Reduced risks of GBV in emergencies in the context of COVID-19** **Indicator:** 3.1a: Number of GBV cases reported through the programme period in the supported districts disaggregated by gender, location, Disability, and type of GBV Baseline: 300 Planned Target: 1800 Indicator3.1b: 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. Baseline: 0 Planned Target: 50	Target =: 1800 Achieved = 7363	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).	Ministry of Gender National GBV database, IP report and HMIS
	Target =50 Achieved = 190	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	IP reports

Output 3.1. Awareness on GBV in the context of COVID-19 to mitigate risks of GBV among vulnerable communities raised. **Indicator:3.1. a.** Number of individuals reached with GBV/SRHR information through small groups using SASA and MAGs interventions integrated with COVID 19 messages in Amudat. **Baseline:** **Planned Target:** 800	Target = 800 Achieved = 17,570	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.	IP reports
Indicator3.1.1b: 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. **Baseline: 0** **Planned Target :20**	Target = 20 Achieved = 1-month 1 documentary by the Ministry	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.	MGLSD report
Indicator 3.2.1c: Number of one-stop centers for GBV survivors established in the target districts. Baseline: 0 **Planned Target: 4**	Target:4 Achieved: 1	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.	IP reports

Indicator 3.2.1d: Number of Districts where Safe Pal application is launched/disseminated to enhance GBV/VAC reporting and linking to services using the established referral pathway. Baseline: 0 **Planned Target: 5** **Indicator 3.2.1.e.** Number of districts carders whose capacity built to collect, track and report GBV data using the GBV Incidence forms and NGBVD. Baseline: 0 **Planned Target: 5** 3.2.1.g: Number of districts with at least five sub counties with functional GBV coordination structures and developed action plans. Baseline: 0 **Planned Target: 5**	Target =5 Achieved =5 (More districts reached with support from other programmes) Target =5 Achieved =5	Safe Pal was launched in 112 districts including the five districts supported by MPTF. 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.	MGLSD Report
	Target =5 Achieved = 5	All supported districts have functional GBV multisectoral coordination structures at District and sub-district level.	

Outcome 4: Expanded mental health and psychosocial support (MHPSS) legal services. Indicator: Number of GBV survivors who received MHPSS service in the programme period Baseline: 0 Planned Target: 500	Target = 500 Achieved = 1,306 (932-F; 374-M)	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.	IP Reports
Output:4.1.1: Strengthened integration of Mental Health and Psychosocial Support (MHPSS) services into existing support mechanisms. 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) Baseline: 0 Planned Target: 200	Target = 200 Achieved = 1306	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.	IP report
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. Baseline: 0 Planned Target: 200	Target =200 Achieved = 657	These were clients identified through the shelter and linked to health, legal and other social services.	IP report
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. Baseline: 0 Planned Target: 2	Target :2 Achieved: 2	MGLSD conducted supervision across the shelters, as well they were joined by the UNFPA filed office in Moroto and Kween.	IP Report

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 progamme included the Post rape kits and the materials for IEC and BCC.