



The UN Uganda Multi-Partner Trust Fund

Window	Emergency Window
Title	Life-saving services and social protection Continuity of Provision of Essential Life Saving integrated SRHR/GBV prevention and response services for women and Young people
MPTF Office Project Number (if applicable)	
Description	UNFPA's Life Saving and Social Protection project proposed activities will ensure that targeted health facilities are equipped, have adequate supplies (PPEs, GBV kits among others) and skilled personnel to provide quality lifesaving SRHR and GBV health services as a flagship of universal health coverage, support mechanisms that will mitigate the risk of GBV as well as assist survivors in a timely manner to access a range of services beyond social protection. The emergency support will build on existing efforts within UNFPA supported districts to leverage resources and consolidate efforts to ensure quality and scalable SRHR and GBV services targeting the women and young people made vulnerable with COVID 19 including adolescents and persons living with disability.
Universal Markers	<u>Gender Marker</u> : <i>(bold the selected; pls select one only)</i> a) Have gender equality and/or the empowerment of women and girls as the primary or principal objective. b) Make a significant contribution to gender equality and/or the empowerment of women and girls; c) Make a limited contribution or no contribution to gender equality and/or the empowerment of women and girls.
Fund Specific Markers	
Participating UN Organizations (PUNOs)	United Nations Population Fund (UNFPA)
Implementing Partners	Ministry of Gender, Labour and Social Development(MGLSD), Ministry of Health (MOH), Ministry of Justice and Constitutional Affairs (MOJCA), , POLICE, District Local Governments (DLGs), Local councils (LCs)
Programme and Project Cost	From UN Uganda MPTF: 265,148 Other sources: 0 Total Budget: 265,148
Programme Duration	Estimated Start Date: April 2021 Duration (months): 7 months Estimated end date: October 2021
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2. Executive Summary

UNFPA under the Covid 19 Emergency support will prioritize the most urgent Life-Saving Services and Social Protection interventions in the next seven months. UNFPA plans to address two major objectives which include: Improving sexual reproductive health and GBV Prevention and Care services for most vulnerable communities in the Karamoja region, Acholi and Lango sub-region and pockets of Kampala. The project will contribute to the implementation of the comprehensive United Nations Emergency Appeal for response to Covid 19 and its impacts, the Government of Uganda COVID response framework, UNFPA strategic plan, as well the 9th GOU-UNFPA Country Programme.

The proposed activities will ensure that targeted health facilities are equipped, have adequate supplies and skilled personnel to provide quality lifesaving SRHR and GBV health services as a centerpiece of universal health coverage, support mechanisms that will mitigate the risk of GBV as well as assist survivors in a timely manner. The programme will ensure that women and young people made vulnerable with COVID 19 including adolescents are empowered with information in order to be less vulnerable to risks such as teenage pregnancy and Sexually-Transmitted Infections (STIs) including HIV. The programme will as well extend support to social protection interventions including shelter services to provide immediate and quick remedy to GBV survivors as a result of COVID 19 shocks.

Lastly, this programme will facilitate the coordination and support to multi-sectorial response to GBV, including medical and psychosocial support and referral to legal assistance. Existing mechanisms will be supported and strengthened. The response programme is planned to benefit a total of 107451 direct beneficiaries over the period of seven months. Especially the target groups will be women of reproductive age group (15-49 years), GBV survivors, persons with disability and young people 15-19 years.

3. Situation Analysis

The COVID 19 pandemic constitutes the largest global public health crisis in the century, with devastating and life-threatening health and socio-economic challenges. The Uganda government took up unprecedented measures to control the spread of the virus by restricting movements. This severely disrupted access to lifesaving sexual reproductive health (SRH) services. The country realized a great shift of focus to cater for the COVID-19 pandemic thereby impacting negatively in other areas including sexual reproductive health and rights (SRHR) and exposure to gender based violence (GBV).

Access to sexual and reproductive health and rights is a significant public health issue that requires high attention during pandemics. However Emergency response to the COVID-19 outbreak greatly caused a diversion of sexual and reproductive health services resources to deal with the outbreak, contributing to a rise in unintended pregnancies, early marriages, maternal and new born mortality, increased unmet need for contraception, and increased number of sexually transmitted infections.

UNFPA has made significant contribution towards the delivery of integrated SRH and GBV services through building capacity for emergency obstetric and neonatal care (EmONC), strengthening health systems to provide integrated SRH and GBV services; provision of integrated SRH and GBV services at facility and community level; referral services, clinical management of rape services, and integrated SRHR/GBV/HIV services. However, the COVID 19 pandemic placed so much strain on already fragile health systems and there is need to re-prioritize measures to ensure continuity of the delivery of life saving SRH and GBV prevention and response systems.

Uganda is a strong traditional community where male dominance remains high, men take decision regarding seeking of health care and number of children a woman can have, determination of who to marry is still a common. According to the Uganda Demographic and Health Survey 2016, 25 percent of girls in the age group of 15-19 had already started child bearing, the total fertility rate (TFR) at

national level is 5.4 with regional variations: Karamoja TFR is 7.9 and that of Acholi is 5.5.

Child marriages are rampant in the country with one in four of adolescents married between the ages of 15-19, and sexual GBV with one in five of adolescent girls and women (15-49) reporting having experienced sexual violence.¹ Socio-cultural norms hinder enforcement of GBV laws as society condones negative male masculinity behavior. This coupled with rampant corruption, ignorance of the law and human rights by the victims of violence, poverty and many other reasons hinder many from accessing justice and as such, families withdraw or abandon even the few reported cases. Thus, the situation has and is likely to worsen with the COVID 19 as such UNFPA will continue to provide support to the social protection and health systems in Uganda for continuity of services to prevent, respond and mitigate the protracted impact of Covid-19.

The police have been known to make rape survivors who come to report cases extremely uncomfortable by making intimidating comments that subject survivors to secondary victimization, which impedes prospective and other intending survivors/victims from reporting. There is need to ensure they have appropriate attitude towards survivors of sexual GBV. More still, various cultural beliefs put people with disability at a disadvantage; for instance, they are often victims of sexual violence and are ill equipped with knowledge on where to access lifesaving services. Health workers are also poorly equipped to provide services to persons with disabilities (PWDs).

Although the Government of Uganda responded rapidly, by implementing a series of measures and developing national guidelines to prevent and respond to the spread of COVID-19. Coordination mechanisms were instituted with Incident Commander, Incident Management Teams and subcommittees including the task forces at national and district level. However, gaps are still being observed at different service delivery points, including health centers, schools, police and courts of law, as well knowledge gaps and access challenges at community level.

4. Strategies, including lessons learned and the proposed joint programme What is the specific need/problem the intervention seeks to address?

COVID-19 affected everyone but not equally. For women and girls, the situation was exaggerated when the lockdown confined them in the same environment with the perpetrators. Access to life saving services including SRHR, HIV&AIDS, and GBV prevention and response services were hampered by the movement restrictions. Social protection services were put at the standstill including shelter services which temporally closed. At national level, the Uganda Child Helpline (SAUTI)- 116 was closed for more than two weeks, courts of law were closed and all the other support systems. For women and girls who faced extreme violence such as rape, defilement, bettering, and denial of resources underwent a lot of stress, trauma, mental disorders and psychological torture with no direct support due to the lockdown.

To address the consequences of COVID19, Joint and mult-isectoral approach was required, bringing together state and non-state actors, the donor community and development partners. UN came out jointly to provide support to public health response, increase awareness, reinforce prevention and keep most vulnerable alive. The joint response is focusing generally on Health, Food Security, Livelihoods and Nutrition, Life-Saving Services & Social Protection, Refugees and Displacement, and Immediate Economic Support & Innovation. UNFPA will majorly focus on provision of life-saving services in partnership with the Government of Uganda (GoU), through national level line ministries, civil society organizations and district local governments. Focus will be given to the 5 districts in Karamoja region, and Kampala in central² region where UNFPA already has a lot of convergence, presence and interventions through other joint programmes including the Joint programme for GBV, EU spotlight Initiative and the Austrian Development Agency (ADA) funded

¹ UBOS & ICF (2017) and Uganda DHS 2016.

² Districts: Abim, Amudat, Moroto, Kotido, and Kampala

programme “Strengthening Capacity to Deliver an Integrated Package of Rights in Karamoja and Northern Uganda”.

UNFPA aims;

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 will be executed through four main objectives;

Objective 1: To expand of Life-saving services in UNFPA focus districts to increase access to health commodities in vulnerable communities

Objective 2: To strengthen referral and network systems for GBV and SRHR through customization of referral pathways to COVID-19 context

Objective 3: To reduce risks of GBV in emergencies in the context of COVID-19.

Objective 4: To provide mental health, psychosocial support (MHPSS) and legal services in line with MOH guidelines to GBV survivors

With the MPTF support UNFPA shall prioritize 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.

The response programme is planned to benefit a total of 107,451 direct beneficiaries over the period of seven months. The target groups will be women of reproductive age group (15-49 years), GBV survivors, persons with disability and young people aged 15-19 years. The indirect target beneficiaries will include policymakers especially district local councils, district health teams, community development teams, religious, cultural, and youth leaders, health workers, police, Civil Society Organizations (CSOs), Ministry of Health (MOH), Ministry of Gender Labour and Social development, (MGLSD), Justice and Law Offices, (JLOS), and National Medical Stores (NMS). UNFPA will work in collaboration with existing government, cultural and CSO structures. These include; health facilities, district local government, courts of law, cultural institutions and UNFPA supported CSOs in the targeted districts.

Objective	Amounts for each Agency in UGX	USD
Objective1: Expansion of Life-saving services in UNFPA focus districts to increase access to health commodities in vulnerable communities	229,400,000	62,000
Objective 2: Strengthened referral and network systems for GBV and SRHR through customization of referral pathways to COVID-19 context	46,250,000	12,500
Objective 3: Reduction of risks of GBV in emergencies in the context of COVID-19.	395,485,600	106,888
Objective 4: Expansion of mental health, and psychosocial support (MHPSS) and legal services	96,200,000	26,000

5. Results Framework

Outcome 1	Expansion of Life-saving services in UNFPA focus districts to increase access to health commodities in vulnerable communities				
Result Area	Indicator	Baseline	Target	Means of verification	Responsible Org
Outcome Indicator [Max 2500 characters]	1.1a: % of women of reproductive age, currently married, who have an unmet need for family planning.	28% (Uganda DHS 2016)	26%	UDHS 2021/22	UNFPA
	1.1b: Percent of health facilities in the supported districts with no stock-outs of at least three modern FP commodities in the past 3 months.	75.1% (SDP Survey, 2020)	80%	SDP survey	UNFPA
Proposal Outputs	1.1.1: Expansion of life-saving services in UNFPA focus districts with focus on vulnerable communities				
Proposal Output Indicators	1.1.1a: Number of young people (10-24 years) reached with SRHR services through Safeboda riders supported by the UN MPTF.	0	12,000	Safeboda Reports /Final report	UNFPA
	1.1.1b: Number of health facilities supported on infection prevention and control (IPC)/PPE.	0	30	Final report	UNFPA
	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.	0	30	Activity report	
	1.1.1d: % of health facilities providing life-saving services for management of GBV including sexual GBV (Rape kits, PEP Kits and medical tents to facilitate isolation and screening and management of GBV cases).	TBD	5%	Final Report	UNFPA
Outcome 2	Strengthened referral and network systems for GBV and SRHR through customization of referral pathways to COVID-19 context				
	Outcome Total Budget USD				
Result Area	Indicator	Baseline	Target	Means of verification	Responsible Org
Outcome Indicator	2.1a: Number of women, men, girls and boys in target districts	0	5,000	Final report	UNFPA

[Max 2500 characters]	reached with GBV and SRHR services through a referral mechanism				
Proposal Outputs	2.1.1: Strengthen institutions and capacities to respond to the needs of GBV cases and SRHR needs in the context of COVID-19.				
Proposal Output Indicators	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	0	5	Referral pathway, and IP quarterly Reports	UNFPA
Outcome 3	Reduction of risks of GBV in emergencies in the context of COVID-19				Outcome Total Budget USD
Result Area	Indicator	Baseline	Target	Means of verification	Responsible Org
Outcome Indicator [Max 2500 characters]	3.1a: Number of GBV cases reported through the programme period in the supported districts disaggregated by gender, location, Disability and type of GBV	300	1800	HMIS/ NGBVD	UNFPA
	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	0	50	Final report	UNFPA
Proposal Outputs	3.1.1: Awareness on GBV in the context of COVID-19 to mitigate risks in the vulnerable communities raised.				
	3.2.1: Strengthen the technical capacity of health workers to respond GBV.				
Proposal Output Indicators	3.1.1a: Number of individuals reached with GBV/SRHR information through small groups using SASA and MAGs interventions integrated with COVID 19 messages in Amudat.	0	800	IP quarterly Reports	UNFPA
	3.1.1b: 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.	0	20	IP quarterly Reports	UNFPA
	3.2.1c: Number of one-stop centers for GBV survivors established in the target districts	0	4	IP quarterly Reports	UNFPA

	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	No	5	Safepal Database & Final report	UNFPA
	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	0	5	IP quarterly Reports	UNFPA
	3.2.1.g: Number of districts with at least five sub counties with functional GBV coordination structures and developed action plans	0	5	Final Report	UNFPA
Outcome 4	Expansion of mental health and psychosocial support (MHPSS) service, legal services				Outcome Total Budget USD
Result Area	Indicator	Baseline	Target	Means of verification	Responsible Org
Outcome Indicator [Max 2500 characters]	4.1a Number of GBV survivors who received MHPSS service in the programme period.	0	500 (100@ district)	HMIS, or final report	UNFPA
Proposal Outputs	4.1.1: Strengthen integration of Mental Health and Psychosocial Support (MHPSS) services into existing support mechanisms.				
Proposal Output Indicators	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)	0	200	IP quarterly Reports	UNFPA
	4.1.1b: Number of GBV Survivors supported through the GBV fund to access health including mental health, Legal, social and psychosocial support services	0	200 (50 per district without Kampala)	IP quarterly Reports	UNFPA
	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	0	2	Joint Monitoring Reports	UNFPA

6. Management and Coordination Arrangements

UNFPA has presence at national level and in the field including in the proposed target districts. UNFPA's presence at national level is concentrated in its country office (CO) in Kampala. The CO harbours the technical and operational staffs that guide implementation of the GOU/UNFPA 9th Country Programme. The CO in Kampala ensures overall designing, planning, coordination, financial management, reporting and quality assurance as well as provision of comprehensive technical and operational support to UNFPA field-based officers. UNFPA CO staff in Kampala furthermore conducts direct implementation of strategic national interventions contained within the program, such as provision of technical support to partners and government, procurement, evidence generation, policy advocacy, tracking and communicating results, influencing of national priorities, and sharing good practices at national and international level for replication.

UNFPA has field presence in Karamoja region to support programmes in the proposed districts. The UNFPA field staff works directly with District Local Governments, CSOs, Office of the Prime Minister (OPM), UN agencies, community leaders, women led groups and other partners on ground to ensure consistent planning, implementation and monitoring of programme interventions. The field staff also represent UNFPA in field coordination activities, both at Local Government humanitarian coordination as well as at UN levels. In addition, field based staff ensure readily available presence, engagement and technical support to District Local Governments and facilitate integration of SRHR and GBV into district development plans and budgets for sustainability purposes. They also provide timely evidence to support policy advocacy initiatives at the National level.

UNFPA will work with partners selected through the UN Harmonized Approach to Cash Transfers (HACT) process. This project will be implemented through partners currently working with UNFPA including: Action Aid International (AAIU) Uganda and International Rescue Committee (IRC), and the Agency for Cooperation and Research in Development (ACORD) who will be at the frontline of this project working together with the District Local Governments. The partners have signed MoUs with the targeted local governments and they already have a track record in implementing humanitarian settings. As mentioned in the previous section, UNFPA will work in collaboration with existing government, and CSO structures; these include; Health facilities, District Local government, Courts of Law, and Cultural institutions.

Monitoring and supervision will be conducted on regular basis by UNFPA (especially the field teams), district local governments and implementing partners. UNFPA and partners will support routine data collection from service delivery data sources especially the health information management system and NGBVD to track and report on project implementation.

UNFPA humanitarian interventions are aligned with the existing coordination mechanisms under the overall coordination of the Office of the Prime Minister (OPM) and United National Area Coordination team in the selected districts. The overall umbrella of UN Agencies with structures

For the health sector response, UNFPA participates in the Health and Nutrition sector coordination mechanism with regular meetings at national and subnational level. The GBV interagency humanitarian coordination mechanism (with functional working groups at regional/field levels) is co-led by UNCHR and UNFPA, with leadership and participation of Government, other agencies, and NGOs. As well the UNAC has regional functional structures with all UN agencies converge. These frameworks are already functional with regular updates from the sectors provided at the inter-agency coordination level on a monthly basis. The proposed interventions are designed to synergize with contributions of other donors in the same district which include longer term humanitarian- development nexus programmes. This complementarity strengthens the sustainability and impact of support from The UN Uganda MPTF as well as the support of other donors.

7. Fund Management Arrangements

UNFPA procurement is guided by the UNFPA procurement procedures, the current version issued June 2019 gives detailed guidelines and SOPs. The procurement activities have to be included in the procurement plan which is uploaded on the global portal is updated and monitored regularly. The Policy provides guidance on what is procured locally or centrally by the UNFPA Procurement Services Branch (PSB) using global Long Term Agreements (LTAs). The UNFPA procurement procedures provide for the following procurement process and approval thresholds:

- Procurement transactions for values less than \$5,000.00; quotations are obtained from LTA holders and open market and assessed and award is given based on confirmed accepted offer.
- Procurements with value between \$5,000= but less than \$50,000=; request for quotations is sent to potential suppliers up to a minimum of three quotations is used. A contract, Assets and Procurement Committee reviews these transactions to ascertain Value for Money, and a technically acceptable offer is awarded the contract.
- For values between \$50,000 to less than \$100,000, Invitation to Bid (ITB) and Request for Proposal (RFP) Bidding is published globally and the proposals are reviewed by the Local Contracts Review Committee which is composed of Inter Agency Committee chaired by UNDP.
- Transactions with Values of \$100,000 and above, an ITB and RFP are used and subjected to HQs Contracts Review Committee.

Once the procurement plan is approved, UNFPA either uses the fast-track procedures or LTAs for prequalified vendors to ensure that supplies/commodities are procured within a short period of time and delivered to the beneficiaries. At the time of request for procurement, a distribution plan is developed that is used when the supplies are received. UNFPA makes use of LTA transport vendors to distribute the supplies to avoid any delays due to the time limits. UNFPA Uganda will request for activation of fast track procedures to facilitate the procurement process where necessary. Additionally, Government, CSOs and IP specific procurement policies and procedures are used for procurements handled at their respective levels, all guided by competitive bidding and value for money principles.

UNFPA will engage partners using the UN Harmonized Approach to Cash Transfers (HACT) system which establishes common principles and processes for managing cash transfers among UN agencies and implementing partners. The proposed partners that UNFPA will work with under the project have already undergone a micro-assessment and annual financial audit. This assessment identifies and facilitates the identification of risks and provides advice on the risk mitigation plan for the partners. The annual work plans were started on in November 2019 and will be signed off at the beginning of 2020 once funds have been secured. The CERF budget will form part of the Quarter One work plans that will be approved and funds disbursed within 14 working days for implementation to start within one week after receipt of funds on the partners' bank accounts. UNFPA supports partners in all these processes until the funds are disbursed and implementation started, then follow through to get the reports on the 5th day of the month proceeding the end of the quarter.

8. Monitoring, Evaluation and Reporting

Narrative reports

The Participating UN Organizations will present the following reports to the Secretariat for consolidation and further transmission the Administrative Agent:

Monitoring and supervision will be conducted on regular basis by UNFPA and implementing partners. UNFPA and partners will support routine data collection from service delivery data

sources especially the health information management system and NGBVD to track and report on project implementation. UNFPA has a standardized data collection tool on key indicators of the project and will use simplified data management systems to enhance data analysis and use. At the same time, UNFPA will undertake documentation of good practices and lessons learned from project implementation. Quarterly narrative reports will be provided two weeks after the end of the quarter, as well end of programme report will be generated and submitted not more than 3 months after the end of the project. The final report will exhibit results based on evidence. Annual and final narrative reports will compare actual results against estimated results in terms of outputs and outcomes and they will explain the reasons of higher or lower performance. The final narrative report will also include the analysis of how the outputs and outcomes have contributed to the Fund's global impact.

Financial Reports: As per fund requirements, financial reports will be generated and submitted with clear utilization rates.

9. SDG Targets and Indicators

Please consult Annex: [SDG List](#)

Please select no more than three Goals and five SDG targets relevant to your programme.
(selections may be bolded)

Sustainable Development Goals (SDGs) [select max 3 goals]			
<input type="checkbox"/>	SDG 1 (No poverty)	<input type="checkbox"/>	SDG 9 (Industry, Innovation and Infrastructure)
<input type="checkbox"/>	SDG 2 (Zero hunger)	<input type="checkbox"/>	SDG 10 (Reduced Inequalities)
<input checked="" type="checkbox"/>	SDG 3 (Good health & well-being)	<input type="checkbox"/>	SDG 11 (Sustainable Cities & Communities)
<input type="checkbox"/>	SDG 4 (Quality education)	<input type="checkbox"/>	SDG 12 (Responsible Consumption & Production)
<input checked="" type="checkbox"/>	SDG 5 (Gender equality)	<input type="checkbox"/>	SDG 13 (Climate action)
<input type="checkbox"/>	SDG 6 (Clean water and sanitation)	<input type="checkbox"/>	SDG 14 (Life below water)
<input type="checkbox"/>	SDG 7 (Sustainable energy)	<input type="checkbox"/>	SDG 15 (Life on land)
<input type="checkbox"/>	SDG 8 (Decent work & Economic Growth)	<input type="checkbox"/>	SDG 16 (Peace, justice & strong institutions)
<input type="checkbox"/>	SDG 17 (Partnerships for the Goals)		
Relevant SDG Targets and Indicators [Depending on the selected SDG please indicate the relevant target and indicators.]			
Target	Indicator # and Description	Estimated % Budget allocated	
TARGET_3.7	3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	23 %	
TARGET_5.1, 5.2, 5.6	5.1 End all forms of discrimination against all women and girls everywhere 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	77 %	

	5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences	
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10. Risk

What risks and challenges will complicate this solution, and how they will be managed and overcome? Please enter no more than 3.

Event	Categories Financial Operational Organizational Political (regulatory and/or strategic)	Level 3 – Very High 2 – Medium High 1 – Low	Likelihood 6 – Expected 5 – Highly Likely 4 – Likely 3 – Moderate 2 – Low Likelihood 1 – Not Likely 0 – Not Applicable	Impact 5 – Extreme 4 – Major 3 – Moderate 2 – Minor 1 – Insignificant	Mitigating Measures (List the specific mitigation measures)	Risk Owner
Risk1 Management of COVID- 19	Operational	2	5	4	UNFPA shall follow all the guidelines provided by the government of Uganda through the Ministry of Health COVID-19 SOPs.	UNFPA
Risk 2 Limited participation to the programme by many reasons including fear of COVID-19 infection.	Operational	1		5	UNFPA shall take necessary measures to make sure the safety of beneficiaries. In addition, UNFPA shall focus on culturally appropriate proven effective interventions	UNFPA
Risk 3 A modification of NGO partners	Organizational	2	3	3	The start of a new GOU-UNFPA 9 th country programme (CP) 2021-2025 involves the	UNFPA

					launch of a competitive Implementing Partner (IP) application and selection process, based on which UNFPA selects qualified NGO partners.	
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11. Work plans and budgets

Budget by UNDG Categories

	Budget Lines	Agency Total Budget (USD)
GBV/SRH		
1. Staff and other personnel	27,000	27,000
2. Supplies, Commodities, Materials	44,000	44,000
3. Equipment, Vehicles, and Furniture, incl. Depreciation	0	0
4. Contractual services	0	0
5. Travel	5,000	5,000
6. Transfers and Grants to Counterparts	163,388	163,388
7. General Operating and other Direct Costs	8,414	8,414
Sub Total Programme Costs	247,802	247,802
8. Indirect Support Costs * 7%	17,346	17,346
Total	265,148	265,148

** The rate shall not exceed 7% of the total of categories 1-7, as specified in the COVID-19 Response MOU and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, in line with UNSDG guidance.*

Signature

For: UNFPA



Name: Alain Sibenaler

Title: UNFPA Representative, Uganda

Date: 26-Mar-2021

