Spotlight Initiative
To eliminate Violence against women and girls

Spotlight Initiative Joint Programme of the Gender For Development Uganda

Annual Narrative
Programme Report

01 January 2025 -31 December 2025

Kingdom of the Netherlands

SPOTLIGHT INITIATIVE

2025



ANNUAL REPORT



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The **Spotlight Initiative**

Programme title:

Spotlight Initiative[1] Joint Programme of the Gender for Development in Uganda (GD4U)

Multi-Partner Trust Fund Office project reference number:

The European Union Funded Programme: 00140516, 00140515, 00140514 and 00140513

The Netherlands Funded Programme: 00141113, 00141112, 00141111 and 00141110

Country/region:

Country/region: Uganda – National, in 17 districts: Karamoja Sub Region – Amudat District;

West Nile Sub Region:

Adjumani, Arua, Madi-Okollo, Nebbi, Terego, and Yumbe Districts;

Acholi Sub Region "

Gulu, Kitgum, Lamwo and Omoro Districts; Western Region – Kasese and Kyegegwa Districts;

Lango Sub Region

Otuke and Oyam Districts; Elgon Sub Region Tororo District; and

Central Region

Kampala District.

Priority areas:

Education; population policies/programmes and reproductive health; water supply and sanitation; government and civil society.

Recipient United Nations Organization (RUNO)

United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)

United Nations Development Programme (UNDP)

United Nations Population Fund (UNFPA)

United Nations Children's Fund (UNICEF)

United Nations High Commissioner for Refugees (UNHCR)

Key partners

Government:

i.Ministry of gender, labour and social development

ii.Ministry of Health

iii.Ministry of Education and Sports

iv.Ministry of Internal Affairs

v.Ministry of Local Government

vi.Ministry of Energy and Mineral Development

vii.Ministry of Trade, Industry and Cooperatives

viii.Office of the Prime Minister

ix.National Planning Authority

x.National Population Council

xi.Equal Opportunities Commission

xii.Ministry of Public Service

xiii.Uganda Bureau of Statistics

xiv.Uganda Human Rights Commission

xv.District local governments (17 in total)

Civil society organizations:

i.ALIGHT

ii.Danish Refugee Council

iii.Norwegian Refugee Council

iv.Transcultural Psychosocial Organization

v.BRAC Uganda

vi.ACORD Uganda

vii.International Rescue Committee

1 Originally known as the Spotlight Initiative to Eliminate Violence Against Women and Girls, including Sexual and Gender-Based Violence and Harmful Practices, in Uganda.

viii.Action Aid Uganda

ix.Naguru Teenage Information Centre

x.Uganda Law Society

xi Justice Centres Uganda

xii.FIDA (U)

xiii.Cross Cultural Foundation Uganda

xiv..Center for Domestic Violence Prevention

xv.Raising Voices

xvi.Uganda Network on Law, Ethics and HIV/AIDS

xvii.Refugee Law Project

xviii.Civil Society Budget Advocacy Group

xix.Communication for Development Foundation Uganda

xx.Medical Teams International

xxi.Action for Development

xxii.Uganda Media Women's Association

xxiii.Forum for Women in Democracy

xxiv.Karamoja Women Umbrella Organization

xxv.International Community of Women Living with HIV in Eastern Africa

xxvi. Willow International

xxvii Marie Stopes Uganda

Programme cost (US$)

Total budget as per the Spotlight Initiative country programme documents[2] : **US$31,921,891**

Spotlight Initiative funding:

European Union-funded programme:
US$21,863,236

The Netherlands-funded programme:
US$7,920,000

Agency contribution: US$2,138,655 [3]

Spotlight Initiative funding and agency contribution

RUNO	European Union	Netherlands	UN agency Contribution
UNDP	5,132,969	1,798,841	527,025[4]
UNHCR	2,947,936	1,006,171	113,467[5]
UNICEF	2,961,140	1,126,601	607,342[6]
UNFPA	5,115,365	2,639,482	120,000[7]
UN WOMEN	5,705,826	1,348,905	770,821[8]
TOTAL	**21,863,236**	**7,920,000**	**2,138,655**

Programme start and end dates

Overall duration:

Start date: 1 May 2023 End date: 30 April 2027

European Union-funded programme:

Start date: 1 May 2023 **End date**: 30 April 2027

The Netherlands-funded programme:

Start date: 1 January 2025 **End date:** 30 April 2026

Report submitted by:

Mr Leonard Zulu

UN Resident Coordinator

UN Resident Coordinator's Office in Uganda

2 The total estimated budget is USD$31,921,891, of which USD$21,863,236 is the contribution from the European Union, US$7,920,000 from the Netherlands and USD$2,138,655 from the UN agencies. This budget includes programme costs and indirect support costs and excludes the Administrative Direct Costs of the Multi-Partner Trust Fund Office.

3 Of which US$1,748,903 is for the European Union-funded programme and US$ 389,752 for the Netherlands-funded programme.

4 Of which US$300,000 is for the European Union-funded programme and US$227,025 for the Netherlands-funded programme.

5 Of which US$60,000 is for the European Union-funded programme and US$53,467 for the Netherlands-funded programme.

6 Of which US$546,082 is for the European Union-funded programme and US$61,260 for the Netherlands-funded programme.

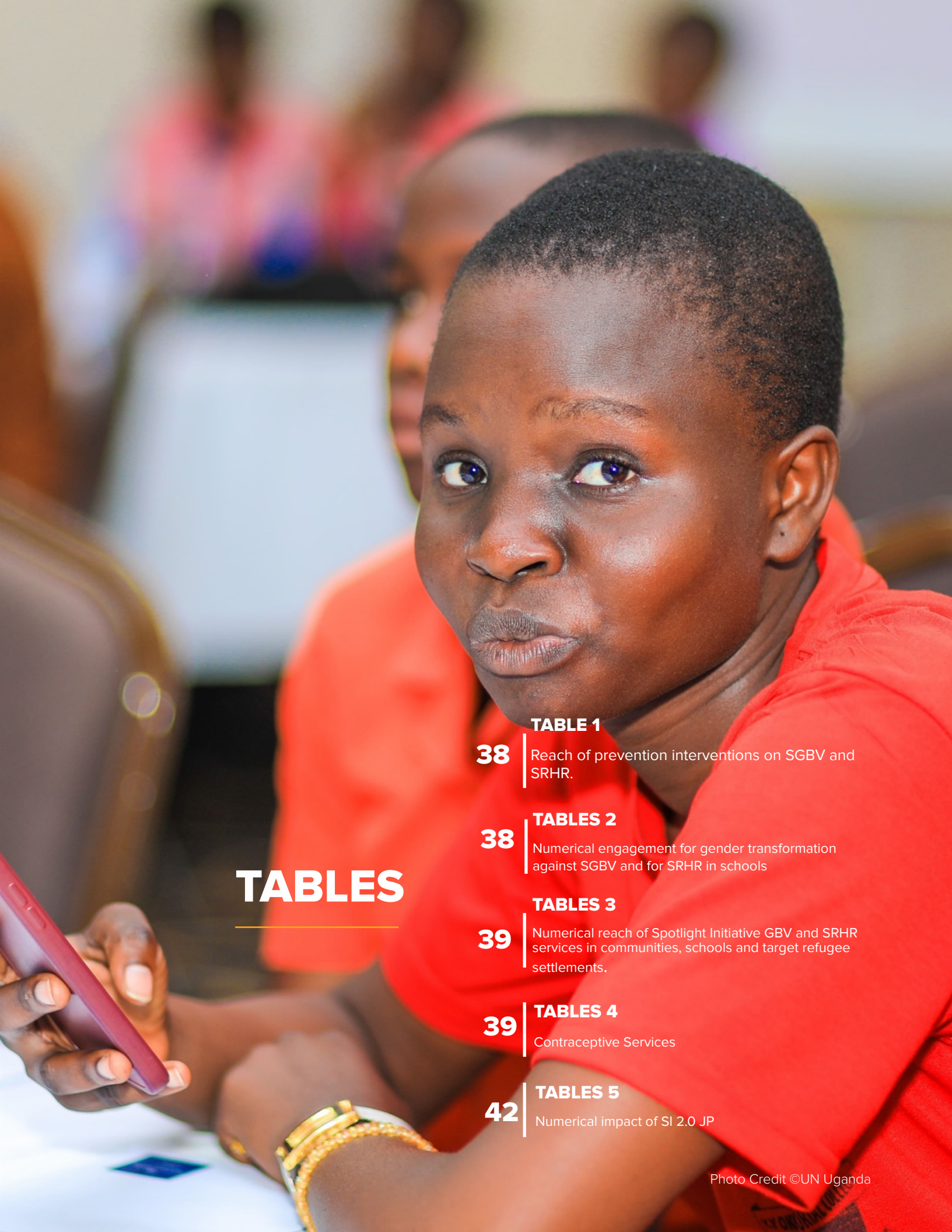
7 Of which US$72,000 is for the European Union-funded programme and US$48,000 for the Netherlands-funded programme.

8 Of which US$770,821 is for the European Union-funded programme and US$0 for the Netherlands-funded programme.

Spotlight Initiative 2.0 Joint Programme

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ACRONYMS

AGYW	Adolescent girls and young women
BOS	Business Operations Strategy
CMT	Core Management Team
CSNRG	Civil Society National Reference Group
CSOs	Civil society organizations
CWCCs	Child Wellbeing Coordination Committees
CYPs	Couple-years of protection
DLG	District local governments
DPP	Director of Public Prosecutions
DRC	Democratic Republic of the Congo
eCHIS	Electronic Community Health Information System
ELA	Empowerment and Livelihood for Adolescents
EU	European Union
EUD	European Union Delegation
EVAWG	Ending violence against women and girls
FGM	Female genital mutilation
GBV	Gender-based violence
GBVIMS	Gender-Based Violence Information Management System
GDPG	Gender Development Partners Group
G4DU	Gender for Development Uganda
GEM	Gender Empowerment Movement
GoU	Government of Uganda
GRPB	Gender-responsive planning and budgeting
HIV	Human immunodeficiency virus
HR	Human resource
ICT	Information and communication technology
IP	Implementing partner
IVR	Interactive voice response
LCC	Local council court
LNOB	Leave No One Behind
MCH	Maternal and child health
MDAs	Ministries, departments and agencies
MDD	Music, dance and drama
MHM	Menstrual hygiene management
MOBIMOCC	Mobile Monitoring and Consultation Center
MoES	Ministry of Education and Sports



MGLSD	Ministry of Gender, Labour and Social Development
MHPSS	Mental health and psychosocial support
MoLG	Ministry of Local Government
NDP IV	Fourth National Development Plan
NED	Government of the Netherlands
OPM	Office of the Prime Minister
P-MER	Participatory monitoring, evaluation and reporting
PSEA	Protection from sexual exploitation and abuse
PWD	Person with disability
RBM	Results-based management
RUNO	Recipient United Nations Organization
SCSS	Social Care and Support System
SE	Sexuality education
SGBV	Sexual and gender-based violence
SI 2.0 JP	Spotlight Initiative 2.0 Joint Programme
SOC	Spotlight Oversight Committee
SOP	Standard operating procedures
SRHR	Sexual and Reproductive Health and Rights
TEI	Team Europe Initiative
TIP	Trafficking in persons
TVET	Technical and vocational education and training
UGX	Ugandan Shillings
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNRCO	United Nations Resident Coordinator's Office
UNSDCF	United Nations Sustainable Development Cooperation Framework
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
US$	United States Dollars
UVTAB	Uganda Vocational and Technical Assessment Board
VAC	Violence against children
VAWG	Violence against women and girls
VSLA	Village savings and loan association
VHT	Village health team



EXECUTIVE SUMMARY

The Spotlight Initiative 2.0 Joint Programme (SI 2.0 JP) on the Gender for Development in Uganda (G4DU) builds on global, regional, and national commitments to eliminate violence against women and girls (EVAWG). Launched in 2023 with support from the European Union (EU) and complementary support from the Government of the Netherlands (NED), the programme advances a coordinated, whole-of-government and whole-of-society approach to address gender-based violence (GBV) and violence against children (VAC), while strengthening sexual and reproductive health and rights (SRHR). Beyond financial contributions, both donors provide strategic direction and policy engagement support, strengthening programme coordination, governance, and alignment with national priorities.

Implementation in 2025 occurred in a constrained fiscal and humanitarian context, particularly in refugee-hosting districts. Reduced humanitarian assistance, rising economic pressures, and the pre-election environment affected the pace of some activities and heightened risks of GBV and harmful coping strategies. In response, the Joint Programme applied adaptive management approaches, strengthened government coordination, and prioritized high-risk districts to sustain implementation continuity and safeguard programme results.

Strong governance structures supported effective coordination and implementation. The Core Management Team ensured joint planning, financial management, and harmonized monitoring, while the Spotlight Oversight Committee provided strategic direction and oversight. The Civil Society National Reference Group (CSNRG) reinforced participatory accountability and advocacy by facilitating civil society engagement in programme oversight, amplifying community voices, and strengthening feedback loops between rights-holders and decision-makers.

Under the United Nations (UN) Delivering as One framework, UN organizations strengthened collaboration through joint planning, harmonized data systems, and coordinated monitoring, reducing duplication and improving efficiency in line with UN Reform principles of coherence and integrated delivery. Coordination through the Resident Coordinator's Office further enhanced alignment with the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2026–2030 and the National Development Plan IV, reinforcing coherence between programme priorities and national development frameworks. District local governments integrated GBV prevention and response into annual plans and budgets, operationalized gender-responsive ordinances, and strengthened administrative data systems. Civil society and women's rights organizations remained central partners in reaching adolescent girls and young women, refugees, persons with disabilities, and out-of-school youth, contributing to community-level ownership and accountability.

The programme generated measurable progress across institutional reform, prevention, and response service delivery. Results-based management systems and decentralized validation processes enhanced data quality, transparency, and accountability. Progress achieved during the reporting period is being consolidated through strengthened national and district coordination systems, institutional capacity development, and increased domestic resource allocation, supporting sustainability and national ownership.

KEY RESULTS

2,339,863

People Reached

(direct: 1,134,099; indirect:1,205,764),

This contributed to an increase in cumulative programme reach from approximately 24 % (443,033) of the 3,000,000 targeted rights-holders in December 2024 to 92.8 % (2,782,896) by December 2025.

1,170,243

people were supported through Netherlands funding (direct: 568,690)

1,169,620

people were supported through EU funding (direct: 565,409)

11,582

persons with disabilities (PWDs) (5,997F: 5,485M)

88,111

refugees (74,975F: 13,136M).

THESE RESULTS REFLECT STRENGTHENED ACCESS TO INTEGRATED GBV, VAC, AND SRHR INFORMATION AND SERVICES, IMPROVED INTERSECTORAL REFERRAL LINKAGES, AND ENHANCED INCLUSION OF VULNERABLE GROUPS. THE PROGRAMME ALSO CONTRIBUTED TO THE REINFORCEMENT OF COORDINATION MECHANISMS AND THE STRENGTHENING OF SERVICE DELIVERY SYSTEMS AT NATIONAL AND SUB-NATIONAL LEVELS, SUPPORTING MORE COHERENT AND RESPONSIVE MULTI-SECTORAL ACTION.

Outcome A:

Laws, policies, institutions and data

Governance, coordination, and institutional strengthening efforts supported by the EU and NED contributed to more coherent planning, budgeting, implementation, and accountability for GBV, VAC, harmful practices, and SRHR across national and district levels. These efforts collectively strengthened systems to institutionalize ending violence against women and girls (EVAWG) priorities within government structures (EU & NED).

Capacity building of government officials played a key role in improving planning and resource allocation, with 3,459 officials (1,509F: 1,950M) trained in gender-responsive planning and budgeting. This enhanced the districts' ability to integrate GBV and SRHR priorities into development plans and budgets, resulting in increased domestic financing for GBV and child protection, including UGX212.1 billion (US$59 million) allocated at the national level and increased district-level commitments. The number of districts with functional GBV action plans increased from 12 to 17, demonstrating strengthened institutional mechanisms for prevention and response (EU & NED).

Data systems and evidence generation were strengthened through the training of 703 personnel (331F: 372M), including district education officers, district biostatisticians, district health officers, Police, Justice, Law and Order Sector (JLOS) officials, planners, district community development officers (DCDOs), ministries, department and agencies (MDAs) officials, and civil society organization (CSO) representatives, in GBV data management. Additional efforts included the finalization of the Harmonized GBV Data Portal, the collection of citizen-generated data across five districts, and the alignment of refugee protection data systems. These improvements enhanced the availability, quality, and use of reliable data to support planning, coordination, and evidence-informed decision-making (EU & NED).

Multi-sectoral coordination mechanisms were reinforced through the engagement of 2,207 (812F: 1,395M: of which 16 were persons with disability (PWDs)) Child Wellbeing Coordination Committee members and 17 District Local Government GBV Coordination Committees, improving collaboration across sectors and strengthening service delivery linkages (EU & NED).

At the policy level, progress included the adoption of the National Anti-Trafficking Plan, enactment of GBV/VAC ordinances in six districts, and rollout of disability-inclusive planning in 12 districts (NED support), reflecting strengthened legal and policy frameworks.

These interventions strengthened institutional capacity, improved financing and data systems, enhanced coordination, and advanced policy and legal frameworks, contributing to more accountable, data-driven, and sustainably-embedded systems for EVAWG under Outcome A.



3,459

Governmnert officials (1,509F: 1,950M) trained in gender-responsive planning and budgeting.



2,207

people engaged in Multi-sectoral coordination mechanisms



UGX212.1 BILLION

GBV and SRHR funding through development plans and budgets at national level

Outcome B:

Prevention

Community mobilization, dialogues and targeted information dissemination on GBV, VAC and SRHR reached 2.1 million people. A total of 73,551 (43,523F: 30,028M) boys, girls, young women and men (10-24 years) were reached with both in- and out-of-school programmes that promote gender-equitable norms, attitudes and behaviours and exercise of SRHR (EU & NED)

Within this effort, more intensive community-based intervention reached 45,006 people (26,879F: 18,127M), including 35,684 through SASA! Together (community mobilization model), 7,356 through structured sessions, and 1,966 participants in community dialogues. These interventions strengthened awareness of GBV/SRHR, collective responsibility, and early reporting (EU & NED).

Adolescent-focused interventions reached over 41,000 adolescents and learners through complementary approaches: 12,640 (7,540F: 5,100M) in structured life-skills sessions, 20,900 (10,763F: 10,222M; 103 PWDs) through peer-led initiatives, and 6,600 learners (3,300F: 3,300M; 10 PWDs) through school-based sexuality education across 77 primary and 33 secondary schools. In addition, 1,740 adolescent girls, including refugees and girls with disabilities, were engaged through empowerment clubs. These combined efforts enhanced knowledge, leadership, confidence, and adoption of protective behaviours among adolescents (EU & NED).

Music, dance, and drama (MDD) activities reached 8,417,416 learners nationwide. Of these, 6,332,565 learners (3,027,014F: 3,305,014M) were reached beyond the initial target through wider school engagement and performances. Within the 17 Spotlight Initiative-supported districts, 2,084,851 learners were reached (1,000,683F: 1,084,168M). A total of 10,787 learners with special needs (5,518F: 5,269M) were also reached.

Household and community-level interventions engaged 11,080 parents and caregivers (5,802F: 5,278M; 1,477 PWDs), promoting gender-transformative parenting and supportive home environments. Community leadership engagement reached 1,280 leaders (640F: 640M), strengthening accountability, reinforcing protective norms, and supporting referrals, including 87 cases in Terego, while interventions in Kasese and Kyegegwa further reinforced community-level protection systems (EU & NED).

Economic empowerment reached 4,052 adolescents and youth (2,998F: 1,054M; 22 PWDs) through vocational skills training, financial literacy, and Village Savings and Loan Association (VSLA) groups, including 971 girls organized into 70 groups. These interventions improved livelihoods, enhanced financial resilience, and reduced economic vulnerability to GBV, thereby contributing to the prevention of violence against women and girls and supporting sustained EVAWG outcomes (NED).



35,684

People reached through SASA! Together (community mobilization model),



41,000

Adolescents and learners reached through complementary approaches



11,080

Parents and caregivers engaged to promote gender-transformative parenting and supportive home environments.

Outcome C:

Response

Response systems supported by the EU and NED strengthened access to survivor-centred justice, health, psychosocial support, and protection services through improved coordination, collaboration, capacity, and service integration (EU & NED).

Access to justice and legal services improved, with 154,114 individuals (84,950F: 69,164M) reached through integrated GBV/SRHR and justice services, including High Court sessions and in-camera proceedings, legal representation, counselling, mediation and referrals, legal and rights awareness-raising. These efforts contributed to improved case outcomes, with 198 sexual and gender-based violence (SGBV) cases disposed and 59 convictions recorded, alongside restitution of UGX118,168,000 (approximately US$33,000) secured for 427 survivors (354F: 73M) - (EU).

Psychosocial and protection services were expanded, with 201,895 (103,956F: 97,939M), including 88 PWDs, who received community-based mental health and psychosocial support and accessed specialized services. Early risk interventions reached 13,819 adolescents (6,820F: 6,999M; 103 PWDs), while 73 survivors accessed temporary shelter and 40 survivors (18 PWDs) received livelihood support at the shelter, improving safety, recovery, and resilience (EU & NED).

Health and outreach services were strengthened through 1,362 village health teams (VHTs) (748F: 614M) supporting integrated SRHR and GBV services, contributing to 949,561 couple-years of protection (CYP) for the 17 targeted districts. In addition, 492,115 (442,959F: 49156M) adolescents accessed integrated SRHR, GBV, and HIV services at static clinics, including ANC and maternal and child health (MCH) and at outreaches in schools and communities, improving safe uptake and referrals. Capacity strengthening of 78 VHTs in digital systems improved tracking and outreach, while mentorship enhanced service quality (EU & NED).

Institutional capacity and coordination were reinforced through training for 2,816 (1,184F: 1,632M) justice and protection personnel, 36 district coordination meetings, and 100 sub county forums, thereby improving case handling, follow-up, and collaboration. Tools such as the Integrated Case Management Compendium further strengthened referral pathways and continuity of care (EU & NED).

Leave No One Behind focus

Leave No One Behind (LNOB) was advanced through targeted outreach to populations at heightened risk of exclusion. Refugees and host communities accessed integrated services and strengthened referrals, while persons with disabilities were included in prevention, justice, and livelihood interventions. Adolescent girls and young women benefited from empowerment linked to economic resilience. Community-based approaches such as mobile services and local dialogues expanded access in rural and hard-to-reach areas, promoting equity in protection, justice, and prevention services.



154,114

Individuals accessed justice through improved legal services



13,819

Adolescents reached through early risk interventions



492,115

Adolescents accessed integrated SRHR, GBV, and HIV services at static clinics, including ANC, maternal and child health (MCH)



Partnerships, adaptive management and sustainability

Partnerships with grassroots and women-led organizations strengthened community trust, advocacy, and accountability. Implementation lessons highlighted the importance of institutional integration, harmonized systems, and adaptive coordination to address fiscal and capacity constraints. Embedding EVAWG/VAC priorities in government planning and budgeting improved accountability and domestic financing, while linking survivor-centred justice, humanitarian-development approaches, and economic resilience strengthened sustainability. In this context, coordination through the Resident Coordinator's Office (RCO) further enhanced UN alignment with the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2026-2030 and the National Development Plan IV (NDP IV), reinforcing coherence between programme priorities and national development frameworks.

sustainability is anchored in strengthened coordination systems, institutional capacity, and progressive integration of evawg priorities into district planning and domestic resource allocation, reflecting growing national ownership. in addition, the programme is actively supporting transition planning through coordination with government counterparts and un partners to progressively institutionalize functions within existing national and district structures. efforts are focused on embedding interventions into government systems, strengthening local ownership, and aligning activities with national development frameworks to ensure continuity beyond the programme lifecycle. this includes ongoing capacity transfer, integration of activities into annual planning and budgeting processes, and reinforcement of multi-sectoral coordination mechanisms to sustain results as the programme approaches closure.



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1 BACKGROUND

The Spotlight Initiative is a global United Nations partnership aimed at eliminating all forms of violence against women and girls through a comprehensive, multi-sectoral, and rights-based approach. Building on lessons from the first phase of programming completed in 2023, which highlighted the importance of participatory approaches, strong coordination mechanisms, and alignment with national systems, the Initiative continues to inform programming that emphasizes sustainability, national ownership, and system strengthening across sectors.

building on these lessons, the spotlight initiative 2.0 (si 2.0) fund was established to strengthen adaptability, local ownership, and context-specific interventions. in uganda, the si 2.0 jp applies these principles to scale up prevention and response interventions, strengthen referral systems, and consolidate governance and coordination mechanisms. this second annual report reflects progress in implementing the interventions initiated in 2023 and builds on achievements from the first reporting period, contributing to sustainable national and local ownership in evawg efforts.



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2 CONTEXTUAL SHIFTS AND IMPLEMENTATION STATUS

This section highlights key contextual factors that influenced the implementation of SI 2.0 JP in 2025 and summarizes their implications for programme delivery and implementation status.

Operating environment and resource constraints

The operating environment for the SI 2.0 JP continued to be shaped by structural constraints in development financing, particularly within the social sectors. Ongoing global geopolitical pressures, including the conflicts, inflationary trends, and shifting international aid priorities and placing pressure on available development resources. At the same time, gender equality and women's empowerment investments faced increasing competition within constrained funding environments, while backlash against women's rights in some contexts further complicated progress on EVAWG. As a result, programmes were required to prioritize strategic interventions, consolidate investments, and operate with greater efficiency.

At the same time, government counterparts increasingly emphasized coherence and stronger alignment with national systems, prioritizing interventions that reinforce existing institutional mechanisms rather than creating parallel structures. Within this constrained context, the Joint Programme strengthened its role as a catalytic platform, supporting government leadership in EVAWG while advancing institutional strengthening and longer-term sustainability beyond short-term service delivery gains.

Protracted refugee presence and economic stress increased household pressures and protection risks for women and girls. These conditions risked weakening informal protection mechanisms and normalizing harmful practices, highlighting the continued importance of social norms and behaviour change interventions.

Within this resource-constrained environment, the Spotlight Oversight Committee (SOC) facilitated structured dialogue on roles,

responsibilities, and trade-offs. This process strengthened government ownership, with participating ministries taking on greater responsibility for the coordination and planning of GBV, VAC, and SRHR interventions. District local governments also increasingly assumed operational responsibilities, including elements of GBV prevention and response service delivery.

The pre-election environment heightened administrative caution, leading to delays in approvals and planning. To mitigate this, the programme adapted its coordination modalities and implementation timelines to remain aligned with government procedures while sustaining progress toward agreed programme objectives and planned results.

Humanitarian pressures and implications for GBV, VAC and SRHR

Uganda's humanitarian context in 2025 was shaped by protracted displacement, particularly in refugee-hosting districts in West Nile, northern, and western regions. Instability in the eastern Democratic Republic of the Congo (DRC) resulted in approximately 71,920 new refugees, accounting for over half of total arrivals.[9] Reduced food assistance increased socio-economic vulnerability in refugee and host communities, heightening risks of SGBV, harmful practices, and negative coping mechanisms. These pressures also strained social cohesion and informal protection mechanisms, with a disproportionate impact on women and vulnerable children.

in response, the si 2.0 jp prioritised integrated, survivor-centred interventions that bridged humanitarian and development approaches. gbv and vac prevention and response systems were strengthened through improved coordination with humanitarian and development actors, reinforced referral pathways, and support to frontline service providers. access to essential gbv, vac, and srhr services, including psychosocial support, clinical management of rape, and age-appropriate srhr information, was expanded. special attention was given to adolescent girls and young women affected by displacement and food insecurity.

To address heightened protection risks linked to displacement and food insecurity, the programme prioritized community-based prevention and resilience-building approaches to mitigate social norm deterioration and negative coping mechanisms. Engagement with refugee governance structures, including the Office of the Prime Minister and settlement coordination committees, ensured that GBV, VAC, and SRHR considerations were embedded in humanitarian coordination systems. These adaptations strengthened coherence across actors while safeguarding gains in prevention and service continuity.

Normative considerations and strategic alignment

The SI 2.0 JP operated within national legal frameworks while upholding the UN mandate to protect and promote human rights without discrimination. This was particularly important in a context shaped by sensitivities surrounding the Anti-Homosexuality Act, requiring careful positioning to ensure safe, inclusive and non-discriminatory access to GBV and SRHR services, supported by a risk-informed programming approach that anticipated and mitigated potential protection, operational and reputational risks.

Positioning the programme within the UN Resident Coordinator's Office (UNRCO) strengthened the integration of EVAWG priorities into broader development planning processes and national frameworks.

Delivering as One in a constrained environment

Tightening fiscal space and growing political sensitivity around externally funded programmes meant that business-as-usual approaches were no longer sufficient. To maintain trust, credibility, and operational space, the programme adopted a more deliberate and coordinated approach to engagement with government. This context made stronger coordination and clearer alignment with district and national priorities not just beneficial, but necessary.

9 https://reliefweb.int/report/uganda/eastern-drc-flash-update-uganda-18-31-august-2025.

In response, the programme deepened the Delivering as One approach, with UNHCR, UNFPA, UN Women, UNDP and UNICEF working together more intentionally. For example, the agencies conducted a joint planning session and field mission, where roles were clarified, data was collected collaboratively, and monitoring tools were shared. This integrated effort enabled the agencies to align their activities with district and national priorities, reduce duplication, and strengthen local ownership of GBV and SRHR services. Joint planning, clearer division of roles, and closer collaboration with the Ministry of Gender, Labour and Social Development (MGLSD), Ministry of Education and Sports (MoES) and district local governments (DLGs) helped reduce duplication and ensure activities were delivered through existing systems. This not only improved efficiency but also strengthened local ownership at a time when resources were limited.

Implementation status

despite a complex operating environment characterised by humanitarian pressures, resource constraints and normative complexity, implementation of si 2.0 jp remained on track. while some activities required adjustments to sequencing and timelines, overall programme objectives were not fundamentally affected.

adaptive planning strengthened coordination with government and humanitarian actors, and prioritisation of high-risk districts enabled the programme to maintain momentum and continue delivering planned results.

The si 2.0 fund is guided by a governance setup that aims to make decision-making inclusive, transparent, and effective. building on lessons from the first phase, it brings together different stakeholders to strengthen oversight, ensure accountability, and support high-quality delivery. this structure helps the si 2.0 jp teams coordinate their work, track progress, and achieve results across all recipient un agencies.


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PROGRAMME GOVERNANCE AND COORDINATION

Core Management Team: The Core Management Team (CMT) serves as the principal inter-agency governance and coordination mechanism of the SI 2.0 JP, bringing together agency leads and focal points monthly to guide joint implementation. The CMT ensures integrated, outcome-driven delivery by overseeing joint planning, activity sequencing, financial tracking, performance monitoring, and resolution of operational bottlenecks, thereby strengthening coherence and coordinated implementation across thematic pillars and geographic areas.

In 2025, the CMT played a key role in adaptive programme management amidst financing and operational constraints. It coordinated resource adjustments following funding shifts, endorsed accelerated implementation measures to address delayed disbursements, and prioritized high-impact interventions to sustain delivery momentum. On 15 March 2025, the CMT approved operational adjustments across districts, with UNWOMEN, UNFPA, UNHCR, UNDP, and UNICEF reprioritizing coverage to ensure continued delivery of GBV and SRHR services despite delays in donor disbursements. Through harmonized monitoring approaches and strengthened oversight of implementing partners, the CMT reinforced service coordination, referral linkages, and targeted support to high-risk and refugee-hosting districts, ensuring continued focus on populations most at risk in line with the LNOB commitment.

Building on its coordination mandate, the CMT facilitated the National Coordination Meetings, which strengthened alignment between national and sub-national levels and enhanced joint planning and oversight. Participants agreed on key actions for 2026, including quarterly joint

monitoring, harmonized inter-agency planning, improved GBV data review, more effective referral pathways, and integration of GBV priorities into district budgets. These measures reinforced cross-sector coordination and promoted collective ownership of programme implementation across all outcomes.

Outcome group co-chairs: Selected from recipient UN agencies, outcome group co-chairs, continue to coordinate joint implementation of activities within specific outcome areas.

In 2025, outcome group co-chairs oversaw interventions in five newly onboarded districts of Adjumani, Nebbi, Madi-Okollo, Lamwo, and Oyam. Building on these district-level responsibilities, they focused on operational processes to maximize efficiency, strengthen monitoring, and stakeholder engagement with key stakeholders. They guided the sequencing of activities, facilitated participatory monitoring, and promoted the inclusive participation of government entities, CSOs and implementing partners in EVAWG interventions.

The co-chairs also strengthened coordination among UN agencies, guided resource allocation, and supported adaptive management to address operational challenges in the field. Their efforts extended to engagement with the UNRCO and donor stakeholders, ensuring that field-level realities informed programme reporting and decision-making. The continued directive to strengthen operational effectiveness, first issued at the December 2024 Spotlight Oversight Committee (SOC) meeting, contributed to improved responsiveness to implementation bottlenecks and fostered a more cohesive CMT, enhancing overall programme delivery.

Spotlight Oversight Committee: At the national level, the SOC serves as the highest-level governance body of the SI 2.0 JP, providing strategic oversight and guidance. It is co-chaired by the UN Resident Coordinator and the Permanent Secretary of MGLSD. The SOC provides strategic leadership and oversight for programme implementation, maintaining continuity with established governance arrangements while including the European Union Delegation (EUD) and the Embassy of the Netherlands as observers. In 2025, the SOC convened biannually to review programme performance and ensure alignment with national policies and development partner commitments.

The SOC brings together senior government representatives from the ministries of Gender, Labour and Social Development, Education and Sports, Local Government, Health, and Finance, Planning and Economic Development, alongside UN implementing agencies, enabling coordinated cross-sectoral decision-making. During the reporting period, the SOC endorsed joint monitoring and reporting frameworks, guided the integration of EVAWG interventions into district-level annual work plans and directed actions to accelerate programme delivery and strengthen coordination between national and sub-national levels.

Furthermore, the Resident Coordinator (RC), as co-chair, played a key strategic role in ensuring that the SOC's oversight function consistently prioritized EVAWG. This was achieved through sustained advocacy for the integration of gender equality and GBV prevention across programme monitoring, planning, and implementation guidance. This leadership was underpinned by consistent RC engagement on gender equality and women's empowerment within United Nations Country Team (UNCT) processes (discussed substantively in 91% of meetings), as well as high-level external advocacy on EVAWG priorities, including GBV prevention, child marriage, and female genital mutilation (FGM).

As a result, EVAWG considerations were more systematically embedded within SOC oversight decisions, strengthening coherence between national coordination mechanisms and UN programming frameworks, including the UN Cooperation Framework 2026-2030 and the Protection from Sexual Exploitation and Abuse (PSEA) Action Plan.

Civil Society National Reference Group (CSNRG): In 2025, the CSNRG consolidated its role as an independent advisory and accountability mechanism under the Spotlight Initiative, transitioning from institutional establishment to active implementation oversight. Guided by its approved Terms of Reference and Annual Work Plan, the CSNRG engaged UN agencies, implementing partners (IPs), and district stakeholders through structured interface meetings and participatory monitoring visits across programme regions. These engagements enabled systematic review of implementation progress, strengthened accountability, and clarified the CSNRG's advisory (non-supervisory) mandate.

Field monitoring confirmed tangible progress across programme areas while identifying opportunities for further system strengthening, including improving the timeliness of justice processes, advancing digitization of case management systems, enhancing safeguarding consistency, and reinforcing the sustainability of GBV services. In response, the CSNRG prioritised strategic advocacy on justice sector strengthening, harmonized referral pathways, improved disability-disaggregated reporting, and digital case tracking to enhance coordination, accountability, and equitable service access.

A strategic retreat held during the year sharpened institutional priorities and produced a time-bound action matrix to strengthen follow-up and results tracking. The CSNRG also hosted Twitter (X) Spaces for World AIDS Day and the International Day of Persons with Disabilities, creating inclusive platforms for dialogue on HIV response, disability inclusion, and equitable access to services.

Consistent with the principle of LNOB, the CSNRG amplified concerns affecting rural women, persons with disabilities, refugee communities, and adolescent girls, advocating for inclusive service delivery models and increased domestic financing for GBV and HIV interventions. Through sustained engagement at national and sub-national levels, the group contributed to stronger programme coherence, improved accountability, and closer alignment between community realities and national decision-making.

Additionally, the CSNRG held the "Spotlight Young Women National Symposium," which served as a baraza for intergenerational dialogue, bringing together 350 young women and men from 17 districts to engage senior decision-makers, with key outcomes including the formalization of a Life Skills Toolkit for integration into the national curriculum and the promotion of the Second Chance in Education policy to support school re-entry for adolescent mothers[10].

Inter-agency Coordination and Technical Committees: In 2025, the SI 2.0 JP continued to use established inter-agency coordination platforms to strengthen alignment and joint delivery across the UN system. The UNCT regularly reviewed gender-related results under the UNSDCF 2021–2025, ensuring that Spotlight-supported interventions on EVAWG, SGBV, and SRHR were reflected across priority outcomes. During the year, the Programme also contributed technical inputs to the development of the UNSDCF 2026–2030, helping to position EVAWG and SRHR as cross-cutting priorities aligned with Uganda's NDP IV on transformative human development, climate-smart development, and rights-based governance. Beyond formal UNCT structures, the programme maintained active engagement in key inter-agency and donor coordination platforms, including the Human Rights and LNOB, the UN Deputies Group, and the Gender Development Partners Group (GDPG). These platforms strengthened collaboration across UN agencies, improved coordination with government counterparts and development partners, and supported joint advocacy and thematic guidance on gender equality, women's empowerment, and the prevention of sexual and gender-based violence.

10 Spotlight Initiative Uganda (2025). Today We Speak First!: The Voice and Agency of Young Women to End Violence Against Women and Girls in Uganda. Spotlight Initiative 2.0 Joint Programme Publication, pp. 01–21. (pp. 3, 8, 10, 23).

Discussions within the UN Deputies Group provided a practical space to reflect on lessons from joint programming, promote more efficient ways of working across agencies, and support evidence-based decision-making at both national and sub-national levels. These exchanges informed programme adjustments and helped maintain coherence across Spotlight-supported interventions.

Active participation in technical working groups, including the United Nations Disability Technical Working Group, the GBV National Reference Group, the Human Rights Group and LNOB Group, ensured that disability-inclusive and gender-responsive approaches were consistently applied across programme interventions. This was particularly important in refugee-hosting districts, where guidance from these platforms supported stronger integration between humanitarian and development responses and improved access to services for persons with disabilities and other marginalized groups.

Use of UN Reform inter-agency tools: In 2025, the SI 2.0 JP continued to apply UN Reform principles through the Business Operations Strategy (BOS), with a strong emphasis on practical collaboration and efficiency. All participating agencies fully utilised BOS-supported shared services, including office hosting, procurement, information and communication technology (ICT), finance, human resource (HR) and administrative support. This enabled agencies to operate through common systems, reduced parallel arrangements, and supported smoother coordination at both national and sub-national levels. The use of shared BOS services enabled more coordinated planning and implementation, allowing agencies to align activities and operate under common operational arrangements. While not all efficiency gains were quantified, the consistent use of shared services reduced duplication and supported more coherent engagement with DLGs. Overall, BOS implementation in 2025 supported Delivering as One by reinforcing shared ways of working, particularly through common services and joint monitoring, and by strengthening coordination with local government structures in support of more effective and sustainable programme delivery.

Joint monitoring was a key area where BOS-enabled collaboration was most visible. In 2025, agencies increasingly conducted joint field monitoring missions, especially in districts implementing integrated GBV, SRHR and VAC interventions. These joint missions strengthened cross-agency learning, reduced the need for separate field visits, and supported a shared understanding of progress, challenges and results. Engagement of district planning and technical officers during these missions further strengthened local ownership of monitoring processes and programme data.

In a separate example of BOS-enabled efficiency, UNDP convened a joint induction workshop for newly appointed DLG leaders from five newly created districts in Jinja. All participating UN agencies were invited to present their programmes in a single coordinated session attended by 75 district leaders over two days. This joint approach eliminated the need for each of the five agencies to organise separate induction workshops for the same audience. Using conservative estimates covering daily subsistence allowance for participants, transport reimbursements, hall hire, and meals, the joint convening resulted in an estimated total cost of approximately UGX64.7 million. In contrast, if each agency had implemented separate inductions, total costs would have risen to approximately UGX323.5 million. This represents an estimated cost avoidance of about UGX258.8 million, demonstrating significant efficiency gains through coordinated planning, reduced duplication, and shared convening under the BOS framework.

Overall, BOS implementation in 2025 supported Delivering as One by reinforcing shared ways of working, particularly through common services and joint monitoring, and by strengthening coordination with local government structures in support of more effective and sustainable programme delivery.



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4 PROGRAMME PARTNERSHIPS

a) Government partnerships

The SI 2.0 JP continued to work closely with national and sub-national government institutions, including the MGLSD as the lead ministry, alongside the MoES, the Ministry of Local Government, the Ministry of Public Service, and the Office of the Prime Minister (OPM). Engagement went beyond routine coordination, combining technical support with strategic policy dialogue to ensure that EVAWG priorities remain fully anchored in national systems. Working closely with the executive level helped reinforce government ownership and position social norms and behaviour change efforts within broader development and governance processes.

At district level, the programme partnered with district local governments to strengthen planning, delivery, and monitoring of annual work plans. Regular coordination meetings, joint monitoring visits and hands-on technical support helped improve alignment across sectors and respond more effectively to the needs of women, girls, and other vulnerable groups, particularly in refugee-hosting districts. District authorities were supported to track implementation of laws and policies, improve GBV administrative data, and monitor resource allocations to inform local decision-making. For example, the Gender and Research Data Hub (GERDH) dashboard was strengthened and institutionalized in districts including Arua, Kampala, Kasese, Terego, Tororo, and Yumbe. It consolidates both administrative and citizen-generated GBV, SRHR, and VAC data, enhancing evidence-based planning and reporting across districts. While institutional capacity varied across regions, targeted capacity-building and standardized tools helped build confidence, strengthen accountability, and gradually embed these systems within existing government structures for longer-term sustainability

b) Civil society and women's rights movements

Women's rights organizations, CSOs, and grassroots movements remained central to the programme's approach. A significant share of programme resources was channelled through CSO IPs, whose interventions targeted adolescent girls and young women (AGYW) and other vulnerable children to promote gender-equitable norms, strengthen SRHR knowledge, and prevent and respond to VAWG and VAC in schools, communities, and refugee settlements. For example, in Amudat, Kyegegwa, Kasese, and Lamwo districts, IP-led peer initiatives reached over 11,400 adolescents (6,300F: 5,100M) and trained 113 health workers (68F: 45M) and 58 VHTs (22F: 36M) to provide youth-friendly services.

The programme further strengthened movement-building initiatives, particularly for out-of-school young women, complementing existing in-school clubs such as the Gender Empowerment Movement (GEM) and MDD. The IP selection process followed a highly participatory and transparent approach guided by the Spotlight Initiative Global Grassroots Mobilization Plan and the Grassroots Action Plan. Simplified application processes, targeted outreach to underrepresented districts, and enhanced feedback mechanisms ensured inclusion of marginalized communities, including young mothers, PWDs, refugees, ethnic minorities, and other vulnerable groups.

Capacity building for IPs and MDAs included sessions on PSEA and mainstreaming disability inclusion. The programme also emphasized generational inclusivity, integrating young women's networks into the CSNRG's monitoring and advocacy activities, bridging gaps in leadership opportunities within the women's movement.

c) Donor engagement

The EUD and the Embassy of the Kingdom of the Netherlands in Uganda continued to play a strategic and highly visible role in Uganda's implementation of the programme. Their engagement was prominently demonstrated during key programme governance structures, including the third Joint Programme Oversight Committee meeting held on 17 June 2025 in Kampala. At this meeting, Karolina Andrzejewska, Governance and Social Inclusion Team Leader at the EU Delegation, reaffirmed the EU's steadfast commitment to collaborative and results-oriented implementation. She underscored the importance of maintaining a strong focus on measurable impact, accountability mechanisms, and meaningful civil society engagement to ensure sustainable outcomes for women and girls.

Beyond governance oversight, development partners contributed to implementation dialogue and progress validation, including participation in the Team Europe Initiative (TEI) Heads of Cooperation field mission in Kyegegwa District. Held at Bujubuli Secondary School in Kyaka II Settlement, the mission convened DLGs, CSOs, UN agencies, and community members, including students and GBV survivors. Beneficiary discussions highlighted improved livelihoods among out-of-school adolescents enrolled in technical and vocational education and training (TVET) skilling programmes, which reduced economic vulnerability and contributed to EVAWG alongside increased uptake of SRHR services among youth, reduced GBV linked to positive social norms change, and strengthened peer-led sexuality education. The mission also identified priority actions, including scaling up TVET, increasing access to menstrual hygiene products to support girls' retention, strengthening positive parenting to prevent VAC, and linking beneficiaries to government programmes amid reduced CSO funding.



11,400

Adolescents reached in Amudat, Kyegegwa, Kasese, and Lamwo districts, IP-led peer initiatives

d) Collaboration with other UN agencies

The SI 2.0 JP was implemented under the Delivering as One framework, which brought UN organizations together around shared planning, joint leadership of outcomes, and common reporting processes. This approach enabled agencies to work more closely and intentionally, rather than running parallel activities.

During the reporting period, the programme engaged with other UN agencies on specific technical areas to complement its interventions. UNFPA collaborated with several UN agencies (UNESCO, UNICEF, UNDP and UNAIDS) to support the development of the National Framework on Education for Health and Life Skills providing technical input to finalization of the draft. Additionally, with UNESCO continued to support implementation and dissemination of sexual education, reinforcing capacity-building efforts in schools. Similarly, under the PROSPECTS Partnership, UNHCR, ILO, and UNICEF collaborated with UNFPA to strengthen youth and adolescent programming in refugee-hosting districts, including access to sexual and reproductive health services and peer-driven differentiated service delivery models for AGYW. These collaborations supported the integration of SRHR, education, and livelihoods interventions, contributing to more coherent and inclusive service provision for displaced and host communities, while maintaining the SI 2.0 JP's leadership in implementation.

e) Other strategic partners

the programme engaged strategic partners across academia, media, and traditional and religious leadership structures to strengthen evidence-based programming, outreach, and sustainability. academic and technical factors contributed to improved data quality, analytical review, and adaptive planning processes, while media institutions amplified key messages on gbv prevention, srhr, and gender equality through community and national platforms, extending visibility beyond direct beneficiaries. for example, during the national dialogues on strengthening action to eliminate violence against women and girls, media engagement, including through radio one in kampala, mighty fire fm in kitgum, radio rupiny in gulu amplified the voices of young people and civil society actors, contributing to wider public awareness and inclusive dialogue on evawg. sustained programme results. traditional, cultural, and religious leaders reinforced positive social norms, strengthened referral awareness, and promoted community-level accountability. collectively, these partnerships enhanced credibility, broadened public engagement, and reinforced local ownership of evawg interventions, contributing to the sustained programme results.



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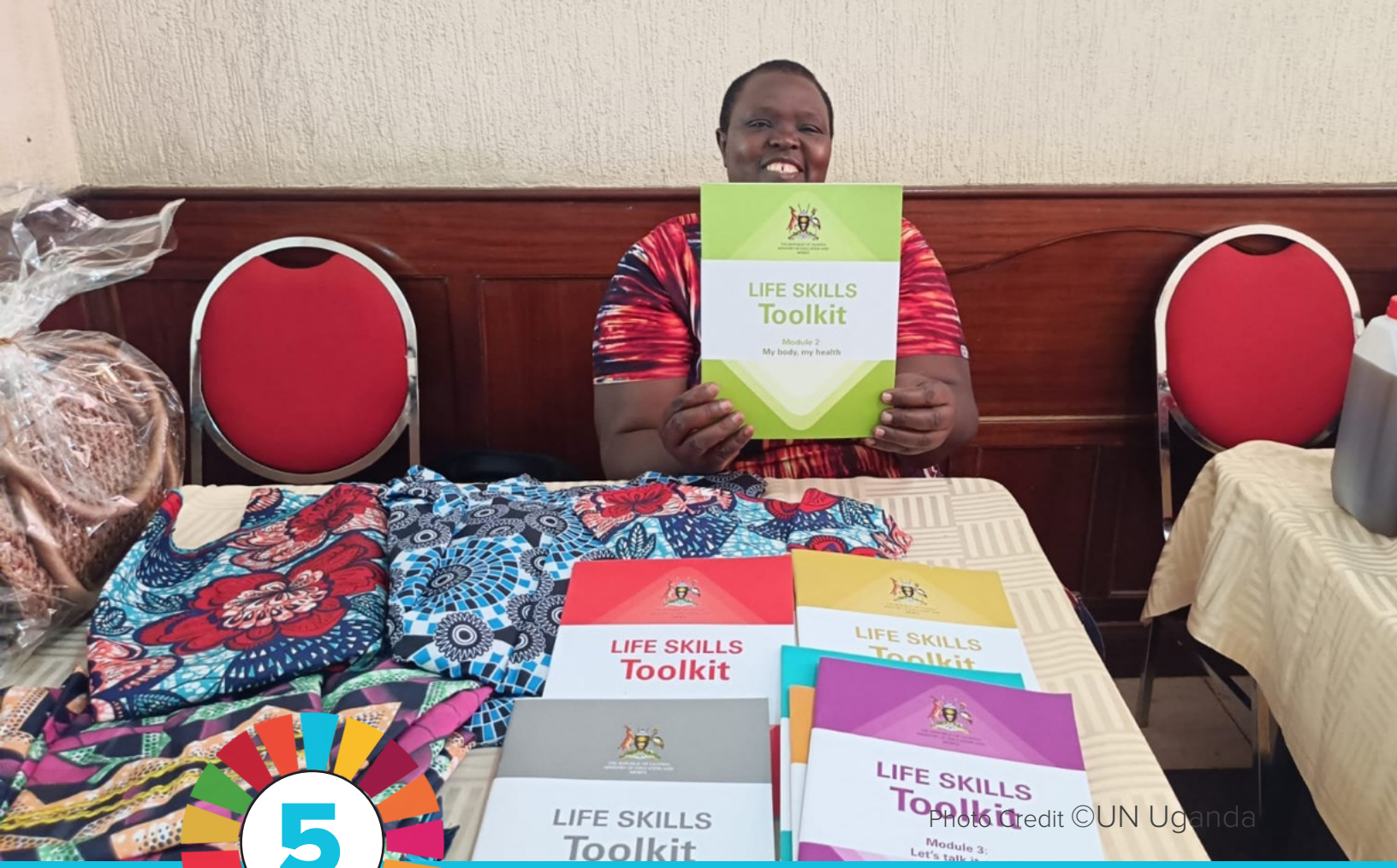


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5

RESULTS ACROSS OUTCOME AREAS

During the reporting period, the SI 2.0 JP reached 2,339,863 people (direct: 1,134,009; indirect: 1,205,764), representing an increase in overall programme reach from approximately 24 per cent of the 3,000,000 targeted rights-holders to 89 per cent by December 2025. Of these, 1,170,243 (direct: 568,690) were supported through NED funding, and 1,169,620 (direct: 565,409) through EUD. Among beneficiaries, 11,482 people with disabilities (5,997F: 4,585M) and 88,111 refugees (74,975F: 13,136M) were reached.

These results reflect progress across key outcome areas, including enhanced institutional capacity, expanded survivor-centred services, and increased community engagement in prevention efforts. These efforts contributed to improved access to services, stronger coordination across sectors, and more consistent implementation of EVAWG interventions at national and sub-national levels. Reported results are disaggregated by sex, age, disability status, and refugee/host community status where data was available, ensuring attention to equity and inclusion.

These results were enabled by the SI 2.0 JP's comprehensive and integrated approach to EVAWG. By aligning governance reform, justice strengthening, prevention initiatives, service delivery systems, and civil society engagement within national and sub-national coordination frameworks, the Programme generated systemic results that extend beyond individual outcome areas. This approach reinforced the principles of UN Reform, Delivering as One, and LNOB, ensuring mutually reinforcing action across sectors and institutions.

Complementary investments from the EU and NED enhanced strategic coherence and accelerated institutional reform. Both partners supported key areas, including justice sector

strengthening, survivor-centred service delivery, and coordination across GBV, SRHR, health, and protection systems, contributing to more integrated and effective responses. While the EU funding further advanced integrated SRHR and GBV programming and community norm transformation, investments from the NED reinforced national data systems, including upgrades to gender data infrastructure, integration of demographic dividend priorities into planning frameworks, and economic empowerment initiatives for adolescent girls and young women, designed to reduce vulnerability to violence, enhance resilience, and support recovery for survivors of VAWG. Together, these contributions reduced fragmentation, improved accountability, and reinforced institutional ownership and sustainability of EVAWG reforms.

The SI 2.0 JP elevated the political and strategic positioning of gender equality and EVAWG within planning and budgeting frameworks. Gender-responsive priorities were increasingly embedded within district and sectoral planning instruments, supported by strengthened inter-sectoral coordination and improved evidence generation. The EU strengthened operational integration of GBV and VAC priorities into development plans and sector workplans, while the NED reinforced institutional reforms through enhanced budgeting frameworks, ordinance implementation, and coordination mechanisms. Harmonized data platforms and surveillance systems improved real-time visibility of trends and vulnerabilities, strengthened evidence-based decision-making, and reinforced accountability across governance structures.

The principle of LNOB was operationalized through inclusive targeting, participatory engagement, and strengthened disaggregated monitoring systems (by sex, age, disability status, and displacement status where available). As a result, marginalized populations, including adolescent girls, persons with disabilities, refugees, and communities in remote areas, experienced improved access to services, information, and decision-making spaces. Participatory dialogue platforms and community accountability mechanisms strengthened through joint investments enhanced voice, trust, and responsiveness within local systems.

Beyond service expansion, the SI 2.0 JP contributed to measurable shifts in institutional culture and stakeholder practice. Justice and protection actors increasingly applied survivor-centred and trauma-informed approaches, coordination between sectors strengthened case management and referral pathways, and community leaders demonstrated greater ownership of prevention and accountability mechanisms. These shifts reflect progress toward more responsive, prevention-oriented, and better-coordinated systems.

Working comprehensively across outcome areas amplified impact. Strengthened institutional planning and budgeting capacity enabled allocation of resources for prevention and response. Social norms and community engagement efforts increased reporting and service uptake, which in turn improved administrative data quality and policy dialogue. These mutually reinforcing dynamics demonstrate how the integrated Spotlight Initiative model generates transformative results beyond single-pillar programming.

ational processes, including participatory monitoring, strengthened coordination platforms, and inter-agency mechanisms such as the CSNRG, functioned as results in their own right. These mechanisms enhanced trust, improved strategic oversight and accountability, promoted rights-based and inclusive programming, and strengthened national and local ownership. By reinforcing coordinated implementation, political commitment, and institutional alignment, they increase the likelihood of sustained and scalable results beyond the programme cycle.

Collectively, the Programme delivered immediate protection gains while consolidating the institutional and social foundations necessary for long-term progress toward ending violence against women and girls.





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PARTICIPATORY MONITORING, EVALUATION AND REPORTING (P-MER)

Building on the strong P-MER foundation established in 2024, the SI 2.0 JP further institutionalized participatory and decentralized monitoring systems across all 17 programme districts, covering both EU- and Netherlands-supported areas. This included expanding participatory tracking mechanisms and strengthening results-based management (RBM) systems in newly-supported districts, ensuring a harmonized and scalable monitoring approach.

P-MER was implemented through joint field monitoring missions, decentralized results validation platforms, RBM capacity building workshops, means of verification and structured multi-sectoral review processes. Stakeholders included MDAs coordinated by MGLSD, recipient UN organizations coordinated by UNRCO, Team Europe partners, district local governments, CSOs, IPs, political and cultural leaders, and programme rights-holders, strengthening transparency, accountability, and collective ownership of results.

These efforts translated into significant improvements in programme performance and data quality. Data quality improved significantly, with compliant reporting across districts disaggregated by sex, age, disability, refugee status, and location. Participatory review platforms enabled interrogation of results, identification of bottlenecks, and acceleration planning. Decentralized data validation processes strengthened the credibility, timeliness, and ownership of results, marking a shift from centralized reporting under the Spotlight Initiative 1.0 Programme to a more inclusive, district-led approach.

Beyond data improvements, P-MER systems enabled adaptive management and real-time course correction. Participatory review platforms facilitated identification of implementation bottlenecks, informed acceleration planning, and strengthened multi-sectoral coordination, particularly in GBV and VAC case management and referral systems. Direct engagement with right-holders during monitoring visits enhanced

the quality and authenticity of reported outcomes and strengthened trust in programme processes.

The participatory approach also contributed to broader institutional change. DLGs increasingly integrated Spotlight-aligned priorities into annual work plans, strengthening GBV-responsive planning and budgeting. Justice and protection actors adopted joint review and coordination mechanisms, including One-Stop Centre models, while the CSNRG reinforced accountability, evidence-based advocacy, and national-level learning through independent monitoring.

Lessons emerging from implementation underscored the importance of early RBM orientation for new districts, structured data validation, and continuous beneficiary engagement during monitoring visits. Direct interaction with right-holders enhanced the authenticity of reported outcomes and strengthened trust in programme processes. At the same time, monitoring visits highlighted the need for tracer studies to assess the longer-term impact of TVET, scaling up of high-demand services, strengthening referrals, enhancing documentation of impact stories, and addressing institutional sustainability and human resource gaps within justice and protection systems. These lessons reaffirm that participatory monitoring is most effective when embedded within institutional systems and linked to adaptive management.

Overall, P-MER under SI 2.0 JP has evolved into a structured, decentralized, and learning-oriented system that not only tracks results but actively drives programme adaptation, strengthens institutional systems, and supports sustainable change.

Illustrative examples of P-MER:

(i) The following examples illustrate how P-MER processes informed evidence-based decision-making, strengthened accountability, and supported adaptive programme implementation during the reporting period.

Joint monitoring of TVET skilling programme and identification of learning institutions

(ii) A joint mission coordinated by MGLSD, UNRCO, and UNDP monitored 12 TVET institutions implementing Cohort 1 training and assessed capacity for Cohort 2, targeting approximately 1,200 learners, of whom 70 per cent are girls. The mission documented improved livelihoods and reduced vulnerability to GBV among graduates engaged in income-generating activities. Increased enrolment of girls in traditionally male-dominated trades, including plumbing, electrical installation, solar installation, motor vehicle mechanics, and construction, reflected a positive change in social norms. The exercise also identified 20 institutions for Cohort 2 and generated key learning actions, including



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the need for tracer studies, extended training duration for skills mastery, and strengthened support for start-up kits.

Regional mid-year results tracking

(iii) Regional mid-year monitoring meetings were conducted across all 17 supported districts, bringing together stakeholders from the social, education, health, police, and justice sectors. Led by MGLSD and UNRCO, the meetings validated progress against indicator targets, acknowledged areas of strong performance, and identified corrective actions to address underperformance. The decentralized review process strengthened transparency, accountability, and collective ownership, while the data generated informed acceleration planning and contributed to improved reporting compliance and increased programme reach.

JLOS Development Partners Group monitoring and evaluation visit to the Albertine/Western Region

(iv) The programme participated in a Justice, Law and Order Sector (JLOS) Development Partners Group monitoring visit in Kyegegwa District to assess sector performance and service delivery effectiveness. The visit observed a model one-stop justice centre integrating police, prosecution, and court services, including survivor-friendly facilities such as baby care spaces. The assessment demonstrated strengthened coordination and expedited case handling, while also identifying priority follow-up actions, including refugee sensitization on local laws, waiving medical examination costs for GBV survivors, and scaling the one-stop service model to additional districts.

Spotlight Initiative CSNRG field monitoring visit

(v) The CSNRG conducted field monitoring visits across the Elgon, Karamoja, and West Nile Sub regions to strengthen strategic oversight and accountability. Visits to eight CSOs documented improved access to justice and protection services, strengthened community engagement, and enhanced referral mechanisms. The mission also identified persistent gaps, including institutional sustainability challenges, data and case management weaknesses, human resource shortages, and harmful social norms. Findings from the exercise are informing national advocacy efforts and future programme planning.



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CAPTURING CHANGE AT OUTCOME LEVEL

Outcome A:

Laws, policies, institutions and data

Institutional strengthening improved policy implementation, coordination, and local ownership of EVAWG priorities. Local governments operationalized gender-responsive GBV, VAC, and harmful practice ordinances and integrated prevention and response measures into district development plans and budgets. With support from NED, ten districts finalized ordinances, six of which are already under implementation, demonstrating increased political commitment and strengthened accountability frameworks. Enhanced district capacity to plan, finance, and coordinate prevention and response services improved consistency in service delivery and oversight, reinforcing sustainable institutional ownership of EVAWG programming. During the reporting period, national and sub-national governance systems strengthened their capacity to institutionalize GBV, VAC, harmful practices, and SRHR priorities across planning, budgeting, justice, coordination, and data systems, with reforms advanced at both national and district levels through complementary investments by the EU and NED.

Institutional capacity on gender-responsive planning and budgeting (GRPB) improved significantly across ministries, departments, and local governments. A cumulative total of 3,459 officials (1509F: 1950M) were trained and mentored in GRPB, data utilization, and evidence-based planning. Of these, 2,991

(1,323F: 1,668M) district and lower local government officials were supported through EU funding to strengthen integration of GBV/VAC priorities into sector workplans and Budget Framework Papers. Complementing this, NED funding supported training and mentoring of district officials across Nebbi, Oyam, Madi Okolo, Lamwo and Adjumani, including 201 (87F: 114M) officials from six DLGs and seven MDAs. Post-training assessments among 158 sampled participants showed that the majority (75%) reported high or very high knowledge of GRPB, and nearly all (91%) expressed confidence in applying acquired skills. Together, these efforts increased the number of districts with functional GBV action plans from 12 to 17 and strengthened integration of GBV, VAC, harmful practices, and SRHR priorities into District Development Plans and Budget Framework Papers for FY 2025/26.

Legislative and policy strengthening advanced at national and sub-national levels. The National Action Plan on Trafficking in Persons (2024/25–2029/30) was developed and adopted with support from NED, embedding anti-trafficking priorities within national development planning and strengthening awareness and referral mechanisms in eight districts. At the sub-national level, eight districts reviewed, finalized, and disseminated GBV and VAC ordinances and by-laws. In addition, ten districts received targeted support from the NED to institutionalize strengthened prevention frameworks, resulting in six enacted ordinances addressing GBV, VAC, and harmful practices (Kaabong, Amudat, Kitgum, Nakapiripirit, Omoro and Otuke). EU funding further supported the dissemination of disability-inclusive planning guidelines to 12 districts, strengthening the mainstreaming of disability within local government planning and reporting systems.

Data systems and evidence generation were strengthened through the training of 703 personnel (331F: 372M) in GBV data management, analysis, and reporting, including district education officers, district biostatisticians, district health officers, police, justice law and order officials, planners, district community development officers, MDA officials, and CSO representatives. Additional efforts included the finalization of the Harmonized GBV Data Portal, the collection of citizen-generated data across five districts (Arua, Kasese, Tororo, Terego, and Yumbe), and the alignment of refugee protection data systems through GBVIMS and proGres V4[11]. These improvements enhanced the availability, quality, and use of reliable data to support planning, coordination, and evidence-informed decision-making (EU & NED).

Multi-sectoral coordination mechanisms were consolidated through functional Child Wellbeing Coordination Committees (CWCCs). These strengthened governance and coordination mechanisms under Outcome A also support service delivery under Outcome C and social norms change under Outcome B, demonstrating the integrated Spotlight model in practice. A total of 2,207 CWCC members (812 F: 1,395 M; 16 PWDs) were engaged at national and sub-national levels, supporting joint planning, referral coordination, and case management oversight across the health, education, justice, and social welfare sectors in nine districts. Complementarily, EU support strengthened the functionality of the national CWCC, reinforcing policy oversight and alignment between national and district structures.

Public financing for GBV and child protection increased at both district and national levels between 2024/2025 and 2025/2026 fiscal years. Eleven districts recorded higher domestic allocations for GBV and child protection interventions. Notable increases included Amudat (from UGX157 million to UGX204 million), Nebbi (from UGX4 million to UGX49 million), and mobilization of UGX20 million in Kitgum from partners. At the national level, child-focused public finance analysis identified a historic increase in direct child protection allocations to UGX212.1 billion (approximately US$5.9 million) in the 2025/26 Draft Estimates, strengthening evidence-based advocacy for sustained domestic investment in child protection and SRHR.

11 This is a web based system that progressed from GBVIMS formerly used in refugee settings for tracking, monitoring and reporting GBV data.

Despite contextual challenges, including electoral cycles, humanitarian pressures, and administrative constraints, the programme maintained momentum through adaptive planning, targeted support to remote districts, and continuous mentorship of government counterparts. Key reforms, operational coordination structures, institutionalized GRPB practices, enacted ordinances, strengthened justice and data systems, and increased domestic budget allocations are embedded within official district workplans and budgets, with trained staff serving as mentors to incoming officials. By integrating these measures into formal systems, the programme has established a durable foundation for ongoing prevention and response to GBV, VAC, and harmful practices beyond the programme cycle.

Outcome B:

Prevention

Social norms programming supported by the EU and NED contributed to measurable shifts in attitudes and practices related to early marriage, teenage pregnancy, and harmful gender norms. Community monitoring and dialogue platforms strengthened through joint investments not only reported increased rejection of child marriage but also tracked tangible behavioural changes, such as improved school attendance and reporting of violence, demonstrating impact at the community level. Engagement with adolescents, parents, and local influencers supported by both partners strengthened awareness of rights and collective responsibility for prevention, while peer-led initiatives fostered accountability and reflection on unequal power dynamics. Complementary survivor support, economic resilience, and livelihood interventions funded by the EU and NED reinforced these outcomes, contributing to longer-term reductions in vulnerability to violence and increased help-seeking behaviour among women and girls.

Community-based prevention and empowerment interventions strengthened protective environments and reduced vulnerability among marginalized populations, including women and girls, PWD, out-of-school youth, and refugees. Through structured dialogues supported by the EU, communities increased awareness of GBV risks, strengthened collective responsibility for prevention, and improved knowledge of referral pathways. Complementary livelihood and TVET interventions supported by both donors enabled adolescents and youth to develop vocational skills, financial literacy, and income-generating activities, while school-based sexuality education reached thousands of learners, enhancing protective behaviours and promoting SRHR knowledge. Collectively, these interventions contributed to safer community environments, improved economic resilience, and more informed and empowered young people.

Prevention interventions strengthened community norms, adolescent empowerment, and protective behaviours, contributing to reduced vulnerability to violence against women, girls, and children. Through complementary investments by the EU and NED, structured prevention programmes were implemented across multiple districts, reinforcing collective responsibility for non-violence, strengthening early identification and referral of cases, and enhancing community-level accountability mechanisms. These efforts also contributed to measurable shifts in attitudes and practices related to early marriage, teenage pregnancy, and harmful gender norms. Together, these investments contributed to measurable shifts in attitudes, increased confidence in protection systems, and stronger community ownership of sustainable violence prevention efforts.

Across districts, engagement of cultural leaders, male champions, and Local Council Committees promoted positive masculinities, shared decision-making, and child protection practices, strengthening household reconciliation mechanisms and community oversight. Communities increasingly recognized non-violence as a shared responsibility and demonstrated increased confidence in referral and protection systems. In Terego District, strengthened vigilance and trust in formal institutions resulted in the referral of 87 cases (41 GBV and 46 VAC) to relevant authorities. In

Kasese and Kyegegwa, integrated GBV and SRHR messaging across multiple community platforms reinforced informed decision-making and protective practices. Collectively, these efforts contributed to measurable shifts in attitudes, strengthened social norms, and improved responsiveness to GBV and VAC risks at the community level.

Engagement through cultural and religious institutions, supported by the NED, strengthened leadership advocacy and social accountability on SRHR, GBV prevention, harmful practices, and girl-child education, reaching 3,931 community members. Netherlands-funded community dialogues and action groups deepened localized norm transformation and strengthened early identification of violence risks.

Complementing this, multi-agency community prevention initiatives engaged 55,975 community members (30,917F: 25,058M), strengthening public dialogue, peer accountability, and collective recognition of alternatives to violence. Where both donors supported community-level prevention platforms, NED funding enabled grassroots mobilization and structured action groups, while EU funding reinforced broader social accountability mechanisms and public oversight processes. Together, these investments strengthened community ownership of prevention efforts. As one village chief, Peter Patrick P'Odong, reflected:

"The Spotlight Initiative dialogues have brought significant changes to my community... more boys and girls are now attending school, and cases of gender-based violence have noticeably decreased."

Adolescents and young people demonstrated increased confidence, resilience, and protective capacity through integrated life-skills and empowerment interventions supported by both the EU and NED. Structured programmes reached 12,640 adolescents (7,540F: 5,100M), strengthening knowledge of rights, consent, gender equality, and violence prevention, which contributed to improved confidence among adolescents to report violence, make informed decisions on relationships and health, and engage more actively in household and community discussions. School-based sexuality education reached 6,600 learners (3,300F: 3,300M; 10 PWD) across 77 primary and 33 secondary schools, improving understanding of menstrual hygiene, puberty, preventing teenage pregnancy, children's rights, and life skills that support safe decision-making. Engagement with adolescents, parents, and local influencers further strengthened awareness of rights and collective responsibility for prevention, while peer-led initiatives fostered accountability and reflection on unequal power dynamics. These interventions, alongside life skills programming, contributed to improved communication within households, greater willingness to challenge harmful norms, and increased confidence among adolescents to report violence, seek support, and make informed decisions on relationships and wellbeing. Structured peer networks, including school-based GEM clubs and out-of-school groups, further strengthened adolescent leadership, peer support, and confidence to report violence and engage in decision-making.

Complementing these interventions, digital platforms and technology-enabled approaches expanded access to SRHR and GBV prevention information among adolescents and out-of-school youth. The Mobile Monitoring and Consultation Center (MOBIMOCC), a mobile-based learning platform, and offline digital tools delivered structured SRHR and GBV content, enabling young people to access information on consent, GBV reporting mechanisms, mental health awareness, digital safety, and safe online behaviour, including in low-connectivity settings. These interventions improved access

to timely and relevant information, strengthened digital literacy skills, and enhanced youth engagement in prevention, referral pathways, and employability opportunities.

MDD activities reached 8,417,416 learners nationwide. Of these, 6,332,565 learners (3,027,014F: 3,305,014M) were reached beyond the initially targeted through wider school engagement and performances. Within the 17 SI 2.0 JP-supported districts, 2,084,851 learners were reached (1,000,683F: 1,084,168M). A total of 10,787 learners with special needs (5,518F: 5,269M) were also reached, reinforcing inclusive access to SRHR and GBV prevention messaging across diverse groups.

Broader life-skills and peer-led initiatives reached over 20,900 adolescents (10,763F: 10,222M; 103 PWD), reinforcing gender-equitable attitudes and peer advocacy capacities. Within this broader platform, Empowerment and Livelihood for Adolescents (ELA) Clubs provided structured peer-safe spaces for adolescent girls and young women. A total of 1,740 girls participated in 58 ELA Clubs, including refugees and girls with disabilities. Through these groups, girls strengthened their confidence to report violence, seek support, and participate more actively in household and community discussions, reinforcing protective peer networks.

Economic empowerment interventions, primarily supported by the NED, addressed structural drivers of vulnerability linked to poverty and exploitation. A total of 4,052 adolescents and youth (2,998F: 1,054M), including 22 PWDs (16F: 6M), enhanced their livelihoods through vocational skills, financial literacy, and income-generating opportunities. Of these, 2,326 participants (1,736F: 590M; 22 PWDs) received vocational training and support to start income-generating activities, while 1,726 adolescents and youth (1,262F: 464M) strengthened their financial literacy and economic resilience through VSLA-linked savings groups. Among the VSLA participants, 971 adolescent girls formed 70 groups that collectively accumulated UGX20.6 million. Additionally, 20 TVET institutions were strengthened to ensure training environments are gender-responsive and sensitive to GBV risks.

By integrating life skills programming with economic empowerment interventions, including financial literacy, vocational training, and peer support structures, the programme strengthened adolescents' economic resilience and reduced vulnerability to early marriage, transactional sex, and other forms of exploitation. This contributed to reduced reliance on negative coping mechanisms and increased autonomy in personal and household decision-making, while also reinforcing GBV prevention by addressing economic drivers of risk and enhancing the ability of adolescents, particularly girls, to make safer choices and seek support when needed. Addressing economic insecurity as a structural driver of violence increased agency among adolescent girls, strengthened decision-making capacity, and reinforced protective factors at household and community levels, contributing to more sustainable prevention outcomes beyond short-term awareness gains.

Community protection and legal awareness were strengthened through SASA! Together, implemented with support from both the EU and NED. These interventions combined community mobilization, targeted dialogues, and male engagement to promote GBV prevention and shift social norms, with NED funding supporting grassroots action groups and community-level dialogues, and EU funding reinforcing broader social accountability and public oversight mechanisms. The reach achieved through SASA! was made possible by 2,236 trained activists (896F: 1,340M) who facilitated



8,417,416

The Number Of learner reached throu Music Dance and Drama nationwide



the activities. Through these efforts, 26,958 community members (16,675F: 10,283M) were reached, including 7,356 individuals (4,602F: 2,754M) who participated directly in structured SASA! sessions. Complementary community dialogues and male engagement sessions reached 1,966 participants (551F: 1,415M), reinforcing positive masculinities, improving early risk detection, and increasing confidence to report GBV cases.

A total of 503 GBV cases were addressed, with 325 resolved through community-based mechanisms and the remainder referred to formal service providers, including police and GBV shelters. These results indicate strengthened functionality of community-level referral pathways and improved coordination between community and formal response systems. Inclusive parenting programmes and community dialogues, supported through joint donor investments, engaged 11,080 parents and caregivers (5,802F: 5,278M), including 1,477 persons with disabilities. Through a combination of structured sessions and community-level engagement, these interventions strengthened positive parenting practices, enhanced communication within families, and promoted violence-free household environments.

Public commitments against child marriage, sexual violence, and related forms of abuse were advanced by 1,280 community leaders and influencers (640F: 640M), reinforcing visible leadership accountability and community ownership of prevention efforts.

While behaviour change progressed steadily, gains were slower in some remote and lower-exposure areas due to weaker trust in institutions and limited referral structures. In response, targeted engagement with local leaders and community systems was intensified to strengthen trust, reinforce prevention messaging, and consolidate protection mechanisms.

The numerical reach of key prevention interventions is summarized below (see Table 1).

1,966

Number of particpants reached through complementary community dialogues and male engagement sessions

503

Number of GBV cases addressed

325

GBV cases resolved through community-based mechanisms and the remainder referred to formal service providers, including police and GBV shelters.



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Table 1: Reach of prevention interventions on SGBV and SRHR

Prevention interventions	Numbers
Community mobilization through SASA! Together model	26,958 (16,675F: 10,283M)
Community dialogues & male engagement	1,966 (551F: 1,415M)
Youth engagement & peer-led GBV/SRHR prevention outreach	20,900 (10,763F: 10,222M)
Parenting and caregiver prevention programmes	11,080 (5,802F: 5,278M)
Community & refugee leadership structures trained	1,280 (640F: 640M)
School re-enrolment mobilization to prevent child marriage & dropout	518 (490F: 28M)

The engagement of key stakeholders and institutional actors supporting gender transformation and GBV prevention is summarized below (see Table 2).

Table2: Numerical engagement of community actors and duty bearers for gender transformation against SGBV and for SRHR in communities and schools.

Advocates mobilized for community engagement	Female	Male	Total
GBV & VAC case workers	493	691	1,184
Police/Director of Public Prosecutions (DPP)	41	31	72
Health	717	501	1,218
CSO workers/community-based volunteers	2,105	2,694	4,799
Cultural & religious leaders	24	92	116
Local councillors (I&II)/local council courts (LCCs)s & Refugee Welfare Committees (RWCs)	687	939	1,626
Parents	5,802	5,278	11,080
Male Action Groups	0	567	567
Politicians	10	19	29
SASA! community activists	896	1,340	2,236
Teachers/school administrators	205	255	460
VHTs	748	614	1,362
Para-social workers (PSWs)	145	91	236
DLG officials - DCDOs, DCOs and probation and social welfare officers (PSWOs)	520	898	1,418
Adolescent youth peer leaders/Group Antenatal Clinic (GANC)	953	1,094	2,047
Total	**13,346**	**15,104**	**28,450**

OutcomeC:

Response

Under outcome C (Response), access to justice for survivors improved through strengthened legal aid systems and enhanced justice sector coordination. With funding from the EU, a total of 198 SGBV cases were disposed of in Moroto and Kitgum High Courts, resulting in 59 convictions, a 15 per cent increase compared to 2024. These cases primarily involved women and girls, with vulnerability characteristics monitored to support survivor-sensitive case management. Special court sessions, trauma-informed approaches, mobile legal clinics, and strengthened paralegal networks contributed to more timely case handling and improved survivor support. Innovations such as case management sub-committees and video conferencing enhanced judicial efficiency and continuity, strengthening trust between survivors, civil society, and justice institutions and contributing to more sustainable inter-agency coordination.



Service delivery interventions expanded access to integrated, survivor-centred support across health, psychosocial, education, and social protection systems. Community health systems, strengthened with support from NED, reached over 20,000 clients, enhancing early identification of survivors and timely referral to essential services. Integrated SRHR and GBV community outreaches supported by the EU engaged thousands of participants, improving access to critical services and strengthening referral pathways. Education sector interventions, supported jointly by the EU and NED, improved teacher capacity in life skills and SRHR message delivery, GBV prevention messaging, and fostering safer and more protective school environments.

Building on these interventions, and with primary funding from the EU and complementary support from NED, the SI 2.0 JP strengthened survivor-centred access to justice and reinforced coordinated multi-sectoral response systems for women, girls, boys, youth, and persons with disabilities. Investments enhanced rule of law enforcement, institutional accountability, trauma-informed case management, and interoperable referral pathways linking GBV, VAC, SRHR, and mental health and psychosocial support (MHPSS) services. Beyond expanding service coverage, the programme reduced fragmentation and strengthened structural coherence across justice, health, education, and social welfare systems in Spotlight Initiative districts, including in refugee and host community settings where integrated response systems improved continuity of care and equitable access to services. The numerical reach across key service delivery areas is summarized in Table 3 below.

Table 3: Numerical reach of Spotlight Initiative GBV and SRHR services in communities, schools and target refugee settlements

Service type	Number (Sex disaggregation)
GBV/VAC/SRHR information	2,192,276 (1,061,167F: 1,131,109M)
SRHR services (contraceptives, human chorionic gonadotropin (HCG) testing, HIV testing, syphilis testing, sexually transmitted infection (STI) screening)	492,115 (442,959F: 49156M)
Legal services/access to justice	154,114 (84,950F: 69,164M)
Social services (mental health and psychosocial support (MHPSS), general counselling, livelihood, referrals and linkages)	201,895 (103,956F: 97,939M)
GBV/VAC case management by district case workers	4,536 (2,645F: 1,891M)
People with disabilities reached	10,582 (5,997F: 4,585M)
Refugees	88,111 (74,975F: 13,136M)

Table 4: Contraceptive Services

SRHR services (contraceptives)	Number reached / distributed
Male Condom Clients	30,913
Female Condom clients	1,010
Pills Services	150
Male Condom pieces	434,408
Female Condom pieces	6,213
Pills Cycles	149
EC	95
Sayana	20,370
Depo	1,425
Implanon	1,839
Levoplant	-
Jadelle	768
IUD	43

Beyond the aggregate reach (see Table 3),

efforts to improve the quality and coordination of response services focused on strengthening the capacities of justice and protection personnel in case

management, forensic evidence handling, and the alignment of traditional and formal justice mechanisms. These efforts contributed to more timely case handling, improved survivor-centred service delivery, and stronger linkages between community-based and formal justice response systems.

At the institutional level, EU funding strengthened justice centres, prosecution services, Local Council Courts, structured community accountability forums (including barazas), and media engagement platforms. Capacity building was provided to 22 prosecutors (7F: 15M) and 25 court personnel (4F: 21M), improving survivor-centred and trauma-informed adjudication. At the community level, 253 Local Council Court members (68F: 185M) were strengthened to manage GBV cases, handling 100 cases, resulting in 8 adjudications/referrals and 17 individuals receiving legal advice.

Collectively, strengthened justice mechanisms enabled 427 survivors (354F: 73M) to secure restitution and property recovery valued at UGX118,168,000 (approximately US$32,870), including 70 acres of land, a two-roomed house, and six rental units. By reinforcing prosecutorial effectiveness, court performance standards, and oversight mechanisms, EU investments strengthened institutional accountability and access to redress.

Complementing these reforms, NED funding expanded district-based legal aid services in Nebbi, Zombo, Pakwach, Lamwo, and Madi Okollo, reducing geographic and financial barriers for rural and vulnerable populations. Integration of financial literacy and economic empowerment components further supported survivor recovery and longer-term resilience, strengthening both supply-side institutional capacity and demand-side accessibility of justice services.

Community-based response systems were strengthened through MHPSS and helpline services, reaching 199,624 women and girls and improving early identification, safe disclosure, and referral pathways. Community health systems strengthened with support from the NED reached over 20,000 clients, further enhancing early identification of survivors and timely referral to essential services. In addition, social services, including general counselling, livelihood support, and referrals and linkages, benefited 201,895 individuals (103,956F: 97,939M), complementing these efforts. Overall, a total of 2,192,276 people (1,061,167F: 1,131,109M) received GBV, VAC, and SRHR information to promote safe disclosure, service uptake, and timely referral into formal response systems.

Health system strengthening further reinforced these efforts, with 1,362 (748F: 614M) village health team (VHT) members supporting outreach programs and providing integrated SRHR and GBV services. Across facilities, outreach, and adolescent programs, a total of 492,115 individuals (442,959F: 49156M) accessed SRHR services, including contraceptives, HCG testing, HIV testing, syphilis testing, and STI screening. These efforts generated 949,561 couple-years of protection (CYPs) and reduced geographic and financial barriers to care. The CYP generated indicates sustained uptake of family planning services; however, the pattern suggests continued reliance on short-term contraceptive methods, consistent with SPARS findings highlighting gaps in the availability of a full contraceptive method mix at the facility level. This points to the need to strengthen commodity security and expand access to long-acting reversible contraceptives to improve method choice and programme efficiency. In addition, 78 VHTs were trained on the Electronic Community Health Information System (ECHIS), enhancing homestead mapping, client tracking, and data-informed outreach. An embedded facility-based mentorship model, led by midwives and health assistants, institutionalized supervision and improved adherence to integrated SGBV and SRHR service standards, resulting in more consistent reporting and sustained adolescent service uptake.

Integrated service delivery strengthened adolescent access to care. A total of 40,172 adolescent girls and young people accessed integrated SRHR, GBV, and HIV services, including referrals for nine life-threatening cases (six HIV; three cervical cancer). In the education

sector, 900 teachers were supported, including 311 (148F: 163M) across 90 schools in 11 Spotlight districts, strengthening delivery of age-appropriate and inclusive comprehensive sexuality education and life skills. Education sector interventions, supported jointly by the EU and NED, improved teacher capacity in GBV prevention messaging and life skills, fostering safer and more protective school environments. Eighty schools delivered structured sessions, improving awareness of teenage pregnancy prevention, HIV services, and referral pathways. At the district level, 210 stakeholders were oriented on sexuality education frameworks and 33 personnel trained in data-driven planning and monitoring, strengthening governance and accountability of SE/SRH interventions.

Multi-sectoral response coordination was institutionalized through 36 district-level quarterly meetings and over 100 sub-county coordination forums across nine districts, improving case tracking, structured follow-up, and inter-agency collaboration. The use of GBV case census data, including 200 cases documented in the Nebbi High Court circuit, contributed to backlog reduction and improved survivors' access to justice.

To address systemic fragmentation, the programme supported development of an Integrated Case Management Compendium under the leadership of MGLSD. The Compendium harmonized guidance across VAC, GBV, SRHR violations, and harmful practices into a unified framework, clarifying referral pathways, documentation standards, roles, and survivor follow-up procedures, thereby strengthening continuity of care.

In refugee settlements and urban areas, multi-sectoral GBV response systems strengthened through joint investments improved access to integrated health, psychosocial, legal, and protection services for both refugee and host community populations. Strengthened One-Stop Centres and harmonized referral pathways enhanced continuity of care and survivor follow-up, while capacity building of duty bearers, refugee leadership structures, and community actors reinforced survivor-centred approaches and accountability within local reporting systems. Complementary investments in education retention, economic empowerment, and SRHR services further reduced vulnerability and strengthened resilience in these contexts.

Structured early risk identification interventions reached 13,819 adolescents (6,999 boys; 6,820 girls), including 103 persons with disabilities. Mental health and psychosocial support services reached 2,348 children and adolescents (including 88 persons with disabilities), while 3,575 children accessed multi-sectoral services. Survivors at heightened risk accessed temporary shelter (73 survivors, including 14 PWDs), psychosocial support (41 women), and livelihood and vocational training (40 survivors, including 18 PWDs), enhancing safety and economic resilience. The overall reach of the Spotlight Initiative Joint Programme (SI 2.0) across direct and indirect beneficiaries is summarized below (see Table 5).



199,624

Women and girls reached through MHPSS and Helpline services



201,895

people benefited from social services, including general counselling, livelihood support, and referrals and linkages.



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Table 5: Numerical impact of SI 2.0 JP[12]

Categories	Direct rights holders		Indirect rights holders	
	EU-funded programme	NED-funded programme	EU-funded programme	NED-funded programme
Women (18 years and above)	22,102	36,047	16,002	10,200
Girls (5–17 years)	534,885	529,034	0	0
Men (18 years and above)	8,422	3,609	21,773	25,635
Boys (5–17 years)			566,436	565,718
TOTAL	**565,409**	**568,690**	**604,211**	**601,553**

12 Direct rights holders include AGYW (10-24 years) reached with integrated GBV, VAC, SRHR, legal, and livelihood services, while direct beneficiaries also include trained duty bearers supporting service delivery. Indirect rights holders comprise ABYM (10-24 years) and adults (25+) reached with prevention and awareness interventions.



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CHALLENGES & MITIGATING MEASURES

During the reporting period, the SI 2.0 JP operated within a generally stable but increasingly complex environment. Overall, the programme's risk profile remained steady, with no significant escalation observed. While contextual, fiscal and institutional factors required adaptive management and targeted sequencing adjustments, implementation remained on track, with only limited modifications to planned timelines.

These dynamics are reflected in the programme's risk management matrix (Annex B), where contextual, programmatic, and institutional risks are regularly monitored and addressed through agreed mitigation and adaptive measures.

a) Operating context and institutional sensitivities

Heightened sensitivities surrounding human rights discourse, alongside preparations for the 2026 general elections, required careful positioning of EVAWG and VAC interventions. At times, administrative processes at national and district levels moved more slowly as institutions managed competing priorities.

The programme maintained close engagement with MGLSD and aligned interventions with nationally endorsed legal and policy frameworks. Advocacy and communication approaches were strategically framed carefully to remain consistent with national laws while upholding UN normative standards. As a result, constructive institutional relationships were sustained, allowing activities to proceed without major disruption.

Fiscal and humanitarian pressures at the decentralized level

In the pre-election period, some districts experienced fiscal pressures and shifting budget priorities affecting social sector allocations, including GBV-related activities. In some instances, administrative and disbursement delays required adjustments to implementation schedules.

To mitigate this, interventions were further embedded within DLG Annual Work Plans and aligned with both programme and the Ugandan Government (GOU) financial calendars. Quarterly monitoring reviews enabled the team to identify delays early and adjust timelines accordingly. A no-cost extension was initiated to safeguard full delivery of planned outputs without compromising quality. District commitment to EVAWG priorities remained consistent.

In refugee-hosting districts, increased demand continued to place pressure on local protection and social service systems. The programme prioritised lifesaving GBV and SRHR services and strengthened coordination with humanitarian actors and district authorities to sustain service access for both refugee and host communities. Referral pathways were reinforced, and integrated outreach approaches were used to reach vulnerable populations. While service demand remains high, core interventions were maintained throughout the reporting period.

b) Civil society engagement, coordinated delivery and sustainability

CSOs, including grassroots groups, remain central to programme delivery. During the reporting period, selected partners required additional support to strengthen results-based management, financial reporting and consistent application of P-MER standards. Staff transitions among some partners also required onboarding and mentoring.

Targeted capacity-building sessions strengthened quarterly performance reviews prior to fund disbursement, and joint field monitoring visits provided structured support. As a result, reporting quality improved and partners demonstrated a clearer focus on behavioural and social norm change outcomes. The reconstituted CSNRG continued to reinforce alignment with the programme's Theory of Change and strengthen accountability and feedback loops.

As a multi-agency joint programme implemented under the Delivering as One framework, SI 2.0 JP required ongoing alignment of planning cycles and activity sequencing across recipient UN organizations. Differences in agency-specific procedures and timelines occasionally created coordination challenges, which were addressed through structured monthly coordination meetings, strengthened outcome co-chair arrangements, and the use of single district-level coordination platforms enhanced coherence and reduced siloed implementation.

Ensuring sustainability remains an ongoing priority. Integration of EVAWG interventions into national and sub-national planning frameworks has progressed, though continued technical support is required to strengthen implementation, including consistent budget allocation, operationalization of plans at the sub-national level, and sustained institutional ownership. The SOC, co-chaired by MGLSD and the RCO, continued to provide strategic guidance and reinforce national ownership, strengthening prospects for continuity beyond the programme cycle. These governance and coordination arrangements position the programme to support a smooth transition into 2026 and beyond, ensuring sustained alignment with national priorities and continued institutional commitment to EVAWG interventions.



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LESSONS LEARNED AND NEW OPPORTUNITIES

a) Lessons learned

The 2025 implementation experience reaffirmed that sustainable progress in EVAWG depends on institutional embedding rather than stand-alone interventions. Integrating GBV and SRHR priorities into DLG development plans and budget frameworks strengthened ownership and accountability. Proactive engagement of district leadership enabled more consistent incorporation of gender-responsive budgeting principles (GRPB) through the application of GRPB guidelines and standard district planning instruments, improving alignment between technical priorities and fiscal planning cycles. A key lesson emerging from this process is that sustainability must be built through continuous mentoring, joint review mechanisms, and integration into routine government coordination platforms rather than treated as a final-stage objective.

The year further demonstrated that survivor-centred approaches in justice and service delivery enhanced both effectiveness and trust. Special court sessions applying trauma-informed practices, in-camera hearings for vulnerable survivors, and stronger linkages between community dialogues and formal justice mechanisms improved access to justice and increased confidence in reporting GBV cases. At the same time, persistent challenges such as incomplete investigations and witness non-attendance highlighted the need to further strengthen referral systems, case management follow-up, and evidence collection procedures. The lesson is that survivor-centred models must be paired with procedural efficiency and inter-agency coordination to translate improved reporting into sustained justice outcomes.

In refugee-hosting districts, collaboration with humanitarian protection actors, including coordination mechanisms supported by UNHCR,

reinforced the importance of harmonized referral pathways serving both refugee and host communities. Joint monitoring of service delivery points and integrated outreach approaches strengthened service continuity despite fluctuating caseloads. This experience underscored the value of institutionalizing humanitarian-development nexus approaches within district planning processes to ensure equitable access under LNOB principles.

Community engagement remained central to prevention outcomes. Male engagement initiatives, collaboration with cultural and religious leaders, and peer-led adolescent programming confirmed that inclusive, context-sensitive participation is essential for transforming harmful social norms. Positive masculinities dialogues, peer mentorship, and community-based mediation structures contributed to improved school retention for girls, strengthened case referral practices, and enhanced collective responsibility for SRHR outcomes. The key lesson is that norm change requires sustained engagement across multiple community structures rather than isolated awareness campaigns.

Finally, the expanded use of digital tools including the National GBV Database, VHT mapping systems, and Teenage Pregnancy Surveillance platforms reinforced the centrality of evidence-informed programming. Linking administrative and citizen-generated data to district planning improved targeting, strengthened coordination, and supported responsive decision-making. However, experience also demonstrated the need for continued capacity strengthening in data interpretation and utilization at local level to ensure digital systems meaningfully inform policy and budgeting processes.

b) New opportunities

The experience of 2025 presents significant opportunities to consolidate gains and expand impact. The visibility and credibility of integrated programming at district and community levels provide a foundation to deepen multi-sectoral collaboration among government institutions, CSOs, and humanitarian actors. Strengthened coordination in refugee-hosting districts offers potential to further institutionalize joint planning forums and harmonized service delivery models that bridge humanitarian and development frameworks.

Community and media platforms demonstrated strong potential to amplify prevention messaging and promote positive behavioural change. Music, drama, radio programming, and participatory dialogues proved effective in reaching adolescents, parents, and community leaders. There is an opportunity to scale these platforms and engage additional partners, including youth networks, the private sector and media actors, to extend outreach and reinforce accountability at the community level.

The integration of livelihood support, financial literacy, and peer-support initiatives for adolescents offers a promising model for linking socio-economic empowerment with health and protection outcomes. Structured group-based enterprise initiatives and school-based clubs provide scalable mechanisms for strengthening resilience among vulnerable adolescents, including those in refugee-hosting contexts.

Strengthened digital systems also create opportunities to deepen real-time monitoring and enhance alignment between district data and national policy processes. Strengthening the integration and interoperability of these systems can further support evidence-based resource allocation and multi-sectoral planning in 2026 and beyond.



c) Contributions to evidence and knowledge management

During the reporting period, the programme placed strong emphasis on learning and using evidence to improve implementation. Lessons were regularly captured through quarterly review meetings, joint field monitoring visits, and reflection sessions that brought together government officials, CSOs, humanitarian actors, and community representatives. These engagements created space for honest discussion of what was working and what needed adjustment, allowing the programme to respond more effectively to emerging needs.

Practical tools such as action plans and data synthesis templates helped harmonize reporting across districts and strengthened accountability. At the community level, participatory platforms, including adolescent clubs, community dialogues, and male engagement forums, not only supported prevention efforts but also generated valuable local insights that enriched planning processes. Feedback from partners indicates that the evidence produced is increasingly informing district workplans and reinforcing the integration of GBV and SRHR priorities. Knowledge generated through the programme was also shared through national and sub-national platforms, including coordination meetings, technical working groups, and stakeholder dialogues, supporting cross-learning and replication of good practices. A range of formal knowledge products, including policy frameworks, compendiums, issues papers, reports, and communication materials, were developed to document lessons learned and guide implementation, as detailed in Annex D.



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INNOVATIVE, PROMISING OR GOOD PRACTICES

1. **Promising practice: Strengthening frontline service delivery through embedded facility-based mentorship.**

The programme took a closer look at how VHTs were being supported. Routine performance monitoring showed that while centralized classroom trainings improved knowledge, this did not always translate into consistent service delivery, particularly for adolescent and youth-focused SRHR and SGBV services. Some improvements were short-lived, and performance fluctuated over time.

Using this evidence, the programme adjusted its approach. This adaptation demonstrates effective use of P-MER data for adaptive programme management, ensuring that implementation decisions were guided by real-time performance insights.

Instead of relying solely on classroom training, the programme introduced an embedded, facility-based mentorship model in which midwives and health assistants provide structured, hands-on mentorship to VHTs within their service delivery environments. The mentorship focused on practical competencies such as administration of Sayana Press, integrated SRHR services, SGBV referral pathways, reporting standards, and commodity management. Rather than operating as a stand-alone activity, mentorship is fully integrated into routine supervision systems.

This shift strengthened relationships and accountability between VHTs and health facility leadership. Real-time support improved adherence to service standards, strengthened referral practices, and enhanced reporting consistency.

Comparative data between the pre-mentorship period (November 2024–March 2025) and the mentorship period (April–December 2025)

showed sustained growth in total clients served, peaking at over 10,000 per month. Adolescent and youth uptake increased significantly, with youth service proportions stabilizing at consistently high levels (65%-78%).

Unlike classroom-based training, which produced uneven results, the embedded mentorship model generated consistent, sustained, and measurable improvements in service delivery outcomes. The model demonstrates strong potential for scalability and replication across districts, as it leverages existing facility-based supervision structures and can be integrated into routine health system operations with minimal additional resources.

2. **Good practice:** Institutionalizing social care through the operational Social Care and Support System (SCSS) Framework.

During the reporting period, the programme supported the finalization and operational rollout of the SCSS Framework under the leadership of MGLSD. Before this framework was developed, social care and protection services were guided by multiple policies but lacked a unified operational structure. This often led to fragmented coordination, inconsistent quality standards, and unclear accountability across sectors.

Recognizing these gaps, the programme provided targeted technical and financial support to finalize the comprehensive, multi-sector framework that clarifies roles and strengthens coordination among government ministries, local governments, civil society, and development partners. The SCSS brings prevention and response to VAWG and VAC firmly into national systems, linking governance, service delivery, workforce strengthening, and referral mechanisms under one coherent structure. This aligns with UN Reform principles by institutionalizing EVAWG and VAC response within national systems under a Delivering as One approach, reducing parallel programming and strengthening government ownership.

Early progress includes the launch of the Social Service Workforce Strengthening Strategy, standardized guidance for case management and referral pathways, and improved integration of social care priorities into district-level planning processes. Rollout has commenced at national and sub-national levels through orientation, coordination, and capacity-building engagements led by MGLSD, with implementation being progressively extended across districts as part of a phased national rollout.

3. **Promising practice:** Harmonizing multi-sector case management through the integrated compendium.

For years, case management for children and adolescents affected by VAC, GBV, SRHR violations and harmful practices operated across parallel systems. Education, health, justice, and social welfare sectors each relied on separate guidance documents, often leading to unclear referral pathways, duplication of effort, and service gaps.

In response to this fragmentation, the programme supported the development of an Integrated Case Management Compendium under the leadership of MGLSD. The Compendium was developed as a harmonized, practical operational guide bringing together procedures for case identification, referral, management, follow-up, and closure across school and community structures. It consolidates legal frameworks, coordination mechanisms, and reporting standards into one practical tool for frontline actors.

Importantly, the Compendium does not create a parallel system. Instead, it strengthens existing government case management structures and formalizes collaboration between schools, communities, and statutory protection services. Early results include improved clarity of referral pathways, stronger coordination across sectors, and reinforced emphasis on child-centred and gender-responsive approaches. For example, the harmonized procedures are enabling frontline actors across sectors to follow consistent referral and follow-up steps, improving continuity of care as cases move between schools, community structures, and social welfare and protection services, rather than being handled in isolation within individual sectors.

4. **Innovative practice:** Integrating life skills, savings groups and violence prevention among adolescents.

Traditional life skills programmes frequently emphasize awareness raising and behaviour change, but do not always address the economic realities that heighten adolescents' vulnerability to violence. For many girls in particular, financial pressures remain a key driver of exploitation, child marriage, and abuse.

To respond to this reality, the programme combined life skills training with structured savings groups and small-scale income-generating activities such as vegetable gardening and poultry farming. Adolescents formed peer-led groups and collectively saved approximately UGX13 million (approximately US$3,475). These savings groups provide low-interest loans to members, helping them meet essential needs such as sanitary materials and hygiene products, thereby reducing vulnerability linked to financial hardship. The groups also serve as safe spaces where members discuss VAC, child marriage, FGM, and other protection concerns. Structured linkages with para-social workers, CDOs, and police have strengthened early identification and reporting of cases. The intervention advances the principle of LNOB by intentionally targeting economically vulnerable adolescents who face heightened risks of violence and exclusion.

Unlike standalone awareness initiatives, this integrated model simultaneously builds economic resilience, peer support, and protection linkages. Early observations indicate improved economic stability, reduced idleness, and increased reporting of violence cases.

5. **Innovative and promising practice:** Leveraging the National Music, Dance and Drama Festival for GBV, VAC and SRHR prevention.

The 2025 National Primary MDD Festival provided a unique national platform to advance prevention messaging on GBV, VAC and SRHR among primary school learners. Although the festival is an annual event convened by the MoES, 2025 marked the first time it was intentionally themed to address violence prevention and social norms change.

By integrating prevention content into an established cultural and education platform rather than creating a parallel awareness campaign, the initiative strengthened alignment with Outcome B on Prevention and Social Norm Change while reinforcing government ownership. A total of 2,622 boys, 4,464 girls and 41 learners with disabilities from 89 schools



Photo Credit ©UN Uganda

directly participated in the national event, while preparatory activities and post-festival knowledge sharing reached over 2 million learners nationwide.

This approach is considered innovative because it repurposed a long-standing national event to achieve prevention outcomes at scale. It is promising due to its strong potential for institutionalization within annual ministry planning and budgeting processes, enhancing sustainability beyond project support.

6. **Promising practice**: Institutionalization of GBV-responsive planning and budgeting in local governments.

The SI 2.0 JP supported the integration of GBV-responsive planning and budgeting into 17 DLGs through capacity building, mentorship, and development of GBV Action Plans aligned to District Development Plans. A key innovation under this practice was the introduction of GBV finance tracking, strengthening transparency, accountability, and evidence-based allocation of resources for prevention and response.

Financial commitments increased from UGX1.229 billion (US$341,864) in FY 2024/25 to UGX2.234 billion (US$624,895) in FY 2025/26, with 11 districts increasing their allocations. The approach has been scaled from 8 to 17 districts, demonstrating strong institutional uptake, replication and sustainability within government systems.

7. **Innovative practice:** Digital inclusion for SRHR and SGBV awareness through MOBIMOCC.

The MOBIMOCC is a mobile-based interactive voice response platform that delivers confidential, on-demand information on SRHR and SGBV prevention and response to out-of-school youth using basic feature phones. Users can access voice-guided content in local languages without an internet connection, enhancing accessibility and privacy.

Since its launch in September 2025, the platform has reached 110 youth in Gulu and Kampala, as part of an initial pilot phase, strengthening prevention efforts, referral linkages, and digital inclusion. The innovation lies in leveraging low-cost mobile technology to bridge information gaps in underserved communities, demonstrating strong potential for scalability and replication across districts.



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11 COMMUNICATIONS AND VISIBILITY

a) Overview

During the reporting period, communications and visibility efforts were strengthened at both national and sub-national levels. Communication activities were deliberately integrated into key programme milestones, coordination meetings, district engagements, and global commemorations to ensure consistent visibility of results among government stakeholders, development partners, and the wider public.

Messaging evolved from focusing primarily on education-related SGBV interventions to reflecting the broader, integrated scope of the SI 2.0 JP, including strengthening justice sector community engagement to address harmful social norms and economic empowerment initiatives. Donor visibility was maintained through co-branded materials, acknowledgements at public events, joint field missions, and stories shared on the global platform of the Spotlight Initiative, reinforcing Uganda's contribution to the wider Team Europe commitment to gender equality.

b) Messages and campaigns.

I) EVAWG institutional visibility campaign

The programme implemented an EVAWG awareness and institutional visibility campaign aimed at reinforcing district-level commitment to prevention and response to violence against women and girls. The campaign targeted district leadership, civil servants, community members, and service providers with key messages promoting zero tolerance to violence, positive parenting for mindset change, and awareness of available referral services. As part of this effort, permanent campaign signposts were installed at the district headquarters in all 17 programme districts. The objective was to ensure sustained public visibility of prevention messaging at key government premises and to symbolically anchor institutional accountability at the district level. The installation of signposts strengthened recognition of the programme among local stakeholders and enhanced donor visibility under the Spotlight Initiative and the Team Europe partnership.

II) Public launch and community mobilization campaign.

The programme delivered three targeted messages. District leaders and institutions were urged to demonstrate accountability and collective leadership in ending violence against women and girls, which resulted in public endorsements and strengthened local ownership. Communities were encouraged to challenge harmful social norms such as child marriage, while adolescents, particularly girls, were mobilized around education, TVET, and access to SRHR services as protective measures against GBV; strong participation indicated the messages were well received.

The programme also conducted a high-visibility, in-person public launch and community mobilization campaign to mark its expansion to five new districts. The campaign aimed to secure political commitment, raise awareness on SGBV prevention and SRHR, and strengthen community ownership, enhancing visibility and multi-stakeholder engagement at the district level.

C) Media and visibility events

i) Visibility events

A high-level national coordination meeting convened senior government officials, district leaders, civil society representatives, development partners, and UN entities to review implementation progress and agree on strategic priorities. The meeting reinforced national ownership of EVAWG reforms and elevated the visibility of the Joint Programme's multi-sectoral approach at the national level.

Special High Court circuits addressing sexual and gender-based violence cases were convened in programme districts to accelerate case resolution and strengthen survivor access to justice. The initiative attracted significant public and media attention, demonstrating tangible progress in institutional response mechanisms and reinforcing confidence in survivor-centred justice delivery.

ii) Digital visibility

During the reporting period, programme milestones and beneficiary impact stories were amplified through official United Nations country platforms, the global platform of the Spotlight Initiative, and regional media outlets. These publications strengthened public awareness of prevention and response interventions while reinforcing visibility of coordinated Team Europe support. Key features published during the reporting period include:

1. **Empowering Uganda's Youth through Vocational Skilling under the EU-UN Spotlight Initiative:** https://www.undp.org/uganda/stories/empowering-ugandas-youth-through-vocational-skilling-under-eu-un-spotlight-initiative?utm_source=chatgpt.com.
2. **EU-UN Spotlight Initiative: Nurturing Youth Design Innovations:** https://www.undp.org/uganda/blog/eu-un-spotlight-initiative-nurturing-youth-design-innovations?utm_source=chatgpt.com
3. **Spotlight Initiative in Yumbe: Progress, Partnerships and Commitments to Gender Equality:** https://allafrica.com/stories/202510300079.html?utm_source=chatgpt.com
4. **Uganda: Girls with Tools Are Building a More Gender-Equal World:** https://uganda.un.org/en/306565-spotlight-initiative-yumbe-progress-partnerships-and-commitments-gender-equality?utm_source=chatgpt.com
5. **Uganda:** Community Dialogues Are Building Harmonious, Violence-Free Homes: https://spotlightinitiative.org/news/uganda-girls-tools-are-building-more-gender-equal-world?utm_source=chatgpt.com
6. **External feature coverage published on AllAfrica:** https://spotlightinitiative.org/news/uganda-community-dialogues-are-building-harmonious-violence-free-homes?utm_source=chatgpt.com.
7. **From Violence Victim to Empowerment:** Rhoda's Story of Survival- https://uganda.un.org/en/303008-violence-victim-empowerment-rhoda%E2%80%99s-story-survival
8. Spotlight Initiative shines on five new districts in Uganda - https://uganda.un.org/en/299644-spotlight-initiative-shines-five-new-districts-uganda
9. **Healing Beyond Words**: How Mental Health and Psychosocial Support are Restoring Dignity for GBV Survivors in Uganda's Refugee Settlements - https://uganda.un.org/en/306746-healing-beyond-words-how-mental-health-and-psychosocial-support-are-restoring-dignity-gbv
10. Spotlight Initiative in Yumbe: Progress, Partnerships, and Commitments to Gender Equality - https://uganda.un.org/en/306565-spotlight-initiative-yumbe-progress-partnerships-and-commitments-gender-equality

11. Spotlight Initiative in Uganda Surpasses 2024 Targets - Amplifies Hope for Women and Girls - https://uganda.un.org/en/297774-spotlight-initiative-uganda-surpasses-2024-targets-amplifies-hope-women-and-girls
12. Hope and Resilience at Kyaka II: A Community's Fight Against Gender-Based Violence - https://uganda.un.org/en/290822-hope-and-resilience-kyaka-ii-communitys-fight-against-gender-based-violence
13. Programme support to the Uganda government to rollout digital Mental Health and Psychosocial Support: https://www.youtube.com/watch?v=D5cVaFsfyXk&t=126s
14. Rebuilding Dreams After Violence - A brighter future: Marcyline - YouTube
15. Issues Paper: https://drive.google.com/file/d/13--2aleJsNy7FT27KAXXud_D4ceNOZrI/view?usp=drivesdk

c) Testimonies from Stakeholders

- *"I never imagined I could become an engineer, but today I am confident in my skills and my future. This programme has changed how I see myself and what is possible for girls."* - Young female TVET graduate, programme beneficiary.
- *"Community dialogues have helped us understand that violence is not a private matter it affects the entire community. We are now taking collective responsibility to prevent it."* - Local council leader.
- *"The High Court circuits have reduced backlog and restored confidence among survivors that justice is accessible."* - Justice sector official, programme district.
- *"The Joint Programme has strengthened coordination across sectors and ensured that our response to GBV is more systematic and evidence based."* - Senior government representative.
- *"Civil society now has a clearer platform to engage in oversight and advocacy while supporting implementation at community level."* - CSO leader.
- *"Engaging men and boys in conversations about shared responsibility is beginning to shift long-standing norms."* - Community activist.
- *"The programme demonstrates how coordinated investment can produce measurable institutional and community-level change."* - Development partner representative.
- *"I got married at 17. It wasn't love. I needed pads. I needed school fees. I had no choice."* - Programme participant,23, Bidibidi Refugee Settlement.*"Before, when my husband refused something, I would cry and shout, and the violence would escalate. Now, I pause, I breathe, and I feel at peace."* - Programme participant,23, Bidibidi Refugee Settlement.
- *"He would come home demanding food, yet he left nothing behind. When I could not provide, the beatings followed. I reached a point where I questioned my own worth."* Young mother and programme participant, Bidibidi Refugee Settlement.
- *"The sessions taught me that life has both good and difficult moments, and that we must remain strong."* - Amina, adolescent participant, Imvepi Refugee Settlement.
- *"When participants first arrive, they are often withdrawn and unable to express themselves. By the end of the sessions, they are smiling, planning, and speaking openly. That is what healing looks like."* - Nancy Muja, Psychologist.



e) Human interest stories

Empowered young engineer and entrepreneur: The story of Acheng Shamim.

Who

Acheng Shamim, 22, from Barakala Town Council in Yumbe District, is a beneficiary of the SI 2.0 JP (2024/2025 cohort). Orphaned while in Senior Four, she experienced disrupted education, economic hardship, and heightened vulnerability to exploitation, labour abuse, and GBV. Despite these challenges, she sustained her schooling through casual work such as digging, washing clothes, and domestic labour. Her journey reflects strong personal resilience and underscores the need for targeted interventions addressing poverty, limited skills, and protection gaps among vulnerable young women.

Where/Situation

Yumbe District continues to experience high levels of GBV, disproportionately affecting women and girls in both refugee-hosting and host communities. Over 50 per cent of reported cases involve girls, with defilement, early marriage, domestic violence, and school dropout being the most common forms. These challenges are driven by poverty, limited livelihood opportunities, and harmful social norms.

Girls face heightened risk during daily survival activities such as collecting water and firewood, especially in remote areas with limited protection services. The presence of refugee populations and strained systems contributes to underreporting and delayed response. Despite these challenges, survivors like Shamim demonstrate resilience, while community structures are increasingly engaged in prevention and response.

What

The programme supports vulnerable adolescent girls and young women in Yumbe District through vocational skills training and start-up kits for out-of-school beneficiaries, strengthening economic empowerment as a pathway to reducing vulnerability to gender-based violence. Selected beneficiaries, including Shamim, were trained at Koboko Technical Institute under the SI 2.0 JP, implemented by the MGLSD, where they gained practical skills to improve their employability and transition into sustainable livelihoods. By enhancing income opportunities and economic independence, the intervention contributes to reducing exposure to exploitation, abuse, and other forms of GBV, while also advancing SRHR in target communities.

Shamim accessed the skilling programme through her sub county office and was selected based on vulnerability and merit. She enrolled in electrical installation training, where she consistently performed among the top trainees, gaining practical skills in pipe conduiting, earthing systems, and electrical wiring. Through apprenticeship at Atolo Engineering, she gained hands-on experience installing electrical systems in residential buildings under professional mentorship, strengthening her technical competence and workplace discipline.

After training, Shamim secured work with a local electrical services company as an electrical helper. She also diversified her income by offering hairdressing services and running a small retail business, creating multiple income streams that improved her financial stability and ability to support her family.

Issues, data and statistics

Despite ongoing efforts by GBV-focused sectors and partners, insecurity, sexual violence, and defilement remain prevalent in the settlement. Shamim, as an orphan, has faced heightened vulnerability to exploitation and abuse. These intersecting risks make her an appropriate candidate for targeted support under the SI 2.0 JP, which seeks to tackle the root causes of gender-based violence and enhance protection mechanisms for women and girls.

Yumbe District faces persistently high levels of GBV, disproportionately affecting women and girls in both refugee-hosting and host communities. Over half of reported GBV cases involve girls, with defilement, early and forced marriage, domestic violence, and school dropouts strongly linked to poverty affecting more than 6 in 10 households. In Bidibidi Refugee Settlement, adolescent girls account for one in four (25.3%) of all pregnancies and nearly 8 in 10 (76.1%) high-risk cases, with approximately 1,400 adolescent pregnancies recorded annually. Despite strained protection and justice systems, survivors and community actors continue to strengthen GBV prevention and response efforts.

Actors

1. **Koboko Technical Institute:** The implementing agency provided training and support.
2. **MGLSD:** Coordinates GBV prevention, protection, and survivor support, strengthening Spotlight Initiative interventions nationally.
3. **UNDP coordination, monitoring & supervision of implementing and operating partner activities**: Supported in the assessment and verification of participants.
4. **Yumbe DLG:** Monitoring of the initiative and referring participants.
5. **Community-based organizations:** Effecting referrals and engaging with the community to address GBV issues.

Impact

Shamim acquired certified electrical installation skills, strengthening her employability in the construction sector. She diversified her income through electrical work, hairdressing services, and a small retail business, which improved her financial stability and household support. Her achievement in a male-dominated trade challenged gender norms and inspired other young women. Overall, the programme strengthened her confidence and positioned her on a clear pathway toward pursuing electrical engineering. Reflecting on her journey, she says:

> *"I sincerely thank the Spotlight Initiative 2.0 Joint Programme, UNDP, the Ministry of Gender, Labour and Social Development, and Yumbe District Local Government for transforming our lives and giving us a future full of possibilities. I am saving towards my long-term goal of pursuing a degree in Electrical Engineering."*

What next

- Continue to support graduates like Shamim by strengthening their transition from training into employment through partnerships with private sector firms, engineering companies, and local contractors to improve access to decent work opportunities.
- Support certification and professional progression by linking high-performing graduates to nationally recognized trade qualifications and essential tools to enhance their competitiveness in the labour market.
- Expand access to start-up capital, entrepreneurship training, and mentorship to enable young women to develop sustainable income-generating activities and strengthen their economic resilience.
- Promote gender-responsive mentorship by connecting female trainees with experienced women professionals in non-traditional technical fields to reinforce role modelling and challenge harmful gender norms.





Stitching confidence and dignity: Adolescent girls and teenage mothers learn to make reusable sanitary pads.

Who

Across rural communities, adolescent girls face persistent challenges related to menstruation and socio-economic opportunities, including limited access to affordable menstrual products, deep-rooted stigma surrounding menstruation, school absenteeism linked to poor menstrual management, reduced confidence and social participation, and scarce livelihood pathways for vulnerable adolescent girls. Without practical, locally owned solutions, these challenges continue to hold many girls back.

Where/Situation

In Omel, period poverty can quietly shape the course of a girl's life. For many adolescent girls and teenage mothers, menstruation determines whether they attend school, participate in community life, or retreat into silence. With limited access to affordable sanitary pads, many are forced to rely on unsafe alternatives. Some miss school. Others withdraw from their peers. Many carry the heavy, unspoken burden of stigma and discomfort.

What

After listening closely to the voices of the girls who experience menstruation as a source of worry, shame, and missed opportunity, as part of the Spotlight Initiative, the UNFPA, in partnership with BRAC Uganda, integrated menstrual hygiene management (MHM) into one of the ELA Clubs in Omel.

The ELA clubs are more than meeting points; they are safe, nurturing spaces where adolescent girls and teenage mothers come together to learn, heal, and grow. Within these girl-friendly spaces, members receive mentorship, life skills education, sexual and reproductive health information, and practical livelihood training, such as financial literacy and skills. For many girls, the club is the first place where their voices are heard, their questions are welcomed, and their potential is affirmed. It is a space where confidence is rebuilt, friendships are formed, and hope begins to take root.

What started as a simple request from the girls for support with menstrual hygiene soon evolved into a powerful, girl-led intervention, one that is restoring dignity, strengthening resilience, and opening new possibilities for the girls of Omel.

At the Tic Ma Tek Girls ELA Club, adolescent girls and teenage mothers came together, guided by skilled MHM trainers and learned a new skill: reusable sanitary pad-making. The learning did not start with needles and fabric. It began with conversations; honest ones that are too often avoided. The girls were supported to talk openly about menstrual health, puberty and adolescence. They learned the dos and don'ts of pad use and how to safely care for reusable pads.

Step by step, the trainers introduced materials, techniques, and quality checks. The room slowly filled with focus, laughter, and growing excitement as the girls practised with their own hands.

By the end of the training, each participant confidently produced multiple reusable sanitary pads, transforming new knowledge into practical, life-changing skills. What made the moment even more powerful was the realization that these pads were not only for personal use, but they could also become a source of income.

Issues, data and statistics

Across Uganda, many adolescent girls and teenage mothers continue to face significant menstrual health and protection challenges that undermine their education, dignity, and well-

being. Period poverty remains widespread, consequently impacting girls' education, and in low-income households, up to one in three (30%) miss school during their menstrual cycle because they cannot afford sanitary materials. The situation is further compounded by stigma and limited information, with approximately 6 in 10 girls reporting feeling shame during menstruation (MoES, 2020). These overlapping barriers disproportionately affect rural and vulnerable girls, including teenage mothers, reinforcing school dropout, social isolation, and economic vulnerability.

Actors

1. **UNFPA:** Provided the technical leadership and programme support that ensured the intervention responded to the real needs of girls.
2. **BRAC Uganda:** Coordinated community-level implementation, creating safe spaces where girls could learn and grow through its well-established ELA club platform.
3. **Gulu DLG:** Played a vital stewardship role, ensuring the programme was delivered in a coherent and locally owned manner.
4. **Skilled MHM trainers:** Guided the girls step-by-step as they built their confidence and practical skills.
5. **Community structures:** Helped mobilize participants and sustain engagement at the grassroots.

Impact

With the skills gained, girls and teenage mothers are now able to produce additional pads for sale within their communities, turning a basic health need into a small but meaningful livelihood opportunity.

For many, it was a turning point.

"I never imagined I could make something that helps not only me, but other girls as well," one teenage mother shared, her voice bright with pride. "Now I can manage my periods safely, and I want to teach other girls in my village."

The impact is both practical and deeply personal, from improved menstrual management, reduced absenteeism, to a growing peer support. In communities like Omel, this is how transformation begins, one skill, one girl, one conversation at a time.

What next

Building on this momentum, the Spotlight Initiative, UNFPA and partners plan to:

- Strengthen peer mentorship within girls' clubs.
- Link trained girls to livelihood and market opportunities.
- Expand MHM integration to additional communities.
- Deepen collaboration with the health and education sectors.
- Conduct follow-ups to track girls' progress and sustained use of skills.

NOTE: Names and identities have been changed to protect privacy.





Redefining manhood: How a father in Uganda grew to support his family in new ways

Who

Valentino Muhindo, a 56-year-old father of eight from Kibisire Village in Kitabu-Kyarumba Sub-County, Kasese District, once struggled with alcohol abuse that strained his family relationships and finances. Today, he is a reformed community change agent trained under the SASA! Together approach through UGANET, a partner supporting efforts to eliminate violence against women and girls in western Uganda. Valentino's journey illustrates how awareness, training (through the SASA! Together approach), and positive male engagement can transform both individual behaviour and community attitudes. His lack of awareness that led to family unrest due to GBV, made Valentino a suitable candidate for support under the SI 2.0 JP.

Where/Situation

In a district ranking among the highest for reported GBV cases in Uganda, stories like Valentino's show that change is possible when men choose partnership over power. Kasese District faces a severe GBV crisis, ranking third highest in Uganda for reported cases, with the situation disproportionately impacting women and children. According to the Uganda Bureau of Statistics, the area records high rates of physical, sexual, and psychological violence, particularly among women aged 15–59. However, reformed men like Valentino are setting examples of supporting their families for a harmonious co-existence while shunning gender-based violence. In Valentino's words:

"We had become strangers in our own home. I didn't care whether there was food left or not. To me, I thought I was just being 'man enough'."

What

Valentino's transformation stems from SASA! learning sessions conducted by UGANET under the SI 2.0 JP, following referral by the Sub County Chief. Through the training, he was introduced to positive masculinity, shared decision-making, and prevention of violence against women and girls, which challenged long-held beliefs around male authority and control.

At first, the change was not easily accepted within the household, but gradual shifts in behaviour led to improved trust and cooperation between Valentino and his wife, Jane. The family planted coffee and cocoa on their three acres of land, which they hope will boost their income and improve their livelihoods in the near future. The couple began joint financial planning and set aside UGX100,000 for Jane to start a coffee trading business. Over time, the business has generated income that contributes to household needs, including school expenses for their eight children. The family also began working together on a brick-making project aimed at building their own home.

Issues, data and statistics

The normalization of harmful masculine norms, alcohol abuse, and unequal power in relationships contributes to gender-based violence and family instability. Kasese District has a high incidence of GBV cases, with over 70 per cent of reported crimes in the wider Rwenzori sub region being GBV-related. Vulnerable demographics show the highest rates of violence are found among young women (ages 15–19), with nearly one in three (26%) reporting physical or sexual violence. Prevalent issues include physical assault, denial of resources, and psychological abuse, often resulting in severe injury or fatalities. Drivers of GBV in Kasese include widespread drug abuse,

high levels of social permissiveness, and economic instability. The crisis has prompted increased efforts by Spotlight Initiative and local authorities to implement community sensitization and, as noted in a 2025 news report, establish a safe haven. The MGLSD 2021–22 report further highlights that over 8 in 10 (82%) GBV survivors in the region are female, necessitating urgent intervention.

Actors

- **UGANET:** Implementing agency providing training and support.
- **UN Women:** Coordination, monitoring & supervision of implementing and operating partner activities: Supporting in the assessment and verification of participants.
- **Kasese DLG:** Monitoring of initiative and referring participants.
- **Community-based organizations:** Effecting referrals and engaging with the community to address GBV issues.

Impact

Valentino expressed his gratitude, noting that alongside the more peaceful and equal dynamics at home, the couple has seen their children develop and grow; one has qualified as a health worker, another is an electrician, and one is an agriculturalist.

> *"We are now supporting each other as a family more than ever. My other five children are also progressing well in school."*

Valentino's transformation from an alcoholic and irresponsible husband has won him the admiration of his community members, who have also elected him as their Local Council 1 Chairman, and this has also inspired many as they look up to him and follow in his footsteps.

- The skills acquired are enabling him to transform his community. They are shifting away from alcohol and harmful behaviours, to being responsible family men. Today, he continues to support his community members through counselling and guidance on family matters.
- With the skills acquired, Valentino has been empowered and his resilience enhanced. He gained empowerment and knowledge, enabling his family to start a brick laying project where they are targeting 20,000 bricks to sell but also buy building materials like cement, iron sheets etc. to build their permanent family home.
- The training and support have significantly increased awareness among participants about reporting channels for violence.

What next

The Spotlight Initiative team plans to:

- Continue providing refresher training under the SASA! Together approach.
- Mentor male champions like Valentino to facilitate community dialogues with other men.
- Support him to share his story during village meetings, radio talk shows, and community barazas.
- Link him to a structured network of male advocates to prevent isolation or relapse.



Light of hope.

Who

Joanita is an 18-year-old girl who was fathered by a Lugbara man from Oviconi Village, Adripi Parish, Bileafe Sub County, Terego District. When she was just two months old, her parents separated, and her mother, Nakimwelo Milly, a Muganda, went back with her to their home in Kampala. As she grew up, Joanita desired to know where her father was and constantly asked her mother to take her to visit him. Joanita's mother made the journey with Joanita, now an adolescent aged 15 years, to their village in Terego and then returned to Kampala, leaving Joanita under the full care of her biological father, Andiandu Jimmy, 43.

Where/Situation

Due to her age, Joanita could no longer share accommodation with other family members and was provided with a separate hut within the same compound for privacy. She faced significant communication barriers because she spoke only Luganda and had limited English, which limited her interactions with other family members. Her father, who had previously lived in Kampala, spoke Luganda and became her primary point of contact within the household.

Joanita was enrolled at Liria Primary School in Primary Five. While living in her paternal home, she was exposed to serious protection risks within the household. Over time, she experienced sexual abuse by her father, who used manipulation and threats, including withdrawal of school fees, to silence her. The abuse went unreported for some time and later resulted in pregnancy.

The case was eventually reported through a para-social worker and local leaders and referred to the district probation office and police. Her father was arrested and the case was handled by the relevant authorities.

Following her father's arrest, Joanita faced rejection from some paternal relatives who blamed her for the incident and denied her continued stay in the household. She was subsequently taken in by a distant relative, where she currently resides with her baby.

What

- Through proper coordination with the various structures on the ground, including para-social workers, the father of the girl was apprehended.
- The probation team, CDO, police, para-social workers and local leaders visited the family and sensitized the family members regarding the case.
- Follow-up visits to Joanita were offered to provide counselling by probation and community development officers.
- The father was sentenced to 15 years imprisonment by Arua High Court, and is serving his sentence in Arua Main Prison.
- Joanita and her child were offered emergency support and care items and linked to life-skilling training by Child Voice, a local CSO in Terego District.

Issues, data and statistics

Actors

- **Para-social workers:** Played a key role in reporting the case to the probation office.
- **LCs:** Participated in reporting the case to the sub county.
- **The health centre staff:** Carried out a medical examination of the survivor and provided post-exposure prophylaxis.
- **Police:** Carried out an investigation and arrested the perpetrator.
- **The Probation Office:** Offered counselling, follow-up, referral to police, health centre and partners, and also offered emergency support for the survivor with support from UNICEF.
- **The Court:** Delivered justice and sentenced the perpetrator to 15 years.
- Child Voice: Offered a skilling opportunity.

Impact

The intervention reduced dependency for Joanita, increased knowledge, confidence and hope for the girlchild.

What next

Upon completion of her skills training course, Joanita will have acquired skills that will enable her to be self-sustaining and look after herself and her baby.



SUSTAINABILITY

Sustainability has been approached as an integral part of implementation under the SI 2.0 JP, with a strong emphasis on embedding interventions within national systems from the outset. Rather than creating parallel structures, the programme has worked through existing government coordination, planning, and budgeting frameworks to ensure that gains in EVAWG are institutionalized and can be sustained beyond the programme cycle.

The EVAWG priorities have been integrated into national and district development plans, sector strategies, and annual budget frameworks under Uganda's programme-based approach, strengthening government ownership and enabling districts and line ministries to plan, cost, and monitor GBV, VAC, and SRHR interventions within their regular mandates. Justice, health, education, and protection sector institutions have strengthened their procedures, coordination mechanisms, and case management systems, ensuring that services continue as part of routine institutional functions. Harmonized data and reporting systems further support evidence-based planning and accountability.

The programme's approach to sustainability is guided by principles of national ownership, alignment with government systems, human rights-based programming, survivor-centred practice, feminist participation, and the Do No Harm principle. Particular emphasis has been placed on strengthening institutional capacities rather than substituting for them, reinforcing long-term capacity over short-term delivery.

Sustainability is tracked through integration of EVAWG indicators within government monitoring and reporting systems, oversight through national and district coordination platforms, and joint UN–Government review processes.

Monitoring of domestic budget allocations for GBV and child protection services provides an important indicator of fiscal commitment. Civil society platforms also play a role in participatory monitoring and accountability.

The programme has contributed to increased domestic financing for EVAWG-related interventions at both national and district levels and has supported the alignment of EVAWG priorities within broader governance and social sector investments. Engagement with development partners has further supported the integration of EVAWG priorities into ongoing sector programmes, reinforcing continuity through aligned and complementary funding streams.

National and local ownership has been strengthened through leadership by MGLSD and sector ministries, capacity development of district officials and frontline service providers, and structured engagement of parliamentarians, CSOs, media practitioners, traditional leaders, youth networks, and women's rights groups. Support to feminist and women's rights organizations has enhanced their institutional capacity, advocacy role, and participation in governance and oversight processes.

These measures position EVAWG interventions as embedded national commitments supported by strengthened systems, institutions, and community and civil society structures capable of sustaining progress beyond the SI 2.0 JP funding cycle. As the programme approaches completion, a structured transition approach is being pursued, focusing on gradual handover of interventions to government institutions, prioritization of high-impact activities within existing national systems, and continued engagement with government and partners to support post-programme continuity and consolidation of gains.



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NEXT STEPS

In the coming year, the programme will prioritize consolidation, institutional strengthening and sustainability of results. Implementation experience to date has highlighted that durable progress in EVAWG depends on embedding systems, financing mechanisms and accountability structures within national and sub-national institutions. The programme will therefore focus on strengthening domestic ownership, improving quality and coordination of services, and anchoring prevention and response efforts within community and governance systems.

a) Institutionalizing gender-responsive planning and financing

A central priority in the coming year will be strengthening the integration of GBV prevention and response within government planning and budgeting frameworks. While important policy commitments and coordination mechanisms are in place, lessons learned indicate that sustained impact requires stronger alignment between policy intent and actual resource allocation.

Over the next six months, the programme will intensify technical engagement with selected MDAs and DLGs to support the practical application of gender and equity budgeting requirements. This will include identifying and safeguarding budget lines for essential GBV services such as psychosocial support, legal aid, shelters, and coordinated referral systems. Efforts will also focus on strengthening reporting on allocations and expenditures to enhance transparency and accountability.

By reinforcing oversight mechanisms and supporting improved expenditure tracking, the programme aims to demonstrate measurable progress in domestic financing for GBV-related interventions in targeted sectors and districts.

This represents a deliberate shift toward sustainability, ensuring that key interventions are progressively embedded within routine government financing processes rather than solely relying on external support.

From a substantive technical standpoint, advancing gender-responsive budgeting for GBV will serve as a flagship intervention in this period. Support will be prioritised to assist sectors and districts in costing, integrating, and monitoring GBV-related actions within their development plans and budgets.

b) Strengthening multi-sectoral coordination and quality of survivor-centred services

The coming year will also focus on consolidating multi-sectoral coordination and improving the quality, timeliness and accountability of survivor-centred services. Experience has shown that while coordination platforms exist at national and district levels, their effectiveness depends on clearly defined roles, predictable reporting lines and strengthened case management systems.

Planned actions will include reinforcing the functionality of district coordination committees and child wellbeing structures, harmonizing case management tools, and strengthening referral pathways to reduce fragmentation across health, justice, social protection and community services. Greater emphasis will be placed on the systematic use of administrative data to inform planning and track service delivery outcomes.

In relation to access to justice, support will continue to focus on reducing case backlogs, strengthening specialized sessions for GBV-related cases, and reinforcing legal aid mechanisms, including outreach modalities. This is expected to improve case processing timelines and strengthen continuity of care for survivors.

From a programmatic and operational perspective, a key next step will be reinforcing joint planning, monitoring and reporting across participating UN agencies. Building on joint district missions and harmonized work planning processes, the programme will further streamline coordination mechanisms to reduce duplication and strengthen collective accountability.

c) Deepening community ownership and social norms transformation

The programme will continue to invest in prevention and social norms transformation, with an increased emphasis on sustainability and local ownership. Lessons from implementation highlight that community engagement approaches are most effective when structured, inclusive, and embedded in existing governance and social systems.

In the coming period, the programme will consolidate established community mobilization models by strengthening partnerships with local leaders, grassroots organizations, women-led groups and youth actors. Particular attention will be given to reinforcing the leadership and participation of adolescent girls and young women, while continuing structured engagement with men and boys to promote positive masculinities.

Efforts will focus on transitioning from short-term awareness activities to locally anchored, replicable, and institutionally supported models that can be sustained through district planning processes and community institutions. Engagement with media actors will also be strengthened to reinforce consistent messaging and promote accountability at the community level.

The anticipated result is stronger community ownership of prevention initiatives and increased continuity of social norms transformation efforts beyond the programme cycle.

ANNEXES



ANNEX A: RESULTS FRAMEWORK

Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
Impact Level							
001: Proportion of girls aged 15 to 49 years with unmet need for family planning. 001: Proportion of girls aged 15 to 49 years with unmet need for family planning.	EUD	15-19					Retained the latest available data.
		28.8%(2022)	25.40%	28.80%	28.80%	23.80%	
		20-24					
		22.7%(2022)	19.30%	22.70%	22.70%	17.70%	
		15-49					
		23.8%(2022)	20.40%	23.80%	23.80%	18.80%	
002: Proportion of girls (18 to 24 years) who make their own informed decisions regarding sexual relations	EUD	15-19					Retained the latest available data.
		76%(2022)	79.40%	76%	76%	81.00%	
		20-24					
		78.5% (2022)	81.90%	78.50%	78.50%	83.50%	
		15-49					
		79.4%(2022)	82.80%	79.40%	79.40%	84.40%	
003: Percentage of girls that are aged 20-24 years married before the age of 18	EUD	34% (2022)	30%	34%	34%	29.00%	Retained the latest available data.
004: Proportion of ever partnered girls aged 15 years and older subjected to physical or sexual or psychological violence by a current or former intimate partner in the previous 12 months	EUD	15-19					Retained the latest available data.
		49.8%(2022)	46.40%	49.80%	49.80%	44.80%	
		20-24					
		45.7%(2022)	42.30%	45.70%	45.70%	40.70%	
		15-49					
		43.1%(2022)	39.70%	43.10%	43.10%	38.10%	

Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
NED OO5: % of people who feel that their local context has become more safe, secure, peaceful, inclusive, just	NED	46.5% (2024)	49.00%	46.50%	46.50%	-	Results same as baseline as no study has been conducted yet.
NED 006: Percentage of women (aged 15-19 years) who have begun childbearing	NED	24%(2022)	20.6	24%	24%	-	Results same as baseline as no study has been conducted yet.
SO1: # of women of reproductive age using modern contraception methods (GERF 2.34)	EU	4,208,000 (2024)	4,333,605	4,208,000	4,208,000	4,584,815	Reported last available data. The data is based on the Uganda Demographic and Health Survey (UDHS) which is conducted every five years. The last survey was done in 2022. The results will be updated after the next survey. Lastly, the target is based on cumulative population and the final target is not summed to avoid double count.
SO2: # of people benefitting from project interventions to counter sexual and gender-based violence (GERF 2.37) & NED reach.	EU / NED	Total					This indicator relates to overall reach both by EU and Netherlands. It covers all services delivered by the programme across the three outcome areas.
		0 (2022)	1,200,000	2,339,863	2,782,896	3,000,000	
		Female					
		0 (2022)	606,518	1,148,270	1,387,949	1,516,295	
		Male					
		0 (2022)	593,482	1,191,593	1,394,947	1,483,705	
SO3: % of cases of GBV /VAC and other HP-harmful practices (Defilement, Rape and Domestic Violence) formally recorded (disaggregated by criminal status) (proxy to SI-Global)	EUD	Defilement					This is a survey-based indicator, the denominator includes 789 survivors of violence (rape, defilement and domestic violence) who were interviewed at baseline, whether they reported their cases to police or not. The numerator relates to all the survivors who reported their cases. Since the follow up survey has not yet been done, the results for 2024 tailored baseline were retained for 2025 results reporting. Resultantly, the programme will determine the indicator value at endline evaluation.
		25.9%(2024)	35.90%	25.90%	25.90%	40.90%	
		Rape					
		21.8%(2024)	31.80%	21.80%	21.80%	36.80%	
		Domestic Violence					
		51.1%(2024)	61.10%	51.10%	51.10%	66.10%	

Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
NED SO4: # of youth using SRH services	NED	Total					In 2025, 166,364 youths (150,918F: 15,446M), including 67 PWDs (27F: 40M) received family planning services against the programme target of 65,156 youths. The services included accurate information on SRHR including family planning, HCT, STI screening and treatment and antenatal care and family planning products/commodities (condoms, pills, implants, IUDs, etc). The achievement was enabled by over 1,300 VHTs and health workers trained to provide SRHR services at static facilities and in the communities across the 17 Spotlight target districts. Additionally, the programme expanded it reach from 6 health facilities in 2024 to 143 in 2025 through its health partners ACORD and Marie Stopes Uganda, (in collaboration with MoH) and refugee-based IPs that greatly facilitated service delivery to the youths. There was also enhanced referral of youth for SRHR services by community-based volunteers, activists and workers based on referral pathways.
		0(2024)	52,125	166,364	166,364	65,156	
		Females (10-24yrs)					
		0(2024)	44,285	150,918	150,918	55,356	
		Males (10-24 yrs)					
			7,840	15,446	15,446	9,800	
NED SO5: Method mix use	NED	Sterilization - 7%	6%	0%	0%	4%	The indicator measures percentage distribution of family planning methods that were provided in a particular year. Basing on available data, the methods mix use was determined only for five methods as follows; sterilization (0% against a target of 6%); implant (24% against a target of 20%); IUD (3% against a target of 5%); injection (68% against a target of 50%) and pill (6%, which was the set target). Overall, the most used method was the injection at 68%. At sub-national level, the monitoring data from Spotlight-supported districts indicate the following distribution: sterilization (0.0%); implant (4.7%); IUD (0.1%); injection (38.6%); pill (0.5%); condoms (male-54.7%); Lactation amenorrhea method (LAM) (0.0%); other modern methods(1.4%). This indicator was introduced in 2025 and data limitation will addressed going forward, with support of the relevant IPs and MoH.
		Implant -17%	20%	24%	24%	21%	
		IUD -4%	5%	3%	3%	6%	
		Injection -51%	50%	68%	68%	48%	
		Pill- 6%	6%	5%	5%	8%	
		Condoms (male)-11%	10%	-	-	10%	
		LAM-3%	2%	-	-	3%	
		Other Modern Methods -1%	1%	-	-	1%	
NED SO6: Couple years protection	NED	3,521,120 (2017/2018)	4,275,646	4,625,772	4,625,772	5,030,171	This is a national-level indicator that provides an estimate of protection provided by the use of family planning methods during a one-year period. The data computed for 2025 by Spotlight IP, Marie Stopes Uganda, indicates that the couple years of protection was at 4,625,772 , which surpassed the projected 2025 target of 4,275,646. The general trend from baseline (3,521,120) also shows that there is greater prevention of unwanted pregnancy following contraceptive use.

Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
NED SO7: Percentage (%) of students that feel safe at school (disaggregated by sex) in targeted areas (G4DU Outcome indicator 2.6)	NED	46.5% (2024)	49.9%	46.5%	46.5%	51.5%	Results from the 2024 tailored baseline survey were retained for 2025 reporting as no study has been conducted yet due to the short implementation period. Accordingly, the programme will determine the indicator value at endline evaluation.
NED SO8: No. of unintended pregnancies averted	NED	1,036,000 (2020)	1,050,504	1,618,308	1,618,308	1,065,008	This is a national-level indicator which provides estimates of the unwanted pregnancies that were prevented. Whereas the programme target was to contribute to prevention of 1,050,504 unwanted pregnancies in 2025, the actual results indicate that up to 1,618,308 unwanted pregnancies were prevented. Health facility and community-based programmes on FP, including referrals, is contributing to better performance of this indicator.
Pillar A: Laws & Policies, Institutions, and Data							

Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
IO3 1.1: Number of target Ministries, Departments and Agencies (MDAs), including district local government and non-state actors (NSA) that have implemented or funded policies and plans that integrate GBV /VAC prevention and response and SRHR service provision (Adopted NSIF - UBOS, NED, S.I. Global Output Indicator A.4.1)	EUD	Total					• In 2025,12 districts (not reported in 2024) that implemented or funded plans to address GBV, VAC and SRHR include; Nebbi,Terego,Lamwo,Kitgum,Kampala ,Adjumani,Madi-Okollo,Oyam,Kyegegwa,Otuke, Arua and Yumbe. The DLGs reported in 2024 were; Amudat, Tororo, Kasese, Omoro, Gulu. In terms of actual allocation in 2025 of local funds for GBV financing, data for 7 DLGs was captured; Nebbi (UGX 49m), Terego (UGX 36m), Tororo (UGX 10m), Amudat (UGX 2m), Kasese (UGX 18m), Lamwo (UGX 10m) and Kitgum (UGX 20m) amounting to UGX 145m (Approx US$ 41,600). All the 17 DLGs have plans to address GBV. • A total of 19 TVET institutions have integrated GBV, VAC and SRHR awareness in their training Institutions (Koboko Technical Institute, St Jude Omugo, Bobi Technical Institute, St Janan Luwum School, Kitgum Technical Institute, Okwang Technical Institute, Nakapiripirit Technical Institute, Genesis Skilling Centre, Smart Girls Uganda, Innovation Hub, Digital Woman Uganda, Uganda Rural Development Training Institute, Wekomile Training Institute, Katwe Technical Institute, Amelo Technical Institute, Comboni Technical School, Inde Technical School, Kitgum Technical Institute, and Minakulu Technical Institute). To note, targets for the academia and private sector under UNDP were compensated by enrolment of more TVET institutions in the programme. • Three new MDAs (UBOS, MoH and MoES) were included for 2025, which when added to the 4 in 2024; MGLSD, MoPS, MoLG, and MoIA, brings the total to 7. • A total of 10 new CSOs (IRC, UWMA, CDFU, MSU, ALIGHT, FOWODE, FIDA-U, UGANET, CSBAG, and ACORD) were recorded in 2025. Those reported in 2024 were TPO, BRAC, AAIU and DRCthus a cumulative total of 14 from 2024-2025. Lastly, to avoid double counting, the MDAs, DLGs, CSOs IPs, and institutions that were highlighted in 2024 for having implemented or funded policies and plans that integrate GBV /VAC prevention and response and SRHR provision, were excluded in 2025 reporting cycle. However, these still constitute cumulative results.
		37	25	44	57	57	
		Academia					
		7	2	0	0	4	
		CSOs					
		7	4	10	14	10	
		District Local Governments (DLGs)					
		6	5	12	17	12	
		Ministries, Departments and Agencies (MDAs)					
		11	5	3	7	13	
		Private Sector					
		6	3	0	0	6	
		Technical Vocational Education and Training (TVETs)					
		0	6	19	19	12	



Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
IO3.1.2: Percentage of national and sub-national budgets allocated to the prevention and elimination of all forms of GBV VAC and promotion of SRHR, within the last year (S.I. Global Outcome Indicator A.2.2, UG- SI 2.0 JP indicator, NED IO 3.1.2)	EUD	National					According to budget assessments by FOWODE, a Spotlight Programme IP, during 2024/2025 FY, the total estimated sub-national budget was UGX 1,428,487,422,875. Of this, the total estimate for GBV, VAC and SRHR interventions was UGX 3,961,456,918 (0.28%). The allocations vary from district to district: Madi-Okollo (4.45%), Terego (1.21%), Adjumani (1.19%), Amudat (1.16%), Tororo (1.14%), Arua (0.96%), Lamwo (0.12%), Nebbi (0.11%), Oyam (0.10%), Omoro (0.09%), Kyegegwa (0.09%), Kitgum (0.08%), Kasese (0.03%), Gulu (0.01%), Otuke (0.01%), Yumbe (0.02), and Kampala (0.01%). Meanwhile the proportion of the national budget allocated for GBV, VAC and SRHR was only 0.67% (UGX 479,931,000,000 /UGX 72,136,000,000,000). However, the assessment was done for only key sectors thus the possibility of under reporting. These include DPP (UGX 0.82bn), Judiciary(UGX 1.25bn), MoES (UGX 2.84bn), MoGLSD (UGX 9.39bn), MoH (UGX 432.4bn), OPM (UGX 0.1bn), UPF (UGX 17.73bn), UPS (UGX 3.81bn), MGLSD/DLG (UGX11.57bn), against the national budget of UGX 72.1 trillion. Generally, funding for GBV response has been dwindling due to shifts in government priorities as a result of reduced funding by development partners. Going forward, more comprehensive analysis will be conducted in 2026 to provide better estimates for this indicator.
		3.5%	3.7%	0.67%	0.67%	3.8%	
		Sub-national					
		2.7%	2.9%	0.28%	0.28%	3%	



Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
IO3.1.3: Number of national and sub-national Government policies and ordinances/by-laws on GBV /SRHR monitored for implementation with Civil Society Organisations (CSO) participation through EU support (Adopted EU -GERF, NED IO 3.1.3, S.I. Global Output Indicators A.1.1 & A.1.3)	EUD	National 0 Sub-national 0	2 4	3 2	3 2	4 9	National Policies/ Guidelines: i. MGLSD – Out of School Sexuality Education Guidelines: Dissemination was done at national level. ii. MGLSD - Disability Inclusive Planning Guidelines: The Ministry followed up with DLGs under the programme on the progress of implementation of these Guidelines during the reporting period. iii. MGLSD - Strategy on Ending Child Marriage and Teenage Pregnancy Sub-national ordinances/by-laws were developed in Arua (1) and Terego (1). In total, about 11 ordinances are being fast tracked across 9 districts. Full monitoring of implementation is expected in 2026. The main challenge has been with the approval process to gazette these ordinances, which is done at national level by the Office of the Attorney and Solicitor General after verification and validation by Uganda Human Rights Commission to ensure that they do not contradict any existing law. Other policies, guidelines, plans and strategies awaiting dissemination in 2026 are: i. Ministry of Internal Affairs - National Action Plan on Trafficking in Persons 2025/26-2030/31 ii. MGLSD – National GBV Referral Pathway - The Referral Pathway was reviewed to include organizations of/representing PWDs iii. MGLSD – National GBV Action Plan II- This was revised to cater for emerging issues iv. MGLSD - Multimedia Strategy against GBV- This was revised to address the gaps and issues in GBV prevention and response identified during implementation by the different GBV actors
IO3.1.4: Percentage of population in target districts who know a law, policy or ordinance on GBV/SRHR or a national/sub-national institution that handles GBV/SRHR issues (SASA! - UN Women & NED IO 3.1.4)	EUD	69.3%	71.3%	69.3%	69.3%	74.3%	Results from the 2024 tailored baseline survey were retained for 2025 reporting as no study has been conducted yet due to the short implementation period. Accordingly, the programme will determine the indicator value at end-line evaluation.

Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
OP 3.1.1.1: Number of individuals with competences held in Gender Responsive Planning and Budgeting at national and subnational levels, disaggregated by sex and sector (UG-SI 2.0 JP, S.I. Global Output Indicator A.6.3)	EUD	Total					Overall, during the reporting period, 3,459 (1,509F: 1,950M) individuals gained increased knowledge in gender-responsive planning and budgeting against the programme target of 620 individuals (268F: 352M). The over achievement was due to cascading of the training to lower local government levels. Key participants included district planners, district health officers, district education officers, community development officers, politicians, district administrative officers covering health, education, natural resource, engineering, water and environment, production departments and social services departments. By sector, 3,320 (1,454F: 1,866M) were from social services sector, justice/security were 26 (5F; 21M), education 54 (24F: 30M), and health 59 (26F: 33M). The training contributed significantly to most DLGs embracing the need for local resource allocation for GBV, VAC and SRHR interventions evident in increase in locally mobilized resources for GBV, VAC and SRHR from UGX 31 million in 2024 to UGX 206.6 million in 2025 by the DLGs.
		956	620	3,459	3,729	1,550	
		Female					
		359	268	1,509	1,632	670	
		Male					
		597	352	1,950	2,097	880	
NED OP 3.1.1.2: Number of key government officials with strengthened capacities to develop and deliver programmes that prevent and respond to VAWG (Adopted SI A 4.7)	NED	Total					Overall, the programme capacitated 113 (40F: 73M) key government officials to develop and deliver programmes that prevent and respond to VAWG. This is against the programme target of 48(19F: 29M) officials for 2025. This achievement was due to expansion of the training from community-based services department (DCDOs & CDOs), to include staff from other departments namely: Planners, Chief Administrative Officers, DEOs and DHOs. Specifically; Planners were - 18, CAO - 20, DEOs - 5, DHOs- 5 and DCDOs and CDOs - 65. These were capacitated on Gender Equity Planning and Budgeting, integration of GBV/SRHR into plans and budgeting, and key aspects of Results Based Management. The participants were drawn across all the 17 Spotlight DLGs
		0(2024)	48	113	113	60	
		Female					
		0(2024)	19	40	40	24	
		Male					
		0(2024)	29	73	73	36	

Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
OP 3.1.1.3 Existence of annual budget assessment of allocations to prevent and eliminate SGBV, VAC, HP and promote SRHR (G4DU Output Indicator 3.1.2)	EUD	No	Yes	Yes	Yes	Yes	According to budget assessment done by FOWODE, a Spotlight Programme IP, during 2024/2025 FY, the total estimated sub-national budget of the 17 targeted districts was UGX 1,428,487,422,875, of this, the total estimated budget dedicated for GBV, VAC and SRHR interventions was UGX 3,961,456,918 resulting to 0.28% allocation. Specifically, at district level, the amounts dedicated are as follows: Madi-Okollo (4.45%), Terego (1.21%), Adjumani (1,19%), Amudat (1.16%), Tororo (1.14%), Lamwo (0.12%), Nebbi (0.11%), Oyam (0.10%), Arua (0.96%), Omoro (0.09%), Kyegegwa (0.09%), Kitgum (0.08%), Kasese (0.03%), Gulu (0.01%), Yumbe (0.02), Otuke (0.01%), and Kampala (0.01). In determining the response, a yes implies that budget analysis for GBV, VAC and SRHR response was done covering each of the 17 DLGs during the reporting. Yes may also apply to a national budget analysis for GBV, VAC and SRHR response covering key sectors during the reporting period. Where no such assessment report exists either at national or sub-national level, the response is no.



Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
OP 3.1.2.1: Status of operation of a multisectoral national and/or sub-national coordination and oversight mechanisms for addressing GBV/ VAC/HP and SRHR that include representation from marginalized groups (S.I. Global Output Indicator A.5.1)	EUD	National					Requirements considered for this indicator include; (i) Existence of terms of reference (TOR), (ii)Annual workplan, (iii) Dedicated chairperson, (iv) Dedicated secretary, (v) Quarterly meeting, (vi) Minutes of the meeting including action matrix, and (vii) representation of other sectors and GBV, VAC and SRHR actors including those representing marginalized and vulnerable groups The status is as follows; (i) No progress – None of the conditions is met; In progress- Some conditions are met; All conditions under key requirements are met. In 2025, the programme targeted 3 coordination mechanisms for GBV, VAC and SRHR. One at national level and two at sub-national level. These are; (i) National level: GBV National Reference Group (ii) Sub–national level: District child well-being committee and District GBV/VAC Committee meetings housed at Community Based Services Departments. The 2025 results reveal that although both national and sub-national mechanisms exist, at national level, the mechanism is still in progress to being fully functional. This implies that some of the seven conditions set forth including existence of TOR, annual workplan, dedicated chairperson, dedicated secretary, quarterly meeting, minutes of the meeting including action matrix, and representation of other sectors and GBV, VAC and SRHR actors including those representing marginalized and vulnerable groups are not met. In this case, in 2025, the GBV national reference group missed some of the quarterly meetings. Similarly, the District Child Well-Being Committee and District GBV/VAC Committee meetings were not consistently conducted by some districts across the four quarters citing lack of funds to convene the meeting. Despite the challenges indicated, these mechanisms have played instrumental roles in GBV & VAC case management. For instance, through interventions by members of the different committees/ TWGs (CDOs, Police CID, CFPUs, health workers, PSWO office, and CSO case workers) at Sub-county and district level, up to 4,536(2,645F: 1,891M) VAC & GBV cases (mainly children); 6 PWDs (2F:4M) were follow up and concluded in 2025. To address this gap, the functionality of multi-sectoral coordination mechanisms is planned for discussion at stakeholders' engagement and performance review meeting in early 2026. Monitoring and reporting on the criteria will be integrated in the DLG reporting system.
		In-progress	In-progress	In-progress	In-progress	Fully functional	
		Sub-national					
		In-progress	In-progress	In-progress	In-progress	Fully functional	

Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
OP 3.1.3.1: Number of Government and non-state actors (NSA) personnel with capacities on collection, analysis and dissemination of prevalence and/or incidence data on GBV/HP/VAC and SRHR, disaggregated by sex (UG-SI 2.0 JP project indicator, S.I. Global Output Indicator A.7.4)	EUD	Total					Overall, capacity of 703 (331F:372M) government and non-state actor personnel including 3PWDs (2F:1M) were enhanced in collection, analysis and dissemination of prevalence and/or incidence data on GBV/HP/VAC and SRHR, surpassing the programme year 2 target of 364 (154F: 210M) by nearly half. Specifically, the cadres are education 38 (19F:19M); justice/security 77 (33F: 44M); health 2 (2F: 0M); social services 444 (203F: 241F); and CSOs 142 (74F: 68M). The CSO training aimed at strengthening capacity of non-state actors in collecting, managing, analysis and reporting of citizen generated data (CGD).
		897	364	703	966	910	
		Female					
		392	154	331	431	385	
		Male					
		505	210	372	535	525	
NED OP 3.1.3.2: Existence of a functioning system to collect administrative data on VAWG/HP, in line with international standards, across different sectors (Adopted SI A.7.2)	NED	In- Progress (2024)	Fully functional	In - Progress	In - Progress	Fully functional	Several systems exist, these include the following: (i) Department of Gender and Women Affairs (National GBV Database); (ii) Department of Youth (SAUTI Helpline, OVCMIS, Safepal, U-Report); and (iii) Health – HMIS The systems are hosted at national level but data collection is at the district level. The systems are however not yet fully integrated across different sectors (at least three) and where as some are able to produce data as and when needed (like SAUTI, Safepal, U-Report, and HMIS) to facilitate planning and decision-making others still face setback majorly due to case backlog, lack of equipment and inadequate user skill.



Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
OP 3.1.4.1: Number of action plans to disseminate study/ survey results, implement policies and monitor the use of rights- based approaches	EUD	0	1	1	1	3	The programme developed one plan in 2025 – the National Action Plan on Trafficking in Persons (TiP), supported by Ministry of Internal Affairs (MoIA) through UNDP. Others that were targeted but not achieved were action plans related to three bills - Legal Aid Bill, Employment Amendment Bill and Sexual Offences Bill. This was due to several challenges incurred that affected their pursuance. (i) Legal Aid Bill: The bill has faced setbacks with the changes in Parliament, the intricacies and lengthy process involved. Although consultations were held and the bill was presented to Parliament, with a certificate of financial implication secured, the progress stalled because of the lack of approval from the Solicitor General given the lack of sufficient funds to finance its implementation. Furthermore, with the new Parliament, the process will have to begin afresh, requiring renewed advocacy efforts that focus on mobilizing new MPs to act as private movers of the bill, since those previously engaged have since left Parliament. One year may not be adequate for the passing of the bill. (ii) Advocacy for the enactment of the Sexual Offences Bill; and (iii) The Employment (Amendment) Bill was affected by protracted nature of the legislative process and the absence of consensus on several contentious provisions. At the last reading, Parliament resolved that further consultations were required to build agreement, and with the current Parliament's tenure ending in May 2026, it is unlikely that the bills will be returned to the floor, particularly as some of the original movers will not be returning to the House. In accordance with parliamentary rules, bills not passed lapse with the end of a Parliament term, necessitating a restart of the legislative process in the next Parliament. Given the induction of new Members of Parliament beginning in June/July and uncertainty regarding legislative priorities, it is not predictable when—or if—the bills will be reintroduced. In light of these challenges, the indicator has continued to lag against projected targets. If granted a No Cost Extension, in 2026 the programme will continue to engage policy makers for possible considerations of these bills and/ or support development of action plans for any related law, policy or guideline.

Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
NED OP 3.1.4.2 A: No. of youth who participate in policy and decision-making bodies who perceive their participation as meaningful.	NED	Total					The programme reached 203 youths (123F: 80M), surpassing 2025 target by nearly 50%. The achievement was attributed to expansion of youth social accountability forums / networks from district level to sub-county level and strengthened collaboration among IPs like Naguru Teenage Centre (NTC) and Action Aid International Uganda (AAIU). These youths were trained on advocacy and lobbying, as a result, they were able to identify issues that affect them in the community and engaged duty bearers to address the challenges.
		0(2024)	136	203	203	170	
		Female					
		0(2024)	68	123	123	85	
		Male					
		0(2024)	68	80	80	85	



Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
NED OP 3.1.4.3: # of by-laws blocked, adopted or improved to eradicate all forms of violence against women and girls in public and private life	NED	0(2024)	4	17	17	9	The programme continued to pursue several ordinances, to supplement the national laws, totalling to 17 as listed below:1. Kitgum (3)- Ordinance to reduce violence against children and GBV; Alcoholism Ordinance (this await feedback from the Solicitor General), Prohibition and Prevention of Gender Based Violence ordinance 2021 (yet to be submitted to the Solicitor General) 2. Kampala (2)- Child Protection and Labour Recruitments, Ordinance (follow up is being made from the Solicitor General) and Ordinance on Prohibition and Prevention of GBV. 3. Kasese (1) - Gender based Violence Ordinance (re-submitted the ordinance to the Solicitor General). 4. Yumbe (1) - Ordinance on Forced and Early Child Marriages. 5. Gulu (1)- Ordinance on Gender Based Violence (ordinance is before the Solicitor General). 6. Kyegegwa (1) - Ordinance on the protection of the girl child (ordinance is before the Solicitor General). 7. Amudat (2) - The Amudat District Prohibition of Domestic Violence Ordinance (2022); An additional draft ordinance on compulsory education exists 8. Arua (2) – Gender based Violence Ordinance; Alcohol control Ordinance 9. Terego (2) – Alcohol and Substance Abuse Ordinance; Child Labour Ordinance 10. Tororo (2)- Children Protection Ordinance, 2021; GBV and Alcohol Ordinance The main challenge remain in finalization of some of the ordinances and full implementation. This will be the focus of the programme in 2026.



Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
NED OP 3.1.4.4: No. of jointly agreed recommendations on VAWG produced as a result of multi-stakeholder dialogues	NED	0(2024)	3	4	4	3	Four key statements / recommendations were produced, reaching the set target. These are; (i) Promoting girl child education and their retention in schools - Joint declaration made the Council of Traditional Leaders in Africa (COTLA)-Uganda chapter on December 6th 2024 during the commemoration of 16 days of activism against gender based violence in Uganda; (ii) Advocacy brief, today we speak first - Advocacy brief on issues affecting young women and girls; (iii) Policy brief resulting from policy dialogue on financing for GBV; (iv) Call to action by members of CS-NRG.
OP 3.1.4.5: Number of research / evidence outputs produced, which are disseminated within MoES and to broader sector stakeholders with support of the EU-funded intervention (S.I. Global Output Indicator A.7.6)	EUD	0	2	2	4	5	i.GBV Tracking Study Report ii.SASA survey report
NED OP 3.1.4.6: # of communities, CSOs and advocacy networks with increased Lobby & Advocay (L/A) capacities + ability to hold duty bearers accountable.	NED	0(2024)	2	4	4	2	These comprise of: (i) Community Action Platform, (ii) Girls in Education Movement, (iii) Social and Advocacy Accountability Groups/Networks - NTC and (iv) Social and Advocacy Accountability Groups / Networks - AAIU.
Pillar B: Prevention							



Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
IO 3.2.1: Number of adolescent girls and young women (aged 10-24) who have benefited from institution or workplace-based VET/ skills development interventions (EU-GERF 2.14, S.I. Global Output Indicator C.2.2)	EU/ NED	Total					Overall, the programme reached 1,736 AGYW (697: 10 -19 yrs and 1,039: 20-24 yrs). Of these 16 were AGYW with disability, 23 child mothers and 497 refugees. This surpassed the annual target of 1,366 by 370 (approximately 27%). The AGYW benefited from skilling programmes that include male dominated courses. The beneficiaries are currently engaged in Income generating income. Some of the courses pursued include electrical installation; Driving; Motor vehicle mechanics; Woodwork/ Carpentry and joinery); Bore hole maintenance; Plumbing; Welding; Electrical installation; Basic electronics and appliance repairs. Others pursued traditional female dominated courses such as Tailoring, fashion and design; Hairdressing; and Catering. 590 boys were reached as indirect beneficiaries of the TVET skilling programme, including 6 boys are PWDs. In 2026 the programme will re-direct efforts on tracer study to comprehensively document the impact of the training across the 17 DLGs and 20 TVET Institutions.
		0	1,366	1,736	2,814	3,416	
		Age 0-17					
		0	547	697	1198	1366	
		Age 18+					
		0	820	1,039	1,616	577	



Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
IO 3.2.2: Percentage of adolescent girls (aged 10-19) that have actively participated in life skills training to address child marriage in project areas (Action Document: Core Strategic Prevention Indicator 3.3.3)		0%	40%	100%	100%	50%	During the reporting period, the programme reached 5,298 (2,729F: 2,569M) adolescents out of schools with life skills, the boys were secondary beneficiaries. All the girls (100%) attained 31 hours of minimum exposure to provision of life skills or a combination of life skills, health information, and economic empowerment and/ or social protection. There were 44 PWDs (22F:22M) and 600 refugees (300F: 300M). The numbers per district were; Amudat - 182(75girls: 107boys); Arua - 80(39girls:41boys); Gulu -880(440girls: 440 boys); Kitgum - 887(442 girls: 445 boys); Lamwo -80 (56 girls: 24 boys); Omoro - 450(297girls: 153boys);Otuke 423 (220 girls: 203 boys); Yumbe - 276 (140girls: 136 boys); Madi- Okollo -2,040 (1,020 girls: 1,020 boys). Good performance was attributed to maintenance of regular contacts between the community development officers and parasocial workers and the adolescents enrolled on the life skills programme. In 2025 these adolescents were presented at the Spotlight Initiative Young Women Symposium at national level where they shared their experiences and issues with duty bearers including government, donors, and UN agencies. To note, total estimate for baseline is 20,159 covering 3 years. Results since programme start: • 2024 – Reached 14,718 out of targeted 15,030 Girls • 2025 – 2,729 out of targeted 2,729. Cumulative achievement is 17,759 (88.1%) against baseline projection of 20,159.
IO 3.2.3: Percentage of individuals, disaggre-gated by sex and, age group, who disagree with at least 3 harmful norms and attitudes that violate the rights of adolescent girls and young women (USAID DREAMS programme indicator, S.I. Global Output Indicators B1, B2a, B2b)		Total 96.4% Female 97.6% Male 95.1%	97.4% 98.2% 95.7%	96.4% 97.6% 95.1%	96.4% 97.6% 95.1%	97.4% 98.6% 98.6%	Retained results for tailored baseline survey that was conducted in 2024 for 2025 reporting as no study has been conducted yet due to short implementation period. For this reason, the programme will determine the indicator value at endline evaluation.

Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
IO 3.2.4: Percentage of adolescent girls and young women (aged 10-24) self-reporting a gender- equality-conducive environment in their community, school and/or family.		41.2%	43.2%	41.2%	41.2%	46.2%	Retained results for tailored baseline survey that was conducted in 2024 for 2025 reporting as no study has been conducted yet due to short implementation period. For this reason, the programme will determine the indicator value at endline evaluation.
IO 3.2.5: Proportion of women's rights organizations, autonomous social movements and CSOs, including those representing youth and groups facing multiple and intersecting forms of discrimination/ marginalization, report having greater influence and agency to work on ending VAWG (S.I. Global Outcome Indicator D.3)		0%	50%	100%	100%	80%	These include: 1. NTC 2.AAIU 3.CDFU 4.ACORD 5.BRAC 6.DRC 7. ALIGHT 8. IRC 9.TPO 10. UGANET Note that the programme set baseline target at 15 CSOs, mainly for CSOs working around EVAWG. In 2024, all the CSOs started implementation mid-way the year and as such, the indicator was not assessed. This thus bring the results to cumulative achievement of 67%. The remaining 5 CSOs will be covered in 2026.

Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
OP 3.2.1.1: Number of Project beneficiaries (aged 10-24), disaggregated by sex who participate in in- and out-of -school actions that promote gender-equitable norms, attitudes and behaviours and the exercise of rights, including reproductive rights (in Spotlight supported sub-counties)		Total - Overall					Against the 2025 annual target of 52,988 (46,540 F: 6,448 M), a total of 74,144 (F:43,523, M: 30,028) boys, girls, young women and men were reached with both in and out of school programmes that promote gender-equitable norms, attitudes and behaviours and exercise of rights, including reproductive rights, surpassing the annual target by nearly 40%. Of these, 34,872 (F:19,850, M:15,022) were reached with in- school actions/ programmes and 39,272 (F:23,676, M:15,596) out- of school actions/ programmes. 276 of the individuals (206F: 70M) were PWDs; and 3,273 (F:1,956, M:1,317) refugees. The programmes included: • Schools Health Clubs -16,229 (F: 9,146, M: 7,083) • AYP peer led community engagement - 10,106 (6,051F: 4,055M) • Positive Parenting - 11,080 (5,802F: 5,278M) • Life skills - 5,298 (2,729F: 2,569M) • Livelihood enhancement for out of school adolescents (TVET) including informal skilling – 2,326(F: 1,736, M: 590) • GEM Clubs in school – 1,046 (858M: 188F) and Out of School -1,357(784F: 573M) • Community Action Platform (CAP) – 1,510 (1,033F: 477M) • SE ELA Clubs in school – 6,475(3,119F: 3,356M) and ELA clubs out of school- 1,738(F: 1,738, M:0) • Settlement-based (Anti-GBV clubs, youth community policing, SASA, WGSS, RLO, MDD & Sports Clubs) - 16,979(10,530F: 6,449M) Great achievement on this indicator was a result of focus on GBV /VAC prevention in the context of education and livelihood enhancements/Skillings of in and out of schools AGYW and ABYM.
		70,456	52,988	74,144	151,743	132,470	
		In School Programmes - Total					
		10,382	25,700	34,872	66,145	64,249	
		In School Programmes - Girls					
		7,868	22,564	19,850	37,937	56,409	
		In School Programmes - Boys					
		4,360	31,36	15,022	28,208	7,840	
		Out of School Programmes - Total					
		60,074	27,288	39,272	85,598	68,221	
		Out of School Programmes - Girls					
		26,496	23,976	23,676	48,978	59,940	
		Out of School Programmes - Boys					
		14,042	3,312	15,596	36,620	8,281	
NED OP 3.2.1.2: # of young people reached with comprehensive, correct information on sexuality, HIV/AIDS, STIs, pregnancy and contraception, in target-ed facilities.	NED	Total					Includes 60 PWDs (40F: 27M) - Services include; Family planning, HCT, STI screening and treatment and antenatal care; HIV, FP, condom use, safe teenage motherhood, menstrual hygiene, SGBV, teenage pregnancy.
		0(2024)	136,000	99,517	99,517	170,000	
		Female					
		0(2024)	69,360	68,326	68,326	86,700	
		Male					
		0(2024)	66,640	31,191	31,191	83,300	



Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
OP 3.2.1.3: Number of organizations that have delivered interventions engaging adolescent girls and young women aimed at changing social norms and eliminating SGBV and promoting SRHR in target districts. (G4DU Output Indicator 3.2.1)		0	7	10	21	19	Ten (10) new organizations in 2025 delivered interventions engaging adolescent girls and young women aimed at changing social norms and eliminating SGBV and promoting SRHR. This brings to 21, the cumulative number of organizations by the end of 2025. Those reported in 2024 were excluded to avoid double count. The new organizations are: 1. Communication for Development Foundation Uganda (CDFU)- Interventions on Girls in Education Movement in schools 2. FIDA (U) – Integrated legal aid clinic targeting adolescent girls and vulnerable women 3. Cross Cultural Foundation Uganda (CCFU) – Promoting positive cultural norms to protect AGYW including ordinances and bye laws. 4. Action Aid Uganda – Support to shelter for GBV survivors 5. Naguru Teenage Center – Engaging youths to hold duty bearers accountable 6. Action for Development - Facilitate quarterly community outreaches for young women and out-of-school girls across six districts, led by trained Local Council Committees 7. Forum for Women in Democracy - Community dialogues for sensitization of communities on elimination of VAWG and promotion of girl-child education 8. Karamoja Women's Umbrella Organization - Women and girls rights, protection and empowerment 9. International Community of Women Living with HIV Eastern Africa (ICWEA) - Community outreach on SRHR and GBV service delivery 10. Willow International



Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
OP 3.2.2.1: Number of approaches and public interventions (for social norms change), including sports, drama and dance and multimedia, promoted with Project support.		0	4	6	21	9	Below are the new and cumulative public approaches implemented from 2024-2025, that contributed to approximately 2.1 million people reached, majorly AGYW and ABYM aged 10-19 years. To avoid double count, only new approaches have been reported for 2025. 1. Gulu Walk (New) 2. School debates (New) 3. Schools and Community Sports events (New) 4. Community Integrated Outreaches to targeted locations including incarcerated populations focusing on legal rights, GBV, VAC and SRHR awareness (New) 5. Reflective dialogues (New) 6. School health clubs (New) 7. Marathon – Elgon (Amudat, Tororo & Mbale) 8. Media Campaigns (Radio talk show, Spot messages) – Yumbe 9. Boda Boda Talk – Yumbe/Kyegegwa 10. Focus group discussions – Kyegegwa 11. Community dialogues – Kyegegwa, Gulu & Omoro 12. Male Action Groups/ Engaging men through accountable practice (EMAP) - Male engagement interventions and community mobilization – Kyegegwa 13. Child Protection / Wellbeing Committee meetings at Sub-county level 14. Music, dance and drama, reported in 2024 but scaled up in 2025 to over 200 schools in Spotlight-supported districts. 15. Civic engagement- Community youth parliament 16. Voices of Change youth camps conducted in Arua, Terego and Yumbe 17. SASA methodology 18. Life skills school clubs (drama, debates) 19. Anti – GBV clubs 20. Sexuality Education / ELA plus clubs (Drama / Debates)

Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
NED OP 3.2.2.2 Number of women, men, girls and boys who regularly attend community programmes to promote gender-equitable norms, attitudes and behaviours, including in relation to women and girls' sexuality and reproduction (Adopted from SI 1.0)	NED	Total					The programme deployed several community-based sessions to promote gender-equitable norms, attitudes and behaviours. This enabled the planned target for 2025 to be surpassed five folds. The programmes include; (i) Reflective dialogues and life skills Sessions – 6,605 (3,583F: 3,022M) (ii) SASA / Regular community engagements – 24,555 (15,033F: 9,522M) (iii) Sexuality Education Clubs sessions - 5,880 (2,940F: 2,940M) (iv) ELA + Clubs sessions – 1,740 (1,740F:0M); 54 PWDs (30F: 34F); refugees – 1,207(666F: 541) (v) GEM Clubs – 2,867 (1,817F: 1,050M) ; PWDs 107 (75F: 32M) ; 325 (252F: 73M) (vi) Adolescent/ young parents' sessions – 2,142 (2,012F: 130M)
		0(2022)	8,000	43,789	43,789	10,000	
		Total (Girls/Women)					
		0(2022)	4,080	27,125	27,125	5,100	
		Girls					
		0(2022)	2,040	15,083	15,083	2,550	
		Women					
		0(2022)	2,040	12,042	12,042	2,550	
		Total (Boys/Men)					
		0(2022)	3,920	16,664	16,664	4,900	
		Boys					
		0(2022)	1,960	9,019	9,019	2,450	
		Men					
		0(2022)	1,960	7,645	7,645	2,450	
NED OP 3.2.2.3 Number of women and girls who regularly attend skills development trainings	NED	Total					Reached 590 boys as indirect beneficiaries of the TVET skilling programme. 22 PWDs (16F: 6M). Additional skilling from UNFPA ELA clubs, girls =1,038 and women = 462, and 224 under livelihood programme with UNHCR for non-formal skills.
		0(2022)	2,733	3,460	3,460	3,416	
		Girls (10-19 yrs)					
		0(2022)	1,093	1,959	1,959	1,366	
		Young Women (20-24yrs)					
		0(2022)	1,640	1,501	1,501	2,050	



Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
OP 3.2.2.4: Number of evidence-based life skills education, psycho-socio support, social behaviours and male engagement programmes in schools, communities and refugee settlements that promote and implement gender equitable social norms and behaviours relating to SRHR and SGBV (G4DU Output Indicator 3.2.2)		0	3	5	11	7	Five new evidence-based interventions were registered in 2025, bringing to total 11 key interventions since 2024. These are: i. Club-based SRHR and life skills sessions (New) ii. Music, dance and drama to create awareness on GBV, VAC and SRHR through school clubs (New) iii. School health clubs (New) iv. Group ANC model (New) v. Reflective Dialogues (New) Previously reported interventions in 2024 were - EMAP, ELA Plus, Life Skills Tool Kit (LSTK), Parenting Programmes, MHPSS, SASA. These interventions contributed to the total programme reach of over 2.1million AGYW and ABYM with information on gender-equitable social norms in 2025.



Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
OP 3.2.2.5: Number of adolescent girls, boys and young women (aged 10-24) in target districts reached with information on gender equitable social norms to prevent SGBV and promote SRHR. (G4DU Output Indicator 3.2.3)		Total					Overall, the programme achieved 182% of the planned target for reporting year, that is 2,192,276(1,061,167F: 1,131,109) versus 1,200,000 (606,518F: 593,482M), with 11,026 PWDs (5,681F: 5,345M). Information on gender-equitable social norms were disseminated to AGYW (10-24 years) and ABYM (10-24 years) majorly through music, dance and drama that was integrated in the school clubs and national music festival for 2025 in all targeted districts. This was one of the innovations that lead to spike in the reach including about 6 million adolescents reached outside Spotlight districts as unintended results; GBV,VAC, and SRHR awareness raising has also been integrated into the skilling programme of all TVET institutions and sports events including Gulu Walk and Elgon Marathon. Other channels include; community dialogues, parenting sessions, school-based activities (life skills and sexuality education clubs), livelihood enhancement programmes for out-of- school adolescents (ELA+,EMAP, life skills clubs), community sensitization by religious and community leaders, integrated outreaches for GBV/ VAC and SRHR, Women and Girls safe spaces, Youth Friendly Services sessions, Gender Transformative and PSEA sessions. In summary: • 2,084,851 (F1,000,683, M: 1,084,168) AGYW and ADYM reached with GBV, VAC, SRHR awareness raising through Music, Drama and Dance integrated in schools' clubs across schools in the 17 targeted DLGs. • GBV, VAC and SRHR awareness raising using radio targeting settlement – 40,000 (20,400F: 19,600M) • GBV / SRHR awareness raising integrated in Sports through Marathon – 2,000 (F: 1,020, M: 980) • Equitable social norms interventions through Reflective Dialogues and Community engagement, religious and cultural leaders – 25,274 (F: 13,580, M: 11,694) • GBV, VAC, SRHR and Legal rights awareness targeting schools, prisons and PWDs – 11, 683 (7,776F: 3,907). • Social norm change interventions through SASA methodology and community engagement by activists and male champions – 28,468 (17,708F: 10,760M)
		0	1,200,000	2,192,276	2,628,265	3,000,000	
		Female					
		0	606,518	1,061,167	1,297,291	1,516,295	
		Male					
		0	593,482	1,131,109	1,330,974	1,483,705	



Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
OP 3.2.3.1: Number of actors, disaggregated by sex, with capacity to advocate and mobilize community (for gender transformation and elimination of discriminatory gender and social norms and practices that cause SGBV and inhibit SHRH) in schools, communities, and refugee settlements (Linked to: UG -SI 3.2.5, S.I. Global Output Indicator B.2.2)		Total					Overall, the programme capacitated 10,594 actors (4,381F: 6,213 M) to advocate and mobilize community (for gender transformation and elimination of discriminatory gender and social norms and practices that cause SGBV and inhibit SHRH) in schools, communities, and refugee settlements. This doubled the annual target of 4,032 (1,922F: 2,110M). These include; SASA community activists – 2,236c(896F:1,340M); CBVs – 245(133F: 112M); Para social workers – 236(145F: 91M); District local government - DCDOs, DCOs and PSWOs- 1,418(520F: 898M); Child/GBV Protection Committees - 1,154(482F: 672M); Paralegals- 30(11F: 19M); VHT- 961(523F: 438M); Politicians –29 (10F: 19M); LCC –1,626 (687F: 939M); Teachers –39 (17F: 22M); Police/DPP- 6(4F:2M); MAGs – (0F: 567M); Others (AYP/GANC Peers, CL) – 2,047(953M: 1,094M).
		0	4,032	10,594	15,040	10,808	
		Female					
		0	1,922	4,381	6,807	4,805	
		Male					
		0	2,110	6,213	8,233	5,275	

Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
OP 3.2.4.1: Number of community-based structures with demonstrable capacity to prevent and respond to SGBV/VAC and SRHR through the design, implementation, monitoring and evaluation of their own programmes within the last year (S.I. Global Output Indicator D 3.1).		0	4	10	10	7	During the reporting period, 10 structures were empowered to design, implement, monitor and report on interventions to EVAWG. The structures engaged include: i. Village Health Teams (VHTs)- over 1,200 members (45% females) ii. Local Council Courts (LCCs) – over 1,600 members (42% females) iii. SASA Community Activists – over 900 members (50% females) iv. Government Community Based Structures (CDOs, PSWs, DCDO, PSWO) – about 200 members (30% females). Played critical role in design, implementation, monitoring and reporting of life skills and parenting programmes at community level. v. Community Action Platform – over 1,500 members (65% females). vi. Male Action Groups – over 470 males, supporting GBV & SRHR sensitization and community dialogues vii. AYP peer leaders/ AGYW peer champions - over 3,000 members (60% females) viii. Community legal volunteers – over 40 members (65% females). ix. Community-based volunteers – over 250 members (55% females). x. Cultural Institutions through COTLA Through these structures, several successes were registered related to impact of the programme on the beneficiaries, ranging from girls returning to schools, improved livelihood of adolescents at risks, improved perpetrators accountability to public declaration against negative social norms.

Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
OP 3.2.4.2: Number of women's rights groups and relevant CSOs using knowledge products developed by the participating UN agencies in the design of their own programmes on ending VAWG within last year (S.I. Global Output Indicator D 3.2).		0	4	7	8	8	The following were the knowledge products utilized in 2025 and the supporting ministries and UN agencies: 1. ACORD – Out of Schools & In-schools Sexuality Education framework, International policy on elimination of GBV in Uganda and National guidance for the provision of Psychosocial support for GBV victims or survivors developed with support from UNFPA in coordination with MGLSD, MoES and MoH. 2. BRAC - National Parenting Manual from MoES through UNICEF 3. UWMA – Manual for Training Journalists on Gender responsive reporting - UNWOMEN 4. FIDA -U – Local Council Court Manual – MoLG/UNDP 5. Naguru Teenage Centre – UNFPA - Social accountability training handouts/ MoH counselling flip books 6. AAIU – Male Engagement Strategy – MGLSD / UNFPA 7. CCFU – Alternative to Corporal punishment developed by MoES/ UNICEF
Pillar C: Response & Services							



Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
OI 3.3.1: Number of adolescent girls and young people, disaggregated by sex, that received multi-sectoral integrated GBV and SRHR services in communities, schools and target refugee settlements (S.I. Global Output Indicator C.2.2).		Total					Overall, 931,385 individuals (675,150F: 256,235M) received multi-sectoral integrated GBV and SRHR services in communities, health facilities, schools and target refugee settlements against the 2025 target of 693,705 (363,919F: 329,786M). The over achievement was due to accelerated delivery following low performance in 2024. This was largely facilitated by the use of VHT model to provide services, information and refer adolescents for health services. Cumulatively, the programme is at 62.3 % achievement of the life of programme target, highlighting need for more work in 2026. The distribution by different types of services are as follows: i. General GBV/SRHR/VAC information – 105, 391 (65,275F: 40,116M) ii. SRHR / GBV services (Contraceptives, HCG Testing, HIV testing, Syphilis testing, STI screening, GBV awareness) – 18,672 (9,364F: 9,308M) iii. Social Services (MHPSS, general counselling, livelihood, referrals and linkages) – 205,926(103,956F: 101,970M) iv. Case management through chatbot, access to justice/ legal services and counselling for GBV, VAC and SRHR-related issues – 113, 312 (53,597F: 59,715M) v. Integrated GBV, VAC and SRHR services at static clinics and outreaches including at ANC, MCH clinics, schools and communities across the 17 supported DLGs, targeting majorly adolescents 10-24 years – 492,115 (442,959F: 49,156M). Provided health education, GBV awareness, contraceptives, vaccination, and general health services. As part of acceleration plan: Over 1,200 VHTs trained across the 17 DLGs on the integrated GBV, SRH , referrals and Family planning services delivery including family planning services (Sayana Press and Condom Distribution) at community level will continue with service delivery in 2026.
		0	693,705	931,385	1,079,714	1,734,262	
		Female					
		0	363,919	675,150	754,467	909,797	
		Male					
		0	329,786	256,235	325,247	824,465	

Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
NED OP 3.3.2 During a specific time period (Past 12 months)	NED	a.number of cases of VAWG reported to the police					This is a national level indicator to which Spotlight contributes. According to Annual Police Crime Report, In 2025, there were 24,528 cases of major VAWG crimes reported to Police; Defilement - 10,492, Rape - 1,675, and Domestic Violence - 12,361. Of these, 30% were taken to court (7,366) and of those cases taken to court, 18.7% (1,379) received conviction. Generally, the trend from baseline shows marked improvement in conviction rate of cases from 5.2% to 18.7% nationally. However, through DLGs CIDs/ PSWOs/Police, at least 4,185 GBV/VAC cases were followed from the 17 Spotlight districts and supported. 83 of these were convicted.
		25,185(2023)	25,537	24,528	24,528	25,888	
		b. % of cases reported to the police that are brought to court					
		5,618 (22.3%)	23.60%	30.00%	30.00%	25.30%	
		c.% of cases reported to the police that resulted in convictions of perpetrators.					
		1,312 (5.2%)	6.70%	18.70%	18.70%	8.20%	
OP 3.3.1.1: Number of trained individual service providers with capacity to deliver SRHR and SGBV services for in and out of school adolescent girls and young people. at national and sub-national level disaggregated by sex		Total					Overall, 9,644 (4,436F: 5,208M) were reached against the 2025 annual target of 3,028 (1,326F: 1,702M). The over performance was in part attributed to expansion into the five new districts (Lamwo, Oyam, Nebbi, Madi-Okollo, Terego and Adjumani). The cadres trained include: i. Health – 1,218 (717F: 501M) ii. Police – 66 (37F: 29M) iii. Social Services workforce – 4,554 (1,972F: 2,582) iv. Teachers/School Personnel – 421 (188F: 233M) v. Others - AYP Peers & VHTs – 3,385 (1,522F: 1,863) Areas covered included; Mentorship of HWs to offer MCH services, investigation and handling of GBV/ VAC services, case Management including at Sauti 116/ district action centre, ASRH and school-based surveillance, peer-driven DSD models, and GBV/VAC & YFS services.
		7,053	3,028	9,644	12,013	7,569	
		Female					
		2,974	1,326	4,436	5,618	3,314	
		Male					
		4,079	1,702	5,208	6,395	4,255	

Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
OP 3.3.1.2: Percentage of targeted service delivery points providing multi sectoral integrated GBV and SRHR disaggregated services by type (school and health facility)		0%	20%	112.4%	112.4%	50%	The programme reached 109 Service Delivery Points (SDPs) - 77 HFs and 32 schools compared to the target get of 97 sites planned at the start of the programme as under: (i) Health facilities: A total of 77 health facilities provided integrated GBV /SRHR services at static sites and community outreaches in 14 Spotlight Initiative 2.0 JP districts as follows: Adjumani (2), Amudat (5), Arua (5), Gulu (8), Kampala (1), Kasese (13), Kitgum (1), Kyegegwa(4), Lamwo (4), Omoro(6), Otuke (9), Terego (7), Tororo (13), and Yumbe (19). Significant reach of the HFs was attributed to accelerated delivery following low performance in 2024. The Spotlight contributing IPs were ACORD, Marie Stopes Uganda and Ministry of Health, and Medical Team International (MTI). (ii) Schools: Integrated GBV, VAC and SRHR services were provided at 32 schools as follows; Amudat(5), Kampala(5), Kasese(6), Kitgum(3), Kyegegwa(3), Terego(2), Tororo(6), and Yumbe (2). Services included legal aid awareness, mediation, counselling and referrals mainly conducted by JCU and ULS in Kitgum, Amudat, Kampala, and Kasese The marked achievement was facilitated by training of over 1,300 VHTs that expanded services to communities through Health facility and school outreaches. Through expansion of service delivery points from 6 in 2024 to over 100 in 2025, the programme was able to surpass its annual target by about 35% (930,0000 versus 690,000) people.
OP 3.3.1.3: Percentage of adolescent girls and young women (aged 10- 24) survivors of GBV that received sectoral GBV services disaggregated by type of service, and age, and are satisfied with their last engagement with service provider		Total					Retained results for tailored baseline survey that was conducted in 2024 for 2025 reporting as no study has been conducted yet due to short implementation period. Accordingly, the programme will determine the indicator value at endline evaluation
		33.3%	36.3%	33.3%	33.3%	38.3%	
		Age 0-17					
		28.1%	29.8%	28.1%	28.1%	33.1%	
		Age 18+					
		58.3%	60%	58.3%	58.3%	63.3%	

Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
NED OP 3.3.1.4: No. of health facilities that adopt and implement youth friendly SRH and HIV/AIDS services in targeted areas	NED	0(2024)	30	143	143	70	Following the mapping exercise of HFs conducted in 2024 by the DLGs, to be used as service delivery points, referral centres and as sites to provide integrated GBV, VAC and SRHR community outreaches in 2025, the programme embarked on scale up of reach to these health facilities. These range from hospital, to HCIV, HC III and HCIIs. Overall 143 health facilities were engaged across Spotlight districts as follows:Gulu -7, Kitgum -13, Omoro- 11, Amudat - 8, Otuke -10, Arua - 7, Terego -13, Yumbe-17, Tororo -9, Kasese -10, Kyegegwa- 3, Kampala -13, and Lamwo -9. The sites have been capacitated in terms of training to deliver services and will continue through 2026 and beyond.
NED OP 3.3.1.5: No. of women and girls that have access to quality essential services (disaggregated by sector: SRHR, GBV, Access to Justice, etc)	NED	Total					• A2J continue to be strengthened through newly established e-court in Nebbi, video conferencing facilities in Lamwo and Kitgum, SAUTI 116, LCC and Legal services by justice actors (ULS & JCU). • Significant work by VHT, MoH and CSOs health partners like ACORD and Marie Stopes contributed to the high reach of women and girls with SRHR services
		0(2024)	1,308,538	1,297,035	1,297,035	1,635,673	
		GBV Awareness/Sensitization					
		0(2024)	1,213,036	1,061,167	1,061,167	1,516,295	
		SRHR Services					
		0(2024)	44,285	150,918	150,918	55,356	
		Access to Justice/Legal AID					
		-	51,218	84,950	84,950	64,022	

Indicator Statement	Donor	Baseline	2025 Milestone	2025 Annual Results	Cumulative Results	Target	Reporting Notes
NED 3.3.2.1:No.of alternative community-based structures and local networks established to deliver services (GBV/VAC/ SRHR)	NED	0(2024)	1.0	1.0	1.0	1.0	The programme tageted to establish at least one young women's movement by the end of 2025. To that effect, through Spotlight IP, Communication for Development Foundation Uganda (CDFU), the programme established in- and out of school Girl's Education Movement Clubs. Key Roles: In- School Clubs - 20 (10 girls, 10 boys) •Create awareness through drama, debates, and school assemblies •Provide peer support on enrolment, retention and transition in education, SRHR and GBV, especially in school •Report cases of violence within the school to administration •Refer GBV cases of violence Key Roles: Out-of-school clubs - 20 (10 young women, 10 young men) •Offer peer support and mentoring to fellow youth •Support school drop outs to re-enrol and stay in school •Report cases of violence that affect learners in the community to local leaders or CAP •Support in-school GEMs in handling GBV cases that occur en route to school •Participate in skilling sessions to enhance their livelihoods
OP 3.3.3.1: Percentage of in- school adolescent girls and young women (aged 10-24) in target schools that have received Sexuality Education (SE) to advance SRHR and reduce GBV (SI2.0JP 2.0 Indicator, S.I. Global Output Indicator B.1.1)		0%	30%	56%	56%	50%	Overall, estimated number of students from the schools engaged were 47,372 (24,883 girls: 22,489boys). Of these 25,250(13,816 girls: 11,434 boys) were reached with Sexuality Education Training, accounting for 53% (56% girls : 51% boys). At district level, the proportion of students (girls and boys) reached are as follow; Adjumani (48%), Amudat (40%),Kasese (57%), Kitgum (50%), Lamwo (62%), Omoro (60%),Otuke (70%), Terego (42%). Boys are important groups of the programme and continued to be engaged as secondary beneficiaries. To note, total estimate for baseline is 42,823 girls covering 3 years. No major implementation occurred in 2024 thus zero % target. However, the results were as follows: • 2024 – 2,959 girls • 2025 – 13,816 girls This gives cumulative results of 16,775 against baseline projection of 42,823 accounting for 39%.

ANNEX B: RISK MATRIX

Risk assessment	Likelihood: Almost certain – 5 Likely – 4 Possible – 3 Unlikely – 2 Rare – 1	Impact: Extreme – 5 Major – 4 Moderate – 3 Minor – 2 Insignificant – 1	Risk monitoring frequency	Risk source for monitoring	Addressing the risk	Responsible person/ unit	2025 status/updates
Contextual risks							
1. Sensitivities around the articulation and protection of human and women's rights: (a) The continued absence of an in-country Office of the United Nations High Commissioner for Human Rights, combined with enforcement of the Anti-Homosexuality Act, contributes to a sensitive operating environment for rights-based programming.	4	4	Quarterly	Core management meetings, UNCT and RCO meetings	The programme applies risk-sensitive engagement, sustained dialogue with national institutions, and alignment with UNCT positions to safeguard programme delivery while managing reputational and operational exposure.	UNRCO and all RUNOs	The operating context remained sensitive. The risk was slightly reduced, but the likelihood remained elevated. The programme continued application of agreed mitigation measures enabled uninterrupted implementation, with no material escalation of risk observed.
1 (b) Provisions related to the promotion of homosexuality may be broadly interpreted, creating legal, reputational, and operational risks for UN entities and implementing partners. This context requires careful positioning of EVAWG interventions within the framework of national laws while upholding the UN's mandate to promote and protect human rights without discrimination.	3	3	Quarterly	Core management meetings, UNCT and RCO meetings	The Programme shall be guided by the UNCT position and statement on the respect for host government laws within the framework of the United Nations' core mandate of protecting and promoting the human rights of all without discrimination.	All RUNOs	Adjusted messaging and delivery approaches, including context-sensitive communication and flexible implementation modalities, supported continuity of results while maintaining compliance with the prevailing legal environment.
2. Post-election fiscal constraints and implementation disruptions affecting GBV financing and delivery at the district level: During the 2025 pre-election period preceding the January 2026 general elections, constrained fiscal space and competing national priorities may limit or delay district-level allocations to social sector interventions, including GBV prevention and response. While advocacy efforts have supported continued budgeting for GBV interventions, election-related administrative and financial pressures may affect the pace of implementation and sustainability of gender-responsive budgeting gains achieved during programme implementation.	3	3	Annual	Core management meetings, UNCT and RCO meetings	Integration of EVAWG priorities into district development plans, joint planning with MDAs, low-cost and systems-strengthening approaches, and continued technical support to institutionalize GBV budgeting processes.	RCO, all agencies and MGLSD counterparts	District engagement has continued through adaptive planning approaches. No major withdrawal of commitments has been observed, though fiscal pressures persist.

Risk assessment	Likelihood: Almost certain – 5 Likely – 4 Possible – 3 Unlikely – 2 Rare – 1	Impact: Extreme – 5 Major – 4 Moderate – 3 Minor – 2 Insignificant – 1	Risk monitoring frequency	Risk source for monitoring	Addressing the risk	Responsible person/ unit	2025 status/updates
3. Civic space and operating environment for civil society and women human rights defenders: Concerns remain regarding regulatory scrutiny and the broader civic space environment for CSOs, journalists, and women human rights defenders. While no widespread closures have occurred, partners report increased caution in advocacy messaging, particularly in areas intersecting with gender equality and non-discrimination. This may limit the scope or visibility of certain rights-based engagements.	3	4	Quarterly	Core management meetings, UNCT and RCO meetings	RUNOs are supporting their implementing partners with technical backstopping in coaching advocacy messages in language that promotes the United Nations normative standards regarding non-discrimination, while avoiding inflammatory pronouncements.	Core management meetings, UNCT and RCO meetings	The Programme continued operating within a sensitive civic space environment, with partners exercising increased caution in advocacy messaging. No widespread closures or suspensions were reported. Oversight and coordination of CSO implementation were strengthened through the Civil Society National Reference Group, enhancing accountability, risk awareness, and alignment with agreed programme standards. Adaptive delivery approaches enabled continuity of core interventions, leaving residual risk at a moderate level.
6. Limited sustainability and qualified national ownership due to the alienation of key Government of Uganda (GoU) institutions working on GBV/EVAWG and perceptions of the low availability of resources.	2	2	Monthly	Core management meetings, mid-year review	The Programme document was designed with the full involvement, participation and contribution of MGLSD. The National Joint Steering Committee was retained as the Spotlight Oversight Committee and meetings continue to be co-chaired by the MGLSD and the RCO. DLGs and district partners have been engaged, and district-level coordination mechanisms identified for more active involvement in collaborative implementation with an emphasis on innovative ways to implement the programme with reduced resources and complementing the efforts of other Joint Programmes. Increased relevance will be achieved through adopting the GoU Programme-based approach (not sector-based) to intervention design.	RCO, all agencies, Permanent Secretary, MGLSD and Commissioner, Gender and Family Affairs	Government engagement has resulted in the integration and financing of several GBV interventions within national and sub-national planning strategies, demonstrating growing ownership. This progress aligns with the programme's sustainability strategy, which emphasizes institutionalization within government systems to ensure continuity of results. However, this integration remains at a limited scale and continued technical and financial support is required to fully institutionalize programme gains. The risk remains low but not fully mitigated.
4. Increased refugee influx and pressure on district systems: Uganda hosts nearly 1.93 million refugees and asylum seekers as of 2025, the majority women and children, primarily from South Sudan (53%-55%) and the DRC (30%-33%). A total of 4 of the 14 refugee settlements are located within districts supported by the Programme, with additional engagement in Kampala for urban refugees. Under Uganda's settlement policy, refugees live alongside host communities, increasing pressure on local services, land, and protection systems, and heightening risks of sexual and gender-based violence.	3	3	Monthly basis	UNCT and RCO meetings	Coordination with UNHCR and district authorities, prioritization of lifesaving GBV and SRHR services, supply chain monitoring, and leveraging advocacy to mobilize complementary resources.	RCO and UNCHR	Core services were maintained, with life-saving interventions prioritized throughout the reporting period. Residual risk remains moderate due to reduced funding across refugee settlements. The reclassification of refugees for food assistance has further increased pressure on programme interventions, underscoring the need for adaptive programming. In response, the Programme is prioritizing economic empowerment approaches to mitigate dependency, strengthen household resilience, and reduce economic drivers and vulnerabilities that can contribute to GBV, supporting prevention and response outcomes.



Risk assessment	Likelihood: Almost certain – 5 Likely – 4 Possible – 3 Unlikely – 2 Rare – 1	Impact: Extreme – 5 Major – 4 Moderate – 3 Minor – 2 Insignificant – 1	Risk monitoring frequency	Risk source for monitoring	Addressing the risk	Responsible person/ unit	2025 status/updates
Programmatic risks							
1. Misunderstanding of indicators, leading to activity-based reporting instead of results-based reporting.	2	2	Quarterly	CMT Quarterly Review meetings	Outcome reviews, qualitative assessments, and the use of EU Results Framework indicators reinforce results-based reporting practices.	RCO and RUNOs	Continued partner trainings in results-based reporting strengthened partners' ability to focus on measurable change, tracking shifts in beneficiaries' knowledge, attitudes, and awareness rather than only reporting on activities conducted. The use of pre- and post-tests provided evidence of what worked, while lessons drawn from these findings informed adjustments and improvements in ongoing interventions.
2. Competing delivery expectations and activity timelines between the G4DU IPs for Outcomes 1 and 2, and those for the Spotlight Initiative RUNOs.	2	3	Quarterly	CMT Quarterly Review meetings	Robust coordination and collective ownership of activities earmarked for joint implementation. Participation of Outcome Co-chairs at G4DU monthly meetings to enhance cross-fertilization in planning and delivery of activities that overlap with G4DU Outcome 2. **Mixed modalities in delivery will be used to ensure sequential logic, where activity clusters require i**mplementation in a chronological timeline but are implemented by different RUNOs.	RCO and RUNOs	Coordination between Spotlight Initiative RUNOs and G4DU partners improved, with monthly planning meetings helping teams align priorities. Sequential activities were delivered smoothly using mixed approaches, ensuring overlapping work stayed on track even when handled by different partners.

Risk assessment	Likelihood: Almost certain – 5 Likely – 4 Possible – 3 Unlikely – 2 Rare – 1	Impact: Extreme – 5 Major – 4 Moderate – 3 Minor – 2 Insignificant – 1	Risk monitoring frequency	Risk source for monitoring	Addressing the risk	Responsible person/ unit	2025 status/updates
3. Cash flow management across the years and alignment of activities and DLG Annual Work Plans with the G4DU disbursement schedule.	3	3	Quarterly	CMT Quarterly Review meetings	DLG Annual Work Plans will be referenced to annual quarters for monitoring purposes. The Programme has been disbursing funds in accordance with the programme financial year, with the DLG allocation adjusted to the GoU financial year. The Programme has been working with an expedited delivery approach, with progress towards attaining the 70% delivery threshold required to activate the request for the next disbursement.	RCO and RUNOs	Some approvals and disbursements were delayed due to election-related activities, affecting the pace of certain interventions. The Programme worked closely with districts and implementing partners to adjust work plans and align activities with both the programme's and GoU's financial calendars. To ensure full delivery of planned activities under the EUD-funded component of the programme, a no-cost extension request was initiated, allowing the Programme to maintain continuity despite the temporary delays.
4. Capacity and resource constraints affecting justice delivery at the Local Council Court level: Access to justice activities require engagement with large numbers of Local Council Court personnel. Limited resources may constrain comprehensive training coverage and consistent application of GBV-related procedures. While the Ministry of Local Government has initiated development of a digital case management system to strengthen coordination and case tracking, additional capacity support will be required to ensure effective utilization and sustained quality of justice delivery.	2	2	Annual	Core management meetings, UNCT and RCO meetings	The Programme continues to explore the use of mixed modalities wherever possible to reach a critical mass of the lower courts' judicial officials. These include clustering groups at the sub county level and adding modules to other meetings/ workshops arranged by different IPs and MDAs. The Programme continues to explore the use of mixed modalities wherever possible to reach a critical mass of lower court judicial officials. These include clustering groups at the sub-county level and integrating modules into meetings and workshops convened by different IPs and MDAs.	All RUNOs	The Ministry of Local Government initiated development of a Local Council Court digital case management system to improve case tracking and coordination with GBV support services. This reform is expected to strengthen oversight and reduce procedural inconsistencies. While training coverage remains resource-intensive due to the scale of Local Council Court personnel, phased capacity-building and system-strengthening approaches have mitigated implementation risks. Residual risk remains moderate.

Risk assessment	Likelihood: Almost certain – 5 Likely – 4 Possible – 3 Unlikely – 2 Rare – 1	Impact: Extreme – 5 Major – 4 Moderate – 3 Minor – 2 Insignificant – 1	Risk monitoring frequency	Risk source for monitoring	Addressing the risk	Responsible person/ unit	2025 status/updates
Implementing partners do not carry out their activities based on the Project Partnership Agreement or equivalent, leading to poor project implementation.	2	4	Quarterly	CMT Quarterly Review meetings	Joint coordination and monitoring field missions involving a wide range of stakeholders (Programme beneficiaries, UN, EU, MDAs, UNACs, DLGs, religious & cultural institutions) and inter-district learning events have been instituted as part of mutual performance tracking. Close monitoring of planned activities, including requiring partners to submit quarterly reports before the next instalment of the funding is released to them. Some agencies designated a focal programme, finance and M&E staff from each implementing partner to closely follow up on implementation and to provide technical support. Carrying out spot checks, means of verification exercises and reviewing quarterly progress and financial reports.	All RUNOs, RCO and UNACs	Partners were supported through joint field visits, learning events, and spot checks to keep activities on track. Quarterly reports were reviewed before releasing funds, and focal staff provided hands-on guidance. These efforts improved implementation and the quality of programme results.
Institutional risks							
Continued silo approaches to implementation of the Programme, with RUNO-specific coordination bodies failing to synchronize with other joint programmes, resultantly compromising sustainability.	2	3	Monthly, biannual	Mid-year review, core management team	The National GBV Reference Group and district coordination platforms are used to align planning, timelines and delivery across actors. A single coordination platform at the district level (e.g. District Social Protection Committees) is promoted to enhance coherence.	RCO, UNDP and other agencies	The Programme strengthened coordination by supporting the MGLSD and DLGs to convene regular partner meetings. District Social Protection Committees were used as a single platform to align activities and share timelines, improving collaboration across RUNOs and joint programmes. These efforts helped reduce silos and enhance the efficiency and sustainability of programme delivery.



Risk assessment	Likelihood: Almost certain – 5 Likely – 4 Possible – 3 Unlikely – 2 Rare – 1	Impact: Extreme – 5 Major – 4 Moderate – 3 Minor – 2 Insignificant – 1	Risk monitoring frequency	Risk source for monitoring	Addressing the risk	Responsible person/ unit	2025 status/updates
Weakened institutional service providers and civil society actors in the provision of quality services to a sensitive demographic of hard-to-reach communities and among the vulnerable populations of in-and out of school adolescent girls and young women.	2	4	Monthly basis	Core management team, CSNRG	The decentralization of implementation through community-based groups/networks/women's coalitions proved to be effective in accessing hard-to-reach areas and engagement with local and grassroots women's organizations. The identification of national and international CSO IPs has been guided by the level of established expertise in SRHR programming for young people (such as Reproductive Health Uganda, ACCORD and IRC) to provide SRHR/ SGBV services that reach women and girls in a legal, ethical and culturally sensitive manner. The Spotlight Initiative has reached remote locations through the use of combined monitoring exercises and decentralizing SOC meetings. Other mitigation actions will include increased use of integrated mobile legal aid clinics to reach remote communities and enabling beneficiary groups to have firsthand awareness-raising on the applicable rights and laws that protect women.	UNW, UNDP and other agencies	Recentralized approaches improved reach and service continuity. Risk remains ongoing but managed.
Fiduciary risks							
The use of retained CSOs for the Spotlight Initiative 2.0 Programme carries a risk of these IPs proceeding to implement with a 'business as usual' approach and miss the programming targets as specified in the output and outcome indicators. This can result in disallowed expenditure and, at worst, may lead to a grant suspension.	2	4	Quarterly	Core management team, CSNRG	The CSOs' IPs' activities largely fall under intermediate outcome B of the SI 2.0 JP. on Social Norms and Behavioural Change, and the few under 3.1 clearly articulate the tracking of the implementation of laws and policies, not advocacy for their enactment. Joint delivery meetings were used to clarify and monitor progress towards output and outcomes indicators, with emphasis on tracking qualitative changes. A reconstituted CSNRG shall be given clear Terms of Reference to monitor the relevance of interventions in line with the Theory of Change.	All agencies	CSO partners carried out Spotlight 2.0 activities with close support, ensuring they stayed focused on programme targets. The reconstituted CSNRG and joint delivery meetings tracked progress, focusing on qualitative changes and intervention relevance. This oversight helped maintain momentum and prevented a "business as usual" approach. The DLGs provided oversight of CSO implementation, engaged in CSO activities, and led joint reporting. There was also a special call for particular project outcomes to minimize this risk.

Assumptions:

i. The broader political and policy environment remains sufficiently stable to allow continued implementation of EVAWG programming without significant operational disruption.
ii. The Spotlight Initiative continues to receive political and administrative support at national and sub-national levels, including during transitions or turnover of public officials.
iii. National commitment to addressing violence against women and girls is sustained, including through progressive integration of domestic resources and institutionalization of programme gains.
iv. Efforts to mobilize additional development partners and resources build complementarity and coherence around the successor programme, strengthening coordination rather than creating parallel processes or institutional strain.

Annex C: CSO Financial Engagement Report

Country Programme: Uganda

Reporting Period: CUMULATIVE REPORT SINCE THE START OF IMPLEMENTATION UNTIL 31 DECEMBER 2025

Total budget for Civil Society Reference Group's (CSRG) workplan since programme start: $70,669.00

Related Pillar	Donor	RUNO	Name of Civil Society Organisation (CSO)	Total Award Amount (USD)	CSO Geographic Level	Type of CSO	If Type is Constituency-led , Affiliation of Constituency-led CSO	Modality of Engagement	New or Existing CSO	% of Award as Core/ Institutional Support	Vulnerable or Marginalized Populations Supported	Award Sub - Granted or Contracted	% of award to Sub-Granted/ Contracted
B: Prevention	Nether-lan ds	UNHCR	NORWEGIAN REFUGEE COUNCIL (NRC)	$46,771.00	International	Women's rights organisations		Implementing Partner (IP)	Exisiting		Adolescent girls, Migrant, refugee, and asylum seeker women and girls, Women and girls with disabilities, Rural and remote women and girls	No	
A: Laws & Policies, Data, and Institutions	Europe-an Union	UNDP	Forum for Women and Development (FOWODE).	$40,012.00	National	Woman-led, Women's rights organisations, Feminist organisation		Implementing Partner (IP)	New		Adolescent girls, Elderly Women, Indigenous women and girls, Migrant, refugee, and asylum seeker women and girls, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
A: Laws & Policies, Data, and Institutions	Nether-lan ds	UNDP	Forum for Women and Development (FOWODE)	$21,400.00	National	Woman-led, Women's rights organisations, Feminist organisation		Implementing Partner (IP)	New	0.00%	Adolescent girls, Elderly Women, Indigenous women and girls, Migrant, refugee, and asylum seeker women and girls, Women and girls from racial, ethnic and/or religious minorities, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
B: Prevention	Euro-pean Union	UNDP	Action for Development (ACFODE)	$53,000.00	National	Woman-led, Women's rights organisations		Implementing Partner (IP)	New	0.00%	Adolescent girls, Elderly Women, Indigenous women and girls, Migrant, refugee, and asylum seeker women and girls, Women and girls from racial, ethnic and/or religious minorities, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	

Related Pillar	Donor	RUNO	Name of Civil Society Organisation (CSO)	Total Award Amount (USD)	CSO Geographic Level	Type of CSO	If Type is Constituency-led , Affiliation of Constituency-led CSO	Modality of Engagement	New or Existing CSO	% of Award as Core/ Institutional Support	Vulnerable or Marginalized Populations Supported	Award Sub - Granted or Contracted	% of award to Sub-Granted/ Contracted
C: Response Services	Europe-an Union	UNDP	Action for Development (ACFODE)	$35,023.00	National	Woman-led, Women's rights organisations		Implementing Partner (IP)	New	0.00%	Adolescent girls, Indigenous women and girls, Migrant, refugee, and asylum seeker women and girls, Women and girls from racial, ethnic and/or religious minorities, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
B: Prevention	Nether-lan ds	UNDP	Uganda Media Women's Association (UMWA)	$40,000.00	National	Woman-led, Women's rights organisations, Feminist organisation		Implementing Partner (IP)	New	0.00%	Adolescent girls, Elderly Women, Indigenous women and girls, Migrant, refugee, and asylum seeker women and girls, Women and girls from racial, ethnic and/or religious minorities, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
C: Response Services	Europe-an Union	UNDP	International Community of Women Living with HIV Eastern Africa (ICWEA)	$20,008.00	National	Woman-led, Women's rights organisations		Implementing Partner (IP)	New	0.00%	Adolescent girls, Elderly Women, Indigenous women and girls, Migrant, refugee, and asylum seeker women and girls, Women and girls from racial, ethnic and/or religious minorities, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
B: Prevention	Europe-an Union	UNDP	Karamoja Women,s Umbrella Organization (KAWUO)	$10,032.00	Local/ grassroots	Woman-led		Implementing Partner (IP)	Exisiting	0.00%	Adolescent girls, Elderly Women, Indigenous women and girls, Women and girls from racial, ethnic and/or religious minorities, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	



Related Pillar	Donor	RUNO	Name of Civil Society Organisation (CSO)	Total Award Amount (USD)	CSO Geographic Level	Type of CSO	If Type is Constituency-led , Affiliation of Constituency-led CSO	Modality of Engagement	New or Existing CSO	% of Award as Core/ Institutional Support	Vulnerable or Marginalized Populations Supported	Award Sub - Granted or Contracted	% of award to Sub-Granted/ Contracted
C: Response Services	Europe-an Union	UNDP	Karamoja Women,s Umbrella Organization (KAWUO)	$10,032.00	Local/ grassroots	Woman-led		Implementing Partner (IP)	Exisiting	0.00%	Adolescent girls, Elderly Women, Indigenous women and girls, Women and girls from racial, ethnic and/or religious minorities, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
C: Response Services	Europe-an Union	UNDP	Uganda Association of Women Lawyers (FIDA-U)	$120,000.00	National	Woman-led, Women's rights organisations, Feminist organisation		Implementing Partner (IP)	New	0.00%	Adolescent girls, Elderly Women, Indigenous women and girls, Migrant, refugee, and asylum seeker women and girls, Women and girls from racial, ethnic and/or religious minorities, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
C: Response Services	Nether-lands	UNDP	Uganda Association of Women Lawyers (FIDA-U)	$62,627.00	National	Woman-led, Women's rights organizations, Feminist organisation		Implementing Partner (IP)	New	0.00%	Adolescent girls, Elderly Women, Indigenous women and girls, Migrant, refugee, and asylum seeker women and girls, Women and girls from racial, ethnic and/or religious minorities, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
C: Response Services	Europe-an Union	UNDP	Willow International Limited	$100,000.00	National	Woman-led		Implementing Partner (IP)	New	0.00%	Adolescent girls	No	
C: Response Services	Europe-an Union	UNDP	Digital Woman Uganda Ltd	$40,000.00	National	Woman-led		Implementing Partner (IP)	New	0.00%	Adolescent girls	No	
C: Response Services	Europe-an Union	UNDP	The Innovation Village Hub Limited	$50,456.00	National	Woman-led		Implementing Partner (IP)	New	0.00%	Adolescent girls	No	



Related Pillar	Donor	RUNO	Name of Civil Society Organisation (CSO)	Total Award Amount (USD)	CSO Geographic Level	Type of CSO	If Type is Constituency-led , Affiliation of Constituency-led CSO	Modality of Engagement	New or Existing CSO	% of Award as Core/ Institutional Support	Vulnerable or Marginalized Populations Supported	Award Sub - Granted or Contracted	% of award to Sub-Granted/ Contracted
C: Response Services	Nether-lan ds	UNDP	Smart Girls Uganda Ltd	$50,000.00	National	Woman-led		Implementing Partner (IP)	New	0.00%	Adolescent girls	No	
D: Civil Society Movement s and Organisati ons	Europe-an Union	UN WOME N	Spotlight Civil Society National Reference Group (CS-NRG)	$30,669.00	National	Women's rights organisations		Implementing Partner (IP)	Exisiting	0.00%	Adolescent girls, Elderly Women, Indigenous women and girls, Women and girls from racial, ethnic and/or religious minorities, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
D: Civil Society Movement s and Organisati ons	Nether-lan ds	UN WOME N	Spotlight Civil Society National Reference Group (CS-NRG)	$40,000.00	National	Women's rights organisations		Implementing Partner (IP)	Exisiting	0.00%	Adolescent girls, Elderly Women, Indigenous women and girls, Sex Workers, Migrant, refugee, and asylum seeker women and girls, Women and girls from racial, ethnic and/or religious minorities, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
C: Response Services	Nether-lan ds	UNHCR	Transcultural Psychosocial Organisation (TPO)	$56,250.00	National	Women's rights organisations		Implementing Partner (IP)	Exisiting	4.00%	Adolescent girls, Migrant, refugee, and asylum seeker women and girls, Women and girls with disabilities, Rural and remote women and girls	No	
C: Response Services	Europe-an Union	UNFPA	Agency for Cooperation in Research and Development (ACORD) Uganda	$17,385.00	National	No information available		Implementing Partner (IP)	Exisiting	5.00%	Adolescent girls, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	Yes	26.00%



Related Pillar	Donor	RUNO	Name of Civil Society Organisation (CSO)	Total Award Amount (USD)	CSO Geographic Level	Type of CSO	If Type is Constituency-led , Affiliation of Constituency-led CSO	Modality of Engagement	New or Existing CSO	% of Award as Core/ Institutional Support	Vulnerable or Marginalized Populations Supported	Award Sub - Granted or Contracted	% of award to Sub-Granted/ Contracted
B: Prevention	European Union	UN WOMEN	Cross-Cultural Foundation Uganda (CCFU)	$235,102.00	Local/ grassroots	Other		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Elderly Women, Indigenous women and girls, Women and girls from racial, ethnic and/or religious minorities, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
C: Response Services	European Union	UNHCR	NORWEGIAN REFUGEE COUNCIL (NRC)	$84,582.00	International	Women's rights organisations		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Migrant, refugee, and asylum seeker women and girls, Women and girls with disabilities, Rural and remote women and girls	Yes	58.00%
B: Prevention	European Union	UNFPA	Action Aid Uganda (AAU)	$167,102.00	National	No information available		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
C: Response Services	European Union	UN WOMEN	Uganda Law Society (ULS)	$150,000.00	National	Women's rights organisations		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Elderly Women, Indigenous women and girls, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
B: Prevention	European Union	UNHCR	NORWEGIAN REFUGEE COUNCIL (NRC)	$109,729.00	International	Women's rights organisations		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Migrant, refugee, and asylum seeker women and girls, Women and girls with disabilities, Rural and remote women and girls	No	
B: Prevention	European Union	UNHCR	INTERNATIONAL REFUGEE COMMITTEE (IRC)	$162,084.00	International	Women's rights organisations		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Migrant, refugee, and asylum seeker women and girls, Women and girls with disabilities, Rural and remote women and girls	No	
C: Response Services	European Union	UNHCR	INTERNATIONAL REFUGEE COMMITTEE (IRC)	$59,734.00	International	Women's rights organisations		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Migrant, refugee, and asylum seeker women and girls, Women and girls with disabilities, Rural and remote women and girls	No	



Related Pillar	Donor	RUNO	Name of Civil Society Organisation (CSO)	Total Award Amount (USD)	CSO Geographic Level	Type of CSO	If Type is Constituency-led , Affiliation of Constituency-led CSO	Modality of Engagement	New or Existing CSO	% of Award as Core/ Institutional Support	Vulnerable or Marginalized Populations Supported	Award Sub - Granted or Contracted	% of award to Sub-Granted/ Contracted
B: Prevention	European Union	UN WOMEN	Uganda Network on Law, Ethics and HIV/AIDS (UGANET)	$133,062.00	National	Woman-led		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Elderly Women, Indigenous women and girls, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
A: Laws & Policies, Data, and Institutions	European Union	UN WOMEN	Cross-Cultural Foundation Uganda (CCFU)	$13,835.00	Local/ grassroots	Other		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Elderly Women, Indigenous women and girls, Women and girls from racial, ethnic and/or religious minorities, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
C: Response Services	European Union	UN WOMEN	Justice Center Uganda (JCU)	$400,000.00	National	Women's rights organisations		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Elderly Women, Indigenous women and girls, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
C: Response Services	European Union	UNHCR	DANISH REFUGEE COUNCIL (DRC)	$89,155.00	International	Women's rights organisations		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Migrant, refugee, and asylum seeker women and girls, Women and girls with disabilities, Rural and remote women and girls	No	
B: Prevention	European Union	UNFPA	Agency for Cooperation in Research and Development (ACORD) Uganda	$29,999.00	National	No information available		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
B: Prevention	European Union	UNHCR	DANISH REFUGEE COUNCIL (DRC)	$278,520.00	International	Women's rights organisations		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Migrant, refugee, and asylum seeker women and girls, Women and girls with disabilities, Rural and remote women and girls	No	



Related Pillar	Donor	RUNO	Name of Civil Society Organisation (CSO)	Total Award Amount (USD)	CSO Geographic Level	Type of CSO	If Type is Constituency-led , Affiliation of Constituency-led CSO	Modality of Engagement	New or Existing CSO	% of Award as Core/ Institutional Support	Vulnerable or Marginalized Populations Supported	Award Sub - Granted or Contracted	% of award to Sub-Granted/ Contracted
B: Prevention	European Union	UN WOMEN	Communication for Development Foundation uganda (CDFU)	$608,107.00	National	Woman-led		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Elderly Women, Indigenous women and girls, Migrant, refugee, and asylum seeker women and girls, Women and girls from racial, ethnic and/or religious minorities, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
A: Laws & Policies, Data, and Institutions	European Union	UN WOMEN	Uganda Law Society (ULS)	$40,000.00	National	Women's rights organisations		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Elderly Women, Indigenous women and girls, Women and girls from racial, ethnic and/or religious minorities, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
A: Laws & Policies, Data, and Institutions	Netherlands	UN WOMEN	Uganda Law Society (ULS)	$60,000.00	National	Women's rights organisations		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Elderly Women, Indigenous women and girls, Women and girls from racial, ethnic and/or religious minorities, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
A: Laws & Policies, Data, and Institutions	European Union	UN WOMEN	Uganda Association of Women Lawyers (FIDA-U)	$41,915.00	National	Woman-led, Women's rights organisations, Feminist organisation		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Elderly Women, Indigenous women and girls, Migrant, refugee, and asylum seeker women and girls, Women and girls from racial, ethnic and/or religious minorities, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	



Related Pillar	Donor	RUNO	Name of Civil Society Organisation (CSO)	Total Award Amount (USD)	CSO Geographic Level	Type of CSO	If Type is Constituency-led , Affiliation of Constituency-led CSO	Modality of Engagement	New or Existing CSO	% of Award as Core/ Institutional Support	Vulnerable or Marginalized Populations Supported	Award Sub - Granted or Contracted	% of award to Sub-Granted/ Contracted
A: Laws & Policies, Data, and Institutions	Nether-lan ds	UN WOME N	Uganda Association of Women Lawyers (FIDA-U)	$47,266.00	National	Woman-led, Women's rights organisations, Feminist organisation		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Indigenous women and girls, Migrant, refugee, and asylum seeker women and girls, Women and girls from racial, ethnic and/or religious minorities, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
A: Laws & Policies, Data, and Institutions	Nether-lan ds	UN WOME N	Civil Society Budget Advocacy Group (CSBAG)	$136,398.00	National	Women's rights organisations		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Elderly Women, Indigenous women and girls, Migrant, refugee, and asylum seeker women and girls, Women and girls from racial, ethnic and/or religious minorities, Women and girls with disabilities, Rural and remote women and girls	No	
A: Laws & Policies, Data, and Institutions	Europe-an Union	UN WOME N	Uganda Network on Law, Ethics and HIV/AIDS (UGANET)	$150,903.00	National	Woman-led		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Elderly Women, Indigenous women and girls, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
B : Prevention	Europe-an Union	UN WOME N	Uganda Association of Women Lawyers (FIDA-U)	$121,542.00	National	Woman-led, Women's rights organisations, Feminist organisation		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Elderly Women, Indigenous women and girls, Migrant, refugee, and asylum seeker women and girls, Women and girls from racial, ethnic and/or religious minorities, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	



Related Pillar	Donor	RUNO	Name of Civil Society Organisation (CSO)	Total Award Amount (USD)	CSO Geographic Level	Type of CSO	If Type is Constituency-led , Affiliation of Constituency-led CSO	Modality of Engagement	New or Existing CSO	% of Award as Core/ Institutional Support	Vulnerable or Marginalized Populations Supported	Award Sub - Granted or Contracted	% of award to Sub-Granted/ Contracted
B : Prevention	Nether-lan ds	UN WOME N	Uganda Association of Women Lawyers (FIDA-U)	$167,843.00	National	Woman-led, Women's rights organisations, Feminist organisation		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Elderly Women, Indigenous women and girls, Sex Workers, Migrant, refugee, and asylum seeker women and girls, Women and girls from racial, ethnic and/or religious minorities, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
C : Response Ser-vices	Europe-an Union	UNFPA	Bangladesh Rehabilitation Assistance Committee (BRAC) Uganda	$138,963.00	National	Women's rights organi-sations		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
C : Response Services	Nether-lan ds	UNFPA	Agency for Cooperation in Research and Development (ACORD) Uganda	$91,153.00	National	No information available		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
C : Response Services	Nether-lan ds	UNFPA	Marie Stopes Uganda (MSU)	$152,631.00	National	Other		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
B : Prevention	Nether-lan ds	UNHCR	ALIGHT	$63,060.00	International	Women's rights organisations		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Migrant, refugee, and asylum seeker women and girls, Women and girls with disabilities, Rural and remote women and girls	No	
C : Response Services	Nether-lan ds	UNHCR	ALIGHT	$23,462.00	International	Women's rights organisations		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Migrant, refugee, and asylum seeker women and girls, Women and girls with disabilities, Rural and remote women and girls	No	



Related Pillar	Donor	RUNO	Name of Civil Society Organisation (CSO)	Total Award Amount (USD)	CSO Geographic Level	Type of CSO	If Type is Constituency-led , Affiliation of Constituency-led CSO	Modality of Engagement	New or Existing CSO	% of Award as Core/ Institutional Support	Vulnerable or Marginalized Populations Supported	Award Sub - Granted or Contracted	% of award to Sub-Granted/ Contracted
B : Prevention	Nether-lan ds	UNHCR	DANISH REFUGEE COUNCIL (DRC)	$124,186.00	International	Women's rights organisations		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Migrant, refugee, and asylum seeker women and girls, Women and girls with disabilities, Rural and remote women and girls	No	
C : Response Services	Nether-lan ds	UNHCR	DANISH REFUGEE COUNCIL (DRC)	$42,791.00	International	Women's rights organisations		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Migrant, refugee, and asylum seeker women and girls, Women and girls with disabilities, Rural and remote women and girls	No	
B : Prevention	Nether-lan ds	UNHCR	INTERNATION AL REFUGEE COMMITTEE (IRC)	$72,037.00	International	Women's rights organisations		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Migrant, refugee, and asylum seeker women and girls, Women and girls with disabilities, Rural and remote women and girls	No	
C : Response Services	Nether-lan ds	UNHCR	INTERNATION AL REFUGEE COMMITTEE (IRC)	$28,670.00	International	Women's rights organisations		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Migrant, refugee, and asylum seeker women and girls, Women and girls with disabilities, Rural and remote women and girls	No	
C : Response Services	Nether-lan ds	UNHCR	NORWEGIAN REFUGEE COUNCIL (NRC)	$30,586.00	International	Women's rights organisations		Implementing Partner (IP)	Exisiting	7.00%	Adolescent girls, Migrant, refugee, and asylum seeker women and girls, Women and girls with disabilities	No	
B : Prevention	Europe-an Union	UNHCR	ALIGHT	$142,664.00	International	Women's rights organisations		Implementing Partner (IP)	Exisiting	8.00%	Adolescent girls, Migrant, refugee, and asylum seeker women and girls, Women and girls with disabilities, Rural and remote women and girls	No	
C : Response Services	Europe-an Union	UNFPA	Bangladesh Rehabilitation Assistance Committee (BRAC) Uganda	$26,793.00	National	Women's rights organisations		Implementing Partner (IP)	Exisiting	8.00%	Adolescent girls, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
C : Response Services	Europe-an Union	UNHCR	ALIGHT	$48,883.00	International	Women's rights organisations		Implementing Partner (IP)	Exisiting	8.00%	Adolescent girls, Migrant, refugee, and asylum seeker women and girls, Women and girls with disabilities, Rural and remote women and girls	No	



Related Pillar	Donor	RUNO	Name of Civil Society Organisation (CSO)	Total Award Amount (USD)	CSO Geographic Level	Type of CSO	If Type is Constituency-led , Affiliation of Constituency-led CSO	Modality of Engagement	New or Existing CSO	% of Award as Core/ Institutional Support	Vulnerable or Marginalized Populations Supported	Award Sub - Granted or Contracted	% of award to Sub-Granted/ Contracted
C : Response Services	European Union	UNFPA	Action Aid Uganda (AAU)	$53,224.00	National	No information available		Implementing Partner (IP)	Exisiting	9.00%	Adolescent girls, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
A: Laws & Policies, Data, and Institutions	Netherlands	UNFPA	Naguru Teenage Centre (NTC) LTD	$154,717.00	National	Other		Implementing Partner (IP)	New	9.00%	Adolescent girls, Women and girls from racial, ethnic and/or religious minorities, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
C: Response Services	Netherlands	UNFPA	Bangladesh Rehabilitation Assistance Committee (BRAC) Uganda	$33,422.00	National	Women's rights organisations		Implementing Partner (IP)	Exisiting	9.00%	Adolescent girls, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
B: Prevention	European Union	UNFPA	Bangladesh Rehabilitation Assistance Committee (BRAC) Uganda	$317,558.00	National	Women's rights organisations		Implementing Partner (IP)	Exisiting	10.00%	Adolescent girls, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
C: Response Services	European Union	UNFPA	Marie Stopes Uganda (MSU)	$42,769.00	National	Other		Implementing Partner (IP)	Exisiting	12.00%	Adolescent girls, Women and girls living with HIV/AIDS, Women and girls with disabilities, Rural and remote women and girls	No	
C: Response Services	European Union	UNHCR	Transcultural Psychosocial Organisation (TPO)	$233,462.00	National	Women's rights organisations		Implementing Partner (IP)	Exisiting	51.00%	Adolescent girls, Migrant, refugee, and asylum seeker women and girls, Women and girls with disabilities, Rural and remote women and girls	No	



ANNEX D-SECTION A: INNOVATIVE, PROMISING OR GOOD PRACTICE

Practice 1

Title of the innovative, promising or good practice	Joint on-site/facility-based mentorship for Village Health Teams improves delivery of Sayana Press and other SRHR services.
Provide a description of the innovative, promising, or good practice.	Joint on-site/facility-based mentorship is an approach that involves working directly with public health facility staff to train and mentor Village Health Teams (VHTs) attached to their respective facilities or communities. The approach was implemented by the UNFPA partner, Marie Stopes Uganda (MSUG). Under this approach, an MSUG team member worked jointly with midwives and health assistants to mentor selected VHTs in the provision of integrated SRHR/SGBV services within their health facility or community setting, as opposed to traditional classroom-based training conducted in centralized venues such as hotels or training halls. The innovative approach was introduced in March 2025 and remains ongoing. Since its introduction, notable improvements in VHT performance and youth services uptake have been observed. The mentorship model has been adopted as the preferred alternative to centralized classroom/hotel-based training. This practice contributes to: • Strengthening the quality of essential services delivery. • Enhancing prevention and referral pathways for SGBV. Promoting sustainability and localization through facility ownership.
Objective of the practice.	• To equip VHTs with special skills to provide multisectoral/integrated SRHR/SGBV services, including Sayana Press, Condoms and referrals for SGBV and SRHR services. • To foster facility-level ownership and strengthen the working relationship between VHT and the midwife for continuous mentorship and support. To strengthen collaboration between VHTs, health assistants and midwives to address challenges related to commodity access and reporting protocols.
Stakeholders involved.	Using an engagement approach, stakeholders include VHTs, health assistants, midwives and nurses. • Health assistants collaborate with midwives to identify adolescent-friendly potential VHTs for mentorship. • Midwives/nurses and health assistants facilitated training and mentorship sessions at the facility. • Midwives/nurses supervised practicum sessions on the administration of Sayana press by VHTs and conducted competency assessments to ensure quality service delivery.

Title of the innovative, promising or good practice	Joint on-site/facility-based mentorship for Village Health Teams improves delivery of Sayana Press and other SRHR services.
What makes this an innovative, promising, or good practice?	Compared to centralized classroom or conference-based training, the facility-based mentorship model represents a systemic shift from one-off knowledge transfer to embedded, continuous capacity strengthening within the public health system. A key feature of this approach is learning by doing, where VHTs acquire practical skills through hands-on mentorship integrated into routine service delivery rather than through isolated training sessions. By institutionalizing mentorship within facility operations, MSUG team members work jointly with midwives and health assistants to provide real-time guidance, strengthening accountability, supervision, commodity tracking, and referral linkages between VHTs and facilities. This integration enhances sustainability, reduces training costs, promotes local ownership, and accelerates service delivery outcomes, particularly for adolescents and young people. The model aligns with the "new way of working" by leveraging existing health structures and strengthening coordinated joint implementation among partners, rather than creating parallel training systems.
What challenges were encountered and how were they overcome?	• Midwives and nurses occasionally had competing clinical responsibilities, which limited their availability for mentorship sessions. Mitigation Off-duty health workers supported mentorship sessions alongside on-duty staff to ensure the continuity of training.



Title of the innovative, promising or good practice	Joint on-site/facility-based mentorship for Village Health Teams improves delivery of Sayana Press and other SRHR services.
Outputs and impact.	1. Performance during the baseline period (November–December 2024) Performance during the baseline period (November–December 2024) was relatively low and fluctuating, with notable dips observed after the initial classroom training sessions. • Total clients declined from 1,176 in November 2024 to 839 in February 2025, before rising to 1,021 in March 2025, indicating an initial downward trend followed by a partial recovery. • Services to young people declined from 707 in November 2024 to 283 in February 2025, before further decreasing to 256 in March 2025, indicating a sustained downward trend over the period. • The proportion of young people served declined from 65.5% in November 2024 to 25.1% in March 2025, indicating a sharp downward trend over the period. Overall, this reflects inconsistent performance following classroom-based training, largely due to limited translation of knowledge into practice in the absence of structured follow-up and on-site support. 2. Performance during Onsite Mentorship (April 2025–December 2025) In 2025, following the introduction of the facility-based mentorship approach, performance improved and became more stable, reflecting gains in competency and service delivery among VHTs and facility teams. Performance during the onsite mentorship period (April 2025–December 2025) demonstrates strong and sustained improvement, suggesting that the facility-based mentorship approach significantly enhanced service delivery. • Total clients served increased significantly during 2025, indicating strengthened service uptake and reach. Although monthly performance fluctuated, with a decline recorded in May 2025 (2,432 clients), the overall trend showed steady growth from April 2025 (3,233 clients) to a peak in November 2025 (10,795 clients), followed by a slight decline in December 2025 (9,341 clients). • Services to young people increased markedly from 1,358 in April 2025 to a peak of 7,332 in November 2025, before recording a slight decline in December 2025 (6,275 clients). • The proportion of young people served improved from 42.0% in April 2025, peaked at 78.3% in June 2025, and remained consistently above 67% through December 2025. 3. Key insight On-site mentorship produced substantial and sustained improvement across all indicators, demonstrating strengthened VHT capacity and quality of service delivery. Before these mentorships, performance was inconsistent; both the total number of clients and the number of youths reached fluctuated, and the proportion of youth served had major drops. After starting the facility-based mentorships, there was a sharp and continuous rise in total clients and youth served, as well as in high and stable proportions (65%–78%), indicating that mentorship had a more transformative effect on VHT performance and youth engagement than classroom training. 4. Main takeaways • Facility-based mentorship enhanced VHT productivity more than classroom training. • Youth-targeted service provision improved, both in absolute numbers and proportional representation.

Title of the innovative, promising or good practice	Joint on-site/facility-based mentorship for Village Health Teams improves delivery of Sayana Press and other SRHR services.
Adaptable.	The practice can be adapted by conducting early mapping and identification of suitable VHTs in collaboration with health facilities prior to mentorship implementation.
Replicable/Scale-Up.	It's already ongoing. The approach can be scaled to additional districts where VHT structures are operational, as it leverages existing health facility staff and supervision systems rather than requiring standalone training infrastructure. Minimal additional resources are required beyond structured mentorship schedules and coordination support. Because the approach is embedded within routine facility operations, it is financially more sustainable than centralized training and can be institutionalized within district health systems. The model is adaptable to similar public health settings nationally.
Sustainable.	Sustainability will be ensured through integration of the mentorship approach into routine district health supervision structures and annual workplans. Strengthening collaboration between midwives, health assistants, and VHTs institutionalizes continuous mentorship beyond project funding cycles. Embedding the model within existing health system structures reduces reliance on external training budgets while maintaining service quality and accountability.
Validated (for a good practice only): Has the practice been validated? Is there confirmation from beneficiaries/users that the practice properly addressed their needs and is there expert validation?	Formal external validation has not yet been conducted. However, performance monitoring data and feedback from facility staff indicate significant improvements in service delivery and youth engagement. Further documentation and replication will support future validation of the model.
Additional details and contact information: Are there any other details that are important to know about the innovative, promising, or good practice? Please provide contact details of a focal person for this practice as well as any additional materials including photos/videos.	The mentorship approach is currently operational within selected programme-supported districts and continues to be implemented through routine health facility structures. Focal point for further information Dr Richard Mwesigwa Agency: UNFPA Email: rmwesigwa@unfpa.org
Knowledge product on the innovative, promising or good practice: Please include a knowledge product, web story or report related to that activity that provides additional details.	Monthly reports documenting performance improvements are available.

Practice 2

Title of the innovative, promising or good practice	The Operational Framework for Social Care and Support System in Uganda 2024/25–2028/29.
Stakeholders involved.	• The Ministry is leading the implementation of this Operational Framework and will work in close collaboration with other MDAs that have a mandate to deliver social care services, the private sector, CSOs, and development partners. • At implementation, the focus will be on scaling up the delivery of social care and support services in line with the vision of establishing a society in which all individuals live dignified, productive lives. Including addressing issues of VAC, GBV, and harmful practices, and promoting the uptake of SRHR services.
What makes this an innovative, promising, or good practice?	This SCSS Operational Framework in Uganda comes at a time when there is a need to scale up the delivery of comprehensive, coordinated and holistic services to address socio-cultural and economic vulnerabilities faced by some individuals in the Country The SCSS Operational Framework provides for the progressive development of a strong preventive, protective, responsive, and sustainable system for providing services to vulnerable individuals, families, and communities.
Provide a description of the innovative, promising, or good practice.	The Social Care and Support System (SCSS) Framework is designed to organize and bring together all actors in the social care and support field to ensure systematic, coordinated and effective execution of social care and support services. Implementation of the SCSS Framework, which commenced in 2025, is multi-sectoral, multi-agency and multi-disciplinary. The Framework is being implemented through a partnership arrangement between GOU, the private sector, CSOs and other relevant regional and international organizations. In this process, the constitutional obligations of each level of government, national and local governments, on the provision of social care and support services are considered. The development phase of the-Framework began in 2022 and was completed in 2025 with technical and financial support from the Spotlight Initiative 2.0 joint Programme. Implementation is ongoing. The framework contributes to these Spotlight Initiative pillars: i) governance and institutional strengthening, ii) quality essential services for survivors, iii) prevention of EVAWG and VAC, and iv) strengthening data and coordination systems. It also institutionalizes EVAWG and VAC prevention and response within national systems rather than through standalone project intervention, aligning with the new way of working under United Nations Development System reform.
Objective of the practice.	The SCSS framework aims at: • Scaling up provision of holistic, integrated and quality services to vulnerable individuals. • Enhance access to complementary services for vulnerable individuals and caregivers. • Strengthen the regulatory framework for the delivery of holistic, integrated and quality services. • Strengthening institutional capacity and systems for the delivery of holistic SCSS.



Title of the innovative, promising or good practice	The Operational Framework for Social Care and Support System in Uganda 2024/25–2028/29.
What challenges were encountered and how were they overcome?	• Lack of a normative framework for quality assurance of the social care and support system, with no unified legal or institutional framework guiding social protection and social care interventions. • Inadequate funding and resource constraints limited the scope of consultations, especially at the community level. • Weak data systems on the social care and support services, especially on the ratio and costing of the social service workforce. Mitigation • The MGLSD collaborated with technical working groups (TWGs), Ministry of Local Government (MoLG), Ministry of Education and Sports (MoES), justice actors, CSOs, and development partners to ensure a multisectoral approach. • To ensure cost effectiveness, regional consultations were prioritized, and cost-efficient consultation methods were used, like the adoption of community dialogues and focused group discussions.
Outputs and Impact.	The Strategy for Strengthening the Social Service Workforce was established and launched. An Integrated Case Management Compendium for Delivering Multi-Sectoral Services (VAC, GBV, SRHR, Harmful Practices) at School and Community was developed (though in draft pending validation, it's a main reference tool). Early results from the rollout include standardized guidance for case management and referral, which have enabled social service and health actors to identify, document, and refer cases more consistently, such as vulnerable children, GBV survivors, and adolescents at risk to appropriate service providers. This has reduced delays and improved coordination across sectors. In addition, the framework has helped enhance alignment of district-level planning processes with social care and protection priorities, ensuring that district work plans and budgets systematically integrate case management, community outreach, and follow-up services. These results demonstrate improved system coherence, more efficient service delivery, and strengthened support for vulnerable populations.
Adaptable (Optional).	This is the major reference framework for the delivery of social care and support services by the MGLSD. It is embedded under the Social Protection Policy.
Replicable/Scale-Up (Optional).	
Sustainable.	This year, the MGLSD is developing a roadmap to guide national-level action towards the enforcement and implementation of this SCSS Framework.
Validated (for a good practice only).	The MGLSD has confirmed that this has been a missing framework for standards and quality assurance of SCSS.



Title of the innovative, promising or good practice	The Operational Framework for Social Care and Support System in Uganda 2024/25–2028/29.
Additional details and contact information.	Beatrice Okillan/Policy & Advocacy Coordinator Expanding Social Protection Programme (ESPP) Ministry of Gender, Labour & Social Development Address: Plot 9, Lourdel Road, P.O. Box 28240, Kampala Office telephone: +256 312 202050/1 Tel: +256 782 593 797 Email: Beatrice.Okillan@socialprotection.go.ug Website: www.socialprotection.go.ug Irene Achom Oluka Child Protection Officer UNICEF – Uganda Country Office Tel: +256 772147065 Email: ioluka@unicef.org
Knowledge product on the innovative, promising or good practice: Please include a knowledge product, web story or report related to that activity that provides additional details.	THE-OPERATIONAL-FRAMEWORK-ON-SOCIAL-CARE-AND-SUPPORT-SYSTEM-IN-UGANDA.pdf Uganda takes a bold step towards strengthening social care and support systems. | UNICEF Uganda

Practice 3

Title of the innovative, promising or good practice	**Promising: Integrated Case Management Compendium for Delivering Multi-sectoral Services (VAC, GGBV, SRHR, Harmful Practices) at School and Community.**
Provide a description of the innovative, promising, or good practice.	The activity addresses Outcome 3 (output 3.3), which states that adolescent girls and young women have improved access to quality multi-sectoral integrated SRHR and SGBV information and immediate response services. It started in 2025 and will be completed in 2026. Previously, case management guidance in Uganda was sector-specific and implemented through parallel systems across education, health, justice, and social welfare. This Compendium introduces, for the first time, a harmonized multi-sector operational framework that integrates VAC, GBV, SRHR and harmful practices response across school and community structures.
Objective of the practice.	The Compendium will support the delivery of coordinated and effective case management services for children and adolescents affected by VAC, GBV, SRHR issues, and harmful practices at the school and community levels. Specifically, the compendium aims at establishing standardized procedures for identifying, referring, managing, and closing cases; promoting collaboration between schools, communities, and service providers and strengthening the protection, participation, and empowerment of children and adolescents.
Stakeholders involved.	This Compendium is designed for use by: • Social workers, CDOs, PSWOs. • Health workers and SRHR service providers. • Police officers, especially from the Child and Family Protection Unit (CFPU). • Teachers and school-based child protection focal persons. • Agriculture Extension Workers, district and sub-county technical teams and coordination committees, local leaders, civil society and NGO actors involved in child protection. These key stakeholders will be trained by qualified trainers on how to use the compendium.
What makes this an innovative, promising, or good practice?	This Compendium is a promising practice because it consolidates key modules, procedures, referral pathways, legal frameworks, and coordination mechanisms into one practical reference for delivering integrated case management services to children and adolescents affected by VAC, GBV, SRHR violations, and harmful practices. Developed through national and sector-wide consultations involving line ministries and UN agencies, it harmonizes procedures across sectors that previously operated under separate policies. It promotes a child-centred, gender-responsive, and confidential approach and strengthens collaboration between schools, communities, and government-established case management systems. While implementation results have yet to be documented, the initiative demonstrates strong government ownership and cross-sector alignment.

Title of the innovative, promising or good practice	**Promising: Integrated Case Management Compendium for Delivering Multi-sectoral Services (VAC, GGBV, SRHR, Harmful Practices) at School and Community.**
What challenges were encountered and how were they overcome?	• Lengthy national and sector-wide consultation processes in building consensus around standardization of procedures and content for case management due to separate policies and guidelines governing different sectors (education, health, justice, social welfare). • Limited understanding of sensitive issues like SRHR and harmful practices generated lengthy discussions and affected the timely harmonization of key decisions on the development process of the compendium. Mitigation • The National Child Protection Working Group at the national level, comprising line ministries (Education, Health, Justice, Gender/Social Development) and UN agencies were engaged. • Technical experts and national specialists were engaged to guide discussions and clarify misconceptions using contextualized definitions, national data and evidence to ground discussions and reduce opinion-based debates.
Outputs and Impact.	The Compendium has been aligned with Uganda's national policies and legal frameworks, and emphasizes collaboration among education, health, social welfare, justice, and child protection actors. It is promoting a child-centred, gender-responsive, and confidential approach, ensuring that every action taken prioritizes the best interests of the child and respects their rights and dignity. Furthermore, it is strengthening linkages between schools and communities, ensuring that cases are not only identified early but also responded to comprehensively using government-established case management mechanisms. The Compendium is empowering local actors to play a critical role in protecting children, adolescents and women, especially the most vulnerable. It is a tool for transforming systems of care at the grassroots level and ensuring that every child and woman is seen, heard, protected, and supported. Ultimately, this compendium supports Uganda's broader commitment to creating safe, inclusive, and empowering environments for children, adolescents and women.
Adaptable (Optional).	The Compendium has been developed as a practical tool to guide frontline workers, educators, community leaders, and service providers in delivering timely, efficient, and harmonized responses to children and adolescents affected by these vulnerabilities. It provides a clear, standardized framework for identifying, referring, managing, and following up on cases across sectors, including education, health, child protection, justice, and social welfare, among others, all within a structured, multi-sectoral framework.
Replicable/Scale-Up (Optional).	The Compendium is a government document produced under the MGLSD. The document has been developed and owned by the government for sustainable use
Sustainable.	The Compendium will be disseminated at the district level through structured orientations and integration into district planning and coordination processes. Sustainability will be ensured by embedding it into existing government systems, including district work plans and service delivery guidelines, and by complementing this with continuous capacity building, mentorship, and supportive supervision of frontline actors. As a government-owned tool aligned with national policies, its use will be institutionalized within existing structures to promote long-term adoption and scalability.
Validated (for a good practice only):	Comprehensive documentation of evidence is yet to be generated in 2027.

Title of the innovative, promising or good practice	**Promising: Integrated Case Management Compendium for Delivering Multi-sectoral Services (VAC, GGBV, SRHR, Harmful Practices) at School and Community.**
Additional details and contact information.	John Mugisha Senior Probation and Social Welfare Officer Ministry of Gender, Labour and Social Development National Coordinator – Child Help Line Tel: +256-702-752391, +256-783-639017 Email: gisha2013@gmail.com Irene Achom Oluka Child Protection Officer UNICEF – Uganda Country Office Tel: +256 772147065 Email: ioluka@unicef.org
Knowledge Product on the Innovative, Promising or Good Practice.	AN INTEGRATED CASE MANAGEMENT COMPENDIUM FOR DELIVERING MULTI.docx

Practice 4

Title of the innovative, promising or good practice	Life skills training for adolescent boys and girls.
Provide a description of the innovative, promising, or good practice.	Life skills training for adolescent boys and girls aimed at strengthening their capacity to make informed decisions, addresses, economic needs and prevent vulnerability to violence. The intervention contributes to prevention under the SP 2.0 JP by addressing the root causes of vulnerability, including economic dependency and lack of decision-making skills.
Objective of the practice.	Enhance the life skills for girls and boys to increase their urgency in decision-making and address their economic needs.
Stakeholders involved.	Adolescent boys and girls. The intervention targets adolescent boys and girls working collaboratively with para-social workers and model parents. The intervention targets adolescent boys and girls working collaboratively with para-social workers and model parents. The inclusion of both boys and girls is intentional to promote inclusive participation, positive peer influence, and shared responsibility in addressing social norms that contribute to violence. Engaging boys alongside girls helps to challenge harmful gender norms, reduce risks of perpetration, and foster supportive attitudes toward gender equality and protection of girls. At the same time, it ensures that boys are also equipped with life skills, awareness, and referral knowledge, enabling them to contribute to prevention efforts and participate as allies in identifying and responding to cases of VAC and related issues within their communities.
What makes this an innovative, promising, or good practice?	Through life skills, adolescent girls and boys established groups and integrated savings and agriculture into their income-generating activities. In their saving groups, they provide low-interest loans, particularly to girls, to meet basic needs such as pads and soap. Beyond this, group members have also used accumulated savings to invest in small-scale income-generating activities such as poultry rearing, petty trade, crop farming, and the purchase of small agricultural inputs, which contribute to both household income and individual financial resilience. In addition, the groups serve as safe spaces where members discuss issues of VAC, identify and report cases of VAC and child marriage, FGM to PSWs, CDOs and Police. The combined approach of economic empowerment, peer support and structured referral linkages strengthens both prevention and early reporting of violence. The combined approach of economic empowerment, peer support, and structured referral linkages strengthens both prevention and early reporting of violence, while also improving the economic stability and self-reliance of adolescent girls and boys.
What challenges were encountered and how were they overcome?	One key challenge encountered was the presence of porous borders, which complicates the follow-up and management of VAC cases. In some instances, perpetrators cross into neighbouring countries, particularly Kenya, making it difficult for local authorities to track, apprehend, or conclude cases through standard national legal and referral systems. This cross-border movement disrupts investigations, delays justice processes, and limits accountability. Mitigation



Title of the innovative, promising or good practice	Life skills training for adolescent boys and girls.
Outputs and impact.	The adolescent boys and girls have collectively saved approximately UGX13 million (US$3,453) from their vegetable gardening and poultry activities. These savings have enabled members to reinvest in income-generating activities, such as expanding poultry production and purchasing agricultural inputs, while also meeting basic needs, including scholastic materials and sanitary products. Access to group savings and small loans has reduced financial pressure on households and kept adolescents productively engaged. In addition, the groups provide a platform for peer support and protection, where members discuss issues of VAC, child marriage, and harmful practices, and report cases to Para-Social Workers, Community Development Officers, and the Police. This demonstrates a combined economic and protection impact, contributing to improved livelihoods and reduced vulnerability among adolescents.
Adaptable (Optional).	
Replicable/Scale-Up (Optional).	
Sustainable.	The adolescent boys and girls have been equipped with knowledge and are managing their savings groups and businesses independently, which contributes to sustainability.
Validated (for a good practice only).	Yes. The adolescent boys and girls appreciated and confirmed that the interventions addressed their needs.
Additional details and contact information.	Rosette Nanyanzi MoES/Gender and Equity Budgeting Unit Tel: 0772487250 Email: nanyanzis@yahoo.co.uk/rnanyanzi@education.go.ug Irene Naiga Education Specialist – UNICEF Uganda Tel: +256-772443381 Email: inaiga@unicef.org
Knowledge product on the innovative, promising or good practice.	Life Skills Tool Kit - LIFE SKILLS TOOL KIT_BOOKLETS



Practice 5

Title of the innovative, promising or good practice	National Music, Dance, and Drama (MDD) Festival: A medium for disseminating messages on SGBV, VAC, and SRHR among learners in Spotlight Initiative-supported districts.
Provide a description of the innovative, promising, or good practice. What pillars/principles of the Spotlight Initiative does it address?	The week-long National Primary Music, Dance and Drama (MDD) Festival 2025 (24 August–1 September 2025) celebrated and promoted Ugandan culture through creative expression among primary school learners. It brought together young talents from multiple schools across the country, with learners showcasing their skills in music, traditional and modern dances, drama, poetry, and instrumental performance with topics on GBV, VAC and SRHR. The festival provided a platform for cultural exchange, talent development, and inclusive participation, especially for learners with Special Needs Education (SNE). This initiative addresses Outcome B on prevention and social norm change. It focuses on enhancing awareness of gender equitable social norms, attitudes and behaviours that prevent GBV and advance SRHR in schools, communities, institutions and refugee settlements.
Objective of the practice.	The festival aimed to increase knowledge, awareness and shift attitude on GBV, VAC, and SRHR among primary school learners.
Stakeholders involved.	• Stakeholders included primary school boys and girls from 89 schools across Uganda, who were the direct participants in the festival. • Teachers and school administrators played a key role in mobilizing learners, facilitating preparatory activities, and supporting post-festival peer-to-peer knowledge sharing within schools. • District education officers and local government structures supported coordination and oversight of school participation. Implementing partners facilitated organization and delivery of the festival activities, while child protection focal persons and school-based structures supported safeguarding and the integration of GBV, VAC, and SRHR messaging into school-level learning.
What makes this an innovative, promising, or good practice?	While the national MDD competition happens every year, this is the first time that it was themed to address GBV, VAC and SRHR. The festival provided a platform to directly reach millions of girls and boys, a scale that would be very difficult to achieve through ordinary activities.
What challenges were encountered and how were they overcome?	During the preparations for the MDD festivals, Communication for Development Foundation Uganda, (CFDU) UN Women's implementing partner realized that the activity was extremely underbudgeted as the costs to be incurred by the schools were unsupported by the ministry. The whole exercise relied on the schools, which are struggling to run on minimal costs. Mitigation As a result, CFDU had a difficult choice of dropping one of the schools, St. Mary's Ocia in Terego, which was the farthest from the venue for the national festival. CDFU learned to always conduct thorough research about any intervention for better planning.
Outputs and impact.	The festival increased girls' and boys' knowledge and awareness of GBV, VAC, and SRHR. A total of 2,622 boys, 4464 girls and 41 PWDs (31F: 10M) from 89 schools directly participated in the festival, representing all regions of Uganda. Throughout the preparatory stage across schools in Spotlight Initiative Districts, through post-festival knowledge sharing and learning within schools, the activity reached a total of 2,084,851 learners, of whom 1,000,683 were girls. • As a result, participating learners demonstrated improved understanding of GBV, VAC, and SRHR issues, increased confidence in discussing sensitive topics, and strengthened awareness of available reporting and referral mechanisms within their schools and communities. • Schools reported enhanced peer-to-peer learning, with learners acting as information conduits to their classmates, thereby expanding awareness beyond direct participants. The festival also contributed to strengthening school-level engagement on child protection issues, with increased reporting and discussion of VAC-related concerns through established school and community structures.
Adaptable.	The MoES can integrate GBV, VAC and SRHR in all annual national MDD competitions as well as budget for them to enable more schools and learners to participate.

Title of the innovative, promising or good practice	National Music, Dance, and Drama (MDD) Festival: A medium for disseminating messages on SGBV, VAC, and SRHR among learners in Spotlight Initiative-supported districts.
Replicable/Scale-Up (Optional)	The possibility of this depends on the goodwill of the MoES to integrate this into its annual budgets and plans. It would make it a recurrent activity even without the support of development partners.
Sustainable	To lobby and have the MoES integrate this activity into its annual budgets and plans.
Validated (for a good practice only):	N/A
Additional details and contact information	CDFU, UN Women's implementing partner for social norms change, is the focal point on this, as they worked closely with the Ministry of Education and Sports. CDFU's project focal point can be reached at pamela@cdfuug.co.ug
Knowledge Product on the Innovative, Promising or Good Practice:	Final-MDD Messages Impact Assessment Report ... (1).pdf



Practice 6

Title of the innovative, promising or good practice	Good practice: Integration of GBV responsive planning in budgets and plans.
Provide a description of the innovative, promising, or good practice.	Spotlight Initiative has, over the years, supported DLGs in GBV-responsive planning and budgeting in local governments. This has been done through training and mentorship and development of DLG GBV action plans that integrate related interventions of the planning processes. GBV responsive planning has been scaled up from 8 to 17 districts (5 NED-funded and 12 EU-funded). The activity began in 2024 and will be completed at the end of 2026. It contributes to Outcome 3.1, which focuses on strengthening institutions' capacity to implement and monitor laws, policies, and plans to address SGBV and improve SRHR at national and subnational levels. In line with Indicator 3.1.1, the intervention supports MDAs, district local governments, and non-state actors in implementing and/or funding policies and plans that integrate GBV, VAC prevention and response, and SRHR service provision.
Objective of the practice.	To strengthen government commitment to SGBV, VAC, and SRHR by improving the integration, allocation, and utilization of public resources within national and district planning and budgeting processes.
Stakeholders involved.	District Local Government Heads of Departments and Chief Administrative Officers.
What makes this an innovative, promising, or good practice?	The good practice was guided by principles of localization, evidence-driven planning, coordinated budget tracking, and survivor-centred approaches.
What challenges were encountered and how were they overcome?	Limited resources in the district local governments limits financing. Mitigation This is being addressed through continued advocacy.
Outputs and Impact: What have been the results thus far? Do they contribute to long-term impact?	The Spotlight Initiative institutionalized GBV-responsive planning, budgeting, and financing in Local Governments. Through sustained capacity building and high-level advocacy guided by an Issues Paper developed by the Ministry of Gender, 8 Spotlight 1.0 districts and 9 Spotlight 2.0 districts integrated GBV prevention and response actions into their FY 2025/26 District Development Plans. All 17 districts developed GBV Action Plans and mainstreamed GBV priorities across key departments, including health, education, justice, and community services. A critical component of this progress was the introduction of GBV finance tracking, which enabled evidence-based monitoring of district commitments and strengthened transparency and accountability. This has been reflected in increased financial commitments: in FY 2024/25, 11 of the 17 districts raised their GBV allocations from UGX1.229 billion to UGX2.234 billion in 2025. All targeted districts allocated resources from both locally generated revenue and social sector grants, demonstrating growing institutional ownership and consistent district-level budget allocations for GBV prevention and response. For instance, Kasese committed annual allocation of UGX18 million for the operationalization of the GBV shelter.
Adaptable (Optional).	District local governments will continue to use the GBV Action planning to identify GBV interventions to include in the District Development Plans and vice versa.

Title of the innovative, promising or good practice	Good practice: Integration of GBV responsive planning in budgets and plans.
Replicable/Scale-Up (Optional).	Scale-up has already been demonstrated, with the number of districts developing GBV Action Plans increasing from 8 to 17. The practice will be extended through a regional focus to ensure GBV-responsive planning is adopted beyond the current Spotlight districts.
Sustainable.	Increased high-level advocacy, strengthened GBV finance tracking, and continued hands-on mentorship will support the sustainability of GBV-responsive planning and budgeting.
Validated (for a good practice only).	This is still in progress.
Additional details and contact information:	Christine Akumu Senior Gender Office, Ministry of Gender, Labour and Social Development Harriet Karusigarira Programme Officer, UNDP Email: harriet.karusigarira@undp.org



Practice 7

Title of the innovative, promising or good practice	Innovative practice: Digital inclusion in SGBV/SRHR awareness for out-of-school youth using the MO-BIMOCC
Provide a description of the innovative, promising, or good practice.	• MOBIMOCC is a mobile-based Interactive Voice Response (IVR) platform that delivers essential information to women, girls, and youth in internet-limited and hard-to-reach areas using basic feature phones. By dialling a designated number, users can access voice-guided, pre-recorded content in local languages without needing internet access, smartphones, or advanced digital skills. Through simple keypad navigation, beneficiaries receive confidential and user-friendly information on Sexual Reproductive Health and Rights (SRHR), Sexual and Gender-Based Violence (SGBV) prevention and response, referral pathways, and digital safety. The platform bridges the information access gap by overcoming connectivity barriers, supporting low-literacy users, ensuring privacy in sensitive matters, and providing 24/7 on-demand access to reliable, life-saving information. This addresses the following pillars, • Outcome B Prevention: Challenging harmful social norms, attitudes, and behaviours to prevent violence before it happens, including engaging men and boys. • Outcome C: Quality Essential Services: Ensuring the availability and accessibility of high-quality essential services (health, police, justice, social services) for survivors. The activity started in September 2025 profiling 110 youths who had access to mobile phones in Gulu and Kampala city and they are still receiving the relevant information on SRHR, GBV and digital literacy
Objective of the practice:	The objective of integrating MOBIMOCC is to: (1) Bridge the digital information gap by providing free, mobile-based access through basic phones (2) Improve knowledge and awareness on prevention of violence against women and girls. (3) strengthen safe and confidential referral pathways to GBV and SRHR service providers. (4) Enhance digital inclusion and empower youth with accessible technology. (5) Promote positive social norms and informed decision-making to reduce vulnerability to violence and harmful practices.
Stakeholders involved: Who are the beneficiaries or target group of the practice? Describe how all relevant stakeholders were engaged.	The primary beneficiaries were out-of-school youth aged 1,424, we engaged local government leaders, youth representatives, health facilities, GBV service providers, civil society partners. This strengthened referral linkages, and ongoing feedback mechanisms to ensure relevance, trust, and sustainability.
What makes this an innovative, promising, or good practice?	This MOBIMOCC uses basic mobile phones and an IVR system to provide confidential, on-demand SRHR and GBV information without the need of internet, bridging the digital divide for women and girls. Its key features include offline access, local-language audio content for low-literacy users, 24/7 privacy, and integrated referral pathways to services. This approach strengthens prevention, promotes inclusive service delivery, and supports community-centred, scalable solutions aligned with EVAWG efforts and UN reforms.
What challenges were encountered and how were they overcome?	We faced several challenges, including limited digital literacy among users, cultural sensitivities around discussing SRHR and SGBV, limited access to devices and electricity in rural areas, and stigma around reporting violence. These were addressed by providing basic digital literacy training, engaging community leaders and parents to build trust, using portable power solutions and offline-enabled content, and establishing confidential referral pathways to ensure safe reporting and access to services. There was also a challenge of high cost of voice calls, this needs to be addressed through allocating more funds to voice subscriptions.

Title of the innovative, promising or good practice	Innovative practice: Digital inclusion in SGBV/SRHR awareness for out-of-school youth using the MO-BIMOCC
Outputs and Impact:	MOBIMOCC has successfully reached 110 of out-of-school youths, providing them with accessible, confidential information on SRHR and GBV prevention. The platform has improved digital literacy among users, strengthened referral linkages to SRHR and GBV counselling services, and increased awareness of rights and available support systems. Youths report greater confidence in seeking services and making informed decisions about their health and safety. These contribute to long-term impact through empowering youths with knowledge and skills, promoting positive social norms, reducing vulnerability to violence, and fostering sustained digital inclusion and access to essential services in underserved communities.
Adaptable (Optional)	MOBIMOCC can be adapted for a wide range of information dissemination beyond SRHR and SGBV by customizing content to different thematic areas such as civic education, climate change awareness, agricultural guidance, financial literacy, entrepreneurship, digital safety, and. It can be tailored to different languages and cultural contexts, ensuring accessibility for low-literacy users and marginalized populations. The IVR system can also be integrated into government programs to expand reach. By leveraging the same mobile-based, offline, and interactive voice approach, MOBIMOCC can deliver timely, relevant, and confidential information across multiple sectors, ensuring that underserved populations gain equitable access to essential knowledge and services.
Replicable/Scale-Up (Optional)	MOBIMOCC has strong potential for wider replication and scale-up due to its mobile-based, low-cost, and offline design. It can be expanded to additional districts, regions, or countries with similar connectivity challenges, reaching more marginalized populations. Partnerships with local governments, NGOs, and service providers can support broader implementation, while training more youth peer educators can enhance community engagement. The system can also be adapted to other sectors, allowing replication for health, education, financial literacy, and civic awareness programs.
Sustainable	Making MOBIMOCC sustainable will require stronger partnerships with local governments, NGOs, civil society organizations, and private sector actors to secure multi-year funding and support for ongoing operations. Collaborating with telecommunications companies could reduce call costs and maintenance expenses, while partnerships with service providers ensure continuous content relevance and referral linkages. Continuous training of users is also required as we expand its usage.
Validated (for a good practice only):	Users have confirmed that the platform provides relevant, accessible, and confidential information that addresses their SRHR and SGBV needs as well as referral pathways. Expert validation has also been received from health and GBV service providers who confirm that the content is accurate, culturally appropriate, and effectively linked to referral services, making MOBIMOCC a recognized good practice in digital inclusion and violence prevention.
Additional details and contact information: Are there any other details that are important to know about the innovative, promising, or good practice?	Doreen Kisakye, SRHR and GBV Counsellor (FIDA) Email: kisakyeadams17@gmail.com Laker Becky, GBV Counsellor Email: beckylaker@gmail.com
Knowledge Product on the Innovative, Promising or Good Practice:	GBV Finance Tracking report District GBV Action Plan



ANNEX D-SECTION B: KNOWLEDGE PRODUCTION

Title of knowledge product	Product type(s)*	Brief description & purpose	Date completed/ published or expected to be	Link to knowledge product	Target audience	Uptake of the knowledge product
Outreach/visibility material (story, article on a programme success)	Human-interest programme impact story intended for public awareness and visibility	A human-interest impact story highlighting how vocational skilling initiatives supported under the EU-UN Spotlight Initiative are empowering young people with employable skills, improving livelihoods, and strengthening community resilience. The article aims to showcase programme results, raise awareness, and promote visibility of interventions implemented by the XX.	7 October 2025	https://www.undp.org/uganda/stories/empowering-ugandas-youth-through-vocational-skilling-under-eu-un-spotlight-initiative?utm_source=chatgpt.com	General public, development partners, government stakeholders, CSOs, youth and donors.	Primarily used for programme visibility, stakeholder awareness, advocacy for youth skilling investments, and dissemination through online communication platforms and partner networks.
Spotlight Initiative: Nurturing Youth Design Innovations	Magazines/Newsletters/Brochures/Outreach and visibility materials	Outreach and visibility materials A blog article showcasing youth design innovations and skills development under the Spotlight Initiative, featuring examples of prototypes developed by young learners and promoting awareness of youth empowerment initiatives.	13 August 2025	https://www.undp.org/uganda/blog/eu-un-spotlight-initiative-nurturing-youth-design-innovations?utm_source=chatgpt.com	General public, youth audiences, community partners, programme stakeholders, donors, government officials, and civil society organizations.	Used for outreach, visibility and awareness creation on youth innovation, shared via social media, newsletters, partners' platforms, and integrated into youth engagement events.
Uganda: EU and UNICEF Empowering 5,000 Girls Across Seven Districts to Complete Their Education	Outreach and visibility materials	A news story reporting on a programme under the G4DU partnership where the EU and UNICEF are supporting 5,000 disadvantaged girls in Uganda to complete secondary education through financial assistance, mentorship, and educational support, addressing barriers to education and promoting gender equality.	31 March 2025	https://allafrica.com/stories/202510300079.html?utm_source=chatgpt.com	General public, media audiences, partners, government stakeholders, youth groups.	Used for public awareness, showcasing partnership impact, shared via media outlets and partner networks to highlight educational empowerment efforts for girls.
Spotlight Initiative in Yumbe: Progress, Partnerships and Commitments to Gender Equality	Outreach and visibility materials	A programme update story from the UN Resident Coordinator Office detailing a field mission in Yumbe District to assess progress under the Spotlight Initiative, strengthen partnerships, and reaffirm commitments to gender equality, violence prevention, and integrated services for women, girls, and young people.	20 November 2025	https://uganda.un.org/en/306565-spotlight-initiative-yumbe-progress-partnerships-and-commitments-gender-equality?utm_source=chatgpt.com	UN agencies, government partners, development partners, policymakers, community stakeholders and civil society.	Used for programme documentation, stakeholder engagement, reporting on progress, and advocacy within UN systems and partner networks.
In Uganda, girls with tools are building a more gender equal world	Outreach and visibility materials	A news article showcasing how vocational skills training supported by the Spotlight Initiative helps equip girls and young women with technical and life skills, challenging gender stereotypes and promoting economic empowerment and gender equality.	19 November 2025	https://spotlightinitiative.org/news/uganda-girls-tools-are-building-more-gender-equal-world?utm_source=chatgpt.com	Youth audiences, community partners, programme stakeholders, donors and gender equality advocates.	Used for outreach, visibility, advocacy on social media and partner platforms to highlight youth empowerment and gender equality impacts.
In Uganda, community dialogues are building harmonious, violence-free homes	Outreach and visibility materials	A story highlighting how community dialogues under the Spotlight Initiative in Kitgum help shift social norms, promote peaceful relationships, reduce gender-based violence, and strengthen community engagement for nonviolence.	27 January 2026	https://spotlightinitiative.org/news/uganda-community-dialogues-are-building-harmonious-violence-free-homes?utm_source=chatgpt.com	Community leaders, civil society, programme partners, donors and the general public.	Used for increasing awareness of social norms change efforts, shared in programme communications and advocacy forums.
"Today We Speak First!" - The Voice and Agency of Young Women to End Violence Against Women and Girls in Uganda	Reports and Results Documents/Case Study/Symposium Report	A report summarizing the Young Women Symposium held on 18 September 2025 in Entebbe, Uganda, which brought together over 350 adolescents and young people from 17 districts. Participants received training in technical skills (electrical installation, mechanics, plumbing, tailoring, IT, and soap making) alongside GBV prevention, SRHR, and life skills. The report highlights the voices, experiences, and advocacy messages of young women, offering evidence of empowerment and strategies to end violence against women and girls. It also documents engagement with decision-makers and partners, demonstrating programme impact and youth agency.	September 2025	https://uganda.un.org/en/305145-spotlight-initiative-20-uganda-young-womens-symposium-advocacy-brief	UN agencies, government policymakers, civil society organizations, youth-focused NGOs, donors, gender equality advocates, programme practitioners, and researchers on GBV prevention and youth empowerment.	Used to inform programme planning, document lessons learned, support advocacy on youth participation and GBV prevention, and share evidence with partners, stakeholders, and donors. It could also serve as a reference for replication of youth engagement and empowerment programmes.



Title of knowledge product	Product type(s)*	Brief description & purpose	Date completed/ published or expected to be	Link to knowledge product	Target audience	Uptake of the knowledge product
A Brighter Future: Marcyline	A video story/communication product/human interest story	A short video highlighting the story of a GBV survivor whose childhood and aspirations were disrupted by abuse. With support from the Spotlight Initiative, she has accessed long-term recovery services and is rebuilding her life. The video aims to humanize programme impact, demonstrate survivor-centred service delivery, and strengthen advocacy for sustained investment in ending violence against women and girls.	2024	A brighter future: Marcyline - YouTube	Development partners, government stakeholders, donors, civil society organizations, youth advocates, and the general public.	Disseminated through UNICEF digital platforms and social media under the #WithHer campaign; used in advocacy and visibility efforts to showcase programme results; contributes to increased awareness of GBV recovery services and the scale of impact (nearly one million women and girls reached since 2019).
Supporting the Uganda Government to Rollout Digital Mental Health and Psychosocial Support (MHPSS) Chatbot – "Buddy"	Digital innovation product/ communication brief/knowledge & advocacy product	A digital innovation product documenting the launch of the MHPSS chatbot "Buddy," developed by the MGLSD and the National Information Technology Authority-Uganda, with support from UNICEF. Integrated into the SAUTI 116 Helpline, the chatbot provides free, accessible mental health and psychosocial support to children and young people. The product promotes digital service delivery innovations and supports government scale-up of survivor-responsive MHPSS services.	July 2024	https://www.youtube.com/watch?v=D5cVaFsfyX-k&t=126s	Government ministries and agencies, service providers, digital innovation partners, development partners, adolescents and young people.	Launched nationally on 18 July 2024; integrated into SAUTI 116 Helpline to expand digital access to MHPSS; strengthens institutionalization of technology-enabled GBV response services; supports scale-up of child- and youth-friendly psychosocial support nationwide.
The Operational Framework for Social Care and Support System in Uganda 2024/25–2028/29	A framework	To establish a framework for delivery of multi-sectoral services for all vulnerable people including children, women, families and older persons.	2025	Uganda takes a bold step towards strengthening social care and support systems. | UNICEF Uganda	All government, development agencies, CSOs, community-based structures delivering social care and support services.	Government
An Integrated Case Management Compendium for Delivering 1. 1. Multi-Sectoral Services (VAC, GGBV, SRHR, Harmful Practices) At School and Community.	Capacity Development Modules	The Compendium is designed to improve coordinated, high quality case management for children and adolescents affected by violence, GBV, SRHR concerns, and harmful practices in both schools and communities. It establishes standard procedures for identifying, referring, managing, and closing cases, and strengthens collaboration among schools, communities, and service providers.	2026	UNICEF	Social worker CDOs, PSWOs, Social Welfare Officers, Health Workers, SRHR service providers, Police (CFPU), teachers, school-based child protection focal persons; Agriculture Extension Workers, district and sub-county technical teams and coordination committees, local leaders, civil society and NGO actors involved in child protection. These key stakeholders will be trained by qualified trainers on how to use the compendium.	~~Government and development partners~~
Issues Paper	Advocacy brief	This Issues Paper on GBV prevention and response is to enhance financing through effective planning and budgeting.	February 2025	https://drive.google.com/file/d/13--2aleJsNy7FT-27KAXXud_D4ceNOZrl/view?usp=drivesdk	Adolescent young women and girls and policymakers.	Adolescent young women and girls and policymakers.



ANNEX E: ANNUAL WORKPLAN

Spotlight Initiative 2.0 Joint Programme in Uganda

Overall project duration: 1 May 2023–31 August 2026 **EU contributions:** 1 May 2023–31 August 2026 **NED contributions:** 1 January 2025–30 April 2026

Outcome and outputs		2025						Delivery Modality		Annual work plan 2025				Human Rights and Gender Equality Marker
Outcome/ Output/ Activity	Outcome/ Output/ Activity	Description	RUNO	European Union Delegation	The Netherlands	Total Donor funds	Agency contributions	Delivery via CSOs	US$ 0	Q1	Q2	Q3	Q4	
Outcome 1	Output 3.1	Strengthened capacity of institutions to implement and monitor laws, policies and plans addressing SGBV and improving SRHR at national and sub-national level												
Output 1.1	Output 3.1.1	Strengthen and sustain the established capacities of national and sub national institutions (Parliament, Judiciary, Ministries, Departments & Agencies and District Local Governments, Non-State Actors (CSOs, FBOs, Media, etc.) and Parish Development Committees) in gender and equity planning and reporting, and increased financing for effective delivery of services for prevention of and response to of SGBV, violence against children, harmful practices and the promotion of SRHR in the education sector. (Support in the development of District Development Plans using Rolling Work Plans will be implemented jointly with all the IPs under the G4DU Programme, and expand to include Education Officers, DCDO, SWOs, and Child Wellbeing Committees. This will entail a joint District Local Government inception meeting to kick off the programme and develop an over- arching district planning framework.)												3
	Activity 3.1.1.1	Engage school and community- based duty bearers and families of adolescent girls to facilitate the implementation of the positive parenting programme through evidence- based methodologies to prevent and respond to girls' dropping out of school.												
Activity 1.1.1	Sub Activity 1	Engage HRC, MoLG and Parliament to support capacity building of DLGs to review on finalization of pending ordinances and dissemination of existing ordinances including those developed in the first Phase of Spotlight Phase I (Terego, Kyegegwa, Kampala, Gulu, Yumbe)	UNFPA	US$ 65,000	US$ 0	US$ 65,000	US$ 0	US$ 0	US$ 0			x	x	
Activity 1.1.2	2	Engage HRC, MoLG and Parliament to support capacity building of DLGs to revie the finalization of pending ordinances and dissemination of existing ordinances including those developed in the first Phase of Spotlight Phase I (Kitgum, Amudat, Tororo and Kasese)	UNICEF	US$ 0	US$ 14,675	US$ 14,675	US$ 1,468	US$ 0	US$ 0	x	x	x	x	
Activity 1.1.3	3	Support training of select parliamentary committees, relevant MDAs, DLGs and village Budget clubs on gender responsive planning and budgeting	UN Women	US$ 48,336	US$0	US$ 48,336	US$ 0	US$ 0	US$ 0			x		
Activity 1.1.4	4	Train and mentor Government officials (select MDAs and DLGs) to plan, review and integrate VAC/GBV/SRHR, trafficking in persons (TiP) prevention and response interventions in existing government programmes, in partnership with Ministry of Public Service Civil Service College.	UNDP	US$ 40,000	US$0	US$ 0	US$ 0	US$ 0	US$ 0	x	x			
Activity 1.1.5	5	Roll out the gender and equity guidelines for Local Governments and strengthen capacity of MDAs and DLGs on the use of the gender and equity compliance tools for budget framework papers in 11 districts to inform gender-responsive budgets and plans	UN WOMEN	US$ 25,000	US$ 0	US$ 25,000	US$ 0	US$ 0	US$ 0			x	x	
Activity 1.1.6	6	Support MGLSD, selected MDAs, DLGs and private sector institutions to lobby for increased financing of SGBV/VAWG/VAC SRHR in national and sub-national BFPs.	UNDP	US$33,333	US$	US$ 33,333	US$ 0	US$ 32,000	US$ 0		x	x		
Activity 1.1.7	7	Support the National and District level policy engagement on the implementation of TiP strategy framework, including the roll out of the TiP National Action Plan for inclusive operationalization of the National Referral Guidelines on TiP for the management of victims of trafficking across project sites - (consultative meetings, district planning committees, technical working groups, harmonization of workplans, coordination meetings, trainings) (IOM)	UNDP	US$ 50,000	US$ 0	US$ 50,000	US$ 0	US$ 0	US$ 0		x	x		
Activity 1.1.8	8	Support DLGs capacity building in gender responsive planning and budgeting and integrating GBV/VAC and harmful practices in their District Development Plans through the use of Rolling Work Plans, which will be implemented jointly with all the IPs under the G4DU Programme, and expand to include Education Officers, DCDO, SWOs, and Child Wellbeing Committees.	UNICEF	US$ 48,000	US$ 0	US$48,000	US$ 0	US$ 0	US$ 0		x	x	x	
Activity 1.1.9	9	Support to operationalizing of Terego GBV Reception Centre and Amudat GBV Shelter, and construction of Kasese GBV Shelter; including advocacy for Government response including financing of GBV shelters, reception centres and safe spaces.	UNDP	US$ 110,000	US$ 0	US$ 110,000	US$233,333	US$ 0	US$ 0	x	x			
Activity 1.1.10	Activity 3.1.1.2	Support specialized institutions to facilitate access to education for adolescent girls with disabilities and those with mental health challenges to protect them from the risk of SGBV and provide SRHR information and services.												

Outcome and outputs			2025					Delivery Modality		Annual work plan 2025				Human Rights and Gender Equality Marker
Outcome/ Output/ Activity	Outcome/ Output/ Activity	Description	RUNO	European Union Delegation	The Netherlands	Total Donor funds	Agency contributions	Delivery via CSOs	US$ 0	Q1	Q2	Q3	Q4	
Activity 1.1.11	Sub Activity 1	Support dissemination of the National disability planning guidelines and orientation of national and district leaders on disability planning to support mainstreaming of disability within the districts budgets and plans	UNFPA	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0					
Activity 1.1.12	NED 3.1.1.2	Strengthening of community institutions to prevent and respond to violence and increase access to SRHR												
Activity 1.1.13		Strengthening social systems to support young mothers that dropped out of school and their babies through empowerment interventions to broaden their choices and employability opportunities.	UN WOMEN	US$ 0	US$ 200,000	US$200,000	US$ 0	US$ 0	US$ 0	x	x	x	x	
Activity 1.1.14	NED 3.1.1.3	Support local government's planning process on Human Capital Development and Demographic Dividend												
Activity 1.1.15		Strengthening Human Capital Development mainstreaming across national and subnational planning processes: i. Strengthening the Human Capital Programme life cycle approach during NDPIV development and linking investments to DD indicators including research and position papers, DD profiling) ii. Monitoring the implementation of the National Disability Policy iii. Strengthening the District Planning Departments, statistical committees, District Technical Planning committees, and building capacity to generate SRHR/ GBV and DD indicators and use the information for advocacy, planning and decision making	UNFPA	US$ 0	US$140,000	US$140,000	US$ 0	US$ 0	US$ 0	x	x	x	x	
Activity 1.1.16		Support CSOs and MGLSD to lobby and track GBV financing at local government level - including develoing or using existing tracking tool.	UNDP	US$ 0	US$ 60,000	US$ 60,000	US$ 0	US$ 30,000	US$ 0	x	x	x	x	
Activity 1.1.17	NED 3.1.1.4	Support to the functionality of Child Wellbeing Committees and the justice coordination committees in five districts												
Activity 1.1.18		Support to the functionality of Child Wellbeing Committees and the justice coordination committees in five districts	UNICEF	US$ 0	US$ 80,723	US$ 80,723	US$ 8,072	US$ 0	US$ 0	x	x	x	x	
Activity 1.1.19	NED 3.1.1.5	Capacity strengthening of national and sub national actors in gender responsive budgeting												
Activity 1.1.20		Tracking expenditure for SRH, gender and Equity at MDA and LGs to establish the extent to which opportunities in service delivery have been equalized.	UN WOMEN	US$ 0	US$ 86,932	US$ 86,932	US$ 0	US$ 86,932	US$ 0	x	x	x	x	
Activity 1.1.21		Support public finance analysis and generation of evidence to make a case for increased public finance to promote and protect SRHR and children rights.	UNICEF	US$ 0	US$35,000	US$ 35,000	US$3,500	US$ 0	US$ 0	x	x	x	x	
Activity 1.1.22	NED 3.1.1.6	Increased capacity of justice institutions to provide legal aid and justice response												



Outcome and outputs			2025					Delivery Modality		Annual work plan 2025				Human Rights and Gender Equality Marker
Outcome/ Output/ Activity	Outcome/ Output/ Activity	Description	RUNO	European Union Delegation	The Netherlands	Total Donor funds	Agency contributions	Delivery via CSOs	US$ 0	Q1	Q2	Q3	Q4	
Activity 1.1.23		Provide quality legal aid and advisory support services to 2000 women and girls in (indigent, marginalized and vulnerable persons) through legal aid including working with community structures like paralegals, cultural leaders /religious leaders and conducting mobile clinics in far to reach areas. - Support towards court processes, referrals to GBV and available services among the populations , legal literacy resettlement and transport facilitation for survivors - Enhance capacity of informal actors and increase community engagement through training of 500 informal justice actors.	UN WOMEN	US$ 0	US$ 195,939	US$ 195,939	US$ 0	US$195,939	US$ 0	x	x	x	x	
Activity 1.1.24		Critical emergency/witness protection shelter and psychosocial services for the GBV survivors (salaries and consumables for the shelter)	UN WOMEN	US$ 0	US$ 50,000	US$50,000	US$ 0	US$ 50,000	US$ 0	x	x	x	x	
Activity 1.1.25		Consultancy services (baseline survey in the Nebbi High Court Circuit, Simplify (including pictorials) and translate the GBV Service Delivery Standards in 1 local languages(Alur); Simplification (including pictorials) and translation of the Survivors' Guide to the Criminal Justice System in Alur; Train 15 advocates on mediation and trial advocacy for SGBV cases)	UN WOMEN	US$ 0	US$ 25,996	US$ 25,996	US$ 0	US$ 0	US$ 0	x	x	x	x	
Activity 1.1.26		Equipment (Laptops, chairs, printer/photocopier, SOCO kits and cameras, Forensic kit)	UN WOMEN	US$ 0	US$ 30,000	US$ 30,000	US$ 0	US$ 0	US$ 0	x	x	x	x	
Activity 1.1.27		Logistics and operational costs for legal Aid Service Provision	UN WOMEN	US$ 0	US$ 60,000	US$ 60,000	US$ 0	US$ 60,000	US$ 0	x	x	x	x	
Activity 1.1.28		Field Monitoring and Supervision	UN WOMEN	US$ 0	US$ 1,550	US$ 1,550	US$ 0	US$ 0	US$ 0	x	x	x	x	
Activity 1.1.29		Technical support registry staff in Nebbi High Court Circuit to identify and cause list trial ready cases-Registry (Compile cases, Purchase of laptops and printers, Support to Criminal Registry, Support to Systems Administrator, Supplies and Stationery)	UN WOMEN	US$ 0	US$10,000	US$ 10,000	US$ 0	US$ 0	US$ 0	x	x	x	x	
Activity 1.1.30		Set up and provide capacity building for in the Nebbi High Court Circuit Case Management Sub-Committees for GBV cases (weeding out process, purchase of laptops and printers, stationery, schedule case hearings as per action plan, constitute and train case management sub-committees, three (3) specialized trainings (1 per annum) for enhanced SGBV capacity for judicial officers [magistrates, prosecutors, police officers, clerks, registrars, IT personnel], MHPSS support, ICT equipment at Nebbi Court Circuit [Virtual link video conferencing, anatomical dolls], operational costs of victim support services, awareness programmes for victim support services (e-boards, IEC materials, etc.), information packs for victims , train 2 cohorts of Court interpreters, project launch and dissemination cost)	UN WOMEN	US$ 0	US$ 100,000	US$ 100,000	US$ 0	US$	US$ 0	x	x	x	x	
Activity 1.1.31		Provision of legal aid services -Two Legal Aid Service Providers	UN WOMEN	US$ 0	US$ 120,000	US$ 120,000	US$ 0	US$120,000	US$ 0	x	x	x	x	
Activity 1.1.32		Procurement and operationalization (including capacity development for judicial officers) of the Video conferencing system in Lamwo Magisterial Court and Lamwo Prison; to link to Kitgum High Court Circuit (NE Prefers investment in mainstream judicial services/ directly targeting beneficiaries	UNDP	US$ 0	US$ 200,000	US$ 200,000	US$ 0	US$ 0	US$ 0	x	x	x	x	
Activity 1.1.35	NED 3.1.1.7													



Outcome and outputs			2025					Delivery Modality		Annual work plan 2025				Human Rights and Gender Equality Marker
Outcome/ Output/ Activity	Outcome/ Output/ Activity	Description	RUNO	European Union Delegation	The Netherlands	Total Donor funds	Agency contributions	Delivery via CSOs	US$ 0	Q1	Q2	Q3	Q4	
Activity 1.1.36		Support DLGs to integrate VAC/GBV/SRHR service delivery within ongoing programmes. The activity includes conducting a joint assessment and linkage to existing programmes for integration of SRHR/ GBV/ VAC/TiP.	UNDP	US$ 0	US$ 40,000	US$ 40,000	US$ 0	US$ 0	US$ 0	x	x	x	x	
Activity 1.1.37		Train and mentor Government officials including Accounting Officers, Heads of Departments, District Chairpersons and District Speakers, to plan, review and integrate SRHR/VAC/GBV interventions in existing government programmes, (Activity to be implemented in partnership with Ministry of Public Service/Civil Service College; MGLSD & selected training institutions.	UNDP	US$ 0	US$ 50,000	US$ 50,000	US$ 0	US$10,000	US$ 0	x	x	x	x	
Activity 1.1.38		Programme coordination activities in relation to policy development and strategy (UNDP/ RCO	UNDP	US$ 0	US$100,000	US$100,000	US$ 0	US$ 0	US$ 0	x	x	x	x	
Sub-Total Output 1.1	Sub-Total Activities 3.1.1			US$419,669	US$ 1,600,815	US$ 2,020,483.91	US$246,373	US$584,871	US$ 1,155,372					
Output 1.2	Output 3.1.2	Sub output 3.1.2 Strengthen and sustain the multi-sectoral coordination and referral mechanisms at national and sub national levels for sustained SGBV/VAC prevention and response and access to SRHR. (Cross-outcome synergies will be coordinated through scheduled inter-outcome implementation tracking reviews between outcomes 1, 2 and 3 IPs.)												
	Activity 3.1.2.1	Support the coordinating role and function of the GoU and relevant MDAs at National and Sub-National Levels in convening scheduled multi- sectoral coordination platforms and implementation tracking meetings.												



Outcome and outputs			2025					Delivery Modality		Annual work plan 2025				Human Rights and Gender Equality Marker
Outcome/ Output/ Activity	Outcome/ Output/ Activity	Description	RUNO	European Union Delegation	The Netherlands	Total Donor funds	Agency contributions	Delivery via CSOs	US$ 0	Q1	Q2	Q3	Q4	
Activity 1.2.1	Sub Activity 1	Support Government (MGLSD, MoLG and OPM in collaboration with other relevant MDAs) to review, harmonize and strengthen multi-sectoral coordination mechanisms (Child Wellbeing Committees) at national and district levels in both development and humanitarian contexts	UNICEF	US$10,000	US$ 0	US$10,000	US$ 0	US$ 0	US$ 0		x	x	x	
Activity 1.2.2	2	Strengthening Quarterly District and regional Spotlight Initiative in G4DU programme Coordination Meetings, comprised of DLG personnel, women's rights CBOs, traditional and religious leadership, Multi Sectoral Committees and PDM Committees, for SGBV and SRHR service delivery tracking and review of results. (These will be done through four clusters; West Nile (Arua, Terego, and Yumbe); Southwest (Kasese and Kyegegwa), North (Kitgum, Omoro, Otuke and Gulu), and Karamoja (Amudat and Tororo) (UNDP/RCO)	UNDP	US$ 0	US$20,000	US$20,000	US$ 0	US$ 0	US$ 0	x	x	x	x	
Activity 1.2.3	3	Conduct combined bi-annual (preceding SOC meetings) coordination, planning and learning meetings to develop and monitor Joint Activity Implementation Plans at National and District level (UNDP/RCO)	UNDP	US$ 0	US$ 5,000	US$ 5,000	US$ 0	US$ 0	US$ 0	x	x	x	x	
Activity 1.2.4	4	Conduct monthly CMT and bi- annual Spotlight Oversight Committee meetings, one of which will be decentralized to district level (UNDP/RCO)	UNDP	US$ 0	US$ 5,000	US$ 5,000	US$ 0	US$ 0	US$ 0	x	x	x	x	
Activity 1.2.5	5	Conduct annual Results Based joint monitoring and IP supervision of GBV/VAC/SRHR programme implementation, including research and documentation (Knowledge Management). (UNDP/RCO)	UNDP	US$ 0	US$ 10,000	$ 10,000	US$ 0	US$ 0	US$ 0	x	x	x	x	
Activity 1.2.6	6	Stakeholder and NRG led Civil Society Engagement (UNDP/RCO)	UNDP	US$ 0	US$ 40,000	US$ 40,000	US$ 0	US$ 0	US$ 0	x	x	x	x	
Activity 1.2.7	7	Facilitate DLGS through MGLD to conduct bi-annual multisectoral coordination platforms for GBV/SRHR 9*3, support to 9 districts to enhance GBV prevention and response and improve SRHR for women and girls	UNFPA	US$ 35,000	US$ 0	US$ 5,000	US$ 0	US$ 0	US$ 0		x	x	x	
Activity 1.2.8	8	Support the Civil Society National Reference Group (CS -NRG) to oversee engagement of non- state actors in programme delivery through engagement with UN entities and CSO stakeholders	UN WOMEN	US$ 30,669	US$ 0	US$30,669	US$ 0	US$ 30,669	US$ 0		x	x	x	
Activity 1.2.9	NED 3.1.2.3	Strengthen SRHR coordination structures at the district level												
Activity 1.2.10		Support GBV Reference Group at District and National level (including HPs), and facilitate DLG to sustain services at GBV shelters	UNFPA	US$ 0	US$ 108,801	US$ 108,801	US$ 0	US$ 0	US$ 0	x	x	x	x	
Activity 1.2.11	NED 3.1.2.4	Strengthening of referral systems capacities, structures and efficiencies												
Activity 1.2.12		Facilitate the establishment of functional linkages and referral systems to alternative education, skilling and social protection services	UNICEF	US$ -	US$ 248,378	US$ 248,378	US$12,419	US$ 0	US$ 0	x	x	x	x	
Activity 1.2.13		Scale up peer driven differentiated services delivery (DSD) for pregnant and breast feeding AGYW.	UNICEF	US$ 0	US$ 155,236	US$ 155,236	US$ 7,762	US$ 0	US$ 0	x	x	x	x	
Sub-Total Output 1.2	**Sub-Total Activities 3.1.2**			**US$75,669**	**US$592,415**	**US$ 668,084**	**US$ 20,181**	**US$30,669**	**US$173,982**		**US$ 0**			
Output 1.3	Output 3.1.3	Sub output 3.1.3 : Strengthen the capacity of Government institutions to establish a harmonized national/centralized data system (including non-traditional data system), use innovative digital solutions and produce quality administrative data on SRHR and SGBV/VAC to inform policy, planning, and decision-making.												
	Activity 3.1.3.1	Activity 3.1.3.1: Strengthen GBV administrative data collection, linkages, analysis, and packaging (user-friendly outputs) for targeted Harmful Practices, (FGM, Child Marriage) VAWG, and Special Interest Groups (PWDs, refugees) and information sharing to inform plans, policies and decision making at national and sub national levels.												

Outcome and outputs			2025					Delivery Modality		Annual work plan 2025				Human Rights and Gender Equality Marker
Outcome/ Output/ Activity	Outcome/ Output/ Activity	Description	RUNO	European Union Delegation	The Netherlands	Total Donor funds	Agency contributions	Delivery via CSOs	US$ 0	Q1	Q2	Q3	Q4	
Activity 1.3.1	Sub Activity 1	Support MGLSD in coordination with other relevant MDAs (JLOS, MoIA, MOH, MOE, UBOS, DLGs) to review, harmonize and standardize existing GBV/ VAC/HP/TiP data collection tools and conduct a comprehensive multi-sectoral data needs assessment leading to the design, development and testing of the integrated system to be used in development and humanitarian contexts	UNICEF	US$ 39,891	US$ 0	US$ 39,891	US$ 0	US$ 0	US$ 0		x	x	x	
Activity 1.3.2	2	Finalize the data harmonization process started in Spotlight Phase 1 with UBOS (MGLSD, Police, MoH, Judiciary, ODPP) and scale up the web-based real time data system	UNFPA	US$ 30,000	US$ 0	US$ 30,000	US$ 0	US$ 0	US$ 0		x	x	x	
Activity 1.3.3	3	Rollout administrative data systems including technical and financial support to UBOS to work with ODPP, UPF and Judiciary , MGLSD to harmonize data systems (incl TiPs)	UN WOMEN	US$ 35,000	US$ 0	US$ 35,000	$ 0	US$ 0	US$ 0		x	x	x	
Activity 1.3.4	4	Capacity building and training of selected CSOs on the collection, analysis and use of citizen generated data (CGD) for reporting on SDG 5 & Gender, GBV and SRH related indicators in other SDGs	UN WOMEN	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0					
Activity 1.3.5	5	Contribute to second VAWG/VAC survey By UBOS	UN WOMEN	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0					
Activity 1.3.6	6	Strengthen GBV data collection and analysis while sharing them as GBV dashboards and Activity Info for settlements through GBVIMS and proGres V4 training for 20 UNHCR and partner staff.	UNHCR	US$ 5,000	US$ 0	US$ 5,000	US$ 0	US$ 0	US$ 0		x			
Activity 1.3.7	7	Support Displacement tracking movement of TiP in the Border community of Amudat and Tororo Districts (IOM)	UNDP	US$ 18,000	US$ 0	US$ 18,000	US$ 0	US$ 0	US$ 0		x	x		
Activity 1.3.8	8	Conduct annual M&E / RBM Capacity building for IPs/ CSOs - Data Collection, Analysis and Reporting (M&E) (UNDP/RCO)	UNDP		US$ 5,000	US$ 5,000	US$ 0	US$ 0	US$ 0	x	x	x	x	
Activity 1.3.9	9	Conduct annual joint indicator data verification (M&E) (UNDP/RCO)	UNDP		US$ 5,000	US$ 5,000	US$ 0	US$ 0	US$ 0	x	x	x	x	
Activity 1.3.10	Activity 3.1.3.2	Activity 3.1.3.2: Review and develop harmonized national GBV/VAC/SRHR/TiP data management system, that is inter-operable with other Government/CSOs data management systems to generate timely administrative data.												
Activity 1.3.11	Sub Activity 1	Provide personnel support for reviewing and devel-oping a harmonized data management system that is inter-operable	UNHCR	US$ 41,303	US$ 0	US$ 41,303	US$ 0	US$ 0	US$ 0	x	x	x	x	
Activity 1.3.12	Activity 3.1.3.3	Activity 3.1.3.3: Enhance use of innovative digital solutions for GBV/VAC/SRHR/TiP data collection, reporting and use to increase in and out-of-school Adolescent Girls and Young Women respondent participation												



Outcome and outputs			2025					Delivery Modality		Annual work plan 2025				Human Rights and Gender Equality Marker
Outcome/ Output/ Activity	Outcome/ Output/ Activity	Description	RUNO	European Union Delegation	The Netherlands	Total Donor funds	Agency contributions	Delivery via CSOs	US$ 0	Q1	Q2	Q3	Q4	
Activity 1.3.13	Sub Activity 1	Conduct interventions baseline and follow up survey / Outcome Harvesting covering specific interventions under outcomes 1-3 (UNDP/RCO)	UNDP	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0					
Activity 1.3.14	2	Coordination, advocacy costs, and knowledge management in support of policy development (UNDP/RCO)	UNDP	US$ 0	US$ 32,000	US$ 32,000.00	US$ 0	US$ 0	US$ 0	x	x	x	x	
Activity 1.3.15	3	Equipment for communications and advocacy for policy development efforts. (UNDP/RCO)	UNDP	US$ 0	US$ 6,000	US$ 6,000	US$ 0	US$ 0	US$ 0	x	x	x	x	
Activity 1.3.16	4	Travel and related visits for coordination, monitoring, and tracking of activities to ensure implementation across the outcomes. (UNDP/RCO)	UNDP	US$ 0	US$ 75,000	US$ 75,000	US$ 0	US$ 0	US$ 0	x	x	x	x	
Activity 1.3.17	5	Build capacity of LGs and CSOs (structural) to collect analyse administrative and citizen generated data to increase evidence to inform policy and programming for inclusive delivery. (LGs, Sub counties and exciting CSOs) CDOs, Gender Focal Persons, disability committees)	UN WOMEN	US$ 0	US$150,000	$ 150,000	US$ 0	US$ 150,000	US$ 0	x	x	x	x	
Activity 1.3.18	6	Support NGBVD data analysis, case management and Support MDAs, including DLG on data generation, analysis and use regarding SRHR,GBV,VAC,HIV	UNFPA	US$ 0	US$ 320,000	US$ 320,000	US$ 0	US$ 0	US$ 0	x	x	x	x	
Activity 1.3.20	Activity 3.1.4.3	Scale up youth-led, community-led and PWD-led social accountability processes.												
Activity 1.3.21		Scale up youth-led, community-led and PWD-led social accountability processes.	UNFPA	US$ 0	US$ 230,000	US$ 230,000	US$ 0	US$ 150,000	US$ 0	x	x	x	x	
Sub-Total Activities Output 1.3	**Sub-Total Activities 3.1.3**			**US$ 169,194**	**US$ 823,000**	**US$ 992,194**		**US$ 300,000**	**US$ 487,891**		**US$ 0**			
Output 1.4	Output 3.1.4	Sub output 3.1.4: Strengthen existing State and non-state accountability mechanisms to monitor implementation of selected policies and laws that promote access to SRHR, prevent and respond to SGBV/VAC, at national and district levels												
	Activity 3.1.4.1	Activity 3.1.4.1: Support the review, finalization, implementation and enforcement of SGBV/VAC and SRHR laws and policies through action plans to disseminate study/survey results , implement policies and monitor the use of rights- based approaches in the enforcement of laws and regulations at national and sub-national levels. 3												
Activity 1.4.1	Sub Activity 1	Support LASPNET and other CSOs in the finalization and implementation of the Legal Aid Bill	UNDP	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0					
Activity 1.4.2	2	Provide technical and financial support DVA Coalition, networks and other CSOs, Coalitions, to lobby and advocate for the passage of the pending GBV/ SRHR laws and policies (sexual offences and the employment amendment)	UN WOMEN	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0					
Activity 1.4.3	Activity 3.1.4.2	Strengthen the capacity of policy makers, cultural institutions, religious leaders, and opinion leaders to effectively carry out monitoring and inspection of Government policy, regulation and compliance to the set commitment. Strengthen the capacity of policy makers, religious leaders, cultural leaders and opinion leaders to effectively inspect and monitor the implementation of Government policies, regulations, ordinances and other compliance measures on GBV and SRHR.												
Activity 1.4.4	Sub Activity 1	Support CSOs and Policy Think Tanks to convene annual multi-sectoral accountability forums (UN-joint parliamentary advocacy (SDG Committee, OPM SDG Committee) to track implementation of SGBV prevention and response and promotion of SRHR.	UNDP	US$ 43,050	US$ 0	US$ 43,050	US$ 0	US$34,815	US$ 0		x	x		
Activity 1.4.5	2	Finalize and disseminate the three-year COTLA strategy for engaging cultural institutions to address GBV, promote SRHR and end harmful traditional practices	UN WOMEN	US$ 40,000	US$ 0	US$ 40,000	US$ 0	US$ 40,000	US$ 0		x	x	x	
Activity 1.4.6	3	Capacity building for advocates and Women's Rights Networks and Institutions on GRB, shadow reporting and promotion of accountability to citizens in regard to commitments on GBV, SRHR and Girls Education	UN WOMEN	US$ 30,000	US$ 0	US$ 30,000	US$ 0	US$ 0	US$ 0			x	x	



Outcome and outputs				2025				Delivery Modality		Annual work plan 2025				Human Rights and Gender Equality Marker
Outcome/ Output/ Activity	Outcome/ Output/ Activity	Description	RUNO	European Union Delegation	The Netherlands	Total Donor funds	Agency contributions	Delivery via CSOs	US$ 0	Q1	Q2	Q3	Q4	
Sub-Total Output A.4	**Sub-Total Activities 3.1.4**			**US$ 113,050**		**US$ 113,050**		**US$ 74,815**	**US$ 30,000**		**US$ 0**			
	M&E , KM and Comms/Advocacy costs for Outcome 1										US$ 0			
Sub-Total Outcome A	**Sub-Total Output A.1**			**US$ 777,582**	**US$ 3,016,230**	**US$ 3,793,812**	**US$ 266,554**	**US$990,355**	**US$ 1,847,245**		**US$ 0**			
Outcome B	Output 3.2	Enhanced awareness of gender-equitable social norms, attitudes and behaviours that prevent SGBV and advance SRHR in schools, and greater AGYW groups influence and agency to work on ending VAWG in communities, institutions and refugee settlements												
Output 2.1	Output 3.2.1	Institutions and Civil Society Organizations (CSOs) capacity strengthened to implement evidence-based and promising practices (from current Spotlight programme) for the elimination of discriminatory gender social norms and practices that cause GBV and impede SRHR in schools, communities and refugee. (This will include the implementation of the Operational Framework for Social Care and Support- minimum package and framework for strengthening the social service workforce on VAC/ GBV/SRHR targeting activities under Outcome 2 and 3). settlements												0
Activity 2.1.1	Activity 3.2.1.1	Support CSOs to scale up of male engagement approaches that nurture positive masculinities in families, schools and communities and in refugee settlements for increased SRHR, GBV prevention and response services and girl's enrolment and retention in schools												
Activity 2.1.2	Sub Activity 1	Support Karamoja Women's Umbrella Organization (KAWOU) to scale up Elders of Our Time/Male Champions to spearhead community mobilization, sensitization and reporting on GBV/VAC and promotion of SRHR in selected districts (Amudat, Gulu and Kitgum)	UNDP	US$11,000	US$ 0	US$ 11,000	US$ 0	US$ 11,000	US$ 0		x	x		
Activity 2.1.3	2	Support selected CSOs and community structures in implementing evidence-based SASA! approach and Male Engagement in GBV prevention in refugee settlements and urban Kampala.	UNHCR	US$ 26,300	US$ 0	US$ 26,300	US$ 0	US$ 26,300	US$ 0	x	x	x	x	
Activity 2.1.4	3	Roll out the He or She campaign and MEN AT WORK to promote positive masculinities through a series of engagement with men to support behaviour change and promote positive masculinities in 5 districts	UN WOMEN	US$ 70,000	US$ 0	$ 70,000	US$ 0	US$ 70,000	US$ 0	x	x	x	x	
Activity 2.1.5	4	Support CSOs to scale up MGLSD and MOH male engagement approaches that nurture positive masculinities in families, schools and communities and in refugee settlements for increased SRHR, GBV prevention and response services and girl's enrolment and retention in schools	UNFPA	US$ 140,000	US$ 0	US$ 140,000	US$ 0	US$ 100,000	US$ 0		x	x	x	
Activity 2.1.6	NED 3.2.1.2	Provide SRHR education and sensitization at the health facilities in refugee settlements and hosting communities												
Activity 2.1.7		Provide SRHR education and sensitization at the health facilities in refugee settlements and hosting communities (for 100,000 refugees/150k community members)	UNHCR	US$ 0	US$ 54,009	US$ 54,009	US$ 0	US$ 54,009	US$ 0	x	x	x	x	
Activity 2.1.8		Facilitation of VHTs to implement pregnancy mapping and community-based FP service delivery	UNHCR	US$ 0	US$ 161,083	US$ 161,083	US$ 0	US$ 161,083	US$ 0	x	x	x	x	
Activity 2.1.9		Provide SRHR services at Maternal Health Clinics and during integrated outreaches (ANC, Maternity, Post Natal)	UNHCR	US$ 0	US$ 292,151	US$ 292,151	US$ 0	US$ 292,151	US$ 0	x	x	x	x	
Activity 2.1.10		Provide family planning services in refugee settlements	UNHCR	US$ 0	US$ 57,266	US$ 57,266	US$ 0	US$ 57,266	US$ 0	x	x	x	x	
Sub-Total Output B.1	**Sub-Total Output 3.2.1**			**US$ 247,300**	**US$ 564,509**	**US$ 811,809**	**US$ 0**	**US$ 771,809**	**US$ 40,000**		**US$ 0**			
Output B.2	Output 3.2.2	Community advocacy platforms established/strengthened to implement strategies and interventions, including community dialogues, public information and advocacy campaigns, to promote gender-equitable norms, attitudes and behaviours, including in relation to women and girl's reproduction health, self-confidence and self-esteem and transforming harmful masculinities												
	Activity 3.2.2.1	Conduct social mobilization for parents in communities and refugee settlements for conscientization of women and girls, boys and men on positive masculinity, positive parenting and life skills literacy to enhance the promotion of positive social and cultural knowledge, attitudes and practices and the protection of SRHR, and prevention of GBV												



Outcome and outputs			2025					Delivery Modality		Annual work plan 2025				Human Rights and Gender Equality Marker
Outcome/ Output/ Activity	Outcome/ Output/ Activity	Description	RUNO	European Union Delegation	The Netherlands	Total Donor funds	Agency contributions	Delivery via CSOs	US$ 0	Q1	Q2	Q3	Q4	
Activity 2.2.1	Sub-Activity 1	Provide training on positive parenting and life skills to 2,250 refugees and host community (child parents and teenage pregnant) five locations (Rhino, Imvepi, Kyaka, Bidibidi & Kampala)	UNHCR	US$ 43,050	US$ 0	US$43,050	US$ 0	US$ 43,050	US$ 0		x	x	x	
Activity 2.2.2	2	Provide emergency Menstrual Hygiene Kits to at risk adolescent girls in schools in refugee and host communities to promote school retention.	UNHCR	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0					
Activity 2.2.3	3	Conduct a baseline and end line study on inclusive and gender transformative parenting as a key strategy for addressing GBV/VAC including SGBV and issues around SRHR	UNICEF	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0					
Activity 2.2.4	4	Support MGLSD and DLGs to roll out structured inclusive and gender transformative parenting programme using the national Parenting manual	UNICEF	US$ 100,000	US$ 0	US$ 100,000	US$ 0	US$ 0	US$ 100,000		x	x	x	
Activity 2.2.5	5	Establish and build the capacity of community-based structures (PSW, VHT, community leaders, community youth leaders and Parish chiefs, school structures) on community mobilization, engagement, community dialogues on GBV/VAC/SGBV/SRHR including linkages and referral to services	UNICEF	US$ 100,000	US$ 0	US$ 100,000	US$ 0	US$ 0	US$ 100,000		x	x	x	
Activity 2.2.6	6	Develop and support the use of relevant tool kits, Information, Education and Communication materials and job aids on inclusive and gender transformative parenting programme by community and school structures	UNICEF	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0					
Activity 2.2.7	7	Finalize the support phase and implement the Action of SASA together in 3 Spotlight Districts of Tororo (19 sub counties), Kasese (21 sub counties) and AMUDAT (6 sub counties)with Technical support from Raising Voices for social and behaviour change in 4 districts	UN WOMEN	US$ 455,000	US$ 0	US$ 455,000	US$ 0	US$ 455,000	US$ 0	x	x	x	x	
Activity 2.2.8	Activity 3.2.2.2	Establish and support in and out- of- school innovative safe platforms and spaces to build girls' skills and capacities to lead, influence change, voice their opinions and be empowered on issues related to SRHR and GBV prevention and response services, and link up with UPSHIFT (in non-formal/ community centers in districts) for supporting outstanding candidates to VTIs and ELA AGYW social innovation and social entrepreneurship skills programme												



Outcome and outputs		2025						Delivery Modality		Annual work plan 2025				Human Rights and Gender Equality Marker
Outcome/ Output/ Activity	Outcome/ Output/ Activity	Description	RUNO	European Union Delegation	The Netherlands	Total Donor funds	Agency contributions	Delivery via CSOs	US$ 0	Q1	Q2	Q3	Q4	
Activity 2.2.9	Sub Activity 1	Support participation of 1000 children in child rights advocacy clubs and anti-GBV clubs to bring awareness on child rights, teenage pregnancies and GBV/VAC through IEC materials and MDDs in five locations.	UNHCR	US$ 25,000	US$ 0	US$ 25,000	US$ 0	US$ 25,000	US$ 0	x	x	x	x	
Activity 2.2.10	2	Support 600 out-of-school girls in 5 refugee hosting districts(without prospects of returning to schools) with non-formal skills and empower them with startup kits.	UNHCR	US$ 60,000	US$ 0	US$ 60,000	US$ 0	US$ 60,000	US$ 0	x	x	x	x	
Activity 2.2.11	3	Conduct 45 awareness on Go Back to School campaigns thrice a year in each location. Community sensitization (parents, leaders, teachers, pregnant girls, and child mothers) to encourage school retention. Support dissemination of the revised guidelines for the prevention and management of teenage pregnancies in schools.	UNHCR	US$ 4,041	US$ 0	US$ 4,041	US$ 0	US$ 4,041	US$ 0	x				
Activity 2.2.12	4	Conduct structured inclusive life skills training for out of school adolescents (teenage girls and boys, pregnant, child mothers, married, divorced, widowed) in selected districts using the MoES innovative adolescent life skills tool kit including sexuality education. (To be linked to UPSHIFT under G4DU Outcome 2)	UNICEF	US$ 100,000	US$ 0	US$ 100,000	US$ 0	US	US$ 100,000		x	x	x	
Activity 2.2.13	5	Support National Population Council (NPC) to build capacity of district and subcounty leaders to be mentors/Trainers of adolescents and young people to develop networks of change agents for SRHR /GBV and the country's aspirations to reap the demographic dividend more focused on prevention teenage pregnancy, child marriage and other harmful practices(Demographic Dividend Clubs)	UNFPA		US$ 0	US$ 0	US$ 0	US$ 0	US$ 0					
Activity 2.2.14	6	Support development of digital/online platforms for sharing SRHR and GBV information with adolescents and young people	UNFPA	US$ 20,000	US$ 0	US$ 20,000	US$ 0	US$ 0	US$ 0					
Activity 2.2.15	7	Integrate Live your Dreams Campaign into existing Empowerment and Livelihood for Adolescents (ELA) clubs for empowerment of adolescent girls and young women on SRH/GBV and harmful practices and establish new clubs in new districts (Otuke and Omoro). (To be linked to UPSHIFT under G4DU Outcome 2	UNFPA	US$ 220,000	US$ 0	US$ 220,000	US$ 0	US$ 220,000	US$ 0		x	x	x	
Activity 2.2.16	Activity 3.2.2.3	Mobilize schools, communities and refugee settlements to promote gender equitable norms through sports, drama and dance and multimedia approaches (Such as theatre Live your Dream campaign, radio drama and make happiness not violence campaign, two4one e.tc)												



Outcome and outputs			2025					Delivery Modality		Annual work plan 2025				Human Rights and Gender Equality Marker
Outcome/ Output/ Activity	Outcome/ Output/ Activity	Description	RUNO	European Union Delegation	The Netherlands	Total Donor funds	Agency contributions	Delivery via CSOs	US$ 0	Q1	Q2	Q3	Q4	
Activity 2.2.17	Sub Activity 1	Develop radio drama series and multimedia (social media, community drama, TV talk shows, radio spots) on GBV, SRH, and child marriage for in and out of school audiences. This will also include recording of these to support discussions in listenership groups in and out of school	UN WOMEN	US$ 100,000	US$ 0	US$ 100,000	US$ 0	US$ 100,000	US$ 0	x	x	x	x	
Activity 2.2.18	2	Work with the MoE to influence school drama themes on GBV, VAC, SRHR and girls Education to engage students in nationwide in Music Dance and Drama competitions and debates to build their knowledge and skills on GBV, SRH and child marriage for awareness raising to in and out of schools	UN WOMEN	US$ 52,622	US$ 0	US$ 52,622	US$ 0	US$ 52,622	US$ 0		x	x	x	
Activity 2.2.19	3	Conduct MDD, sports activities, radio spot messages on GBV, VAC and Gender Equality targeting refugee settlements and host communities, including IEC materials	UNHCR	US$ 52,622	US$ 0	US$ 52,622	US$ 0	US$ 52,622	US$ 0		x	x	x	
Activity 2.2.20	4	Mobilize communities for AGYW retention in schools, and private sector investment/support for girl child education, through district and national marathons on selected SGBV/GBV themes.	UNDP	US$ 45,000		US$ 45,000.00	US$ 0	US$ 45,000	US$ 0		x	x		
Activity 2.2.21	Activity 3.2.2.4	Strengthen knowledge, skills and attitude of the mainstream media; journalists, reporters and editors in the Print Media, Radio and Television in gender sensitive and human rights-based reporting, positive masculinity, women's human rights/child rights/refugee rights-based reporting on GBV against women and girls and on girls' enrolment and retention in schools												
Activity 2.2.22	Sub Activity 1	Conduct trainings at national and regional levels (Eastern and Northern regions) for media practitioners, journalists, reporters and editors on print media, radio and television in Gender responsive reporting specifically focusing on content development and attitude change on GBV and SRH	UN WOMEN	US$36,252	US$ 0	US$ 36,252	US$ 0	S$36,252	US$ 0			x	x	
Activity 2.2.23	2	Conduct monitoring of gender sensitive reporting and facilitate recognition awards for media practitioners, journalists, reporters and editors on print media, radio and television in Gender responsive reporting specifically focusing on content development and attitude change on GBV and SRH	UNDP	US$ 12,115	US$ 0	US$ 12,115	US$ 0	US$ 12,115	US$ 0		x	x	x	
Activity 2.2.24	3	Support positive masculinity in reporting through the Annual Media Awards Ceremony to recognize and promote effective engagement of media in national SRH and GBV response	UNFPA	US$ 17,605	US$ 0	US$ 17,605	US$ 0	US$ 17,605	US$ 0		x	x	x	
Activity 2.2.25	NED 3.2.2.5	Community mobilization for positive parenting to mitigate VAC and IPV												
Activity 2.2.26		Support government and partners to develop and implement structured comprehensive parenting programmes for parents and care givers at the community level to enhance knowledge skills and competencies to address Violence Against Children/ GBV and HPs, and child protection in emergency situation (3.2)	UNHCR	US$ 0	US$ 56,397	US$ 56,397	US$ 0	US$56,397	US$ 0	x	x	x	x	
Activity 2.2.27		Enhance responsiveness to occurrences and effects of negative coping mechanisms arising out post-traumatic stress disorders among refugee populations manifesting in suicidal tendencies, SGBV, IPV, VAC, and transactional sex.	UNHCR	US$ 0	US$108,027	US$ 108,027	US$ 184,713	US$108,027	US$ 0	x	x	x	x	
Activity 2.2.28	NED 3.2.2.6	Strengthening community-based skilling centres (TVETS) to provide educational alternative pathways as SRHR information, service provision and response												
Sub-Total Output B.2	**Sub-Total Output 3.2.2**			**US$ 1,443,307**	**US$ 164,424**	**US$ 1,607,731**	**US$ 184,713**	**US$ 1,287,731**	**US$ 300,000**					
Output 2.3	Output 3.2.3	State and non-state actors, (District Local Governments, Police, Cultural Institutions, Religious Leaders) capacities strengthened to undertake advocacy and community mobilization for gender transformation and the elimination of discriminatory gender and social norms and practices that cause SGBV and inhibit SHRH in schools, communities, and refugee settlements.												3
	Activity 3.2.3.1	Mobilize and strengthen the capacity of AGYW and ABYM's rights and other marginalized groups for social movement building for advocacy to demand accountability for SRHR and GBV prevention and response services												



Outcome and outputs		2025						Delivery Modality		Annual work plan 2025				Human Rights and Gender Equality Marker
Outcome/ Output/ Activity	Outcome/ Output/ Activity	Description	RUNO	European Union Delegation	The Netherlands	Total Donor funds	Agency contributions	Delivery via CSOs	US$ 0	Q1	Q2	Q3	Q4	
Activity 2.3.1	Sub Activity 1	Support collective organizing and joint platforms that bring together women's organizations, young women's and adolescent girls' networks including marginalized and vulnerable groups for accountability forum, advocacy and awareness raising round GBV, SRH and Child marriage in and out of schools	UN WOMEN	US$ 90,631	US$ 0	US$ 90,631	US$ 0	US$ 90,631	US$ 0		x	x	x	
Activity 2.3.2	2	Build leadership skills of young women and adolescent girls for collective organizing through training and inter generation mentoring on critical subjects like self-esteem, effective communication, GBV laws and policies and GBV reporting mechanisms	UN WOMEN	US$ 50,000	US$ 0	US$ 50,000	US$ 0	US$ 50,000	US$ 0		x	x	x	
Activity 2.3.3	3	Undertake one week skills training for girls and boys in 3 primary and 2 secondary schools to enhance knowledge on GBV and SRH, create GBV boys and girls clubs in identified schools and engage with school administration and PTAs on how to prevent and respond to GBV/VAC in schools.	UN WOMEN	US$ 60,420	US$ 0	US$ 60,420	US$ 0	US$60,420	US$ 0			x	x	
Activity 2.3.4	4	Support 2 national level networks (CSOs) of marginalized populations (youth, young women and girls and people living with disability) to advocate for inclusive services hold duty bearers and government accountable for provision of services that meet human rights standards (support includes capacity building grant)	UNFPA	US$20,000	US$ 0	US$ 20,000	US$ 0	US$ 0	US$ 0		x	x	x	
Activity 2.3.5	Activity 3.2.3.2	Mobilize and strengthen capacity of religious organizations, COTLA and other religious and cultural institutions to undertake advocacy and community mobilization against discriminatory social norms that cause GBV and inhibit uptake of SRHR												
Activity 2.3.6	Sub Activity 1	Support COTLA and other religious and cultural institutions in conducting training on inclusive and gender transformative parenting as a strategy for addressing GBV/VAC/SGBV/SRHR related issues including sexuality education.	UNICEF	US$ 0		US$ 0	US$ 0	US$ 0	US$ 0					
Activity 2.3.7	2	Engage and train religious and cultural leaders within refugee settlements on GBV (core concepts, guiding principles, key approaches, referral pathways) to support GBV prevention and response.	UNHCR	US$ 4,783	US$ 0	US$ 4,783	US$ 0	US$ 4,783	US$ 0	x	x	x	x	
Activity 2.3.8	3	Conduct training for 11 Cultural institutions using the Cultural Leader's tool kit and support cultural institutions to develop clear practice guidelines for GBV/ VAC prevention and response including addressing harmful traditional practices	UN WOMEN	US$ 120,841	US$ 0	US$ 120,841	US$ 0	US$ 120,841	US$ 0			x	x	
Activity 2.3.9	4	Convene COTLA to advocate and make joint statements and action plans on GBV ,SRH and harmful practices at the national level and in regional level i.e. western, northern and eastern regions	UN WOMEN	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0					
US$ 0	US$ 0	Engage the 5 Cultural Institutions, Kings Forums and 7 religious institutions under the umbrella of IRCU in the targeted programme districts on social mobilization for social norms change and increased uptake of SRHR services using their structures.	UNFPA	US$ 106,000	US$ 0	US$ 106,000	US$ 0	US$ 0	US$ 106,000		x	x	x	
Activity 2.3.11	Activity 3.2.3.3	Strengthen capacity of political and technical leadership, young people, including refugee welfare committees to mobilize communities against discriminatory social norms that cause GBV and inhibit uptake of SRHR												



Outcome and outputs		2025						Delivery Modality		Annual work plan 2025				Human Rights and Gender Equality Marker
Outcome/ Output/ Activity	Outcome/ Output/ Activity	Description	RUNO	European Union Delegation	The Netherlands	Total Donor funds	Agency contributions	Delivery via CSOs	US$ 0	Q1	Q2	Q3	Q4	
Activity 2.3.12	Sub Activity 1	Engage and train 1,050 refugee welfare committee members on GBV (core concepts, guiding principles, key approaches, referral pathways) to support GBV prevention and response.	UNHCR	US$ 10,150	US$ 0	US$ 10,150	US$ 0	US$ 10,150	US$ 0	x	x	x	x	
Activity 2.3.13	2	Orientation of political and technical leaders on SRH/ GBV, and importance of girl education , Hold targeted dialogues with key district stakeholders and leaders on SHR/GBV and emerging issue in their districts	UNFPA	US$ 35,000	US$ 0	US$ 35,000	US$ 0	US$ 0	US$ 35,000		x	x	x	
Activity 2.3.14	Activity 3.2.3.4	Strengthen capacity of community-based structures including women council structures, local council courts, Uganda Police Service, para social workers, VHTs, community activists, male champions to mobilize communities for SRHR and GBV prevention and response services and promote girl's enrolment and retention in schools.												
Activity 2.3.15	Sub Activity 1	Support strengthening of LCCs to conduct community-wide mobilization and sensitization/ awareness on promoting access to SRHR and GBV prevention and response services and monitor girl's enrolment and retention in respective village schools.	UNDP	US$ 85,000	US$ 0	US$ 85,000	US$ 0	US$ 70,000	US$ 15,000		x	x	x	
Activity 2.3.16	2	Support PDM Committees in selected districts to ensure meaningful inclusion of socially vulnerable groups in development initiatives, provision of tangible technical support and mentorship for survivors and other project beneficiaries to access and engage PDM community processes.	UNDP	US$ 30,000	US$ 0	US$ 30,000	US$ 0	US$ 0	US$ 9,259		x			
Activity 2.3.17	3	Strengthen community policing to enhance safety and security of women and girls in refugee settlements, including in refugee schools to enlighten students and teachers on GBV.	UNHCR	US$ 15,000	US$ 0	US$ 15,000	US$ 0	US$ 15,000	US$ 0		x	x	x	
Activity 2.3.18	4	Capacity building training of 780 school administrators and senior men/senior women teachers. To include the rollout of the Revised Guidelines for the Prevention and Management of Teenage Pregnancy in School Settings in Uganda, roles and responsibilities of senior men and women teachers as well as GBV/VAC/ TiP awareness to enhance support to the students in schools.	UNHCR	US$ 15,081	US$ 0	US$ 15,081	US$ 45,014	S$15,081	US$ 0	x	x			
Sub-Total Output B.3	**Sub-Total Output 3.2.3**			**US$ 642,906**	**US$ -**	**US$ 642,906**	**US$ 45,014**	**US$ 436,906**	**US$ 165,259**					
Sub-Total Outcome B	**Sub-Total Output 3.2**			**US$2,333,513**	**US$ 728,933**	**US$ 3,062,446**	**US$ 229,727**	**US$ 2,496,446**	**US$ 505,259**					
Outcome C	Output 3.3	Adolescent girls and young women have improved access to quality multi-sectoral integrated SRHR and SGBV information and immediate response services												
Output 3.1	Output 3.3.1	Capacity of national and sub-national service providers and institutions strengthened and enhanced to coordinate, plan, finance, and deliver quality and multi-sectoral integrated gender responsive SRHR and SGBV services. (This will include synergies with Outcome 2.1 on alternative learning and skilling pathways)												x
	Activity 3.3.1.1	Conduct capacity building for duty bearers (health workers, judicial officials, probation and social welfare, police, prisons, education) in the provision of multi sectoral GBV/SRHR/VAC information and services and handling of SGBV cases among in and out of school AGYW in the target districts.												



Outcome and outputs		2025						Delivery Modality		Annual work plan 2025				Human Rights and Gender Equality Marker
Outcome/ Output/ Activity	Outcome/ Output/ Activity	Description	RUNO	European Union Delegation	The Netherlands	Total Donor funds	Agency contributions	Delivery via CSOs	US$ 0	Q1	Q2	Q3	Q4	
Activity 3.1.1	Sub Activity 1	Provide technical and financial support to the MGLSD, MoLG and MoIA in coordination with other key MDAs and DLGs to review existing case management systems, harmonize and deliver an integrated case management framework to address VAC/GBV response in the community and school environment	UNICEF	US$ 0	US$ 60,930	US$ 60,930	US$ 6,093		US$ 6,093	x	x	x	x	
Activity 3.1.2	2	Build the capacity of the social service workforce and justice actors to implement the integrated case management framework in the 4 regions (Eastern, Western, Northern and Central)	UNICEF	US$ 29,430	US$ 0	US$ 29,430	US$ 0	US$ 0	US$29,430		x	x	x	
Activity 3.1.3	3	Support integrated case management and continuum of services on GBV/SGBV/VAC, including capacity building of SAUTI 116 case workers at national and district action centres.	UNICEF	US$ 50,000	US$ 0	US$ 50,000	US$ 0	US$ 0	US$ 50,000		x	x	x	
Activity 3.1.4	4	Support TiP cascaded training using TiP model and packages for actors at sub national levels actors (Uganda Police, specialist units/desk office, Religious and cultural leaders, Local councils, youth and women groups) focusing on TiP protection, investigation, prosecute and adjudication(IOM)	UNDP	US$ 45,000	US$ 0	US$ 45,000	US$ 0	US$ 0	US$45,000		x	x	x	
Activity 3.1.5	5	Develop the TiP policy briefs, Translation into local languages, production of TiP material and dissemination through multifaceted context information sharing (IOM)	UNDP	US$ 11,803	US$ 0	US$ 11,803	US$ 0	US$ 0	US$ 0		x			
Activity 3.1.6	6	Train 750 duty bearers/service providers (police, caseworkers) on Train 750 duty bearers/service providers (police, caseworkers) on GBV (core concepts, guiding principles, key approaches, referral pathways) and GBV case management in five locations (Rhino, Imvepi, Bidibidi, Kyaka & Kampala).	UNHCR	US$14,350	US$ 0	US$14,350	US$ 0	US$14,350	US$ 0	x	x	x	x	
Activity 3.1.7	7	Support mentorship approach to train health workers on GBV reporting , integrated SRHR service delivery and youth-friendly service delivery on integrated SRHE/GBV services delivery and mentorship	UNFPA	US$ 50,000	US$ 0	US$50,000	US$ 0	US$ 0	US$ 50,000		x	x	x	
Activity 3.1.8	8	Strengthening the Ministry of Gender and the National GBV mechanism on disability inclusion and the mapping of disability inclusion institutions to inform integration of SRHR and GBV in selected key curriculum of the institutions	UNFPA	US$ 20,000	US$ 0	$ 20,000	US$ 0	US$ 0	US$ 20,000		x	x	x	
Activity 3.1.9	9	Strengthen the functionality of NGBV Dashboard	UNFPA	US$ 35,000	US$ 0	US$ 35,000	US $ 0	US$ 0	US$ 35,000		x	x	x	
Activity 3.1.10	Activity 3.3.1.2	Strengthen the use of forensic evidence in the SGBV response continuum through the capacity building of health and police personnel, the provision of relevant equipment, identification, and establishment of partnership with institutions that have biomedical facilities/ analytical laboratory for evidence collection and storage												
Activity 3.1.11	Sub Activity 1	Purchase evidence response vans, School of Clinical Officers (SOCO) kits, consumables, SOCO cameras and containers for forensics department	UN WOMEN	US$ 73,170	US$ 0	US$ 73,170	US$ 0	US$ 0	US$ 0			x	x	
Activity 3.1.12	Activity 3.3.1.3	Support MOH and CSOs to conduct community outreach for SRHR and SGBV service delivery targeting remote and under-served communities, young women with disabilities and out of schoolgirls in refugee settlements												



Outcome and outputs		2025						Delivery Modality		Annual work plan 2025				Human Rights and Gender Equality Marker
Outcome/ Output/ Activity	Outcome/ Output/ Activity	Description	RUNO	European Union Delegation	The Netherlands	Total Donor funds	Agency contributions	Delivery via CSOs	US$ 0	Q1	Q2	Q3	Q4	
Activity 3.1.13	Sub Activity 1	Support 4 DLGs to integrate GBV and SRHR service delivery within ongoing programmes and conduct outreaches in border communities (Amudat, Arua, Tororo and Kasese), focusing on GBV,SRHR,TIP for in out of schoolgirls and boys	UNDP	US$ 24,000	US$ 0	US$ 24,000	US$ 0	US$ 0	US$ 24,000			x	x	
Activity 3.1.14	2	Support CSOs Conduct community outreaches on available GBV and SRHR services and how to access them and demand accountability from duty bearers as well as developing information, education and communication materials on survivor rights, legal implications and available services and how to access them (in 7 Districts)	UN WOMEN	US$ 27,100	US$ 0	US $27,100	US$ 0	US$ 27,100	US$ 0			x	x	
Activity 3.1.15	3	Support CSOs Conduct community outreaches on available GBV and SRHR services and how to access them and demand accountability from duty bearers as well as developing information, education and communication materials on survivor rights, legal implications and available services and how to access them (in 7 Districts)	UNDP	US$ 30,000	US$ 0	US$ 30,000	US$ 0	US$ 30,000	US$ 0		x	x	x	
Activity 3.1.16	4	Facilitate MoH and CSO quarterly integrated SRH. HIV/GBV out reaches (3 outreaches per year in districts with the poorest SRHR indicators)	UNFPA	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0					
Activity 3.1.17	5	Provide financial and technical guidance to Legal Aid service providers for the provision of legal aid and referral for comprehensive quality services including SRH services to survivors of GBV including those affected in humanitarian settings-Yumbe	UN WOMEN	US$ 32,521	US$ 0	US$ 32,521	US$ 0	US$ 32,521	US$ 0	x	x	x	x	
Activity 3.1.18	Activity 3.3.1.4	Support Judiciary, Access to Justice sub- programme actors (under Governance and Security Programme) and CSOs to facilitate access to justice through open court days, SGBV Special Sessions, mobile courts and legal aid in remote rural location, and establish victim-friendly procedures (including digitalization of SGBV services and e-courts) to facilitate access to justice in hard-to-reach areas.												
Activity 3.1.19	Sub Activity 1	Use Multi Sectoral GBV training manual, prosecutor plea bargaining guidelines to strengthen the knowledge, skills and attitudes of prosecutors, police officers and medical workers on EVAW and SRHR laws and improve their skills in gender responsive and survivor centred and trauma informed approaches in investigation and prosecution of GBV ca sees.	UN WOMEN	US$ 43,196	US$ 0	US$ 43,196	US$ 0	US$ 0	US$ 43,196			x	x	
Activity 3.1.20	2	Conduct Joint training of CIDs, CFPOs, OC Stations/ Posts, Front Desk Officers, SOCOs, CLOs, Health Workers and PSWOs) on prevention and investigation of GBV cases	UN WOMEN	US$ 121,179	US$ 0	US$ 121,179	US$ 0	US$ 0	US$ 121,179			x	x	
Activity 3.1.21	3	Provide legal aid service providers and community-based organizations are supported to provide vulnerable women and girls with free legal aid services and other quality essential support services (non-humanitarian)- (Kasese, Tororo, Kitgum)	UN WOMEN	US$ 140,017	US$ 0	US$ 140,017	US$ 0	US$ 140,017	US$ 0	x	x	x	x	



Outcome and outputs		2025						Delivery Modality		Annual work plan 2025				Human Rights and Gender Equality Marker
Outcome/ Output/ Activity	Outcome/ Output/ Activity	Description	RUNO	European Union Delegation	The Netherlands	Total Donor funds	Agency contributions	Delivery via CSOs	US$ 0	Q1	Q2	Q3	Q4	
Activity 3.1.22	4	Expand and popularize the online apps for accessing legal aid services – the Interactive Voice Messaging – and the mobile computing app that link marginalized and excluded women to legal aid service providers for real time services including conducting legal literacy on GBV and SRHR laws, policies and mobilize communities to demand accountability for utilization and realization of EVAWG and SRHR	UN WOMEN	US$ 16,374	US$ 0	US$ 16,374	US$ 0	US$ 16,374	US$ 0	x	x	x	x	
Activity 3.1.23	5	Support CSOs and legal aid schemes in delivering increased and equitable access to legal aid services including legal aid open days to communities in 6 districts (3 new, 3 current) districts	UNDP	US$ 43,000	US$ 0	US$ 43,000	US$ 0	US$ 43,000	US$ 0		x	x	x	
Activity 3.1.24	6	Building capacity of Local Council Courts 1&2 (6 districts) in GBV and SRHR case management and referral to facilitate community access to justice.	UNDP	US$140,000	US$ 0	US$ 140,000	US$ 0	US$ 60,000	US$ 0		x	x	x	
Activity 3.1.25	7	Build the capacity of the Police Cyber Unit to conduct cyber and digital forensics using advanced electronic investigation techniques for VAC/GBV cases. Including certification	UNICEF	US$ 24,430	US$ 0	US$ 24,430	US$ 0	US$ 0	US$ 24,430		X	X	X	
Activity 3.1.26	8	Support the Judiciary and access to justice actors to conduct SGBV sessions (6 sessions per year @ in court circuits covering the districts of (Tororo, Kampala, Gulu and Arua, Kasese)	UNFPA		US$ 0	US$ 0	US$ 0	US$ 0						
Activity 3.1.27	Activity 3.3.1.5	Support the re-integration of SGBV child offenders diverted from the justice systems/discharged from rehabilitation centres through referrals to Social Services Workforce, other social protection programmes, and the Second Chance in Education programme												
Activity 3.1.28	Sub Activity 1	Support the MGLSD to identify and map a minimum package of community reintegration services for children experiencing VAC /GBV (children in conflict with the law diverted from the justice system, dis-charged from the rehabilitation centres, children living alternative care arrangements and child mothers, girls fleeing from FGM)	UNICEF	US$ 50,000	US$ 0	US$ 50,000	US$ 0	US$ 0	US$ 50,000		X	X	X	
Activity 3.1.29	2	Review and Harmonize a referral pathway for re-inte-gration services for in and out- of- school adolescents and young people	UNICEF	US$ 24,452	US$ 0	US$ 24,452	US$ 0	US$ 0	US$ 24,452		X	X	X	
Activity 3.1.30	3	Support the MGLSD, Police (TIP Desk training on National Reference Group [NRG] tool) to review the training module for training of the social service workforce, Police on re-integration services for reintegration (IOM)	UNDP	US$ 11,772	US$ 0	US$ 11,772	US$ 0	US$ 0	US$ 11,772		x	x		
Activity 3.1.31	4	Support the MGLSD to strengthen the social service workforce to deliver the minimum package of re-integration services for a minimum package of community reintegration services for children experiencing VAC /GBV (children in conflict with the law diverted from the justice system, discharged from the rehabilitation centres, children leaving alternative care arrangements and child mothers and girls fleeing from FGM)	UNICEF	US$ 100,000	US$ 0	US$ 100,000	US$ 0	US$ 0	US$ 100,000		X	X	X	
Activity 3.1.32	5	Facilitate up to 200 child victims of trafficking to receive case specific support (IOM)	UNDP	US$ 50,000	US$ 0	US$ 50,000	US$ 0	US$ 50,000	US$ 0		x	x	x	
Activity 3.1.33	Activity 3.3.1.6	Strengthening quality of care for SRH and SGBV through roll out of the quality-of-care assessments and strengthen the integration of quality-of-care standards including the human-rights based principles and adolescent-friendly service delivery elements into SRHR and SGBV service provision												



Outcome and outputs		2025						Delivery Modality		Annual work plan 2025				Human Rights and Gender Equality Marker
Outcome/ Output/ Activity	Outcome/ Output/ Activity	Description	RUNO	European Union Delegation	The Netherlands	Total Donor funds	Agency contributions	Delivery via CSOs	US$ 0	Q1	Q2	Q3	Q4	
Activity 3.1.34	Sub Activity 1	Conduct District Tots on (Quality of Care Initiatives (QCI) and equipping facilities with relevant guidelines, standards and job aids, and Support District ToTs to conduct mentorship and oversight in form of quarterly facility-based sessions for facility health workers in QCI for FP, maternal health, PAC, HIV testing and GBV and Oversight	UNFPA	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0					
Activity 3.1.35	2	Conduct training of 60 Medicines Management supervisors (5 in each of the 12 targeted districts) and facilitate district medicines supervisors to mentor and supervise 180 Health facilities on Reproductive Health medicines management on a bi-monthly basis to reduce stock outs of essential SRHR commodities in target districts	UNFPA	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0					
Activity 3.1.36	Activity 3.3.1.7	Support the functionality of the existing GBV shelters in Kampala (Bwaise and Kawempe) and four refugee settlements, and mobilize districts on sustaining existing shelters												
Activity 3.1.37	Sub Activity 1	Support the continued operationalization including provision of PSS, legal services) of GBV shelter in Kampala (UGANET shelter)	UN WOMEN	US$ 54,200	US$ 0	US$ 54,200	US$ 507,757	US$ 54,200	US$ 0	x	x	x	x	
Activity 3.1.38	2	Support the functioning of 4 one-stop centres in the refugee settlements (Kyaka, Rhino, IMVEPI, Bidibidi) for comprehensive case management.	UNHCR	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0					
Activity 3.1.39	3	Facilitate co-creation workshops with DLGs on the establishment of community owned GBV shelters and sustain existing GBV shelters	UNFPA	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0					
Activity 3.1.40	Activity 3.3.1.8	Support vocational and other non-formal skilling programmes to facilitate work skills development and supporting accreditation for out-of-school adolescent girls and boys for livelihood enhancement,												
Activity 3.1.41	Sub Activity 1	Engage 12 (at least 1 per district) Technical and Vocational schools (focus on DIT registered schools) to support adolescent out of schoolgirls and boys with life skills enhancement.	UNDP	US$ 150,000	US$ 0	US$ 150,000	US$ 0	US$ 0	US$ 110,000		x	x	x	
Activity 3.1.42	2	Strengthening community-based skilling centres (TVETS) to provide SRHR integrated vocational and on formal skills and services to out- of- school girls and young females as alternative pathways to education completion, health sexual choices and mitigation against GBV/VAC and Tips, including in refugee hosting districts.	UNDP	US$ 0	US$ 370,000	US$ 370,000	US$ 0	US$ 150,000	US$ 0	x	x	x	x	
Activity 3.1.43	3	Support the development and operationalization of digital skills enhancement initiatives, that include Social Media Application on GBV/SRHR issues, in selected secondary schools.	UNDP	US$ 40,000	US$ 0	US$ 40,000	US$ 0	US$ 0	US$ 0			x	x	



Outcome and outputs			2025					Delivery Modality		Annual work plan 2025				Human Rights and Gender Equality Marker
Outcome/ Output/ Activity	Outcome/ Output/ Activity	Description	RUNO	European Union Delegation	The Netherlands	Total Donor funds	Agency contributions	Delivery via CSOs	US$ 0	Q1	Q2	Q3	Q4	
Activity 3.1.43	NED 3.3.1.9	Strengthening case management capacity for SGBV against children and VAC												
Activity 3.1.44		Provision of multi-sectoral access to justice services to children SGBV and VAC, approximately 162 cases per district (litigation, legal service)	UNICEF	US$ 0	US$ 113,900	US$ 113,900	US$ 11,390	US$ 0	US$ 11,390	x	x	x	x	
Activity 3.1.45	NED 3.3.1.10	Provide clinical response to SGBV survivors using multi sectoral approaches												
Activity 3.1.46		Provide clinical response to SGBV survivors - multi sectoral approaches	UNHCR	US$ 0	US$ 60,853	US$60,853	US$ 0	US$ 60,853	US$ 0	x	x	x	x	
Activity 3.1.47	NED 3.3.1.11	Service provision on SRHR for persons living with disabilities												
Activity 3.1.48		Mapping of PWD needs capacity building programme for service providers on SRHR guidelines for PWD information and service provision of ISRHR to PWD in the 5 new districts	UNFPA	US$ 0	US$ 40,000	US$ 40,000	US$ 0	US$ 0	US$ 40,000	x	x	x	x	
Activity 3.1.49	NED 3.3.1.12	Comprehensive quality of care service through provision the integration of quality-of-care standards including the human-rights based principles												
Activity 3.1.50		Support mentorship approach to train health workers on GBV reporting and integrated SRHR/GBV/HIV service delivery and youth-friendly health services	UNFPA	US$ 0	US$ 150,000	US$ 150,000	US$ 0	US$ 0	US$ 150,000	x	x	x	x	
Activity 3.1.51	NED 3.3.1.13	Strengthening health service centres for youth -friendly services provision												
Activity 3.1.52		Assess and monitor facility readiness to provide YFS based on MoH ADH Service standards aligned to Global WHO quality standards for YFS	UNFPA	US$ 0	US$ 55,608	US$ 55,608	US$ 0	US$ 0	US$ 55,608	x	x	x	x	
Activity 3.1.53		Strengthen health service provider capacity to provide YFS through training, mentorship, and VCAT sessions to address provider bias.	UNFPA	US$ 0	US$35,000	US$ 35,000	US$ 0	US$ 0	US$ 35,000	x	x	x	x	
Activity 3.1.54		Conduct district TOTs on Quality-of-Care initiatives and support the TOTs to conduct mentorship and oversight on quarterly basis for FP, Maternal PAC, HIV testing and GBV	UNFPA	US$ 0	US$ 100,000	US$100,000	US$ 0	US$ 0	US$ 100,000	x	x	x	x	
Activity 3.1.55		Capacity building of 60 medicines management supervisors on reproductive health medicines management to reduce stock outs (referencing the printing of guidelines for YFS delivery models conducted with agency support)	UNFPA	US$ 0	US$45,000	US$ 45,000	US$ 0	US$ 0	US$ 45,000	x	x	x	x	
Activity 3.1.56		Dashboard for target districts on YFS (TP surveillance response)	UNFPA	US$ 0	US$140,000	US$ 140,000	US$ 0	US$ 0	US$ 140,000	x	x	x	x	
Activity 3.1.57		Promote Key Family Care practices at all entry points [facility and community through VHTs and family/ mother care groups] is support of pregnant teenage girls and young mothers (preventative practices reducing maternal and child mortality)	UNICEF	US$ 0	US$62,095	US$62,094.53	US$3,105	US$ 0	US$3,105	x	x	x	x	
Activity 3.1.58	NED 3.3.1.14	SRHR, GBV, HIV service delivery in schools												
Activity 3.1.59		Scaling up school health surveillance and supporting integrated SBC/SRHR/HIV/GBV services in selected schools [adolescent health register, learners' assessment form; on-site training, continuous QA/QC]	UNICEF	US$ 0	US$ 74,513	US$ 74,513.44	US$7,451	US$ 0	US$7,451	x	x	x	x	
Sub-Total Output C.1	**Sub-Total Output 3.3.1**			**US$1,450,994**	**US$1,307,899**	**US$ 2,758,893**	**US$535,796**	**US$678,415**	**US$ 1,332,106**					



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Output 3.2	Output 3.3.2	Community-based structures (Parish Development Committees, Village Health Teams, Women councils, Youth Councils, LC courts, Border Management Committees, religious and cultural leaders etc.) capacitated as duty bearers for addressing SGBV and SRHR, actively participated in the provision of SGBV and SRHR service, and empowered women and in and out of school adolescent girls to demand and utilize SRHR and SGBV services through accountability platforms and processes.												3
	Activity 3.3.2.1	Support the functionality of state and CSO community structures to strengthen delivery of and access to adolescent and youth responsive SRHR and SGBV services including the referral system to support SGBV victims/survivors and out of school adolescents and girls.												
Activity 3.2.1	Sub Activity 1	Update and print inter-agency GBV referral pathways and popularize them so that the GBV survivors and at-risk girls are aware of the existing services and access them.	UNHCR	US$ 10,000	US$ 0	US$10,000		US$ 10,000	US$ 0	x	x	x	xx	
Activity 3.2.2	2	Strengthen the capacity of informal justice actors for comprehensive quality services through the provision of services and referrals for GBV in non - settlement humanitarian settings Kitgum, Kasese and Tororo.	UN WOMEN	US$ 63,575	US$ 0	US$ 63,575	US$ 0	US$ 63,575	US$ 0	x	x	x	x	
Activity 3.2.3	Activity 3.3.2.2	Create awareness and build capacity of the community structures, including local councillor's (LCs), cultural and traditional institutions, VHTs, FBOs, paralegals, perpetrators and para-social workers, to identify, refer and use of integrated SGBV/SRHR/VAC referral pathways.												
Activity 3.2.4	Sub Activity 1	Support capacity building of 900 community structures (CAs, MAGs, CPCs, etc.) at settlement level through training them on GBV/SRHR and VAC (core concepts, guiding principles, referral pathways)	UNHCR	US$ 51,660	US$ 0	US$ 51,660		US$ 51,660	US$ 0	x	x	x	x	
Activity 3.2.5	2	Provide financial and technical guidance to strengthen community level mechanisms (paralegals and traditional justice actors) on referral for comprehensive quality services including SRH services to survivors of VAW including those affected in humanitarian settings.	UN WOMEN	US$ 32,520	US$ 0	US$ 32,520	US$ 157,497	US$ 32,520	US$ 0	x	x	x	x	
Activity 3.2.6	3	Conduct regular multi partner (including CSO, Private Sector Religious, Cultural institutions, district, creatives/artists, media) campaigns on existing referral pathways.	UNDP	US$ 20,000	US$ 0	US$ 20,000		US $20,000	US$ 0		x	x	x	
Activity 3.2.7	Activity 3.3.2.3	Support CSOs to empower community level structures to deliver SRHR and SGBV including self-care approaches and facilitate access to accountability platform for monitoring SRHR and SGBV service delivery .												
Activity 3.2.8	Sub Activity 1	Facilitate VHTs to conduct integrated SRH/HIV/GB Services including community contraceptives and condom distribution targeting adolescent girls and young women	UNFPA	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0					
Activity 3.2.9	Activity 3.3.2.4	Support provision of mental health and psychosocial support to survivors of SGBV and service providers.												
Activity 3.2.10	Sub Activity 1	Provide and build capacity for specialized MHPSS and psychosocial for women and girls including referrals for medical treatment for SGBV survivors in humanitarian settings (Terego and Kyegegwa)	UN WOMEN	US$ 61,402	US$ 0	US$ 61,402	US$ 0	US$ 61,402	US$ 0	x	x	x	x	
Activity 3.2.11	2	Support IP /CSO to provide specialized MHPSS support to the GBV survivors through recruitment and equipping of 10 MPSS councillors.	UNHCR	US$ 26,300	US$ 0	US$26,300	US$ 87,960	US$26,300	US$ 0	x	x	x	x	
Activity 3.2.12	3	Support Butabika National Referral Mental Hospital and MGLSD to build capacity of the social service workforce (medico-social workers, PSWO, SWO, CDO, SAUTI social workers) on MHPSS to improve prevention and response to VAC / GBV issues for in- and out-of-school adolescents and young people	UNICEF	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0					
Activity 3.2.13	4	Integrate artificial intelligence (AI) and standardize the training package in MHPSS	UNICEF	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0					
Activity 3.2.14	5	Support the development of online self-paced training modules for teachers and other service providers on mental health and psychosocial support	UNFPA	US$ 25,000	US$ 0	US$ 25,000	US$ 0	US$ 0	US$ 25,000		x	x	x	
Activity 3.2.15	NED 3.3.2.5	Set up special sessions for SGBV Cases to address case backlog												
Activity 3.2.16		Conduct special sessions for SGBV cases increase access to justice for women and girl's survivors of violence in the 4 districts	UNFPA	US$ 0	US$ 345,000	US$ 345,000	US$ 0	US$ 0	US$ 345,000	x	x	x	x	

Outcome and outputs		2025						Delivery Modality		Annual work plan 2025				Human Rights and Gender Equality Marker
Outcome/ Output/ Activity	Outcome/ Output/ Activity	Description	RUNO	European Union Delegation	The Netherlands	Total Donor funds	Agency contributions	Delivery via CSOs	US$ 0	Q1	Q2	Q3	Q4	
Activity 3.2.17	NED 3.3.2.6	Strengthening capacity of justice actors on case investigation and prosecution												
Activity 3.2.18		Build capacity of Local Council Courts 1&2 in GBV and SRHR case management and referral to facilitate community access to justice. Mandate and extension implications in the short to medium term – RISK Capture and mitigation	UNDP	US$ 0	US$ 100,000	US$ 100,000	US$ 0	US$ 60,000	US$ 40,000	x	x	x	x	
Activity 3.2.19		Support legal aid provision (including providing legal advice, mediation-ADR, referrals to legal systems, court representation and follow up)	UNDP	US$ 0	US$60,000	US$ 60,000	US$ 0	US$ 60,000	US$ 0	x	x	x	x	
Activity 3.2.20		Operationalize the legal aid call centre in selected districts	UNDP	US$ 0	US$ 20,000 US	US$ 20,000.00	US$ 0	US$ 20,000	US$ 0	x	x	x	x	
Activity 3.2.21	NED 3.3.2.7	Provision of SRHR supplies and services including HIV in communities												
Activity 3.2.22		Scale-up community-based distribution of contraceptives for young people incl. Sayana Press, condoms, and oral contraceptives (peer educators)/ Integrate distribution of contraceptives through HIV community drug distribution points, ICCM, and drug shops. (facilitating VHTs to conduct SRHR/SGBV services)	UNFPA	US$ 0	US$ 200,000	US$ 200,000	US$ 0	US$200,000	US$ 0	x	x	x	x	
Activity 3.2.22		Support district led integrated SRH/HIV/GBV outreaches	UNFPA	US$ 0	US$ 150,000	US$ 150,000	US$ 0	US$150,000	US$ 0	x	x	x	x	
Activity 3.2.23		Strengthening capacity of forecasting quantification, procurement, storage and distribution to the last mile(including Medicines management supervisors	UNFPA	US$ 0	US$ 50,000	US$ 50,000	US$ 0		US$ 50,000	x	x	x	x	
Sub-Total Output C.2	**Sub-Total Output 3.3.2**			**US$ 290,457**	**US$ 925,000**	**US$ 1,215,457**	**US$245,457**	**US$ 755,457**	**US$ 460,000**					
Output 3.3	Output 3.3.3	In and out of school adolescent boys and girls and those in refugee settlements are equipped and empowered with sexuality education in line with relevant national and international standards for in and out of school settings.												3
	Activity 3.3.3.1	Finalize and publish the sexuality education framework and guidelines for in-and out -of school adolescents and strengthen the capacity of teachers and other key social service workers to implement the guidelines.												
Activity 3.3.1	Sub Activity 1	Disseminate and orient key stakeholders on in-school SE frameworks and guidelines targeting 120 stakeholders in each district per year	UNFPA	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0					
Activity 3.3.2	2	Translation and printing of in and out of school key Sexuality Education Frameworks/guidelines into disability friendly versions.	UNFPA	US$ 40,000	US$ 0	US$ 40,000	US$ 0	US$40,000	US$ 0		x	x	x	



Outcome and outputs		2025						Delivery Modality		Annual work plan 2025				Human Rights and Gender Equality Marker
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Activity 3.3.3	Activity 3.3.3.2	Strengthen the capacity of the teachers and other key social service workers to provide sexuality education and related services for in and out-of-school adolescent boys and girls.												
Activity 3.3.4	Sub Activity 1	Train 750 teachers to provide sexuality education and related services for adolescents and young people in school, using approved SE guidelines in 11 target districts .	UNFPA	US$ 114,000	US$ 0	$ 114,000	US$ 0	US$ 0	US$ 114,000		x	x	x	
Activity 3.3.5	2	Train 500 students/ peer/student leaders in sexuality education and life skills, club management in school adolescents and young people in 12 target districts (including support to school clubs) .	UNFPA	US$ 47,294	US$ 0	US$ 47,294	US$ 0	US$ 47,294	US$ 0		x	x	x	
Activity 3.3.6	3	Provide materials to support trained teachers and senior men/women teachers to provide sexuality education in schools for adolescents and young people in 11 target districts.	UNFPA	US$ 72,449	US$ 0	US$ 72,449	US$ 0	US$ 72,449	US$ 0		x	x	x	
Activity 3.3.7	4	Support MoES to assess capacity of senior men/ women teachers to provide sexuality education and orient them on in - schools guidelines for adolescents and young people in 11 target districts.	UNFPA	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0					
Activity 3.3.8	5	Strengthen the capacity key social service/ community workers (CDOs, Probation officers, local council leaders) t1 provide sexuality education and related services for out-of-school adolescents and young people in 12 districts.	UNFPA	US$ 36,252	US$ 0	US$ 36,252	US$ 0	US$ 36,252	US$ 0		x	x	x	
Activity 3.3.9	Activity 3.3.3.3	Strengthen the coordination structures including monitoring, inspections and reporting for in-school sexuality education.												
Activity 3.3.10	Sub Activity 1	Support the operations of the national level coordi- nation structures of key SE technical working groups (the Interministerial Committee on ESA, HIV TWG, National MHM steering committee and Adolescent and School Heath TWG)	UNFPA	US$ 30,000	US$ 0	US$ 30,000	US$ 0	US$ 0	US$ 30,000			x	x	
34Activity 3.3.11	NED 3.3.3.4	Support the provision of age and culturally appropriate sexuality education												
Activity 3.3.12		Support the provision of age and culturally appropriate sexuality education for in and out of school adolescents and those in refugee settlements, in line with international standards for in and out of school settings.	UNFPA	US$ 0	US$ 116,280	US$ 116,280	US$ 339,995	US$ 0	US$ 116,280	x	x	x	x	
Sub Total Output C.3	**Sub-Total Output 3.3.**			**US$ 339,995**	**US$ 116,280**	**US$456,275**	**US$ 339,995**	**US$ 195,995**	**US$260,280**					
Sub-Total Outcome C	**Sub-Total Output 3.3**			**US$ 2,081,446**	**US$,349,179**	**US$4,430,625**	**US$1,121,248**	**US$1,629,867**	**US$ 2,052,386**					
TOTAL PROGRAMME OUTCOME COSTS				**US$ 5,192,541**	**US$ 6,094,342**	**US$ 11,286,883**	**US$1,617,529**	**US$5,116,668**	**US$ 4,404,890**					
Direct Coordination Costs (DCC)														
DCC	DCC	Gender Advisor, NPSA 50% - 1 year	UNDP	US$ 20,253	US$ 50,050	$ 70,303	US$ 36,683	US$ 0	US$ 0	x	x	x	x	
DCC	DCC	Programme Assistant (G5) to support IOM on counter FGM and counter trafficking-related activities	UNDP	US$ 17,034	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0					
DCC	DCC	Programme/Finance Associate, G6 100%, - 1 year	UNDP	US$ 21,937	US$ 30,000	US$ 51,937	US$ 0	US$ 0	US$ 0	x	x	x	x	
DCC	DCC	Project Driver, G2 50% - 1 year	UNDP	US$ 4,462	US$ 15,000	US$ 19,462	US$ 8,082	US$ 0	US$ 0	x	x	x	x	
DCC	DCC	Project Monitoring and Travel - 1 year	UNDP	US$ 0	US$ 20,510	US$ 20,510	US$20,000	US$ 0	US$ 0	x	x	x	x	



Outcome and outputs			2025					Delivery Modality		Annual work plan 2025				Human Rights and Gender Equality Marker
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DCC	DCC	Operational costs including vehicle operations and other running costs, advocacy (29%) - 1 year	UNDP	US$ 45,958	US$ 20,000	US$65,958	US$15,279	US$ 0	US$ 0	x	x	x	x	
DCC	DCC	Team Leader, Governance and Peace Strengthening, NOC 25% - 1 year	UNDP	US$ 0	US$ 0	US$ 0	US$10,719	US$ 0	US$ 0	x	x	x	x	
DCC	DCC	Programme Officer, Coordination, NOB 32% - 1 year	UNDP	US$ 0	US$ 0	US$ 0	US$ 9,236	US$ 0	US$ 0	x	x	x	x	
DCC	DCC	RCO SPOTLIGHT TEAM: Spotlight Programme Coordinator, P3 100% - 1 year (UNDP/RCO)	UNDP	US$ 104,899	US$ 210,000	US$314,899	US$ 0	US$ 0	US$ 0	x	x	x	x	
DCC	DCC	RCO SPOTLIGHT TEAM: Monitoring Specialist, NOB 100% - 1 year (UNDP/RCO)	UNDP	US$ 48,378	US$ 50,000	US$ 98,378	US$ 0	US$ 0	US$ 0	x	x	x	x	
DCC	DCC	RCO SPOTLIGHT TEAM: Programme Analyst, NOB 100% - 1 year (UNDP/RCO)	UNDP	US$ 48,378	US$ 50,000	US$ 98,378	US$ 0	US$ 0	US$ 0	x	x	x	x	
DCC	DCC	General and other direct operating costs (UNDP/RCO)	UNDP	US$ 0	US$ 32,600	US$ 32,600	US$ 0	US$ 0	US$ 0	x	x	x	x	
DCC	DCC	Programme Officer NOB Outcome 3.2. NOB 100% - 2 years	UNICEF	US$ 38,958	US$ 0	US$ 38,958	US$ 0	US$ 0	US$ 0					
DCC	DCC	Child Protection Specialist. P3 100% - 2 years	UNICEF	US$61,758	US$ 0	US$ 61,758	US$ 0	US$ 0	US$ 0					
DCC	DCC	Programme Officer NOB Outcome 3.3. NOB 100% - 2 years	UNICEF	US$ 12,986	US$ 0	US$ 12,986	US$ 11,562	US$ 0	US$ 0	x	x	x	x	
DCC	DCC	Child Protection Specialist NOD Outcome 3.1. NOD 100% - 1 year	UNICEF	US$ 15,665	US$ 173,448	US$ 189,113	US$14,568	US$ 0	US$ 0	x	x	x	x	
DCC	DCC	General and other direct operational costs	UNICEF	US$13,706	US$ 34,000	US$ 47,706	US$ 0	US$ 0	US$ 0	x	x	x	x	
DCC	DCC	Project Manager UNOPS. P3 100% - 1 year	UNHCR	US$ 0	US$ 116,561	US$ 116,561	US$ 40,000	US$ 0	US$ 0					
DCC	DCC	Travel - 1 year	UNHCR	US$ 0	US$ 34,000	US$ 34,000		US$ 0	US$ 0					
DCC	DCC	Vehicles, fuel & maintenance - 1 year	UNHCR	US$ 0	US$ 0	US$ 0	US$ 30,000	US$ 0	US$ 0	x	x	x	x	
DCC	DCC	IT & Communications - 1 year	UNHCR	US$ 0	US$ 0	US$ 0	US$ 3,467	US$ 0	US$ 0	x	x	x	x	
DCC	DCC	Team Leader - Ending Violence Against Women. NOC 100% - 1 year	UN WOMEN	US$ 63,632	US$ 0	US$ 63,633	US$ 0	US$ 0	US$ 0					
DCC	DCC	Programme Finance. NOA 100% - 1 year	UN WOMEN	US$ 40,090	US$ 0	US$ 40,090	US$ 0	US$ 0	US$ 0					
DCC	DCC	General operating costs	UN WOMEN	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0	US$ 0					
DCC	DCC	Access to Justice Specialist. NOC 50% - 1 year	UN WOMEN	US$ 0	US$ 0	US$ 0	US$173,249	US$ 0	US$ 0					
DCC	DCC	Deputy Country Rep-Head of Programmes. P4 25% - 1 year	UN WOMEN	US$ 0	US$ 0	US$ 0	US$ 143,241	US$ 0	US$ 0					
DCC	DCC	M&E Analyst. NOA 50% - 1 year	UN WOMEN	US$ 0	US$ 0	US$ 0	US$108,566	US$ 0	US$ 0					
DCC	DCC	Programme Specialist Humanitarian Action. NOC 25% - 1 year	UN WOMEN	US$ 0	US$ 0	US$ 0	US$ 86,441	US$ 0	US$ 0					
DCC	DCC	Two EVAW specialists are Head of Sub national Offices Gulu and Moroto. NOC 25% - 1 year	UN WOMEN	US$ 0	US$ 196,242	US$ 196,242	US$172,883	US$ 0	US$ 0	x	x	x	x	



Outcome and outputs			2025					Delivery Modality		Annual work plan 2025				Human Rights and Gender Equality Marker
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DCC	DCC	WPPL Programme Specialist. NOC 25% - 1 year	UN WOMEN	US$ 0	US$ 34,000	US$ 34,000	US$86,441	US$ 0	US$ 0	x	x	x	x	
DCC	DCC	Programme Coordinator Gender and Youth. P4 40% - 1 year	UNFPA	US$ 48,625	US$ 121,558	US$ 170,183	US$ 0	US$ 0	US$ 0	x	x	x	x	
DCC	DCC	Finance Analyst. NOB 45% - 1 year	UNFPA	$23,232	US$ 23,232	US$ 46,464	US$ 0	US$ 0	US$ 0	x	x	x	x	
DCC	DCC	Driver. G2-100% - 1 year	UNFPA	US$ 14,391	US$ 14,391	US$ 28,782	US$ 0	US$ 0	US$ 0	x	x	x	x	
DCC	DCC	Programme Analyst Gender and Human Rights - alternate programme manager. 50% - 12 months	UNFPA	$ 0	US$ 48,000	US$ 48,000	US$ 48,000	US$ 0	US$ 0	x	x	x	x	
DCC	DCC	Travel.	UNFPA	US$ 12,514	US$ 21,511	US$ 34,025	US$ 0	US$ 0	US$ 0	x	x	x	x	
DCC	DCC	Other direct costs and operational costs	UNFPA	US$12,422	US$ 12,424	US$ 24,846	US$ 0	US$ 0	US$ 0	x	x	x	x	
Total Direct Coordination Costs				**US$ 669,279**	**US$ 1,307,527**	**US$ 1,976,805**	**US$ 1,018,418**	**US$ -**	**US$ -**					
Total direct programme costs				**US$ 5,861,820**	**US$ 7,401,869**	**US$ 13,263,689**	**US$ 2,635,947**	**US$ 5,116,668**	**US$ 4,404,890**					
Indirect costs (7%)				US$ 410,327	US$ 518,131	US$ 928,458								
Grand Total Costs				**US$ 6,272,147**	**US$ 7,920,000**	**US$ 14,192,147**	**US$ 2,635,947**	**US$5,116,668**	**US$ 4,404,890**					




1 NO POVERTY
2 NO HUNGER
3 GOOD HEALTH
4 QUALITY EDUCATION
5 GENDER EQUALITY
6 CLEAN WATER AND SANITATION
7 RENEWABLE ENERGY
8 GOOD JOBS AND ECONOMIC GROWTH
9 INNOVATION AND INFRASTRUCTURE
10 REDUCED INEQUALITIES
11 SUSTAINABLE CITIES AND COMMUNITIES
12 RESPONSIBLE CONSUMPTION
13 CLIMATE ACTION
14 LIFE BELOW WATER
15 LIFE ON LAND
16 PEACE AND JUSTICE
17 PARTNERSHIPS FOR THE GOALS
THE GLOBAL GOALS
For Sustainable Development

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To eliminate Violence against women and girls

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