



# Independent evaluation of the capacity of UNFPA in humanitarian action 2019–2025

Case Study

Uganda



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## Acronyms and Initialisms

Acronym	Definition	Acronym	Definition
AIDS	Acquired Immune Deficiency Syndrome	RH	Reproductive Health
ANSWER	Advancing Sexual Reproductive Health and Rights in the West Nile and Acholi Sub Regions in Uganda	SADD	Sex, Age and Disability Disaggregation
BCC	Behaviour Change Communication	SAY	Strengthening Adolescents and Youth programme
CERF	Central Emergency Response Fund	SP	Strategic Plan
CMR	Clinical Management of Rape	SRH	Sexual and Reproductive Health
COVID	Coronavirus Disease	SRHR	Sexual and Reproductive Health and Rights
CPD	Country Programme Document	UBOS	Uganda Bureau of Statistics
CSE	Comprehensive Sexuality Education	UDHS	Uganda Demographic and Household Survey
DHO	District Health Officer	UN	United Nations
DHS	Demographic and Health Survey	UNDAF	UN Development Assistance Framework
DLG	District Local Government	UNEG	UN Evaluation Group
DRC	Democratic Republic of the Congo	UNHS	Ugandan National Household Survey
DRM	Disaster Risk Management	UNSDCF	UN Sustainable Development Cooperation Framework
DRR	Disaster Risk Reduction	UNV	UN Volunteer
ECM	End Child Marriage	VHT	Village Health Team
FGD	Focus Group Discussion	WAY	Women, Adolescents and Youth programme
GBV	Gender-Based Violence	WFP	World Food Programme
GBVIMS	GBV Information Management System	WG	Working Group
GDP	Gross Domestic Product	WHO	World Health Organisation
HDI	Human Development Index		
HDP	Humanitarian-Development-Peace		
HIV	Human Immunodeficiency Virus		
HQ	Headquarters		
IDP	Internally Displaced Person		
MISP	Minimum Initial Services Package		
NGO	Non Governmental Organization		
OPM	Office of the Prime Minister		
PEP	Post Exposure Prophylaxis		
PSS	Psychosocial support		
RCO	Resident Coordinator's Office		

# Introduction

The purpose of this evaluation is to:

- Assess and report on how the UNFPA capacity to prepare for and respond to emergencies has evolved based on the lessons learned and recommendations from the 2019 evaluation of the UNFPA capacity in humanitarian action (accountability).
- Draw lessons for UNFPA's present and future humanitarian action in view of the implementation of the next UNFPA strategic plan (learning).

The objectives of the evaluation are to:

- a. Assess the relevance of UNFPA's humanitarian programming and, in particular, its ability to adapt to emerging changes in both the scale and nature of emergency responses worldwide and the related needs of different categories of affected people;
- b. Assess the extent to which UNFPA's internal systems, processes, policies and procedures (in particular human and financial resources) allow for efficient and timely humanitarian action at all levels of the organization (global, regional, and national). progress on institutionalization and standardization of processes related to its SRHR and GBV inter-agency mandates, as well as UNFPA's approach on preparedness and pre-positioning of humanitarian supplies;
- c. Assess the effectiveness as well as the coverage of UNFPA's humanitarian interventions, in terms of preparedness, anticipatory action, response to and recovery from humanitarian crises across different thematic areas (GBViE, SRHRiE, young people in emergencies, and data for humanitarian assistance etc.) and locations;
- d. Analyze the extent to which humanitarian principles, humanitarian minimum standards, human rights, gender equality, disability inclusion, climate action, and social and environmental standards are integrated in UNFPA's humanitarian programming;
- e. Analyze UNFPA's ability to strengthen the “resilience and adaptation, and complementarity among development, humanitarian and peace-responsive efforts” in line with the humanitarian-development-peace (HDP) nexus approach;
- f. Propose recommendations for UNFPA's present and future humanitarian action.

The scope of the evaluation has the following dimensions:

- Geographically: All countries, regions, and globally, with a focus on all countries considered as “priority countries” by UNFPA since 2019;
- Thematically: All UNFPA strategies and programmes implemented in humanitarian settings;
- Temporally: From 2019 to the end of the data collection phase in 2024/2025.

The primary intended users of the evaluation are:

- (i) UNFPA senior management;
- (ii) The UNFPA Humanitarian Response Division;
- (iii) Other UNFPA business units at headquarters;
- (iv) UNFPA regional and country offices.

The results of the evaluation should also be of interest to a wider group of stakeholders, such as UNFPA Executive Board members and other United Nations organizations.

The purpose of this country briefing note is to complement the evaluation report with a standalone country-specific document (annexed to the evaluation report) that presents initial findings within the framework of the evaluation questions for Uganda.

# Methodology

Evidence for this country note (both qualitative and quantitative) has been collected through a range of methodologies, including:

- Key informant interviews (see Annex I for list of key informants);
- Desk review of documentation (see Annex II for list of documentation reviewed);
- Group interviews with providers of services supported by UNFPA through its implementing partners;
- Community-based focus-group discussions (FGDs) (see Annex III for FGD methodology).

The country field visit was conducted in accordance with the United Nations Evaluation Group (UNEG) *Norms and Standards for Evaluations*, the UNEG *Ethical Guidelines for Evaluations*, the UNFPA *Country Programme Evaluation Handbook*, and the WHO *Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*, and with adherence to the following principles:

- *Consultation* with, and participation by, key stakeholders;
- *Methodological rigor* to ensure that the most appropriate sources of evidence for answering the evaluation questions are used in a technically appropriate manner;
- *Technical expertise and expert knowledge* to ensure that the assignment benefits from knowledge and experience in the fields of gender-based violence (GBV) and sexual and reproductive health and rights (SRHR);
- *Independence* to ensure that the findings stand solely on an impartial and objective analysis of the evidence.

The Uganda country field mission was conducted from the 8<sup>th</sup> to the 13<sup>th</sup> of December 2024. The mission included two members of the evaluation team, the UNFPA IEO evaluation manager, and humanitarian evaluation specialist. The team conducted interviews with approximately 65 key informants and 80 FGD participants. For a full list of key informants, see Annex I. The schedule of interviews and visits is presented in Annex V.

# Background

## Uganda Country Context

Uganda, a landlocked nation in East Africa, has experienced significant economic growth over the past few decades. Between 2000 and 2023, the country's Gross Domestic Product (GDP) grew at an average annual rate of 5.9 per cent, surpassing the Sub-Saharan average.<sup>1</sup> This growth was largely driven by a dynamic service sector.

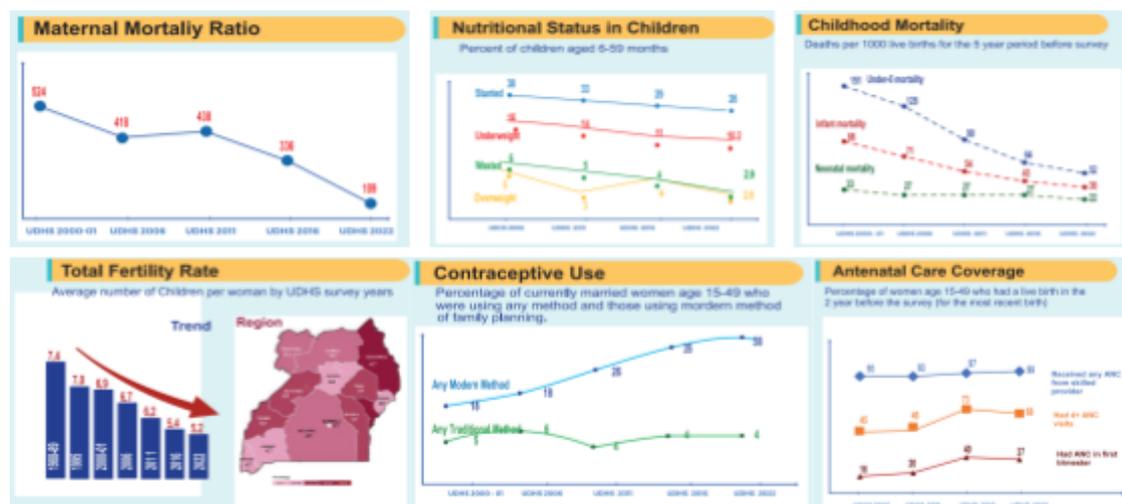
Despite these economic advancements, Uganda faces significant socio-political challenges. Uganda is ranked 159 out of 193 countries in UNDP's 2023/24 Human Development Index (HDI) – up from 166 the previous year – putting it within the category of “medium” human development for the first time.<sup>2</sup>

Despite notable progress in poverty reduction in the last three decades, poverty rates in the country remain high, with information from the Uganda Bureau of Statistics showing that approximately 10.1 million people live below the national poverty line of \$1.25 a day<sup>3</sup> (population 45.7 M). Slightly less than a quarter (23 per cent) of Ugandan children are identified as ‘poor’, or living in households that are below the poverty line, and in some of the poorest and most densely populated regions of the country, three-quarters or more of children are multi-dimensionally poor<sup>4</sup>.

The Ugandan Finance Ministry notes that poverty (defined as the proportion of the population living below the national poverty line) stood at 18 per cent before the COVID-19 pandemic. This figure rose to 28 per cent during 2020. The concentration of poverty remains higher in northern and eastern Uganda, and high birth rates continue to impede poverty reduction as GDP growth is cancelled out by the rapidly increasing population.

Along with poverty and high rates of unemployment in the formal sector, an additional burden is Uganda's refugee population. The continued influx increasingly strains host communities and poses a challenge for the delivery of services. As of 2024, Uganda hosts over 1.7 million refugees, making the country the largest refugee host in Africa and the third largest in the world. This places a significant strain on its resources. Dwindling international support has impacted the country's ability to provide adequate food and services to these populations.

Uganda has made good progress on a range of maternal and child health indicators, presented in the charts below, although has stalled in recent years for some (contraceptive use and ANC coverage).<sup>5</sup>



<sup>1</sup> World Bank data: [datacatalog.worldbank.org](https://datacatalog.worldbank.org)

<sup>2</sup> <https://hdr.undp.org/system/files/documents/global-report-document/hdr2023-24reporten.pdf>

<sup>3</sup> Bertelsmann Stiftung, BTI 2022 Country Report – Uganda. Gütersloh: Bertelsmann Stiftung, 2022

<sup>4</sup> Situation Analysis of Children in Uganda, 2019. GoU and UNICEF

<sup>5</sup> All visualisations from UBOS: <https://www.ubos.org/wp-content/uploads/publications/UDHS-2022-Wall-chart.pdf>



specifically the three TRs (which have also formed part of the successor to this Strategic Plan, covering 2022-2025).

The following table sets out the specific outcome and output areas covered by the two relevant CPDs.

8 <sup>th</sup> CPD 2016-2020	9 <sup>th</sup> CPD 2021-2025
<b>Outcome 1: Sexual and reproductive health</b>	<b>Outcome A: Sexual and reproductive health</b>
Output 1: National and district governments have the capacity to deliver comprehensive high-quality maternal health services, including in humanitarian settings.	Output 1. The primary health care system at the national and subnational levels has increased capacity to provide universal access to and coverage of high-quality integrated sexual and reproductive health and rights, HIV and gender-based violence services, particularly for the most vulnerable women and young people, including in humanitarian settings.
Output 2: National and district governments have the capacity to increase the demand for and the supply of modern contraceptives.	Output 2. Women and young people, including those in hard-to-reach communities and those most at risk, are empowered to make informed choices and utilize high-quality, integrated, sexual and reproductive health and rights, information and services.
Output 3: Increased national capacity to deliver integrated sexual and reproductive health and HIV/AIDS prevention programmes that are free of stigma and discrimination.	
<b>Outcome 2: Adolescents and youth</b>	
Output 1: Increased national capacity to conduct evidence-based advocacy/ interventions for incorporating adolescents and youth sexual reproductive health needs in national laws, policies and programmes, including humanitarian settings.	
<b>Outcome 3: Gender equality and women's empowerment</b>	<b>Outcome B: Gender equality and women's empowerment</b>
Output 1: National and district governments have the capacity for the protection and advancement of reproductive rights, and delivery of multi-sectoral gender-based violence prevention and response services, including in humanitarian settings.	Output 1. National, subnational and community capacity strengthened to prevent and respond to sexual and gender-based violence and other harmful practices, including female genital mutilation and child marriage at national and district levels, in all settings.
<b>Outcome 4: Population dynamics</b>	<b>Outcome C: Population dynamics</b>
Output 1: National institutions and district governments have the capacity for the production and the use of disaggregated data on population, sexual and reproductive health and gender-based violence for the formulation and monitoring of evidence-based policies, plans and programmes, including in humanitarian settings.	Output 1. National population data systems strengthened to address inequalities, advance the commitments of the Programme of Action of the International Conference on Population and Development to inform rights-based policies, programmes and accountability.

# Findings

EQ1. (Relevance/Appropriateness) To what extent do UNFPA's humanitarian strategy and programmes correspond to the identified needs of affected populations, including the needs of the marginalized and vulnerable groups, while remaining aligned with the UNFPA mandate?

## Findings:

1. Needs assessments are well conducted, both at UNFPA and interagency levels. There is good involvement of national authorities leading to programming improvements.
2. SRH and GBV are recognized as important elements of humanitarian responses by all stakeholders and in response plans.
3. The MISP calculator was instrumental in determining the needs of affected populations.
4. Marginalized and vulnerable groups tend to be limited to women adolescents, with some, but intermittent, disability inclusion.
5. Community feedback mechanisms are limited – few rights-holders at settlement level have had active solicitation of feedback

**Finding 1. Needs assessments are well conducted, both at UNFPA and interagency levels. There is good involvement of national authorities leading to programming improvements.**

**Finding 2. SRH and GBV are recognized as important elements of humanitarian responses by all stakeholders and in response plans.**

The evaluation research provides good qualitative primary evidence supporting the assertion that humanitarian needs assessments in Uganda are well-conducted and benefit from meaningful interagency collaboration and national authority involvement. Evidence from stakeholders at different levels, both within and outside UNFPA Uganda, underscore that district-level government, in particular, plays a pivotal role in shaping contextually relevant programmes. For example, respondents from external UN partner agencies highlighted that joint assessments often guide programming and that multiple stakeholders contribute to ensure needs assessments align with the humanitarian context and population needs.<sup>6</sup>

The primary data also indicates that SRHR and GBV are widely recognized by stakeholders as essential elements of humanitarian response assessments – the conducting of specific GBV and SRH assessments in humanitarian settings<sup>7</sup> Respondents noted specific sectoral needs assessments or surveys for SRH and GBV, including baseline surveys for major programmes (such as the SAY, WAY, ANSWER, and UNFPA/UNWOMEN Joint GBV programmes that will have a specific sectoral focus and incorporate needs assessment elements (although these are more focused on establishing metrics for already-established priorities and targeted results).

*"UNFPA's work on SRH and GBV is prioritized in all coordination meetings and planning discussions."*

Source: Programme Staff, UNFPA.

<sup>6</sup> UN agency key informant.

<sup>7</sup> For example the assessment of the impact of the mudslides/ floods on SRHR and GBV in the Mt Elgon region by UNFPA partner ACORD in late 2023.

This is also evidence of good interagency collaboration in needs assessments for humanitarian programming, highlighting the role that UNFPA plays in larger collaborative efforts, ensuring that its assessments and programming are harmonized with interagency frameworks.<sup>8</sup> This strengthens the overall credibility of humanitarian needs assessments and contributes to cohesive programme responses.

The involvement of national authorities was also well-attested to, with several references<sup>9</sup> to district-level collaboration and the inclusion of local government representatives across needs assessment efforts. District local government (DLG) representatives noted their inclusion and that of relevant technical staff (e.g. gender focal points, welfare officials, police), and active engagement in needs assessments and decision-making.<sup>10</sup>

*"The district planner and DHO (district health officer) representatives work closely with UNFPA to provide data and insights for programming design."*

Source: District Planner and UNFPA focal point, Kyegegwa.

These examples highlight structured partnerships with national and district-level authorities, indicating their strong role in shaping humanitarian programming. This level of engagement supports the assertion that national authorities' involvement has led to more context-appropriate programming and that local government involvement ensures SRH, GBV and youth data informs district-level responses.<sup>11</sup> These references underscore the consensus among national and international actors on the importance of SRH and GBV interventions. Coordination mechanisms ensure these areas are not only recognized but also prioritized in response planning, contributing to comprehensive, needs-driven humanitarian actions.

Finally, the needs related to UNFPA's mandate are also reflected in the overall plans that govern or guide humanitarian response in Uganda. For example, sexual, reproductive, maternal, neonatal, child and adolescent health is one of the four clusters under the Health Sector Integrated Refugee Response Plan published by the Government of Uganda in 2018 that covers responses to the refugee crisis from 2019-2024. GBV is also noted as a priority area under the Health Promotion and Disease Prevention cluster in the same plan, in addition to a specific national five-year interagency GBV strategy that runs from 2021-2025.<sup>12</sup>

### **Finding 3. The MISP calculator was instrumental in determining the needs of affected populations.**

The evidence indicates that a key component of effective humanitarian SHR-specific services, the MISP is beginning to be well-embedded in SRH planning and assessments in Uganda. Primary data indicates that awareness and use of the MISP among stakeholders in Uganda's humanitarian context is widespread. This includes national and interagency partners, which have institutionalized MISP components as part of their mandate.<sup>13</sup> UNFPA itself uses the MISP calculator for immediate determination of needs and affected populations by UNFPA in response to sudden-onset crises.<sup>14</sup>

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<sup>8</sup> For example the Joint Protection Needs Assessment conducted on foot of the drought crisis in Karamoja in October 2022 which was a collaborative effort between UN agencies (including UNFPA), Office of the Prime Minister (OPM), the Ministry of Health and NGOs.

<sup>9</sup> DLG, Donor key informants.

<sup>10</sup> DLG Official, Kiryandongo

<sup>11</sup> District Health Office Official, Kyegegwa

<sup>12</sup> The strategy was agreed between UN agencies (including UNFPA), NGOs and the Ugandan Government.

<sup>13</sup> UN agency key informant.

<sup>14</sup> UNFPA key informants

**Finding 4. Marginalized and vulnerable groups tend to be limited to women adolescents, with some, but intermittent, disability inclusion.**

The evaluation research indicates that the inclusion of marginalized and vulnerable groups in humanitarian needs assessments and responses tends to be focused primarily on adolescents, particularly adolescent girls. For example, the ANSWER programme was designed to reach vulnerable groups, including young mothers via SRHR outreach work (i.e. mobile SRHR/GBV services and village health teams (VHTs)). UNFPA Uganda investments in these SRHR services specifically targeted those populations which would otherwise not reach the health facilities/services. This is noted in the endline evaluation of the WAY and ANSWER programmes (discussed further under EQ2).

However, the approach to disability inclusion appears sporadic and lacks proactive measures. For example, a UNFPA key informant noted that *"adolescent girls are a key focus in SRH and GBV assessments, especially in refugee settings, where early marriage and access to reproductive health services are critical concerns."* Moreover, the consistent inclusion of adolescent-specific indicators in assessments highlights a programmatic intent to address both immediate and long-term health needs.

While the need to include disability as a factor of vulnerability and marginalization was widely acknowledged by stakeholder interviewed for the evaluation research, several respondents highlighted the lack of a systematic or consistent approach, with one key informant noting that *"disability inclusion is acknowledged but remains ad hoc, with no consistent strategy for collecting data on persons with disabilities in assessments."*<sup>15</sup> This reflects a broader challenge of integrating disability-focused data collection frameworks into humanitarian responses. For example, the baseline assessment of the SAY programme does include disability as a key area for disaggregation of data for some indicators, but does not present any specific analysis of disability (nor, indeed, discuss how disability status was determined). The endline evaluation of the WAY programme specifically notes that *"No specific attention was placed on the needs of women with disabilities, but this was not in the design of the project"*.<sup>16</sup> This said, the ANSWER project does provide an example of more proactive targeting of people with disabilities, although the endline evaluation notes that activities regarding this group were *"limited at the start of the programme until late 2022 and 2023, when UNFPA introduced a dedicated work package that explicitly targeted people with disabilities"* and that while the evaluation found *"moderate evidence"* of inclusion of people with disabilities in activities, they were not systematically included across the programme.<sup>17</sup>

Thus, the involvement of marginalized groups, particularly persons with disabilities, during the assessments appears limited. Stakeholders noted the frequent focus on specific needs of youth in programming design, but less so on the specific needs of persons with disabilities. This suggests that even when these groups are included in programming, their voices may not be adequately captured during data collection processes, which can reduce the relevance and impact of interventions, limiting the ability of UNFPA to design tailored interventions. This is reflected in existing needs assessments reviewed as part of the evaluation research. For example, the 2022 joint assessment of protection needs in Karamoja did include disability as a key objective of the research, but the findings relating to disability are quite generic, unquantified (in terms of numbers, locations, types, specific needs of people with disabilities) and simply highlighting 'increased vulnerability' and a need to include these groups in responses.<sup>18</sup>

A counter example to this is the analysis of the impact of the mudslides/ floods on SRHR and GBV in the Mt. Elgon region by UNFPA partner ACORD in 2023, which provides a detailed analysis of the proportion of the respondent population (self-reporting) with disabilities and the specific challenges they faced. This is the only example identified by the evaluation team, however.

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<sup>15</sup> Donor key informant

<sup>16</sup> See EQ4, Endline Evaluation of the Women, Adolescents and Youth (WAY) Rights And Empowerment Programme, UNFPA, 2023

<sup>17</sup> Endline Evaluation of the ANSWER Programme, UNFPA, 2024

<sup>18</sup>

The evidence indicates a structured and intentional focus on adolescent needs within humanitarian programming, reflecting global commitments to youth and gender-specific priorities. However, the inclusion of persons with disabilities remains inconsistent, often depending on the priorities of individual partners or the availability of data from local authorities. This disparity suggests a need for more proactive disability inclusion strategies, such as standardized data collection tools, improved consultation processes, and stronger partnerships with organizations representing persons with disabilities (or those which effectively integrate disability as a priority, such as ACORD and Special Olympics).

**Finding 5. Community feedback mechanisms are limited – few rights-holders at settlement level have had active solicitation of feedback.**

The movement of refugees to and from the main refugee settlements where UNFPA provides support, as well as the inconsistency of funding support which means that programming stops and starts periodically depending on the availability of resources, means that community feedback mechanisms in refugee settlements are not well-established or comprehensive, with limited evidence of widespread proactive solicitation of input from rights-holders. This is evidenced by several key points from stakeholder testimonies that highlight structural gaps in engaging affected communities.

Stakeholders highlighted the absence of structured and active means (i.e. besides ‘passive’ modalities such as suggestion boxes) to gather regular feedback from community members in settlements. Evidence from a variety of stakeholders indicates that most feedback happens informally between rights-holders and implementer representatives during outreach activities.<sup>19</sup> This suggests that feedback is often incidental rather than a result of deliberate and systematic efforts. While informal feedback gathered during outreach can provide useful insights, its ad hoc nature makes it difficult to ensure that the information collected is comprehensive or representative of the broader community's concerns.

*"Only when there are targeted consultations do community members feel they can provide input. Otherwise, they are passive recipients of services."*

Source: Local Government Official, Kiryandongo.

This is corroborated by other agencies funding or supporting service providers in settlement settings, who noted that the community's voice is often missing unless implementing NGOs (i.e. service providers) specifically create forums for feedback.<sup>20</sup>

This suggests a transactional model of service delivery where community members are more often seen as beneficiaries rather than active stakeholders. Limited participation opportunities mean that their perspectives are only intermittently captured, which can hinder the alignment of services with their actual needs. This points to a dependency on the initiatives of individual organizations to create feedback channels. While some implementing partner interviewees noted that the wider NGO community has established dedicated feedback forums, this approach lacks consistency, with practices varying among organizations. Such variability can lead to uneven levels of community engagement and create gaps in accountability.

Testimony from rights-holders via focus group discussions underscores this evidence from institutional duty-bearers. Many of the refugees highlighted absence of any consultations to date at the time of research<sup>21</sup> and others expressed that whereas some consultations may have taken place, they felt that

<sup>19</sup> UNFPA, Implementing Partner key informants

<sup>20</sup> UN agency key informant.

<sup>21</sup> Some of the refugees included in FGDs were considered ‘new arrivals’ though some had already been in Uganda for one year.

their feedback to the relevant implementing partner did not get much traction - "they give us the basics, but no more".

Although there is clear evidence that the availability of resources to conduct regular and meaningful feedback is a substantial challenge in Uganda, the lack (or at least, lack of awareness of such among rights-holders) of formal, recurring feedback mechanisms in refugee settlements weakens community involvement in humanitarian programming. Without institutionalized processes for soliciting input, there is a risk of perpetuating a top-down approach to service delivery, where rights-holders are excluded from meaningful participation in decisions that affect their lives.

Additionally, the reliance on CSOs to facilitate community engagement (reported by key informants as a feature of the overall refugee response) underscores the need for stronger sector-wide frameworks that embed feedback collection and accountability within humanitarian strategies. If feedback systems remain project-specific, rather than coordinated at the sector level, communities may continue to experience inconsistent engagement and limited agency in shaping responses.

An example of positive feedback mechanisms cited by some groups of refugees was the use of the VHT members – these volunteers are an important point of contact not just for service allocation and delivery, but also communication of issues and needs vertically back to UNFPA and similar agencies. However, again, the paucity of resources means that the obvious scale of the unmet basic needs dominates any discourse in this regard.

**EQ2 (Effectiveness/Coverage) To what extent do UNFPA humanitarian interventions contribute to an improved access to and increased use of quality sexual and reproductive health services for affected populations, including the most vulnerable and marginalized groups?**

**Findings:**

6. There is evidence of positive changes in utilization of SRH services, particularly around uptake of maternal and neonatal health services, with evidence of reductions in home-based births and reductions in maternal mortality.
7. Successful supply-side work is not fully matched by demand side success for certain SRH services, particularly in addressing cultural norms around access to services.
8. Geographic prioritization and coverage are not strategic. UNFPA faces challenges around quality when coverage is dispersed.
9. Continuity of resources and programming in locations of protracted and predictable needs is a significant issue which impacts quantity/quality of services.
10. UNFPA has made good efforts to promote GBV minimum standards, with stakeholders showing awareness of and implementing key elements such as SOPs, referral pathways and CMR.
11. However, there is limited implementation of the GBV minimum standards overall, particularly with regard to case management and psychosocial support and quality and coverage of GBV infrastructure is poor.
12. There is a risk that integrated SRH and GBV training and programming limits attention to GBV and can result in medicalization of services.
13. Where the basics are not provided, recourse to police or legal services may be inappropriate as rights-holder trust in the law enforcement system is low.
14. There are ongoing issues with GBV and harmful practices – including anecdotal evidence around early marriage (e.g. cross-border trafficking of girls for marriage)

**Finding 6. There is evidence of positive changes in utilization of SRH services, particularly around uptake of maternal and neonatal health services, with evidence of reductions in home-based births and reductions in maternal mortality.**

Evidence from UNFPA and external stakeholders across humanitarian programme settings in Uganda indicates definite improvements in the availability and utilization of maternal and neonatal health services, reflecting increased service uptake and institutional commitment. This is directly correlated with the amount and consistency of UNFPA resources to support these services. For example, the establishment of roles with UNFPA Uganda specifically dedicated to maternal health is in line with targeted efforts to address reproductive health needs in emergency settings, with specialists attesting to their positioning to coordinate service provision and address gaps in care among refugee and displaced populations.<sup>22</sup> Within refugee settlement settings, there is robust evidence from the work of implementing agencies on the success of embedding SRH services, including antenatal care and emergency obstetric care, within settlement-level health programming and the successful alignment with MISP objectives to expand access to life-saving maternal health services.<sup>23</sup> For example, the UNFPA ANSWER programme built the capacity of SRH workers, provided adolescent-friendly SRH services, referral pathways, and CSE in schools.

UNFPA partners such as Medical Teams International<sup>24</sup> demonstrate an explicit commitment to MISP implementation, with government counterparts noting the embedding of the MISP into national disaster risk management frameworks, highlighting government commitment to the MISP principles at

<sup>22</sup> UNFPA, UN, Implementing Partner key informants.

<sup>23</sup> UNFPA, UN, Implementing Partner key informants.

<sup>24</sup> Funded by UNHCR, but operating in a UNFPA-supported facility

the policy level and suggesting a shift from solely donor-driven efforts to more sustainable, state-supported interventions.<sup>25</sup> The evidence suggests that MISP-related services are widely acknowledged and integrated within both operational and policy frameworks by international, national and government stakeholders. The appointment of specialized focal points and medical coordinators reinforces the prioritization of SRH services as an essential component of humanitarian responses. Additionally, the involvement of government teams in integrating SRH into the national disaster preparedness and risk reduction plan points to increased national ownership and long-term policy work and planning around MISP.

However, while roles and frameworks for SRH service delivery are referred to, the emphasis on integration efforts rather than proactive monitoring or expansion suggests potential gaps in ensuring comprehensive and uniform service coverage across all refugee settlements.

This extends to both longer-term refugee responses and natural disaster responses, with Government of Uganda partners working on the integration of SRH into disaster risk reduction management (DRRM) activities, highlighting the success of UNFPA advocacy and capacity support to realize government commitment to integrating maternal and neonatal health services into broader disaster response frameworks. The inclusion of SRH within DRRM plans supports the sustainability of maternal health initiatives and reflects positive shifts toward embedding these services in national strategies.

The evaluation research also noted testimony from service provider staff on the positive outcomes of efforts by humanitarian actors to promote facility-based deliveries. These roles often include outreach to communities to raise awareness about safe delivery options and reduce reliance on home births, which are associated with higher maternal and neonatal risks. In particular, the work of VHTs on pregnancy mapping and outreach to change knowledge, attitudes and practices relating to ante-natal care and safe deliveries has led (anecdotally) to success in increasing demands for, and realization of, facility-based deliveries. While UNFPA does not systematically track aggregate humanitarian programming indicators, UNFPA reported reaching 12,131 pregnant women through this mapping in 2019, which increased to 44,514 in 2022.<sup>26</sup> Individual VHT members noted substantial decreases in home-based deliveries in settlement settings, although challenges such as service availability and logistical constraints in accessing facilities (in the contexts of widely dispersed refugee settlements) remain.

The evidence points to positive trends in maternal and neonatal health service utilization, with improvements driven by investments in specialized roles, government partnerships, and interagency collaboration. The support to maternal health specialists within UNFPA and for humanitarian service provision reflects a coordinated response to increase service coverage and address barriers. This is reflected (albeit anecdotally and thus tentatively) in concrete reductions in headline health indicators such as maternal mortality: in Kyegegwa, health centre staff noted consistent reductions in maternal mortality since 2019, when 19 maternal deaths were recorded in the settlement, down to 2 in 2020, 1 in 2022, 1 in 2023, and none so far in 2024 (with 450 deliveries so far in 2024 in that health center)<sup>27</sup>, suggesting that the maternal mortality ratio is at least approximating to the national average.<sup>28</sup> Moreover, the “SRHR outreaches” (i.e. mobile SRHR/GBV clinics) have been instrumental in increasing access to and utilization of SRHR services in refugee hosting districts.<sup>29</sup>

**Finding 7. Successful supply-side work is not fully matched by demand side success for certain SRH services, particularly in addressing cultural norms around access to services.**

Despite progress in service provision, there is also evidence of gaps between the availability of SRH services (supply-side) and their uptake by communities (demand-side) particularly around family planning. While investments in service delivery infrastructure and outreach have strengthened supply-side responses, testimony from stakeholders at national and field levels indicates that cultural

<sup>25</sup> Government, Implementing Partner key informants

<sup>26</sup> Data reported in 2019 and 2022 UNFPA Country Office Annual Reports.

<sup>27</sup> Implementing Partner/service provider key informants.

<sup>28</sup> 189 per 100,000 per the 2022 DHS.

<sup>29</sup> WAY and ANSWER endline evaluation reports.

and social norms continue to hinder the demand for family planning services among refugee populations.

While implementing partners, community workers and SRH service providers in settlements provided evidence of improvements in SRH services<sup>30</sup> the demand for some services related to the UNFPA mandate, e.g. family planning services, remains constrained by entrenched cultural beliefs. Stakeholders at local government and service provider levels noted the challenge in addressing cultural norms, and the presence of inhibiting factors such as a preference for large families in settlement settings due to allocation of WFP food rations according to family size.<sup>31</sup>

Other stakeholders at different levels noted that fertility rates remain higher among refugees and contraceptive prevalence is much lower (than the host population), also identifying entrenched social norms as a key barrier, with many refugee women facing significant social pressure to have children, inhibiting their use of modern contraceptives.<sup>32</sup> DHS data from 2022 showed that family planning uptake among refugees was only 4.5 per cent compared to 38 per cent in the general population. This demonstrates that despite service availability, gaps in consistent programming and outreach contribute to low service utilization in protracted settings.

While social norms are a key factor, inconsistency of family planning supplies (leading to intermittent stockouts and limited access points – identified by UNFPA Uganda as a significant issue) can further reduce confidence in family planning services. Some FGD respondents that expressed a strong preference for family planning noted challenges in accessing the supplies as and when needed. This was also noted by some service providers, although they did note the ability to interchange different types of contraception to compensate for limitations.

Programme implementation modalities such as the use of VHTs and peer educators, which aim to foster community engagement, are showing progress but require scaling to effectively address entrenched norms – many VHTs noted the limitations of coverage within the settlement settings.

The persistence of cultural norms that favour large families highlights the importance of behaviour change communication (BCC) tailored to the unique dynamics of refugee communities. Efforts to engage traditional and religious leaders and to frame family planning within culturally sensitive narratives can help shift perceptions. Additionally, outreach strategies must address logistical challenges, such as stockouts and transport issues, to build trust and ensure consistency in service availability.

**Finding 8. Geographic prioritization and coverage are not strategic. UNFPA faces challenges around quality when coverage is dispersed**

**Finding 9. Continuity of resources and programming in locations of protracted and predictable needs is a significant issue which impacts quantity/quality of services.**

Primary data from internal and external stakeholders and secondary data from reporting provides good evidence of UNFPA efforts to maintain or expand the geographic reach of SRH services to where needs are situated.

However, a strategic, needs-based approach to prioritization that is not matched by a consistent resource-pool leads to inevitable disparities in service delivery, demand creation and community engagement in geography and over time. Dispersed programming without sufficient staffing, funding, and logistical support reduces the effectiveness of outreach and can lead to the downgrading of health services. For example, refugees located in the remoter reaches of refugee settlements reported facing significant challenges in accessing SRH services due to transportation barriers and/or

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<sup>30</sup> Such as pregnancy support and ante-natal care, mapping, some support to ambulances for referrals for mothers in labour, direct provision and training of midwives and medical staff

<sup>31</sup> DLG Representative, Kyegegwa

<sup>32</sup> UNFPA, Implementing Partner key informants.

insufficient or poor services available at health posts (levels II or III) which may be more accessible than centralized health centres (level IV).<sup>33</sup>

Moreover, there is clear evidence that the UNFPA reliance on short-term funding cycles, especially for humanitarian programming, often disrupts service continuity, particularly in areas with protracted needs. When mobile clinics or peer educator programmes end due to funding lapses, implementing partners, and thus communities that rely on the services that they provide, have experienced gaps in care, undermining long-term health outcomes. In some cases, the transition of health facilities to government control without sustained funding results in staffing shortages and service downgrades, further exacerbating inequities.<sup>34</sup>

Within individual refugee settlement settings, key informants noted that the “spread out” nature of the settlements (a deliberate strategy by the Government to minimize congestion and promote a long-term sustainable solution) requires additional resources and logistics planning on the part of both service providers and inhabitants for access and effective outreach.<sup>35</sup> This highlights the logistical complexities in covering large, dispersed geographic areas where beneficiaries are often located far from health facilities.

The variable nature of donor resources over time (and indeed the trend of ever-decreasing resources for refugee programming) in more recent years has further strained service provision. For example, key refugee settlement agency UNHCR reported reductions in public health field staff in one settlement from 16 to 8, with some settlements not having any public health officers at the time of research.<sup>36</sup>

Other stakeholders noted the downgrading of health facilities to lower levels due to lack of resources, so while coverage may be nominally present, the quality and type of services cannot be maintained when spread overly thinly.<sup>37</sup> This evidence from institutional stakeholders is corroborated by that from refugee community members, who highlighted service gaps, despite best efforts to sustain outreach activities, even in the absence of support from UN agencies or CSOs/NGOs.

*“Funding is often short-term, so services like mobile clinics and peer educators stop when funding ends.”*

Source: Volunteer Health Team member, Kiryandongo

While a laudable strategy is to transfer ownership of services to national management (via the DLG/Office of the Prime Minister (OPM)), the lack of resources on the part of the Government of Uganda is equally acute. Stakeholders noted that government taking over of health facilities led to many staff (hired through humanitarian programmes managed by the international community) being laid off, disrupting SRH service provision.<sup>38</sup> This further highlights sources of gaps in continuity when external funding ends and services transition to government control without sustained support.

These challenges are reportedly not a feature of all UNFPA programming. Although not visited directly by the evaluation team, UNFPA-supported work in other areas of Uganda (West Nile, Karamoja) is reported to be more consistent and with better continuity. These areas appear to have more consistent programming due to greater and more consistent resources, leading to stronger coordination with partners and a more structured response system.<sup>39</sup> By contrast, in the West/Southwest, resource shortfalls/inconsistent donor support contribute to gaps in service delivery and the need to prioritize only essential services.

Thus, while UNFPA’s commitment to broad SRH service coverage is commendable, addressing the

<sup>33</sup> Service provider, Implementing Partner key informants, FGD participants.

<sup>34</sup> UNFPA, Implementing Partner/Service Provider key informants.

<sup>35</sup> DLG Settlement Coordination key informants.

<sup>36</sup> UNHCR key informant.

<sup>37</sup> UNFPA, Implementing Partner key informants.

<sup>38</sup> UNFPA, Implementing Partner key informants.

<sup>39</sup> UNFPA key informants.

challenges of resource continuity and strategic prioritization is essential to sustain high-quality service provision and meet the ongoing needs of vulnerable populations.

**Finding 10. UNFPA has made good efforts to promote GBV minimum standards, with stakeholders showing awareness of and implementing key elements such as SOPs, referral pathways and CMR.**

There is extensive evaluation evidence of UNFPA's progress in promoting GBV minimum standards. UNFPA and related stakeholder programme documentation notes the priority of standards (including appropriate case management/referral pathways, the UNFPA GBV SOPs etc.) across programming. For example, GBV subsector priorities for 2024 include the implementation of these areas as a priority in work planning.<sup>40</sup> Capacity building of and support to partners in the rollout of referral mechanisms and CMR have been explicit across humanitarian programming proposals since 2019 and before.

Stakeholders acknowledged and highlighted a good continuum of progress within humanitarian response work in Uganda in these areas, although some challenges remain in terms of resource allocation, training, and outreach. UNFPA stakeholders noted that national GBV SOPs had been developed (the process initiated and led by UNFPA through the GBV sub-sector working group (WG)), although not fully operationalized by the time of evaluation research, but were in the process of dissemination and adoption.<sup>41</sup> This was triangulated with government stakeholders, which noted the presence of SOPs on GBV supported by UNFPA at the district level, although the dissemination and awareness-raising among frontline workers still required inputs and improvement, with an ongoing need for better communication and sensitization among service providers.<sup>42</sup>

Referral pathways for GBV cases were also reported to be widely-known and actively implemented by health service providers (such as midwives) who have “built trust in the refugee communities”<sup>43</sup> and thus encourage survivors to seek assistance. The evidence is good that the referral system has been pivotal in linking survivors to essential services, including medical care, psychosocial support, and legal assistance, but stakeholders also noted that understaffing and long travel distances in remote areas remain barriers to effective service delivery. Stakeholders acknowledged the presence of a clear referral system, but noted that delays in follow-up are common due to limited staff resources to implement them.<sup>44</sup>

Similarly with respect to CMR Protocols, stakeholders from the NGO/CSO sector and local government acknowledge and praised UNFPA for the support to training on CMR that has equipped health workers with the skills needed to support GBV survivors, a key contribution as refugee settlement health service providers had otherwise limited skills on CMR.<sup>45</sup> This highlights the impact of targeted capacity-building initiatives on health workers that are trained in CMR as part of SRH and GBV service provision.

**Finding 11. However, there is limited implementation of the GBV minimum standards overall, particularly with regard to case management and psychosocial support and quality and coverage of GBV infrastructure is poor.**

However, there is evidence that challenges related to human resources, funding, and geographic disparities in service coverage persist. Stakeholders consistently emphasized the need for additional and continuous training, improved infrastructure for safe spaces, and expanded mobile outreach services to reach remote populations.<sup>46</sup> Additionally, stigma and cultural norms continue to hinder service uptake, particularly in refugee communities.<sup>47</sup> This reflects ongoing social barriers to service

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<sup>40</sup> Noted in the UNFPA contribution to the advocacy document: “Impact Of Underfunding On Refugees And Host Communities In Uganda”, 2024.

<sup>41</sup> UNFPA key informants

<sup>42</sup> Local Government Representative, Kyegegwa

<sup>43</sup> Service Provider key informants, Kiryandongo

<sup>44</sup> Government & Implementing Partner service providers key informants.

<sup>45</sup> Local Government Representative, Kiryandongo

<sup>46</sup> Government, Implementing Partner key informants.

<sup>47</sup> Refugee Women's Group, Kyegegwa

utilization, despite improvements in service availability - social stigma and the fear of reprisals by perpetrators remain significant challenges to reporting and seeking help.

Despite UNFPA's efforts to promote GBV standards, the implementation of minimum standards, particularly in case management and psychosocial support (PSS), remains limited within humanitarian programming. Limitations on human resources to provide effective case management and follow-up services is a key bottleneck, with local government stakeholders expressing concerns around the inadequacy of existing staff numbers to reach all locations of need and limited skills to handle complex cases.<sup>48</sup>

UNFPA acknowledges the resource intensive nature of case management is resource-heavy and these constraints limit the ability to provide comprehensive case management services, with most interventions focusing on case identification and referral to other agencies.<sup>49</sup> Thus, case management is often fragmented, with a lack of follow-through after initial referrals, particularly in remote areas.

This is a particular issue with respect to vulnerable groups such as people with disabilities (PWDs), with few tailored services or specific resources available for these. Village Health Team members noted undertaking some outreach and support to these groups, but that services remain highly limited due to the inability to specifically target resources to them.

As with much other humanitarian programming, the quantity and quality of PSS and appropriate referral services offered via women's safe spaces are limited due to funding constraints.<sup>50</sup> The evaluation evidence suggests that while UNFPA has supported training and established safe spaces in many locations, these services are often understaffed and underfunded, leading to inconsistent support for survivors. Safe spaces play a crucial role in providing psychosocial care, yet the limited operational hours and lack of specialized staff reduce their effectiveness.

The limited implementation of minimum standards in case management and PSS and the provision of adequate safe spaces is largely attributed by internal and external stakeholders to resource constraints, high staff turnover, and insufficient training (including ongoing refresher training). Case management requires a coordinated, multi-sectoral approach involving health workers, legal representatives, and social workers to ensure comprehensive survivor care. However, evidence from UNFPA and partner stakeholders indicates that many services remain referral-focused due to the lack of dedicated caseworkers. Similarly, gaps in staff capacity and infrastructure impede consistent PSS service delivery. Reports of minimal training for community development officers and inconsistent funding for safe spaces indicate that the current PSS services are insufficient to meet the demand and are unlikely to do so given the funding environment.

**Finding 12. There is a risk that integrated SRH and GBV training and programming limits attention to GBV and can result in medicalization of services.**

While the resource constraints faced by UNFPA require efforts to maximize efficiency in delivering activities - notably combinations of different sectoral areas in individual trainings or training of health service providers in GBV case management - evidence from different stakeholders highlighted the potential risks of the integration of multiple complex topics in a single training session can result in superficial coverage of key GBV elements, reducing participants' ability to fully absorb critical components related to survivor-centered care. For example, Ministry of Health stakeholders highlighted that trainings which combined SRH, GBV, and HIV topics in one session did not leave enough time to internalize all aspects separately leading to a weaker focus on prevention and long-term recovery.<sup>51</sup> With the increasingly constrained availability of resources, there is a perception that the trend will be towards greater integration of activities, heightening this risk.<sup>52</sup>

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<sup>48</sup> Government & Implementing Partner service providers key informants

<sup>49</sup> UNFPA key informants.

<sup>50</sup> Local Government Key Informants.

<sup>51</sup> Government key informants.

<sup>52</sup> UNFPA management key informant.

Stakeholders noted that midwives are trained on, and focus heavily on delivering emergency SRH/sGBV care, but few are trained in emotional support and counseling.<sup>53</sup> This can manifest itself in medical staff prioritizing clinical protocols, such as administering post-exposure prophylaxis (PEP), over essential psychosocial support, contributing to a narrow approach to GBV service delivery.

This finding is also supported by evidence from refugee community members, with VHT members noting that sGBV survivors are frequently referred only to health centers rather than being provided with comprehensive case management support and access to justice services.

While the integration of SRH and GBV programming has improved access to essential services, there is a need for more balanced and comprehensive approaches that prioritize survivor-centered care and avoid the over-medicalization of GBV responses.

**Finding 13. Where the basics are not provided, recourse to police or legal services may be inappropriate as rights-holder trust in the law enforcement system is low.**

The evidence also indicates that in contexts where the foundational elements of GBV response—such as well-developed safe spaces, proper case management, and survivor-centered approaches—are lacking, there is a risk that legal services and access to justice are also inadequately addressed. Evidence from duty-bearers and rights-holders alike reflects widespread mistrust in the justice system among refugees, which further undermines survivor engagement with legal processes.

Stakeholders noted pressure to encourage survivors to report cases with the psychosocial or other support they need to follow through. VHT members noted that they frequently refer sGBV cases to police or legal aid offices without any shelter or caseworker to walk survivors through the process.<sup>54</sup>

Other refugee groups noted that survivors sometimes “feel pressured” to participate in legal proceedings as a condition for receiving other services.<sup>55</sup>

Recourse to justice systems is further hampered by poor levels of trust among refugees, with a variety of stakeholders (both duty-bearers and rights-holders) noting issues with police services, from requests to “pay for transportation” to investigate a crime or file a report to poor follow-up or accountability to a fear of reprisals from perpetrators who may be in a position to bribe police, the evaluation evidence indicates a widespread perception that the justice system is ineffective and fails to provide timely or meaningful outcomes and “rarely see justice being served.”<sup>56</sup> In such contexts, the justice system is perceived as inaccessible and ineffective, further reducing survivors’ willingness to pursue legal action.

Moreover, stakeholders noted that the lack of comprehensive case management and survivor-centered services can result in a fragmented approach, where legal services become a symbolic gesture rather than a meaningful pathway to justice and healing. Survivors may disengage from legal processes due to the lack of emotional support and the absence of safe environments where they can recover and receive continuous care.

**Finding 14. There are ongoing issues with GBV and harmful practices – including anecdotal evidence around early marriage (e.g. cross-border trafficking of girls for marriage)**

Testimony of services providers and rights-holders make clear that GBV and harmful practices, such as early and forced marriage, remain persistent challenges across humanitarian settings in Uganda.

Service providers and local government officials reported a trend of increasing early marriage among refugee populations due to economic difficulties, with vulnerable families using marriage of adolescent girls as a coping mechanism to alleviate financial strain. This was triangulated with

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<sup>53</sup> UNFPA, Service Provider key informants, Kiryandongo

<sup>54</sup> Local Government, VHT key informants.

<sup>55</sup> Refugee Women’s Group, Kyegegwa

<sup>56</sup> UNFPA, Implementing Partner key informants.

feedback from refugee groups in FGDs, which also highlighted the social pressures placed on families to marry off their daughters early, often as a perceived form of protection as well as economic relief.

Stakeholders consistently noted that economic insecurity and cultural practices contribute to the prevalence of early marriage, particularly in refugee settlements and host communities facing prolonged displacement and resource scarcity.

Secondary data also support this, with impact assessments and partner reporting to UNFPA noting the prevalence of early marriage in crisis-hit locations (such as the flood-prone East of Uganda)<sup>57</sup> and that it is an increasing trend, despite the rollout of the Government of Uganda's 2022-2027 Strategy to End Child Marriage (ECM) and Teenage Pregnancy in Uganda.<sup>58</sup>

There is also (anecdotal) evidence from refugees in FGDs and technical specialists regarding the prevalence of cross-border trafficking of girls from refugee families for marriage, with reports of girls being taken across the border to South Sudan and DRC for marriage, frequently against their will. These cross-border dynamics of harmful practices, where legal and cultural frameworks differ, make enforcement and prevention difficult. Additionally, gaps in reporting mechanisms and survivors' fear of stigma further obscure the true extent of these practices.

*“Families sometimes arrange marriages with relatives in neighboring countries to strengthen ties or access resources.”*

Local Government Official, Moyo.

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<sup>57</sup> The high prevalence of early marriage was noted in the assessment of the impact of the mudslides/ floods on SRHR and GBV in the Mt Elgon region by UNFPA partner ACORD in late 2023, in the GBVIMS Uganda records and is a clear feature of almost all relevant publications.

<sup>58</sup> Noted in the Endline Evaluation of the ANSWER Programme, UNFPA, 2024

**EQ4 (Effectiveness/Coverage) To what extent do UNFPA interventions contribute to the use and dissemination of reliable and disaggregated programme and population data for evidence-based humanitarian responses?**

**Findings:**

15. While UNFPA successfully promotes the GBVIMS, humanitarian programme data is limited to basic output and activity data at aggregate (country) level.
16. In recent years, population data efforts have primarily been focused on selected key initiatives: UDHS, Census and UNHS. Inclusion of refugee data in the census and the UDHS was an important achievement.
17. Application of population data to humanitarian programming is still unclear. Resolution of discrepancies between datasets could unlock the UDHS and Census data as a significant resource for the next CPD.

**Finding 15. While UNFPA successfully promotes the GBVIMS, humanitarian programme data is limited to basic output and activity data at aggregate (country) level.**

UNFPA has made notable progress in promoting the use of the GBVIMS to improve data collection and analysis relating to GBV across humanitarian programming and humanitarian stakeholders, notably through the GBV sub-working group. UNFPA's efforts to integrate GBVIMS into humanitarian programming have strengthened reporting mechanisms at the national level. Evidence from both internal and external stakeholders attests to good sharing of data at coordination meetings and presented at regular forums (e.g. quarterly WG meetings) to identify gaps and strategies. The evidence indicates that the GBVIMS has been leveraged to generate structured discussions around programmatic data.<sup>59</sup>

However, some key informants also acknowledged that the GBVIMS data was “not really used very much,” i.e. an absence of systematic application of the information collected for decision-making and adaptive programming.<sup>60</sup>

This issue extends to the wider suite of humanitarian programme data, with donor representatives noting concerns that UNFPA's reporting tended to focus on aggregate output data, such as the number of beneficiaries reached, rather than qualitative insights into programme outcomes. This type of reporting meets basic donor expectations but does little to inform nuanced programme adjustments. Data specialists also noted the challenge of refugee data integration, emphasizing that while there is “joint work to bridge data gaps,” much of the data remains “coordination-level only” and lacks sufficient granularity for targeted interventions.<sup>61</sup>

Limitations were also evident regarding the aggregation of data at the national level and the insufficient adherence to disaggregation standards for sex, age, disability, and diversity (SADD). UNFPA interviewees acknowledged that the organization does not consistently disaggregate data for humanitarian programming and that many projects do not include basic SADD disaggregation as part of their routine data collection processes. Indeed, some attempts to implement real-time disaggregation tools were unsuccessful, with systems described as “data repositories rather than genuine analysis tools.” This points to systemic challenges in embedding comprehensive disaggregation within programme monitoring frameworks.<sup>62</sup> Additionally, the reliance on implementing partners for data collection presents further challenges around data quality that impacted the reliability of reporting.

There is evidence that such data disaggregation is possible and is undertaken on an ad-hoc (i.e. project-by-project) basis – the WAY programme (2018–2023) which worked with both host and refugee

<sup>59</sup> UNFPA, UN agency, NGO key informants.

<sup>60</sup> UNFPA, donor key informants.

<sup>61</sup> UN agency, donor key informants.

<sup>62</sup> UNFPA key informant.

populations, disaggregated at least some data by sex, age and refugee/host status, although a 2023 evaluation of this programme recommended more substantive data disaggregation efforts for future programming.<sup>63</sup>

Primary evaluation data also highlights limited use of individual programme-level data beyond donor reporting requirements, related to resource scarcity. A UNFPA key informant noted that despite previously having a data focal point within the humanitarian team, the position was cut, leading to a decline in overall data quality and utilization. This staffing gap was reported to have hindered efforts to conduct in-depth programme evaluations and share insights across teams. Additionally, several respondents noted that while some individual programme efforts exist, such as training community development officers to collect GBV data, these initiatives often remain “paper-based” and are provided the additional support required to roll them out.<sup>64</sup>

**Finding 16. In recent years, population data efforts have primarily been focused on selected key initiatives: UDHS, Census and UNHS. Inclusion of refugee data in the census and the UDHS was an important achievement.**

UNFPA Uganda’s population data efforts in recent years have focused on supporting a number of significant national efforts, namely the Uganda Demographic and Health Survey (UDHS) in 2021-2022, the Uganda Census in 2023-2024, and the Ugandan National Household Survey (UNHS) 2023-2024. These efforts have contributed to a more comprehensive understanding of demographic trends and health indicators. A key humanitarian-related achievement noted in the data is the inclusion of refugee data within these major surveys, representing a critical step toward more inclusive national statistics.

UNFPA’s investment in supporting national-level surveys reflects its commitment to strengthening Uganda’s demographic data systems. A key informant from the Uganda Bureau of Statistics (UBOS) noted that UNFPA “played a key role in ensuring technical and financial support for the UDHS and Census,” emphasizing that these surveys provide essential data for health planning and policy formulation. This support has enhanced Uganda’s capacity to conduct large-scale, methodologically sound surveys that capture health, education, and socio-economic indicators across the country.

However, despite these successes, stakeholders highlighted some limitations in the timeliness and accessibility of the data. A key informant observed that while the UDHS data is comprehensive, there are challenges related to delayed release of findings, which can reduce its relevance for humanitarian programming that requires real-time insights. This reflects a broader issue of balancing large-scale data collection efforts with the need for timely, actionable information.<sup>65</sup>

The inclusion of refugee data in recent national surveys, particularly the Census and UDHS, was consistently recognized as a notable achievement as it brought visibility to the needs of refugee populations at the national level, allowing for more evidence-based resource allocation. Prior to this, refugee populations were often excluded from national surveys, limiting policymakers’ understanding of their demographics and service needs.<sup>66</sup>

**Finding 17. Application of population data to humanitarian programming is still unclear. Resolution of discrepancies between datasets could unlock the UDHS and Census data as a significant resource for the next CPD.**

While UNFPA Uganda has played a pivotal role in strengthening population data systems, the application of this data to humanitarian programming remains unclear, with several stakeholders expressing concerns about the limited integration of population data into humanitarian planning processes. While the UDHS and Census data were acknowledged as foundational sources of data on national trends, humanitarian actors still rely heavily on settlement-level data for real-time planning, with national datasets not sufficiently capturing the rapidly changing dynamics of refugee

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<sup>63</sup> Endline Evaluation of the WAY Rights And Empowerment Programme, UNFPA 2023

<sup>64</sup> Government, Implementing Partner key informants.

<sup>65</sup> UNFPA, UN agency key informants

<sup>66</sup> Government, Refugee Representative key informants

populations.<sup>67</sup> The evidence from UNFPA is that there is a gap that is only partially filled by ongoing data collection efforts such as the GBVIMS or updates from sectoral coordination mechanisms.

Some stakeholders noted that humanitarian actors often work parallel to national-level data initiatives, indicating that opportunities for leveraging population data to inform service delivery in displacement settings are not yet being leveraged.

Further, several respondents pointed out that while the surveys now include refugee data, there remain gaps in capturing specific vulnerabilities, such as disability status and GBV indicators within refugee populations. Additionally, respondents highlighted that some refugee-hosting districts faced logistical challenges during the Census, with limited enumerator training on working with displaced populations and observed discrepancies between estimated pre-Census numbers of refugees and the data that emerged during the analysis phase – issues that had yet to be fully resolved at the time of the evaluation research.<sup>68</sup>

Resolving these discrepancies could significantly enhance data reliability and provide a more coherent picture of population needs. Stakeholders emphasized that aligning humanitarian programming with national population data could strengthen cross-sectoral coordination and ensure more equitable service delivery. However, this requires targeted investments in data reconciliation efforts and improved interoperability between humanitarian and national data systems and potentially a focus on population data areas that are not yet well aligned with the humanitarian sector, such as the civil registration and vital statistics (CRVS) system, which was reported as not yet been fully functional<sup>69</sup> but is a key area of strategic focus for UNFPA population data efforts globally, so may present opportunities for UNFPA Uganda.<sup>70</sup>

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<sup>67</sup> UN agency, NGO key informants.

<sup>68</sup> UNFPA, Government, Implementing Partner, UN agency key informants.

<sup>69</sup> UNFPA key informant.

<sup>70</sup> See <https://www.unfpa.org/centre-excellence-civil-registration-and-vital-statistics-systems>

**EQ5 (Effectiveness) To what extent has UNFPA adequately performed its leadership role on SRHiE and GBViE and Youth, Peace and Security?**

**Findings:**

18. UNFPA and UNHCR co-facilitation of the GBV coordination mechanism in refugee settings is successfully improving advocacy, coordination of partners, Who does What, Where and When (4Ws), referral pathways – a non-standard but very positive practice.
19. UNFPA efforts on GBV coordination in disaster response has seen meaningful engagement and been a notable good practice.
20. While SRHR is acknowledged widely as life-saving, UNFPA advocacy for perception of GBV as life-saving is seeing some emerging success, although it is not fully integrated across refugee or disaster responses.
21. Dwindling resources for refugee-focused humanitarian response work is leading to increased competition between agencies, undermining UNFPA's leadership role for both GBV and SRHR.

**Finding 18. UNFPA and UNHCR co-facilitation of the GBV coordination mechanism in refugee settings is successfully improving advocacy, coordination of partners, Who does What, Where and When (4Ws), referral pathways – a non-standard but very positive practice.**

**Finding 19. UNFPA efforts on GBV coordination in disaster response has seen meaningful engagement and been a notable good practice.**

UNFPA's co-leadership (with UNHCR) in the GBV coordination mechanism has been widely acknowledged by stakeholders as a key factor in promoting an inclusive and well-structured response. The Country Office participation in "10 to 11 coordination platforms"<sup>71</sup> and regular presence in key inter-agency meetings has reinforced its visibility and credibility. This active engagement has allowed UNFPA to advocate effectively for SRHR and GBV priorities within humanitarian response plans. While the renewal of the Letter of Understanding between UNHCR and UNFPA that governs the co-leadership was noted as taking considerable time to agree between the two organizations, it is a good achievement nonetheless, particularly in a resource-constrained environment and where UNHCR, which does not have the mandate for GBV work, has nonetheless secured resources to undertake it – and thus would benefit from bilateral technical support from UNFPA.

The testimony of active participation and execution of the leadership role of UNFPA by internal key informants triangulates well with that of external stakeholders (such as UNHCR), who emphasized the value of UNFPA's technical expertise, with contributions in more recent years seeking to reinvigorate the GBV sub-sector by developing SOPs and co-leading response plans.

Coordination mechanisms such as the working group and implementation of the 4Ws mapping tool has been recognized as a critical component of improved coordination. Secondary evidence from coordination meetings (both nationally and from field refugee settlement locations such as Kiryandongo and West Nile) indicate that partners now have a clearer understanding of service delivery roles and thus avoid duplication/overlapping and that coverage gaps are filled. This mapping has strengthened referral pathways by ensuring that GBV survivors are connected to appropriate services promptly.<sup>72</sup>

UNFPA's GBV coordination during sudden-onset disaster responses has been highlighted as a good practice by several respondents. Government stakeholders in Mbale described how the GBV coordination mechanism was activated during a recent disaster, with UNFPA supporting its functionality and ensuring that local governments engaged consistently.

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<sup>71</sup> UNFPA key informant.

<sup>72</sup> Various [internal] GBV WG minutes, 2022-2024

However, challenges remain, particularly in sustaining engagement at the sub-national level. There is some primary evidence to indicate that while UNFPA GBV leadership (either alone in disaster response or with UNHCR in refugee responses) at the national level is well-established, coordination structures at the district level sit infrequently, limiting their effectiveness. This points to a need for consistent support and monitoring to maintain engagement across all levels.

To build on these successes, UNFPA could focus on strengthening district-level coordination platforms for refugee response and response to natural disasters, and ensuring that local governments have the resources to sustain their engagement. Additionally, improved monitoring of 4Ws implementation and regular updates to referral pathways can help mitigate the impact of operational disruptions. By addressing these challenges, UNFPA can further solidify its reputation as a leader in humanitarian GBV response and ensure that survivors receive comprehensive, timely support.

**Finding 20. While SRHR is acknowledged widely as life-saving, UNFPA advocacy for perception of GBV as life-saving is seeing some emerging success, although it is not fully integrated across refugee or disaster responses.**

Evidence from inter-agency coordination platforms highlights that UNFPA has been instrumental in promoting both SRHR and GBV as life-saving priorities during disaster response planning. The life-saving nature of these mandate areas is clearly articulated across many UNFPA programme plans and strategies<sup>73</sup> and UNFPA advocacy efforts can be seen in some interagency outputs.<sup>74</sup> Key informants noted that UNFPA advocated for the inclusion of GBV response in broader humanitarian frameworks but that despite these efforts, GBV response (and sometimes SRHR) is still often categorized as a secondary concern, particularly when competing with other critical sectors such as food security and shelter and when resources diminish.<sup>75</sup>

In refugee settlements, the narrative around GBV services as essential to survival has gained traction in some regions, with some partners now considering GBV support as part of their core package during emergency planning. However, budget allocations (i.e. resources) do not always reflect this shift, suggesting that funding priorities still lag behind advocacy efforts. There is evidence that this attitude is reflected at all levels of interagency planning and management. The presence of a heightened level of competition between sister agencies (and NGOs) in trying to secure dwindling resources is also a considerable (but not explicitly acknowledged) factor.<sup>76</sup> For SRHR, the acceptance of such services are more widely acknowledged, with key informants noting the inclusion of SRH as part of the package of services for new refugee arrivals and that it is “fully integrated into [refugee] primary health care”, although the mainstreaming of MISP at national level is still noted as a work in progress.<sup>77</sup>

Another service provider highlighted the challenges of local engagement, noting that while national actors are aligned with UNFPA's messaging, district-level actors sometimes see GBV services as a social issue rather than a humanitarian one. This reflects the ongoing need for localized advocacy and training to reinforce GBV response as life-saving, particularly at the frontline.

**Finding 21. Dwindling resources for refugee-focused humanitarian response work is leading to increased competition between agencies, undermining UNFPA's leadership role for both GBV and SRHR.**

There is clear evidence that resource scarcity has heightened tensions between agencies, as funding shortfalls lead to a prioritization of core mandates and a competitive scramble for donor attention, often crossing the informal ‘mandate boundaries’ of agencies. An increasing focus of organizations on

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<sup>73</sup> Such as the UNFPA Uganda CO Humanitarian Strategy 2024 – 2025. This said, while the 9<sup>th</sup> CPD refers to SRHR humanitarian interventions as “life-saving” it does not do so for GBV interventions.

<sup>74</sup> Such as the interagency advocacy paper on the impact of underfunding in 2023, published by UNHCR. See <https://data.unhcr.org/fr/documents/download/104366>

<sup>75</sup> UNFPA, UN agency key informants.

<sup>76</sup> UN agency, UNFPA, Donor key informants.

<sup>77</sup> UN agency key informants.

working to secure their own funding streams, has led to evidence of fragmented programming.<sup>78</sup> This fragmentation challenges UNFPA in maintaining its coordination role, particularly in multi-agency contexts where other actors may prioritize visibility over collaboration.

Evidence also suggests that as financial resources dwindle, partners in the humanitarian space sometimes seek to expand their operational scope to include SRHR and GBV services, even if these are not traditional areas of expertise. For example, key informants noted that other UN agencies are stepping into SRHR and GBV programming with limited technical capacity.<sup>79</sup> This shift has led to inconsistencies in the quality of service provision (while at the same time some actors maintain that continuity of presence and operations offered by additional support, even in an area of limited expertise, trumps this) and weakened the overall coherence of the humanitarian response. It has also diluted UNFPA's technical leadership, as partners may not always follow established standards and best practices.<sup>80</sup> The competition for limited resources has also created challenges in maintaining a unified advocacy voice in joint advocacy efforts, as priorities diverge. This undermines UNFPA's ability to drive forward comprehensive GBV and SRHR agendas that require cross-agency collaboration and alignment.<sup>81</sup>

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<sup>78</sup> UNFPA, Implementing Partner, UN agency key informants.

<sup>79</sup> UNFPA, NGO, Donor key informants.

<sup>80</sup> UNFPA, NGO, UN agency key informants.

<sup>81</sup> UNFPA key informants.

**EQ6 (Efficiency)** To what extent are internal resources, structures, systems, processes, policies and procedures at UNFPA conducive to efficient and timely humanitarian action, at all levels of the organization (global, regional, national)?

**Findings:**

22. The UNFPA Country Office has no strategic, long-term, coherent and adequately-resourced human resource strategy for humanitarian programming.
23. Humanitarian human resource allocation is inadequate, with no dedicated positions and limited national and international capacity for scaling up responses.
24. While under-resourcing of humanitarian positions has a range of deleterious effects, UNFPA Uganda has utilized creative measures to attract competent staff and implement solid programming.
25. UNFPA has performed strongly in prepositioning, last mile delivery, rapid response and delivery of commodities, albeit with some challenges.

**Finding 22. The UNFPA Country Office has no strategic, long-term, coherent and adequately-resourced human resource strategy for humanitarian programming.**

**Finding 23. Humanitarian human resource allocation is inadequate, with no dedicated positions and limited national and international capacity for scaling up responses.**

Surprisingly, given the size of the humanitarian needs and responses in Uganda, the UNFPA Uganda Country Office lacks funding to sustain a designated humanitarian team based in Kampala, with humanitarian responsibilities being shared among integrated field support cluster staff who also have development programming obligations, and short-term funding for temporary positions. This results in considerable double or triple-hatting of staff across both development and humanitarian mandates. A UNFPA key informant noted that “everyone working on humanitarian is multi-hatting,” underscoring the strain on personnel who must juggle competing priorities. This arrangement limits the capacity of staff to focus fully on humanitarian response, which can compromise the timeliness and quality of interventions, particularly during sudden-onset emergencies.

The absence of even a single fixed-term humanitarian position in the Country Office was noted by several key informants as a significant issue, compromising programmatic oversight, and resulting in frequent program interruptions, with some humanitarian activities being described as “short-term and ad hoc” rather than embedded within a coherent, long-term strategy.<sup>82</sup>

There is evidence that insufficiency of humanitarian staffing and reliance on ad-hoc or short-term measures to implement humanitarian programming (such as short-term staff contracts) has negative impacts on program continuity. The resulting staffing gaps disrupt the implementation of critical services and undermine trust among implementing partners and stakeholders. This also has an impact on institutional memory and relationships with key national stakeholders and donors.<sup>83</sup> The inconsistency and frequent turnover of humanitarian staff due to short-term funding can result in a vicious cycle of limited resources leading to staff cuts which impacts programming and the ability to attract further resources.<sup>84</sup>

Additionally, respondents noted the absence of mechanisms such as a national roster to streamline emergency recruitment meaning that UNFPA has to recruit “from scratch every time,” or redeploy existing staff (leading to the challenges of multi-hatting noted above). Sister UN agencies, such as UNICEF, maintain nationally-based emergency rosters that allow for faster recruitment.<sup>85</sup> The Uganda Country Office does not have the authority from the regional or headquarters level to develop such a

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<sup>82</sup> UNFPA, UN agency key informants.

<sup>83</sup> UNFPA, Implementing Partner, Donor key informants

<sup>84</sup> UNFPA key informant.

<sup>85</sup> UNFPA, UN agency key informants.

roster.<sup>86</sup> This bureaucratic inefficiency further delays the deployment of humanitarian personnel during crises. In an environment such as Uganda, with a mix of sudden-onset and protracted crises, and an unpredictable and unreliable pipeline of donor funding, flexibility is an essential asset.

**Finding 24. While under-resourcing of humanitarian positions has a range of deleterious effects, UNFPA Uganda has utilized creative measures to attract competent staff and implement solid programming.**

The evaluation evidence indicates that the under-resourcing of humanitarian positions within UNFPA Uganda has had a range of negative impacts on staffing, including reduced technical capacity, difficulties with recruitment (when needed) and retention, and lowered staff morale.

However, there is also evidence to indicate that, despite these challenges, UNFPA has sought and adopted innovative strategies to attract skilled personnel and implement effective programming. Several evaluation respondents highlighted the organization's ability to attract competent staff by leveraging partnerships to strengthen program delivery by supplementing human resource capacity.

Additionally, UNFPA has utilized internal rotations and temporary secondments (such as use of UN Volunteers) to ensure that critical humanitarian roles remain filled for at least some periods. Combined with multi-hatting and informal support mechanisms, these have allowed UNFPA to at least maintain its humanitarian programming portfolio and meet needs of people in crisis, albeit at the mercy of donor preferences and short-term funding.

**Finding 25. UNFPA has performed strongly in prepositioning, last mile delivery, rapid response and delivery of commodities, albeit with some challenges.**

The evaluation has also gathered good evidence as to commendable performance by UNFPA in the areas of RH and GBV supplies and commodities, including prepositioning, last mile delivery, and rapid response to sudden-onset humanitarian contexts. Several respondents commended UNFPA's ability to mobilize commodities quickly during crises. One stakeholder noted that dignity/hygiene kits had been delivered to government partners in the OPM for distribution within 48 hours of recent flooding, demonstrating UNFPA's capacity to respond swiftly to needs.<sup>87</sup> This rapid response was enabled by the ability to preposition some stocks (albeit a small amount) via the use of UNFPA core resources<sup>88</sup>, the UNFPA Emergency Fund and a well-coordinated distribution system involving national and local partners. This is notable given that Emergency Fund or CERF resources are not permitted to be used for prepositioning and commodities procured via these resources will invariably be subject to procurement lead times (which can take months).<sup>89</sup>

Data from UNFPA and external partners (both NGO/CSO and government) also reflects good last mile delivery mechanisms when commodities are available. An implementing partner reported that, despite occasional gaps, coordination with district-level disaster management groups and the use of national supply-chain management processes for RH commodities (i.e. the National Medical Stores) has strengthened the distribution process and ensured that supplies reached remote settlements although interviewees did note occasional shortages and stockouts of key items such as family planning supplies.<sup>90</sup> This is supported by external assessments, which note the use of RH and dignity/hygiene kits as a highly effective and popular means to provide fast and useful relief to crisis-affected populations.<sup>91</sup>

However, there are ongoing challenges that limit the efficiency of commodity delivery. Informants noted that international procurement processes can suffer delays, which has a significant impact on short-term projects.

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<sup>86</sup> UNFPA key informant.

<sup>87</sup> UNFPA key informants.

<sup>88</sup> The FPA90 budget line.

<sup>89</sup> UNFPA key informant.

<sup>90</sup> Government key informant.

<sup>91</sup> Noted in the Assessment of the impact of the mudslides/ floods on SRHR and GBV in the Mt Elgon region, ACORD, 2023

Issues related to the expiry of prepositioned commodities were also noted. Some stakeholders mentioned that RH kits sometimes arrive with a limited remaining shelf life (of only some items), necessitating either the removal of the expired items, or the rejection of the entire kits, leading to wastage and reduced efficiency.

From the field perspective, there were frequent testimonies of quantities not matching demand, which is unsurprising given the resource-constrained context. For example, women in Kiryandongo settlements highlighted that there were shortages of popular “mama kits”, with some FGD respondents not having ever received such items. While some evidence attributes the mismatch to outdated baseline data and dynamic population changes in refugee settlements (such as the influx to Kiryandongo and Kyegegwa settlements in 2024) that can quickly render initial assessments outdated, the shortage of resources is inevitably also affecting this aspect of UNFPA humanitarian response – UNFPA cannot procure kits where programme resources have been expended and not replaced. Ceilings on the core funding allocations to Uganda are not commensurate with the needs and work on the ground and thus inevitably lead to gaps and shortfalls.

**EQ7 (Coherence)** To what extent are UNFPA humanitarian interventions internally coherent and complementary to that of other humanitarian actors, thus reducing gaps, avoiding duplications and creating synergies?

**Findings:**

26. Internal integration of GBV, SRHR and youth is a positive strategy by UNFPA from the perspective of optimizing efficiencies and resources.
27. UNFPA and sister UN agency collaboration is good, with some important achievements in interagency partnerships and joint programming for humanitarian response.
28. UNFPA demonstrates good engagement in national and interagency coordination mechanisms with minimal duplication of activities in refugee contexts.

**Finding 26. Internal integration of GBV, SRHR and youth is a positive strategy by UNFPA from the perspective of optimizing efficiencies and resources.**

There are a number of examples of how UNFPA has integrated its programming across UNFPA mandate thematic areas of SRH, GBV and youth (as well as between humanitarian and development interventions). Many of the signature UNFPA Uganda programmes – SAY, WAY, ANSWER – have comprehensively integrated SRH, GBV and youth programming as well as operating across the humanitarian-development-peace nexus through provision of support not just to refugees, but to host communities also. Similarly, more specifically humanitarian projects (such as those supported by the CERF, Japan Supplementary Budget and the Humanitarian Thematic Fund/Emergency Fund) fully incorporate both SRH and GBV into their structure, as well as prioritizing reach to specifically vulnerable youth such as adolescent girls and/or people with disabilities.

Evidence from a variety of evaluation interviewees emphasized the importance of integrating sectoral areas to create synergies, enhance service delivery, and minimize resource duplication.

Key implementing partner stakeholders were clear that UNFPA's approach of combining GBV and SRHR within programmes has been pivotal in strengthening national-level advocacy and addressing both humanitarian and development needs. Respondents noted that the ability to "leverage the programmes" and link them to both international and national advocacy frameworks amplified their impact. This perspective underscores the dual benefits of thematic integration—improving service quality while also optimizing resources by creating cohesive, multi-sectoral programmes rather than isolated initiatives.<sup>92</sup>

Donor representatives also highlighted that joint programming by UNFPA over the years, which has included youth, SRHR, and GBV components, has fostered "better linkages to health and education" systems, further demonstrating the efficiency gains that emerge when programmes are interconnected rather than fragmented.

Several interviewees pointed out the risks of parallel processes in humanitarian interventions. A key informant from UNFPA emphasized that integrating GBV and SRHR efforts mitigates this risk by reducing the overlap between different program components: "It's not just about doing SRHR and then adding GBV as an afterthought—it requires collaborative expertise." This highlights that integration not only improves efficiency in terms of financial resources but also optimizes the use of human capital, as cross-sectoral teams can work in tandem rather than in silos.<sup>93</sup>

There were also concerns about gaps that arise when integration is incomplete or when resources for key programme areas are limited. While safe spaces for GBV survivors have been established, the funding available for both their establishment and maintenance of activities is reported to be minimal, leading to inconsistencies in the level of case management services provided, restricted opening of spaces, and use of spaces for other activities (often including men), contrary to GBV minimum

<sup>92</sup> Implementing Partner key informants.

<sup>93</sup> UNFPA, UN agency key informants.

standards. Despite these challenges, the consensus is that the integrated approach remains a crucial framework for improving service delivery in both humanitarian and development contexts. This underscores the need for sustained investment to ensure that the efficiencies gained through integration are matched by adequate longer-term support, particularly in humanitarian settings.

**Finding 27. UNFPA and sister UN agency collaboration is good, with some important achievements in interagency partnerships and joint programming for humanitarian response.**

Collaboration between UNFPA and sister UN agencies is widely regarded as a cornerstone of effective humanitarian response, contributing to a more coordinated and resource-efficient approach. This is most substantively represented in the alignment of the UNFPA Country Programme Document with the UNDAF and the successor UNSDCF, with the CPD outcomes/outputs explicitly aligned with the UNDAF outcomes and UNSDCF pillars. Other strategic-level cooperation is evident via the renewal of the formal agreement/letter of understanding signed between UNFPA and UNHCR in late 2024.

From an implementation perspective, the evidence from a range of key informants to the evaluation further underscores the importance of cooperation and joint programming/partnerships with other UN agencies have significantly strengthened advocacy, service delivery, and resource mobilization, although there is also evidence of competition between agencies for a diminishing pool of resources.<sup>94</sup>

Collaboration efforts with other UN agencies via joint programming has provided leverage at both national and international levels, noted by UNFPA and implementing partners, underscoring the role of interagency coordination in amplifying programmatic reach and ensuring alignment with global humanitarian goals. Donor representatives also highlighted the benefits of joint initiatives that align humanitarian and development efforts in addressing cross-sectoral challenges effectively.<sup>95</sup>

Interagency coordination on youth was also highlighted as a success. A joint UN youth initiative with the Ministry of Gender (that has responsibility for youth) crosses the humanitarian-development continuum as UNFPA inputs for development (e.g. development of material for CSE in schools and for out-of-school youth is also implemented in some refugee contexts where resources permit).

*“Everyone does youth in Uganda, but UNFPA does have a good leadership role via the joint initiative.”*

UNFPA key informant.

Several respondents highlighted the importance of UNFPA’s partnerships in policy advocacy. According to one respondent, UNFPA’s joint initiatives have influenced national policy on GBV (for both development and humanitarian response) stemming, in part, from good positioning at the national level.

**Finding 28. UNFPA demonstrates good engagement in national and interagency coordination mechanisms with minimal duplication of activities in refugee contexts.**

The importance of participation in coordination structures was evident in the clear primary and secondary evidence related to UNFPA’s participation and leadership in multi-agency forums over the duration of the scope of this research. The Country Programme Evaluation of the 8<sup>th</sup> CP rated UNFPA very positively with respect to humanitarian coordination efforts related to GBV (though only for development programming in other sectoral areas).<sup>96</sup>

A range of key informants to the evaluation cited the role of interagency meetings, with specific joint funding mechanisms noted as fostering a unified response, e.g. via the MPTFs (Multi-Partner Trust Funds) which were reported as a useful platform (if challenging to negotiate in terms of balancing contributions and roles across agencies and donor preferences, for example under the Spotlight

<sup>94</sup> UNFPA, UN agency, Donor key informants.

<sup>95</sup> UNFPA key informants.

<sup>96</sup> Government of Uganda/UNFPA 8th Country Programme 2016 – 2020 Evaluation Report

programme).<sup>97</sup> This indicates that while joint programming enhances coherence, it also presents operational challenges that require continuous negotiation and collaboration to balance different agendas and needs. Funding constraints and shifting donor priorities were often-cited challenges to collaboration, even to the extent of undermining UNFPA's leadership role in GBV and SRHR, when excluded from funding cycles for these areas.<sup>98</sup> Evidence indicates that interpersonal dynamics are an important factor underlying some of these issues, suggesting a need for greater levels of representation by UNFPA to donors/funding mechanisms, both to ensure prompt awareness of potential resource opportunities, and also ensure better awareness of UNFPA's leadership mandate among the interagency community in Uganda.<sup>99</sup> The increases in competition for resources that has led to other agencies taking on work related to the UNFPA mandate (noted under EQ5, finding 21 above) risks blurring the coordination lines as well as the division of labor that has hitherto been a feature of Uganda humanitarian response work. To some observers without the technical background in UNFPA mandate areas, the specialization of individual agencies is becoming less clear, with funding decisions then coming down to economics, rather than an ability to effectively meet the needs of vulnerable populations.<sup>100</sup>

Overall, however, the evidence indicates robust UNFPA engagement in national and interagency coordination mechanisms, particularly within refugee contexts (that have long-term established coordination mechanisms), ensuring harmonized interventions and minimal duplication. Key informants emphasized UNFPA's role in collaboration, aligning strategies, and optimizing resources. Key national stakeholders such as the OPM/DLG and implementing partners emphasized close work to harmonize efforts, ensure clear divisions of labor, and avoid duplication of services.<sup>101</sup>

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<sup>97</sup> UNFPA key informant.

<sup>98</sup> UNFPA key informant.

<sup>99</sup> UNFPA key informant.

<sup>100</sup> Donor key informant.

<sup>101</sup> UNFPA, Government, Implementing Partner key informants.

EQ8 (Connectedness) To what extent is humanitarian action at UNFPA linked to preparedness and longer term development processes and programmes, across the humanitarian-development-peace nexus?

**Findings:**

29. UNFPA implements a mix of nexus-related and pure humanitarian-focused programming, depending on locations and funding.
30. UNFPA has made substantial contributions to longer-term work via the National DRM Plan with OPM and downstream district-level contingency plans that include MISIP.
31. Implementing partners demonstrate clear awareness and emphasis on sustainability, the nexus, preparedness measures and seek to implement anticipatory action.

**Finding 29. UNFPA implements a mix of nexus-related and pure humanitarian-focused programming, depending on locations and funding.**

UNFPA's programming in Uganda demonstrates a variable degree of focus on efforts to link humanitarian response with longer-term development goals across the humanitarian-development-peace (HDP) nexus. There are clear examples of initiatives that are targeted at both refugee/IDP and host community populations, particularly in the North of Uganda (such as the SAY, WAY and ANSWER programmes noted under EQ7 above). These programmes successfully target their intended populations, and evidence indicates that they are achieving their aims of improving the capacity and systems of SRH and GBV infrastructure in a sustainable manner.<sup>102</sup>

Primary evidence from interview stakeholders also supports the positive role of UNFPA in preparedness and resilience-building, particularly in relation to SRH services and linking humanitarian preparedness and response mechanisms to local development processes. This highlights a proactive approach, where humanitarian support serves as a steppingstone to sustained improvements in community health systems. UNFPA work with local government and NGOs/CSOs in Karamoja is an example cited by a key informant on harmonized efforts to address climate challenges and food insecurity alongside humanitarian needs.<sup>103</sup> Additionally, evidence of the integration of income-generating activities within safe spaces suggest that UNFPA's initiatives often extend beyond immediate relief, promoting economic empowerment and stability for vulnerable populations. This triangulates well with primary evidence from FGD participants, who noted the popularity of such activities and their direct impact on refugee capacity to earn income.<sup>104</sup>

Field-level feedback in areas such as Kiryandongo and eastern Uganda further illustrate both progress and challenges in nexus programming, for example the work to integrate preparedness and anticipatory action into district disaster risk reduction in the Mt. Elgon region (using Emergency Funds and core resources). UNFPA's work in these contexts has clearly fostered involvement of national government and CSO partners in preparedness plans, but also revealed the need for more robust follow-up mechanisms to ensure that collaborative efforts translate into sustained outcomes. In eastern Uganda, UNFPA's work on capacity-building and strengthening DRR mechanisms has been highly-appreciated, with a government official noting that "a lot of ideas in the DRRM plan came from UNFPA's work and experiences" reflecting a pivotal role in shaping local resilience strategies.

However, the evaluation also found varying perceptions of UNFPA's effectiveness as a nexus actor. For example, while UNFPA is positively viewed by stakeholders as a humanitarian agency, some consider that it still struggles with positioning itself fully in the nexus framework<sup>105</sup> – this is under increasing pressure as funding for humanitarian positions expires and is not replaced.<sup>106</sup>

<sup>102</sup> The endline evaluation of the ANSWER programme notes good progress on this.

<sup>103</sup> UNFPA key informant.

<sup>104</sup> FGD participants, Kiryandongo and Kyegegwa

<sup>105</sup> UN agency, donor key informants.

<sup>106</sup> UNFPA, UN agency key informants.

Yet, other responses emphasize the need for stronger inter-agency preparedness, with one respondent pointing out that “preparation work remains insufficient in some areas” indicating gaps in readiness for future crises, especially in integrating climate adaptation measures into disaster preparedness.<sup>107</sup> This highlights an ongoing challenge in ensuring that disaster responses are not only reactive but also adaptive to changing environmental conditions.

**Finding 30. UNFPA has made substantial contributions to longer-term work via the National DRM Plan with OPM and downstream district-level contingency plans that include MISP.**

A key contribution to long-term connectedness of UNFPA's work in Uganda is the longer-term work via the National DRM Plan with OPM. UNFPA led a task team in this to integrate SRHR into the plan and facilitated a national MISP readiness workshop that led to downstream district-level disaster risk reduction plans including MISP – the first ever such initiative in Uganda. As noted above, government stakeholders highlighted the value of UNFPA inputs in this process, advancing technical preparedness of national partners but also reinforcing collaboration between key government agencies and humanitarian partners.<sup>108</sup>

UNFPA's role in convening and leading the SRHR task team demonstrates its commitment to embedding long-term resilience within the national DRM structures. This leadership has ensured that SRHR is recognized as a critical component of disaster risk management.

This said, some respondents indicated that further work is needed to institutionalize these contributions and ensure their sustained implementation across all levels of government and response planning. Stakeholders reported delays in rolling out the DRR policy at cabinet level, but did not believe that it would impede sub-national implementation of the DRM plan.<sup>109</sup> Further, operationalization of the DRM plan at district level will depend on the capacity of DLG stakeholders to integrate it and implement its provisions when required. This capacity is reported as being low, with few resources available to develop capacities and implement the DRM plan. UNFPA implementing partners reported work to build capacity of different stakeholders to strengthen the functionality of district-level DRM committees and support the development of District Multi-Hazard Contingency Plans which have been approved in principle but have yet to be implemented because of limited resources.<sup>110</sup> Obtaining government commitment for resources to address these challenges may represent a potential advocacy area for UNFPA at national and sub-national levels.

**Finding 31. Implementing partners demonstrate clear awareness and emphasis on sustainability, the nexus, preparedness measures and seek to implement anticipatory action.**

UNFPA Uganda's implementing partners that provided inputs to the evaluation demonstrated a nuanced understanding of sustainability, the HDP nexus and the importance of disaster preparedness and anticipatory action. Multiple respondents highlight practices and strategies that their organizations have implemented or planned (both with and in the absence of UNFPA support) to embed long-term planning and coordination within humanitarian activities, underscoring the value they place on the nexus approach.

Examples of UNFPA-supported work such as the inclusion of income-generating activities in safe spaces, aligning these with broader economic development programs in Uganda, indicates a deliberate effort to ensure that humanitarian interventions contribute to sustainable livelihoods rather than being isolated support mechanisms. Evidence from evaluations indicates that such works successfully leads to women's economic empowerment and increased access to economic opportunities.<sup>111</sup>

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<sup>107</sup> Donor key informant.

<sup>108</sup> UNFPA, Government key informants.

<sup>109</sup> Government key informants.

<sup>110</sup> UNFPA Implementing Partner key informants.

<sup>111</sup> Endline Evaluation of the Women, Adolescents and Youth (WAY) Rights And Empowerment Programme, UNFPA, 2023.

Evidence from internal and external stakeholders highlights UNFPA's role in preparedness and an increased focus on forward-looking interventions that anticipate potential crises rather than solely responding to emergencies. For example, close coordination with local governments and CSOs was highlighted as a strategic approach to strengthen local resilience and enhance the ability to anticipate and respond to future humanitarian needs.<sup>112</sup>

Similarly, UNFPA key informants noted work on the nexus from 2018 and onwards (when the WAY programme, which integrated substantial elements related to the nexus across GBV and SRH programming, commenced), for example the preparation (with the assistance of the wide UNFPA nexus working group, active at the time) of a "value proposition" on nexus work for UNFPA which was used as a donor advocacy (and resource mobilization) document. This was reported to have led to development of a more sophisticated nexus strategy than that being implemented since the WAY programme and has been integrated into proposals.

However, challenges to sustainability and resilience for UNFPA and its partners stem from structural funding limitations, coordination complexities, policy implementation gaps, and the disruptive nature of external crises. A key challenge highlighted by respondents is the limited availability of sustainable funding mechanisms – and indeed the development of parallel systems (one supported by government, the other by the international humanitarian community) in protracted crisis situations such as the refugee settlements.<sup>113</sup> The differences in programme effectiveness between locations of longer-term, secured funding (e.g. North Uganda) and of more short-term, sporadic funding (South and West Uganda, and Karamoja) provides some evidence for this. The reliance of humanitarian efforts on short-term funding cycles and the increasing competition between agencies for resources complicates efforts to undertake anticipatory and preparedness actions that require consistent investment over time and build sustainable partnerships with local governments and CSOs.

External shocks, such as sudden humanitarian crises, further strain efforts to embed sustainability. Several respondents referenced the impact of emergencies that divert attention and resources away from long-term programming. The unpredictability of these crises underscores the difficulty of implementing anticipatory actions that are adequately resourced and adaptable to shifting contexts.

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<sup>112</sup> UNFPA, Donor key informants.

<sup>113</sup> [https://www.eqmontinstitute.be/app/uploads/2024/09/Kristof-Titeca\\_Roos-Derrix\\_Policy\\_Brief\\_355\\_Final.pdf?type=pdf](https://www.eqmontinstitute.be/app/uploads/2024/09/Kristof-Titeca_Roos-Derrix_Policy_Brief_355_Final.pdf?type=pdf)

## Conclusions

- 1. Relevance: UNFPA's humanitarian strategy and programmes in Uganda generally correspond well to the identified needs of affected populations, but there are notable challenges in ensuring inclusivity.**

The findings show that needs assessments are well-conducted, with meaningful interagency collaboration and the involvement of national authorities contributing to effective humanitarian and nexus programming. SRHR, GBV and youth are widely recognized as priority areas, and there is strong alignment of national strategies with international frameworks. However, the inclusion of marginalized groups, particularly persons with disabilities, remains inconsistent, often lacking proactive data collection and targeted strategies. Community feedback mechanisms are also limited, with feedback primarily collected informally rather than through structured, systematic processes.

*[Links to Findings 1-5]*

- 2. Effectiveness: UNFPA humanitarian interventions and sectoral leadership have contributed to improved access to SRH services and strengthened responses to GBV for affected populations, and the promotion and collection of disaggregated programme and population data.**

The evaluation evidence indicates that UNFPA support has contributed to good progress in reproductive, maternal and neonatal health service utilization, particularly through targeted outreach, government partnerships, and interagency collaboration, though gaps persist in family planning uptake due to entrenched cultural norms and logistical constraints. GBV interventions have increased stakeholder adherence to minimum standards, such as referral pathways and CMR protocols. The successful implementation of the GBVIMS has improved GBV reporting and facilitated inter-agency discussions. However, resource limitations and staffing shortages undermine the quality, quantity and consistency of services and investments. Persistent harmful practices, such as early marriage and cross-border trafficking of girls, illustrate the need for comprehensive protection strategies that address economic insecurity and cultural practices. Enhanced community engagement and sustained funding are critical to closing service gaps and ensuring inclusive, survivor-centered programming. UNFPA's support for national surveys, including the inclusion of refugee data in the Census and UDHS, represents a significant achievement in making vulnerable populations more visible in national statistics.

*[Links to Findings 6-21]*

- 3. Efficiency: UNFPA's internal resources, structures, and processes have enabled efficient humanitarian action in some areas, particularly in the timely delivery of positioned reproductive health and dignity kits**

UNFPA has seen good success in the delivery and management of life-saving and highly-valued SRH supplies and kits, although challenges around procurement and resource allocation hinder broader efficiency. The absence of a long-term humanitarian staffing strategy and reliance on short-term contracts contribute to high turnover, multi-hatting, and capacity gaps, affecting program continuity and response effectiveness. Despite these constraints, the use of internal rotations, temporary secondments, and strategic partnerships has helped mitigate staffing challenges and sustain programming. However, gaps in emergency rosters, delays in international procurement, and mismatches between available supplies and dynamic population needs continue to impede the overall efficiency of humanitarian responses in Uganda.

*[Links to Findings 22-25]*

- 4. Coherence: Although increasingly challenged by resource limitations UNFPA's collaborative approach with sister UN agencies is a vital component of its humanitarian strategy in Uganda.**

By fostering interagency partnerships and joint programming, UNFPA has enhanced the efficiency and coherence of its interventions, resulting in more holistic and impactful responses to the needs of vulnerable populations. However, the data also indicates that sustained investment in partnership mechanisms, such as joint funding platforms and interagency coordination structures, is essential to address operational challenges and sustain the achievements made.

*[Links to Findings 26-28]*

**5. UNFPA's humanitarian responses work in Uganda is largely well-oriented towards sustainability through contributions to DRR preparedness and planning, capacity-building of local actors, and integration of economic resilience measures.**

UNFPA's humanitarian action demonstrates significant linkages to preparedness and long-term development processes across the HDP nexus, though resource constraints and policy implementation gaps limit sustainability. Key contributions, such as the integration of SRHR into the National DRM Plan and district-level contingency planning, highlight UNFPA's leadership in resilience-building and preparedness efforts. Implementing partners exhibit strong awareness of the nexus approach, emphasizing anticipatory action and aligning humanitarian interventions with sustainable livelihoods. However, short-term funding cycles, fragmented coordination mechanisms, and external shocks, such as sudden crises, challenge the operationalization of nexus programming, underscoring the need for more consistent investments and robust partnerships to maintain long-term impact.

*[Links to Findings 290-31]*

# Suggestions for Recommendation

**Key suggested recommendations at country level (all recommendations are for UNFPA Uganda).**

1. UNFPA Uganda should strengthen disability inclusion by developing standardized data collection tools and integrating proactive consultation processes to ensure that the specific needs of persons with disabilities are consistently captured and addressed in humanitarian programming.
2. UNFPA should reinforce formalized community feedback mechanisms that are inclusive and recurring, enabling systematic collection of input from rights-holders to enhance accountability and better align services with community needs.

*Linking to conclusion 1*

3. UNFPA should work to strengthen community-centered behavior change communications and expand outreach programs that address cultural norms and logistical barriers to increase demand for family planning and survivor-centered GBV services in humanitarian settings. Such work should also address the root causes of and systemic gaps around harmful practices such as early marriage and related cross-border trafficking.
4. Sectoral leadership efforts, including training and monitoring/reporting on MISP compliance and GBV minimum standards, are required to increase and ensure consistent investment in SRH service provision, case management and psychosocial support across all refugee settlements.
5. Redoubled resource mobilization efforts and prioritization of core resources for humanitarian programming are required to ensure consistent support and minimize the burden on existing staff with multiple roles.
6. UNFPA should develop its Country Office-level monitoring systems to track (appropriately disaggregated) humanitarian programme data, including tracking vulnerable groups.

*Linking to conclusion 2*

7. Although the limits on resources are clear, UNFPA should solicit support from regional and global offices to advocate for core funding earmarked for humanitarian recruitment for one national-level fixed-term dedicated humanitarian position and reduce double or triple-hatting
8. UNFPA should consider establishment of at least and create a national-level emergency roster to ensure faster and more sustained engagement in humanitarian programming.

*Linking to conclusion 3*

9. UNFPA should continue to enhance the capacity of district-level disaster risk management structures through targeted advocacy at national level to roll out DRM policies nationally and consistent monitoring to ensure effective implementation of contingency plans and anticipatory actions.

*Linking to conclusion 5*

# Annexes

## Annex I: List of Key Informants

Job Title	Duty Station	Agency
Programme Management	ACORD HQ	ACORD
Senior Program Manager (former)	Kampala	Danish Embassy
Programme Delivery and Coordination Specialist/Hum. FP (former)	Kampala	UNFPA
Resource Mobilization Specialist	Kampala	UNFPA
Data Specialist	Kampala	UNHCR
Maternal Health Specialist	Kampala	UNFPA
Head of Field Office Kiryandongo	Kiryandongo	UNHCR
P&D Specialist	Kampala	UNFPA
Country Representative	Kampala	UNFPA
Coordinator – Kiryandongo Settlement	Kiryandongo	ACORD
M&E Specialist	Kampala	UNFPA
Advisor	Kampala	Embassy of Netherlands
Program Assistant - Integrated Field Support; Program Analyst RH	Kampala	UNFPA
UNV for UNFPA & now Iceland MOFA	Reykjavik	UNFPA
Assistant Public Health Officer – SRH/HIV focal point	Kampala	UNHCR
Humanitarian Programme Analyst	Kampala	UNFPA
DLG Representative, Gender Focal Point, Senior Probation & Welfare Officer, Assistant of Police	Kiryandongo	Local Government
District Planner + UNFPA Focal Point, DHO Representative	Kyegegwa	Local Government
OPM Office	Kyegegwa	Local Government
SRH Officer, Medical Coordinator	Kyegegwa	Medical Teams International
GBV Technical Lead	Kampala	UNFPA
Executive Director	Kampala	Nagura Teenage Centre
RCO Humanitarian Coordinator	Kampala	UN Resident Coordinator's Office
GBV specialist WAY/SAY projects	Kampala	CARE
Part of Gov Team working on Integration of SRH into DRM	Kampala	Government
UNHCR GBV Officer -coordination lead	Kampala	UNHCR
Human Resources Specialist	Kampala	UNFPA
Program Analyst GBV and Human Rights	Ajumani	UNFPA
Adolescent and Youth Analyst	Moyo	UNFPA
Midwife and minister of health representative	Bududa Hospital	Government
Bududa District Technical Team	Bududa	Government
Mbale District Technical Team	Mbale	Government
Regional Emergency Operations Center	Mbale	Government
Deputy Representative	Kampala	UNFPA
Programme specialist - Head of sub-office	Ajumani	UN Women
4x midwives, 1x doctor	Kiryandongo	Service providers

## Annex II: List of References

- ANSWER Endline Evaluation
- ANSWER KAP Endline Report
- Baseline Assessment SAY Programme Inception report
- HFA WAY Programme Report
- IOM\_UGANDA\_MULTI-HAZARD\_INFOGRAPHIC\_SEPT\_OCT\_2024.pdf
- State of Population in Uganda-2022-final-.pdf
- Uganda 8th CPE 2016-2020 Evaluation\_Report
- Uganda CEP Costed Evaluation\_Plan 2020
- Uganda CO Humanitarian Action Powerpoint
- Uganda Country\_Programme\_Performance\_Summary
- UNFPA Annual Reports 2019-2023
- UNFPA Uganda 8th CPD
- UNFPA Uganda 9th CPD
- WAY Endline evaluation report
- WAY Programme Evaluation KAP Report

## Annex III: Evaluation Tools

[KII Questions \(click to open\)](#)

[FGD Questions \(double-click to open\)](#)

## Annex IV: Evaluation Matrix

Click to open

## Annex V: Uganda Country Visit Schedule

Time Start	Time Arrival	Location	Activity	Responsible Person
<b>Wednesday 4 December 2024 - Virtual Meetings</b>				
TBD	TBD	Online	Virtual Briefing by the evaluation team, presentation of the objectives, scope the evaluation, methodology to CO team including M&E Team	Camilla, Alex and Roy
			Deep dive presentation with the IFS Humanitarian Team & DOs including presentation of itinerary site brief discussions (UNFPA Humanitarian Portfolio)	Alex & Roy
<b>Saturday 7 December 2024 - UNFPA Kampala</b>				
TBD	TBD	Entebbe/Kampala	Arrivals of the Evaluation Team - Mr. Hicham Daoudi and Mr. Brian O'Callaghan ( <b>Team One</b> )	UNFPA Protocol
<b>Sunday 8 December 2024 - Field Visit</b>				
10:00 am	3:30 am	Kampala to Masindi	<b>Team One</b> departs Kampala to Kiryandongo (maximum 4 hours with stop at Mijera for refreshments) and briefing meeting with ACORD Team - night in Masindi	Camilla
4:00 pm	5:00 pm	Masindi	Briefing meeting UNFPA field staff	Roy & Camilla
TBD	TBD	Entebbe/Kampala	Arrivals of the Evaluation <b>Team Two</b> - Ms. Jeanne Ward	UNFPA Protocol
<b>Monday 9 December 2024 - TEAM ONE: REFUGEE RESPONSE</b>				
7:00 am	8:00am	Masindi - Kiryandongo	<ul style="list-style-type: none"> <li>Travel from Masindi to Kiryandongo refugee settlement</li> </ul>	Roy & Camilla
8:00 am	10:00am	Kiryandongo	<ul style="list-style-type: none"> <li>Key informant interview with UNHCR, then movement to the settlement (10 mins)</li> </ul>	Roy & Camilla

Time Start	Time Arrival	Location	Activity	Responsible Person
			<ul style="list-style-type: none"> <li>Key informant interview with OPM (<i>might not be available</i>)</li> </ul>	
10:00 am	11:30 am	Kiryandongo	<ul style="list-style-type: none"> <li>ACORD field staff (current IP) and refugee-led organisation (sub-grantee) providing GBV services (trained in GBV case management and MHPSS)</li> <li>IRC (health sector lead) and LWF (protection sector lead) (<i>jointly</i>)</li> </ul>	Roy & Camilla
11:30 am	1:00 pm	Kiryandongo	<ul style="list-style-type: none"> <li>Visit Panyadoli HC III(health facility) - group interview with in-charge, midwives, and Village Health Teams (VHTs, old and new ones) - trained in family planning, CMR, MISP, EMONC, delivering SRHRiE services/FP commodities</li> </ul>	Roy & Camilla
1:00 pm	3:30 pm	Kiryandongo	<ul style="list-style-type: none"> <li>FGD with women-beneficiaries: old caseload (5+ years) from host community (<i>full team, then the team splits in two for the two following FGDs</i>)</li> <li>Team 1 (2 International Evaluators): FGD with new caseload in cluster G (new arrivals last 12 months, mainly from Sudan) - <i>dignity kits, SRHR services (FP, point of care ultrasound scan, referrals, outreaches)</i></li> <li>Team 2 (1 International Evaluator): FGD with young girls in Cluster B; <i>then movement from the settlement to the District HQ (25 mins)</i></li> </ul>	Roy & Camilla
3:30	4:30	Kiryandongo District HQ	<ul style="list-style-type: none"> <li>Courtesy call with DLGs</li> <li>Group interview with district technical team (CAO, DHO, DEO, DCDO, Planner)</li> </ul>	
4:30 pm	6:30 pm	Kiryandongo-Hoima City	<ul style="list-style-type: none"> <li>Travel from Kiryandongo refugee settlement to Hoima City</li> <li>Check-in into Miika Hotel for the night</li> </ul>	Camilla

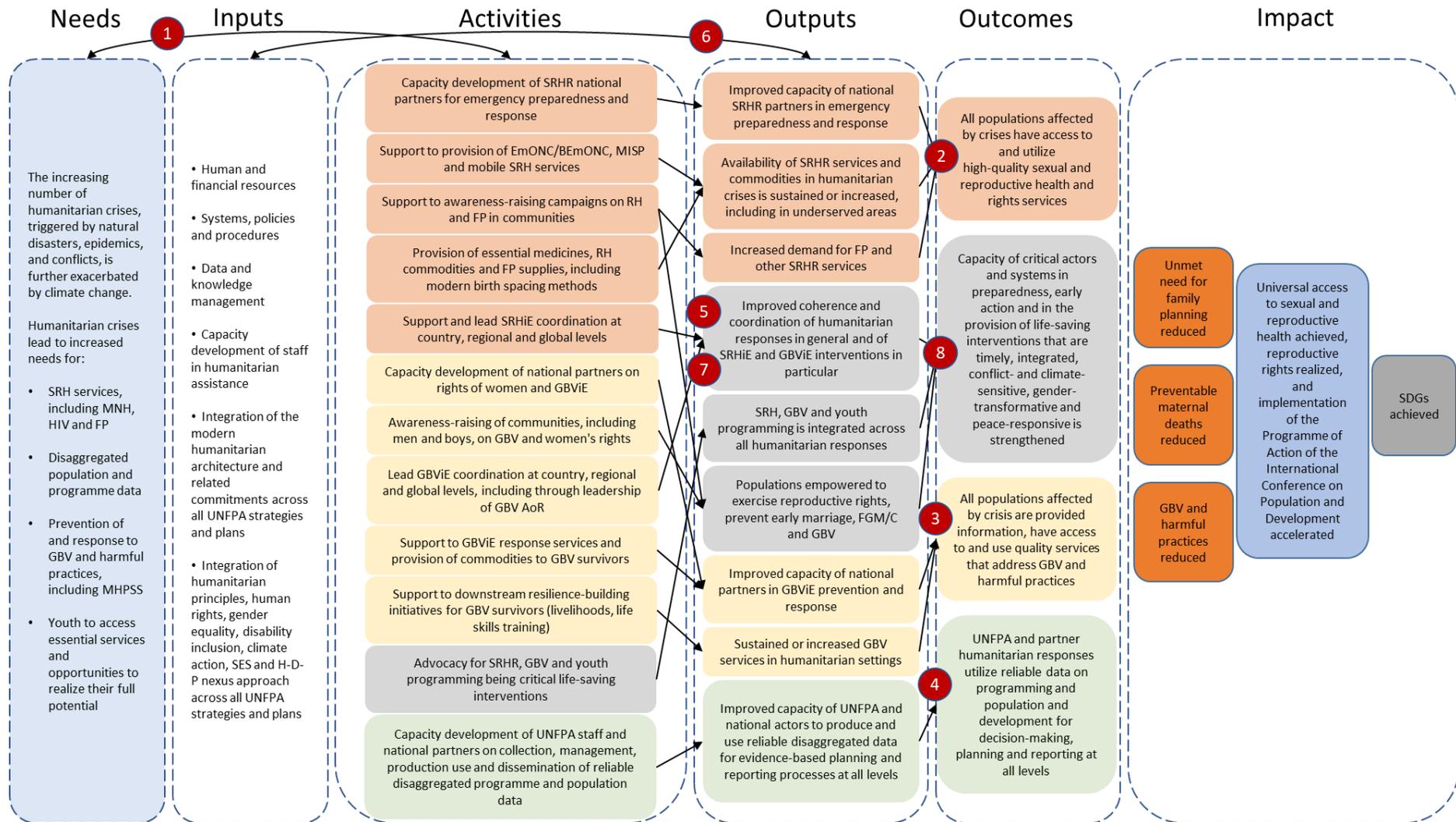
Time Start	Time Arrival	Location	Activity	Responsible Person
<b>Tuesday 10 December TEAM ONE: REFUGEE RESPONSE</b>				
7:00 am	10:00 am	Masindi - Kyegegwa	<ul style="list-style-type: none"> <li>Travel from Masindi to Kyegegwa</li> </ul>	Camilla
10:00 am	11:00 am	Kyegegwa, Kyaka II Settlement	<ul style="list-style-type: none"> <li>Courtesy call with DLGs</li> <li>Group interview with district technical team (CAO, DHO, DEO, DCDO, planner)</li> <li><i>Travel from Kyegegwa District to Kyaka II Settlement</i></li> <li>Key informant interview with OPM</li> <li>Key informant interview with UNHCR</li> </ul>	
11:00 am	12:30 pm	Kyegegwa, Kyaka II Settlement	<ul style="list-style-type: none"> <li>ACORD Field Staff (current IP)</li> <li>MTI (health sector lead)</li> <li>ALIGHT (protection sector lead)</li> </ul>	Camilla & Desmond
12:30 pm	4:30 pm	Kyegegwa, Kyaka II Settlement	<ul style="list-style-type: none"> <li>Visit health facility - interview with in-charge Bujumbuli HC III and midwives (tent, ERH kits, trainings, One-Stop-Center for GBV in Mukondo HC III) and group interview with women</li> <li>FGD with women (PeaceWind) - women safe space activities, livelihood activities etc.</li> <li>FGD with beneficiaries - ELA groups (BRAC), Women Groups (LWF) and Male Action Groups in the host community</li> <li>FGD with women Rwibiriza (PeaceWind) - women safe space activities, livelihood activities and meetings adolescent girls and young women</li> </ul>	Camilla & Desmond
5:00 pm	6:00 pm	Kyegegwa	Travel from Kyaka II Settlement to hotel in Kyegegwa ( <b>Britop Hotel</b> )	Camilla

Time Start	Time Arrival	Location	Activity	Responsible Person
<b>Monday 9 December - TEAM TWO: FLOOD RESPONSE</b>				
7:00 am	12:00	Kampala to Mbale (Check in at Wash and Wills Hotel)	<b>Team Two</b> departs Kampala to Mbale (maximum 4 hours with stop overs )	Patricia
12:00 am	12:30 pm	Mbale City (Wash and Wills Hotel)	<ul style="list-style-type: none"> <li>Briefing meeting with ACORD Team &amp; UNFPA field staff</li> </ul>	Patricia
12:45 pm	1:45 pm	Mbale Regional Referral Hospital	<ul style="list-style-type: none"> <li>Interview with the Coordinator and staff of Regional Emergency Operations Center</li> </ul>	Patricia
2:00 pm	3:00 pm	Mbale City Hall	<ul style="list-style-type: none"> <li>Courtesy call with DLGs, Mbale City and Mbale District</li> <li>Group interview with the City and District Technical Teams (City Clerk, CAO, C/DHOs, C/DEOs, C/DCDO, planners) and City/District Disaster Management Committees on MISP Integration including Red Cross</li> </ul>	Patricia
3:15 pm	4:15 pm	Mbale City	<ul style="list-style-type: none"> <li>Visit health facilities affected by flooding in 2022 (Namakwekwe HCIII): <ul style="list-style-type: none"> <li>Group interview with in-charge, surge midwives, and Village Health Teams (VHTs) - trained in family planning and pregnancy mapping (VHTs), MISP, CPM (midwives) etc.</li> <li>Visit Women Safe Space (within the facility, FGD with beneficiaries)</li> </ul> </li> <li>Visit Namatala HCIV <ul style="list-style-type: none"> <li>Group interview with in-charge, surge midwives, and Village Health Teams (VHTs) - trained in family planning and pregnancy mapping (VHTs), MISP, CPM (midwives) etc</li> </ul> </li> </ul>	Patricia
4:20 pm	5:30 pm			

Time Start	Time Arrival	Location	Activity	Responsible Person
5:30 pm	6:00 pm	Mbale City (Wash and Wills Hotel)	Back from the field to the Hotel	Patricia
<b>Tuesday 10 December 2024 TEAM: FLOOD RESPONSE</b>				
7:00 am	9:00 am	Mbale - Bududa District	Travel from Mbale to Bududa District	
8:30 am	9:30 am	Bududa District (River Rhine Hotel)	<ul style="list-style-type: none"> <li>● Courtesy call with Bududa District</li> <li>● Group interview with the District Technical Team (CAO, DHO, DEO, DCDO, planner) and District Disaster Management Committee on MISP</li> <li>● KII with Bududa Hospital Medical Superintendent</li> </ul>	Patricia
10:00 am	11:00 am	Bududa District Hospital		
11:00 am	4:00 pm	<ul style="list-style-type: none"> <li>● Bududa District</li> </ul>	<ul style="list-style-type: none"> <li>● Fieldwork visit health facilities affected by flooding in 2022.</li> <li>● Bushika sub-county , <ul style="list-style-type: none"> <li>○ Group interview with Bushika landslide survivor' women's group:</li> <li>○ Group interview with midwives, and Village Health Teams (VHTs) - trained in family planning and pregnancy mapping (VHTs), MISP, CPM (midwives) etc.</li> </ul> </li> <li>● Bulucheke Sub-county <ul style="list-style-type: none"> <li>○ Bulucheke HCIII (Group interview with midwives, and Village Health Teams (VHTs) - trained in family planning and pregnancy mapping (VHTs), MISP, CPM (midwives) etc)</li> </ul> </li> </ul> <p>Visit Women Safe Space (FGD with beneficiaries)</p>	Patricia
4:00 pm	6:00 pm	Mbale City (Wash and Wills Hotel)	Back from the field to the Hotel	Patricia
<b>Wednesday 11 December 2024 - BOTH TEAMS TRAVEL BACK TO KAMPALA</b>				

<b>Time Start</b>	<b>Time Arrival</b>	<b>Location</b>	<b>Activity</b>	<b>Responsible Person</b>
7:00 am	11:30am	Kampala	Both teams travel back to Kampala (Kyegegwa and Mbale)	Camilla
11:30 am	5:00 pm	Kampala	Key Informant Interview with UNFPA staff and Key Stakeholders (both physical and virtual)	Roy & Alex
5:00 pm	5:30 pm	Kampala	Back to hotel	Roy & Alex
<b>Thursday 12 December 20204 - DATA COLLECTION IN KAMPALA</b>				
8:30 am	9:30am	Kampala	Courtesy Call on the Representative	Roy & Camilla
9:30 am	5:00 noon	Kampala	Key Informant Interviews with UNFPA staff and Key Stakeholders (both physical and virtual)	Roy & Alex
<b>Friday 13 December 20204 UNFPA CO</b>				
8:30 am	10:30am	Kampala	Continue with KIIs with UNFPA staff and any external stakeholder	Roy & Alex
1:00 am	2:00 pm	UNFPA Board Room	Debriefing of the UNFPA CO staff(both physical and online_DOs)	Representative

# Annex VI: Reconstructed Theory of Change





Driving evidence-based actions  
**Ensuring rights and choices for all**

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