Ministry of Foreign Affairs

Activity: KAM - SAY Plus+ (26-0000171)

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Date	14-07-2026
SAP application number	

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Key data

Activity basics

Type	Standard
Short name	KAM - SAY Plus+
Contract party	Unfpa - United Nations Population Fund (30015134)
ODA	Yes
Amount EUR	14000000
Start date	01-07-2026
End date	31-12-2030
Full name	SAY Plus+ : Strengthening Adolescents and Youth Rights and Empowerment Programme (Scaling impact) in Uganda's Underserved Regions
Summary	The programme increases access to and utilization of SRHR and GBV information and services among young people aged 10-24 years in underserved communities, including refugee settlements and host communities. It does so by applying three evidence-based objectives: 1. Creating demand for SRHR/GBV/HIV/fistula services and information. 2. Building an enabling environment at the community and district levels that upholds SRHR, prevents GBV, and supports young people to exercise agency. 3. Strengthening service delivery, including differentiated youth-responsive models.

Activity details

Date of receipt of proposal	27-05-2025
Proposal's reference number	
Budget holder	Ambassade Kampala (8221KAM)
Limit access	No
Related activity	

Accounting data

SAP application number	
Main funds center	SRHR delegated (1703U0104)

Policy data

Cooperation modality	Basket/Pooled funding
Technical assistance	Between 25% (inclusive) and 50% (exclusive) of the activity budget
CRS code	13020 Reproductive health care
Policy Keywords	
Refugees & host communities	Yes
Team Europe Initiative	No
Policy Markers	
__Trade & The Economy	Not targeted
_Security & Stability	Not targeted
Biodiversity	Not targeted
Climate change: adaptation	Significant
Climate change: mitigation	Significant
Desertification	Not targeted
Equality between men & women	Principal
Migration	Not targeted
Access to education for girls	Significant
HIV/Aids	Significant
Reproductive and sexual rights	Principal
Reproductive health	Principal
Skills development	Principal
Explain your choices	Climate change: indirectly by increasing climate adaptation and resilience of e.g., health facilities Equality between men & women: by promoting equitable access to youth-friendly reproductive healthcare and engaging men and boys in SRHR knowledge and for harmful norms change. Access to education for girls: tackling SRHR and Gender based challenges, affecting girls retention & completion of primary/secondary education HIV/AIDS: increase demand for and access to SRHR/GBV/HIV services Reproductive and sexual rights: Information, social norms, and services. Reproductive health: improving access to youth-friendly reproductive healthcare services for youth, women and men. Capacity building of health facilities to reduce SRHR-related barriers Skills development: strengthening SRHR knowledge and health workers' capacity

Beneficiary location

Beneficiary location	Country
Country	Uganda
Location type	District
Specific location	Phase I: 2024-2027 - Acholi and West Nile Phase II: 2025-2028 - Acholi, West Nile, Bukedi and Karamoja Phase III: 2026-2030 - Acholi, West Nile, Bukedi, Karamoja and Busoga

Policy Appraisal

Policy relevance

- **What policy objectives, as set out in the annual plan, policy notes etc., will this activity contribute to?**

The objective of SAY Plus+ is to increase access to and utilization of SRHR and GBV information and services among young people aged 10-24 years in underserved communities, including refugee settlements and host communities. It will do so by applying three evidence-based objectives:

1. Creating demand for SRHR/GBV/HIV/fistula services and information.
2. Building an enabling environment at the community and district levels that upholds SRHR, prevents GBV, and supports young people to exercise agency.
3. Strengthening service delivery, including differentiated youth-responsive models.

This contributes to the Dutch MACS 2026-2029 Uganda (and the Netherlands Global Health Strategy 2023-2030) objective to **improve basic health care and SRHR, particularly for young people and marginalized groups, and including for refugees.**
More specifically, relevant to the MACS, it contributes to:

- Creating demand and strengthening service delivery (Objective 1 and 3)
- Strengthening government systems & adressing harmful social norms, making a sustainable impact for the improvement of SRHR in Uganda. (Objective 2)

In line with the MACS, the activity is strongly **focused on youth**. Young people have been engaged in design of the programme, and will stay engaged in further programme development, as well as feedback processes, for accountabilty and programme development purposes.
In addition, it contributes to our **police influencing objectives**.
By joining the SAY Plus + programme, the Netherlands joins a multi-donor programme creating a stronger platform in communication with the Government of Uganda on youth-responsive SRHR, HIV prevention and GBV response.

Rationale

- **What issue/problem will be addressed by the activity**

Uganda's very high SRHR burden for women and girls (high teenage pregnancies, high maternal mortality rate at 189/100,000 live births, high life-changing complications a.o. fistula and low numbers of treatment), and suboptimal distribution and availability of contraceptives.

- **Why does the activity help to address the issue/problem?**
  For ODA activities over EUR 250.000, please explain the Theory of Change

The programme theory of change (ToC) is based on the existing evidence on effective approaches and interventions for adolescents' comprehensive SRHR programmes, which guides us to encompass young people's empowerment and agency to claim their SRH rights, creating an enabling environment at the community level, and scaling up the availability of adolescent-responsive SRHR services as core pillars of the ToC.
The ToC is built on the assumption that the SRHR of young people can only be achieved if their demand for, access to, and utilisation of quality integrated SRHR and GBV services are realised, when and where they need them. Moreover, it is based on the premise that even if young people are empowered to demand services and youth-responsive services are available, they can only access those services if there is a conducive enabling environment at the community level, free of coercion, discrimination and socio-cultural and gender barriers related to young people's SRHR. Finally, the programme assumes that sustainable SRHR and GBV outcomes require early integration into local government planning, budgeting, and accountability systems, and the strengthening of community and institutional structures that will sustain demand generation, service delivery, and social norms change beyond the programme period.
Theory of Change: ***IF*** young people, especially young girls, are economically empowered and make informed choices, demand quality, integrated SRHR/GBV/HIV, and capacities of youth-led groups and networks to create demand and hold duty bearers accountable are strengthened (Output 1); ***IF*** institutions at the district and national level are enabled to produce, analyze and use SRHR/GBV/HIV/Fistula data to inform policy, planning, coordination, monitoring, decision-making and accountability for service delivery; and ***IF*** communities are supported to shift gender and social norms and create an enabling environment for young people to demand and access SRHR/GBV/HIV/fistula services (Output 2); and ***IF*** the capacity of health facilities and service providers to provide responsive quality SRHR/GBV/HIV services, using differentiated service delivery models, is strengthened; (Output 3) ***THEN*** there will be increased utilisation of integrated SRHR and GBV services among young people, especially adolescent girls and young women in the target district. Thereby, the SRHR of young people will be enhanced, the power of agency improved, and they will be empowered to make informed life decisions regarding their SRHR, thus improving quality of life

Contextual analysis

- **Who is/are the target group(s) and why?**

1. Primary beneficiaries: adolescents and young people aged 10–24, with an expanded focus on women who have suffered complications of childbirth, especially obstetric fistula in the thirteen districts under SAY Plus+. It deliberately includes young persons with disabilities and other minorities at all stages of implementation.
   According to UNFPAs analysis the identified problems disproportionately affects women and girls, whose health, rights, and opportunities are constrained by weak access to SRHR, across all focus regions. Girls with disabilities and those in refugee settlements are often excluded from both education and SRHR services, compounding their vulnerability. In order to substantially address the issues, boys and adolescent men have to be targeted alongside girls, and adolescent women.
2. Secondary beneficiaries: men, parents and guardians, cultural, political, and religious leaders, youth leaders, health workers, teachers, women of reproductive age (25–49), and policymakers at district, regional, and national levels. These target groups in the close periphery of the primary beneficiaries can be both catalyzers for positive change or gatekeepers. It is essential to target these groups in order to bring about the envisaged objectives.

- **Who are the other main stakeholders?**

1. Local government (District and Parish levels), medical facilities, and schools.
2. Central level government: Ministry of Health (MoH), Ministry of Education and Sports (MoES), Ministry of Gender, Labour and Social Development (MoGLSD), Uganda Bureau of Statistics (UBOS), National Planning Authority (NPA), Ministry of Local Government (MoLG) and District Local Government (DLGs)
3. Implementing partners: CARE International in Uganda (CARE), Marie Stopes Uganda (MSUG), Naguru Teenage Centre (NTC), AMREF, CUAMM, and Straight Talk Foundation (STF) and possible subcontractors
4. Community based organisations (CBO's) and private sector actors
5. Cultural and Religious institutions
6. Donors: Denmark, Sweden, Iceland, the Netherlands

- **To what extent have stakeholders been involved in formulating the proposal?**

During the design phase of the SAY Plus+ programme, both primary beneficiaries and secondary stakeholders were integrated through participatory methodologies utilizing targeted Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) to empirically validate needs and contextualize our interventions.
For primary beneficiaries, particularly adolescents (10–24) and obstetric fistula survivors across the thirteen target districts, their lived experiences directly informed the programmatic Theory of Change, while secondary stakeholders including district policymakers, traditional/religious leaders, and frontline health workers, provided their insights and defined socio-cultural parameters to secure systemic buy-in.
Moving forward, stakeholder engagement transitions from consultative to actively collaborative, with secondary actors embedded in localized coordination structures and continuous monitoring and accountability feedback loops to institutionalize the proposed interventions.
Young people led the co-creation workshops as part of the co-design process including the Social and Behaviour Change initiatives, as an approach to structure that empowers young people not merely as target audiences.
Monitoring evidence will be reviewed through routine performance monitoring platforms, including district review meetings, partner performance reviews, quarterly programme review meetings, and Steering and Technical Committee oversight processes.

- **Is the intervention aimed at a specific geographical location, and if so, why?**

The intervention prioritizes the subregions of Karamoja, Acholi, West Nile, Busoga and Bukedi due to their consistently poor performance of key sexual and reproductive health indicators and hosting or being affected by refugees, particularly for the northern and West Nile sub-regions. Districts within these sub-regions were selected to benefit from the SAY Plus+ programme based on a combination of SRH-related data, population demographics, health facility and district capacity to provide SRHR services, and the presence or absence of existing SRH partnerships.

Added value

- **What is the added value of the Dutch government being involved in relation to other donors, the EU, NGOs and local authorities?**

The Netherlands is recognized as one of the largest donors in the field of SRHR in Uganda, and is unique for its rights-based approach and courage to advance sensitive topics, such as enhancing SRHR of marginalized groups, post abortion care and emergency contraceptives.
In this specific activity it is so far the largest donor, giving it relatively more standing and leverage to steer programme direction. The Netherlands Embassy team will use this position to push for Sexual and Reproductive Health **Rights**, and a flexible, evidence based approach to maximise programme results, and programme sustainability.

- **Are the recipients making an own contribution or co-participating in the activity, and if so, to what extent?**

The programme is built to support and sustainably strengthen government systems, and government contributions are therefore naturally the existing government institutions, structures, and mechanisms that are already in place.

The programme is premised on the understanding that a clear, deliberate and gradual transition needs to take place to further increase national and district ownership, accountability and institutionalization to embed the programme and interventions within national and sub-national systems. This will be implemented in a phased approach, starting in 2028, with further momentum from 2029 onwards, as Chief Administrative Officers, PDM social service committees, and councils progressively assume leadership of implementation, building on their engagement during the programme's initial phases.
Upon request of EKN, UNFPA developed a sustainability roadmap, indicating transition milestones. (Reference: Sophia Minbuza-2026.245900).
While the sustainability roadmap reflects clear transition milestones, and the results framework integrates an indicator to track progress towards increased domestic financing for SRHR (i.e "OC9: percentage of agreed recurrent costs for priority SRHR services financed through Government systems in SAY Plus+ programme districts"), no agreement is yet reached and signed with GOU to this effect. UNFPA commits to continue consultations with Government of Uganda and exploring opportunities for formalizing the transition and sustainability commitments during programme implementation. UNFPA expects to secure clearer commitments by the end of 2026.
In negotiating the transition and sustainability commitment and, the factors to make it come alive, the overall national low financing for health and specifical barriers (highlighted below) for realization of the indicator included in the results framework, remains to be discussed by UNFPA with the Government. Extent to which these will be successfully influenced is unknown or seems limited given the trends in domestic financing for health and the way in which the decentralization policy is operationalized.

- The constrained district-level fiscal space due to limited locally generated revenue, earmarked transfers, competing service delivery priorities, restricted flexibility in the use of funds (limited financial autonomy) and low allocations of budgets to LG.

Further discussions will be held with UNFPA to explore best approach to operationalize the sustainability plan.

Lessons learned

- **What lessons learned (from previous or comparable activities, published evaluations, relevant publications) will be addressed by the activity?**

The programme builds on multiple lessons from preceding programmes: The WAY, ANSWER, ADA, EYE, Joint Programme on GBV/SRHR, the ongoing SAY and STOP programmes, and the Swedish-funded Joint Programme on GBV/SRHR.
Key lessons and how they have shaped the current programme design include:
1. Government leadership and ownership do not shift automatically. Experience shows that ownership does not emerge through service delivery alone; it requires deliberate institutional incentives, financing pathways, and accountability mechanisms. SAY Plus+ embeds SRHR and GBV priorities in District Development Plans, annual workplans, and budgets, strengthens multi-sectoral coordination and accountability structures, and introduces indicators on domestic financing and data use for decision-making.
2. Stand-alone pilots do not lead to sustained change unless embedded in district systems. Past pilots delivered results but often remained parallel to government systems, limiting sustainability.
SAY Plus+ prioritises integration into government delivery platforms (MoH, MoES, DLGs), aligns with the Parish Development Model (PDM), and adopts a pooled financing and modular expansion approach to avoid fragmentation.
3. Social norms change requires critical mass, repeated exposure over an extended time period and trusted messengers. Evidence from GBV and adolescent programmes shows that one-off campaigns are insufficient; sustained engagement through peers, youth leaders, cultural and religious leaders, and media is needed to reach tipping points.
The programme adopts layered social and behaviour change communication approaches, youth-led movements, Male Action Groups, and engagement of cultural and faith leaders, with coverage targets designed to reach a critical mass at district level.
4. Technical excellence must be paired with governance and management reforms. Service quality improvements alone are insufficient if supervision, data use, and accountability mechanisms remain weak.
SAY Plus+ strengthens district planning and monitoring capacity, introduces indicators on data use for decision-making, and reinforces supervision and accountability structures across sectors, at district and national level.
5. Learning must be systematic and adaptive. Previous programmes generated valuable lessons, but learning was not always systematically institutionalised. SAY Plus+ includes a structured learning agenda, adaptive management mechanisms, and joint donor–government learning platforms to support continuous improvement and scale-up of effective models.
These lessons directly underpin the programme's emphasis on institutionalisation, systems anchoring, social norms tipping points, and adaptive learning, ensuring that SAY Plus+ moves beyond pilot interventions toward sustainable, government-led scale.
Finally, UNFPA drives evidence-to-action and adaptive programming with system uptake, drawing on its global presence and cross-country learning. UNFPA continuously synthesises lessons from comparable contexts and brings them into Uganda for contextual adaptation, ensuring that SAY Plus+ benefits from global best practice rather than reinventing solutions.

Durability

- **How will the results of the activity be sustained after its end date? What is the exit-strategy?**

- **Short term (Years 1–2) - Donor-financed, government-coordinated:** Donors provide the majority of programme financing, while implementation is delivered through MoH and district government structures. CAOs lead district planning and implementation committees, with a strong focus on building institutional capacity. This includes strengthening staffing, training frontline health workers, teachers and CHEWs, enhancing the capacity of District Health and Community Development Management Teams and School Health Coordination Committees, and aligning curricula and service delivery with national standards. Donor investments also strengthen national systems, including PDMIS, HMIS, LMIS and the National GBV Database. To establish a clear pathway to sustainability, UNFPA and GoU will sign an MoU outlining the Government's financial commitments and annual milestones for increasing domestic contributions. Similarly, MoLG will establish agreements with district and lower-level local governments specifying expected contributions and performance indicators aligned with the OPM District Local Government Performance Assessment framework for SRHR, GBV, and HIV. These agreements will serve as the basis for tracking government ownership and domestic financing throughout programme implementation.
- **Medium term (Years 2–3) - Co-financing and shared leadership:** District governments progressively assume responsibility for routine service delivery, while donor funding focuses on strategic investments such as commodities, capacity strengthening, supervision and quality assurance. CAOs, District Planners and DHOs lead the integration of SRHR, GBV and HIV priorities into district plans and budgets. Community empowerment and livelihood interventions are increasingly embedded within PDM structures, while cultural and religious leaders, CBOs and community groups institutionalize social norms change approaches. Donor resources are increasingly used to leverage and match district investments, while technical assistance supports integrated outreach, equipment maintenance, supervision and continuous quality improvement.
- **Long-term (Year 4 and beyond) - Government- and community-led, donor catalytic):** Local governments become the primary custodians of programme financing and implementation, with core service delivery costs financed through government budgets. Donors transition to a catalytic role focused on innovation, policy dialogue, evidence generation and South–South learning. Community structures—including YSLAs, VSLAs, Male Action Groups and youth networks—sustain demand generation, accountability and community ownership. Income-generating activities supported by PDM-linked social action funds help sustain livelihoods while reinforcing SRHR and GBV priorities within Uganda's broader socio-economic development agenda.

Sustainability plan timeline and milestones

Based on the transition roadmap above, the following milestones are defined to ensure sustainability and ownership of the programme by the Government:

Year	Transition Phase	Sustainability Milestones	Co-financing Milestones
2026	Foundation for Transition	National and district sustainability commitments formalized through MoUs. Baselines established and reporting mechanisms institutionalized for all sustainability indicators.	MOU covering HCDP targets and co-financing commitments linked to SAY Plus + programme is signed under the leadership of NPA. In addition MoLG will sign MOUs with the 13 districts to set up the district based performance and co-financing targets.
2027	Donor-Financed, Government-Coordinated	SAY Plus + indicators integrated into district planning, budgeting, performance assessment, and routine reporting systems.	SAY Plus+ donor investment and existing Government co-financing for SRHR is reflected in the Budget Framework Papers FY27/28 for HCDP and the 13 districts.
2028	Early Transition to Shared Financing	Government systems increasingly lead programme implementation, supervision, data use, and performance monitoring. Capacity strengthening efforts contribute to improved continuity and quality of service delivery. Community and local leadership structures play an expanding role in programme oversight and implementation.	The Government institutionalizes a performance-based SRHR grant mechanism within existing Results Based Financing frameworks, with annual allocations reflected in national and district budgets.

2029	Co-financing and Shared Leadership	District governments assume primary responsibility for routine implementation and supervision, while sustainability mechanisms become institutionalized.	Government and district increases annual SRHR financing commitment to co-finance SAY Plus + implementation costs.*
2030	Government-Led Sustainability	Core programme functions are financed, managed, and monitored through gov. and community systems.	Government financing is expected to become the primary source of SAY Plus + programme funding.

**Budget increment percentages yet to be agreed with the Government in the MOU.*

The above planning was shared upon EKNs request in a " sustainability roadmap" document. (Reference Sophia Minbuza-2026.245829) According to UNFPA this was the maximum level of detail that they could provide on transfer of ownership and responsibilities.

EKN will monitor and engage on developments around sustainability. Because of its oversight function (alongside the other co-donors) in the programme Steering Committee, EKN will be able to influence milestone target formulations in the annual workplans.

Sustainability will remain one of the major issues for the EKN to follow. We will keep UNFPA accountable for the strategy to ensure sustainability (to go beyond lip service) and could decide to make funding conditional to financial commitments of the GoU.

Gender

- **Does the proposal include a gender analysis? If yes, what are the main outcomes? If no, why not?**

The proposal contains a brief gender analysis, which is based on UNFPAs earlier work, and the SAY Baseline Report (2025). In their communication of 1 July 2026, the UNFPA team further expands the gender analysis as follows:

Over half (53.1%) of out-of-school young people believe that preventing unwanted pregnancies is solely the responsibility of girls and women. Conversely, young men often disengage from community SRH activities because they falsely perceive them as being "mostly for women"

Reproductive health decisions are predominantly controlled by men, structurally disenfranchising women from independently regulating their fertility.

On coercion and institutionalization of violence, the study revealed that the necessity of obtaining spousal consent for modern contraceptive use is enforced by severe social sanctions. Women who covertly utilize contraceptives face the imminent threat of marital dissolution or physical violence. This is underpinned by a broader normalization of GBV; 35.4% of out-of-school youths (15–24 years) hold attitudes that condone GBV, and 33.8% believe women should tolerate violence to preserve family cohesion.

Relatedly, on gender stratification of reproductive responsibilities, there is a pronounced disparity in the perceived responsibility for pregnancy prevention. Over half (53.1%) of out-of-school youths attribute the responsibility of avoiding unwanted pregnancies exclusively to females. Conversely, male disengagement from community SRH interventions is perpetuated by the gendered assumption that such programs are fundamentally "for women".

While gender-equitable attitudes generally improve as adolescents get older, young women who enter into marriage often revert to traditional, patriarchal views due to the heavy pressures of marital roles and expectations.

Deep-rooted social stigma acts as a powerful barrier; young women who carry condoms or seek contraceptives are frequently labelled as "promiscuous". Additionally, over 67% of out-of-school young people believe that a girl asking her partner to use a condom is signalling a lack of trust.

Out-of-school youth report significantly higher rates of sexual experience (66.1%) compared to their in-school peers (30.3%). However, in-school youth actually reported feeling the restrictive pressure of social stigma affecting their SRH access at a higher rate (40.0%) than out-of-school youth (33.4%).

Young people with disabilities face compounded barriers that severely limit their access to SRHR education. For example, 55.7% of out-of-school youth with disabilities had limited SRH knowledge compared to 48.3% of their non-disabled peers, with female learners with disabilities facing the most severe knowledge gaps.

The conclusion drawn from this analysis is that restricted access to SRHR is linked to deeply entrenched patriarchal power structures and compounding intersectional vulnerabilities.

The proposal also identifies entry points to address the identified challenges:

- The stated problem disproportionately affects women and girls, whose health, rights, and opportunities are constrained by weak access to SRHR. Across all four regions, structural and social barriers limit women's and girls' access to SRHR services. These include long distances to health facilities, frequent contraceptive stock-outs, financial barriers, and stigma from providers, especially for unmarried adolescents. Girls with disabilities and those in refugee settlements are often excluded from both education and SRHR services, compounding their vulnerability.

- Women's voices are underrepresented in decision-making at the household, community, and district levels, weakening accountability for SRHR investments. Access to contraceptives are limited due to frequent stock outs and financial issues and stigma from providers. Women and girls face restricted agency.
- At the policy-level, gender-related topics particularly SE, LGBTQ+ rights, and gender equality often face opposition due to conflicting interpretations of national values, religious beliefs, and cultural norms, leading to cautious or inconsistent political support. Political resistance is further reinforced by fears among leaders of public backlash, making them reluctant to endorse or fund gender-transformative programming.
- At the community level, deeply entrenched patriarchal norms and misinformation contribute to resistance against open discussions on gender, sexuality, and reproductive rights. Additionally, limited capacity among implementers, weak inter-ministerial coordination, and lack of dedicated funding create institutional bottlenecks.

The program aims to address these specific challenges by including reframing gender and SE initiatives around shared development goals, such as reducing teenage pregnancy, improving maternal health, and promoting safe schools while engaging influential stakeholders (e.g. religious, cultural, and political leaders) in values-based dialogue. Strengthening evidence generation, enhancing gender mainstreaming in national and local plans, and supporting community-driven advocacy will help depoliticize gender issues and foster broader acceptance and sustainability.

- **Does the proposal justify the target group's gender-specific interests and needs (and why)? Please explain.**

Yes, the proposal identifies that the problem manifests as a gendered SRHR crises, with women and girls facing restricted agency, limited access to reproductive health services and disproportionate exposure to violence and health risks.

- **Have women and young people been included in the stakeholder analysis? Please explain.**

Yes, they are the primary target group, and have been involved in the stakeholder analysis. See further under contextual analysis above.

Climate change

- **Does the proposal include an analysis of the possible effects of climate change on the activity or its results?**
- **Does the proposal include any interventions to combat these effects (adaptation/mitigation)?**

The proposal includes a description of the effects of climate change on the programme. It recognizes that the effects of climate change are deeply intertwined with SRHR and GBV vulnerabilities across the targeted regions. Droughts, extreme heat, flooding and increased exposure to disease are inducing factors for inequalities faced by adolescent girls living in poverty: climate disasters can impact access to health services, increasing the risk of unplanned pregnancies and SRHR challenges. Therefore, the SAY Plus + programme identifies and addresses climate-induced vulnerabilities such as:

1. Drought-driven child marriage in Karamoja and flood-related school drop-out and teenage pregnancies in Bukedi and Busoga
2. (general) loss of life-saving SRH and GBV services during environmental crises and displacement during climate-related shocks
3. Recurrent droughts and food insecurity driving displacement in Karamoja
4. In West-Nile, water scarcity and periodic flooding disrupt health services for refugees and host communities

The proposal identifies several interventions to work on adaptation and mitigation, including:

- Integrating the Minimum Initial Service Package (MISP) into a climate-resilient health framework
- To ensure life-saving SRH and GBV services persist during environmental crises, the initiative strengthens district disaster committees, trains health workers in emergency protocols, and pre-positions essential supplies such as dignity kits and IARH kits. By combining emergency preparedness with strengthened clinical capacity and resilient supply chains, the programme ensures a continuum of care even during displacement and climate-related shocks.
- SAY Plus+ will support districts to implement the Ministry of Health's Climate Change National Adaptation Plan and embed climate-responsive planning within district health systems

Cooperation, harmonisation and alignment

- **Does the activity involve cooperation with Dutch organisations, the EU or other donors (including delegated cooperation), local organisations or other parties?**

The two other donors (DK and SWE) that provide substantial unearmarked pooled funds are EU member states. The joint programme will be a substantial EU contribution to be highlighted under the Team Europe Initiative for Social Inclusion.
The activity is not focused on specific Dutch organisations, but there will be room to promote Dutch organisations within the context of day to day engagements with the UNFPA programme team.

- **How does the activity contribute to harmonisation and/or multi-donor financing?**

It contributes to harmonization and multi-donor financing by a pooled-funding structure, joint support from Iceland, Denmark, Sweden and the Netherlands, of which DK, SWE and NL provide unearmarked pooled funds.
The programme works within government systems by collaborating with the Ministry of Health (MoH), Ministry of Education and Sports (MoES), Ministry of Gender, Labour and Social Development (MoGLSD), Uganda Bureau of Statistics (UBOS), National Planning Authority (NPA), Ministry of Local Government (MoLG) and District Local Government (DLGs).

UNFPA brings together the above parties, as well as NGOs and CSO partners, which leads to a strengthened coordination and harmonisation of efforts in SRHR.
UNFPA plays a similar role at the local level where local government, implementing partners and CSOs and other stakeholders convene.

- **What is the degree of (policy and financial) alignment**

The SAY Plus+ Programme is fully aligned with Uganda's long- and medium-term development priorities, and the programme supports the implementation of Uganda Vision 2040. The programme objectives are developed in consultation with government partners to ensure both policy and financial planning allign. Agreements are to be recorded in an MoU between UNFPA and GoU, outlining the Government's financial commitments and annual milestones for increasing domestic contributions. Similarly, MoLG will establish agreements with district and lower-level local governments specifying expected contributions and performance indicators aligned with the OPM District Local Government Performance Assessment framework for SRHR, GBV, and HIV. (See further the sustainabilty roadmap referred to above.)
Donors (including the NL) contribution to the SAY Plus + is consolidated in a one plan, one budget and one Results framework. In addition, UNFPA will align and update this joint program into the Ministry of Health One Plan One Budget framework. This approach strengthens both policy and financial alignment, avoiding double dipping.

Digitalisation

Digital technologies that are included in the program:

1. Digital finance
2. Digital tools such as telemedicine platforms and confidential reporting channels
3. Digital learning resources to equip schools
4. Digital ecosystems youth-centered
5. Digital dashboards for tracking real-time indicators
6. Digital platforms to shift harmful norms, promote positive role models, and increase SRHR/GBV/HIV service uptake (social media, WhatsApp, SMS)

- **Have proposed digital technologies been developed or chosen in collaboration with end-users?**

The proposed digital technologies have been and will continue to be developed and refined in collaboration with end-users through a human-centred, co-creation approach. Previous innovations like the mobile money savings platform were designed based on continuous engagement with expectant mothers, adolescent girls, healthcare workers, Village Health Teams (VHTs), health facility managers, government counterparts, and private sector partners. Feedback gathered during implementation across 11 districts informed enhancements such as AutoSave, Save-for-Another, Share Medical Funds, and digital reminders, improving usability and adoption. Lessons from supporting over 108,778 mothers and their families, engaging 896 health facilities, and mobilizing more than USD 3.25 million in maternal health savings will continue to guide the design, testing, and scale-up of the solution to ensure it remains inclusive, practical, and responsive to local needs.

- **Does the proposal include an analysis of the local digital ecosystem?**

The proposal is informed by an analysis of Uganda's digital ecosystem, drawing on national frameworks such as the Fourth National Development Plan (NDP IV) and lessons from existing digital health and financial inclusion initiatives. The analysis identified strong opportunities arising from expanding mobile phone penetration, widespread mobile money adoption, growing digital connectivity, government commitment to digital transformation, and the availability of national digital platforms. Practical experience from implementing the mobile money savings platform also highlighted the value of integrating digital savings with maternal healthcare services. At the same time, the analysis identified challenges including fragmented digital health systems, limited interoperability, unequal access to digital technologies in rural communities, digital literacy gaps among vulnerable populations, and inconsistent network connectivity. These findings have informed the design of the proposed digital solutions to ensure they are interoperable, user-centred, inclusive, and scalable within Uganda's health system.

- **Is data security guaranteed?**

Data security will be ensured through compliance with UNFPA information security policies, United Nations information security standards, and Uganda's Data Protection and Privacy laws. The proposed digital solutions will adopt privacy-by-design principles, incorporating end-to-end encryption, role-based access controls, secure cloud hosting, multi-factor authentication where appropriate, regular security assessments, vulnerability management, audit trails, and continuous system monitoring. Only the minimum data necessary to deliver services will be collected and processed, with clear data governance, consent management, and responsible AI practices applied to safeguard personal information, maintain confidentiality, and ensure the integrity and availability of data throughout its lifecycle.

- **Are digital solutions locally sustainable/relevant?**

The proposed digital solutions have been selected to align with Uganda's national priorities for digital transformation, financial inclusion, and improved access to quality health services. They build on widely adopted technologies, including mobile phones and mobile money, which are already familiar to communities and have demonstrated their effectiveness in supporting access to healthcare. The solutions have also been informed by implementation experience and lessons learned from existing digital health and financial inclusion initiatives.

Long-term sustainability will be supported through close collaboration with government institutions, private sector partners, health facilities, and community structures. Capacity building for frontline service providers, alignment with national policies and standards, and integration into existing service delivery processes will strengthen local ownership and institutional capacity. In addition, the proposed digital solutions will be designed with sustainable financing mechanisms, including appropriate revenue models where applicable, to support ongoing operations, maintenance, innovation, and scale beyond the project period, while ensuring affordability and equitable access for beneficiaries.

- **Is duplication avoided?**

Duplication will be avoided by aligning the proposed digital solutions with existing government strategies, digital health initiatives, and partner investments. UNFPA will work closely with the Ministry of Health, relevant government agencies, development partners, and private sector stakeholders to ensure that new investments complement, rather than duplicate, existing systems and services. Where feasible, the project will leverage existing digital public infrastructure, adopt interoperable standards, and align with national monitoring and reporting frameworks. Coordination through established government and UN technical working groups will further promote harmonization, resource efficiency, institutional ownership, and long-term sustainability.

Intake and Quality at Entry

An intake of the activity was done with policy staff in the early stages of engagement with UNFPA on the programme proposal. A quality at entry process was done towards the end, consisting of a hybrid meeting, as well as - for some participants - a written feedback round. The overall conclusion of the intake and Q@E were positive. Relevant feedback and remaining questions from the oral and written processes have been conveyed to UNFPA were relevant, and responses to this feedback will be followed by EKN going forward. (See B-folder for minutes of the intake and Q@E meeting and written feedback. (Ref Sophia Minbuza-2026.245800).

Other

When assessing the Say Plus programme proposal, the overall assessment was positive, and the proposal was seen as strong. At the same time EKN engaged with the UNFA team on a few issues where it thought UNFPA could strengthen its proposal. Those issues were mainly in the area of: efficiency, (financial) sustainability, transparency and impact tracking. (See correspondence in annexes : Sophia Ref Minbuza -2026.245819)

The engagements led to a sustainability roadmap among other things, slightly improved efficiency, and a better insight into the budgeting principles of UNFPA for the Say Plus programme. In spite of strong engagement on strengthening the results framework, UNFPA repeatedly pushed back on most proposed additions to the results framework. (See correspondence on the results framework in annexes -Sophia Ref : Minbuza-2026.246760)

Results

Global Health & Sexual and Reproductive Health Rights

To protect, promote and fulfil universal access to sexual and reproductive health and rights (SRHR), including HIV/AIDS

1. Youth, information and choices

Better information and greater freedom of choice for young people about their sexuality

Indicators

1.1. # of youth using SRH services
Measurements: Target: 1242989

1.b. Promote good quality, gender-transformative, comprehensive sexuality education that encourages healthy sexual behavior, that reaches all youth (in and out of school)

Indicators

1.b.1 # of young people reached with comprehensive, correct information on sexuality, HIV/AIDS, STIs, pregnancy and contraception
Measurements: Target: 815213

2. Health products

Improved access to SRH and HIV/AIDS medicines and commodities

Indicators

2.1 Modern Contraceptive prevalence rate
Measurements: Target: 43

2.2 Unmet Need
Measurements: The Baseline is yet to be determined. Then actual target set.

2.a. Support innovation for SRH and HIV/AIDS medicines and commodities

Indicators

2.a.1. # of innovative SRH (incl. HIV/AIDS) medicines and commodities or production/distribution options that have proof of concept or have successfully been brought to scale, according to own project definition
Measurements:

2.b. Promote access to and correct usage of safe, effective, quality and affordable medicines and commodities for: 1. Safe pregnancy and delivery, modern family planning, post-abortion care and safe abortion 2. Prevention and treatment of HIV/AIDS

Indicators

2.b.1 # of women and girls using modern contraceptives
Measurements:

2.b.2 Couple years protection (CYP)
Measurements:

2.b.4 # of service delivery points with continuous availability of commodities related to safe abortion in the reporting period

Measurements:

1.a. Promote active and meaningful involvement of young people in policy- and decision-making

Indicators
1.a.1 # of youth who participate in policy and decision-making bodies who perceive their participation as meaningful
Measurements:

1.c. Boost access to and use of youth-friendly SRH and HIV/AIDS Services

Indicators
1.c.1 # of health facilities that adopt and implement youth-friendly SRH and HIV/AIDS services
Measurements:

3.a. Strengthen health systems to support provision of SRH including HIV/AIDS services and safe abortion care

Indicators
3.a.1 # health workers trained in providing SRH services
Measurements:

3.a.2 out of which # including on safe abortion
Measurements:

4.a. Promote the adoption and implementation of and accountability to laws and policies for the sexual and reproductive rights of all people, including those belonging to marginalized groups by governments and (inter-) national institutions

Indicators
4.a.1 Changes in (inter)national laws, policies, norms and practices leading to decrease of barriers to SRHR and HIV/AIDS services
Measurements:

4.b. Strengthen accountability mechanisms between citizens/communities and governments, health service providers and other actors to realize SRHR of all people

Indicators
4.b.1 (Description of effective use of accountability mechanisms by citizens/communities and civil society organizations towards SRHR of all people
Measurements: Total no. women-led and/or youth-led coalitions and movements (inclusive of marginalized groups such as persons with disabilities, minority groups, etc.) that demonstrate and report evidence of meaningful participation in at least one policy dialogue

3. Improved care

Better public and private health care for family planning, pregnancies and childbirth, including safe abortions

Indicators
3.2 # unintended pregnancies averted
Measurements:

3.b. Increase private sector commitment in embedding SRH and HIV/AIDS services within health systems

Indicators

3.b.1 # of initiatives to promote private sector involvement in SRH and HIV/AIDS services

Measurements:

Monitoring and evaluation

Monitoring

- Specify what reporting information is required for this activity, based on the activity analysis decision tree (see Help).

Following the decision-tree:
The organisational capacity is **adequate**. The risk of not obtaining the results are **moderate**. Risks related to fiduciary are **moderate**. The contribution is over 5 million euros. This means the required materials for a performance assessment are an **audit opinion and a report of findings.**
UNFPA does not have the obligation to report using the IATI guidelines.
UNFPA conducts monitoring visits, spot checks, and audits on a regular basis, during which further verification is conducted.
Biannually progress reviews, biannual field monitoring visits and annual reviews based on the Results Framework and annual M&E Plan will be conducted.
Programme monitoring visits will be undertaken by UNFPA, representatives from the donors at the time and currently that is Denmark, Sweden, Iceland, the Netherlands, the Government of Uganda and CSOs and will be followed by meetings to reflect on the findings and generate recommendations for moving forward.
Include the following elements:

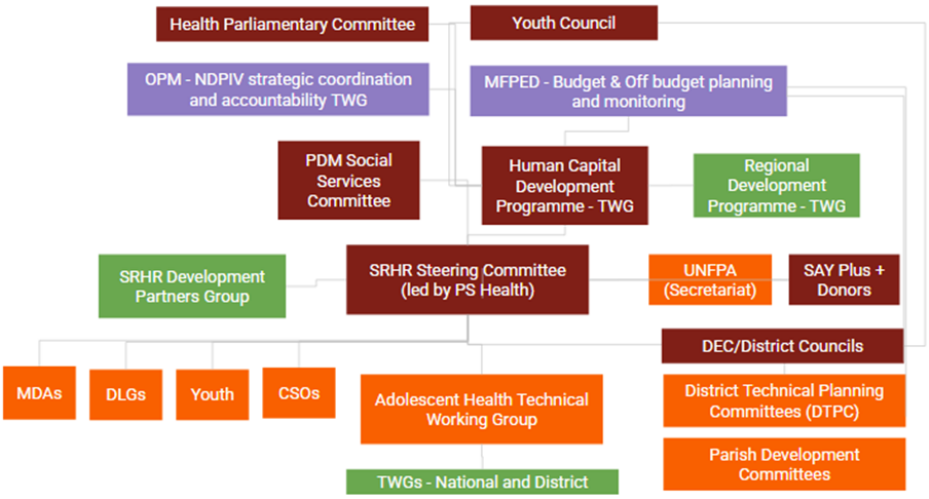
4. **Planning versus realisation:** tracking progress against predetermined objectives as laid out in the project proposal.
5. **Performance and quality:** checking relevance and appropriateness of the implementing organisation's performance based on key assumptions in the proposal and the outcomes of the risk analysis.

Pay attention to the method and frequency of monitoring and describe the roles and responsibilities. For further information, see Help.
The proposal was submitted with a results framework. This results framework has been checked and adapted in order to include indicators prioritized by the Netherlands. A final results framework is to be submitted. UNFPA has also shared a MEAL plan. The MEAL plan is to be adapted in accordance to the suggestions made by the EKN for indicators that better reflect the ability of the programme results to sustain after donor funding stops, and assess their greater influence on the broader system, outside of the programme.
Additionally, financial sustainability is another important indicator that should be closely monitored. EKN has suggested several indicators that will provide closer insight in coordination of funds with the GoU, by tracking actual expenditures per Ministry and percentage of budget covered by the government IPs.
Upon conclusion of the baseline, both the finalized MEAL plan and Results Framework will be added adopted as tools for monitoring and evaluating program's progress and overall performance.
In the proposal, UNFPA states that M&E will be conducted through:
- Joint field visits under UNFPA leadership to monitor programme implementation, documentation of good practices and lessons learned. A Monitoring, Evaluation, Accountability and Learning Plan will be developed in line with the principles of Results-Based Management and Accountability to Affected Populations in consultation with implementing partners and key stakeholders. Baseline and end line evaluation of the project will be conducted to provide baseline information to support measurement of programme results.
-Monitoring will include biannual progress reviews, biannual field monitoring visits and annual reviews based on the Results Framework and annual M&E Plan. Programme monitoring visits will be undertaken by UNFPA, representatives from the donors at the time and currently that is Denmark, Sweden, Iceland, the Netherlands, the Government of Uganda and CSOs and will be followed by meetings to reflect on the findings and generate recommendations for moving forward.
- According to the FCDO Due Diligence Assessment of UNFPA (2025) UNFPA assigns a field officer to each IP field team to ensure continuous monitoring and engagement with projects at the implementation level.

2024–2030: Routine Monitoring and Reporting

- Regular technical support missions and government-led joint field monitoring visits
- Digital dashboards will track real-time indicators from PDMIS/HMIS/LMIS/GBV systems.
- Quarterly partner reports validated by UNFPA and local governments.
- Annual programme reviews with representatives of young people, partners, district local government and national stakeholders.

The programme adopts a multi-tiered governance structure that ensures accountability, coordination, and transparency while promoting government leadership; as well as donor participation, compliance and decision making.



The strategic oversight and policy direction are provided by the **National SRHR Partnership Steering Committee** (SC). Co-chaired by the Permanent Secretary of the Ministry of Health and **a donor representative.** The Steering Committee brings together key MDAs (MoGLSD, MoES, MoLG, MFPED, OPM, NPA, and UBOS), development partners, local government representation, youth and CSOs, twice a year. UNFPA is the secretariat to ensure coordination and meaningful participation of all stakeholders. The Committee provides SRHR strategic guidance, reviews SRHR indicators and budget performance, ensures complementarity among SRHR programmes, and ensures alignment with national priorities and national budget. The Netherlands as member of the steering committee will ensure that the annual plans provide sufficient details / transparency and that the focus remains on sustaining the gains of the project. This focus on the steering committee will prevent micro-management during the implementation phase.

- Annual Reporting of overall programme results, lessons learnt and best practices for learning.

MOPAN assessment (2025) shows that UNFPA still performs below expectations on some relevant sub-indicators, a.o. effective monitoring and risk management. While UNFPA's monitoring systems have improved over recent years, MOPAN notes that capacity for monitoring and evaluation remains limited, especially at regional and country level, and that current systems are still more strongly geared towards measuring outputs than outcomes.

MOPAN also recognizes that UNFPA has introduced a new and more comprehensive risk management policy since 2022 but concludes that implementation at country level still needs to be strengthened.

For SAY Plus+, this means that the main risk is not the absence of a monitoring or risk management framework, but the quality and consistency of application throughout SAY Plus+ including IPs. The final results framework should therefore align with EKN's ambitions on durability, financial sustainability and system change, and reporting should include clear evidence on progress against both output and outcome indicators, data quality, IP monitoring, risk mitigation and IP SEAH reporting and transparency of expenditures. Additionally, there should be frequent interactions on knowledge management and follow-up.

Evaluation

Describe whether a final evaluation and/or a mid-term review has been planned. If yes, state:

Yes, the following reports reviews have been planned. 2025 Midterm Review has been conducted.

2024	2025 & 2026	2027	2028	End of Programme
Programme Launch: West Nile & Acholi Baseline in West Nile and Acholi.	2025: Midterm review (West Nile and Acholi) 2026: Programme Launch: SAY Plus+ (Karamoja, Bukedi and Busoga) Endline evaluation of STOP in Busoga. Baseline in Bukedi, Karamoja and Busoga + all regions for the fistula component.	Endline evaluation (West Nile and Acholi) and Midline Review (Karamoja, Bukedi and Busoga) to generate: outcomes & progress assessment for expansion decisions	Endline evaluation Karamoja and Bukedi) to generate: outcomes & progress assessment for expansion decisions	Endline evaluation after all contributions have finalized, targeted in 2030

- **who will commission the final evaluation and/or mid-term review (for options, see Help);**

UNFPA, in accordance with the donors

- **whether the procedure and practical arrangements have been agreed on with the implementing organisation (for details, see Help).**

Procedures have been established in the MEAL-plan. Further agreements are to be determined.

Finance

Budget breakdown

- Include an overview of the activity budget, including overhead costs.

NL - Only

SAY PLUS Budget 2024 - 2030 (NL)

Goal: Strengthening Adoloscent and Youth (SAY Plus +) in West Nile, Acholi, Karamoja, Bukedi, Busoga Regions.

			2026 (6months)	2027	2028	2029	2030 (6months)	Total	Per sub-output	Per output
Output 1 - Demand: Young people, especially adolescent girls, and women of reproductive age are empowered to make informed choices and demand high quality integrated SRHR and GBV services										
Sub-output 1.1. Young people, especially adolescent girls, have strengthened agency to demand for integrated youth-responsive SRHR/GBV services	MoGLSD, MoE, STF, NTIHC, UNFPA, CARE		218.889	437.778	254.136	232.218	-	**1.143.021**	*41%*	
Sub-output 1.2. Youth-led organisations, networks, and movements have strengthened capacity create demand for integrated SRHR/GBV services and hold duty bearers accountable	NTIHC, STF, MoGLSD			108.880	110.934	44.231	-	**264.045**	*9%*	
Sub-output 1.3. The most vulnerable girls and women are empowered and economically resilient to demand and access SRHR/GBV services	CARE, NPA, MoGLSD, MoLG		56.168	573.146	104.213		-	**733.527**	*26%*	
Sub Output 1.4 Communities have increased knowledge on causes and prevention of obstetric fistula and are able to utilize related prevention and treatment services	MSU, AMREF, CUAMM		78.218	202.439	60.435		-	**341.092**	*12%*	
Sub Output 1.5 : Women affected and treated for obstetric fistula are rehabilitated and reintegrated into a productive social life	MSU, AMREF, CUAMM		64.108	168.105	76.102		-	**308.315**	*11%*	
Subtotal Output 1			**417.383**	**1.490.348**	**605.820**	**276.449**	-	**2.790.000**	*100%*	**17%**
Output 2 - Enabling Environment: The socio-cultural and institutional environment at the community and district level enables young people to access SRHR/GBV information and services										
Sub-output 2.1. Community members, especially local opinion leaders and caregivers of young people, have strengthened capacity to shift gender and social norms and support young people to access SRHR/SGBV services	MoGLSD, CARE, UNFPA		168.417	583.246	361.095	83.056		**1.195.814**	*20%*	
Sub-output 2.2. District structures have strengthened capacity to coordinate and monitor SRHR/SGBV interventions for young people and to use data and evidence for evidence-based decision making using a	UNFPA, MoGLSD, MoLG, UBOS, NPA		434.938	1.628.468	1.538.604	833.957	433.957	**4.869.924**	*80%*	
Subtotal Output 2			**603.355**	**2.211.714**	**1.899.699**	**917.013**	**433.957**	**6.065.738**	*100%*	**38%**
Output 3 - Service Delivery: Quality integrated SRHR/GBV services are available and responsive to the needs of young people and women										
Sub-output 3.1. Strengthened capacity of health facilities to provide quality integrated SRHR/GBV services	AMREF, CUAMM, MOH, UNFPA, MSU		204.907	532.567	257.036	97.899		**1.092.409**	*35%*	
Sub-output 3.2. Scale-up the provision of PWD and youth-responsive SRHR/GBV services using differentiated service delivery models	AMREF, CUAMM, MSU, MoH		80.215	354.666	264.215	64.786		**763.882**	*24%*	
Sub-output 3.3. MISP - Minimum Integrated Service Package for SRHR/GBV/PSS is available and accessible at refugee transit and reception centers	AMREF, CUAMM, MSU, UNFPA			268.918	71.782			**340.700**	*11%*	
Sub Output 3.4: Fistula care services at the Health facility	MOH, UNFPA, AMREF, CUAMM, MSU,		98.746	579.362	274.902			**953.010**	*30%*	
Subtotal Output 3			**383.868**	**1.735.513**	**867.935**	**162.685**	-	**3.150.001**	*100%*	**20%**
4. MONITORING, EVALUATION, ACCOUNTABILITY & LEARNING (MEAL)								**0**		
Output 4.1. Monitoring & Evaluation	UNFPA		20.000		20.000	10.000	50.000	**100.000**	*40%*	
Output 4.2. Knowledge Management & Learning	UNFPA		30.000	30.000	30.000	30.000	30.000	**150.000**	*60%*	
Subtotal MEAL			**50.000**	**30.000**	**50.000**	**40.000**	**80.000**	**250.000**	*100%*	**2%**
5. HUMAN RESOURCES NED	UNFPA		-	375.128	665.360	806.392	395.102	**2.241.982**		*14%*
6. OPERATIONAL COSTS								-		
Vehicle Leasing over 5 years	UNFPA		5.250	10.500	10.500	10.500	5.250	**42.000**	*21%*	
Direct operational costs and Audit	UNFPA		20.250	40.500	40.500	40.500	20.250	**162.000**	*79%*	
Subtotal Operations			**25.500**	**51.000**	**51.000**	**51.000**	**25.500**	**204.000**	*100%*	**1%**
Total Programme Costs			1.480.106	5.893.703	4.139.814	2.253.539	934.559	**14.701.721**		*92%*
UNFPA 8%			118.408	471.496	331.185	180.283	74.765	**1.176.138**		**7%**
Total programme cost + IC			**1.598.514**	**6.365.199**	**4.470.999**	**2.433.822**	**1.009.324**	**15.877.859**		**99%**
UN 1% coordination levy			15.985	63.652	44.710	24.338	10.093	**158.779**		**1%**
GRAND TOTAL			1.614.500	6.428.851	4.515.709	2.458.160	1.019.417	**16.036.637**		*100%*
	MGT COSTS NED		**159.894**	**961.276**	**1.092.255**	**1.062.013**	**505.460**	**3.780.898**		**24%**
			9,90%	14,95%	24,19%	43,20%	49,58%	23,58%		

SAY PLUS Budget 2024 - 2030 (all donors)

Goal: Strengthening Adoloscent and Youth (SAY Plus +) in West Nile, Acholi, Karamoja, Bukedi,

	Total	DK	SE	IS	NL	Total Sub Output	Output
Output 1 - Demand: Young people, especially adolescent girls, and women of reproductive age are empowered to make informed choices and demand high quality integrated SRHR and GBV services							
Sub-output 1.1. Young people, especially adolescent girls, have strengthened agency to demand for integrated youth-responsive SRHR/GBV services	4.502.318	1.876.369	1.482.928		1.143.021	46%	
Sub-output 1.2. Youth-led organisations, networks, and movements have strengthened capacity create demand for integrated SRHR/GBV services and hold duty bearers accountable	1.177.706	571.095	342.566		264.045	12%	
Sub-output 1.3. The most vulnerable girls and women are empowered and economically resilient to demand and access SRHR/GBV services	2.578.866	893.679	951.660		733.527	26%	
Sub Output 1.4 Communities have increased knowledge on causes and prevention of obstetric fistula and are able to utilize related prevention and treatment services	783.617			442.525	341.092	8%	
Sub Output 1.5 : Women affected and treated for obstetric fistula are rehabilitated and reintegrated into a productive social life	813.519			505.204	308.315	8%	
Subtotal Output 1	**9.856.026**	**3.341.143**	**2.777.154**	**947.729**	**2.790.000**	**100%**	**21%**
Output 2 - Enabling Environment: The socio-cultural and institutional environment at the community and district level enables young people to access SRHR/GBV information and services							
Sub-output 2.1. Community members, especially local opinion leaders and caregivers of young people, have strengthened capacity to shift gender and social norms and support young people to access SRHR/SGBV services	2.999.785	1.059.057	744.914		1.195.814	26%	
Sub-output 2.2. District structures have strengthened capacity to coordinate and monitor SRHR/SGBV interventions for young people and to use data and evidence for evidence-based decision making using a multisectoral approach	8.454.598	967.850	2.616.824		4.869.924	74%	
Subtotal Output 2	**11.454.383**	**2.026.907**	**3.361.738**	-	**6.065.738**	**100%**	**25%**
Output 3 - Service Delivery: Quality integrated SRHR/GBV services are available and responsive to the needs of young people and women							
Sub-output 3.1. Strengthened capacity of health facilities to provide quality integrated SRHR/GBV services	5.961.454	3.020.266	1.848.780		$1.092.409	48%	
Sub-output 3.2. Scale-up the provision of PWD and youth-responsive SRHR/GBV services using differentiated service delivery models	3.258.806	1.581.161	913.763		$763.882	26%	
Sub-output 3.3. MISP - Minimum Integrated Service Package for SRHR/GBV/PSS is available and accessible at refugee transit and reception centers	1.092.342	344.094	407.548		$340.700	9%	
Sub Output 3.4: Fistula care services at the Health facility	2.142.558			1.189.548	$953.010	17%	
Subtotal Output 3	**12.455.160**	**4.945.521**	**3.170.091**	**1.189.548**	**3.150.000**	**100%**	**27%**
4. MONITORING, EVALUATION, ACCOUNTABILITY & LEARNING (MEAL)							
Output 4.1. Monitoring & Evaluation	870.500	380.000	250.000	140.500	100.000	62%	
Output 4.2. Knowledge Management & Learning	525.000	225.000	150.000		150.000	38%	
Subtotal MEAL	**1.395.500**	**605.000**	**400.000**	**140.500**	**250.000**	**100%**	**3%**
5. HUMAN RESOURCES	**6.912.935**	**2.268.401**	**1.902.552**	**500.000**	**2.241.982**		
6. OPERATIONAL COSTS							
Vehicle Leasing over 5 years	84.000		42.000		42.000	21%	
Direct operational costs and Audit	320.000		158.000		162.000	79%	
Subtotal Operations	**404.000**	-	**200.000**	-	**204.000**	**100%**	**1%**
Total Programme Costs	**42.478.004**	**13.186.972**	**11.811.535**	**2.777.777**	**14.701.720**		
UNFPA 8%	3.398.240	1.054.958	944.923	222.222	1.176.138	100%	**7%**
Total programme cost + IC	**45.876.244**	**14.241.930**	**12.756.458**	**2.999.999**	**15.877.858**		
UN 1% coordination levy	301.198	142.419			158.779	100%	**1%**
GRAND TOTAL	**46.177.442**	**14.384.349**	**12.756.458**	**2.999.999**	**16.036.636**	**100%**	**100%**
	100%	31%	28%	6%	35%		

- Is the budget arithmetically correct?
  Yes. The calculation is documented in Sophia: MINBUZA-2026.237006. This file is considered the definitive baseline for our assessment. This file includes the planned milestone payment
- Are the amounts/rates in the budget acceptable?
  While individual activity costs are consistent with comparable projects, the overall transparency regarding unit pricing remains inadequate. The organization has historically failed to provide full budget disclosures. We maintain that 'Value for Money' can only be verified if the organization adheres to a transparent, line-item reporting standard for all budget components.
  The prices per activity are explained as being aligned to the DK, SE, IC part of the project.
- Briefly explain the structure of the budget.
  The structure is currently disaggregated by output:
  - Output 1 - Demand: Young people, especially adolescent girls, and women of reproductive age are empowered to make informed choices and demand high quality integrated SRHR and GBV services
  - Output 2 - Enabling Environment: The socio-cultural and institutional environment at the community and district level enables young people to access SRHR/GBV information and services
  - Output 3 - Service Delivery: Quality integrated SRHR/GBV services are available and responsive to the needs of young people and women
  - 4. MONITORING, EVALUATION, ACCOUNTABILITY & LEARNING (MEAL)
  - 5. HUMAN RESOURCES
  - 6. OPERATIONAL COSTS
  - Total Programme Costs
  - UNFPA 8%
  - UN 1% coordination levy
  - GRAND TOTAL

An overarching consolidated budget is missing. This must be corrected in the next reporting cycle to ensure proper financial monitoring across all output areas.

- Are overheads proportional to outputs? What is included? What is recharged?

  The overhead rate of 23.86% is high to the actual administrative burden. We have explained that this rate is no longer accepted as a fixed baseline.
  We have to check every year if there is room reducing it by percentage points annually, (maybe in the discussion on making it conditional upon the successful transition of implementation responsibilities to local partners)
  See also the Q@E minutes of the meeting with the CTR's of the other contributors [MINBUZA-2026.219903]

BUDGET						
Budget Category	**Previous budgets**					
	Denmark	**Sweden**	**Iceland**		**Total**	
Programme	10,618,571	9,458,983	2,123,025		22,200,579	
	73.82%	74.15%	70.77%		73.66%	
Management	3,765,778	3,297,475	876,974		7,940,227	
	26.18%	25.85%	29.23%		26.34%	0.2634
					30,140,807	
	Proposed Budgets					
	Denmark	**Sweden**	**Iceland**	**Netherlands**	**Total**	
Programme	10,918,571	9,708,983	2,277,777	12,255,738	35,161,069	
	75.91%	76.11%	75.93%	76.42%	76.14%	
Management	3,465,778	3,047,475	722,222	3,780,898	11,016,373	
	24.09%	23.89%	24.07%	23.58%	23.86%	0.2386
					46,177,443	

Now with the additional NL contribution, we end up with not further negotiable 23,86%.

- Is implementation conditional on the budget being amended in an inception phase? (Specify the requirements that the budget must satisfy and the date by which the budget must be amended)

  A formal inception phase is absent, but the approval of subsequent annual work plans is strictly conditional. The implementing organization must provide more breakdown on the activity costs. Failure to demonstrate 'Value for Money' or the provision of opaque budget lines will result in a suspension of funding for the respective annual cycle.

Earmarking

6. Is the Dutch contribution to the programme earmarked (i.e. reserved for a specific purpose)? If so, specify the reasons why.

   No. The Dutch contribution is provided as non-earmarked support.
   DK, SE en NL give non-earmarked support. IS's contribution is earmarked (fistula)

Prepayments

- Based on the prepayment decision tree (see Help), do the payments need to be entered as prepayments and why? In the case of a lump sum, assess this against the applicable criteria and give the reasons for your choice.

  Bzelf :

For the following types of contributions, payments may be booked and recorded as lump sums:

- General contributions to multilateral organizations. These are general contributions that are not earmarked and are not subject to any (restrictive) conditions regarding their use.
- Contributions to Multi-Donor Trust Funds (MDTF)
- Humanitarian Aid through Multilateral Organizations

And provided that the following four criteria are met:

- An activity to which multiple donors contribute
- The Dutch contribution is unearmarked, or the specific final destination of the total funds is not yet known at the time the budgetholder makes the contribution
- The application and/or allocation and use of the funds are regulated by an effective governance structure, or
- No settlement is made at the end of the term at the initiative of the Minister. If the arrangement includes a provision regarding residual funds, this wording is required in the arrangement: *"Any balance remaining in the programme account upon completion of the programme will be used for a purpose mutually agreed upon or returned to the Minister in the proportion to its contribution to the programme as decided upon by the Minister."* If you have any questions about the exact wording of this clause, please contact FEZ@minbuza.nl

Yes. As the final criteria in the decision tree is not met, the funds must be registered as prepayments.

- What is the maximum percentage that can be paid as prepayment, and why?

100%. This is in accordance with the standard financial agreements currently in place for this type of multilateral institutional support.
Bzelf

Prepayment UN system organisations and International Financial Institutions (IFI's) based on expected commitments

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The 'Financials Regulations and Rules' of UN system organisations (see UN system chart) and IFI's require that they receive donors' contributions before confirming commitments to third parties in respect of those funds. This means that UN system organisations and IFI's base their liquidity forecast on their planned commitments. The prepayments are therefore based on the expected commitments for the coming period of 12 months and are not based on the expected expenditures. This also implies a 100% prepayment policy, The average duration of the commitments to which the prefinancing relates must not exceed three years.

Payment to be registered
first pre-payment USD 4,7M + lumpsum Levy 157,779

2026 (6months)	2027	2.028,00	2029	2030 (6months)
1.598.514	6.365.199	4.470.999	2.433.822	1.009.324
Total	Commitments	16.036.638,00	Rounded up with 1 USD	
Total	Programme	15.877.859,00		
Payment 2026	Levy	158.779,00		
		Calculated	**Rounded**	**Levy**
Payment 2026		4.781.114	4.700.000	157.779
Payment 2027		5.418.099	5.400.000	
Payment 2028		3.452.411	3.500.000	
Payment 2029		2.226.235	2.277.859	
		15.877.859	**15.877.859**	

Which are the reporting obligations on the basis of which prepayments can be closed?
Prepayments will be closed only upon the submission and full verification of all Certified Financial Statements (CFS) and the receipt of all required programmatic reports.

Available resources

	Foreign currency (USD)	EUR*
Implementing organisation's own contribution	0	0

	Foreign currency (USD)	EUR*
Firm commitments by other donors (for each donor)	DK: 14.384.349 SE: 12.756.458 IS: 2.999.999	DK: 12.370.540 SE: 10.970.554 IS: 2.579.999
Dutch contribution	16,036,637	13.791.507
Total available resources	46.177.442	39.712.600
Budget needed	46.177.442	39.712.600
Still to be financed	0	
Soft commitments by other donors (for each donor)	0	
Uncovered balance	0	

The budget reflects a total available resource pool of EUR 39,712,600. Note: The financial commitments are based on the current corporate exchange rate. The risk of inflationary impact and currency fluctuation is borne by the implementing organization.

- Are there any non-financial contributions relevant to implementation of the activity, such as deployment of volunteers, availability of buildings, materials, etc.?
  None are explicitly formalized. Any deployment of local government resources or personnel must be documented in the annual progress reports to ensure oversight.
- If there is an uncovered balance, how will this affect implementation of the activity (e.g. proportional reduction in outputs, omission of regions) and how will this affect the decision whether to fund this activity?
  There is no uncovered balance at this time.

Grant with a repayment obligation, loans, equity investment or guarantee

- Does the Dutch contribution take the form of a grant with a repayment obligation, a loan, an equity investment or a guarantee (either in whole or in part)? If yes, briefly set out the consequences for accounting and how correct processing in the financial records will be ensured.
  The Dutch contribution does not take the form of a grant with a repayment obligation, a loan, an equity investment or a guarantee.
- Are there revolving funds? If yes, please explain what will happen to any residual funds, how closure will take place and which agreements should be made.
  No revolving funds have been involved.

Audit opinions

- Is an audit opinion required for the activity (see Help)? Briefly explain.
  Yes. UNFPA is required to provide Certified Financial Statements (CFS), which will be published on BZELF.
- Should the audit opinion be accompanied by an additional auditor's report (for example, on the risks set out above, or on monitoring that the organisation carries out on its prepayments to other organisations)?
  No, this is not currently foreseen in the standard UNFPA arrangements. However, this does not preclude the Ministry from commissioning an independent audit on specific budget lines should financial reporting lack the necessary depth or if irregularities in local expenditures are detected.