

TERMS OF REFERENCE CONDUCTING A BASELINE SURVEY FOR THE JOINT PROGRAMME ON FEMALE GENITAL MUTILATION (JPFGM)

1. Background

Female Genital Mutilation/cutting (FGM/C) refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-medical reasons. Globally, it is estimated that approximately 100 to 140 million girls and women have undergone some form of FGM/C, and at least 3 million girls are at risk of undergoing the practice every year. The age at which FGM/C is performed varies. In some areas it is carried out during infancy, in others during childhood, at the time of marriage, during a woman's first pregnancy or after the birth of her first child. The most typical age is 7 - 10 years or just before puberty, although reports suggest that the age is dropping in some areas.¹ FGM/C has both immediate and long-term consequences to the health and well-being of girls and women, negatively impacts maternal and neonatal outcomes, and also increases the risk of HIV/AIDS transmission. The practice is prevalent in 28 countries in Africa and in some countries in Asia and the Middle East. Girls' and women's health, their empowerment, and the realization of their rights are negatively affected by FGM/C as well as the achievement of the Millennium Development Goals related to reducing child mortality, improving maternal health and combating HIV/Aids.²

In Uganda FGM prevalence rate is 1% and is practiced mainly by three ethnic groups, this is comparatively low compared to rates of other African countries. However, the practice is highest in eastern regions of the country (DHS, 2011). There are regional variations in prevalence with the highest rates occurring in Karamoja (4.5%) and the Eastern Region (2.3%) (DHS, 2011). All other regions in Uganda have prevalence rates of below 2%. However among the Pokot, FGM is near universal at 95% and the practice is estimated at approximately 50% among the Sabinu (UNFPA, 2011).

In Uganda FGM is practiced by the Sabinu (Sebei) in Kapchorwa, Kween and Bukwo districts while in Karamoja region, its practiced by the Pokot in Amudat and Nakapiripirit districts; the Kadama (living on Mount Kadam) in Nakapiripirit and by the Tepeth (also called So) in the Moroto district. FGM is also believed to be practiced by the Somalis living in Uganda and the Nubi ethnic group in Bombo, Arua and elsewhere in the Western Nile region. FGM has also been reported in the districts of Isingiro, Kamuli, Kamwenge and Bugiri (UNFPA, 2011). Type IV category involving Genital elongation is practiced mainly by the Baganda.

There are varying sources stating the age at which FGM occurs, in general within Uganda those subjected to FGM are young girls (often early teens) or young women, (18+), who had previously avoided being cut. Among the Sabinu, FGM is usually performed on girls

¹ UNFPA and the Report of the Secretary-General on Ending female genital mutilation (E/CN.6/2012/8)

² UNFPA/UNICEF Joint Programme on Female Genital Mutilation-Cutting, Annual Report 2009

aged 12-15 who are reaching maturity for marriage while among the Pokot, FGM occurs between the ages of 9 and 14 and for the Tepeth it is between the ages of 11 and 14.

To accelerate the abandonment of Female Genital Mutilation/cutting (FGM/C) within one generation, UNFPA and UNICEF established the Joint Programme on Female Genital Mutilation and Cutting: **Accelerating Change**, launched at the global level in 2007 and in eight countries in 2008 to 2012 extended to 2013. The primary objective was to make tangible progress over five years, defined as a reduction in FGM/C prevalence by 40 per cent among girls aged 0-15, expanding to 17 countries, with at least one country declaring total abandonment by 2013.

Under the leadership of national actors (MGLSD) and in partnership with civil society, religious leaders, communities and other key stakeholders, the Joint Programme aimed to be a catalyst for change by supporting existing Programmes at the regional and national levels. The Joint Programme's novel, culturally sensitive human rights-based approach, strategically leveraging social dynamics in favor of abandonment, is designed to spark and fuel a process of positive social change.

In alignment with evidence-based strategies identified in the 2008 Inter-Agency Statement on the elimination of FGM/C, the Joint Programme is designed to support, in a holistic manner, 9 distinct yet complementary outputs for FGM/C abandonment including;

Effective enactment, enforcement and use of national policy and legal instruments; Local-level commitment; Media campaigns and other forms of communication; Partnerships with religious and other organizations and institutions fostered; FGM/C abandonment integrated and expanded into reproductive health policies, planning and programming; Use of new and existing data for evidence-based programming, policies & evaluation; Tracking of programme benchmarks and achievements for accountability; and, Strengthened regional dynamics and 9: Strengthened collaboration with key development partners.

In 2012, the Joint Programme continued to disseminate and incorporate the social norms perspective into global-level policies and country-level programming in 15 countries and, 6 high-prevalence districts in Uganda providing both financial and technical support to MGLSD, Bukwo Kween, Kapchorwa, Nakapiripirit, Amudat and Moroto districts and, to faith based and civil society partners including REACH programme, Law Uganda, MAZIDEP, POZIDEP, ASB, Vision Care and TPO.

2012, the fifth year of implementation globally and forth year in Uganda of the JPFGM, an evaluation of the UNFPA-UNICEF joint programme on FGM/C was undertaken in line with the increasing need and demand from donors to strengthen UN cohesion through jointly delivering results. Furthermore, the evaluation complemented the Report of the Secretary-General on ending Female Genital Mutilation³ (2012) and provided further evidence of progress towards ending this practice.

³ Report of the Secretary-General: ending Female Genital Mutilation E/CN.6/2012/8

The joint evaluation assessed the extent to which the UNFPA-UNICEF joint programme has accelerated the abandonment of FGM/C in 15 programme countries (2008-2012). The evaluation provides an opportunity to ensure accountability to partner governments, UNFPA and UNICEF executive boards, donors and other stakeholders.

This evaluation was undertaken jointly by the Evaluation Branch/DOS of UNFPA and the Evaluation Office of UNICEF to ensure that an independent and credible exercise is conducted that would inform global and national efforts to promote the abandonment of the practice. The **key conclusions** of the evaluation:

The joint programme has been pursued in line with the national and international commitments on FGM/C and priorities of the national governments. In addition, the programme responded to existing needs at country level as well as to the priorities of UNFPA and UNICEF at global and country levels.

While it's overall approach and strategies were appropriate in view of the types of changes that the joint programme was aimed to support, its time-bound overall objective was overly ambitious. The evaluation also observes that, whereas the joint programme design and implementation reflected the theoretical assumptions, on which it was based, a gap in knowledge and evidence remains regarding the transition from changes in social norms to visible changes in individual and collective behaviors and, in the long term, a decrease in FGM/C prevalence.

The evaluation provides recommendations for the future direction of the FGM/C policies and programmes and gives UNFPA and UNICEF insights into the successes and challenges in conducting joint programming. Key among the recommendations were;

Further strengthen individual and joint systems, tools, capacities, and resources for monitoring and reporting on progress towards results; Invest in more in-depth research on social norms change and its linkages to changes in individual and collective behaviors. And, the need for UNFPA and UNICEF to Pursue a second phase of the joint programme and maintain its catalytic nature.

The findings of the evaluation therefore informed the development of Phase II of the JPFGM 2014/2017 and consequently a two year workplan (2014/2015) was developed and approved. Some modifications were made on the global indicators and Uganda is expected to report on areas that are relevant to it.

Based on this, It is critical that Uganda conducts an assessment, updates and identifies baseline values for indicators at the beginning of the program to feed into the M&E matrix for the program that has already commenced. The revised M&E results Matrix will be used to track and assess progress achievements of programme outputs and outcomes during Annual, Mid-Term and End of Term Reviews.

PHASE II JOINT PROGRAMME ON FEMALE GENITAL MUTILATION (JPFGM) OUTCOMES:

1. Strengthened commitment and resources for ending FGM/C at global, continental, regional and national levels in line with AU and UN Resolutions
2. Increased engagement and capacity of Government and civil society actors at national, district and community levels in programmes for the abandonment of FGM/C
3. Strengthened use of programmatic evidence base to address FGM/C and related adverse gender norms

OUTPUTS

1. Legislative frameworks on FGM/C strengthened and implemented at national and regional levels in line with AU and UN Resolutions
2. Increased knowledge, awareness and endorsement of AU and UN Resolutions on elimination of FGM/C at global, continental, regional, sub regional and national levels
3. Increased knowledge of benefits of abandoning FGM/C and related adverse gender norms in the population
4. Public leaders and mass media outlets increasingly take public positions in favour of the abandonment of FGM/C and related adverse gender norms
5. Increased availability of relevant prevention, protection and care services addressing FGM/C
6. Strengthened national and decentralized coordination addressing FGM/C
7. Enhanced national and sub national systems for generation of M&E information and research evidence on FGM/C for continuous programme improvement
8. Strengthened dissemination, appropriation and visibility of evidence-based research and learning with contributions and inputs by the Joint Programme

Whereas a workplan with outcomes, outputs and even an indicators matrix has been developed, there are gaps in the indicators for Uganda arising from inadequate data. This therefore raises the need for a baseline study to determine indicators baselines at country level that will contribute to the global indicators.

2. Survey Objectives

The baseline survey is to make available reliable and relevant data upon which the achievements or non-achievement of JPFGM Phase II programme will be made. The survey will provide information on baseline figures to be incorporated into the M&E results Framework for its completion.

Specifically, the survey is to contribute to the:

- Establishment of indicator baseline values for 2014/2015 (or the latest available data) that are specific to JPFGM supported districts of intervention as well as overall average figure for the indicators as outlined in the M&E results matrix (Annex 1).
- Provision of any additional information that will enhance achievement of JPFGM programme objectives.

3. Scope of the survey

The JPFGM supports interventions in 6 districts of Nakapiripirit, Amudat, Moroto, Bukwo, Kween, and Kapchorwa. The districts are provided funds to support activities through the Ministry of Gender Labour and Social Development (MGLSD). In addition, MGLSD implements activities at national level as well as providing technical support to districts and CSOs. The other programme implementers are faith based and civil society partners (REACH programme, Law Uganda, MAZIDEP, POZIDEP, ASB, Vision Care and TPO).

The survey will be based on the Objectively Verifiable Indicators (OVIs) for outputs as contained in the M&E results framework of the JPFGM (Annex 2). The indicator descriptions are based on global indicator reference sheets.

The survey will provide district-specific baselines for all 6 districts and overall average and/or national baseline figures for each indicator. Selection of data collection sites/units need to capture diversity in terms of geographical, local socio-economic and development characteristic. Furthermore, the survey instruments may be administered on a sample of respondents/responding units from each of the selected sample districts based on the same criteria of diversity.

4. Methodology

The baseline survey will provide quantitative and qualitative data, which may include one or more of the following methods:

1. Document reviews
2. Individual Interviews
3. Facility Survey and/or Records Review
4. Focus Group Discussions
5. Key Informant Interviews
6. Client Exit Interviews
7. Inventory checklists

5. Tasks of the Consultant

The consultants' team will undertake the following specific tasks:

- Take the overall responsibility for technical quality of the survey
- Prepare a inception/design report for the survey,
- Prepare quality survey instruments, for example: manuals, questionnaires, guidelines for FGD and KI interviews, and develop them in cooperation with UNFPA
- Make appropriate preparations for all aspects of field work, including recruitment, supervision and distribution of materials. UNFPA will provide initial contacts.

- Ensure that field work and other survey activities are undertaken in accordance with the work plan, budgetary allocations and highest quality standards
- Undertake quantitative and qualitative data analyses and report writing
- Undertake the report writing, and present a report to UNFPA for further dissemination.

6. Deliverables by the Consultant

- a) Design/Inception Report for the Baseline Survey including refined Indicator Reference Sheets and survey instruments
- b) Draft Baseline Report
- c) Final report (max 20 pages) describing the context, study methodology/process and findings. The monitoring and evaluation results matrix will be filled with baseline figures: district specific and overall average for each indicator accompanied with appropriate disaggregation
- d) Presentation on approved final output to stakeholders as indentified by UNFPA

7. Coordination of the Survey

The Survey will be coordinated by UNFPA in collaboration UNICEF and MGLSD. The consultants' team will work with all stakeholders during the execution of the study.

UNFPA (as administrative agency) will monitor the implementation of the survey by among other things reviewing and accepting the survey instruments and other deliverables designed by the researcher and providing quality assurance to the entire survey process.

8. Time Frame

The entire exercise is expected to last four weeks (30 working days, including Saturdays) effective Dec, 2014. The final report is expected not later than January 30th 2015.

A pre-requisite for undertaking the assignment is 100%, full-time working hours and commitment to this assignment in order to meet the strict deadlines. The proposed work plan needs to clearly reflect for all team members the actual availability for full-time engagement.

9. The Consultant

The Consultant firm must have a mix of professionals possessing a minimum of a Master's Degree and with adequate experience in the fields of Gender (specifically GBV); Policy and Advocacy, Statistical analysis. The consultant should have adequate experience in conducting KAP surveys, baseline and evaluation studies, as well as programme monitoring and evaluation in general. In order to ensure highest quality of data, the consultant is expected to take part of data collection in the field.

10. Submission of Proposals

Suitable consulting firms/teams are therefore requested to submit technical and financial proposals to undertake the survey. The proposals must include among others;

- ❖ Understanding of the assignment
- ❖ the detailed methodology of the survey including sample design, draft study tools,
- ❖ a detailed budget and detailed work plan.
- ❖ The proposal should also include the proposed report format including the key tabulations. The successful proposal, together with the ToRs will provide input for the development of the Design/Inception Report.

The proposals must be received at the UNFPA offices by 15th Dec 2014 by 17:00 pm. The proposal should be addressed to:

The Representative,
United Nations Population Fund,
Plot 12A Baskerville Avenue Kololo
P.O. Box 7184
Kampala, Uganda

Electronic submissions should be sent by the above deadline to tukwasibwe@unfpa.org and cherop@unfpa.org

Annex 1: Results Matrix

UNFPA-UNICEF Joint Programme on FGM/C

Results Matrix (Outcomes, Outputs and Indicators)

Results: Outcomes and Outputs	Indicators	Baseline (2014)	Target	Source of Data	Means of Verification
Outcome 1: Fulfilled commitments to eliminate FGM/C outlined in the UN A/RES/67/146 at global, continental and national levels	1.1: Number of policies that actively support the elimination of FGM/C at national and district level.			MGLSD, JLOS, 6 DLGs	
	1.2 Status of implementation of a comprehensive legal and policy framework to address FGM/C at national, sub-national and community level.			MGLSD, JLOS, 6 DLGs	
	1.3 Increased resources of national and sub-national governments to implement policies and legislation to eliminate FGM/C.			MGLSD, JLOS, 6 DLGs	
Output 1.1 Legislative frameworks on FGM/C strengthened and implemented at national and regional levels in line with AU and UN Resolutions	1.1.a Number of legal and policy documents integrating prohibition of FGM/C		6 Ministries (MGLSD MoES, MOH, MoLG, MoJCA, Parliament)	National and district policy and legal docs MGLSD MoJCA	Review of National and Districts Policy and laws Interview Key staff from MGLSD, MoJCA
	1.1.b Number of initiatives to build capacity of law enforcement and judicial systems		6 Ministries (MGLSD MoES, MOH, MoLG, MoJCA, Parliament) 6 DLGs	Training reports, Staff (MGLSD, Law Uganda, Police)	Interview with key staff in MGLSD, Law Uganda, Police, Review training reports,
	1.1. c Number of cases in which anti-FGM/C laws result in an arrest or sanction.		6 JPFGM/C districts, national level	Government reports/IMS/CSO reports, polices, Magistrates courts and Prisons	Review reports and judgments Interview with staff (CSOs – REACH, Vision Care, TPO, POZIDEP; Magistrates; Police; Prisons
	1.1.d Number of policy measures implemented to eliminate FGM/C		6 Ministries ,MGLSD MoES,	Reports on inter-country law enforcement, protocols,	Review reports Interviews with key

			MOH, MoLG, MoJCA, Parliament)	cooperation across borders, shared information systems, or other efforts.	staff
Output 1.2 Increased knowledge, awareness and endorsement of AU and UN Resolutions on elimination of FGM/C at global, continental, regional, sub regional and national levels	Proportion of leadership in key ministries (MGLSD, MoES, MOH, MoLG, MoJCA, Parliament) districts (6 FGM districts) and NGOs that are knowledgeable of AU and UN Resolutions on elimination of FGM/C		MGLSD, MoES, MOH, MoLG, MoJCA, Parliament) districts (6 FGM districts) and NGOs/FBOs	MGLSD, , MoES, MOH, MoLG, MoJCA, Parliament) 6 DLGS, CSOs and FBOs	Interview key staff
	1.2.a Number of national advocacy stakeholders reached with key messages of UN Resolutions calling for elimination of FGM/C		MGLSD, MoES, MOH, MoLG, MoJCA, Parliament) districts (6 FGM districts) and NGOs	MGLSD, DLGs, CSOs and FBO Reports on events conducted with political groups, influential organizations, NGOs, Ministries, justice system leaders, film and music stars, etc	Review of reports
	1.2.b Number of national advocacy events for stakeholders including Government and Civil Society on elimination of FGM/C		MGLSD, MoJCA, Parliament) (6 FGM districts) and NGOs/FBOs	MGLSD and UNFPA/UNICEF reports	Report review
	1.2.c Number of line ministries and districts with existing Government budget line dedicated to addressing FGM/C		6 Ministries (MGLSD MoES, MOH, MoLG, MoJCA, Parliament) 6 Districts (Kapchorwa, Kween, Bukwo, Amudat, Nakapiripirit, Moroto)	Line Ministries (MGLSD, MLG, EDUC, MoH 6 DLGs plans and Budgets and reports.	Review Ministry and District plans and budgets
Outcome 2. Increased engagement and capacity of Government and civil society actors at national, districts and	2.1 Degree of shift in the social norm upholding FGM/C in programme areas (composite indicator composed of: 1. % of individuals not supporting continuation, 2. % of individuals who believe others will cut and 3. % of individuals who believe they will be sanctioned if they do not cut.)				

community levels in programmes for the abandonment of FGM/C	2.2 Number of communities in programme areas having made public declarations of support for the abandonment of FGM/C				
	2.3 Number of girls and women receiving prevention, protection and care services on FGM/C related issues				
Output 2.1 Increased knowledge of benefits of abandoning FGM/C and related adverse gender norms in the population	Proportion of the population in target districts with adequate knowledge of the benefits of FGM/C abandonment (disaggregated by age and sex)		6 Joint programme Districts	6 DLGS leaders, CSOs and FBOs, Traditional leaders and community.	Review of survey reports, Interviews and focus group discussions with key selected population
	2.1.a Number of population [girls/boys/women/men] in programme areas who participate in educational dialogues promoting abandonment of FGM/C and related adverse gender norms		6 Joint programme Districts, CSOS/FBOs, community	Annual country progress reports, DLGs, CSO/FBO reports.	Review reports
	2.1.b Number of discussion meetings on FGM/C abandonment by community groups		DLGS, CSOS/FBOs	Annual country progress reports, DLGs, CSO/FBO reports.	Review Annual country progress reports, DLGs, CSO/FBO reports.Reports
	2.1.c Number of outreach events organized by communities in programme areas to expand the abandonment of FGM/C and related adverse gender norms		DLGS, CSOS/FBOs	Annual country progress reports, DLGs, CSO/FBO reports (<i>Social mobilization events, inter-village meetings, district events, comty development meetings observances of important cultural days, health outreach, student meetings etc</i>).	Review Annual country progress reports, DLGs, CSO/FBO reports.
Output 2.2 Public leaders and mass media outlets increasingly take public positions in favor of the abandonment of FGM/C and related	2.2.a Number of statements of public support for the abandonment of FGM/C by influential leaders and communicators (traditional, religious, cultural, political)		National level leaders, 6 DLGS, CSOS/FBOs and cultural leaders	Country programme Annual reports, DLGS, CSOS/FBOs reports and documentations, media reports	Review of reports
	2.2.b Frequency of media coverage on efforts to abandon FGM/C and related adverse gender norms.		Print and electronic Media (National & local radio and news	Print and electronic Media reports at National and district level, Annual progress country	Review print and electronic Media reports, DLGs and

adverse gender norms			papers.	reports.	CSOs and FBO quarter and annual reports
Output 2.3 Increased accessibility, acceptability, availability of quality relevant prevention, protection and care services addressing FGM/C	2.3.a Number of sexual and reproductive health, GBV, legal or child protection services available to girls and women for prevention, protection and provision of adequate care related to FGM/C.		MoH, MGLSD, DLGs, CSOs/FBOs	Service provision centers for FGM/C at national, district and CSOs/FBOs (Police, Judiciary, hospitals etc)	Sit visits and document reviews
	2.3.b Number of pre-service health care training programmes that include FGM/C in their curricula in line with WHO clinical standards		Pre-service health care training programmes at national & districts levels.	Pre-service health care training institutions	Review of the Health training Curriculum.
	2.3.c. Proportion of service providers with strengthened capacity on prevention, protection and care of FGM/C and related consequences. (e.g., health outreaches workers, community relays, child protection specialists, social workers, legal services, teachers, etc.)		Capacity of staff in 6 districts, CSOS/FBOs	Service providers in 6 districts whose capacity is strengthened to provide care and protection for FGM.	Conduct interviews, sit visits and review reports
	Number of survivors who receive prevention, protection and care services		6 districts, CSOS/FBOs	Country Joint programme progress Annual reports, district CSOs/FBO reports.	Document review, sit visits
Output 2.4 Strengthened national and decentralized coordination addressing FGM/C	2.4.a Proportion of districts with decentralized plans of action to eliminate FGM/C in line with national plans		MGLSD and 6 districts	National and district Plans of Action to eliminate FGM in 6 districts	Interviews and Review Plans of action
	2.4.b Frequency of national and decentralized coordination meetings to eliminate FGM/C (or other responsible committee)		UNFPA/UNICEF, MGLSD, DLGs and CSOs	UNFPA-UNICEF Country reports, MGLSD, DLGS and CSO/FBO reports	Review of Country Programme and partners reports, interviews
	2.4.c Number of multi-stakeholder monitoring missions to FGM/C programme sites		JSC, Joint Programmes, MGLSD, UNFPA and other UN agencies, DLGs	JPFGM country reports, UN joint programme monitoring reports, Joint steering committee reports, MGLSD and district CSO/FBO monitoring reports.	Review of reports
Outcome 3: Strengthened use of	3.1 Number of completed research and evaluation studies on Joint Programme supported programmes				

programmatic evidence base to address FGM/C and related adverse gender norms	3.2 Number of international, regional, continental reports, tools and documents citing or referencing the Joint Programme, its results or approach to FGM/C abandonment				
Output 3.1 Enhanced national and sub-national systems for generation of M&E information and research evidence on FGM/C for continuous programme improvement.	3.1.a Number of peer-reviewed research and evaluation products produced by stakeholders on FGM/C and related adverse gender norms		UNFPA/UNICEF, MGLSD, MoES, MOH, MoLG, MoJCA, Parliament) CSO and FBOs	Research Reports by UNFPA/UNICEF, MGLSD, MoES, MOH, MoLG, MoJCA, Parliament) CSO and FBOs and other stakeholders on FGM/C and related adverse gender norms	Document review
	3.1.b Number of national and decentralized monitoring systems that generate information on abandonment of FGM/C on a regular basis.		UNFPA/UNICEF, MGLSD, MoES, MOH, MoLG, MoJCA, Parliament) CSO and FBOs	UNFPA/UNICEF, MoES, MOH, MoLG, MoJCA, Parliament), CSO/FBO monitoring systems	Review documents/systems and data.
	3.1.c Number of government reports submitted for statutory obligations (e.g. Treaty Bodies, UPR, SG's Reports) that are informed by and used input provided by the JP.		GOU (MGLSD)	Government, MGLSD reports submitted for statutory obligations.	Review of statutory reports by Uganda (e.g. Treaty Bodies, CSW, CEDAW, UPR, SG's Reports)
Output 3.2 Strengthened dissemination, appropriation and visibility of evidence-based research and learning with contributions & inputs by the Joint Programme	3.2.a Number of publications on FGM/C downloaded from UNFPA and UNICEF websites		UNFPA and UNICEF websites	UNFPA and UNICEF websites	Website visit, Review of Report in UNFPA & UNICEF websites
	3.2.b Frequency of references to Joint Programme in global and regional media, Internet (blogs/Facebook), and by other development actors		Global and regional media, Internet	UNFPA/UNICEF Global & regional media, Internet reports	Sit and country programme reports.
	3.2.c Number of exchanges for knowledge sharing and programme improvement organized by or with input from the Joint Programme		GOU, DLGs, CSOs/FBOs, cross boarder communities	GOU, DLGs, CSOs/FBOs, Reports.	Knowledge exchange programmes reports

Note: The activities need to be aligned with the results matrix

Annex 2: JPFGM focus districts

JPFGM Focus Districts for Direct Support	
Sebei Region	1. Kapchorwa
	2. Kween
	3. Bukwo
Karamoja region	4. Amudat 5. Nakapiripirit 6. Moroto
Nationally in partnership with MGLSD	National