



Report on the project “Evaluation of the Promoting Comprehensive Prevention and Response to gender-based violence in communities of Nwoya district Northern Uganda” (PCPR- GBV) 2018-2021

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## ACRONYMS

CDO	Community Development Officer
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CSO	Civil Society Organization
DCDO	District Community Development Officer
DEO	District Education Officer
DHO	District Health Officer
FGDs	Focus Group Discussions
GBV	Gender Based Violence
KIIs	Key Informant Interviews
LC1	Local councils at village level
LC2	Local councils at town level
LC3	Local councils at sub county level
MoES	Ministry of Education and Sports
MoGLSD	Ministry Gender Labor and Social Development
MoH	Ministry of Health
NGO	Non-Governmental Organization
PCPR- GBV	Promoting Comprehensive Prevention and Response to Gender Based Violence
SGBV	Sexual Gender Based Violence
SPSS	Statistical Package for Social Scientists
SRHR	Sexual and Reproductive Health and Rights
ToR	Terms of Reference
UDHS	Uganda Demographic Health Survey (UDHS)

## EXECUTIVE SUMMARY

The evaluation of the “Promoting Comprehensive Prevention and Response to gender-based violence in communities of Nwoya district (PCPR- GBV)” project was intended to assess (1) the relevance, (2) Effectiveness, (3) Efficiency (4) Sustainability, (5) Impact of the project and (6) to provide recommendations and lessons learnt for future investments.

The project was implemented in three sub counties (Koch Goma in 2018, Alero in 2019 and Purongo in 2020). There were three main project outcomes as specified in the project log frame:

- i. By the end of 2020, 70 % of poor and vulnerable women and girls of reproductive age in Nwoya district have the capacity and capability to promote and benefit from their socio-economic rights;
- ii. By the end of 2020, 65 % of men and boys in the target sub counties championing change in oppressive cultural, traditional, and religious norms that hamper/hinder the realization of gender equality.
- iii. By the end of 2020, the political, religious, and cultural stakeholders in the communities of Nwoya district have better knowledge and awareness on SGBV prevention and response, and on gender policy.

The evaluation design employed both quantitative and qualitative methods involving participatory and mixed methods of data collection including (1) Document review, (2) Review of national databases (3) Key informant interviews, (4) Household Questionnaire, and (5) Focus group discussions. We surveyed 432 community members, conducted 26 key informant interviews, and 12 focus group discussions. Because the project was implemented in phases in the three sub counties, we analyzed the data by Sub County while giving an overall picture by all the respondents as well. Similarly, the results were summarised by gender to capture how women and men perceive the prevalence of human rights violations in general and gender-based violence in particular.

The evaluation revealed a number of things:

### **a) Project relevance**

We found the project relevant for a number of reasons including;

- The project addressed a widely recognized community need. Human rights abuse generally and gender-based violence in particular remain a major concern in Uganda and the Northern region in particular.
- Despite the existence of a robust legal and policy framework addressing gender inequalities and gender-based violence, Uganda’s institutional framework to implement the legislations has remained weak. At the lower levels, (sub county and village level) there are no programmes implemented by the government to specifically address GBV.
- The project was well aligned to national and global policies and priorities as well as Handle Uganda Strategic Plan and Omoana’s philosophy of ensuring the dignity of all people, regardless of their socio-economic status.

### **b) Project effectiveness**

Overall, we found higher project results in Purongo Sub County than in Alero and Koch Goma sub counties. This is mainly attributed to the fact that the project was implemented in Purongo Sub County

in 2020 compared to Alero and Koch Goma where it was closed in December 2019 and December 2018 years ago respectively.

*Outcome 1: By the end of 2020, 70 % of poor and vulnerable women and girls of reproductive age in Nwoya district have the capacity and capability to promote and benefit from their socio-economic rights.*

**In regards to asset ownership and decision-making, the assessment indicated that:**

- 44% of women owned land, 58% owned chicken, 45% owned goats, 13% owned cows and sheep compared to only 15% who had control over land, 20% control over animal and 28% financial resources prior to the start of the project.
- 57% of women said their productive assets increased in the last three years
- There is significant involvement of husband and wife in the shared decision making over assets With shared decision making lowest for land (32%) and highest for selling and spending of money from agriculture produce.

**Under economic empowerment and financial inclusion, the assessment revealed that;**

The results showed that the project had significant contribution to the economic empowerment and financial inclusion of community members in targeted sub counties.

- 63% of females have ever attended a livelihood enhancement training. A higher proportion of respondents in Purongo (40%) said that they were trained by Handle Uganda compared to only 26% in Koch Goma and 34% in Alero
- The ownership of income generating business/project more than doubled during the project period from 14.1% to 42% with 40% of women owning a business. Further, whereas Acholi sub region registered a significant drop in ownership of business from 35% in 2016/17 to 20.7% in 2019/20<sup>1</sup>, the project sub counties had at least 42% of respondents owning a business.
- 59% were members of a Village Saving and Loan Association (VSLAs) or a self-group at the end of the project compared to only 24% before the start of the project reflecting a contribution by the project towards financial inclusion. At least 60% of women are members of a VSLA/ self-help group. 67% started a VSLA/ self-help group out of their own idea. Only 15% said Handle Uganda helped them form the group.
- With regards to savings, the proportion of population that save money at home/secret place of 32% in project supported sub counties is significantly lower than the Acholi sub region average of 57.3% (UNHS 2019/20) and indicates a reduction from 35% (Acholi, UNHS 2016/17<sup>2</sup>). Indeed 41% of the respondents save money in VSLA compared to only 35.1% in Acholi (UNHS 2019/20) reflecting an improved saving culture in the targeted sub counties which can be credited to the project

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<sup>1</sup> Uganda National Household Survey 2019/20, Uganda Bureau of Statistics, Kampala.

<sup>2</sup> Uganda National Household Survey 2016/17, Page 131, Uganda Bureau of Statistics



- 37% of women have ever accessed a loan with the majority accessing from their VSLA/ self-help groups
- 43% of women said their livelihood has somewhat improved over the last years while 18% said it has greatly improved

**In terms of elimination of discrimination to access basic social services (Education, Health, Food, and shelter) there is commendable progress registered in all the sub counties.**

- 95% of women and girls said they have never been discriminated in accessing food
- 95% of women and girls said they have never been discriminated in accessing shelter
- 81% of women and girls said they have never been discriminated in accessing Health
- 94% of women and girls said they have never been discriminated in accessing Education
- Of the few that have been discriminated in accessing basic services, more women have fallen victims than men

*Outcome 2: By the end of 2020, 65 % of men and boys in Koch Goma sub-county championing change in oppressive cultural, traditional and religious norms that hamper/hinder the realization of gender equality.*

**In regards to the Prevalence of Human rights abuse;**

The evaluation found that while discrimination in terms of access to basic social services is minor, there is overwhelming evidence that suggest that abuse of human rights is a major concern in communities. 65% of the respondents (63% of women and 68% of men) said human rights abuse is either still a major problem or somewhat a problem in their community. And from the findings it is evident the majority of respondents (52%) had not been discriminated in the last 3 years with less females at 45% of the female respondents indicating positive inclination towards outcome 2 in which 65 % of men and boys are to champion change in oppressive cultural, traditional and religious norms that hamper/hinder the realization of gender equality. The high prevalence of human rights abuses reported is clearly a reflection of increased awareness in the communities supported by the programme.

In Alero and Koch Goma, the prevalence of human rights abuse appeared to be much higher than in Purongo sub county. This could be due to low awareness of human rights in Purongo Sub county due to the design of the project because it was implemented last in Purongo sub county having been implemented in Koch Goma and Alero years earlier.

**In regards to the Prevalence of GBV and SGBV, we found the following;**

Overall the evaluation found that project increased awareness about GBV but didn't not have significant effect on reduction of GBV cases. The results showed that 41% of women experienced GBV in the past 12months at the end of the project compared to 25.1% in 2016/17<sup>3</sup>. However, most of the

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<sup>3</sup> Value is a regional average for Acholi Sub region from the Uganda Demographic Health Survey 2016/17.

respondents reported that they have experienced less GBV (61% women and 65% of men) in the past one year. Other findings regarding GBV include;

- 85% of the respondents said that there was GBV in their community
- 41% of the female respondents compared to 27% of men said they have been victims of GBV
- Their husbands (79%) or relatives of their husbands (70%) mainly perpetrate the violence on women.
- 55% of the respondents ranked physical GBV either high or very high. Physical GBV is higher in Koch Goma (62%) and Alero (58%) than in Purongo (41%).
- 67% of the respondents said Insults, Intimidations and verbal abuse were either very high or high in their communities.
- 43% of women ranked economic violence and deprivation from resources either high or very high.
- Sexual violence was ranked either low or very low by 63% of respondents
- 90% said the major cause of violence in their communities is excess alcoholism.
- Interviews and FGDs revealed that culture that makes men superior to women is a major cause of violence in communities
- 33% of male and 29% women who were victims of GBV, did not report to any authorities
- The main reason for not reporting is the lack of trust that reporting will change anything (63% of women and 47% of men).

**In terms of access to GBV/SGBV information and services, we found that;**

- Most of the community members have been sensitized about GBV. From the results, 52% said they have attended a community meeting where GBV is discussed while 83% said they have listened to a GBV message on the radio. At least 4 in 10 community meeting were reported to have been organised by Handle Uganda reflecting a significant contribution of the project to the strengthening of GBV information access and use.
- Data from the Health Management Information System (HMIS) revealed that the utilization of GBV services has significantly increased in the target areas. By the end of 2020, 447 GBV survivors had received medical services in the facilities located in the targeted sub counties compared to 152 prior to the beginning of the project (an increment of 194%).
- The utilization of SGBV services including Post Exposure Prophylaxis (PEP) at health facilities is still low. Utilization increased by only 31% during the program period in the supported areas.
- Only 58.6% of the SGBV were able to receive PEP services at facilities.

**In terms of roles and responsibilities of men, women, girls and boys in the community;**

The project has contributed to a shift in the roles and responsibilities of men, women, girls and boys in the community. We found out that;

- Even though at endline domestic work such as washing, cleaning a home, cleaning toilets, cooking etc. are largely a preserve of women, significant reductions have been noted for example only

52% of respondents that reported that washing was done by women entirely compared to 72% prior to the project.

- Shared responsibility had also improved during the period. At least 3 out of 10 respondents reported shared responsibility with the task of going to the garden being shared equally for the majority of the respondents.
- Men only appear to dominate in the case of grazing animals with good support provided by the children.
- Surprisingly, the majority of the men and women alike said they were either very satisfied or satisfied with the current division of work (87% of women and almost all men, 97%). Only 12% of women feel unsatisfied or very unsatisfied with the current division of work.

### **Interms of attitudes towards GBV,**

Majority of the respondents generally have a positive attitude towards gender equality and fair treatment of men and women and it cuts across all sub counties though stronger in Purongo than in Alero and Koch Goma. The phased approach of implementation of the project is clearly linked to the attitudes of community members. The last sub county that received interventions registered better attitudes compared to other sub counties. However, the proportion of men with a negative attitude towards the treatment of women is very worrying. For instance;

- 42% of men agree that a woman has no right to refuse sex with a husband,
- 36% of men and surprisingly 31% of women agree that if a woman uses a family planning method without her husband knowing, and he finds out, she deserves to be beaten,
- 24% of men said that it's immoral for a woman/girl to suggest the use of a condom to her husband/partner., 29% of men and 26% of women agree that husbands should beat their wives if they are disobedient to them such that other men in the community don't think less of them
- 31% of men think that to be a man, you must be tough.

### **In regards to Capacity of Role Model to handle GBV in communities;**

- The contribution of Role Model Men (RMM) in the fight against human rights abuse and gender-based violence is well acknowledged by all stakeholders and community members.
- RMM responded in the affirmative that they are well equipped but requested for more refresher trainings and facilitation.
- The RMM faced some challenges during the execution of their duties including (1) being despised by fellow men especially at the start of the programme; (2) Complaints from men that some RMM were falling in love with their wives; (3) Resistance from some LC1 leaders that they were taking over their mandate; and (4) little support from Handle Uganda.

*Outcome 3: By the end of 2020, the political, religious and cultural stakeholders in the communities of Nwoya district have a better knowledge and awareness on SGBV prevention and response, and on gender policy.*

- Most of the stakeholders confirmed that they were indeed engaged and therefore aware of the handle GBV project.
- Testimonies from stakeholders demonstrate that they have increased knowledge on GBV/SGBV and related response and prevention mechanisms.
- Stakeholders were strongly involved in community sensitization, mediation, counseling and referrals of GBV cases.

### **c) Project Efficiency**

- Handle has a sound financial management system. The multi stage financial approvals reduce the risks of misusing funds.
- The entire project grant was used up with a small deficit of UGX 7,096,265
- We were not able to conclude whether the programme was efficient or not for three main reasons;
  - While funds were given to Handle Uganda per programme area, actual budget utilisation was not tracked by programme outcome/output. As a result, ascertaining the actual cost incurred by outcome was not possible.
  - The performance indicators specified in the log frame for the different outcomes and outputs had no targets.
- However, there is sufficient evidence (see in descriptive evaluation below) that Handle Uganda made significant strides in dealing with the problem of human rights abuse, and gender-based violence as well as economically empowering women and young girls.
- There is a great level of satisfaction with the project output, and the general performance of the project.

### **d) Sustainability of the Results.**

- While there was no clear description of the sustainability strategy, sustainability is in-built in the project strategy and methods.
- The project design model of role model men had a multiplier effect, which could sustain project activities after Handle exit (see more details in descriptive evaluation below)
- The participatory nature of the programme approach that involves community members, respected men in society, cultural and religious leaders as well as the local council, sub county and district leaders build sustainability.
- RMM were trained and they confirmed that they were well equipped to carry out the tasks assigned to them. RMM were equipped with bicycles that could facilitate them reach out to communities. Handle also built a stronger working relationship between RMM and sub county community development officers and law enforcement officers (police).
- Village leaders, religious leaders, sub county leaders, district leaders and police officers were sufficiently sensitized and there were testimonies about their strong commitment and involvement in the fight against human rights abuse.
- Health structures were missed in the design process as key service delivery points in the project.

- Handle Uganda has a strong brand in regards to fighting human rights abuse generally and gender-based violence in particular. This institutional brand gives it a mileage in future efforts to expand GBV interventions.
- The institution also conducted several staff training in relevant areas of GBV. The staff at handle demonstrated a strong commitment to continue advocating for gender equality and fair treatment of all persons.
- Besides its internal strengths, Handle has also built networks and partnerships with other organizations (Action Aid, vivo, etc.) within and outside the project areas, which has been another attempt at sustainability.

### **Challenges faced during programme implementation**

Handle Uganda experienced three main challenges during the project implementation including (1) Limited funding and budget restrictions, (2) Low staff capacity and (3) the unexpected Covid-19 outbreak.

### **Lessons learned**

- The role of women in fighting GBV was a missed opportunity.
- While the RMM took up the responsibility on a voluntary basis, they expected some form of motivation from Handle Uganda.
- The success of the implementation of the project was determined by the availability and strong cooperation of district, sub county, local council and community structures. The key role-played by political leaders and community leaders in identification of the problem, community mobilization and sensitization was well acknowledged.
- Increased awareness led to massive community disapproval of GBV as a human rights abuse.
- The root causes of domestic violence that's alcoholism and culture that considers men more superior than women need to be addressed. Sensitizations targeting these wide spread community challenges need to be conducted if GBV cases are to be sufficiently treated.

### **Recommendations for further programming**

- i. Future projects should be allocated more time. One year per sub county proved not sufficient to plan, execute, monitor, and close a project
- ii. Role Model Women (RMW) should be identified and recruited in the fight against GBV.
- iii. For more sustainable results, there should be a plan to reward the efforts of role model men and women.
- iv. The cooperation between RMM and village leaders especially LC1s need to be strengthened.
- v. Previous efforts of RMM and those of outstanding stakeholders should be recognized. Receiving a certificate of recognition from Handle Uganda would motivate them.
- vi. Police and health service providers need to be sensitized more especially on their key role as service providers.

- vii. Future projects should emphasize sensitizing community members especially men and boys about the dangers of alcoholism as well as a change in the mindset in the treatment of women as perpetrated by their culture.
- viii. Handle Uganda and Omoana need to improve the Monitoring and Evaluation systems for future projects. Performance indicators had no set targets and routine monitoring reports were also not available.

### 1.1 Background

Gender-Based Violence is defined as any harmful act that is perpetrated against a person's will and that is based on socially ascribed differences between males and females. Gender-based violence manifests in form of sexual violence (rape, sexual assault, sexual harassment), physical violence (hitting, slapping, beating), emotional violence (psychological abuse), economic violence (denial of resources, confiscation of finances), and harmful traditional practices (forced marriage and female genital mutilation).

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) adopted in 1979 has so far been ratified by 187<sup>+</sup> countries (Hodari and Moreno, 2016). The importance of ending all forms of violence against women and girls has been re-emphasized in the Sustainable Development Goals (SDGs). For the first time, gender equality and women's empowerment are recognized as central to the achievement of SDG 5. Several other SDG targets, including those related to health (SDG 3) exist to bridge this gap. Despite these commitments, violence against women remains pervasive, and according to global estimates, 35% of women and girls are subject to physical and/or sexual violence by an intimate partner or sexual violence by a non-partner during their lifetime.

Gender-based violence is one of the most severe forms of gender inequality and discrimination in Uganda and remains a critical public health global health problem and one of the most pervasive human rights violations of modern time (CEHURD 2020<sup>4</sup>). GBV is an issue that affects women disproportionately since it is directly connected with the unequal distribution of power between women and men. Consequently, it has profound effects on families, communities, and societies as a whole. These gender inequalities limit the ability of women and girls to fully participate in and benefit from development programs while formal and informal institutions such as religion, family, marriage as well as social and cultural practices contribute to perpetuating these gender inequalities (ibid).

### 1.2 GBV Situation in Uganda and Northern Uganda

In Uganda, domestic violence is widely acknowledged to be of great concern, not just from a human rights perspective but also from an economic and health perspective.

Over time, the government of Uganda has demonstrated strong commitment towards elimination of all forms of discrimination against women more particularly concerning legislative reforms and adoption of a wide range of legislative and administrative measures. Uganda ratified the United Nations' Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1985. The Constitution of the Republic of Uganda accords women "full and equal dignity of the person with men" and prohibits "laws, cultures, customs or traditions" that undermine their welfare, dignity, or status (Republic of Uganda 1995, Article 33). Besides these, the government of Uganda has adopted various Acts. Specific

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<sup>4</sup> <https://www.cehurd.org/gender-based-violence-and-its-linkage-to-sexual-reproductive-health-of-women-and-young-girls-in-uganda/>

reference is made to (a) the 2006 Refugee Act which contains provisions in line with international standards, including the specific provision recognizing discriminatory practices based on gender as a ground for seeking asylum, (b) The Equal Opportunities Commission Act (2007) which provides a legal basis to challenge laws, policies, customs and traditions that discriminate against women, as well as the National Equal Opportunities Policy; (c) The amendments to the Penal Code prohibiting defilement of girls and boys (2007); (d) The Domestic Violence Act 3 (2010), criminalizing violence in a domestic setting; (e) The Prohibition of Female Genital Mutilation Act 5 (2010); (f) The Prevention of Trafficking in Persons Act (2010); and (g) The International Criminal Court Act (2010), criminalizing sexual exploitation of women during conflict situations, (United Nations- CEDAW 2010<sup>5</sup>).

Similarly, the government has also adopted a number of policies, programmes and plans of action to promote gender equality and eliminate discrimination against women. Specific reference is made to the National Action Plan (NAP) on Gender as well as the National Gender Policy (2007). The NAP provides a framework for all national and local government interventions aimed at preventing and responding to GBV and spells out the roles of various state and non-state actors, the strategic actions that need to be undertaken, and milestones for measuring progress at the national and local levels. The GBV policy is a vehicle for the achievement of a zero-tolerance environment and a comprehensive response to support survivors/victims of GBV.

Despite the tremendous work and strides made by the government of Uganda, there are still numerous challenges in the fight against Gender-Based violence. Findings from the UDHS 2016 showed the following;

- **Physical or sexual violence:** Half of the women (51%) and men (52%) age 15-49 have experienced physical violence since age 15. Twenty-two percent of women and 8% of men had ever experienced sexual violence.
- **Violence during pregnancy:** 11% of women who had ever been pregnant have experienced physical violence during one or more pregnancies.
- **Marital control:** 37% percent of ever-married women and 33% of ever-married men reported that their current or most recent spouse/partner had ever exhibited at least three types of specified controlling behaviors.
- **Fear of spouse/partner:** 46% of ever-married women and 23% of ever-married men said that they were afraid of their current or most recent spouse/partner some or most of the time.
- **Spousal violence:** 56% percent of ever-married women and 44% of ever-married men had experienced physical, sexual, or emotional violence by their current or most recent spouse/partner. However, the prevalence of spousal violence among women had declined by 4 percentage points since the 2011 UDHS, while the prevalence among men had not changed substantially.
- **Injuries due to spousal violence:** Among those who have ever experienced spousal violence, 39% of women and 21% of men have sustained some form of injury.

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<sup>5</sup> <https://www2.ohchr.org/english/bodies/cedaw/docs/co/CEDAW-C-UGA-CO-7.pdf>



- **Help seeking:** Three in 10 women (33%) and men (30%) sought help to stop the violence they had experienced. Five in 10 women (51%) and men (49%) neither sought help nor told anyone about the violence.

**Northern Uganda lags behind the rest of the country on all human development indicators, mainly due to the effects of the protracted civil war that ended in 2006, compounded by the influx of refugees from South Sudan and Democratic Republic of Congo.** Reports indicate Uganda as the third largest refugee hosting nation in the world, and the largest in Africa with over 1.3 million refugees from South Sudan, the Democratic Republic of Congo, and Burundi<sup>6</sup>.

The prevalence of GBV in Northern Uganda declined from 54.9% in 2011 to 52.8% in 2016<sup>7</sup>, although there is a risk that it will be exacerbated by the refugee crisis in the region.

### 1.3 Programme overview and Evaluation objectives

In alignment to Sustainable Development Goal 5 that seeks to achieve Gender Equality and empower all women and girls, Omoana Switzerland an organization that enhances fundamental human rights of vulnerable community members in Uganda worked with Handle Uganda and implemented a three-year project in the period 2018 – April 2021 aimed at prevention and response to gender-based violence in communities of northern Uganda. While Uganda has passed laws and policies that accord equal status to women and men, and has attained gender parity in primary and secondary school enrollment, the country is yet to overcome gender inequality in access to services and opportunities such as employment and financial services. In part, this is because of social norms that serve to reinforce the subordinate status of women and downplay their contribution as well as the potential they have for the country's transformation and prosperity.

This project named “**Promoting Comprehensive Prevention and Response to gender based violence in communities of Nwoya district Northern Uganda (PCPR- GBV)**” aimed at contributing to the development of Uganda through creating a peaceful society where poor and vulnerable women and girls, men and boys are aware and enjoy their full human rights. The project specifically had primary beneficiaries that included; (1) women and girls of reproductive age including GBV and SGBV victims and (2) men and boys who acted as change champions. On the other hand, the project had secondary beneficiaries that included; GBV service providers, programme volunteers across the district, health-care providers across facilities, district technical and political leadership, community activists including role model men and community members (parents, religious and cultural leaders, others).

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<sup>6</sup> World Bank. Uganda: supporting refugees and host communities to become secure and self-reliant; 2019.

<sup>7</sup> Data extracted from the Uganda Demographic Health Survey (UDHS) 2011 and 2016

### 1.3 Evaluation objectives

The PCPR- GBV project has been evaluated in terms of its relevance, effectiveness, efficiency, impact and sustainability. The evaluation assesses the achievements of the project in regards to the results framework and its specific contribution to enhancing programme beneficiaries' access to and utilization of GBV services, change in community social norms and attitudes related to GBV, GBV policy environment changes, as well as GBV prevention, response and survivor support mechanisms and services.

More specifically, the objectives of the evaluation were to assess:

- **Relevance and coherence** of the programme strategies and design in the evolving context of changing socio- economic developments and realities in northern Uganda. (Is the intervention consistent with national priorities, and community needs? Is Handle Uganda adapting to emerging gender issues?)
- **Effectiveness** of the programme in achieving the specific objectives and results of the programme.
- **Efficiency** of the programme in achieving the specific objectives and results of the programme. Did the project maximize the benefit from the investment? Is there value for money?
- **Sustainability** of the programme. Assess mechanisms implemented that aimed at ensuring sustainability of the programme and its results.
- **Impact** of the programme - assess the extent to which the project has been able to create change, whether or not the project has had an impact, how large the impact is and who has benefited (or not)
- Lastly, to provide **recommendations as well as lessons learnt** for future investments.

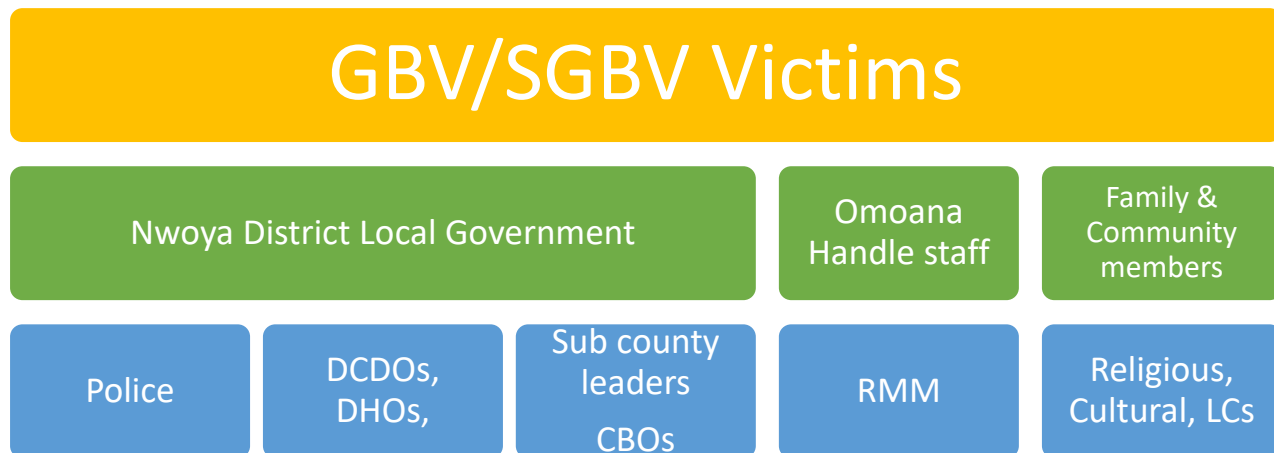
### 2.1 Study Design

We employed a quasi-experimental design to the evaluation of this assignment using highly participatory and credible mixed methods of data collection. Both qualitative and quantitative methods of data collection and analysis were employed in addressing the study objectives. These include; (1) Document review, (2) Review of databases/systems, (3) Key informant interviews, (4) Household Questionnaire, and (5) Focus group discussions

### 2.2 Target Population

The evaluation specifically sought to capture responses from Handle Uganda programme, finance and Monitoring and evaluation staff, selected local government authorities, women and girls of reproductive age including GBV and SGBV victims and men and boys who acted as change champions, GBV service providers, programme volunteers across the district, health-care providers across facilities, district technical and political leadership, community activists including role model men and community members (parents, religious and cultural leaders, others).

Figure 1: Target Respondents



### 2.3 Sampling Size and Strategy

Both random and non-random methods of sampling were used in selecting respondents to participate in the study. Nonrandom methods i.e. purposive sampling was used in selection of key informants and participants of the Focus Group Discussion while the random sampling was employed in the community survey. However, we exercised some element of bias in selecting respondents from the three sub counties. Because the project was implemented in Koch Goma in the first year and then Alero in the second and Purongo in the third and last year, we selected more respondents from Koch Goma and almost equal numbers from Alero and Purongo Sub County. The strategy for the quantitative sampling followed a rigorous procedure allowing for equal chance of representation for community members

reached by the programme. The sample size estimation was statistically established using Cochran’s formula as below;

$$n_0 = \frac{Z^2pq}{e^2}$$

Where:

- n=the sample size,
- e=is the desired level of precision (acceptable margin of error was considered at 5%). This translates to 95% confidence level and 5% level of significance.
- p= is the (estimated) proportion of the population which has the attribute in question. A 50% proportion of respondents who are aware and enjoy their human rights was assumed.
- q= 1-p. This was 50%

Based on the above formula, the sample size was 384 community members.

## 2.4 Data Collection techniques and tools

### 2.4.1 Qualitative techniques and tools

The qualitative approaches were critical in generating in-depth descriptions and detailed information from the selected key stakeholders on GBV services. Such approaches enabled us to have a deeper understanding of the attitudes, perceptions and behavior of the target groups towards GBV interventions in the district. Questions related to the why’s, how’s and what’s were adequately answered.

- **Documents Review** - A review of existing literature on the project outcomes and outputs aimed at enabling the team have a contextual understanding of the Programme and its contribution to the achievement of results. We specifically reviewed the strategic plan for handle Uganda, three annual reports, work plans, financial audit reports, and M& E reports.
- **Key informant interviews.** These were held with duty bearers including technical, political, cultural, religious leaders, staff from Handle Uganda and role model men. We originally planned to conduct 15 KIIs. On learning that the project was implemented in their sub counties instead of one sub county (Koch Goma) as was specified in the terms of reference, we scaled up our KIIs and ended up with 26 as summarized bellow

*Table 1: Category of Key informants*

Category of Respondents	Number of interviews
Handle Uganda Programme staff	2 (PCPR- GBV Manager, M&E Focal person, Finance focal person)
Political leaders in Nwoya	3 ( sub county leaders)
Technical district staff	5 DCDO, sub county CDO, Police-GBV desk, DHO)
Local leaders (LC1, LC2)	10
Cultural and religious leaders	6

<b>Total</b>	<b>26 KIIs</b>
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- **Focus group discussions** - A total 12 FGDs were conducted among women, girls, men and boys, role model men as well as Handle Uganda implementing staff.

*Table 2: Category of Focus group discussion groups*

Category of Respondents	Number of FGDs
Role Model Men	3
Handle Uganda Programme staff	1 (field staff)
Women and girls in community	4
Men and boys in community	4
<b>Total</b>	<b>12 FGDs</b>

- **Most significant stories of change** as well as observation checklist were employed to track the impact of the project.

#### 2.4.2 Quantitative techniques and tools

The aim of collecting quantitative data was to obtain statistical information in terms of percentages or proportions, numbers, central tendency distributions etc. that would enable us to measure the current incidences or prevalence rates of human rights abuses in general and gender-based violence in particular.

- **Review of databases/systems** – We extracted data from the Health Management information system (HMIS) and National GBV database. This helped to provide a trend analysis of GBV cases reported and handled over time as well as access to GBV services.
- **Community/Household Survey** - This involved conducting face-to-face individual interviews with 432 women, girls, boys and men aged 17 years and above using a structured interview questionnaire programmed in open data kit (ODK) and deployed on tablets/smartphones.

#### 2.5 Evaluation Matrix

*Table 3: Evaluation Matrix*

Evaluation objective	Key issues addressed	Methods of Data collection
Relevance	<p>We assessed the way the planning, design, implementation and coherence of the PCPR- GBV programme relates to Uganda’s development concerns (at national and Nwoya district). Specifically, our assessment sought to answer the following:</p> <ul style="list-style-type: none"> <li>• The extent to which the programme, its outputs and outcomes display continued relevance to the Uganda National Development Plan (NDP II), the Uganda Vision 2040, the</li> </ul>	<p>In depth document review</p> <p>Key informant interviews</p> <p>FGDs</p>

Evaluation objective	Key issues addressed	Methods of Data collection
	<p>Omoana Strategic Plan and Omoana’s strategy for development cooperation for Uganda, The Handle Uganda strategic plan.</p> <ul style="list-style-type: none"> <li>• The extent to which the programme was aligned to the district development plans</li> <li>• How well the interventions fit and whether there were any related aspects which should have been considered to make the programme more relevant</li> <li>• How the programme built capacities of partners on planning for humanitarian and development activities</li> <li>• The programme’s feedback mechanism</li> </ul>	
Effectiveness	<p>We examined the entire project implementation right from the inputs to the project outcomes. Based on the program implementation framework, we identified baseline indicators, as well as goals and objectives to inform us on whether the targets were met, or are being realized. More specifically, we assessed:</p> <ul style="list-style-type: none"> <li>• The extent to which Handle achieved results on time, what the progress is vis-a vis the intended results at endline</li> <li>• The extent to which the programme has contributed to the results (catalytic role, etc.)</li> <li>• How factors outside of the control of the programme affected implementation and objectives and how the programme dealt with these external factors</li> <li>• The extent to which the collaboration with other NGOs or CSOs is effective and what has added value of this collaboration</li> <li>• The extent to which the assumptions and theory of change were relevant and addressed.</li> </ul>	<p>Community or Household Survey</p> <p>Focus Group Discussions</p> <p>Key Informant Interviews</p> <p>In-depth document review</p>
Efficiency	<p>We assessed how economically the project resources (funds, staff, time, logistics among others) were utilized and converted into target results to ascertain value-for-money. More specifically, we sought to answer the following:</p> <ul style="list-style-type: none"> <li>• What was the financial performance of the project by outcome/output levels?</li> <li>• How the resources used in the project implementation compare with the results achieved.</li> <li>• Was the project’s results framework/log-frame used as a management tool in enhancing efficiency?</li> </ul>	<p>In depth document review (especially financial records)</p> <p>Key informant interviews</p>

Evaluation objective	Key issues addressed	Methods of Data collection
Impact	<p>We assessed the extent to which the project has been able to create change, whether or not the project has had an impact, how large the impact is and who has benefited (or not). This involved first finding out the direct prospects of the project in meeting the overall objectives that is to say; whether immediate or long-term, positive or negative, intended or unintended results were realized among the target communities. We also sought to determine the external factors that affected the project’s direct impacts. Key issues assessed include;</p> <ul style="list-style-type: none"> <li>• What impact on individuals and the community in general?</li> <li>• Any positive and/or negative effects linked to the implementation of the programme?</li> <li>• Any unplanned positive impacts on the planned target groups or other non- targeted communities arising from the programme.</li> <li>• What factors that have influenced change in the lives of the beneficiaries</li> </ul>	<p>Stories of Change</p> <p>Key Informant Interviews</p> <p>In-depth document review</p>
Sustainability	<p>We also critically assessed the aspects of the programme that contribute to the continuation of the results of the programme after its completion. We further looked into the sustainability plans of the project through examining the extent to which the project outcomes and positive results are likely to continue after the project lifetime. Key issues under this include</p> <ul style="list-style-type: none"> <li>• The level of stakeholder ownership of the project objectives and achievements;</li> <li>• the level of support from governmental, public, civil society organizations,</li> <li>• Institutional capacity of the government such as through policy and counterpart institutions</li> <li>• The extent to which the project is embedded in local institutional structures</li> <li>• Whether counterparts are properly prepared for taking over, technically, financially and managerially among others.</li> <li>• Whether the strategy for sustainability of impact was clearly defined at the design stage of the project. If yes, how?</li> </ul>	<p>Key Informant Interviews</p> <p>In-depth document review</p>

## 2.6 Management of Data collection process

To ensure data quality, qualified enumerators with demonstrated experience in qualitative and quantitative data collection were recruited. The team was trained on ethics of data collection, how to use mobile gadgets to collect data as well as on understanding all concepts and questions in the questionnaire and interview scripts. After the training, we conducted a pilot study to ensure that all enumerators were at the same level of understanding in regards to all the data collection tools. The enumerators were thoroughly supervised throughout the data collection process. Spot-checks, accompaniments, questionnaire scrutiny, daily data checks were conducted.

To safe guard the team and respondents from the risks of contracting Covid-19, we strictly observed the standard operating procedures (SOPs) specified by the Ministry of Health with respect to social distancing, wearing masks, using hand sanitizers and washing hands when in the field. Each team member received facemasks and a bottle of sanitizer.

## 2.7 Data Entry, Analysis and Report writing

Quantitative data collected on mobile devices was exported to MS Excel for checks and analysis. The major analytic tool for quantitative data collected will be descriptive analysis and cross tabulations. More specifically, analysis involved generating frequencies and proportions (percentages), as well as tabulations as deemed appropriate. Data was visualized using graphs to illustrate trends and comparisons across sub counties and gender.

Because the project was implemented in phases- first in Koch Goma, then in Alero and Purongo Sub County, we analyzed the data by Sub County while giving an overall picture by all the respondents as well. Similarly, the results have also been summarised by gender to capture how women and men perceive the prevalence of human rights violation in general and gender based violence in particular.

On the other hand, qualitative data collected through key informant interviews, focus group discussions, document reviews and observations was analyzed qualitatively basing on the emerging relevant themes and sub themes (thematic analysis). In this approach, responses were categorized in respect to the themes and sub themes generated from the assessment and then explained narratively.



### 3.1 Demographics

#### 3.1.1 Characteristics of Survey Respondents

We set out with an objective of surveying 385 respondents. We approached 435 individuals. Out of these, 432 agreed to participate in the survey while three declined on grounds that they were busy at the time of the interviews. Because the project was implemented in three sub counties and in a phased manner, we approached the evaluation with an element of bias. Even though the survey respondents were randomly selected, we tried to get more respondents from Koch Goma Sub County where the project was first rolled out and almost an equal representation of respondents from Alero and Purongo sub counties.

We ended up with a sample of 184 respondents (43%) from Koch Goma, 127 from Alero (29%) and 121 respondents (28%) from Purongo sub county. We coincidentally ended up with an equal number of males and females as summarised below

*Table 4: Respondents by Sub County*

Sub county	Male	Female	Number	Percent
Alero	76	51	127	29%
Koch Goma	90	94	184	43%
Purongo	50	71	121	28%
<b>Grand Total</b>	<b>216</b>	<b>216</b>	<b>432</b>	<b>100%</b>
<b>Percent</b>	<b>50%</b>	<b>50%</b>	<b>100%</b>	

The respondents were drawn from ten villages including four villages from Koch Goma, three from Alero, and three from Purongo. The number of respondents selected from each of the villages is summarised in the table below.

*Table 5: Number of respondents by village*

Sub county	Village	Male	Female	Total
Koch Goma	Agonga	26	25	51
	Amar	25	17	42
	Coo-rom	22	28	50
	Kal A	17	24	41
Alero	Atoocon A	26	16	42
	Atoocon B	16	25	41
	Bwobunum	34	10	44
Purongo	Pabit East	21	20	41
	Pawatomero central	15	25	40
	Pawatomero West	14	26	40

<b>Grand Total</b>	<b>216</b>	<b>216</b>	<b>432</b>
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Many of the respondents (51%) were youth aged between 17 and 35 years old. Thirty-three (33%) were aged between 35 and 50 years while 16% were above 50 years old. The youngest respondent was 17 years old while the oldest was 83 years. The average age was 36.7 years.

*Table 6: Age Distribution of the respondents*

Age Bracket	Number	Percent
Below 35 years	222	51%
35-50 years	141	33%
Above 50 years	69	16%
<b>Grand Total</b>	<b>432</b>	<b>100%</b>
<b>Average age</b>		<b>36.7</b>
<b>Minimum age</b>		<b>17</b>
<b>Maximum</b>		<b>83</b>

About three-quarters of the respondents were living with their spouses that's more than half (55%) of the respondents were married while 19% were cohabiting. Only 14% were either divorced/separated or widowed while 12% were single.

*Table 7: Marital Status of the respondents*

Marital Status	Number	Percent
Married	237	55%
Cohabiting (living with partner)	81	19%
Widowed/Divorced/Separated	61	14%
Single/Never Married	53	12%
<b>Grand Total</b>	<b>432</b>	<b>100%</b>

More than two-thirds of the respondents (69%) were Catholics, 16% Anglicans, and 14% Pentecostals. Only 4 respondents were Muslims, 1 a seventh Day Adventist and 2 of other religious beliefs as seen in table below

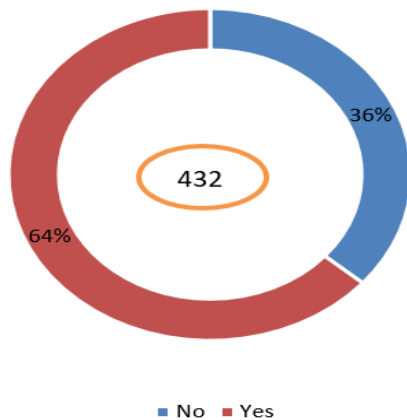
*Table 8: Religious Affiliation of respondents*

Religion	Number	Percent
Catholic	299	69%
Anglican	67	16%
Pentecostal/Born Again	59	14%
Muslim	4	1%
SDA	1	0%

Religion	Number	Percent
Pagan	2	0%
<b>Grand Total</b>	<b>432</b>	<b>100%</b>

Many respondents (64%) were able to read and write in at least one language with understanding while 36% were not as seen in the figure below

Figure 2: Ability to read and write in any language with understanding



While the majority said, they can read and write with understanding, their levels of formal education were low. More than half (56%) of them had stopped in primary while 11% had no formal education. Twenty-three percent acquired O level and 2% had A- level. A small percentage (7%) had acquired a higher level of education.

Table 9: Education Level of respondents

Education Level	Number	Percent
No formal education	49	11%
Primary	244	56%
O Level (S1-S4)	100	23%
A level (S5-S6)	9	2%
Higher (university/Tertiary)	30	7%
<b>Grand Total</b>	<b>432</b>	<b>100%</b>

The main economic activity was subsistence farming as the majority of the respondents (74%) said were farmers. A few (11%) were self-employed, 5% employed while 7% said were housewives. Twelve of the respondents were students as seen in the table below.

Table 10: Main Occupation of the respondent

Main Occupation	Number	Percent
Farmer	318	74%
Self-employed	47	11%
Housewife	29	7%
Professional (employed)	22	5%
Student	12	3%
None	2	0%

<b>Political Leader</b>	<b>2</b>	<b>0%</b>
<b>Grand Total</b>	<b>432</b>	<b>100%</b>

### 3.1.2 Characteristics of Qualitative Data respondents

As already indicated in section 2, we interviewed 26 key informants. These included political leaders at district, Sub County, town council, and village level (LC3s, LC2s, and LC1s), technical staff at district and sub county level (District Community Development Officer and Community Development Officers at sub county level), cultural, and religious leaders at village level as well as Handle Uganda staff (the team leader, Programme officers and M&E officer). With the exception of Koch Goma Sub County where the political leaders were newly elected, the other leaders especially at village level and religious/ cultural leaders had spent at least more than five years in their respective roles. The participants in the Focus Group Discussions (FGDs) were community members with good knowledge of the issues in the community. Each FGD had between 5-8 members.

### 3.2 Programme Relevance and coherence

In this evaluation, project relevance refers to the extent to which a given project intervention not only meets, but is also consistent with the needs, interests, and aspirations of the target beneficiaries as well as national and sub national priorities. The evaluation team established that the PCPR-GBV programme was highly relevant to the country priorities as well as to the regional, district, Sub County, and community needs as discussed below.

First, without any doubt, human rights abuse generally and gender-based violence in particular remain a major concern in Uganda as a whole (see section 1.2). In Northern Uganda, the situation is exacerbated with the influx of refugees from South Sudan and Democratic Republic of Congo, (DHIS 2016), the struggle for land and minerals after the mass return of people from camps that were originally displaced by the war, (Handle, 2018) and the resistance by men of efforts by NGOs to make women equal to them in terms of assets ownership and control, (interview with Handle staff). In this regard therefore, the PCPR-GBV programme was very relevant.

Second, while Uganda now has a robust legal and policy framework, the institutional framework to implement the legislations is still weak. The committee on the Elimination of Discrimination against Women, in its 2010 observation report on Uganda, expressed great concern on the weak institutional mechanisms for the promotion of gender equality in Uganda. The committee thus recommended that the government should provide the national machinery with the necessary authority and adequate human, financial and technical resources to coordinate the implementation of the Convention, including in the context of the National Action Plan on Gender for monitoring the implementation of the Convention for the period 2007–2010, and work effectively for the promotion of gender equality. It further called upon the government to strengthen the linkages between the national, regional, and local levels in relation to gender-equality activities, including through the provision of training in gender

sensitization and gender mainstreaming. Unfortunately, it is now more than more than ten years since the committee gave its recommendations but the situation has remained the same.

We asked leaders at sub county level as well as community development staff if they have any special programs/projects addressing GBV in their sub county. They all said they do not have such programmes mainly because of limited resources.

*“At sub county level we do not have special programmes. Resources limit us. No money to handle this. Nevertheless, sometimes if we get some money, we do sensitization. Sometimes we plan for these but they remain unfunded. Since Handle left, we have done only one sensitization.”- (Response from a CBO)*

Community members engaged in a focus group discussion further reechoed this:

*“At the moment, there is completely no programme or project supporting survivors of Gender Based Violence. When Handle was here, they empowered women. They also did a good job of sensitizing men about GBV. This helped to empower them economically”. (Response from a FGD)*

The project was therefore relevant in supporting to fill the gap that the government had failed to close at the lower levels of governance (sub county and village level) where most of cases of violence actually occur.

Third, the community members as well as local/village leaders answered in the affirmative that the Handle project on GBV was relevant. During the interviews and FGDs, all respondents agreed that GBV in particular and human rights abuse in general, was a huge problem not only in the project areas but also in the neighboring communities. As we shall see in the next sections, these concerns are still wide spread even now. Informants at different levels reported a high prevalence of GBV, adolescent pregnancies and their associated problems. Many of the implementation areas for the programme are very remote and hard to access, making them under-served in many aspects. Thus, the general cultural norm that promote silence about marginalization of women facilitate the problems of GBV and sexual exploitation while constraining access to information and knowledge to deal with the problem. Consequently, people lack information on available multi-sectoral GBV services making the programme support to community-based information dissemination and services relevant.

*“The handle project was very good. It helped a lot. However, they were here for just one year. The time was too short. Some other areas were not reached. They had a very good intervention but the time was too short. Cases are now many”-(Response of Koch Goma CBO)*

*“The GBV cases were very many then but even now they are still many just like land conflicts” (Chairman LC1)*

*“Every time we hold radio talk shows, we receive numerous calls from listeners from places we have not reached to go and help them” (Response from Handle staff FGD)*

Therefore, in terms of meeting a community need the handle project on GBV was relevant

Fourth, in terms of alignment with national and global policies and priorities, the project was relevant. At the national level, the programme is well aligned with the Uganda Vision 2040, and the National Development Plan – II, (NDP, 2016-2020) during which it was developed. The PCPR-GBV programme intervention supports the need to strengthen relevant local level institutions as highlighted in the National Development Plan II. This makes the programme relevant. The implementation process builds capacities for preventing and response with a focus on psychosocial aspect and promoting access to and utilization of GBV services. The interventions on one hand enhance the capacity of institutions that provide GBV services and on the other hand empower communities (in particular young girls and women to demand for services). PCPR-GBV programme emphasizes social mobilization and empowerment of communities as well as protecting vulnerable populations from discrimination for sustainable development, which is at the center of the NDPII.

With activities promoting livelihood enhancement, the programme remains relevant to the NDP III, whose overall goal is “improved household income and improved quality of life. The PCPR-GBV programme is relevant and contributes to human capital development, community mobilization and mindset change. It is relevant to the objectives of improving population health, reduction of vulnerability and gender inequality along the lifecycle. The interventions are in tandem in regards to the strengthening of the family unit. Conversely, NDP III provides for interventions for empowering communities to participate in sustainable development and increasing uptake and utilization of services like health, education, child protection livelihoods etc., at community and district levels. Therefore, the PCPR-GBV programme goal of changing social norms that facilitate GBV is well in tandem with the reduction in the prevalence of negative social norms and cultural practices that perpetuate gender inequality, which further confirms its relevancy to the NDP II.

Moreover, the implementation modalities are district based, which were undertaken in close partnership with sub county and parish level. Therefore, the programme was well aligned to the decentralized governance, which is a national policy.

Fifth, and lastly, the programme was developed in line with the Handle Uganda Strategic Plan and Omoana’s focus. The programme aligns well with two of the four programme areas of Handle Uganda as specified in its five-year strategic plan 2018-2023: one of livelihood enhancement through ensuring food Security, Women Economic Empowerment (through formation of VSLAs), and the other on Access to Justice that seeks to promote peace building as well as eliminate GBV and Humans right abuse. Lastly, the programme serves well Omoana’s core interest that emphasizes ensuring dignity of all people, regardless of their socio-economic status as specified in the Memorandum of Understanding (MoU) between the two parties (Omoana and Handle Uganda).

### **3.3 Effectiveness in achieving expected programme results**

We assessed the effectiveness of the project in terms of achieved results comparing with what was planned at the start of the programme. In the analysis, we compared achievements by Sub County and

gender. Overall, we find higher results in Purongo Sub County than in Alero and Koch Goma sub counties. This is mainly attributed to the fact, the project was implemented in phases. It was last implemented in Purongo Sub County. As a result, community members were still connected and engaged in the project activities compared to Alero and Koch Goma where it was closed by end of 2019 and 2018 respectively.

### **3.3.1 Outcome 1: By the end of 2020, 70 % of poor and vulnerable women and girls of reproductive age in Nwoya district have the capacity and capability to promote and benefit from their socio-economic rights.**

Under this outcome, there were three performance indicators as specified in the project log frame including;

- i. Percentage of women accessing land and having control and ownership over productive assets
- ii. Percentage of women having equitable access to basic social services (education, social protection, health services)
- iii. Level of confidence of women about their future.

There were two outputs under outcome one with each having a number of performance indicators (*See Appendix 1 for outcomes, outputs and indicators*)

- a. Poor and vulnerable women and girls of reproductive age are economically empowered to support their livelihood diversification choices.
- b. Poor and vulnerable women and girls of reproductive age, have better awareness and knowledge about their human rights and ownership of resources

Unfortunately, the log frame did not include targets for the performance indicators, making conclusion on whether they were achieved or not difficult. We therefore assume a target of 70% for all the three indicators as stated in the overall outcome statement above.

#### **3.3.1.1 Productive Asset Ownership and Economic Empowerment**

This section assesses ownership of productive assets, decision makers over the assets, whether participants have been economically empowered through livelihood training programmes and financial inclusion.

In regards to asset ownership and decision-making, the survey showed an improvement in assets ownership and control by women as indicated below:

- a) 57% of women said their productive assets increased in the last three years
- b) 44% of women owned land, 58% owned chicken, 45% owned goats, 13% owned cows and sheep compared to only 15% who had control over land, 20% control over animal and 28% financial resources in 2018<sup>8</sup>.
- c) There is increased involvement of husband and wife in the decision making over assets

We compare across the three sub counties and between male and female in the next sub sections.

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<sup>8</sup> Gender Analysis Report, Nwoya 2018 (Handle Uganda)

### 3.3.1.1.1 Asset Ownership and Decision making over assets

In the last three years, many respondents (59%) said their assets have increased. There are small differences across sub counties and by gender.

Table 11: Have assets increased in last three years?

Asset Increase	Alero	Koch Goma	Purongo	All	Female	Male
No	43%	39%	41%	41%	43%	39%
Yes	57%	61%	59%	59%	57%	61%
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

The most productive assets owned include land, chicken and goats. Few respondents own cows, pigs and sheep. As indicated in the table below, more than half of the respondents (53%) said they own land, 55% own chicken while 49% said they own Goats. On average, respondents owned 13.2 acres of land, 7 chicken and about 6 goats. In Purongo, residents own more assets than those staying in Koch Goma and Alero sub counties. More men own land than women (61% of men vis-à-vis 44% of women). On the other hand, women own chicken more than men (58% of women vis-à-vis 52% of men). Men own more goats, sheep pigs than women as seen in table the below.

Table 12: Assets owned

Asset	Over all	Average Quantity	Sub county			Gender	
			Alero	Koch Goma	Purongo	Female	Male
Land (Acres)	53%	13.2	46%	53%	59%	44%	61%
Chicken	55%	7.3	54%	53%	60%	58%	52%
Goats	49%	5.6	49%	47%	53%	45%	53%
Cows	16%	3.6	16%	15%	19%	13%	20%
Pigs	15%	4.2	14%	21%	8%	13%	17%
Sheep	2%	3.9	1%	3%	1%	0%	3%
Other	16%		21%	14%	13%	17%	15%

Results suggest increased involvement of husband and wife in the decision making over assets especially in regards to selling of agricultural produce, spending the money gained from the sale and investment decisions. In these cases, more than half of the respondents said they decide together with their spouses. In cases where the assets are individually owned, many respondents said they individually decide on how to use the assets. In a few cases, however, men still take dominance in decision making on assets as slightly higher proportions of respondents said its only husbands that make the decisions as compared to those that said it's only the wife that makes the decisions as seen in table 14 below.

Table 13: Decision Making over Assets



Who makes decision over assets	Landed	Cows	Goats	Chickens	Sell of agricultural produce	Spending money from sold produce	Investing
Husband & Wife	32%	39%	50%	47%	53%	53%	52%
Husband alone	7%	7%	5%	4%	4%	6%	6%
Wife alone	0%	0%	1%	2%	1%	1%	1%
Myself alone	40%	39%	33%	36%	30%	29%	30%
Parents	9%	6%	2%	0%	4%	4%	4%
Parents with children	12%	8%	8%	11%	7%	7%	7%
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### 3.3.1.1.2 Economic Empowerment and Financial inclusion

Under economic empowerment and financial inclusion, the assessment revealed that;

- The ownership of income generating business/project more than doubled during the project period from 14.1% to 42% with 40% of women owning a business. Further, whereas Acholi sub region registered a significant drop in ownership of business from 35% in 2016/17 to 20.7% in 2019/20, the project sub counties had at least 42% of respondents owning a business.
- 59% were members of a Village Saving and Loan Association (VSLAs) or a self-group at the end of the project compared to only 24% before the start of the project reflecting a contribution by the project towards financial inclusion. At least 60% of women are members of a VSLA/ self-help group. 67% started a VSLA/ self-help group out of their own idea. Only 15% said Handle Uganda helped them form the group.
- With regards to savings, the proportion of population that save money at home/secret place of 32% in project supported sub counties is significantly lower than the Acholi sub region average of 57.3% (UNHS 2019/20) and indicates a reduction from 35% (Acholi, UNHS 2016/17<sup>10</sup>). Indeed 41% of the respondents save money in VSLA compared to only 35.1% in Acholi (UNHS 2019/20) reflecting an improved saving culture in the targeted sub counties which can be credited to the
- 37% of women have ever accessed a loan with the majority accessing from their VSLA/ self-help groups
- 43% of women said their livelihood has somewhat improved over that last years while 18% said it has greatly improved

Comparisons across the three sub counties and between men and women are as follows.

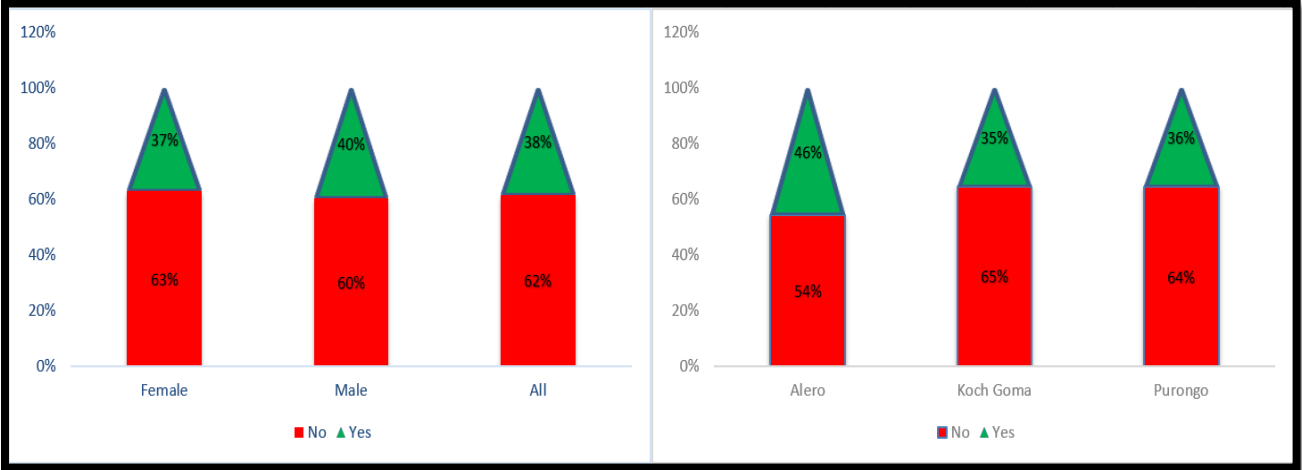
#### Training in livelihood enhancement

<sup>9</sup> Uganda National Household Survey 2019/20, Uganda Bureau of Statistics, Kampala.

<sup>10</sup> Uganda National Household Survey 2016/17, Page 131, Uganda Bureau of Statistics

Many respondents (62%) have never attended a livelihood enhancement training. Only 38% said they have attended a training. There are small differences by gender and Sub County with slightly more men being trained than women (40% of men vis-à-vis 37% of women) and a slightly higher proportion of Alero sub county residents trained than those in Koch Goma and Purongo sub counties.

Figure 3: Ever attended a livelihood training?



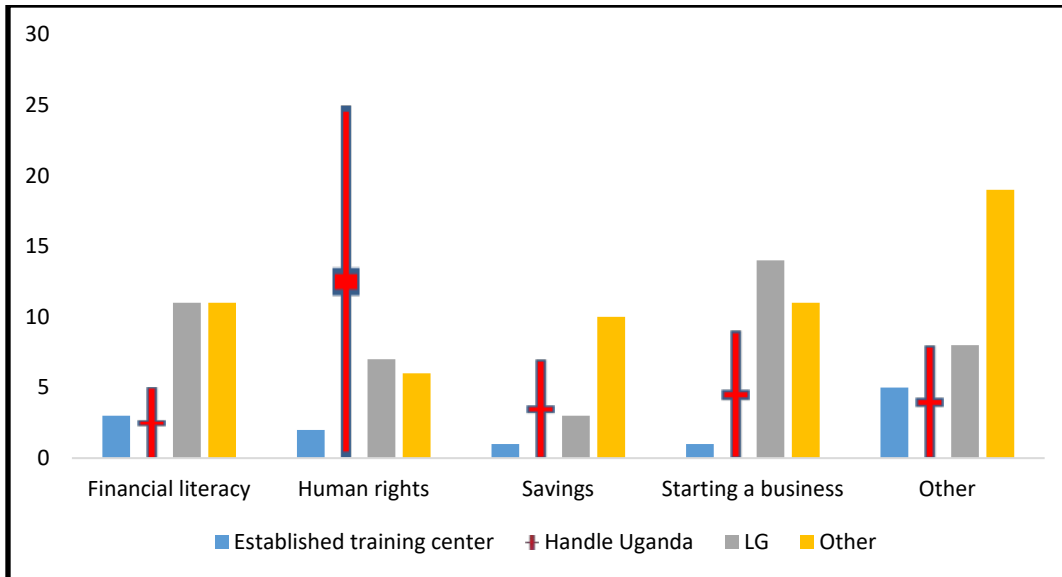
Thirty-three percent (33%) of those that have ever attended a livelihood training said Handle Uganda trained them. A higher proportion of respondents in Purongo (40%) said were trained by Handle Uganda than in other sub counties. In particular, few respondents (26%) in Koch Goma and 34% in Alero Sub County said they were trained by Handle Uganda. Many respondents were trained by local government officials and other players mainly NGOs as seen in table 15 below

Table 14: Who conducted the training?

Who conducted the training?	Alero N=58	Koch Goma N=65	Purongo N=43	All N=116
Established training center	7%	8%	7%	7%
Handle Uganda	34%	26%	40%	33%
Local Government officials	19%	34%	23%	26%
Other	40%	32%	30%	34%
Grand Total	100%	100%	100%	100%

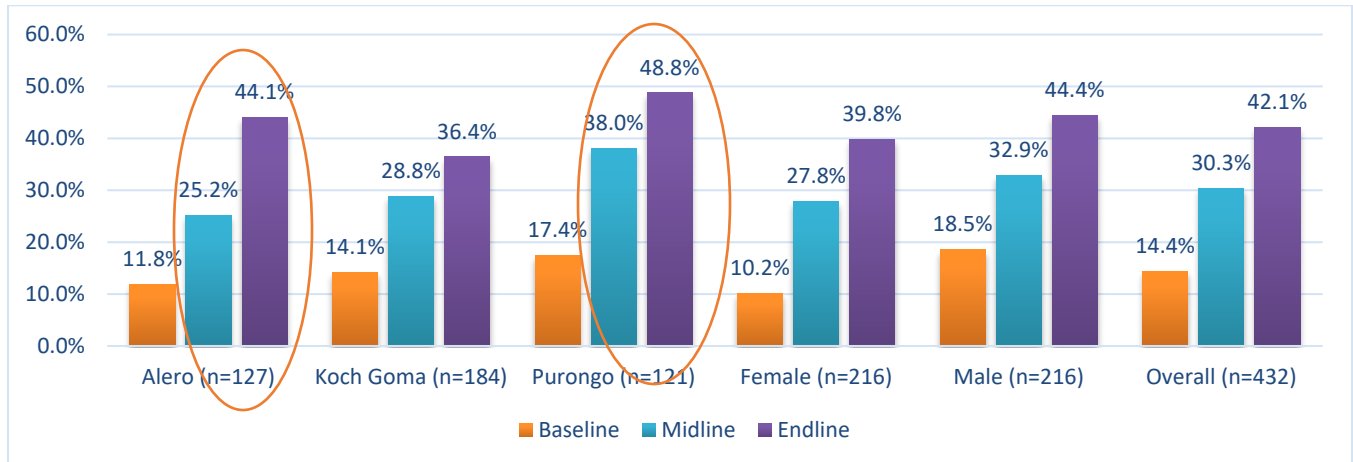
The trainings conducted by Handle Uganda have mainly been on human rights. Local government and other NGOs appears to be the main facilitators of trainings on financial literacy, savings and starting businesses as seen in the figure below

Figure 4: What was the training about?



The ownership of income generating business/project more than doubled during the project period from 14.1% to 42%. As already indicated above, their main economic activity is subsistence farming. The proportion that owns a business is lower in Koch Goma Sub County (36%) than in Purongo with (49%) and Alero sub county with (44%). While more men own a business than women (44% of men vis-à-vis 40% of women), the difference is trivial.

Figure 5: Ownership of a business/project

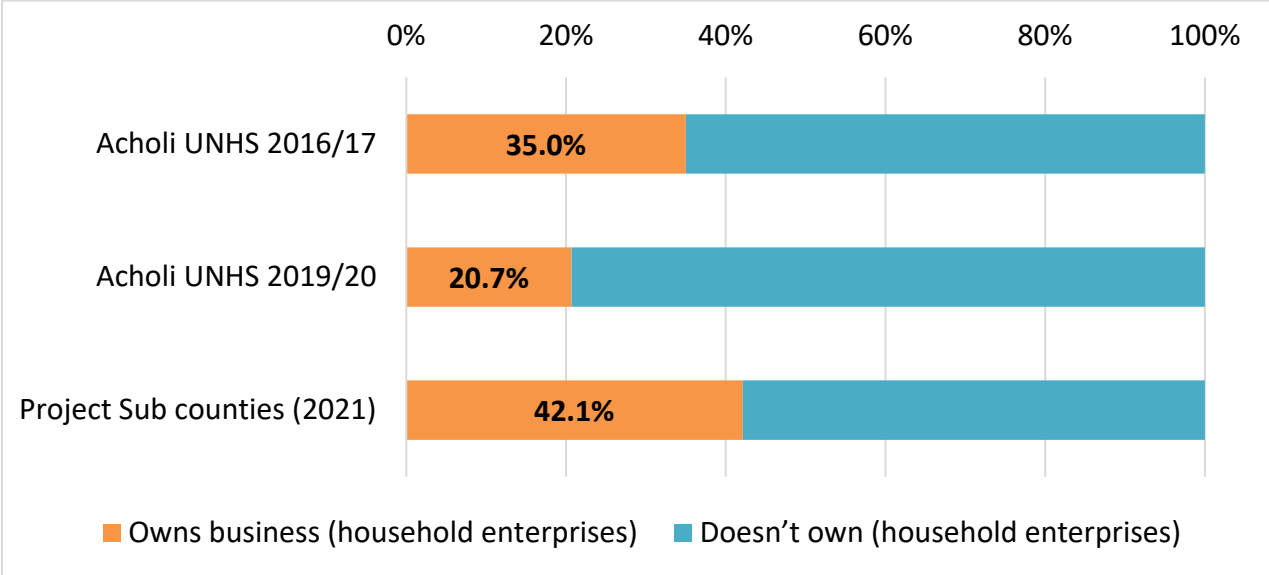


We compared the analysis above to the Uganda National Household Survey (UNHS) 2016/17 and 2019/20. In this analysis we compared the ownership of business in project target areas to the Acholi sub region average averages for 2016/17 and 2019/20. The results indicate significant contribution of project in empowering communities to own businesses. Whereas Acholi sub region where Nwoya falls registered a significant drop in ownership of business from 35% in 2016/17 to 20.7% in 2019/20<sup>11</sup>, the project sub counties had at least 42% of respondents owning a business. It is therefore evident that the

<sup>11</sup> Uganda National Household Survey 2019/20, Uganda Bureau of Statistics, Kampala.

project helped reverse the downward trend in supported sites through the financial inclusion and other initiatives.

Figure 6: Ownership of a business/project in project areas vs Acholi sub region.



Source: UNHS 2016/17, UNHS 2019/20 and Evaluation Survey Data

Of the 182 respondents that said they own a business/project, many of them said they started the business/project in the recent three years with 28% having established the business/project one year ago while 38% said within 2 to 3 years ago.

Table 15: When did you start your business & Average Income

When did you start your business	Alero N=56	Koch Goma N=67	Purongo N=59	All N=182
One year ago	43%	21%	22%	28%
2-3 years ago	30%	40%	42%	38%
more than 3 years ago	27%	39%	36%	34%
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Average monthly income</b>	<b>190,804</b>	<b>311,418</b>	<b>277,881</b>	<b>263,434</b>

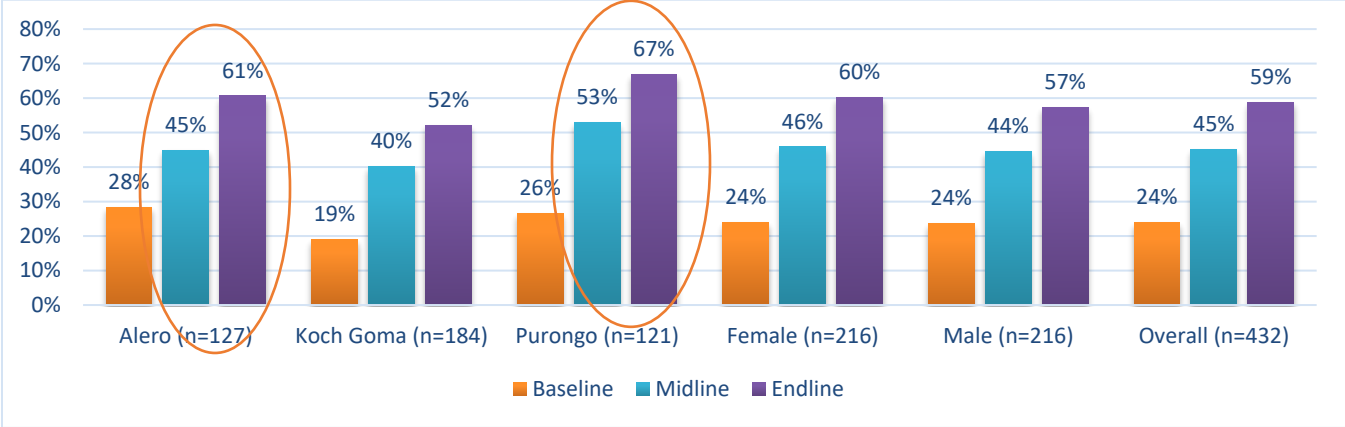
The results indicate significant contribution of project in empowering communities to own businesses through financial inclusion initiatives discussed in the next section.

**3.3.1.1.3 Financial Inclusion**

Many respondents (59%) were members of a Village Saving and Loan Association (VSLAs) or a self-group at the end of the project compared to only 24% before the start of the project reflecting a contribution by the project towards financial inclusion. Higher proportions in Purongo and Alero said they were members of VSLA/ self-help group than in Koch Goma (Purongo 67%, Alero 61% while Koch Goma had

52%) reflecting increments from 26%, 28% and 19% at baseline respectively. More women are members of VSLAs/self-help groups than men (57% of men vis-à-vis 60% of women).

Figure 7: Percentage of respondents who are members of a VSLA/self-help group



The above results align with data from the survey which indicated that among those who are VSLA/self-help members, majority of the respondents (59%) joined a VSLA/ self-help during the project period with only (41%) reporting they have been members before project started (more than 3 years ago). However, Majority of the respondents said that groups they belonged to were formed from members own ideas, with 19% indicating Handle Uganda inspiring them to start VSLA and another 19% sated other agencies mainly NGOs such as ZOA Uganda, Save the Children, Kisa Ber, Care Uganda, War child etc. Of those that stated Handle Uganda, higher proportions (25%) were reported in Purongo Sub County than Alero with 17% and Koch Goma with only 15%.

Table 16: Who helped you to start a VSLA/Self-help group?

Who helped you to start a VSLA/Self-help group?	Alero	Koch Goma	Purongo	Grand Total
Handle Uganda	17%	15%	25%	19%
Our own idea	51%	69%	67%	63%
Other	32%	17%	9%	19%
Grand Total	100%	100%	100%	100%

Even though majority of the groups were formed through members’ own ideas, the above analysis reflects a significant contribution of the project through establishment and linkages of women and men to VLSA/self-help groups.

**Access to savings and loans**

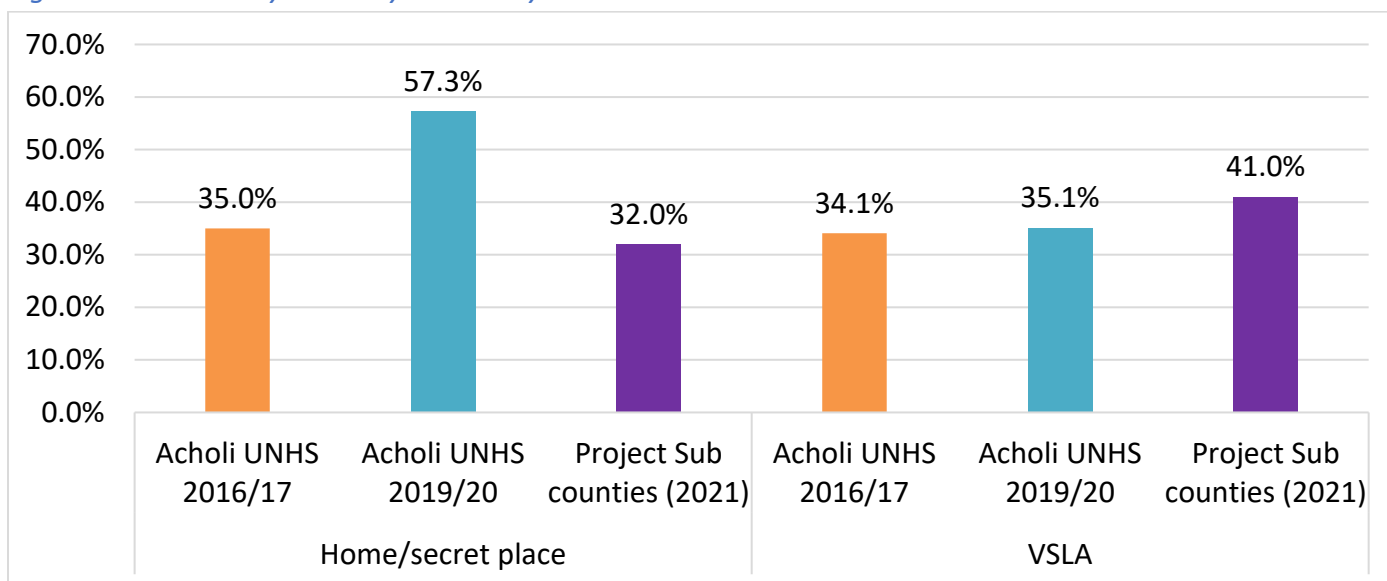
Majority of the respondents save their money in informal institutions mainly VSLAs/ self-help groups and at home. About 41% said they save in VSLAs/ self-help groups, and another 32% said they save at home. A paltry 10% save in formal banks, 9% on mobile money and 3 % in formal SACCOs as seen in the table below.

Table 17: Where do you save your money?

Where do you save your money?	Alero	Koch Goma	Purongo	All
VSLA/self-help group	39%	33%	55%	41%
At home	37%	34%	25%	32%
Formal bank	8%	10%	11%	10%
Mobile Money	9%	11%	7%	9%
SACCO	5%	4%	1%	3%
Other	3%	8%	2%	5%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Again, we compared the analysis above to the Uganda National Household Survey (UNHS) 2016/17 and 2019/20 as shown in the figure below. It’s worth noting that the proportion that save at home/secret place of 32% in project supported sub counties is significantly lower than the Acholi sub region average of 57.3% (UNHS 2019/20) and indicates a reduction from 35% (Acholi average, UNHS 2016/17<sup>12</sup>) reflecting an improved saving culture in the targeted sub counties which can be credited to support through trainings on VSLA principles and methodologies.

Figure 8: Where do you save your money?

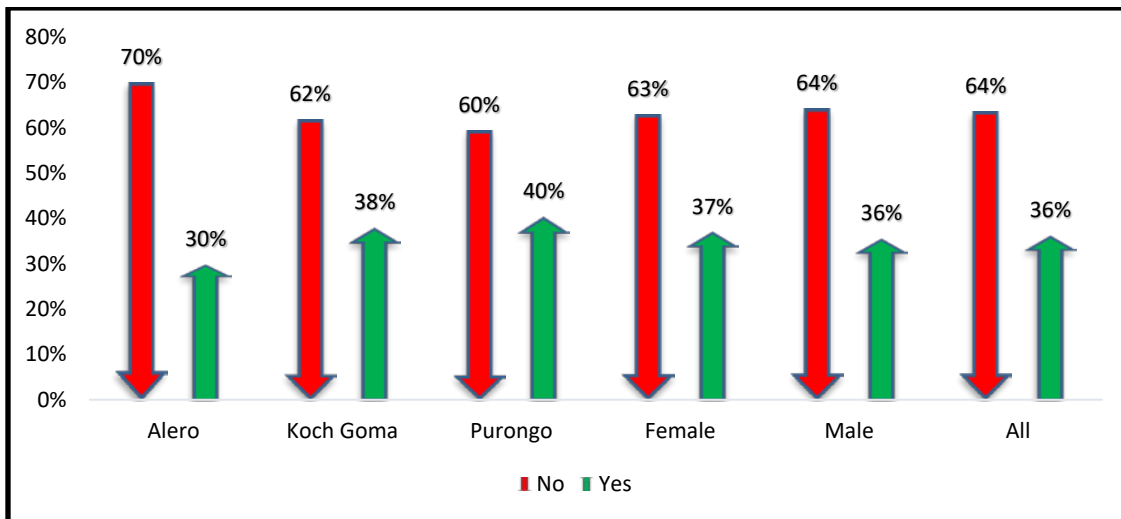


Source: UNHS 2016/17, UNHS 2019/20 and Evaluation Survey Data

Many of the respondents have never accessed a loan. Only 36% said they have ever accessed loans. This was mainly attributed to the lack of collateral security for the loans. In Purongo, 40% said they have accessed loans, in Koch Goma, 38% accessed loans while 30% accessed loans in Alero Sub County. Thirty-seven percent (37%) of women accessed loans compared to 36% of men

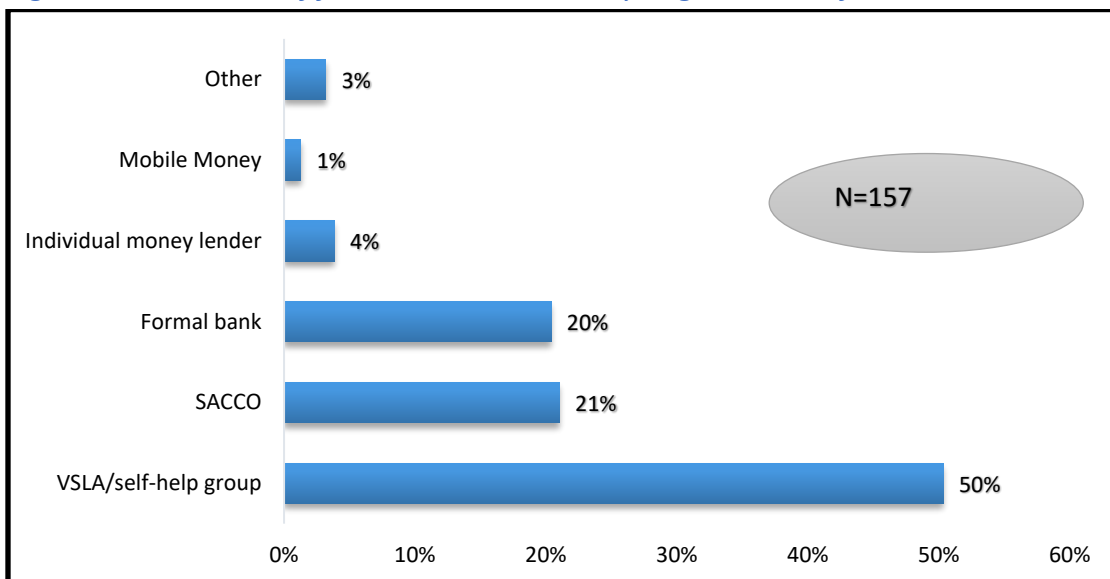
<sup>12</sup> Uganda National Household Survey 2016/17, Page 131, Uganda Bureau of Statistics

Figure 9: Have you ever accessed a loan?



The loans are mainly obtained from VSLAs/ self-help groups as seen in figure below

Figure 10: What kind of financial institution did you get the loan from?

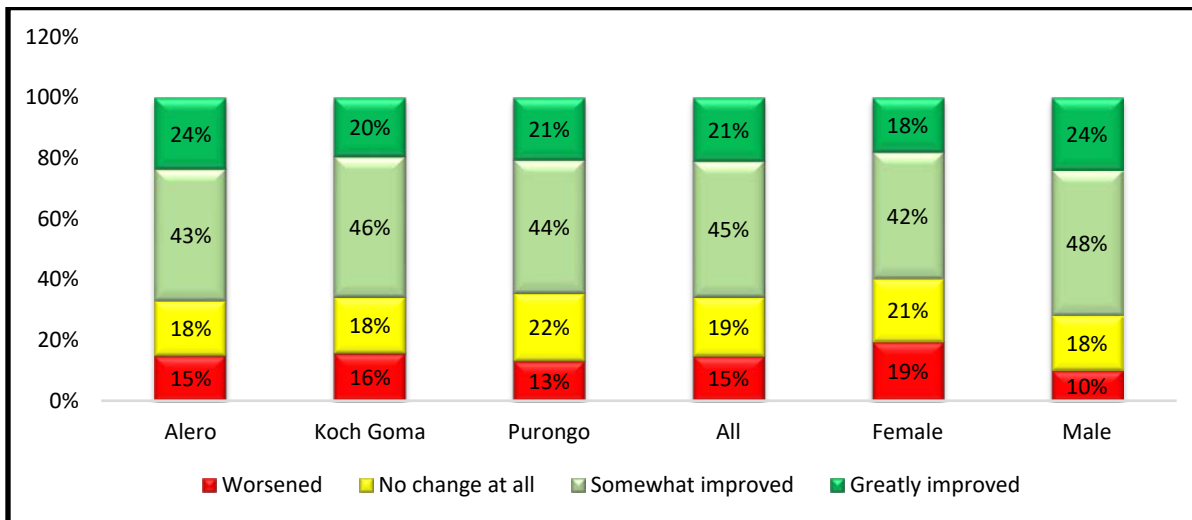


Many of the respondents that accessed loans, used the money in their gardens. A total of 35 respondents used the money to start a business while 25 used it to pay school fees. Five consumed the money while 17 used it for other purposes such as medication, boosting their businesses or purchasing more assets mainly goats

Overall, in terms of livelihoods, many respondents have experienced improvement in the past three years. From the figure below, 45% said their livelihood has somewhat improved in the past three years while 18% stated that it has greatly improved. On the other hand, 19% have not experienced any change while 15% said their livelihoods have worsened in the past three years. There are negligible differences in improvements in livelihoods across sub counties. By gender, fewer women registered improvement than men as 19% of women said their livelihood has worsened in the past three years compared to 10%

of men while 21% of women said they have not experienced any change in livelihood for the past three years compared to 18% of men as seen in figure below.

Figure 11: Thinking about your livelihood three years ago, would you say that life is getting better or worse?



### 3.3.1.2 Access to Basic Social Services and Discrimination

In terms of elimination of discrimination to access basic social services (Education, Health, Food and shelter) there is commendable progress registered in all the sub counties. More especially:

- a) 95% of women and girls said they have never been discriminated in accessing food
- b) 95% of women and girls said they have never been discriminated in accessing shelter
- c) 81% of women and girls said they have never been discriminated in accessing Health
- d) 94% of women and girls said they have never been discriminated in accessing Education
- e) Of the few that have been discriminated in accessing basic services, more women have fallen victims than men

We compare the level of access to social services and extent of discrimination across sub counties and between male and females below.

#### Discrimination in accessing basic social services

Overall, concerning access to food and shelter, almost all the respondents said they have never been discriminated. For instance, 96% said they have never been discriminated in terms of access to food (95% women vis-à-vis 97% of men). Similarly, 98% of respondents (97% women vis-à-vis 100% of men) said they have not experienced any discrimination in terms of access to shelter. While the proportion that has not been discriminated falls in the case of access to education and health services, it's still above 80% as seen in the table below

Table 18: Proportion that has never been discriminated in terms of access to basic services



Service	Female	Male	All
Food	95%	97%	96%
Shelter	97%	100%	98%
Health	81%	86%	83%
Education	84%	85%	84%
Other	97%	98%	97%

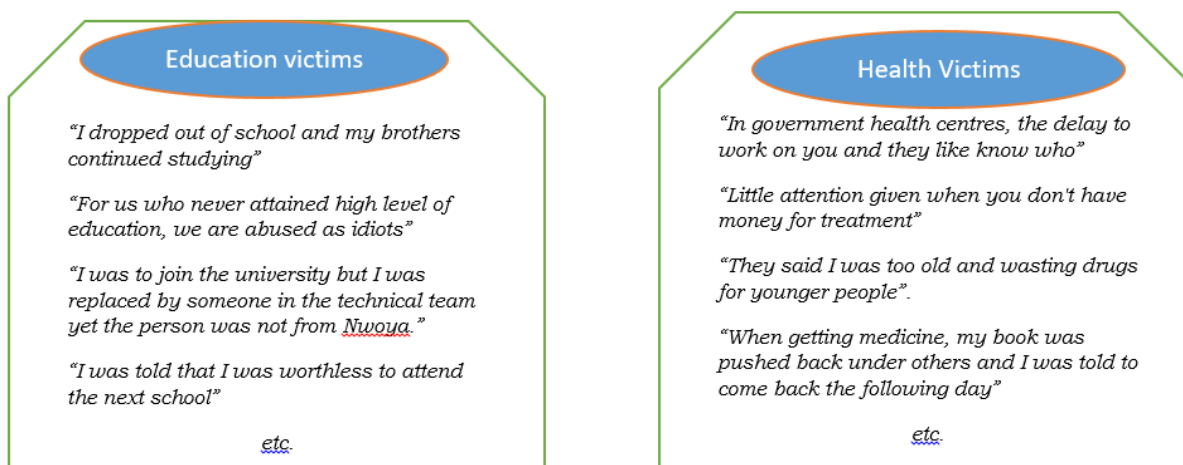
The proportion of respondents that have ever suffered discrimination in accessing education and health services are 16% and 17% respectively compared to only 4% for food, and only 25 for access to shelter. There are negligible differences across the three sub counties. The differences are also trivial by gender as seen below

Table 19: Proportion that has suffered discrimination in accessing basic services

Service	Alero	Koch Goma	Purongo	All	Female	Male
Education	14%	16%	16%	16%	16%	15%
Health	11%	18%	21%	17%	19%	14%
Food	3%	5%	2%	4%	5%	3%
Shelter	2%	2%	2%	2%	2.8%	0.5%
Other	2%	5%	0%	3%	3%	2%

We asked respondents that have been victims of discrimination to explain their experiences. In terms of educations, cases were related to (a) denial to continue education after losing their parents, (b) because of being a girl and (c) being denied the opportunity to speak in public because they are not educated. On the other hand, cases of discrimination in regards to access to healing services were mainly in the form of (a) failing to be attended to while at health centres, (b) harassment by medical personnel, and (c) favoring patients with money and the connected ones among others. Some examples are shown in figure 12 below.

Figure 12: Examples of discriminated victims



### **3.3.2 Outcome 2: By the end of 2020, 65 % of men and boys in Koch Goma sub-county championing change in oppressive cultural, traditional and religious norms that hamper/hinder the realization of gender equality.**

Outcome 2 of the project log frame sought to reduce human rights violations by targeting a change of mindset and attitudes of men and boys concerning the treatment of women and girls. It also sought to build the capacity of role model men in addressing gender inequality in communities.

Similar to outcome 1, the indicators of outcome had no set targets (*See Appendix 1 for outcomes, outputs and indicators*).

Under this outcome, we assessed:

- a) The prevalence of human rights abuse in general
- b) The prevalence of gender-based violence in particular
- c) Reporting of GBV cases to relevant authorities
- d) Access to GBV services
- e) Attitudes of men and boys as well as women and girls in regards to the treatment of women and girls
- f) Division of work between men and women
- g) Capabilities of role model men in addressing gender-based violence in communities.

#### **3.3.2.1 Prevalence of Human rights abuse**

The evaluation found that while discrimination in terms of access to basic social services is minor, there is overwhelming evidence that suggest that abuse of human rights in terms of physical violence, insults, sexual harassments among others are a major concern in communities. The prevalence was higher in Koch Goma and Alero than in Purongo. More specifically;

- a) 65% of the respondents (63% of women and 68% of men) said human rights abuse are either still a major problem or somewhat a problem in their community
- b) 79% said the most discriminated by gender are female more especially married women
- c) 79% said human rights are not protected in their communities
- d) 48% of the respondents had themselves fallen victims of violence
- e) Many of victims (38%) do not report anywhere but rather keep it to themselves. Those that report, mainly report the case to their local council leaders mainly LC1s (30%). Very few victims (9%) report cases to the police
- f) For those that reported cases, 62% said their issues got resolved and that they were satisfied with the way cases were resolved.

Below we discuss the prevalence of human rights abuse across sub counties and by gender.

We first asked respondents their opinion on the prevalence of human rights abuse, the most affected groups, and if there is sufficient protection against human rights abuse in their communities. About two thirds of the respondents (65%) said human rights abuse is an issue in their communities with 35% saying that it was a major problem and 30% that it was somewhat a problem. In Alero and Koch Goma, the prevalence of human rights abuse appears to be much higher than in Purongo sub county. The high prevalence of human rights abuses reported is clearly a reflection of increased awareness in the communities supported by the programme.

*Table 20: How much of a problem are human rights abused in your community?*

<b>Human Rights violation</b>	<b>Alero</b>	<b>Koch Goma</b>	<b>Purongo</b>	<b>Female</b>	<b>Male</b>	<b>All</b>
A major problem	41%	40%	21%	30%	41%	35%
Somewhat a problem	34%	32%	24%	33%	27%	30%
Not much of a problem	22%	17%	49%	32%	23%	27%
Not a problem at all	3%	11%	6%	5%	10%	7%
<b>Grand Total</b>	100%	100%	100%	100%	100%	100%

From the table above, 75% and 72% of respondents from Alero and Koch Goma sub counties respectively said abuse of human rights was a major issue in their communities as compared to only 45% in Purongo Sub County. This could be due to low awareness of human rights in Purongo Sub county due to the design of the project because it was implemented last in Purongo sub county having been implemented in Koch Goma and Alero 2-3 years ago.

Most of the respondents (79%) said that the most discriminated groups are girls and women and then children (31%) as summarized in the table below.

*Table 21: Most discriminated group*

<b>Most discriminated/harassed gender</b>	<b>Alero</b>	<b>Koch Goma</b>	<b>Purongo</b>	<b>All</b>
<b>Female</b>	75%	77%	87%	79%
<b>Male</b>	3%	8%	3%	5%
<b>No difference</b>	23%	15%	10%	16%
<b>Grand Total</b>	100%	100%	100%	100%

<b>Most discriminated/Harassed age group</b>	<b>Alero</b>	<b>Koch Goma</b>	<b>Purongo</b>	<b>All</b>
<b>Adult men</b>	8%	3%	8%	6%
<b>Adult women</b>	15%	32%	23%	24%
<b>Children</b>	19%	29%	47%	31%
<b>Youths</b>	40%	30%	13%	28%
<b>No difference</b>	19%	6%	8%	11%
<b>Grand Total</b>	100%	100%	100%	100%

Many of the respondents (79%) said that human rights are not protected with 71% saying that human rights are not very well protected and 8% that they are not protected at all thus a positive trait towards achieving outcome 2 in which 65 % of men and boys in Koch Goma sub-county are to champion change in oppressive cultural, traditional and religious norms that hamper/hinder the realization of gender equality.

*Table 22: How well protected are human rights in your community when discrimination and harassment happens?*

Protection against Human rights violations	Alero	Koch Goma	Purongo	All	Female	Male
Not protected at all	10%	9%	3%	8%	9%	7%
Not very well protected	66%	74%	71%	71%	75%	66%
Very well protected	24%	16%	26%	21%	16%	26%
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

We then asked respondents if themselves have experienced any form of discrimination in the past three years, and results further cement the fact that human rights abuse is still a major issue in the different sub counties more especially Koch Goma and Alero sub county. About half of the respondents (48%) said they have suffered discrimination (51% in Purongo, 47% in Koch Goma and 48% in Alero) as seen in the table below. And from the findings it is evident the majority of respondents (52%) had not been discriminated in the last 3 years with less females at 45% of the female respondents indicating positive inclination towards outcome 2 in which 65 % of men and boys in Koch Goma sub-county are to champion change in oppressive cultural, traditional and religious norms that hamper/hinder the realization of gender equality

*Table 23: In the past three years, have you experienced discrimination or been treated unfairly?*

Ever been Discriminated in last 3 years?	Alero	Koch Goma	Purongo	All	Female	Male
No	52%	53%	49%	52%	55%	49%
Yes	48%	47%	51%	48%	45%	51%
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

The discrimination has largely been because of sex with females being more vulnerable than males (38% of women vis-à-vis 19% of men), age and political differences as summarised in the table below.

*Table 24: In the past three years, have you experienced discrimination or been treated unfairly by others because of the following factors?*

Factor	Alero	Koch Goma	Purongo	All	Female	Male
Sex (because you are female or male)	27%	28%	30%	28%	38%	19%
Age	22%	13%	19%	17%	19%	15%
Political Beliefs	11%	14%	23%	16%	13%	18%
Religion	12%	9%	16%	12%	13%	10%

<b>Other</b>	9%	12%	7%	10%	7%	12%
<b>Disability</b>	11%	4%	6%	7%	6%	8%
<b>Having a criminal record</b>	5%	1%	2%	2%	0.5%	3.7%

Most of the discrimination occur in public places (38%) and at home (15%). Discrimination at home is more prevalent in Alero and Koch Goma than in Purongo as seen in table below

*Table 25: Place where discrimination occurred*

Place	Alero	Koch Goma	Purongo	All	Female	Male
<b>Public places</b>	36%	38%	41%	38%	39%	38%
<b>At home</b>	19%	19%	5%	15%	16%	14%
<b>School</b>	11%	9%	13%	11%	12%	10%
<b>When interacting with police or other areas of the criminal justice</b>	4%	5%	8%	6%	3%	8%
<b>Work place</b>	5%	3%	4%	4%	3%	5%

Of the 223 that said they have ever experienced discrimination, many of them (38%) do not report anywhere but rather keep it to themselves. Those that report, mainly report the case to their local council leaders mainly LC1s (30%). Very few victims (9%) report cases to the police.

*Table 26: Response to Discrimination*

Response to discrimination	Alero	Koch Goma	Purongo	All	Female	Male
<b>Kept it to myself and did not respond</b>	38%	32%	47%	38%	40%	35%
<b>Reported to local leaders (Lcs)</b>	29%	34%	27%	30%	31%	30%
<b>Talked about it with family/friends or someone else</b>	23%	24%	24%	24%	25%	22%
<b>Had a discussion with the person who did it</b>	6%	13%	22%	13%	14%	13%
<b>Reported to Police</b>	11%	12%	3%	9%	8%	10%

When reported to either police, Local leaders, family, friends etc, many victims (62%) said the issue was solved while 38% said it wasn't. Of those whose issues were resolved, majority of them said they were either very satisfied or satisfied with the way the issue was resolved as summarised below

*Figure 13: Was the issue resolved and how satisfied were you?*



### 3.3.2.2 Prevalence of GBV and SGBV

This section assesses the extent and prevalence of gender-based violence in the three sub counties. We first asked the general opinions of respondents on the prevalence of GBV in their communities. We then asked them if the respondents themselves have fallen victims of GBV and lastly if they know any person(s) that have perpetrated violence on their spouse, child or community member.

Overall the evaluation found that project increased awareness about GBV but didn't not have significant effect on reduction of GBV. The results showed that 41% of women experienced GBV in the past 12months at the end of the project compared to 25.1% in 2016/17<sup>13</sup>.

#### Trend in Prevalence of GBV

We asked respondents if they have been victims of GBV in the last 12 months. More women (41%) compared to men (27%) said they have been victims of GBV. This is significantly higher than the 25.1% of women who experienced GBV in 2016/17 according to the Uganda Demographic Health Survey 2016/17<sup>14</sup>. By Sub County, 40% in Koch Goma said they have been victims, 32% in Alero and only 24% in Purongo. However, most of the respondents reported that they have experienced less GBV (61% women and 65% of men) in the past one year as seen below.

Table 27: Ever been a GBV victim in last 12 months & Has GBV increased in the past 12 months?

Victim of GBV in last 12 months	Alero	Koch Goma	Purongo	All	Female	Male
No	68%	60%	76%	66%	59%	73%
Yes	32%	40%	24%	34%	41%	27%

<sup>13</sup> Value is a regional average for Acholi Sub region from the Uganda Demographic Health Survey 2016/17.

<sup>14</sup> Since the UDHS 2020/21 has not been released by the Uganda Bureau of Statistics, we are unable to provide concrete conclusion that GBV increased or decreased in Acholi sub region and judge of projects effectiveness in this regard.

Has GBV Increased in the past 12 months?	Alero	Koch Goma	Purongo	All	Female	Male
More	26%	27%	16%	<b>24%</b>	26%	20%
Remained the same	26%	10%	6%	<b>13%</b>	12%	14%
Less	48%	63%	78%	<b>63%</b>	61%	65%

The talk shows and campaigns that were conducted by the project helped to sensitize the community in and around Nwoya District on the dangers of GBV which contributed to less GBV experienced by respondents as noted above.

The violence on women is mainly perpetrated by their husbands (79%) or relatives of their husbands (70%). On the other hand, among men, violence is mainly perpetrated by their own relatives (67%) as well as their wives (64%).

*Table 28: Top perpetrators of violence*

Perpetrators of violence	Female	Male	All	N
<b>My Spouse/Partner</b>	79%	64%	<b>72%</b>	189
<b>My Partner's relatives</b>	70%	55%	<b>63%</b>	189
<b>My relatives</b>	52%	67%	<b>59%</b>	189
<b>My parents</b>	27%	43%	<b>34%</b>	189
<b>My guardians</b>	18%	27%	<b>22%</b>	189
<b>My partner's children</b>	18%	14%	<b>16%</b>	189

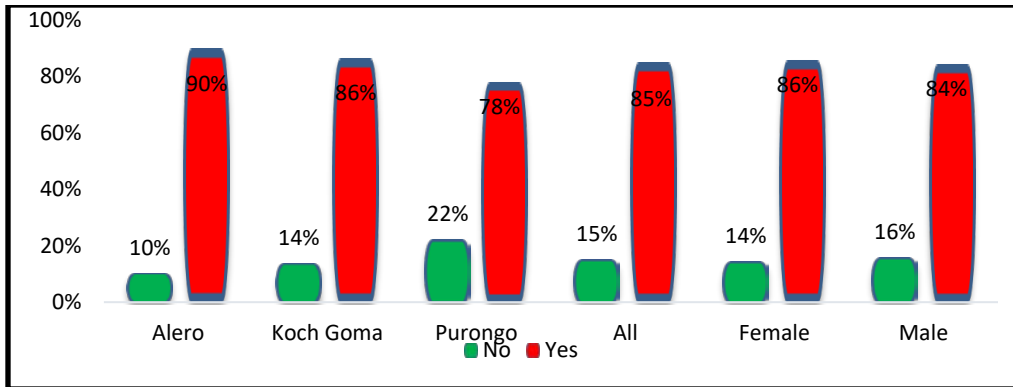
The violence on women was reported to be actually extreme (38%) or somewhat extreme (25%). Most of the men victims of violence said it was light (40%) or somewhat extreme (37%) as seen in table below.

*Table 29: Magnitude of the violence?*

Magnitude of Violence	Female	Male	All	N
<b>Extreme</b>	38%	23%	31%	59
<b>Somewhat extreme</b>	25%	37%	31%	72
<b>Light</b>	37%	40%	38%	58
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>189</b>

Evidence suggests that the prevalence rate of GBV is still high in all the three sub counties though slightly lower in Purongo as compared to Koch Goma and Alero sub counties. Many of the respondents (85%) said there is gender-based violence in their communities (90% in Alero, 86% in Koch Goma and 78% in Purongo)

*Figure 14: Do you think there is Gender based Violence (GBV) in your community?*



The most common forms of gender-based violence are physical violence including hitting/slapping/grabbing/pushing/ kicking. More than half (55%) of the respondents ranked physical GBV either high or very high. Physical GBV is higher in Koch Goma (62%) and Alero (58%) than in Purongo (41%).

Insults, Intimidations and verbal abuse were also ranked high by most of the respondents. About 67% of the respondents said it is either very high or high in their communities. The prevalence is generally high in all sub counties (Koch Goma (73%) Alero (66%) and Purongo (66%). Women are also victims of economic violence (deprivation from resources/Refusal of women from working). About 43% of women ranked it either high or very high in their communities compared to 36% of men.

Sexual violence including rape, sexual harassment, sexual deprivation, and defilement is generally ranked low in all sub counties. That's 63% of respondents said sexual violence is either low or very low (62% in Alero, 68% in Koch Goma and 72% in Purongo) which could be due to low sensitization focusing on sexual violence by the project.

*Table 30: Rating of GBV categories*

Category of GBV	Rank	Alero	Koch Goma	Purongo	All	Female	Male
<b>Hitting/ slapping/ beating/grabbing/ pushing/kicking</b>	Very high	19%	28%	17%	22%	22%	23%
	High	39%	34%	24%	33%	35%	32%
	Low	25%	26%	44%	30%	32%	29%
	Very low	12%	5%	14%	10%	9%	10%
	Don't know	4%	7%	1%	5%	3%	7%
	Grand Total	100%	100%	100%	100%	100%	100%
<b>Insult and intimidations/ verbal abuse</b>	Very high	21%	42%	26%	31%	30%	32%
	High	45%	31%	40%	38%	42%	33%
	Low	22%	16%	23%	20%	20%	20%
	Very low	11%	6%	10%	8%	6%	10%
	Don't know	2%	6%	1%	3%	2%	5%
	Grand Total	100%	100%	100%	100%	100%	100%
	Very high	4%	11%	10%	8%	8%	9%



<b>Rape/sexual harassment/Sexual deprivation/Defilement</b>	High	18%	18%	12%	17%	17%	16%
	Low	32%	34%	34%	34%	32%	35%
	Very low	30%	24%	38%	29%	29%	30%
	Don't know	16%	13%	6%	12%	14%	10%
	Grand Total	100%	100%	100%	100%	100%	100%
<b>Deprivation from resources/Refusal of women from working</b>	Very high	9%	11%	13%	11%	12%	9%
	High	29%	34%	22%	29%	31%	27%
	Low	25%	25%	39%	29%	27%	30%
	Very low	25%	16%	20%	20%	18%	23%
	Don't know	11%	14%	5%	11%	12%	10%
	Grand Total	100%	100%	100%	100%	100%	100%

Fighting gender-based violence in communities will largely require first fighting alcoholism and culture that makes men more superior to women.

From the community survey, almost all respondents (90%) said the major cause of violence in their communities is excess alcoholism. Other drivers of GBV include financial constraints, drug abuse, and multiple sexual partners among others

*Table 31: Causes of GBV*

Causes of GBV	No	Yes	Total
<b>Alcoholism</b>	10%	90%	100%
<b>Financial constraints</b>	57%	43%	100%
<b>Drug Abuse</b>	70%	30%	100%
<b>Multiple Sexual Partners</b>	70%	30%	100%
<b>Family Constraints (e.g. land wrangles)</b>	70%	30%	100%
<b>Polygamous marriages</b>	74%	26%	100%
<b>Unemployment</b>	86%	14%	100%
<b>Step parents (mothers and fathers)</b>	95%	5%	100%

Interviews and focus group discussion exposed that gender-based violence is also because of culture that makes men more superior than women.

*“In Acholi culture, a man is superior. This has caused many problems in families”. Response from a CBO.*

*“By our culture, men tend to have more rights and control of property than women do. This really disadvantages women especially in regards to owning property” (Response from a LC3).*

*“As per our culture, men always look at women as housewives who are supposed not to move anywhere but to stay home. When a man finds a woman not at home, that automatically leads to fights”. Response from LC2 chairman).*

*“A man pretends to have more rights to use whatever they own as a family even if its jointly owned. They even sell off property without consulting the woman”. (Response from LC 1 chairman)*

### 3.3.2.3 Reporting of GBV

Similar to other human rights violations as discussed earlier, a number of victims of GBV don't report anywhere. More men (33%) and women (29%) do nothing when they fall victims to GBV. For those that chose to report, they do so by reporting to either their parents/ relatives or local leaders as seen below

*Table 32: How did you react to the act of violence you suffered from?*

Response to Violence	Female	Male	All	N
I did nothing	29%	33%	31%	58
I informed my parents/friends/ Guardians/Clan leaders	25%	17%	22%	41
I told it to local leaders	20%	17%	19%	35
I reported it to the police station	7%	7%	7%	13
I told it the community activists	5%	7%	6%	11
I went to hospital/health center	1%	2%	2%	3
I reported it to an NGO	2%	0%	1%	2
I reported it to my religious leader in church/mosque	0%	1%	1%	1
Other	11%	16%	13%	25
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>189</b>

The main reasons for not reporting is the lack of trust that reporting will change anything (63% of women and 47% of men) and that they depend on the perpetrator (13% of women and 12% of men). Some men also don't report because of the fear of being stigmatized (18%).

*Table 33: Reasons for not reporting*

Reasons for not reporting	Female	Male	Grand Total	N
I felt that reporting will change nothing	63%	47%	56%	23
I depend on the perpetrator	13%	12%	12%	5
I feared to be stigmatized	8%	18%	12%	5
I lacked evidence	13%	12%	12%	5
I don't know where to report	0%	12%	5%	2
Police/Local leaders can't support me	4%	0%	2%	1
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>41</b>

During a focus group discussion, it was also revealed that some victims do not report because of fear of being harassed by the family or even community members. It was reported that most of the

perpetrators of violence are relatives or close family friends and if they are reported and arrested by police, the relatives turn against victims.

*“The perpetrators of violence are close friends or relatives. If actions such as arrests are conducted, the community or family turn against the victim”- (Response from a FGD)*

To probe further on the prevalence of GBV in communities, we asked respondents if they know any person(s) that have perpetrated GBV. Most of the respondents (60%) also said that they were actually aware of individuals that perpetrated violence against their partners, children or any other community members (72% in Alero, 63% in Koch Goma, and only 44% in Purongo). As discussed earlier, the implementation of the project with Purongo being at the end significantly influenced knowledge indicators in the program.

*Table 34: Do you know any perpetrator of GBV?*

Do you know any perpetrator of GBV?	Alero	Koch Goma	Purongo	All	Female	Male
No	28%	38%	56%	40%	43%	37%
Yes	72%	63%	44%	60%	57%	63%
<b>Grand Total</b>	100%	100%	100%	100%	100%	100%

Many of the respondents (65%) took a positive step to challenge the perpetrator of GBV as seen below

*Table 35: Did you challenge the person who perpetrated violence*

Any action taken?	Female	Male	Grand Total
No	36%	34%	35%
Yes	64%	66%	65%
<b>Grand Total</b>	100%	100%	100%

**3.3.2.4 Access to GBV Information and Services**

In terms of access to GBV and SGBV services, we found that;

- a) Most of the community members have been sensitized about GBV. From the results, 52% said they have attended a community meeting where GBV is discussed while 83% said they have listened to a GBV message on the radio.
- b) Data from the Health Management Information System (HMIS) revealed that the utilization of GBV services has significantly increased in the target areas. By the end of 2020, 447 GBV survivors had received medical services in the facilities located in the targeted sub counties compared to 152 prior to the beginning of the project (an increment of 194%).
- c) The utilization of SGBV services including PEP at health facilities is still low. Utilization increased by only 31% during the program period in the supported areas.
- d) Only 58.6% of the SGBV were able to receive PEP services at facilities

We discuss access to GBV and SGBV services by Sub County below.

Most of the residents in the three communities have been sensitized about the dangers of GBV mainly through radio talk shows and community meetings. In the interview, 52% of the respondents have attended a community meeting where GBV is discussed. The proportion is higher in Purongo (55%) and Alero (54%) than in Koch Goma with 49%). More men have been sensitized through community meetings than women (58% men vis-à-vis 46% women).

*Table 36: Ever attended a community meeting where GBV was discussed*

Attendance of GBV meetings	Alero	Koch Goma	Purongo	All	Female	Male
No	46%	51%	45%	48%	54%	42%
Yes	54%	49%	55%	52%	46%	58%
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

The community meetings on GBV have mainly been organised by Handle Uganda. In Koch Goma however, the presence of Handle Uganda appears light as only 29% said the meetings were organised by Handle and the majority (39%) said they were organised by local authorities. In Purongo, 58% said the meetings were conducted by Handle Uganda as summarised in the table below. The above trend could be due to the fact that the project was recently implemented in Purongo compared to Alero and Koch Goma.

*Table 37: Who organized the meeting?*

Organizer of GBV meetings	Alero	Koch Goma	Purongo	All	Female	Male
Handle Uganda	38%	29%	58%	<b>40%</b>	37%	42%
Local authorities	9%	39%	8%	<b>20%</b>	19%	21%
Other NGOs	35%	10%	8%	<b>17%</b>	21%	13%
The police	4%	6%	6%	<b>5%</b>	2%	8%
Community activists	1%	4%	8%	<b>4%</b>	4%	5%
Health Centre	0%	3%	5%	<b>3%</b>	5%	1%
Church/mosque	1%	3%	2%	<b>2%</b>	2%	2%
Other	12%	6%	8%	<b>8%</b>	9%	7%
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

As shown above, with 4 in 10 community meeting organised by Handle Uganda, the project significantly contributed to the strengthening of GBV information access and use. Besides, community meetings, majority of the respondents (83%) have at least listened to a GBV message on radio in the last one year. There are no differences by Sub County and gender.

*Table 38: Ever listened to a GBV radio message or programme/talk show in the last 1 year?*

Ever listened to GBV message on Radio	Alero	Koch Goma	Purongo	All	Female	Male
No	19%	18%	14%	17%	19%	15%
Yes	81%	82%	86%	83%	81%	85%
<b>Grand Total</b>	100%	100%	100%	100%	100%	100%

Because the project was closed in Koch Goma more than two years ago, few community members (17%) attribute the fight against GBV in their community to Handle Uganda. Majority of the respondents in Koch Goma attribute this to local authorities (72%). It's worth noting that Handle Uganda strengthened local leadership including the district councilors, local council leaders and cultural leaders through trainings and dialogues which could have contributed to this and offers more sustainability of the project results. On the other hand, in Purongo and Alero, majority of the respondents consider Handle Uganda as the major player in mitigating GBV.

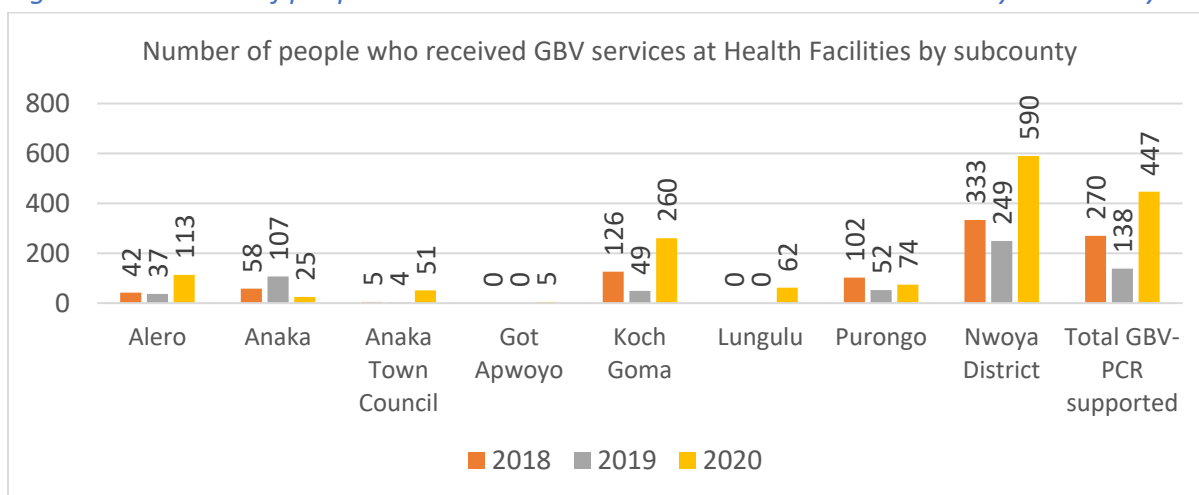
Table 39: Who has helped to mitigate cases of GBV in your community?

Players in mitigating GBV	Alero	Koch Goma	Purongo	All
Handle Uganda	28%	17%	37%	26%
Local authorities	56%	72%	54%	62%
The police	16%	11%	9%	12%
<b>Grand Total</b>	100%	100%	100%	100%

### Access to GBV and SGBV services at health facilities

A review of data from the Health Management Information System (HMIS) revealed that the utilization of GBV services has significantly increased in the PCPR-GBV target areas. By the end of 2020, 447 GBV survivors have received medical services in the facilities located in the targeted regions compared to 152 prior to the beginning of the project (an increment of 194%). Whereas this may indicate the rise in GBV cases but it also reflects the ability of GBV survivors to seek care and support at health facilities.

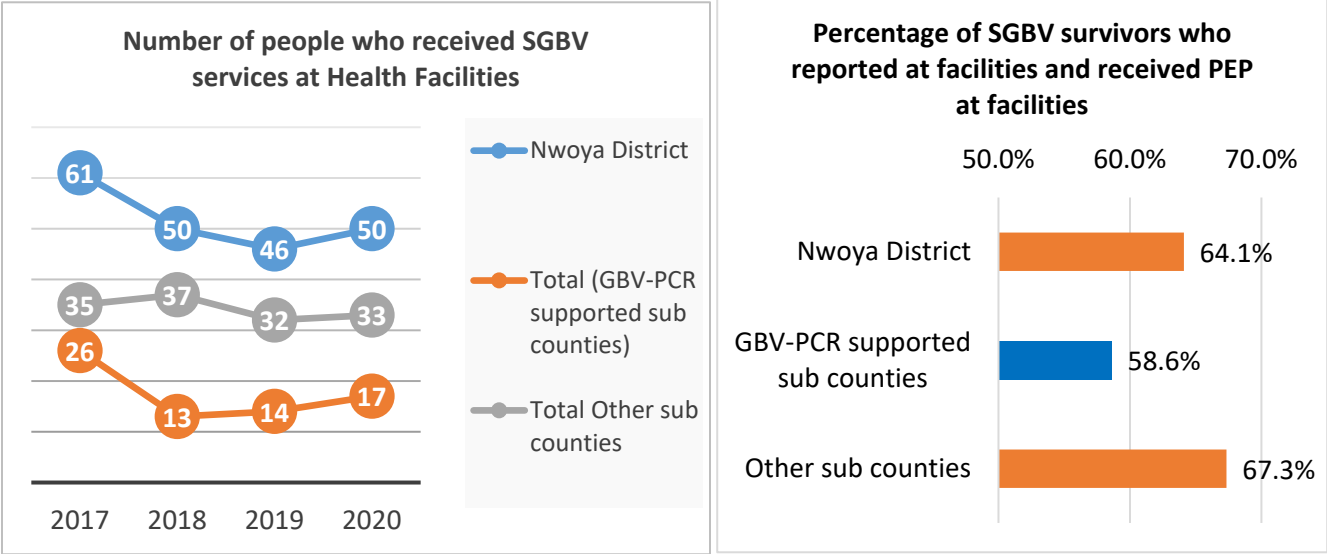
Figure 15: Number of people who received GBV services at Health Facilities by sub county



It is worth noting that at least 76% of GBV utilization happened in the three sub counties supported by the program as indicated above.

A slightly different trend can be observed among SGBV victims. The utilization of SGBV services including PEP at health facilities is still low in the program with the utilization increasing by only 31% during the program period in the supported areas. However, only 58.6% of the SGBV were able to receive PEP services at facilities which could be attributed to reporting past the 72 hours to facilities while seeking SGBV services.

Figure 16: Utilization of SGBV services at Health Facilities, HMIS 2017-2020



**Challenges faced while accessing services**

Data indicated that participants face enormous challenges in accessing medical, legal & other GBV services. The most common challenges included (a) financial constraints especially in regards to transporting victims to the service centres, (b) corruption especially by police, (c) poor the attitude by service providers, (d) long distances to service delivery points (e) absence of the required support services at the service delivery points like health facilities as indicated below.

Figure 17: Challenges faced while accessing GBV services



Statement	Response	Alero	Koch Goma	Purongo	All	Female	Male
<b>It is acceptable for a man to force his Partner/wife to have sex even if she does not want to have sex</b>	Agree	17%	12%	7%	12%	10%	14%
	Cannot decide	5%	3%	1%	3%	3%	3%
	Disagree	79%	85%	93%	85%	87%	83%
	Total	100%	100%	100%	100%	100%	100%
<b>In order to continue to get support from a man, a woman has to continue having sex with him</b>	Agree	20%	16%	5%	14%	13%	16%
	Cannot decide	4%	5%	1%	3%	3%	4%
	Disagree	76%	79%	94%	82%	84%	81%
	Total	100%	100%	100%	100%	100%	100%
<b>Culturally women/girls deserve to be beaten/domestically abused by their husbands/partners</b>	Agree	20%	11%	9%	13%	10%	16%
	Cannot decide	4%	2%	0%	2%	1%	2%
	Disagree	76%	88%	91%	85%	88%	81%
	Total	100%	100%	100%	100%	100%	100%
<b>If a woman/girl suggests the use of condom to her husband/partner, it's a sign that she is immoral</b>	Agree	24%	20%	14%	19%	15%	24%
	Cannot decide	7%	5%	3%	5%	6%	5%
	Disagree	69%	74%	83%	75%	79%	71%
	Total	100%	100%	100%	100%	100%	100%
<b>If a husband does not beat his wife if she disobeys him, other men in the community will think less of him</b>	Agree	43%	24%	18%	28%	26%	29%
	Cannot decide	5%	4%	0%	3%	2%	5%
	Disagree	53%	72%	82%	69%	72%	66%
	Total	100%	100%	100%	100%	100%	100%
<b>Beating a woman by her partners is a sign of showing love</b>	Agree	11%	12%	7%	10%	10%	11%
	Cannot decide	6%	6%	1%	4%	3%	6%
	Disagree	83%	82%	93%	85%	88%	83%
	Total	100%	100%	100%	100%	100%	100%
<b>A woman has a right to refuse sex with a husband</b>	Agree	54%	64%	56%	59%	66%	52%
	Cannot decide	7%	6%	2%	5%	5%	6%
	Disagree	39%	30%	42%	36%	30%	42%
	Total	100%	100%	100%	100%	100%	100%



<b>If a woman uses a family planning method without her husband knowing, and he finds out, she deserves to be beaten</b>	Agree	31%	39%	26%	33%	31%	36%
	Cannot decide	6%	5%	2%	5%	6%	4%
	Disagree	62%	55%	72%	62%	63%	61%
	Total	100%	100%	100%	100%	100%	100%
<b>Men's power over women is the reason why violence against women happens</b>	Agree	46%	65%	60%	58%	67%	49%
	Cannot decide	6%	5%	1%	4%	3%	6%
	Disagree	47%	30%	39%	38%	30%	45%
	Total	100%	100%	100%	100%	100%	100%
<b>It is possible for men to stop using violence</b>	Agree	73%	79%	81%	78%	79%	77%
	Cannot decide	7%	7%	2%	5%	3%	8%
	Disagree	20%	15%	17%	17%	19%	15%
	Total	100%	100%	100%	100%	100%	100%
<b>If there are limited resources, it's better to educate boys than girls</b>	Agree	21%	24%	6%	18%	13%	24%
	Cannot decide	4%	3%	1%	3%	2%	4%
	Disagree	75%	72%	93%	79%	86%	72%
	Total	100%	100%	100%	100%	100%	100%
<b>To be a man you must be tough</b>	Agree	29%	28%	16%	25%	18%	31%
	Cannot decide	5%	3%	2%	3%	3%	4%
	Disagree	66%	70%	82%	72%	79%	65%
	Total	100%	100%	100%	100%	100%	100%

As indicated above, the phased approach of implementation of the project is clearly linked to the attitudes of community members. The last sub county that received interventions registered better attitudes compared to other sub counties.

We asked married respondents, “Who made the decision to have the last child?”. Results suggest that while more than half of respondents (54.1%) that’s 51.4% of women and 56.4% of men said the decision was made jointly (both husband and wife), a higher proportion of women (17.1%) said the decision was from their husbands. This was cemented by men’s confessions where 16.9% of them said the decision to produce the last child was mainly their own alone.

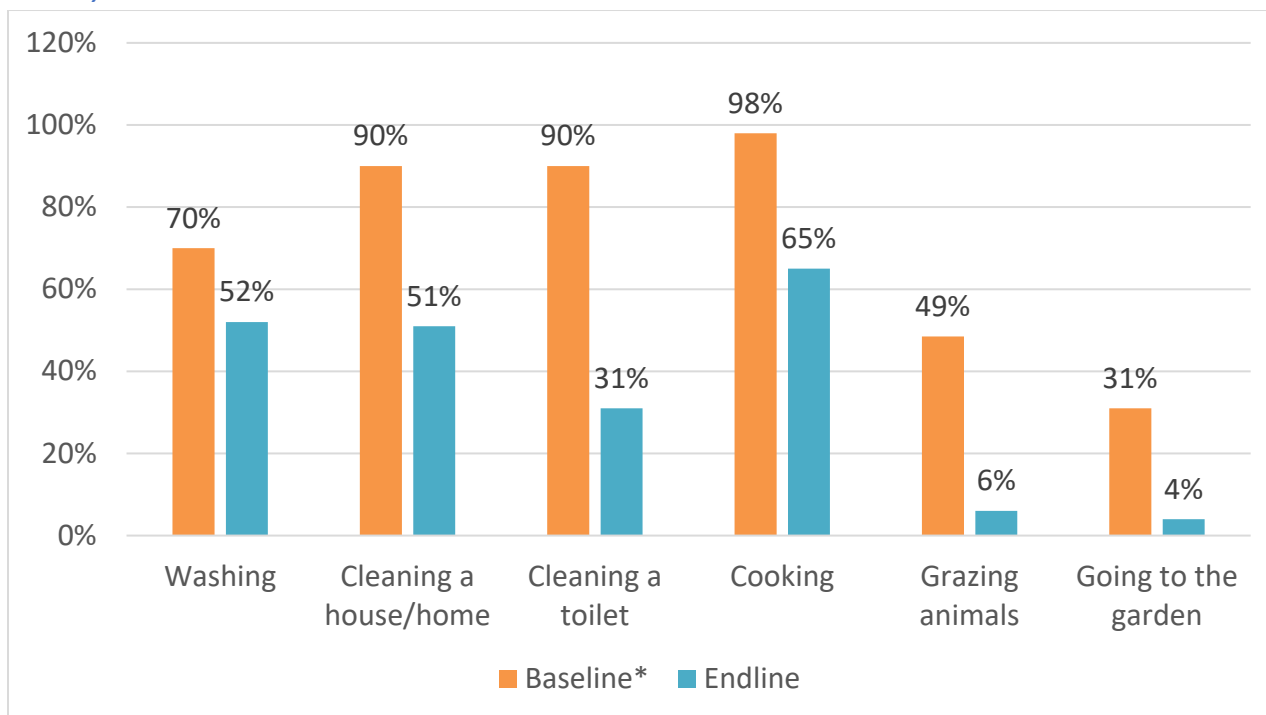
*Table 41: Who made the decision to have the last child*

Who made the decision to have the last child?	Female	Male	All
Both equally	51.4%	56.4%	54.1%
Mostly me	6.8%	16.9%	12.3%
My spouse	17.1%	8.7%	12.6%
Not planned	19.9%	14.0%	16.7%
Not applicable	4.8%	4.1%	4.4%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

### 3.3.2.6 Roles and Responsibilities of men, women, girls and boys in the community

The project has contributed to a shift in the Roles and Responsibilities of men, women, girls and boys in the community. As indicated in the table below, we made a comparison of the percentage of respondents that reported that the following tasks are performed by women at baseline<sup>15</sup> and endline. Even though at endline domestic work such as washing, cleaning a home, cleaning toilets, cooking etc. are largely a preserve of women, there have been significant reductions from the baseline values for example while 70% of respondents reported washing being done by women at baseline, only 52% reported that women entirely handle this task at endline reflecting investments by Handle Uganda in community mobilization and sensitization.

Figure 18: Percentage of respondents that reported that the following tasks are performed by women entirely

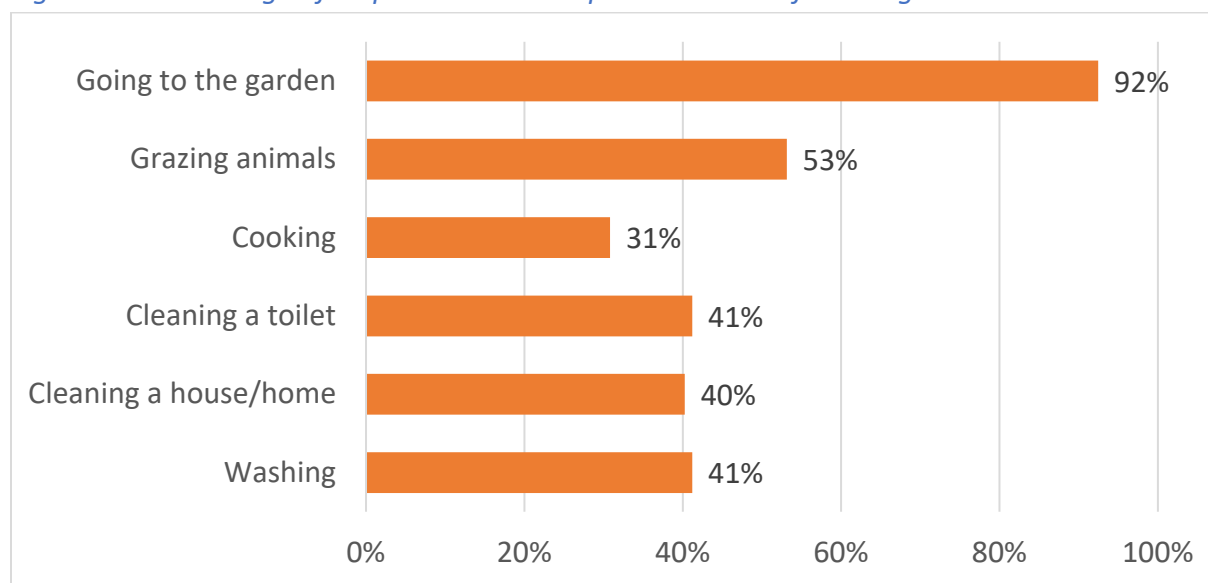


\*Gender Analysis Report, July 2018

<sup>15</sup> Baseline values were derived from a Gender Analysis Report, July 2018 which was conducted by Handle Uganda in Nwoya District

Shared responsibility was also tracked in the survey. The task of going to the garden is shared equally for the majority of the respondents. Men only appear to dominate in the case of grazing animals with good support provided by the children. Shared responsibility as also reported by at least 3 out of 10 respondents as shown in the graph below.

Figure 19: Percentage of respondents that reported that the following tasks are shared



The table gives the distribution of roles and responsibilities of men, women, girls and boys in the community by sex. From the results below, most of the female respondents stated that they handle domestic tasks alone. Similarly, majority of the men confirmed that their spouses do all domestic and that in cases where the tasks are shared, their spouses do most of the work.

Table 42: Distribution of Roles and Responsibilities of men, women, girls and boys in the community

Who does the following tasks?	Gender	Children	My spouse alone	Myself alone	Shared but I do most of it	Shared but my spouse does most of it	Shared Equally	Total
Washing	Female	3%	1%	66%	15%	3%	12%	100%
	Male	2%	39%	8%	1%	34%	16%	100%
Cleaning a house/home	Female	4%	3%	62%	17%	1%	12%	100%
	Male	2%	41%	8%	1%	29%	18%	100%
Cleaning a toilet	Female	14%	10%	42%	14%	3%	17%	100%
	Male	16%	23%	15%	6%	19%	23%	100%
Cooking	Female	1%	1%	76%	17%	1%	5%	100%
	Male	1%	55%	6%	1%	28%	9%	100%
Grazing animals	Female	9%	27%	8%	6%	24%	26%	100%

Who does the following tasks?	Gender	Children	My spouse alone	Myself alone	Shared but I do most of it	Shared but my spouse does most of it	Shared Equally	Total
Going to the garden	Male	9%	4%	36%	19%	5%	26%	100%
	Female	0%	3%	7%	8%	10%	72%	100%
	Male	1%	2%	3%	6%	5%	83%	100%

Women also play a fundamental role in fulfilling obligations that would under normal circumstances especially in Africa be attributed to men. Responsibilities such as paying school fees, buying food and household items, attending community meetings, participating in community work, are shared equally among men and women for most of the respondents. Men only appear to dominate when it comes to building a house. Taking care of children when sick, looking after children, dropping and picking children from school is mainly done by women as summarised in the table below.

Table 43: Who is responsible for the following tasks at home?

	Gender	Children	My spouse alone	Myself alone	Shared but I do most of it	Shared but my spouse does most of it	Shared Equally	Total
Building/repairing a house	Female		43%	8%	1%	27%	21%	100%
	Male		5%	42%	30%	0%	23%	100%
Paying school fees	Female		18%	7%	3%	21%	50%	100%
	Male		2%	24%	26%	2%	45%	100%
Buying food and other household items	Female		12%	12%	15%	17%	44%	100%
	Male		9%	15%	15%	17%	45%	100%
Dropping and Picking children from school	Female	5%	8%	29%	11%	8%	39%	100%
	Male	12%	13%	17%	8%	16%	34%	100%
Taking care of children when sick	Female		2%	31%	23%	5%	39%	100%
	Male		15%	6%	5%	24%	50%	100%
Looking after children	Female		1%	27%	24%	5%	43%	100%
	Male		8%	5%	3%	28%	57%	100%
Attending community meetings	Female		13%	14%	5%	16%	51%	100%
	Male		3%	13%	20%	7%	56%	100%
Participating in community work	Female		15%	12%	7%	17%	49%	100%
	Male		2%	15%	22%	5%	56%	100%

Overall, the statistics suggest that women bear a heavy work and responsibility burden than men. Surprisingly however, majority of the men and women alike said they were either very satisfied or satisfied with the current division of work (87% of women and almost all men, 97%). Only 12% of women feel unsatisfied or very unsatisfied with the current division of work.

Table 44: Level of satisfaction with current division of work

Satisfied with division of work?	Female	Male	All
Very Satisfied	✓ 36%	✓ 45%	✓ 41%
Satisfied	✓ 51%	✓ 52%	✓ 52%
Unsatisfied	✗ 8%	✗ 2%	✗ 5%
Very unsatisfied	✗ 4%	✗ 1%	✗ 2%
Grand Total	100%	100%	100%

### 3.3.2.7 Capacity of Role Model Men (RMM) to handle GBV in communities

The RMM were well-respected men in communities selected by community members. As a way of equipping them, Handle Uganda trained and mentored them in the management of conflicts in communities. After the training, each role model man was required to identify ten households (mainly those known to have conflicts). They were then supposed to mentor, coach and transform the households into peaceful homes.

During our discussions with RMM, they revealed that they have been engaged in counseling and guidance of families that are having violence cases, sensitizing communities about the dangers of GBV and referring cases to relevant authorities such as the police. **The contribution of RMM in the fight against human rights abuse and gender-based violence is well acknowledged.**

*“The RMM really helped to report cases. Before we used not to get cases but RMM helped to bring cases” (Response from a sub county CBO).*

*“The selected leaders (RMM, church leaders, and LCs) are trying their best to mitigate gender based violence and human rights abuse. They sensitize and facilitate dialogue between partners. Church leaders talk to people every day about this” (Response from Community FGD)*

*“People call us. Some even call even at night to go and help them” (Response from RMM).*

*“The RMM also experienced a positive change in their way of living. Because they were selected as RMM, they were forced to set a good example for others to follow. Some of them were also perpetrators of violence”. (Response from LC 1 leader)*

We asked RMM if they feel well equipped to handle GBV cases in their communities. They all responded in the affirmative but requested for more refresher trainings and facilitation.

*“Yes am well equipped. We underwent a 5-days training, they gave us a T-Shirt and bicycle.*

*“We are well equipped. However, there is need for refresher training repeatedly”*

*“The support given to us by Handle Uganda was adequate enough to help us in executing the task we were assigned to do. However, Handle should always engage us in refresher trainings, and also provide us with items such as rain coats, gumboots, back bags because it was not always a good experience during the rainy season”. (Responses from RMM FGDs)*

Besides the training, Handle Uganda also attached the RMM to sub county leaders specifically the Community Development Officers (CBOs)

The RMM faced some challenges during the execution of their duties.

First, at the start, other men in the community despised them. They used not to respect them.

*“Before, people especially fellow men, use not to respect us and they used to abuse and insult us a lot and that was challenging to us in trying to execute our duties”*

*“Because we were coming from the same village, some of the community members were despising us because they know where we stay, our family and even the background so they never respected our opinion”.*

Second, there were allegations that some RMM were fueling domestic violence in some households.

*“Some men complained that their wives were falling in love with the RMM”. (Response from sub county leaders)*

*“When choosing a RMM, there was need to add a woman there. Some people could misinterpret that the RMM could use their wives”-(Response from a CBO).*

Third, there was resistance from local leaders specifically LC 1s.

*“Some LC1s used to get money from victims to handle their cases. Because community members were now reporting cases to RMM, the LC1s were not in good terms with RMM. (Response from Handle Uganda staff)*

Lastly, RMM complained of little support from Handle Uganda. Handle only provided a bicycle and a T-shirt. The RMM expected some financial reward. Staff at Handle Uganda stated this was a major issue of concern but it was not in their budget. They said that if it were possible, there could have been some sort of motivation for the RMM may be on quarterly basis. As a result, a number of RMM actually stopped working.

*“A number of RMM are not working. They worked in the first year. When Handle left, so many RMM stopped working, (Response from a RMM)*

*“The programme was very active when they were working here. The RMM used to report cases but no longer do it that much mainly because they are not motivated. The RMM are now relaxed. (Response from a CBO)*

### 3.3.3 By the end of 2020, the political, religious and cultural stakeholders in the communities of Nwoya district have a better knowledge and awareness on SGBV prevention and response, and on gender policy.

The role of gatekeepers cannot be overlooked when addressing gender inequalities especially in Uganda. Under this outcome, Handle Uganda sought to increase the level of awareness and knowledge on prevention and response to human rights abuse and sexual and gender based violence.

In each of the sub counties, handle Uganda first engaged stakeholders right from the district level to sub county and village level. Political leaders, technical staff such as community development officers, law enforcement officers (police officers), religious and cultural leaders were engaged. To enhance stakeholder support, the selection of target villages was decided upon by the stakeholders in the organized meetings, (Interview with Handle staff).

In addition to the entry meetings, handle also organized monthly meetings to sensitize local leaders, police officers, religious and cultural leaders and role model men on the prevention and response to gender based violence. It also organized quarterly meetings that brought together relevant stakeholders in the whole district. (Response from a FGD with handle Uganda staff). For instance, in 2020, Handle organized and supported two (2) district coordination meetings and three (3) sub-county council meetings, which further contributed to strengthening the GBV referral pathways in Nwoya. It also conducted 2 community policing activities in partnership with police from Purongo station. During the engagements, community members as well as relevant stakeholders were empowered on household level case identification, management, and referrals. They were also taken through the key arms of the law governing GBV with the possible legal referrals in cases of both GBV and SGBV, (Handle Annual report 2020). Similar activities are reported in Alero and Koch Goma (see the 2018 and 2019 annual reports).

We interviewed 24 stakeholders including sub county community development officers, Community development officers, district Health officer, local leaders (LC3s, LC2s and LC1s), police officer, and religious and cultural leaders. Of these only 5 stated that they were not aware of the Handle project on GBV. The rest confirmed that they were indeed engaged and therefore aware of the handle GBV project. The few that said that they were not aware of the GBV project were newly elected leaders. Similarly, testimonies from stakeholders demonstrate how important the handle project was and their continued support and involvement in the elimination of gender based violence in communities. They were particularly involved in community sensitization, mediation, counseling and referrals of GBV cases.

*“I was engaged from the start of the project. During sensitizations, at times I would go with them”. (Response from a CBO).*

*“I have invited different victims and perpetrators of violence and talked to them separately”. (Response from a religious leader)*

*“Together with religious leaders, local leaders, we have conducted several Counselling sessions for people in the community about the dangers of GBV” Response from police officer.*

### 3.4 Programme Efficiency

In analyzing programme efficiency, we are interested in assessing how project resources were utilized and converted into target results to ascertain value-for-money. More specifically, we sought to answer the following:

- What was the financial performance of the project by outcome/output levels?
- How the resources used in the project implementation compare with the results achieved.
- Was the project’s results framework/log-frame used as a management tool in enhancing efficiency?

We started by assessing the planning, budgeting and financial management system at Handle Uganda. The planning process is an annual event spearheaded by the executive director. Key activities are put together as projected for the year accompanied by the budget. The board approves the annual plan and budget. However, these are revised on a quarterly basis, (Response from programme lead).

Handle has a sound financial management system based on a computerized accounting and ledger system. Three individuals do financial approvals. The finance team first reviews financial requests before they are forwarded to the project manager for approval. Once approved, the executive director gives the final authorization before the money for an activity is released. The multi stage financial approvals reduces the risks of misusing funds.

In terms of financial performance, the entire project grant was used with a small deficit of UGX 7,096,265 as summarized in table below

*Table 47: Project Financial performance*

Budget Item	Approved Grant	Cumulative spending 2018 - 2021	% of grant total spent	Remaining Grant
<b>Activities for all outputs and outcomes</b>	439,975,854	414,284,184	94%	25,691,670
<b>Project equipment</b>	6,900,000	5,665,000	82%	1,235,000
<b>Technical assistance (Salaries)</b>	233,400,000	252,638,541	108%	- 19,238,541
<b>Audits</b>	5,250,000	9,000,000	171%	- 3,750,000
<b>Administration/office management</b>	53,310,000	63,678,394	119%	- 10,368,394
<b>Monitoring costs and assessment</b>	22,200,000	22,866,000	103%	- 666,000
<b>Grand total</b>	<b>761,035,854</b>	<b>768,132,119</b>	<b>101%</b>	<b>- 7,096,265</b>

We were not able to conclude whether the programme was efficient or not for three main reasons;



First, the budget was not allocated per programme outcome/output. As a result, ascertaining the actual cost incurred by the outcome was not possible.

Second, the performance indicators specified in the log frame for the different outcomes and outputs had no targets.

Third, there was insufficient information on annual work plans and progress reports or performance data in line with the work plans. We for instance do not know how many sensitizations were supposed to be conducted and how many were actually conducted.

Nonetheless, there is sufficient evidence as well as testimonies that Handle Uganda made significant strides in dealing with the problem of human rights abuse, and gender-based violence as well as economically empowering women and young girls.

At the community level, there is evidence that gender based violence is highly recognized as human rights abuse which affects everybody in the community. The communities are reasonably alert about GBV, extent of its disapproval is equally impressive and people know where to go when they experience GBV. **The trainings conducted in the project areas did give the trainees (role model men as well as local leaders) adequate preliminary information which they use to sensitize about GBV.** There is an emerging positive change in attitude among men in regards to the treatment of women and girls. It was for instance reported that there is increased sharing of roles and responsibilities between men and women even though women are still more burdened. Similarly, both girls and boys are now given equal opportunity to study.

In all the three counties, stakeholders confirm that the Handle programme was instrumental in sensitizing the community members on the dangers of GBV which helped to reduce on the prevalence of GBV cases. However, there were strong concerns that the project was implemented for a very short period (one year in each sub county). As a result, there is still strong evidence that cases of human rights violence in general and gender based violence in particular are still high in communities especially in Koch Goma and Alero where the project was first implemented. In Purongo, the prevalence of GBV was generally lower than it was reported in Koch Goma and Alero sub county.

*“The Handle programme targeted everyone in the community. They were however here for just one year. The time was too short. Some other areas were not reached. They had a very good intervention but the time was too short”.*

*“The programme was very active when they were working here. The RMM used to report cases but no longer do it that much mainly because they are not motivated. The RMM are now relaxed”.*

*“GBV cases are actually still there and even worsening. It’s just that we are no longer getting cases reported by the RMM”- (Responses from CBOs)*

*“If possible, they need to come back. We now have so many cases of violence”- (Response from a RMM).*

At the project level, interviews with project staff revealed a great level of satisfaction with the project output, and the general performance of the project. According to Handle staff, the project was delivered well. There was strong stakeholder support at all levels.

### 3.5 Sustainability of the Results.

One of the objectives of this evaluation was to assess sustainability of the PCPR-GBV programme by looking at aspects that contribute to the continuation of the results of the programme after its completion and steps taken by the programme to ensure sustainability. Issues examined include if strategy for sustainability was clearly defined in the programme design and approach, if the programme has a defined a phase out strategy with steps to ensure sustainability as well as potential for replication of programme interventions.

The evaluation team did not find a clear description of the sustainability strategy in the PCPR-GBV programme document. However, the team observed that sustainability is in-built in the PCPR-GBV programme strategy and methods as discussed below.

#### 3.5.1 Project model: Role Model Men Strategy

The project design model of role model men had a multiplier effect, which could sustain project activities after Handle exit. In each sub county, the project identified 30 RMM. Each of the RMM was supposed to identify 10 households to sensitize, mentor, coach, and transform into peaceful homes. Therefore, the 30 RMM could reach out to 300 households. The individuals mentored and transformed in the 300 households were also supposed to identify 10 other households to transform into peaceful homes. This multiplier effect could therefore result into many community change agents that could sustain project activities.

#### 3.5.2 Sustainability structures at the community level

Sustainability is achieved through empowering communities, and the building of systems and capacities at the community level. Moreover, the participatory nature of the programme approach that involves community members such as respected men in society (Role model men), cultural and religious leaders as well as local council leaders builds sustainability. More specifically:

##### a) Empowering Role Model Men

RMM were trained. During the interviews and focus group discussions, all RMM interviewed said that they were well equipped to carry out the tasks assigned to them. There were also testimonies from community members, handle staff as well as local leaders and community development officers that RMM were doing a good job.

*“Yes am well equipped. We underwent a 5-days training.*

*“We are well equipped. However, there is need for refresher training repeatedly”*

*“The support given to us by Handle Uganda was adequate enough to help us in executing the task we were assigned to do. (Responses from RMM FGDs)*

Handle also built a stronger working relationship between RMM and sub county community development officers and law enforcement officers (police). The RMM refer cases directly to the sub

county CBO and police. They do not need to consult from handle. The linking of community based structures to sub county structures ensures future support after PCPR-GBV programme. However, because RMM were volunteers that were not supposed to be rewarded for the work done it is unlikely that they will be able to maintain the same level of enthusiasm after PCPR-GBV exit as observed in Koch Goma sub county where the project was implemented first. It was reported in Koch Goma that RMM are not as active as they used to be when the Handle project was active in the sub county.

*“The RMM really helped to report cases. Before we used not to get cases but RMM helped to bring cases. The number of GBV cases reported has however reduced mainly because the RMM are no longer reporting the cases as they did before when the project was operating, (response from a CBO)*

Lastly, Handle equipped RMM with bicycles that could facilitate them reach out to communities. Because bicycles are durable, RMM were supported to sustain project activities such as sensitizing communities and referring cases to CBOs and police after the exit of handle project.

#### **b) Empowering Local councils**

Local council structures at the village level were reported to be the first and most important points for reporting and dealing with GBV cases. In the community survey, most of the victims that reported cases, said they reported to the local leaders (specifically LC1s). In each of the project villages, Handle identified and trained the chairman LCIs and their committee members. These were also engaged at the inception meetings that involved the selection of RMM. The LCs were to act as one of the community service delivery points- where community members (women/men/children) would report cases of GBV.

During interviews and FGDs, local council officers were found to be highly involved in dealing (mediation, counseling, and referrals) with GBV cases much to the relief of the victims.

This information was confirmed by RMM who reported working closely with LCs in their sensitization and prevention of GBV. It is at this level where the victims are either advised on the next step depending on the magnitude of the GBV case.

#### **c) Empowering Religious and Cultural leaders**

Handle used the religious institutions in the project areas as sites in the prevention of GBV. Like with local council leaders, religious leaders were sensitized to act as service points in the sensitization about GBV. During interviews with the religious leaders, they explained that they preach to their congregants on the dangers of GBV and how God is not happy with abusers of human rights. They also use these meetings to counsel couples with marital problems.

### **3.5.3 Sustainability structures at the Sub County and District level**

Nwoya district local government and sub county structures have had reasonable capacity built and will be able to continue some activities pursuing the objectives and activities of the programme after exit, although this will not be at the same scale. Considering the generally low financial capacity in districts

and sub-counties, it is unlikely that financial sustainability will occur. However, technical, and social sustainability are more likely to occur. The following observations were made by the evaluation team.

- Collaborating with Nwoya district and sub county leaders has contributed to sustainability: Partnership with Nwoya district and sub county leaders has promoted programme acceptance and local ownership and contributes to sustainability. Handle Uganda has been undertaking similar interventions and has the potential to continue with some of the PCPR-GBV programme intervention activities.
- Provision of GBV services by staff at district and sub county level: The trained personnel like DCDOs, CDOs, and health facility staff have the skills to continue undertaking the GBV service provision. In addition, they will be undertaking services under their mandate, so they will continue. However, the response rate and scale will depend on continued access to financial resources and support from the districts and MoGLSD. However, given that MoGLSD releases only 6.9% of its sector budget to districts, the financial gap may not be filled<sup>16</sup>.

### 3.5.3 Strengthening other community service delivery points in the project areas (Police and health centres)

In all the project areas, police officers were trained and helped to appreciate the manner in which to handle cases of GBV. Handle also collaborated with police to conduct several community policing activities where issues of gender-based violence were discussed.

However, police structures need more strengthening as far as skills and attitudes are concerned but also in terms of facilities and equipment to use in their work. There were also strong complaints among community members of corruption tendencies among police officers. There is strong evidence that community members lost trust in police structure to help them deal with GBV cases when reported. As a result, only about 9% of victims report GBV cases to police. Similarly, even during interviews with Handle staff, there were concerns of corruption among police officers. There were concerns of police selling forms that were provided to them free of charge by handle. Indeed, several victims that reported to the police confessed that they were made to pay for the forms.

The evaluation established, that the health structures were missed in the program design as main service delivery points. There is need to equip the health workers with knowledge and skills on how to handle cases of GBV when they receive them and how to link up with other service points like the police and the LCs. There were complaints among GBV victims concerning poor attitude by health officials, harassment and lack of drugs at health centres.

### 3.5.4 Institutional sustainability

Handle Uganda has a strong brand in regards to fighting human rights abuse generally and gender based violence in particular. In 2020, Handle Uganda was recognized by the Nwoya District Authorities for the

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<sup>16</sup> Figures are for 2017/18 from Uganda Budget Information, Ministry of Finance Planning, and Economic Development. <https://budget.go.ug/>

tremendous work in supporting the district in the fight against GBV in the district. This institutional brand gives it a mileage in future efforts to expand GBV interventions.

The institution also conducted several staff training in relevant areas of GBV. The staff at handle demonstrated strong commitment to continue advocating for gender equality and fair treatment of all persons.

Besides its internal strengths, handle has also build networks and partnerships with other organizations within and outside the project areas has been another attempt at sustainability. During the FGD with staff, it was reported that even in cases were handle did not have capacity to manage cases such as grave GBV cases that require serious medical examinations and legal action, these have been referred to other NGOs such as Action Aid

### 3.5.5 Potential for replication and scaling up

The current thinking within Handle Uganda and the district is that similar programme interventions can be replicated in other districts or scaled up to other sub-counties. At the sub county and community level there are calls for a second phase of the project in the same project areas. Their arguments were that the project life was very short and that the cases are now on the rise. Among the expectations of the evaluation was to assess if “the project approach or results can be replicated or scaled up by Nwoya district, Handle Uganda and Omoana”.

It was observed that PCPR-GBV programme interventions are potentially marketable for replication and scaling up as a best practice model for the creation of demand for GBV services as well as social norm change at community level. The interventions are consistent with district priorities as well as community needs, thus easy to promote and accepted. Handle Uganda has made great efforts in documenting the processes of implementation and lessons learnt in during implementation, which greatly enhances the feasibility of replication and also for sharing with others within implementation districts and beyond. Some of the elements of the programme that can replicated include;

- The Role Model Men approach
- Building capacity of service providers towards GBV responsive services
- Piloting the Role Model Women Approach

### 3.5.6 Phase out plan

The ToR for this evaluation required for analysis of the phasing out strategy and steps that have been taken to ensure project sustainability after Handle Uganda exit. While there are several mentions of the sustainability concept in the programme description document, the programme did not have a documented “exit plan/strategy”. The absence of a specific exit plan implies that that possibly key points, necessary decisions, and resources did not follow a strategic approach to ensure a smooth transition of the programme.

### 3.6 Challenges faced during programme implementation

Handle Uganda experienced three main challenges during the project implementation as discussed below

- a) Limited funding and budget restrictions. According to staff, the available funds were not sufficient to cover all project activities and purchase necessary logistics. There was for instance no funds budgeted for purchasing motorbikes to facilitate transport of staff during project activities. There were also restrictions on the amounts to be spent on a particular GBV case. Staff revealed that they were not allowed to spend more than UGX 80,000 on facilitating a victim to seek GBV services yet there were multiple cases where transport alone was above the UGX 80,000 ceiling. In the community survey, among the key hindrances to seeking GBV services was the lack of transport and long distances to service points. Staff also stated that there were multiple GBV cases that were reported to them and whereas the cases were referred to partners like VIVO, Action Aid staff did not support them effectively more specifically, in cases of severe GBV cases that required serious medical services and legal action due to funds. The partners were also limited since for example VIVO focused mostly on psychosocial support and could not provide the medical support required by victims. Lastly, the budget did not provide for any form of motivation for the role model men except for a bicycle and a T-shirt. The team stated that, it would have been good if there were any form of financial motivation for the RMM on a quarterly basis. Indeed, during discussions with RMM, they complained of the limited facilitation from Handle Uganda.
- b) Low staff capacity. Handle Uganda is generally understaffed. There were only 3 in the core project activities including a project manager, project officer and a case management officer. There was also one staff in the M&E unit that was also responsible for other projects. There was no dedicated staff for the VSLA activities. This was also because of restrictions on the budget that could not allow recruitment of staff. During the staff FGD, staff stated that some cases of GBV were not actually attended to because of limited staff numbers. However, because the project was implemented in one Sub County per year, staff challenges were somehow mitigated. Staff also reported that they lacked sufficient skills to handle extreme cases of GBV. They for instance lacked expertise in the management of legal actions in cases where it was needed.
- c) Covid-19 outbreak: The unexpected outbreak of covid-19 and the subsequent mitigation measures implemented by the government such as lockdown and restrictions on gatherings affected the implementation of some activities of the programme in 2020 such as community sensitizations. The numbers of participants during community sensitization meetings had to be reduced.



This section presents the main lessons learnt, conclusions and recommendations for future programming.

#### 4.1 Lessons learned

- The role of women in fighting GBV was a missed opportunity. The project targeted men as key stakeholders in the fight against GBV. However, as it was reported by both handle staff and community and sub county leaders, certain women issues can better be handled by fellow women. Women would for instance be more comfortable discussing issues related to sexual violence with fellow women than with men. There were also fears among men that their wives were being sexually abused by the RMM. Therefore, there was need to have role model women (RMW) to work together with the role model men (RMM).
- While the RMM took up the responsibility on a voluntary basis, they expected some form of motivation from Handle Uganda. As such, their enthusiasm declined and some are reported to have abandoned their commitments.
- The success of the implementation of the project was determined by the availability and strong cooperation of district, sub county, local council and community structures. The key role-played by political leaders and community leaders in identification of the problem, community mobilization and sensitization as well as acknowledged.
- Increased awareness led to massive community disapproval of GBV as a human rights abuse. This led to an unanticipated rise in the demand for GBV counseling and mediation services. Since the service points such as health centers and police units were not effectively offering these services, the victims of GBV turned to community leaders and RMM for these very services.
- The root causes of domestic violence that's alcoholism and culture that considers men to be more superior than women need to be addressed. Sensitizations targeting these wide spread community challenges need to be conducted if GBV cases are to be sufficiently treated.

#### 4.1 Conclusions

The Handle GBV project was a very good intervention that addressed not only a widely recognized community problem of human rights abuse and gender based violence that government structures have failed to address but also helped in economically empowering women and girls in the targeted communities. There are sufficient testimonies among community members as well as relevant stakeholders that the project significant strides in addressing GBV and human rights abuse.

However, the time allocated to the target areas was not sufficient to address the problems effectively. As a result, there are still wide spread concern in the targeted areas that GBV cases and human rights abuse are still a major problem.



## 4.2 Recommendations for further programming

We provide a number of suggestions for further programs below

- i. The project time allocated to a particular sub county was very short. One year is not sufficient to plan, execute, monitor and close project. Participants complained of a short time that handle worked in their sub counties. We hope that if the project was implemented in each of the sub counties for 3 years, it would have reached a wide population and thus a bigger impact.
- ii. Role Model Women (RMW) should be identified and recruited in the fight against GBV. The use of Role model men was an excellent strategy that could ensure project sustainability. Its multiplier effect could also ensure a wide community coverage. However, we suggest that for future programmes, women should also be recruited. This will help address women issues that victims are not comfortable discussing with men. It will also help to reduce on the fears among men that RMM may fall in love with their wives that could further lead to more domestic violence cases.
- iii. For more sustainable results, there should be a plan to non-financial reward efforts of role model men and women through providing identification and certificates of recognition. We saw that their enthusiasm reduced in Koch Goma and Alero after Handle exited these sub counties. Complaints were mainly around lack of motivation.
- iv. The cooperation between RMM and village leaders especially LC1s need to be strengthened. There were reported cases of misunderstandings between RMM and LC1 leaders where by some LC1 leaders were seeing RMM as threats to their mandate.
- v. We also suggest that previous efforts of RMM and those of outstanding stakeholders be recognized. Receiving a certificate of recognition from Handle Uganda would motivate them.
- vi. Police and health service providers need to be sensitized more especially on their key role as service providers. There were lots of complaints about corruption tendencies by police officers and poor attitude and harassments from health service providers. This frustrates efforts to encourage victims of violence to seek GBV services.
- vii. Future projects should emphasize sensitizing community members especially men and boys about the dangers of alcoholism as well as a change in mindset in the treatment of women as perpetrated by their culture.
- viii. Handle Uganda and Omoana need to improve the Monitoring and Evaluation systems for future projects. Almost no performance indicators had set targets. Routine monitoring reports were also not available. M&E consultants could be contracted to support in the development/strengthening of a functional M&E system.

## ANNEXES

### Tool 1 – Semi Structured Questionnaire for the Community



Tool 1 – Semi  
Structured Question

### Tool 2: GBV and SGBV Data Extraction Tool



Tool 2 GBV and  
SGBV Data Extractio

### Tool 3: KII for district and sub county leaders



Tool 3 KII for  
District subcounty o

### Tool 4: FGD for Handle Uganda Staff



Tool 4 FGD for  
Handle Uganda Staf

### Tool 5: KII for religious, cultural and community leaders



Tool 5 KII for  
Religious leaders an

### Tool 6: FGD for Girls, Boys, Women and Men



Tool 6 FGD for boys  
men girls women.dc

### Tool 7a: Handle Uganda Financial Management Self-Assessment Questionnaire (Ms. Word)



Tool 7a\_ Handle  
Uganda Financial M

### Tool 7b: Handle Uganda Financial Management Self-Assessment Questionnaire (MS. Excel)



Tool 7b\_ Handle  
Uganda Financial M

## Tool 8: FGD for Role Model Men



Tool 8 FGD for Role  
Model Men.docx