



Ministry of Gender, Labour and
Social Development



Irish Aid

Department of Foreign Affairs
An Roinn Gnóthaí Eachtracha



ABRIDGED VERSION OF THE EVALUATION OF THE GOU-IRISH AID

JOINT PROGRAMME TO ADDRESS GENDER
BASED VIOLENCE IN BUSOGA REGION



**END
gender
based
violence**
Safe Homes. Safe Communities



Gender Transformation & Empowerment



Center for Domestic
Violence Prevention

The GOU-Irish Aid Joint Programme to Address GBV in Busoga

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**JOINT PROGRAMME TO ADDRESS GENDER BASED
VIOLENCE IN BUSOGA REGION**

November 2016

The findings and opinions expressed in this report are the sole responsibility of the authors. They do not necessarily reflect the views of the GoU/ Irish Aid Joint Programme on GBV or any of the other parties involved in the implementation of the Programme.

November , 2016

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List of Acronyms

ACDO	Assistant Community Development Officer
BCC	Behaviour Change Communication
CA	Community Activist
CAGs	Community Action Groups
CAO	Chief Administrative Officer
CBO	Community Based Organization
CDO	Community Development Officer
CEDOVIP	Center for Domestic Violence Prevention
CID	Criminal Investigation Department
CLO	Community Liaison Officer
CPFU	Child & Family Protection Unit
CSOs	Civil Society Organizations
CSW	Commission of Status of Women
DAC	Development Assistance Committee
DCDO	District Community Development Officer
DIO	District Information Officer
DISO	District Internal Security Officer
DPC	District Police Commander
DPP	Directorate of Public Prosecution
DPTC	District Technical Planning Committee
DVA	Domestic Violence Act
EQs	Evaluation Questions
FAL	Functional Adult Literacy
FGD	Focus Group Discussion
FI	Financial Institution
FIDA-U	Federation of Uganda Women Lawyers in Uganda
FY	Financial Year
GBV	Gender Based Violence

GoU	Government of Uganda
HC	Health Centre
HIV & AIDS	Human Immune Virus & Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
IEC	Information Education Communication
IRCU	Inter Religious Council of Uganda
JLOS	Justice, Law and Order Sector
JP	Joint Programme
KII	Key Informant Interview
LC	Local Council
M&E FW	Monitoring and Evaluation Framework
M&E	Monitoring and Evaluation
MGLSD	Ministry of Gender, Labour and Social Development
MoH	Ministry of Health
MoU	Memorandum of Understanding
MSC	Most Significant Change
MTR	Mid-Term Review
NACWOLA	National Community of Women Living With Aids
NDP	National Development Plan
NGBVD	National Gender Based Violence Database
NGO	Non-Governmental Organization
OC	Officer in Charge
OECD	Organization for Cooperation and Development
PMT	Programme Management Team
RDC	Resident District Commissioner
SASA	Start Awareness Support and Action
SGBV	Sexual and Gender Based Violence
TC	Town Council
UBOS	Uganda Bureau of Statistics

UDHS	Uganda Demography Health Survey
UGP	Uganda Gender Policy
UN	United Nations
UNDP	United Nation Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
UWONET	Uganda Women's Network
VHTs	Village Health Team

Executive Summary

Introduction

Background

Incidences of Gender Based Violence in Uganda remain high despite a strong legal and policy framework to address the problem. Uganda is also a signatory and ratified a number of international human rights treaties which expressly prohibit sexual and gender-based violence. According to the Uganda Demographic and Health Survey (2011), 63% of the women in Uganda had experienced physical or sexual violence or both in their lives. The study findings further indicated that Gender Based Violence ranked highest in Busoga sub-region compared to any other region in Uganda. It is against this backdrop that the GOU Irish Aid Joint Programme was planned to address GBV in Busoga. This was a 5 year Programme implemented with financial and technical support of Irish Aid. The Programme was implemented in the 8 districts of Bugiri, Buyende, Jinja, Kaliro, Kamuli, Iganga, Mayuge and Namutumba.

Programme Goal and Objectives

The overall goal of the Joint Programme was to contribute to improved quality of life and enjoyment of rights for all through reduced vulnerability and social tolerance to Gender Based Violence in the community particularly among girls and women in Busoga region.

The specific objectives of the Joint Programme included the following;

- Strengthen coordination among key actors at national and local government level for effective prevention and response to GBV.
- Build capacity of duty bearers in Local Governments in Busoga Sub region to prevent and respond to Gender Based violence;
- To mobilize communities with a particular focus on strengthening male involvement as agents of change to prevent and respond to GBV”.
- Generate and disseminate information on GBV in Busoga Sub-region to inform policy, programming and advocacy.

Implementation Mechanisms of the Joint Programme

The Joint Programme was implemented by various partners as indicated in Table 1.

Table 1: Programme Implementing Partners

Implementing Partner	Roles and Responsibilities under the Joint Programme
Ministry of Gender, Labour and Social Development (MGLSD)	Lead partner for the implementation of objective 1 [coordination among key actors] and objective 4 [generation and dissemination of information on GBV].
District Local Governments	Coordinated the implementation of the Programme through their established structures for service delivery
Centre for Domestic Violence Prevention [CEDOVIP]	Lead implementing partner under objective 3, [To mobilize communities with a particular focus on strengthening male involvement as agents of change to prevent and respond to GBV]
Uganda Women's Network [UWONET]	Lead implementing partner under Objective 2:[To build capacity of duty bearers in Local Governments in Busoga Sub-region to prevent and respond to GBV]
Mystic Multi-Media	This was a private sector partner contracted to develop an effective IEC strategy to facilitate the dissemination of information to communities at all levels.

Purpose of the Evaluation

The Joint Programme Evaluation was conducted to assess the impact of implementation of the Joint Programme towards reduction of vulnerability to GBV in the target districts. The findings of the exercise are also meant to provide evidence of lessons and good practices that can improve design, planning, management, monitoring and evaluation

of future GBV prevention and response interventions in the region and elsewhere.

Objectives of the Evaluation

The Evaluation had four objectives which were set out in the Terms of Reference (ToR). These included:

- a. Take stock of Programme achievements, challenges and opportunities.
- b. Assess the continued relevance of the Programme as well as the related sustainability of benefits in the region.
- c. Assess the Programme design, objectives, strategies and implementation arrangements in light of changes in the current GBV prevention and response context in Uganda.
- d. Identify key lessons and make recommendations on innovative strategies to improve GBV prevention and response in the context of Busoga region.

The GoU–Irish Aid Joint Programme (JP) to address Gender Based Violence (GBV) in Busoga region was implemented from 2010 –2015 with financial and technical support of Irish Aid. The region was targeted based on Uganda Demography Health Survey (2006) findings which established that Busoga region in Eastern Uganda had the highest incidences of sexual violence cases against women (53%). The Programme was designed to contribute to improved quality of life and enjoyment of rights for all through reduced vulnerability and social tolerance to GBV in the community particularly among girls and women. The Programme targeted the eight districts of Bugiri, Buyende, Jinja, Kaliro, Kamuli, Iganga, Mayuge and Namutumba. The Programme was implemented by: Ministry of Gender, Labor and Social Development (MGLSD), Uganda Women's Network UWONET, Center for Domestic Violence Prevention (CEDOVIP) and Mystic Multimedia working in collaboration with local governments.

This evaluation covered the implementation period between December 2010 and June 2015 and assessed the Joint Programme's performance in addressing GBV in Busoga Region.

Relevance

The Joint Programme was implemented within the framework of national and international frameworks for addressing gender based violence as well as promotion of gender equality and women's empowerment. Public-Private Partnership approached gave the Programme an advantage to address real development challenges of the region and Uganda; having well focused and coherent objectives assigned to partners with comparative advantage; using relevant existing structures; employing a suitable mix of strategies and using a multi-sectoral approach to respond to GBV.

Efficiency

The Programme had a total budget of UGX 5,648,055,000 (€1,805,231) for the 5 years and MGLSD got the biggest share of funds that supported district based activities and the Programme coordination function. Funds for the Programme were released once a year to the Implementing Partners (IPs) who would provide accountability annually and directly to Irish Aid. Partners submitted reports to the Ministry on a semi-annual and annual basis for collation and onward submission to Irish Aid.

Effectiveness

MGLSD took lead in the coordination of the Programme. The overall coordination was through the GBV reference Group at the national level while at the district level it was through the District GBV Coordination committee. The GBV reference group and the Programme Management Team were instrumental in maintaining the cohesion between the partners. The district GBV coordination meetings helped in sharing information, building synergies and tackling bottlenecks.

The MGLSD also led partners on generating and disseminating GBV information for district and national level policy, programming and advocacy. The Ministry through this Programme piloted the online GBV database which was later enhanced to become the National Gender Based Violence Database (NGBVD). This has been rolled out to other districts as a good practice. District Local government manage the GBV database in their districts, generate district based GBV incident data and use for planning and advocacy.

The Uganda Women's Network (UWONET) took lead in the capacity building component of duty bearers in Local Governments to prevent and respond to gender-based violence. The duty bearers' were equipped with knowledge and skills on GBV which helped improve the quality of service delivery and fostered close collaboration and support of each other. GBV advisory centres were established in two districts out of the 8 program districts to offer legal assistance, counciloring, mediation and community awareness to clients among others. Subsequently, Two GBV shelters were built to provide temporary shelter for survivors that are unable to return home immediately after being refered from the advisory centres while processes such as Court procedures, treatment, mediation and safe resettlement are being followed up for the survivors.

Selected civil society organisations and duty bearers as stipulated in the Domestic Violence Act and other GBV actors capacity and skills were enhanced and strengthened to better respond in prevention and response to GBV cases in a more gender sensitive manner. As a result, duty bearers have integrated GBV in their work and operationalized the referral pathway in all the 8 program districts. While there were challenges of transfer of some public servants particularly the Police, this challenge was mitigated through frequent field monitoring that offered opportunity to orient the new staff. Since the establishment of the program had initially not included the cost of management of GBV advisory centres and shelters, this posed a budget constriention on the costs for the establishment and management of both the centres and shelters in the 2 districts.

However, within the minimum resources available within the 2 yearsof establishment, the advisory centres and shelter have supplied close to 5000 survivors to access services in the 2 districts. The services offered to these survivors by UWONET included legal representation in Courts of law, Legal Aid, mediation, counsiloring, referrals, follow-up and arrests of perpetrators, sheltering and resettlements.

The Center for Domestic Violence Prevention (CEDOVIP) took lead in mobilizing communities with a particular focus on strengthening male involvement as agents of change in violence prevention. To achieve this,

the SASA! Model was utilized. As a result of this intervention, the DCDOs, CDOs/ACDOs and CAs attained knowledge and skills and motivation for application of SASA! Model. The Community Activists (CAs) were instrumental in awareness creation on GBV and guiding reporting of cases and their role is appreciated by the community. Community Action Groups (CAGs) contributed to expanding GBV awareness especially among the male folks and increasing understanding of GBV and its different forms and encouraging their peers to use peaceful means of resolving misunderstandings in their homes. Women were empowered to negotiate and participate in decision making at household level.

Impact

The evaluation established some impacts of the Programme such as positive change relating to attitudes towards wife beating; improved help-seeking behavior, especially among men and reduced community tolerance to GBV. The most significant change attributed to the Programme is the breaking of the silence on GBV in Busoga region evidenced by increased reporting of GBV incidences and the activism among community members. Below are specific outcomes that reflect the extent to which the Joint Programme contributed to reducing social tolerance to Gender Based Violence in the region:

Awareness of GBV and its manifestations has increased

Over 9 out of 10 adults in Busoga region are aware of Gender Based Violence. According to the recent Joint Programme Evaluation, over 95 percent (males) and 96 per cent (females) in Busoga region are aware of what constitutes Gender Based Violence compared to 88 per cent (males) and 90 percent (females) in 2011. As a result of interventions by the Joint Programme to address GBV in Busoga region (2011–2015) there has been an awareness increase of 7.8% among males and 6.7 percent among females.

Improved referral mechanism among duty bearers

The last five years have strengthened and improved the referral mechanism both formal and informal. The capacity of duty bearers has

been enhanced right from district to the lowest level (Local councilors). Duty bearers are part of the GBV referral mechanism and as a result of the capacity development, case management and handling of GBV survivors in Busoga has improved. Local councilors are more cognizant of record keeping for case tracking and their jurisdiction on criminal cases. Local councils were the most preferred service point for reporting of GBV issues (60% Male, 65% Female), followed by Police (31% Male, 34% Female), and Community Activists (22% Male, 23% Female). This has minimized previous incidents of case negotiation and frustration by the lower level justice structures.

The improved referral mechanism has enhanced coordination, information sharing and improved district planning for GBV prevention and response. In more than 50 percent of the beneficiary districts, GBV prevention and response has been integrated in the district development plans. In Namutumba, five million Uganda shillings has been allocated towards GBV response (shelter) efforts.

Improved attitude towards access to Justice

Between 2010 and 2015, the GBV service delivery points have reported improved community knowledge and acceptance towards accessibility of justice and thus improved help seeking behavior among both women and men. By June 2015 a total of 5,000 survivors received services from the GBV Advisory Centers in Namutumba and Kamuli districts. This is only one of the service delivery points that the Joint Programme employed to address GBV in Busoga. It can be estimated that at least 30,000 survivors accessed GBV services from Police, Health Centers, LCs, CDOs among others.

Improved holistic service delivery to GBV survivors

The GOU- IRISH AID JP employed a multi-sectoral (holistic) approach and established two GBV Shelters in Kamuli and Namutumba districts. The shelters were a unique holistic service delivery approach that the programme employed in line with the commitment of the Head of State at the 2011 International Convention on the Great Lakes Region

(ICGLR) Kampala Declaration, where “Recovery Centers” that provide comprehensive services of free medical, psychosocial, forensic, judicial/prosecution services was agreed as a priority for Uganda.

By 2015, at least 5000 direct beneficiaries accessed safe spaces that provide prevention, intervention, emotional support, and treatment services to physically, emotionally and sexually abused women and girls. At least 10,000 indirect beneficiaries including men and boys benefited from the knowledge, and information sharing on GBV prevention and response.

Increased gender sensitivity in handling cases in GBV

The Programme influenced the establishment of the SGBV Desk within the Uganda Police Force and amendment of Police Form 3 and 3A. The Programme influenced the passing of a directive by the Inspector General of Police to establish the Sexual Gender Based Violence desks country wide. The desks supplement the efforts of the child and family protection department and criminal investigative department. They reinforce gender sensitivity during case handling for example a female officer should escort survivors of sexual violence to the health facilities for medical examination.

Attitude towards wife beating in Busoga region

Acceptability of wife beating was at 15% in 2011 and reduced to 12.5% 2014. This has reduced further to 9% in 2016 according to the evaluation report. Men are increasingly appreciating that wife beating is not acceptable. More men in 2016 than in 2011 are against wife beating and say it should not be justified in any circumstances. At national level, findings show a declining trend in the percentage of women who find wife beating acceptable when compared to the results of the UDHS 2011 Report where 74.1% women and 50.8% men accepted wife beating for one reason or the other.

There are still traces of tolerance to violence of any forms other than physical assault. Survey findings indicate that majority (77 percent

males and 75 percent of females) believe that a woman should tolerate violence of any form in order to keep her family. This is a general belief in communities that women should withstand any abuse for the sake of their families, especially for the children.

Help seeking behavior in formal GBV service institutions increased

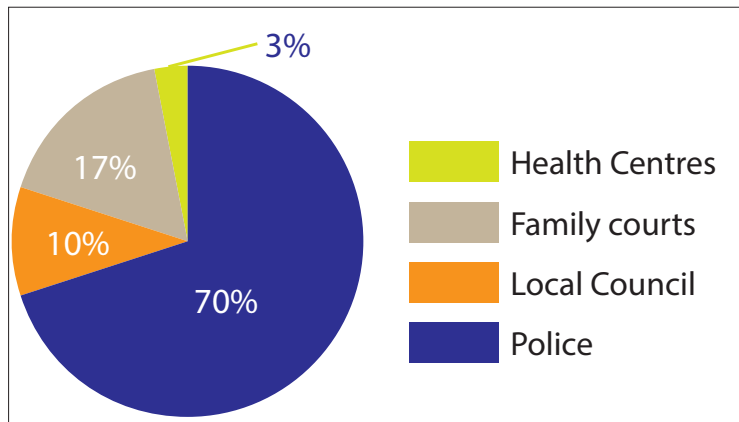
In occurrence of GBV, more women (65.8%) than men (55.8%) seek help from formal channels of legal redress of Gender Based Violence. Due to the Programme interventions, there has been a significant shift from approaching traditional institutions for traditional justice to the institutionalized justice system. For example in 2011, 52 percent (males) and 48 percent (females) preferred traditional justice compared to current 35 percent (males) and 42 percent (females). There has been noted increase in reporting GBV cases. By December 2012, 152 cases had been recorded through the online database and this increased to over 1448 cases received by June 2013. By August 2016 over 5216 cases had been reported to formal authorities indicating a 34 per cent increase since 2012.

Tolerance of Gender Based Violence reduced

Over 7 out of 10 people cannot tolerate occurrence of Gender Based Violence. Data indicates that 77 percent (males) and 74 percent (females) are willing to report any occurrence of Gender based violence in any form. This reduction in social tolerance has been due to Joint Programme interventions that have helped raise peoples' awareness on the negative consequences of keeping silent about GBV and ultimately reduce women and girls' vulnerability to GBV in the region.

More women and girls seeking help from various institutions on GBV in Programme areas

Between 2011 and 2013, there was a 5% increase in GBV cases (from 9004 to 9477) reported in authorities. Service centre statistics (2012) are as follows: Police 70.0%, Local Councils (10.0%), Family courts (17.0%) Health Centres (3.0%).



Emotional violence no longer silent but most commonly reported

Both Police and National Gender Based Violence database statistics indicate that emotional violence is highly reported (73 per cent). Most violence reported in service points is associated with an emotional effect. Verbal abuse (87.7% for Males, 85.9% for Females); physical violence (75.8% of Males, 67.7% of Females); and Neglect by Spouse (70.8% of Males, 71.7% of Females).

Joint decision making in the family

More men (55 percent) than women (49 per cent) feel that men would still be respected if they made decisions together with their wives on issues of family income and welfare.

Key recommendations

Considering that GBV is a deeply rooted socio-cultural problem there is need for such Programmes to be implemented over a much longer period (5–10 years) to realize optimum impact.

In addition, government institutions involved in the implementation of the Programme require substantive support to continue contributing to GBV prevention and response in their respective areas.

Specifically, the office of the DCDO as the coordinating unity for GBV prevention and response at the district should be strengthened and adequately supported with both financial and physical resources such as provision of motorcycles to effectively play this function.

There is need to strengthen GBV coordination at the Sub-county level where most of the implementation and community level interaction with households takes place. The capacity of duty bearers and other stakeholders that has been built through this Programme provides a strong basis for robust prevention and response actions towards addressing Gender Based Violence.

All interventions towards addressing GBV should incorporate a component of influencing attitudes and norms change because GBV is embedded in negative attitudes and cultural beliefs. Investing in prevention, through CAs and CAGs and working with faith based institutions while providing the legal support to victims seem more plausible mechanisms for GBV survivors support.

Lessons Learned

- a. GBV is a multifaceted phenomenon which requires a multipronged approach requiring coordination of different actors, improved capacity of duty bearers and community engagement. To ensure successful implementation, there is therefore need to engage multiple partners including Government, CSOs, Private sector.
- b. Use of existing structures at all levels (national, district, sub-county and community) makes Programme implementation cost effective and sustainable.
- c. Working with police to include GBV training in the Police curriculum is critical and would go a long way in enhancing their ability to respond to GBV cases.

- d. Engagement of local Leaders through lobbying and advocacy increases Programme ownership leading to contributions to interventions. For instance Kamuli and Namutumba LGs donated pieces of land for putting up shelters for GBV survivors.
- e. Cultural and religious institutions provide an effective means to sensitize the masses as they wield a lot of influence in the community as they have a variety of platforms for reaching out to the masses with messages. (Such as worshipping services, funeral services and wedding functions).
- f. Getting the community to take lead to initiate changes in their own social cultural set-up yields positive progress than using outsiders. For instance use of CAs who are part of the community and CAGs has been more effective and sustainable.
- g. SASA! is an effective method for getting the community understand their social-cultural practices and enables them to come up with ways of solving identified problems.
- h. Community Development initiatives need to target youth in and out of school to influence them at an early age and make the initiatives more sustainable.
- i. All GBV Programmes need to include livelihood interventions.
- j. Women empowerment interventions need to target men so as to minimize the perception that men are sidelined yet their complementary role is of paramount importance.
- k. Special events such as the 16 days of activism need to be taken advantage of to intensify community awareness.
- l. The desired end result of a well functioning M&E System in evidence based decision making and advocacy is critical. However, for this to take place, all components of the system i.e. putting in place necessary capacities and conditions including M&E Plan, human, logistical, and financial provisions, data gathering, analysis and communicating data/information, critical reflection, Reporting and feedback provision all need to be adequately functional.

Conclusions and Recommendations:

Conclusion

Overall, the evaluation finds that the JP was very relevant in tackling GBV in the Busoga sub-region. According to UDHS [2011], GBV remains one of the critical challenges at household level and indeed the JP contributed well in complementing other national efforts to curb its effects. Indeed, its alignment to the Vision 2040 and NDP 11 ensures consistency in planning and coordination of development interventions.

The evaluation also notes that the Programme was effective in achieving its intended objectives. Findings from the evaluation indicate that the Programme has enhanced the capacity of local government staff to respond to GBV issues in their communities. The Programme introduced a model [SASA! model], which to date informs mobilization of communities especially men against GBV. Similarly, the Programme mobilized communities to prevent and respond to GBV. This was done through Community Activists and Community Action Groups [6 in each sub-county] who were equipped with knowledge and information and have since become change agents within their communities. As this was a community wide intervention, it is bound to have ripple effects.

At national and district level, the JP was well coordinated and involved participation of all stakeholders (government, CSOs and Private sector). Through quarterly coordination meetings there was easy sharing of information, experiences, build synergies, avoid duplication and create joint ownership for the Programme. From the coordination, the various organizations have mainstreamed tackling GBV in their work and have even provided additional financial support to continue implementation of Programme activities such as Namutumba district that provided UGX. 5,000,000 from its local revenue and land for the construction of GBV shelters. Such levels of cooperation and coordination have since paved way for possibilities of continued sustainability of the Programme.

Capacity development on case management and gender sensitivity service was critical for individuals for access to justice.

The Programme put in place a functional GBV data with a clear process of information generation from village to national level. This has since been critical in informing GBV policy planning at national level.

This evaluation concludes that this Programme has largely been successful and has generated good lessons that can be replicated with some adjustments to optimize impact.

Recommendations

The evaluation suggests the following specific recommendations:

Relevance

Broaden the scope of Programme design

GBV is a multi-pronged phenomenon that requires a number of inter-linked approaches. The Programme focus on strengthening coordination, capacity building, awareness creation and community mobilization where is valid but needs to broaden the scope and tackle some of the underpinning causes of GBV such as HIV and AIDS, food security and Nutrition, income & poverty. As a result, the JP is encouraged to do the following;

Broaden the scope of the national and district level coordination committee to bring on board other Ministries such as Health, Agriculture and Justice and Constitutional Affairs.

Deliberately target children especially from 10 years with children focused/tailored messages about GBV. This is not only because these are sometimes the victims of GBV but targeting them at an early stage provides an opportunity to tackle some of the attitudes, cultural and traditional practices which are reinforced by older community members may deny creation and sustenance of an enabling environment for tackling GBV.

Consider building the capacity of children, youth, boys and girls on how to use participatory decision making and how they can communicate issues affecting them to different audiences. This will help in building and creating more awareness and understanding on how to prevent GBV.

Efficiency

Ensure consistency in organization of quarterly meetings of District GBV Coordination Committee

Quarterly coordination meetings have played a key role in ensuring proper implementation of Programme activities. There is therefore need to ensure these meetings are held quarterly as planned. This could be done by making the quarterly meeting a key pre-requisite and trigger for disbursement of funds.

Strengthen the role of District GBV Coordination Committee

At District level, the District GBV Coordination Committee chaired by the CAO and comprised of the RDCs office, technical departments and CSOs working on GBV needs to be strengthened to ensure that quarterly meetings are held. This should as well serve as a GBV shelter Steering Committee for districts that have shelters i.e. Kamuli and Namutumba.

Strengthen Sub-county coordination

The Programme design did not provide for sub-county coordination yet this is the closest level to targeted communities where action needs to be well coordinated and impactful. As such it is recommended that a sub-county GBV Coordination Committee be instituted and functionalized.

Effectiveness

Increase coverage of the Programme to target the entire Busoga region including all parishes and villages through strengthening Government structures

The GOU–Irish Aid JP coverage was at 80% with 8 out of 10 districts and 32% with 32 sub-counties out of 101. Considering the performance so far, the evaluation recommends that the Programme be expanded to cover all the districts and sub-counties in the Busoga region. Possibilities of co-funding from districts drawing from the Namutumba experience could be explored if there are funding limitations to the expansion

Integrate GBV in Health and JLOS training

Evaluation found that the Programme fostered close collaboration and support among duty bearers regarding provision of GBV response

services. There is therefore need to continue inculcating a sense of togetherness and synergy building for a common purpose among duty bearers. Particularly, there is need for advocacy for Health and JLOS training institutions to include GBV in their curricula to enhance their capacity to provide a holistic response to prevention of GBV.

Review model of construction of GBV shelters with a view to shifting focus towards prevention and legal support to victims

Evaluation found that GBV shelters were important in providing a response to GBV, the costs associated with it (setting up each shelter, cost of maintenance in terms of; feeding, utilities, medical care, security and of recent provision of skills) makes sustainability of the intervention an uphill task. Investing in prevention, through CAs and CAGs and working with faith based institutions while providing the legal support to survivors could be more sustainable.

Make the DVA Popular among the duty bearers especially police and Judicial system

The evaluation found out that while the DVA is very useful in GBV response and prevention, is not yet popular especially among the Police and Judicial Officers who as a result are still applying the Penal Code while handling GBV cases. It is therefore recommended that more sensitization about DVA be conducted targeting especially the Police and Judicial Officers.

Partner with the Judiciary to sensitize Magistrates and Judges on the application of the DVA model

Reach out to Uganda Law Society to sensitize them about the DVA and how it can be used to extent support to survivors of GBV.

Engage universities and National Council for Higher Education on integrating new “practices” such as DVA in the training curriculum for law students.

Reach out to Police especially Family and Children’s Division to sensitize them on DVA

Continued use of SASA methodology as an effective method for BCC

The SASA! behavioral change approach designed to motivate, facilitate and structure effective reflection on the use of power as a root cause of violence has approved an effective methods for correcting the imbalance of power between women and men. It also advocates for the need to replace norms around power that are hurtful, damaging, oppressive and unjust with norms that are healthy, safe, liberating and just.

Ensure the Programme does more advocacy targeting leaders at various levels.

Advocacy involves lobbying people with influence to change policies, Programmes and resources for an intervention to be more effective. The JP design missed focusing on allocation Political leaders especially Parliamentarians & district political leaders from the region, who are so influential at national and local levels although it focused on LC1s.

Improve the National GBV Data base

The evaluation found the National GBV data base is in place and accessible but with limited functionality due to inadequate quality of the data. However, the NGBV data base management faces challenges of inadequate data quality coming from districts and delays in transmission of data. The system also uses a bottom-up approach with no feedback mechanism for data sponsoring entities. This evaluation recommends that for the National GBV Data base be improved to make it more reliable and functional.

Sustainability

Strengthen skills exchange, recruitment and graduation of volunteers

The JP relied heavily on Community Activists (CAs) who are volunteers and are prone to attrition which can adversely affect the continuity of the Programme. Similarly, experience from similar programmes that use

community volunteers indicates that steam and dedication tends to drop as one spends more years as a volunteer. As such, the Programme could explore the following;

Set a clearly defined timeframe in which one will be a Community Activist and thereafter handover their responsibilities to the next group of volunteers in a formal way.

Put in place a system that enables trained Community Activists to transfer similar skills to the new group so as to ensure continuity and participation of all members of society.

Continued GBV BCC multimedia campaign

Addressing social cultural issues surrounding GBV calls for continued use of media as partners in GBV prevention and response interventions. One way for media support would be for LGs to request their local media houses for concessional air time for airing GBV related messages and radio Programmes.

Strengthen the M&E Function

This evaluation recommends that the JP M&E be integrated within government structures at MGLSD level and strengthened to ensure among others: coordinated data collection, enhanced data quality, use of data for evidence based management decision making and advocacy, continuous assessment of Programme progress using outputs and outcomes with their corresponding targets and harmonization with other data collection mechanisms such as HMIS.

Continue support for commemoration and participation in the 16 Days of activism

The 16 days of activism held every year at sub-county level energized community mobilization and advocacy against GBV. This served as an event to recognize the efforts of CAs, CAGs and CDOs. The event has been found useful in raising awareness and promotion of behavior change. As such this evaluation recommends its continued commemoration and support for participation at district and sub-county levels supported through district budgets.

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Notes

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