



A MIDTERM EVALUATION REPORT

Eliminating SGBV Against WGD's Project in Mayuge District

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Acronyms

AIDS:	Acquired Immune Deficiency Syndrome
ACDO:	Assistant Community Development Officer
CA:	Community Activist
DCO:	Community Development Officer
CEDOVIP:	Center for Domestic Violence Prevention
CM:	Community Member
DV:	Domestic Violence
DV ACT:	Domestic Violence Act 2010
DVB:	Domestic Violence Bill
FGD:	Focus Group Discussion
GBV:	Gender Based Violence
GoU:	Government of Uganda
HIV:	Human Immune Deficiency Virus
KIs:	Key Informant Interviews
LC:	Local Council
MOGLSD:	Ministry of Gender Labour and Social Development
NDP:	National Development Plan
PMT:	Program Management Team
UBOS:	Uganda Bureau of Statistics
UDHS:	Uganda Demographic Health Survey
ULRC:	Uganda Law Reform Commission
UN:	United Nations
UWOPA:	Uganda Women Parliamentary Association
VAW:	Violence Against Women
UWONET:	Uganda Women's Network
UN:	United Nations
WHO:	World Health Organization

INTRODUCTION

Integrated Disabled Women Activities (IDIWA) undertook an evaluation of its work in the Elimination of Sexual and Gender Based Violence (E-SGBV) against Women and Girls with Disabilities (WGDs) project through an external evaluator. The evaluation covered a period of one and half years from the commencement of the project in Jan 2020. The project was evaluated against its targets and expected outcomes for the same period. This report presents the findings, implications, conclusions and recommendations.

BACKGROUND

Sexual Gender Based Violence against women and girls (SGBV) is a gross violation of human rights with perilous immediate and long-term physical, sexual and mental health consequences for women and girls^{1&2}. It includes any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It includes physical, emotional or psychological and sexual violence, and denial of resources or access to services^{3,4}. SGBV is globally widespread, and according to UN Women it affects women everywhere, while the World Health Organization (WHO) reports the consequences of GBV among more than a-third of the world's female population.

The situation is even worse among People Living with Disabilities (PWDs) but mostly among the Women and Girls with Disabilities (WGDs)⁵. Research indicates that WGDs report multiple forms of violence during their lifetime, by multiple perpetrators including family members and well-known acquaintances⁶. There are some contextual differences mostly in relation to the perpetrators of violence against PWDs by sex though all studies agree that the risk of abuse for either male or female PWDs is high. For example, WGDs report higher rates of emotional, sexual and physical abuse from an intimate partner as the abuser, while the men with disabilities report similar cases but mostly by the service providers⁷.

In Uganda, an analysis of the 2011, and 2016 demographic health survey results indicated that nearly two-thirds of Ugandan WGDs live with some effects physical, sexual, or emotional IPV. Specifically, higher percentages of WGDs (51%) are survivors of emotional, 49% have experienced physical violence, while 39% have been sexually abused at a certain time in life⁸. Similarly, women with disabilities are at a higher risk for specific acts of violence. For example, the odds of being physically forced to have sex are almost two times higher than for non-disabled women.

Government of Uganda (GoU) is committed to addressing the problem of SGBV generally as seen from the progressive policies instituted to this effect. The first step was the adoption of a constitution guaranteeing equality for men and women as well as embracing other affirmative action measures⁹. Secondly, the National Gender Policy of 1997 is a guiding framework for gender responsive development. More practically the government established a gender ministry that is working in

partnership with other government departments to main-stream elimination of GBV, the civil society as well as the private sector to promote gender equality.

Specifically, for the WGDs, government catered for their entitlements in the National constitution. The others laws include: - the persons with disabilities act 2006, that provide a comprehensive legal protection for PWDs in accordance with articles 32 and 35 of the constitution; and to make provisions for the elimination of all forms of discrimination against PWDs towards equalization of opportunities and for related matters¹⁰; and the national policy on disability, which is intended to contribute to the improvement of the quality of life of People with Disabilities through expanding the scope of interventions that benefit them¹¹.

Unfortunately, even with these and other efforts in place, WGDs still suffer violence in all its forms. Discrimination, coupled with negative attitudes towards women in patriarchal societies, put WGDs at increased risk of violence. Although WGDs experience many of the same forms of violence that all women experience, when gender and disability intersect, violence has unique forms and causes, and results in unique consequences. WGDs are particularly targeted by perpetrators of violence because of social exclusion, limited mobility, a lack of support structures, communication barriers, and negative social perceptions.

The range of violence experienced by WGDs includes physical and sexual violence, as well as emotional and verbal abuse. Attitudinal and structural barriers due to different impairments that make WGDs more vulnerable to violence including: Reduced physical capability for self-defense; Greater difficulties to be understood when reporting maltreatment due to difficulties in communication; Lack of accessible information and counselling services, mainly due to physical and communication barriers; Lower self-esteem and disregard of their image as women due to ongoing discrimination; Misconception that WGDs do not have the same social roles as those traditionally assigned to other women; and Dependence on other people for care, particularly careers providing personal support for bathing, grooming or dressing.

About the Elimination Sexual Gender Based Violence among WGDs Project

In an effort to contribute solutions to improve the quality life lived by the WGDs in Eastern Uganda, IDIWA started implementing the elimination of SGBV against WGDs project on in Mayuge district. The project is being implemented with financial support from UN Women Trust Fund (UNWTF). The primary beneficiaries of the project are the women and girls with disabilities in Mayuge district. The indirect beneficiaries are duty bearers including police and judicial officers, educational professionals, government officials, and health professionals etc.

The overall goal of the project is promoting “inclusive services for women and girls with disabilities who are survivors of gender-based violence in Mayuge district”, and the specific objectives are: -

1. To empower Women and Girls with Disabilities with their Human Rights and Advocacy skills by 2022;
2. To strengthen protection and response to SGBV cases among Women and Girls with Disabilities;
3. To empower IDIWA organs, WGDs' Organizations and Groups, and DPOs to promote GEWE and response to SGBV against women and girls with disabilities by 2022; and
4. To improve IDIWA and co-implementing partner's resilience to crises including COVID-19 to ensure stability of project and sustainability of the organizations in the longer term

The E-SGBV Midterm Evaluation

The project "Elimination of SGBV among WGDs in Mayuge District" started in 2020 with a baseline that was undertaken at the beginning of the year. Implementation continued and according to the design of the project. it will continue up to the end of 2022. However, there were some serious interruptions especially following the outbreak of the COVID-19 pandemic. This affected the implementation of a number of activities especially during the over 10 months period total lockdown. This period came with a number of changes including exacerbating violence against women generally, and worsening it for the WGDs specifically. The total lockdown restricted movements and interactions as physical spaces for outreaches were restricted. In the effort to ensure that service delivery continues even under the lockdown IDIWA adopted some virtual delivery of especially the awareness creation messages, as well as making efforts to reach the individual families of the beneficiaries with some material support also provided as part of the support from the E_SGBV against WGDs project in Mayuge.

This means that despite the interruptions, implementation of the project continues though with some modifications in approach. Thus, in respect for the design of the project, IDIWA sanctioned a mid-line evaluation. The goal of the mid-line was to assess the overall project progress and results against the outcomes and indicators of achievement as per project target. The ToRs stressed that the evaluation should focus on the OECD evaluation framework specifically focusing on the relevance, effectiveness and efficiency of the project and the progress made towards achieving the targeted outcomes.

FRAMEWORK OF THE EVALUATION

This midterm evaluation was aimed at: -

1. Assessing the effectiveness, appropriateness and relevancy of the project interventions in the given context of the project;
2. Identifying the facilitating and hindering factors in relation to the achievements so far vis-à-vis the barriers to the achievement of the intended objectives;

3. Highlighting key lessons and learnings, best practices and stories of change from the project;
and
4. Making recommendations for future programming and implementation of by IDIWA.

METHODOLOGY

The evaluation used mixed methods of data collection. The different methods helped to generate all the required information given the fact that the target sources of information were characteristically different.

Specific Methods used in data collection

a) Desk review:

Several program related documents including: the project document, the project M&E framework and matrix, bi-annual, annual and other project reports were consulted. Besides these, other nationally reputable source of information such as the demographic health survey reports, policy documents and other relevant research reports were consulted. Generally, the reviewed documents broaden our understanding of the program and the context in which it is conducted. Additionally, program documents were useful in providing insights on the progress of the program in light of the expected outcomes.

b) Focus Group Discussions and Key Informant Interviews (KIIs)

FGDs were conducted with the Community volunteers, the Community Members, and other WGD teams, local organizations and groups of women and girls with disabilities in Mayuge, DPOs, Local Council Courts, Probation, Police to Judicial Courts, Paralegals, Community advocates in handling GBV cases, and Probation and Gender Departments of Mayuge District Local Government. Given the sensitivity of the questions the FGD participants were separated according to age and sex. In respect for the COVID-19 prevention guidelines, the FGDs were conducted in open spaces to allow adequate aeration. All participants were subjected to mandatory sanitizing, face masking, and a two meters-distance from another person. Participants were interviewed from the spots where they stay in order to control the risks.

c) The Survey:

The survey was used to collect the required quantitative data. It was collected using a structured questionnaire, which was administered among the community members and WGDs. This tool was designed in respect of the project indicators that were trucked at baseline for compulsion. The researchers were taken through training on how to conduct interviews in respect to the recommended social distancing. They conducted several mock sessions on this and other safety options.

d) The Basic Activism Test:

We included a few items in the duty bearers' and paralegals' questionnaire to measure the levels of skills they have attained.

e) Case Studies:

Case studies were collected from community members; paralegals and peer educators who were willing to share testimonies on the way the project has improved their lives and relationships.

Area, Population and Sample Size

The evaluation was conducted in all the six sub-counties of Malongo, Bukatuube, Kigandalo, Kityerera, Buwaaya and Immanyiro where the project is being implemented. This also facilitated compulsion of the findings with the baseline benchmarks. We specifically engaged the district stakeholders involved in the project and these were interviewed at the district headquarters.

The evaluation targeted a quantitative sample of sample of 200 respondents including 100 WGDs and 100 other community members that stay in the same communities where the project is being implemented. This sample size was calculated simply by adding the same number of community members that are not WDGs as the number of WGDs that was engaged at baseline.

The Qualitative Sample Size

We conducted a total eight FGDs for the evaluation (2) with WGDs, (2) with the community members, and (2) with project volunteers. Because of COVID-19 these targeted between 6 and eight participants each. The key informants included: two IDIWA staff, 4 district officials, 4 PWDs-CSO representatives, and 5 duty bearers, thus in total we targeted engaged 74 qualitative respondents.

Data collection

The data collection process was managed by the consultant. Because of language challenges, the evaluation will recruit 2 researchers (one female and one male) for each sub-county. Thus, a total of 12 data collectors were engaged in the process. Because of the sensitivity of the research, we recruited female enumerators to engage female respondents. Each group had a senior researcher experienced in both qualitative and quantitative data collection. In this way qualitative and quantitative data collection was done simultaneously for all sites. All group discussions and key informant interviews were moderated by the team leaders and supervisors.

Ethical considerations

The evaluation considered the standard ethical requirements for conducting research especially among women and girls. Specifically, we aimed at protecting safety of the respondents and the researchers, provision of information on the local sources of support for the survivors of SGBV, and psycho-social support to the data collectors that revealed being traumatized by the findings; as well as ensuring privacy and confidentiality for the information provided.

THE FINDINGS

This section presents the findings of the evaluation, organized according to the Development Assistance Committee (DAC) evaluation criteria. The assignment specifically covered four of the five DAC evaluation parameters i.e.:

- Project Relevance
- Project effectiveness
- Project Impact
- Sustainability plan

PROJECT RELEVANCE

The findings indicate that the intervention is very relevant given the issues it addresses and the communities targeted. Broadly, for instance, the intervention attempted to address human rights abuse among WGDs, SGBV among WGDs, as well as advocacy for the protection, safety and access to entitlements for the WGDs in Mayuge. Both anecdotal and empirical data indicate very high prevalence of human rights abuse, prevalence of SGBV, and denial of access to basic entitlements among PWDS particularly in the Eastern region of Uganda. For instance, Busoga region where Mayuge district is has the highest number of sexually abused women/girls.

According to the UBOS, for example, the proportion of women reporting experiences of sexual abuse at some time in life is 28%, similar experiences in the past year were reported by 16% of women/girls between 15 and 49 years. Similarly, the disabled constitute a significant proportion that have been sexually abused at some time in life. Specifically, among those with a lot of difficulty or unable to function in at least one domain 34% have at some time been sexually abuse. The implication is that the project is relevant given the fact that the challenges/issues addressed are highly prevalent across the district.

Similarly, the district local government (DLGs) represented by community development officers consider the project very useful. These look at the program from the perspective of its accomplishments. In particular, all (100%) DCDOs, sub-county CDOs, and the political leaders we interacted with during data collection appreciated the program for awakening and re-igniting recognition of the plight of the marginalized groups such as the WGDs in the district. Accordingly, while all agree that the WGDs are at risk for especially sexual abuse because of their natural limitations, recognition of their concerns came so prominently after the advocacy they were inspired by IDIWA to undertake. ***“We all stay here, we know the WGDs and see the challenges they go through, but we needed a program like this to get re-energized to focus on their rights and issues. This program is very important for the district and the community”*** DCDO.

Also, the fact that the project narrows the context of the problems addressed it makes them more specific and easier to approach or address. For example, GBV is an issue the district has been and still continues to address but the approach is general. However, when IDIWA specifically concentrated

on WGDs, the problem was simplified. According to the district gender officer for example, ***“this program is very crucial for us in the community welfare office... you know we have GBV as an issue. It has a lot of work because it affects almost everyone. But when IDIWA narrowed to WGDs, our work was simplified. That is why you see many milestones even in the budgeting process because the issues of WGDs are taken out of the general issues”***. This implies that IDIWA’S intervention through this SGBV prevention project was important in simplifying and systematizing advocacy for the rights, protection and safety of a more specific category of people (the WGDs).

At the individual level, the project remains relevant especially in breaking the social norms and stereotypes that kept the PWDs generally and WGDs in particular in powerless positions that limit their abilities to negotiate their rights to protection from social isolation. According to the KIIs this was coming with lots of stigma for the WGDs and before the current intervention advocating for their rights and protection was hard given the fact that even the government and district officials were highly prejudicial, discriminative, unjust, self-seeking and at worst inactive in dealing with issues related to the PWDs. This was clearly stated by ACDO Mayuge Town Council saying that,

“The project is very helpful especially where they involving everyone, for example, the LCs and probation officers that had become useless to the PWDs because they thought that they are not entitled to the same treatment as other people. But after this program came the paralegals are everywhere, they correct you even if you are the CAO. They update our office regarding any injustices faced and all other challenges that the WGDs encounter. Now everyone knows the rights of the WGDs because we treat likes others human beings now”.

Additionally, empowerment through awareness creation to WGDs on their own rights; strengthening of the paralegals and other volunteers’ knowledge on the rights of WGDs and the different forms of SGBV they often experience; as well as building the capacity of the individual WGDs to advocate for their rights and entitlements as well as managing their other problems through this program is considered a very strategic approach for knowledge transference and a mechanism for enhancing sustainability of the project achievements. All group discussion participants and 97% key informants believe the strategy is very effective as it empowers the affected people to demand and protect their entitlements; as well as empowering everyone else to support the WGDs on all occasions when they are abused. Consequently, many people have embraced the program; they identify with it and own it.

‘I think this method by IDIWA of training WGD paralegals and everyone including us who stay in the communities with the WGDs is the best approach for our community. You know, before this, other organizations failed to handle SGBV generally and all problems of the PWDs because they came with their own people mostly the people without disabilities to tell



the community to stop violating WGDs... they had to fail because the communities thought that the people without disabilities were just trying a way of cheating the WGDs. But now you hear them (WGDs) demanding their rights and safety and everyone is concerned. FGD Participant

Further still, the changes that came with the outbreak of COVID-19 came with new challenges that necessitated both additional technical input for the staff, and financial, and other physical support for the partners and beneficiaries. For the staff for example, the ability to switch to the virtual delivery of the project content necessitated refresher capacity development training that were made possible by the activities undertaken for outcome for. ***'The truth is that we have done this work for a long time, but we needed these trainings. This is a whole lot of new things you have to make sure you take the message to a disabled person at her home, yet originally we would simply call and they come but now. IDIWA SGBV project staff.***

Additionally, the pandemic came with new demands for the families and people that were providing support of any kind to the WGDs. However, with the outbreak of the pandemic very few families continued providing the same level of physical, emotional and financial support to the WGDs. The E-SGBV against WGDs project made IDIWA remain relevant to the needs of the WGDs as it was the only institution that had some handouts for them. ***'You don't know how the project helped us remain useful to the beneficiaries during the lockdown...we gave them food and other supplies, we provided psycho-social support to them and their families. This project came at the right time because we were able to do what the beneficiary thought was never possible.'*** IDIWA administrator.

IDIWA's partners at the district local government and within the civil society not only required support to strengthen their capacity to deliver their engagement with the PWDs during the changed periods, but also needed a leader to provide the example and prove that it is possible. Consequently, following the example of IDIWA who work with the WGDs never stalled but instead changed the way of delivery, which in one way or the other challenged others to continue servicing the PWDs even during the restrictions. ***'I want to appreciate IDIWA, they challenged us and showed that lockdown was not only a period to relax off work but to look for ways of serving people better. While other offices were quiet hiding from COVID, IDIWA was on radio creating awareness, while families were hiding their food from thieves, IDIWA was giving reaching out and giving their people the support they needed. Especially things like food'*** Mayuge DCDO

PROGRESS

This section presents findings on the progress of the project against the expected results and planned activities after one and half years of implementation. The content in this section was generated through a review of progress reports, and interviews with key project stakeholders (implementers and beneficiaries). The presentation is aligned to the project objectives and outputs. Sub-section one presents a summarized analysis of performance on the key outputs for each outcomes in the table below

Outcome	Output	What is done so far	Percent achieved
Outcome 1: WGDs empowered to protect and demand fulfillment of their rights and access to SGBV services	300 WGDs equipped with information and knowledge for their rights, and how to use it to demand for services	300 WGDs have been taken through 12 main awareness creation trainings on: - <ul style="list-style-type: none"> ✧ SGBV generally; ✧ Human Rights; ✧ Effective Advocacy; and ✧ Sexual Reproductive health Rights 	124%
	Women and Girls with Disabilities supported to access legal, psycho-social, economic and health services	The porbono lawyer facilitated by IDIWA has provided legal advice to over 30 WGDs with challenges in their intimate relationships; Currently supporting three court cases involving WGDs battling with challenges from their partners; The paralegals have supported 210 cases involving WGDs through mediation etc.	151%
Outcome 2: Strengthened mechanisms for protection and management of SGBV against WGDs	200 Duty bearers and other service providers in Mayuge District sensitized on the rights of Women and Girls with disabilities	Trained and strengthened capacity of: - <ul style="list-style-type: none"> ✧ 50 JLOS officials; ✧ 50 Health care workers; ✧ 70 District Coordination Committee members (DCC); ✧ 50 Local Council Leaders; ✧ 50 Senior women teacher 	132%
Outcome 3: Capacity of IDIWA organs, WGDs' Organisations, DPOs Strengthened for effective promotion of Gender Equality and response to SGBV against WGDs	Sub-regional CSOs Sexual and Gender Based Violence coordination and referral network established and functional in Busoga sub region.	<ul style="list-style-type: none"> ✧ 20 CSOs have been identified' ✧ 20 CSO have been trained on SGBV response and prevention; ✧ 4 state institutions (police, health units, schools, and law enforcers) have been connected to the network. ✧ Members of the referral network have pledged commitment but are awaiting some internal processes to sign MoUs 	67%

Empowering WGDs with their Human Rights and Advocacy Skills

Project object one is 'to empower women and girls with disabilities with advocacy skills for their human rights. It was broadly intended to facilitate the enjoyment of human rights by WGDs but specifically through deepening knowledge of WGDs on what their rights; and skills for advocating for or demanding these rights. Three outputs were set to contribute to the realization of this objective i.e.: -

1. 300 WGDs equipped with information and knowledge on their rights and skills for using this knowledge and information to demand for their entitlements (rights and services);
2. WGDs supported to access legal, psycho-social, economic and health services; and
3. 50 WGDs trained to act as focal persons, peer educators, and champions against SGBV.

300 WGDs equipped with knowledge and skills for advocating for their rights

For this object, IDIWA specifically intended to build capacity of WGD knowledge on their rights and entitlements as well as the skills for advocating and demanding for those rights. The expected output was to have up to 300 WGDs equipped with relevant information, knowledge and skills on WGD rights, entitlements and how to demand for them.

Overall, the project achieved over 98% of the targets for this period especially in relation to the planned vis-a-vis implemented activities. For example, to facilitate the process of creating awareness and delivering relevant information on WGD rights and advocacy, IDIWA: - developed a simplified disability focused SGBV advocacy toolkit; the content of which was translated into the local language (Lusoga); and then transcribed into braille; for which IDIWA printed and availed 100 copies both at IDIWA office, the district, and among other organizations working on or advocating for WGD and other PWD rights; as well as training of WGDs in human rights and advocacy skills.

According to the staff at IDIWA, the district welfare office, and the volunteers (paralegals) that directly interface with the WGDs at the community level, these processes simplified, systematized, harmonized advocacy work among all stakeholders implementing IDIWA's E-SGBV project. ***"Let me tell you one thing, our work was simplified by the advocacy toolkit. Many of us always talked advocacy but we didn't know how to do it, we thought it's about inciting WGDs to shout... this tool kit shows you what to do"*** Chairperson PWDs Mayuge.

On the other hand, translating the toolkit into local languages and braille strengthened ownership of the project ideas and goal among direct beneficiaries of the project. ***'I like what has been done this time. Many times, they bring and implement project to promote our rights but we feel the projects are not ours because they do not cater for the special needs like***

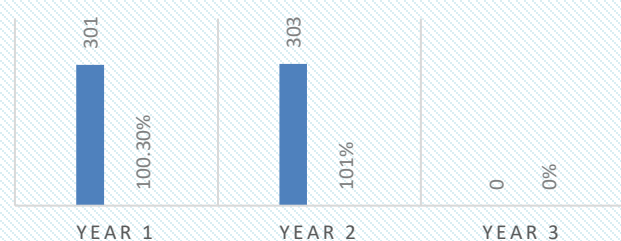
for those who are visually impaired. But now it is ours... we know what to do and how to demand what is ours because our bible [the toolkit] speaks our language as well.' Paralegal

The district officials feel that the toolkit harmonized operations of all stakeholders involved in or concerned about the rights, and safety, of WGDs. It is also highly regarded because it presents key issues of SGBV that are common but always under-rated especially the marginalized groups and yet they are more at risk. In this regard, the toolkit also awakened the district technical and political

leadership to get objectively involved in the protection and promotion of rights of WGDs. *'I am happy with what IDIWA has done for this project; this advocacy toolkit is going to help us look at what I call a new thing much as it has been with us. SGBV among PWDs, it has been with us, we knew it happens but under-looked it. Now we are all going to be awake but also we know how to help in such situations.'* DCDO.

Still with strengthening knowledge on WGD rights and advocacy skill, IDIWA conducted a total of 12 trainings (2 in each one of the project sub-counties). In the trainings, participants acquired skills and knowledge in various topics including WGD rights, SGBV among WGDs, advocacy etc. Figure 1 shows the numbers of WGDs that participated in the trainings each year.

Figure 1: Number of WGDs that have participated in the awareness creation trainings per year



Our interactions with the trainees noted appreciation around the content, means of delivery and expertise of the facilitators. Many participants indicated that the benefits from the trainings were two-fold ranging from the personal to community benefits. At the personal level the content was a point of reflection around how each conducted themselves in their relationships especially the intimate relationships but also relations with the other PWDs before the engagements. On the other hand, it was about reflecting on the perceptions around related practices when observed in the community. The following quotes highlight this clearly,

“Personally, I greatly benefited from these trainings. Truths be said, I was ignorant about most of the things we were taught and I believe many of us did not reflect the mistreatment and denials we were being subjected, and the way we treated our partners who are living with disabilities before these trainings, but am sure from now the people close to us are going to start asking what happened because we are going to be considerate in the way we treat each other but also in the way we protect WGD rights”, a beneficiary of gender and human rights training from Imanyiro.

Relationships that have either both or one PWD in our communities were very bad before these trainings...we also didn't know how to help these people. They would tell you that we were beaten or we fought because of poverty and you would simply agree. No one knew the root cause of violence among and against WGDs. But after the trainings from IDIWA the trend has changed and this is seen in the way even the cases of abuse for WGDs are reducing and how the reported cases at the CDO or probation office are handled today, it is very different...” a beneficiary of gender and human rights training.

WGDs supported to access legal, psycho-social, economic and health services

This output was intended to contribute to enhanced equitable access to quality and disability friendly SGBV services for the Women/girls with disabilities. Reviewed progress reports recorded more than

six activities undertaken to realize this object including: - over 150 check-in and support provision visits to the homes of the WGDs who are survivors of SGBV by IDIWA staff and peer-educators; over 100 one-on-one talks/discussions with WGDs who are survivors of SGBV by IDIWA staff and peer-educators; facilitating movements for over 50 WGDs who are survivors of SGBV; supporting more than 60 WGDs who are survivors of SGBV to access centers of justice (Police, Local council courts, probation and welfare offices, and courts of law); provision of food and medical services to over 150 WGDs who are survivors of SGBV.

The evaluation learned that, the objectives of these activities varied but the primary focus was around augmenting demand for and access to appropriate support for the WGDs who are survivors of SGBV. According to the beneficiaries, (WGDs peer educators, paralegals) these served the purpose as the demand for and access to survivor centered services increased among the WGDs who are survivors of SGBV.

Specifically, these activities facilitated realization that these entitlements for the WGDs and not favors. ***‘from the time the paralegals and people from IDIWA started telling us about our rights, we all know that we are like the other Ugandans who are entitled to full human rights and good enough the project also showed us where to complain in case any of our rights are abused’***, a trained paralegal.

In this line, the project also revived the responsiveness, vibrancy and activity among those mandated to support the WGDs in the district welfare office, the LCs and other service points within the district. ***“in fact, this project touched everyone including those very hard government officers, now when you go to report anything, they respond immediately”***.

EFFECTIVENESS

This section presents an analysis of the findings around the effectiveness of the project. The evaluation considered two of the four core aspects commonly considered in analyzing project effectiveness. These included project management and coordination as well as M&E. The other aspects of administration and budgetary performance analysis were left for the general end-line evaluation.

Structure of Management and Coordination

Overall, the evaluation found out that management and coordination for activities has remained consistent the adopted approach during project design. In this way, activities at IDIWA are manned by 7 full time staff under the supervision of the executive director. IDIWA staff then work with other stakeholders and service provider to deliver the project. The key stakeholders include the local government officers at the district and sub-county levels, then the management and staff of the other PWD organizations. All project activities are coordinated by the GBV Program Manager and the Monitoring and Evaluation Officer at the planning level, while decision making is completed with the guidance of the Executive Director.

Implementation of project activities is both direct and indirect. Directly, the activities are implemented by staff and they include capacity building, and referrals for survivor centered services. The trained paralegals/peer educators also directly work with the WGDs in implementing project activities. Indirectly some activities are implemented through service providers such as consultants. These are also responsible for capacity building activities for the staff in order to strengthen SGBV prevention and response programming. This arrangement has come with three advantages for i.e.: -

- There is a broad range of individuals or categories of stakeholders that are knowledgeable about the project, which means that its activities can be implemented by a cross section of individuals;
- The number of activities implemented a limited period of time and with limited resources is big given that many categories are involved in activity implementation
- Involvement of the district and sub-county officers as well as the beneficiaries in the implementation of some project activities is a strong assurance that sustainability of the project is well-planned and effectively approached as the exit for IDIWA will simply mean that the other stakeholders take the lead.

Monitoring and Evaluation

The consultant found the aspect of monitoring consistent with the design and plan of the project. Prior to the start of implementation of project activities, the project monitoring and evaluation framework was designed to provide a basis for measurement and analysis of the progress of the project in relation to the planned activities and outputs.

Measurement of the progress was well catered for in the planning phase as a baseline was planned for and actually conducted to provide benchmark indicators for the process. The findings of the baseline were also used in completing the project log-frame. This mid-line evaluation was also planned in the program design just as the end-line that will take place at the end of the project.

IDIWA has developed a number of tools for monitoring progress including the activity reports, activity monitoring tools, referral tool among others. Every time staff move out to implement project activities, they provide a report, which is then entered in the on-line and off-line databases. The planning is also accompanied by regular reporting following the same frequency. The monthly reports are then compressed into a monthly reported, which is used to develop and complete a quarterly report that is presented to the program manager at the appropriate time as outlined in the plan.

Monitoring is also done by the IDIWA Monitoring and Evaluation Officer, and other project staff each time on-site support is offered. As a result of this periodic monitoring, three bi-annual reports have been generated and are available for viewing. In addition to the reports, case books have been distributed in more than 70 percent of the paralegals. These help to track the cases handled, offering the required follow up and render any additional assistance.

PROJECT SUSTAINABILITY

There is evidence already that the approach adopted by IDIWA in the E-SGBV project is potentially conducive to longer-term sustainability due to the high-levels of buy-in and engagement it encourages from the outset, particularly in terms of its capacity to mobilize local government and other key stakeholders to get involved and own the project.

The experience with identifying, training and empowering paralegals is especially successful in this regard as they were able to form local teams that are committed to the project and its objectives. Working at the grassroots these will be supported by the district and sub-county level stakeholders all of whom have committed to working together to take forward the goals of the project and to uphold its achievements and successes thus far. This was also considered to be crucial in ensuring longer-term sustainability once funding comes to an end.

National level engagements were considered a challenge for the project due to a lack of frequent engagements with national level stakeholders. Mostly engagements have been with key stakeholders, at district, sub-county, and parish levels and have resulted in some key sustainability indicators at that level. For example, the advocacy engagement with the district planning committee resulted in a minute in the district planning committee that: - set apart some money for: -

- ✧ The purchase of 10 flexible beds that will be placed in government health units across the district; and
- ✧ Annually setting aside resources (in the district budget) to facilitate the acquisition of basic requirements and needs of the WGDs in the district;

- ✧ Facilitating the duty bearers to implement the Mayuge disability ordinance that will reduce

Still, in the line of laws and police for the protection of the rights of WGDs, IDIWA has trained a whole range of district officers on human rights for WGDs. In the same line, these trainings were also extended to the WGDs who are the primary beneficiaries, much as the engagements have not be so strong at the national level, the awareness created at lower levels and advocacy skills imparted among the peer educators, will ensure that there is continuity in the agenda of those working to support the WGDs to enjoy their rights and entitlements.

Testimonies from case stories

Some of the achieved outcomes are clearly elaborate in the testimonies presented in this sub-section. The testimonies are deliberately kept half-anonymous to protect the privacy of the respondents. However, proof of facts can be sought from the paralegals in the sighted communities.

Box 4: Success story testimony from Bukatube sub-county

My name is Athieno Florence. I am 65 years old, a born of Lukindu village, Lwanika parish, Bukatuube sub-county and I am visually impaired.

Before the project, I was always abused, harassed and sometime beaten up by my children including the daughter in-law, being accused of not letting my son aged 42yrs and wife to use/cultivate the land.

On many occasions, my children would destroy my crops and my animals were poisoned. My son and his wife are killing me. They were forcing me to get out of my own land

One time, I decided to share this problem with one of the IDIWA Paralegals Naudo Mwasiti who presented her case to the IDIWA management.

IDIWA responded by providing a lawyer who served my son and his wife with the letters of intention to sue. The later was also served to the chairperson of LC 1 in our area and the police station at Bukatuube

When they received the later, they calmed down from people who never wanted to hear anything from me to people wanted to talk peace. That is when they agreed to discuss the problem. IDIWA organized a mediation meeting and we sorted the problem.

As a result of the intervention, my son agreed to leave my land together with his wife. The Police ordered them to keep a distance of 100meters away from me all the time. I am now making use of my land productively and living a happy life.

Box 5: Akoth Christine-success story

Christine is a widow from Bukatuube sub county Mayuge District who lost her husband in 2003. By the time of his death, they had produced five children. Christine is physically impaired. She is now staying with all the children and her mother-in-law. It is her responsibility to take care of the family.

Since the land is very small, her elder son who is also married with two wives stays with them in the same compound. However, the son abuses her on grounds that she doesn't like his second wife, and now the son wants her to leave their father's land and go elsewhere. "One day he banged my door at night when he was drunk and removed it". Says Christine.

Christine reported to Bukatuube the case to IDIWA, IDIWA legal officer and SGBV officer helped and encouraged her to go to the police. The son was arrested and put in the cell for two days. He pleaded to police never to do that again and asked me for forgiveness, IDIWA went further and organised a formal mediation between the two parties with the help of the local authorities and community members. The two family is happily leaving together.

"I learned that any case of assault is first reported to police in order to get quick response and rescue. Because my son used to mistreat me and I could report to the local council but he kept on doing it. So, this time I said that let me go to police and also report to the organization for disabled which was of a good help. I want to thank the United Nation Trust Fund who send money to run this project of Eliminating Violence against Women and Girls with Disabilities especially during this period of the pandemic outbreak of COVID 19"

Box 6: Babigumira Fatuma- success story

Her name is Fatuma, physically impaired and married to Muwaaya in Buwaaya sub county Mayuge district. God has blessed the couple with eight children. Fatuma got the problem of bleeding which has taken seven years. Her cycle is for two weeks interval. When she requested the husband to take her to hospital, he says that he does not have money. He decided to married another wife. However, he is not contented with the second wife, he leaves her and comes to ask for more sex from Fatuma yet she is sick. She says, "For my husband to take me to hospital for medication I have to first play sex with him and yet I don't feel well". He does not provide for maintenance, he beats her all times. One day he got her phone and crashed it into pieces. The only mode of providing food to her children is by supplying labour in people's gardens for a pay. She uses the money to buy food in the family and some for soap, the husband no longer wants to know about the family responsibilities.

She reported to the local council 1, and I was advised to go to Mayuge Central Police Station because they got tired of her case. During the bi-annual project review with the enablers and beneficiaries, IDIWA made the police and the medical officer aware of this case. Police officer in-charge of SGBV, District probation officer summoned the husband, and was told to provide for medication.

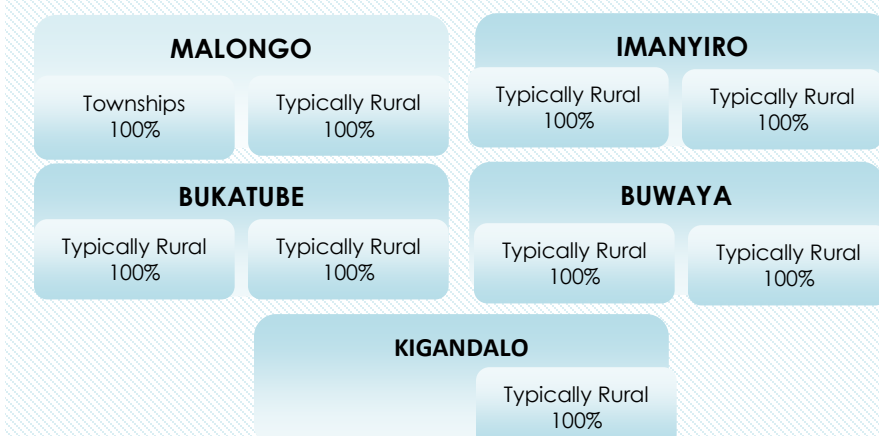
During the progress monitoring, IDIWA visited the family but nothing had been affected. Through constant engagements between the couple and IDIWA legal officer and SGBV project officer, the husband started providing for the family and Fatuma is getting medical attention paid for by the husband. "I want to thank IDIWA for the effort they put to rescue me from the man who was acting like a lion in the home. He gave me the money and stopped the assaults

I benefitted much from the training of human rights which IDIWA brought and I want to thank

THE SURVEY

Community Description and Response Rates

Figure 2: Response Rates by sub-county



The survey was conducted in ten villages/zones selected from five sub-counties in Mayuge district. The communities were purposively selected specifically targeting the catchment area for the project.

Response rates were very high as across all data collection points the targeted

sample was obtained. In other words, the survey obtained 100% response rates.

Demographics

The evaluation collected some data on the respondents' demographics. Specifically, it was on respondents' education, employment status, and marital status. Table summarize the information collected to this effect. All variables are segregated by disability status.

The respondents were 15 to 67 years, and the mean age was 32 years. Most respondents were in between 26 – 35 years, followed by those in the 36 – 46 age group. The two categories constituted 36% and 30% of the respondents respectively. WGDs were slightly older constituting 77% of the population in the 25 - 45 age group.

Slightly more than half were either married or cohabiting married, 76% percent were Christians while the Muslims constituted less than a quarter. Literacy levels were generally

high with more than three quarters of having completing some level of education. Altogether, the proportion that has never been to school is 37% percent most whom (24%) are WGDs. With work, about three-quarters said they had been involved in some work for money of these 56% were WGDs, the others constituted 87% in this category.

		% WGDs	%Non-WGDs	Average
Age	15 - 25	21%	11%	16%
	26 - 35	26%	45%	36%
	36 - 45	27%	32%	30%
	46 +	26%	12%	19%
	Single	24%	30%	27%
Marital status	Cohabiting	12%	23%	18%
	Married	45%	32%	39%
	Separated	6%	7%	7%
	Widowed	13%	8%	11%
Highest Level education Completed	None	24%	13%	19%
	Primary	47%	26%	37%
	'O' level	24%	49%	37%
	'A' level	1%	9%	5%
	Tertiary	2%	3%	3%
	University	1%	0%	1%
Religious affiliation	None	2%	0%	1%
	Muslim	22%	19%	21%
	Christian	73%	79%	76%
Earning a living	Yes	56%	87%	72%
	No	44%	13%	29%

Performance at outcome level

The evaluation attempted to establish performance of the project at the outcome level. The project set out to achieve for outcomes i.e.: -

1. WGDs who are survivors of SGBV are empowered to demand their right to live free from violence and to access social, economic and legal services;
2. Strengthened mechanisms for protection and response to Sexual and Gender Based Violence against Women and Girls with Disabilities (WGDs) in Mayuge district; and
3. Strengthen capacity of People with Disabilities Organizations and groups and Women Rights Organizations to effectively promote GEWE and advance progress on ending violence.

Outcome 1:

WGDs who are survivors of SGBV are empowered to demand their right to live free from violence and to access social, economic and legal services;

The evaluation collected data on the progress with the realization of outcome one. This was approached through analysis of any changes expected out of the three outputs intended to contribute to this outcome. The findings are presented as responses to the key questions coined out of the respective output statements.

Question 1: To what extent has the E-SGBV project strengthened the WGDs and other community members' knowledge on WGD rights, SGBV, and Advocacy?

The most effective way of promoting the demand for and enjoyment of human rights is through approaching all social issues with a human rights lens or perspective, which demands that (individuals and communities have adequate information and knowledge on their rights) and are supported to participate in the development of policies and practices which affect their lives and to claim their rights where necessary¹².

IDIWA adopted the same approach in the E-SGBV against WGDs project in Mayuge. The intention was to deepen the beneficiaries' awareness levels on WGD rights, SGBV, as well as strengthening their advocacy skills. The evaluation included some questions to find out the extent to which the intended change was realized. The findings are in the sections below present.

Knowledge on Human Rights

Three parameters were assessed to determine the existing knowledge level on human rights and the law in Uganda. Focus was on two layers i.e.: - general awareness of policies and the law in relation to PWDs in Uganda; and specifically, the content of the law in relation to the rights, and legal entitlements of PWDs. Generally, we asked respondents if: -

- a) They have you gotten any training or information on rights of PWDs in Uganda in the past one year;
- b) They think the PWDs in Uganda have the same rights as other Ugandans; and
- c) They think that or about the existence of a policy or law that protects PWDs.

The results revealed an increase in knowledge levels on human rights from an average of 11.5% at baseline to over eight in ten. The findings are figures 2 - 4

Figure 2: Proportion that have received training on human rights

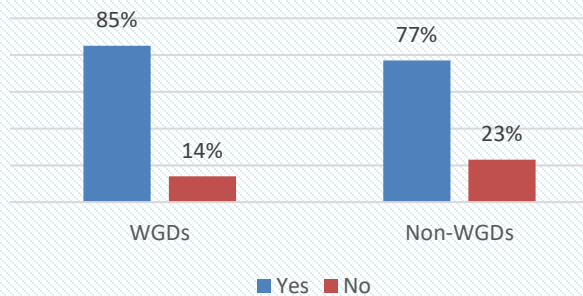


Figure 3: Proportion that Uganda has a policy or law to protect PWDs

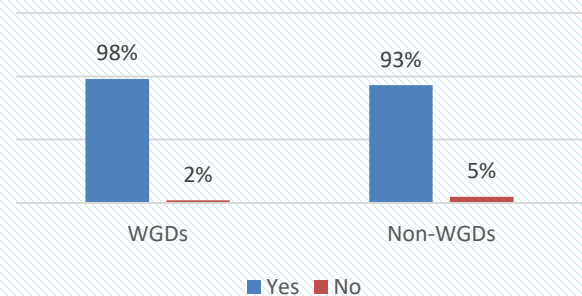
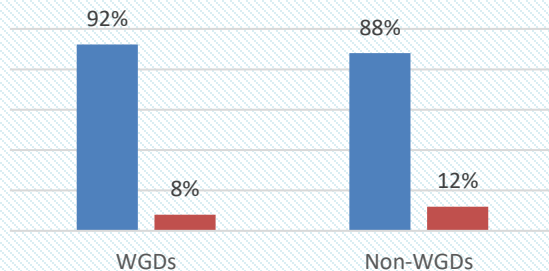


Figure 4: Proportion aware that PWDs have the same rights as other Ugandans



In figure two, the proportion that have been trained on human rights within a period of one year from the time of the interview altogether was 81% (including 85% WGDs and 77% Non-WGDs). Less than a quarter said they never participated in any such training.

This seems to explain reasons for a bigger proportion that answered progressively on more specific questions. For example, the proportion that is aware that PWDs have the same rights and entitlements at the other Ugandans is 90% majority (92%) of which are WGDs, while the non-disabled WGDs that know that PWDs have the same rights as other Ugandans are 88%.

On the existence of a law or policy that protects PWD rights in Uganda, the results revealed that almost everyone including 98% of the WGDs and 93% of the Non-disabled WGDs know about the existence of this particular policy or law in Uganda.

Results from the individual interviews and group discussions were equally progressive to this effect. Progress was mainly around perceptions on the universal nature of human rights, with all group discussions stressing that, 'human rights apply to all irrespective nature of ability or disability'. ***'As long as you are a human being you are supposed to have rights, we have taught that and in fact where the rights of PWDs have been abused, those weaknesses of individuals but everyone is entitled to human rights'*** CDO.

All key informants and more than 8 in ten of group discussion participants stressed the importance of mutual respect for all in the process of ensuring enjoyment of rights for all. *‘What the trainings stressed away from the things we just cram is that we have to respect each other and with this everyone will have their rights protected. That is the take-home idea from the trainings on human rights for WGDs.’* Peer Educator. This means that the trainings and other awareness creation activities implemented under the E-SGBV project not only created awareness but also cemented the ways of sustaining the outcomes of the change created.

Knowledge of specifics in the laws and policies relating to WGD rights

The evaluation assessed knowledge levels on the specific aspects of the laws and policies relating to the WGDs in Uganda. To this end a list of items was included in the questionnaire to which the respondents were asked if they are false or true. The findings are in table 1 presenting only progressive responses

Table 1: Proportion answering progressively on the specific items

	% WGDS	% Non- WGDS	Overall %
A WGD has a right to have sexual and other intimate relationships	90.4	86.4	88
A WGD has rights in marriage and at its dissolution like all Ugandans	93.1	85.3	89
A WGD must never be subjected to torture, or cruel treatment	87.2	87.6	87
An employer must never discriminate a WGD, because of disability	95.6	86.1	91
An owner a public building must ensure accessibility for all persons	88.9	86.5	88
WGDs are supposed to enjoy the same rights as other Ugandans	87.6	85.5	87
All Ugandans have to respect, uphold, and promote rights of WGDs			
Total progressive	90%	87%	89%

In table 1, overall, nine in ten respondents provided correct answers to all items. Mostly, the WGDs (90%) answered more progressively compared to the other community members (87%) that are not living with any disabilities. The WGDs were outstandingly progressive on the work-related rights of WGDs, the rights of WGDs are marriage and other intimate relationships. In these areas, 96%, 93% and 90% provided correct answers.

On the other hand, the other community members that are living out disabilities answered progressively on all items in almost the same range. For example, respecting and upholding the rights of WGDs as a responsibility and obligation for all Ugandans, the WGD rights to live free from sexual and other forms of intimate violence, employment rights for WGDs, and providing for access for all as an obligation for all owners of public buildings the proportion that answered progressively on all items was an average of 86%.

Knowledge on SGBV

In the 2016/18 UDHS, physical and/or sexual violence was more reported than the other forms of violence against women. Specifically, for women and girls, the survey found out that over 50 percent had ever experienced related abuses at some point in life. The E-SGBV against WGD project was designed with an anticipation that creation of awareness on what SGBV is, in one way to ensure the reduction of related risks. Consequently, IDIWA conducted several activities including producing more than 1000 IEC materials with information on what SGBV is, its forms, root cause, consequences, and whatever can be done to reduce its effects among WGDs. The current evaluation collected both descriptive and quantifiable data to determine change created. The findings are in table 2

Table 2: Proportion answering progressively on the SGBV knowledge questions

	A man controlling family finances is a kind of violence especially if he is in a relationship with a WGD	A husband slapping his wife is not a kind of violence as long as he is disciplining her more so if she is a WGD	Insulting a wife is not violence especially since it doesn't constitute physical beating	A man cannot rape his own wife/girlfriend, since it is her obligation to have sex with him when he wants	Overall progress per category
N(432)	Agree	Disagree	Disagree	Disagree	
WGDs	89%	91%	63%	70%	78%
Non-WGDs	65%	70%	42%	34%	53%
15 - 25	68%	80%	50%	52%	63%
26 - 35	67%	77%	51%	49%	61%
36 - 45	87%	88%	50%	13%	60%
46 +	65%	76%	45%	44%	58%
Overall	73%	81%	51%	46%	63%

The results revealed strong knowledge levels especially on physical violence and controlling behavior, which 81% and 73% community members regarded abusive, inhuman, and unnecessary in intimate relationships and happy families involving WGDs. Noticeably, lower knowledge levels were on emotional violence, on which an average 51% answered progressively. However, generally over two-thirds disagreed or said 'no' to all knowledge questions indicating high knowledge levels though there were also noticeable variations especially if you compare results from the WGDs and Non-WGDs, and the age of the respondents. For example, more females (78%) and (61%) of respondents in the 26 - 35 age group answered all questions progressively compared to the 53% males and 58% respondents from 46 years and above answered progressively as well.

In the group discussions the community members exhibited strong knowledge on benefits of joint decision making in relationships for WGDs and sharing roles. Across all groups, involving everyone in decisions making especially on matters that concern the entire family is not only good as a sing on exercising respect for all but also creating a strong bond in the family. For most group discussion with

WGDs this was a new experience practiced and proved effective also for strengthening communication.

Interestingly most respondents perceived this from a broader perspective for example as a good practice for the children to learn. ***“I have tried that thing (joint decision making) and it is very good, it makes you, the children and their father feel you are together... even everyone starts getting concerned about the things at home”*** WGD – Peer Educator/Paralegal. On sharing roles, community members spontaneously linked it to sharing roles, which they considered beneficial not only for an intimate relationship but across circles that bring together several people with a common objective. ***‘If we teach our children these good practices even our country will have responsible people in the future. Because sharing roles is with a partner with disabilities is not only good for the family but even in the general community, they start respect her as productive to the community as well... but it must begin from home’***

Similarly, the paralegals reported very strong SGBV knowledge levels among people from their respective communities. However, the indicators identified to confirm this observation, were mostly based the common changes currently noticed in the communities. Examples of such changes include:

- the high level of confidence exhibited in rebuking and reporting violence against WGDs who are in abusive intimate relationships; the activity of the community members in responding to witnessed and reported violence; the willingness and activity of the ordinary community member to actively take part in VAW activism; and the observed reduction in occurrences of violence cases in the communities. These observations are captured in the comments in box 1 below.

Box 1: Peer educators Paralegals’ comments on community awareness on SGBV

The people are very knowledgeable (on SGBV against WGDs) and the situation is hanging because now the effort is not on us as paralegals but the other community members such as neighbors get concerned and involved in handling cases of violence especially involving WGDs. Then cases are handled in a peaceful way and the people are generally concerned. Secondly, everyone is now resourceful in handling violence.

Paralegal

What I have realized in my people is that they now know what violence is and put their support in practice. People especially WGDs have even started opening up on the challenges they face and those that hear these cases are more active, they offer help, they report to us or even the police.

Paralegal

People now know that we all have power the child, the husband, the wife even if she has a disability. The question was always on how to use each one’s power. And that is also clear to the people, everyone is now respecting the others.

Peer educator

I think you are asking an obvious thing, if people didn’t know about violence as a bad thing, we would still be having the same number of cases as before. But now violence is reduced, because even the perpetrators know that it is not only the police that can identify their actions but the ordinary community members and they report....

Peer educator

Outcome 2: Strengthened mechanisms for prevention and response to Sexual and Gender Based Violence against WGDs

Outcome two focused on strengthening capacity of institution and individuals responsible for addressing SGBV in the district and lower local governments in the attempts to augment their effectiveness in preventing and responding to SGBV, and other violations of the rights of WGDs. Three outputs were set to contribute to the realization of the objectives of outcome two including: - sensitizing the duty bearers and service providers on the rights of WGDs; strengthening referral mechanisms for cases of SGBV against WGDs; and strengthening capacity of senior women teachers and health workers on early assessment, identification and referral of cases of SGBV against WGDs.

The evaluation examined the progress of the project to this effect. Focus was on key progress indicators for each output. The findings are presented in the following sub-sections in form of answers to the key questions coined out of the respective output statements.

Question 1: To what extent has the E-SGBV project sensitized the duty bearers and other service providers in Mayuge on the rights of WGDs?

The evaluation triangulated the earlier findings (in section 4.3) specifically analyzing the change or outcome of all activities that contributed to this output. We specifically engaged the duty bearers on the sensitization activities they have participated so far for the E-SGBV against WGDs by IDIWA, the changes (in terms of knowledge obtained), and any changes in practice or doing the duty-bearers' roles. The questions asked for this purpose were three i.e.: -

- a) In the last one year, have you been to any sensitization activities, events, processes or read any messages on SGBV and the rights of WGDs focusing your capacity as a duty bearers here in Mayuge?
- b) If yes, who organized the event, process, or information sources?
- c) Can you tell me at least two most catchy lessons you learned from these processes?
- d) How has this changed the way you work with WGDs while supporting especially the survivors of SGBV?

The findings are in figures 5 - 6, and tables 3 - 4 below

Table 3: Duty bearers on the catchy lessons from the sensitization

	n=20
WGDs have a right to have safe marital relationships	49%
The Ugandan law protects WGDs like all Ugandans	51%
It is everyone's duty to protect WGDs from torture	55%
Access to public places and services is right for PWDs	43.1
Discrimination of PWDs at work is a crime	37.2
District budgeting must cater for the PWDs like others	69.6
Average	51%

Table 4: Duty bearers on what they have changed in serving WGDs

	n=20
Put their demands first in district budgeting	45%
Respect them like any other Ugandan	43%
I give them time, they are first priority	25%
I understand them more and their needs	20%
Respect their voices, demand and suggestions	59%
Average	38%

Figure 5: Duty bearers that have attended sensitization activities

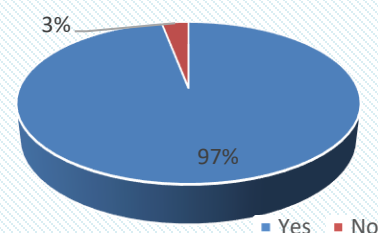
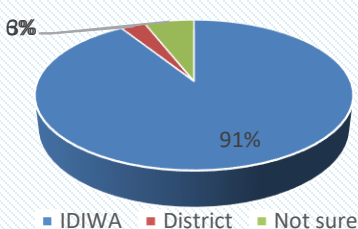


Figure 6: Duty bearers on who organized the sensitization event



The results are generally progressive. For example, in figure 5, almost all (97%) interviewed duty bearers indicated that they have participated in the processes, events, or activities in which they were sensitized on the rights of WGDs and protecting them from abuse even by intimate and other close relatives. In the same trend, almost the same proportion, 91% participated in events or processes particularly organized by IDIWA.

Averagely, over half picked and retained a lesson from the sensitization activities they participated in. For example, the processes, showed the duty bearers that government, public or district resources are open to all people including PWDs. The other lessons that were spontaneously identified by the respondents during were broadly in five areas including: -

- Human rights and safe relations for everyone including PWDs
- The law and protection of all Ugandans irrespective of differences in nature, and social status
- Fair and human treatment for everyone
- Responsibilities and roles of every Ugandan in protecting PWDs
- Facilitating access to all public places and buildings for all Ugandans including PWDs
- Discrimination and other social crimes committed against PWDs

Specifically with the lessons, the realization that 'WGDs have a legal entitlement to the public resources is a very strong step in planning for their needs. According to IDIWA staff, this was also a direct testimony by those that participated in the 2021-2022 district budge conference in which the district community development officer noted that, ***"We are lucky this time we have our colleagues living with disabilities in this conference, their needs have been well catered for, I am sure we are going to start this as a good practice, we will never again hold district budgeting conferences***

without having them represented and not just by one person but all organization working on their issues”.

The sensitization engagements with the duty bearers also contributed to some changes in perception, behavior and treatment of the WGDs. For example, in table 4, 59%, 45%, 43%, 25% and 20% duty bearers share about the changes they are noticing after participating the sensitization activities. The changes mentioned by the same categories included: - Listening to them and respecting their voices, demand and suggestions; Putting the demands of PWDs first in district planning and budgeting processes; Respect the WGDs like any other Ugandans; giving time to prioritize their proposal; and understanding their needs respectively.

The implications of the findings are several but overall, the findings mean that: -

1. IDIWA undertook efforts and successfully created the much-needed awareness on the rights of, entitlements, and privileges of PWDs generally and WGDs in particular. This resulted in including their demands in the district budget;
2. The duty bearers now know their roles and responsibilities in protecting the rights, entitlements, and privileges of PWDs generally and WGDs in particular. This is a pointer to strong progress towards strengthening sustainability for the project achievements;
3. Everyone including the WGDs, community members are ware and currently prioritize enjoyment of rights and access to entitlements among the PWDs. Which means that:-
 - a. Currently the beneficiaries are empowered to demand their rights, entitlements, and privileges;
 - b. The duty bearers, community members influence respect and prioritize the rights, entitlements, and privileges of PWDs generally and WGDs, which means that they can even fight for them.
4. Now that the district level duty bearers are aware of their roles in promoting human rights among WGDs, and building on the district disability ordinance, the safety of the WGDs is ensured since the policy makers at the district level are committed to put it into action.

Question 2: To what extent has the E-SGBV project strengthened referral mechanisms for SGBV against WGDs among parents, care givers, and families in Mayuge district?

Part of strengthening prevention and response SGBV against WGDs in Mayuge is in building a strong referral network and system. The progress reports indicate that IDIWA started the process of building a network of twenty members that include civil society organizations (CSOs) working on PWDs; Government Departments; District Officials, Women Rights Organizations, and institutions including police, health units, community leaders and members (opinion leaders). According to the SGBV program manager, ***“the members of the network were identified, trained and showed what to do. They know it but what is still pending is having them sign MoUs in order to formalize this relationship”.***

The evaluation included a module to assess the progress of the project to this effect. We specifically asked the res parents of PWDs, the care givers, representatives of the network member organizations, and community leaders the following questions: -

- e) In the last one year, have you received any training or participated in any activities, events, processes or read any messages on SGBV and the rights of WGDs in which you were told about how to prevent and respond to or support WGDs who are affected by violence?
- f) If yes, who organized the training?
- g) Can you tell me at least two most catchy lessons you learned from these processes?
- h) How has this changed the way you work with WGDs while supporting especially the survivors of SGBV?

The findings are in figures 7 - 8, and tables 5 - 6 below

Figure 7: Numbers that have attended the SGBV network training

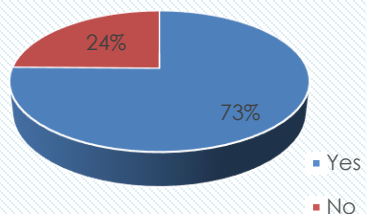


Figure 8: Respondents on who organized the SGBV network training

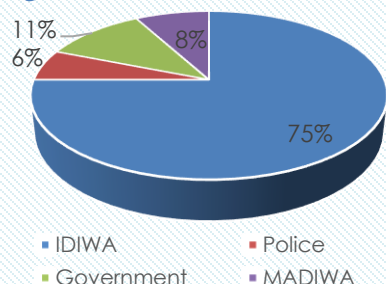


Table 5: Network members, parents, and care givers on the key ideas/lessons from the SGBV trainings

	n=40
WGDs are also human beings who have need like us	22%
The Ugandan law protects WGDs like all Ugandans	21%
LC, Police, and everyone can protect WGDs	21%
So many hindrances affect the PWDs access to rights	13%
Violence in all forms affects WGDs more than others	14%
To promote WGD's safety we need to work together	9%
Total	100%

Table 6: Network members, parents, and care givers on what they have changed about working with WGDs

	n=40
Reporting all cases of SGBV I know that affect WGDs	36%
Engage the paralegals in supporting WGDs	23%
Talk to all men against violence in their relationships	21%
Teach/provide information to WGDs on their rights	20%
Total	100%

The results in figure 5 indicate that three-quarters of the network members, care givers, and parents of WGDs have been engaged in some activities on SGBV against WGDs, its prevention, and possible response options. In the same way, the results confirm the general findings that it is mostly IDIWA that has been engaging communities in Mayuge on SGBV against WGDs prevention as 75% of the respondents that indicated that had been to some activities on SGBV against WGDs said the event they attended or participated in was organized by IDIWA. The others (25%) mentioned other entities including police mentioned by 6%, and MADIWA by 11% of the respondents.

This means that IDIWA's contribution in the fight for the WGD rights and safety is strong and socially recognized. This also points to the quality and intensity of the intervention by IDIWA, which has attracted attention of the direct indirect beneficiaries;

In relation specifically to the referral points' network, the findings indicate that over 70% have participated in a training in WGD-SGBV prevention and they took some key lessons where for instance 22%, 21%, 21%, 14% and 13% mentioned things like: -

- WGDs are also human beings who have need like us
- The Ugandan law protects WGDs like all Ugandans
- LC, Police, and everyone can protect WGDs
- So many hindrances affect the PWDs access to rights
- Violence in all forms affects WGDs more than others, and
- Promoting WGD's safety required everyone to work together with others

Among the lessons that stood out for them respectively. Analysis of these findings points to five important facts i.e:

- The WGDs-SGBV prevention and response referral network is in place, with the members equipped with (information, knowledge and skills) the most important resources for effective SGBV response (effective support provision);
- The network brings together different entities both in government and private sector, which implies that the E-SGBV project how showed that the effects of SGBV against WGDs are universal. The fact that different organizations and institutions are participating indicates that IDIWA has successfully worked on harmonizing the operations of the network members;
- There is unanimous agreement that SGBV affects everyone but mostly the WGDs. This means that the community and other stakeholder are attracted to participate in its elimination as to ensure safety not only for WGDs but everyone since it is now viewed as a social vice;

It is thus not surprising that the Network members, parents, and care givers have changed somethings in the ways they relate, working with or support the WGDs. For example, when asked about the things they changed, 36%, 26%, 23% and 20% said that they have committed to: -

- Reporting all cases of SGBV that they have seen, heard or know of that affect WGDs, and the threats for the same;

- Engage the paralegals and peer educators on the way they can effectively provide effective and relevant support to the WGDs that are survivors of SGBV;
- Talk to all men against all forms and acts of violence against women whether WGDs or not, meaning that people now know that violence is bad; and
- Teach/provide information to WGDs on their rights and how they can demand or enjoy these rights and entitlements.

Question 3: To what extent has the E-SGBV project influenced change of attitudes and build advocacy skills for SGBV against WGDs prevention and response

The extent of control WGDs have over how, when and with whom they have sex has important implications for outcomes such as unwanted pregnancies, and infections with HIV and other sexually transmitted diseases (STDs) (UDHS, 2016) as in most cases the choice for safer sex is limited for the WGDs. In this evaluation, in addition to rape and defilement, sexual violence against WGDs was taken to include other things such as denial of choice for safer options and the liberty to choose how and when to have sex.

For the qualitative respondents this was also investigated in relation to safer and health relationships for WGDs and the results were largely progressive. Two broad aspects were strongly approved in the results including; sexual freedom and the right to safe sex options for WGDs.

Around safe sex, more than two-thirds of group discussion participants and all key interviewees supported the demand for and use of condoms and other contraceptive as a right for the married and non-married WGDs. The understanding is that with the current trends in the spread of HIV, and unwanted pregnancies the idea to use a condom and other birth control measures irrespective of the initiator benefits the couple. Indirectly, the responses around HIV, and unwanted pregnancies as an offshoot of sexual violence implied that the WGDs and whole community is now more informed around the link between HIV, unwanted pregnancies and SGBV and that its effects are felt equally by WGDs and Non-WGD women.

Box 2: Progressive quotes around sexual violence

...even the men we are talking to are changing now, those things of forcing yourself on a woman just because she is disabled are gone now.

You know now we have informed them, they can report if you force yourself on her and you don't want protection.

Police officer – SGBV desk

...okay, some men especially the older in age still refuse to use condoms, but at this time if a woman asks you to use a condom you do not ask questions, what if she tested and is trying to save your life?

Paralegal

Before IDIWA, those are things that used to cause fights in homes, but it was because men thought sex was like food and you don't have to miss it, that is how many got AIDS because after being denied he looked for other women especially the able bodied but we have discouraged that and people are changing

CDO

In relation to sexual freedom, there was general approval for consenting to sex as a right for WGDs. The idea of a disabled woman/wife saying no to sex was highly endorsed. Surprisingly, the men were more progressive to this effect. For instance, several highlighted it among other characteristic of a healthy and safe relationship.

Two major implications are drawn from the qualitative findings around sexual freedom. On one hand the findings showed that the community is now aware that both men WGDs have equal sexual rights but were not practicing before the E-SGBV project. Fortunately, however, whilst some men may not practice it, their responses imply that they appreciate the significance of equal sexual rights. See quotes in box 2.

The survey also measured community attitudes towards sexual violence against WGDs. Specifically, the assessment targeted attitudes towards WGD's liberty over the choice of when to have sex. Results in Table 7 were progressive indicating that more community members (eight in ten) agree with a WGD-wife refusing sex with her husband if she doesn't want.

Considering the specific categories, more respondents from township settings, the unmarried and the youths are likely to support the option. With age, the proportion agreeing with a wife refusing sex with a husband is likely to reduce with increase in age. However, this progress may not wholly be attributed to intervention, but an option for men since polygamy is highly practiced in the same community. This means that in most cases men will derive sexual satisfaction from another partner in case the one with a disability does not feel like it.

Table 7: Attitude towards Refusing Sex with Husband

Is it acceptable if a married WD refuses to have sex with her husband if she doesn't feel like it?		Yes	No
Age	15 – 34	79%	20%
	35 – 45	78%	22%
	46 +	71%	29%
Relationship status	Married	78%	22%
	Not married	79%	20%
Residence	Rural	78%	22%
	Township	79%	21%
Overall %		78%	22%

Regarding attitude towards safer options in relation to sex, the assessment looked at perceptions around a married woman with disability suggesting use of a condom with her husband and insisting on the same. We also assessed community perceptions around 'risky sex' for both women and men. For this survey 'risky-sex' was taken to mean involvement in sex with a person that has tested positive with HIV/AIDS. The objective was to find out if the community offers equal attention to the safety of men and women with disabilities or they favor one over the other. For the later, the assumption was that where equal attention is held, is an indication of progressive attitudes and perceptions while the reverse would imply regression.

The results in Figures 9 and 10 indicate that there is general acceptance for condom use in the survey community. However, demand for a condom is not an obvious right especially for the disabled married women. This implies that whilst awareness around the importance of condoms as a protection measure against HIV/AIDs has generally been created, many community members still hold norms that limit disable women from fully enjoying it as a right but a favor.

Figure 9: Responses on whether a disables wife can suggest to her husband to use a condom

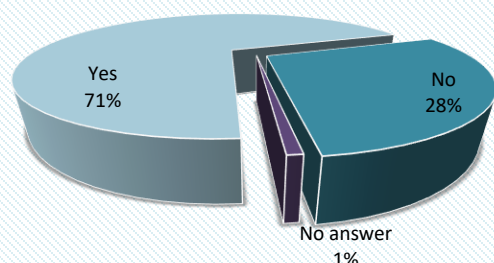


Figure 10: Responses on whether a wife with some disability can insist on condom use with her husband

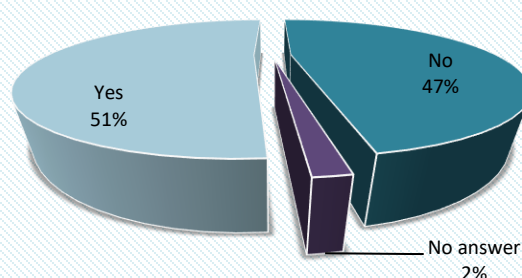


Table 8: Responses on whether a man/disabled woman can refuse sex if the other partner is HIV positive

		If a man tells his disabled wife that he is HIV positive, is it okay for her to refuse sex with him?			If a disabled woman tells her husband that she is HIV positive, is it okay for him to refuse sex with her?		
		Yes	No	Not if they use a condom	Yes	No	Not if they use a condom
Age	15 – 34	32.2	20.7	46.8	33.4	19	46.8
	35 – 45	19.5	29	51	32.4	19	48.5
	46 and more	31.7	37.1	31.2	35.4	15.9	48.8
Relationship status	Married	20.6	49.2	29.8	32.9	28.1	38.5
	Not married	33.1	38	28.9	38.1	22.2	39.7
Overall %		29.6	33.4	36.7	32.1	23.2	44.5

Seven in ten community members believe that it is okay for a married woman with disabilities to ask her husband to use a condom. However, almost half (47%) do not agree to a wife insisting to the same effect with her husband.

In risky situations, the results highlighted significant progress especially around condom use and a relatively balanced perception regarding safer sex for both men and disables women. For instance, when asked if it okay for either (disabled woman or man) to refuse sex if the other partner disclosed his/her positive status, most respondents objected especially where the couple is using condoms. These constituted 44.5% for the man and 37% for the woman respectively.

Generally, the proportion agreeing to unsafe risky sex was small for both men and women. However, slightly more people tended to agree with a man refusing sex with a disabled wife disclosing her HIV

positive status. These constituted more than a-third of the survey population. On the contrary, 29.6% held the same opinion where the same situation is applied to the wife.

The most regressive categories included the married, and the respondents older in age (more than 46 years). Among these, 49, and 37% respectively objected to a disabled wife refusing sex with a husband after disclosing his HIV positive status. On the other hand, respondents with similar opinions where it is the wife disclosing her HIV positive status included the 31% and 28% disabled married respectively.

To this effect the results highlight mixed implications. On a positive note, the results indicate that the program has strengthened awareness and empowered disabled women to discuss issues related to condom use and safer sex. Much as this is not a core outcome for the project, it comes by default as an offshoot of the intervention.

Attitude towards disclosure of SGBV experiences by WGD, support seeking and provision to the WGDs that are survivors of SGB

Support is one way of preventing to and/or responding to SGBV. One of its core objectives is to bring people together in undertaking safe ways to change the social norms that justify men's power over women generally but WGDs specifically and community silence or indifference about it. It also seeks to help individuals and communities gain skills needed to address SGBV against WGDs and its other effects.

As mentioned earlier the core goal is breaking the silence and community indifference around violence against WGDs as crucial in achieving the expected outcomes. Breaking the silence also means coming out to speak against all forms of violence against WGDs and the social norms condoning it. For the WGDs experiencing violence, it means coming out boldly to report such experiences for the community to intervene.

The survey included some items to measure related community perceptions and attitudes. Specifically, the measurement was around community attitudes in relation to disclosure of violence

Figure 11: CMs on whether outsiders should intervene where a husband is beating a wife who has disabilities

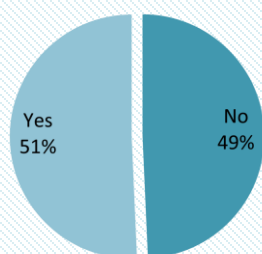


Figure 12: CMs on whether it is okay for a WD beaten by husband to tell others

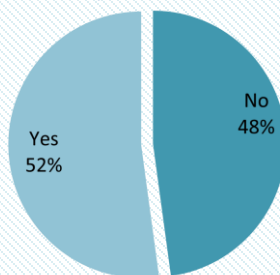
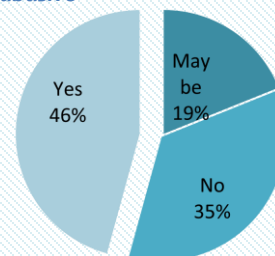


Figure 13: CMs on whether you are meddling if you intervene where a man is abusive

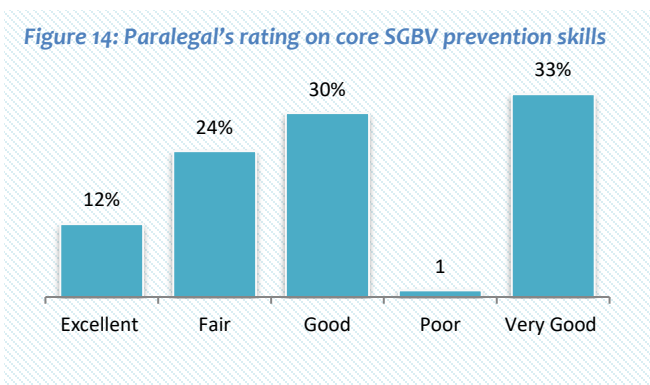


against WGDs and community perceptions around intervening in cases of violence against WGDs by community members outside the couple. The questions asked included; *If a husband beats up his wife who is disabled should others intervene? If a married woman is disabled has been beaten up by her husband, is it okay for her to tell others about it? and if you helped a woman with a disability who is being abused by her husband will others think you are meddling?* The results are in figures 11 - 13. Generally, individuals in survey communities hold positive attitudes towards disclosure and external intervention when violence occurs between a couple even when the wife is living with disabilities. However, a significant proportion still holds reservations to this effect. Specifically, the findings in figures 11 and 13 indicate that close to half of the survey population (49% and 45%) was against the two options respectively.

Concerning community perceptions or attitudes towards intervening in couple fights, the results were also positive. Considering that the project is yet to engage the community around support provision, 46% indicates the need to address the standing practices thus introducing the engagements on support provision is now timely as the community seems ready to take up related initiatives.

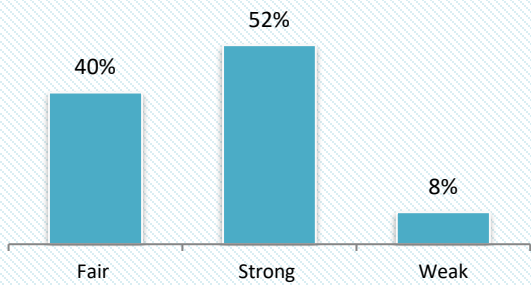
Impacting Paralegals SGBV prevention and Response skills

Some questions were included to assess the paralegals' skills. Among other things we assessed level of skills for reaching out to the WGDs and other community members create awareness, influence change of attitudes on SGBV, as well as providing support to the WGDs who are survivors of SGBV. With this, the paralegals were asked to rate themselves on their abilities around:- presenting SGBV ideas to colleagues, strangers, and many people (more than 30). They were also asked about their



ability to plan and mobilize E-SGBV activities and engaging in intercept talk about SGBV and other forms of human rights abuses against WGDs. The assessment also covered paralegals' performance around core community engagements skills.

Figure 15: Paralegals' self-rating on SGBV communication skills



This included rating abilities around mobilizing male and female community members to participate in any SGBV awareness creation activities, exciting participants, probing and offering feedback. The results were largely progressive as illustrated in figures 14 and 15

Regarding the core community engagement skills, close to three-quarters were above average ranging from good to excellent. Only one percent regarded their skill-s as poor. On the other hand skills of communicating SGBV against WGDs messages were generally above average. However, there is

need for more effort to support the 48% that are below average.

Conclusions

The tracking of IDIWA's progress in achieving its expected outcomes in relation to the designated objects at mid-line brings to light promising learning.

1. By large IDIWA has made significant progress in implementing the activities and outputs as planned for this period of time with a number of successes achieved in line with the expected outcomes, which among others include: -

- The most outstanding success for IDIWA is establishing teams of committed paralegals / peer educators throughout the project catchment area. These seemed very vibrant and committed to ending SGBV against WGDs.
- The project has already enabled community members to get involved in addressing SGBV in their own ways. The structures include skilled paralegals, local council leaders, probation officers, and community development officers. The same teams are strongly skilled in integrating the new model approaches in their traditional community engagement approaches.
- IDIWA's SGBV against WGDs prevention and response ideas have been diffused to the community members thanks to the paralegals' activism which has had a ripple effect in engaging more community members
- The project is highly acknowledged for the printing and distribution of IEC materials. This arm of the project is creating an identity for the entire project as almost all beneficiaries are likely to mention IDIWA materials in reference to project related works

1. In light of the project specific outputs, progress is noticed in achieving the following in terms of created awareness and influencing community attitudes around: -

- The forms/types (constituents) of SGBV against WGDs with more awareness around sexual violence and its effects
- The connection between human rights abuse and the way people view WGDs is promising in light of ending human rights violation for WGDs
- Breaking the silence around human rights abuse for WGDs, and SGBV against WGDs, which is why there more people speaking against it and a deepened conversation around disabled women negotiating for safe sex with their husbands
- Facilitating individual and community reflections on the benefits of treating each other fairly and respecting their rights and entitlements. Consequently, more people are relating their personal experiences of violence to the same concept of men's abuse of their traditional roles over their partners.

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