



## End of Project Evaluation Report

Combating Stigma Against Sexual Violence Survivors  
and their Children in Gulu District, Northern Uganda



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## DISCLAIMER

This Evaluation Report (including any enclosures and attachments) has been developed by an independent evaluator. The analysis presented in this report reflects the views of the author and may not necessarily represent those of APPCO, its partners or the UN Trust Fund.

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## TABLE OF CONTENTS

ACKNOWLEDGEMENTS .....	i
TABLE OF CONTENTS .....	iv
ACRONYMS AND ABBREVIATIONS.....	viii
LIST OF TABLES.....	ix
TABLE OF FIGURES.....	x
EXECUTIVE SUMMARY .....	xi
MAP OF UGANDA SHOWING PROGRAMME DISTRICT AND SUB-COUNTIES.....	xvii
MISSION, VISION AND CORE VALUES OF APPCO .....	xviii
<b>1.0 INTRODUCTION .....</b>	<b>1</b>
<b>1.1 Project Description .....</b>	<b>1</b>
<b>1.2 Project Goal and Outcomes:.....</b>	<b>1</b>
<b>1.3 Impact of COVID-19 pandemic on the project.....</b>	<b>2</b>
<b>1.4 Evaluation Purpose .....</b>	<b>3</b>
<b>1.4.1 Specific Objectives of the Evaluation.....</b>	<b>3</b>
<b>1.5 Scope of the Evaluation.....</b>	<b>3</b>
<b>1.6 Evaluation Target Audiences.....</b>	<b>4</b>
<b>2.0 EVALUATION METHODOLOGY.....</b>	<b>6</b>
<b>2.1 Evaluation Design .....</b>	<b>6</b>
<b>2.2 Sampling procedure and sample size .....</b>	<b>6</b>
<b>2.3 Study sites and population .....</b>	<b>6</b>
<b>2.4 Data collection methods and tools .....</b>	<b>8</b>
<b>2.5 Analysis and reporting phase.....</b>	<b>8</b>
<b>2.5.1 Data entry .....</b>	<b>8</b>
<b>2.5.2 Quantitative data analysis .....</b>	<b>8</b>
<b>2.5.3 Qualitative data analysis.....</b>	<b>9</b>
<b>2.6 COVID-19 Measures .....</b>	<b>9</b>
<b>2.7 Data quality control.....</b>	<b>9</b>
<b>2.7.1 Quality assurance in data collection and processing.....</b>	<b>9</b>
<b>2.8 Ethical Consideration.....</b>	<b>10</b>
<b>3.0 RESULTS AND DISCUSSION OF EVALUATION FINDINGS.....</b>	<b>11</b>
<b>3.1 Introduction.....</b>	<b>11</b>
<b>3.2 Background Information of Project Beneficiaries.....</b>	<b>11</b>

3.2.1	Age of Respondents.....	11
3.2.2	Gender of respondents.....	12
3.2.3	Marital status of respondents .....	12
3.2.4	Education level of respondents .....	13
3.2.5	Number of Children.....	13
3.2.6	Religious Affiliation.....	15
3.2.7	Sources of Income .....	16
3.2.8	Cases of Disability.....	16
3.3	Project Relevance and Appropriateness.....	17
3.3.1	Relevancy to Government of Uganda.....	17
3.3.2	Relevancy to UNTF.....	18
3.3.3	Relevancy to APPCO .....	18
3.3.4	Relevancy to the Beneficiaries.....	19
3.3.5	Fairness in the Selection of Beneficiaries.....	20
3.4	Project Efficiency.....	20
3.4.1	Adequate staff to implement the project as indicated by Project beneficiaries.....	21
3.4.2	Timeliness of combating Stigma Against Sexual Violence Survivors and their Children.....	22
3.4.3	Adequacy of Financial Resources.....	22
3.5	Project Effectiveness.....	24
3.5.1	Outcome 1: Increased public support from faith leaders, promoting positive attitudes towards sexual violence survivors and their children and reduce victimization .....	24
3.5.1.1	Acceptance of Victims by the Community members .....	24
3.5.1.2	Religious leaders preaching to support sexually violated survivors and their children .....	24
3.5.1.3	Church Individual or Group Counselling .....	26
3.5.2	Outcome 2: Increased number of children and youth participating in advocacy and actions to end stigmatization linked to sexual violence .....	27
3.5.2.1	Youth groups or community initiatives on sexual violence and related stigma .....	27
3.5.2.2	Benefits from any mentorship, outreach, (Channels of Hope for Gender Approach') .....	27
3.5.2.3	Outreach type benefited by respondents.....	28
3.5.3	Outcome 3: Improved capacity of GBV Activists in prevention and response towards self, Family and community stigma .....	29

3.5.3.1	Utilization of support networks by victims and CBoR.....	29
3.5.3.2	Attendance of any project activity .....	30
3.5.3.3	Mode of participation in advocacy and actions to end stigmatization linked to SGBV	30
3.5.3.4	Victims Ability to Make Decisions .....	31
3.5.3.5	Changes in socio-economic behavior due to Project Intervention .....	31
3.5.4	Outcome 4: Institutional strengthening and use of COVID-19 additional funding allocation .....	32
3.5.4.1	Achievements of Covid-19 Funds .....	32
3.6	Project activities respondents benefited from.....	36
3.6.1	Benefits received by respondents.....	36
3.6.2	Beneficiaries' View Regarding Project's Success.....	37
3.6.3	Critique.....	39
3.7	The challenges faced during the project lifespan.....	39
3.8	Project Impact .....	41
3.8.1	Outcome 1: Increased public support from faith leaders, promoting positive attitudes towards sexual violence survivors and their children and reduce victimization .....	41
3.8.2	Outcome 2: Increased number of children and youth participating in advocacy and actions to end stigmatization linked to sexual violence .....	42
3.8.3	Outcome 3: Improved capacity of GBV Activists in prevention and response towards self, Family and community stigma .....	42
3.8.4	Outcome 4: Institutional strengthening and use of COVID-19 additional funding allocation .....	43
3.8.5	Youth participation in the fight against SGBV and stigma .....	44
3.8.6	Creation of incentives for respondents to remain active .....	44
3.9	Gender Equality and Human Rights .....	45
3.9.1	Gender sensitivity in the selection of beneficiaries.....	45
3.9.1.1	Youth treatment as compared to other groups of people.....	46
3.9.2	Human Rights Visibility .....	47
3.10	Project Sustainability .....	49
3.10.1	Community involvement.....	49
3.10.2	Continuity of the project activities.....	49
4.0	CONCLUSIONS AND RECOMMENDATIONS .....	51

**4.1 Conclusion ..... 51**  
**4.2 Recommendations ..... 52**

## ACRONYMS AND ABBREVIATIONS

APPCO	African Partners for Child Poverty
CBoR	Children Born of Rape
C&D	Cooperation and Development
CAO	Chief Administrative Officer
CDO	Community Development Officer
CHATs	Congregation Hope Action Teams
CVA	Citizen Voice and Action
DCDO	District Community Development Officer
DEO	District Education Officer
EVAW/G	End Violence Against Women and Girls
FGDs	Focus Group Discussions
GBV	Gender-Based Violence
KIIs	Key Informant Interviews
LCI	Local Council I (village level)
LCIII	Local Council III (sub-county level)
LCV	Local Council V (district level)
NGOs	Non-Governmental Organizations
QECL	Quality Education Consultancy Limited
SGBV	Sexual Gender-Based violence.
S/C	Sub-County
SPSS	Statistical Package for Social Scientists
VA	Vocational Activities
WVU	World Vision Uganda



## LIST OF TABLES

Table 1: Showing Project Goal and outcomes.....	1
Table 2: Showing Evaluation Audiences interviewed.....	4
Table 3: List of stakeholders/partners consulted.....	7
Table 4: Distribution of the Victims in the 3 sub-counties.....	8
Table 5: Age brackets of the beneficiaries / victims of SGBV and CBoR.....	11
Table 6: Sex of SGBV victims.....	12
Table 7: Marital Status of SGBV Victims.....	12
Table 8: Education Level of SGBV Victims.....	13
Table 9: Correlation Relationship between Number of Children and Prevalence of SGBV Stigma.....	15
Table 10: Correlation Relationship between Age when respondent got first born and Prevalence of SGBV Stigma.....	15
Table 11: Correlation Relationship between Religion and Prevalence of SGBV Stigma.....	15
Table 12: Correlation Relationship between Source of income and Prevalence of SGBV Stigma.....	16
Table 13: Correlation Relationship between Disability and Prevalence of SGBV Stigma.....	17

## TABLE OF FIGURES

Figure 1: Triangulation of the data.....	6
Figure 2: Age when a respondent got first born child .....	14
Figure 3: Cases of disabilities .....	17
Figure 4: Relevance of the project activities.....	19
Figure 5: Fairness in the Selection of Beneficiaries .....	20
Figure 6: Adequacy of staff to implement the project as indicated by Project beneficiaries.....	21
Figure 7: Timeliness of combating Stigma Against SGBV Survivors and their Children .....	22
Figure 8: Faith leaders preach against SGBV and stigma .....	25
Figure 9: FGD conducted in Unyama P.A.G with faith leaders .....	26
Figure 10: Youth groups or community initiatives on sexual violence and related stigma .....	27
Figure 11: Benefited from mentorships and outreaches .....	28
Figure 12: Outreach type benefited by respondents .....	28
Figure 13: Number of community advocacy Meetings attended .....	29
Figure 14: Attended any project activity.....	30
Figure 15: Mode of participation in advocacy and actions to end stigmatization linked to SGBV .....	30
Figure 16: Achievements of COVID-19 Funds.....	32
Figure 17: Project activities respondents benefited from.....	36
<i>Figure 18: Benefits received by respondents. ....</i>	<i>37</i>
Figure 19: Challenges a project faced .....	40
Figure 20: Youth participation in the fight against SGBV and stigma .....	44
Figure 21: Gender sensitivity in the selection of beneficiaries.....	45

## EXECUTIVE SUMMARY

This evaluation provides findings of end-line evaluation conducted from August 2021 to September 2021 for a project titled, *Combating stigma against sexual violence survivors and their children in post-conflict in Northern Uganda, Gulu district*. The evaluation was conducted to assess the performance of the project and capture project achievements, challenges, and best practices to inform future similar programming. The project was assessed based on the defined OECD /DAC criteria of impact, effectiveness, relevance, efficiency, and sustainability with triangulation of data

### **Evaluation Methodology**

The Consultant adopted a mixed evaluation methodology taking into account both qualitative and quantitative data. A semi-structured questionnaire was used for community members (including survivors, survey, and focused group discussions. Outcome Harvesting collected (“harvested”) evidence of what has changed (“outcomes”) and, then, worked backward to determine, when, how, and who contributed to these changes. To ensure the Do No harm principle, the evaluation team largely conducted virtual interviews, with minimal interaction with beneficiaries, and always observed Standard Operating Procedures (SOPs).

### **Project Relevance and Appropriateness**

The intervention was deemed relevant because combating stigma against sexual violence survivors and their children is in line with the National Policy on Elimination of Gender-Based Violence in Uganda. The National Policy on Elimination of Gender-Based Violence (GBV) in Uganda has been developed to address the critical problem of GBV in the Country, all of which was also propelled by the donor. And 87% of the respondents acknowledged having received rightful activities from the project.

### **Project Efficiency**

Project efficiency was measured in terms of adequacy of human resources, ability to meet time and budget goals for project implementation. The APPCO staff that were employed for project execution seem to have been adequate as indicated by 66% response and most activities were implemented in the stated time. Additional resources for Covid-19 were also granted hence enabling the continued implementation of the activities. One of the APPCO staff pointed out as follows:

*“According to us, the resources were sufficient enough to enable us to achieve the set objectives. We achieved all the planned activities and of course, those activities had monetary attachments. We achieved beyond even what we had planned. For example, we had an initiative of community radios which were not within our scope but helped us to engage the community”.*

### **Project Effectiveness**

Primary data indicate that 63% of the survivors felt being accepted in the community spaces and the majority (87% response) appreciated the role of faith leaders in preaching against SGBV and offering counseling services. A majority (72% response) indicated to have received at least one or all the two types of counseling (individual and group). There was evidence of an increased number of children and youth participating in advocacy and actions to end stigmatization

linked to sexual violence as indicated by 62% response. Others (57% response) participated in community outreaches. And for those who attended, a good number (61.7%) said to have attended between 2 to 4 community dialogue meetings, 19% said had attended once, 12.7% attended more than 7 times and 6.3% said attended between 5 to 7 times. However, different respondents indicated to have participated differently in advocacy and actions to end stigmatization linked to SGBV with an estimated 27% having participated by attending meetings, 26% through drama shows, 20% through dialogues, and 3% having participated through advocacy groups. Only 13% said had never participated in any way and 11% did not answer this part of the question.

On an encouraging note, a good number (49% response) indicated to have participated in the affairs of the community through attending meetings, 31% participated through sensitizing other community members against SGBV, 10% did not participate in any way to end SGBV and 10% remained silent. On a positive note, 66% of the respondents reported being able to participate in the decision-making process in their communities although there was a section of the respondents who said they were not allowed in the decision-making processes in their communities.

However, despite all the above achievements by APPCO in combating stigma against sexual violence survivors and their children in Gulu District, there were still cases of sexual and gender-based violence experienced in households and these included and a good number of beneficiaries still experienced high levels of stigma. In addition, cases of depression, anxiety and sleep disturbances, and feelings of rejection from community and family were still reported.

### **Project Impact**

Faith leaders were empowered and they promoted positive values that reduced victim-blaming and negative treatment of sexual violence survivors and their children. A good number of activities were implemented and these ranged from community dialogue, psycho-social support, and community outreach, provision of safe spaces, awareness sessions, and home visits.

To incorporate the youth, youth groups, or community initiatives on sexual violence and related stigma in the community were established. 74% of respondents acknowledged the existence of such youth groups in their communities and they advocated and led in the fight against SGBV and stigma. In addition, through community dialogue, psycho-social support, community outreach, provision of safe spaces, awareness sessions and home visits the communities have developed **positive** attitudes amongst young people to promote sustainable generational change in attitudes.

There was also increased awareness for referral pathways for survivors and their children in their communities, which was conducted by the use of materials such as leaflets or fliers. This was confirmed by 49% of the beneficiaries who indicated to have seen such materials in their communities, although 50% had not seen such materials and 1% did not answer this question.

### **Gender sensitivity in the selection of beneficiaries**

Nevertheless, 68% of the respondents said the selection was gender-sensitive although 30% did not appreciate the gender sensitivity of the selection process since the majority of the direct beneficiaries were women.

Even though Women were the greatest beneficiaries in the project, men also benefited in one way or the other in form of being change agents since the majority of community structures were composed of men. This was highlighted by one of the APPCO staff members when he said;

*It is true the project targeted mainly women and young girls but there was also some involvement of men especially to those who succumbed to sexual violence. Men also participated as change agents as more than 60% of the community structure members are men.*

### **Human Rights Visibility**

During the project's initial stage of operation, community structure and CVA members were trained on human rights especially on how to demand the rights of the communities from the office-bearers. This was supported when one of the staff members stated this;

*Those pieces of training had helped us and the community at large since we were able to task the sub-county leaders to provide us with water for one of the villages which had a spoilt borehole, they had to repair their borehole and they got access to the water at the end.*

The project engaged community members in advocacy where they were channeled with the community office bearers to share their insights and demand for proper services. This is reflected when a good number (61.7%) said to have attended between 2 to 4 community dialogue meetings, 19% said had attended once, 12.7% attended more than 7 times and 6.3% said attended between 5 to 7 times. These advocacy meetings were organized by APPCO and community structures.

### **Covid-19 Fund**

After receiving the Covid-19, APPCO has built its human capacity by recruiting more technical staff who handle emergencies. This has strengthened the organization's response rate in terms of any emergencies. The organization has also strengthened its capacities in data collection especially in remote data collection and remote sensitization of beneficiaries on the causes and effects of GBV. Several structures were built to help in dealing with remote data. Several structures including staff and community structures on how to collect remote data during the Covid-19 lockdown of which methods have helped APPCO even in the aftermath of the lockdown.

## **Project Sustainability**

Frontline service providers such as social workers, police, schools, and church leaders were sensitized to identify victims and offer support. Youth involvement is also a means that can sustain this project since youth are vigilant and still growing. Community involvement is also likely to enhance project sustainability as 39.2% were involved through community meetings, 30.1% were involved in the inception meetings and 8% were involved in mapping interviews. Above all the project was implemented through church and school structures and this is likely to enhance suitability.

## **The challenges faced during the project lifespan**

The majority of the respondents (65%) rated Covid-19 as the biggest challenge they faced during project implementation, followed by untimely delivery of project activities (19% response) and limited cooperation of the beneficiaries (11% response), low levels of project coordination (3% response).

## **Conclusion**

Combating stigma against sexual violence survivors and their children in Gulu District, Northern Uganda was a worthwhile intervention and there is substantial evidence of project implementation. In particular, was the role played by the church, increased number of beneficiaries participating in advocacy and actions, and improved capacity of GBV Activists in prevention and response towards self, Family, and community stigma. Nevertheless, there were still reports that some sexual violence survivors still face deep-rooted stigma and it may occur at a personal level or within the family or community, but also at an institutional level, in the judicial system. The judicial system seems to have been missed out in this project and this could be included in the future intervention. What came out strongly was the issue that survivors may also face a stigma about their economic status to experiencing sexual assault, hence the need for economic empowerment programs. Nevertheless, the project seems to have been relevant, efficient, effective, and with sustainable impacts.

## **Recommendations**

- a. APPCO with its partners UN Women – UN Trust Fund Need to enlarge the number of beneficiaries, scale up the project activities to the entire Acholi sub-Region, and also factoring the impact of COVID-19 on the project's beneficiaries. COVID-19 has accelerated SGBV, more stigma to the victims and this calls for the continued efforts of the project activities tailored towards tackling the new forms of violence brought by COVID-19. The need for expansion is backed by the fact that the study revealed a prevalence of more SGBV victims/survivors in other sub-counties and other districts in Northern Uganda. This was also a recommendation from some of the district and local leaders since they had witnessed the good things the project had contributed to the few beneficiaries of the projects.

- b. APPCO to buttress girl child education through Competitive Entrepreneurship and Business skills development training that enable pupils, teachers to seize local opportunities and confront challenges. To successfully do this, pupils need education and functional skills to become lifelong learners, secure productive work, complete the full primary education cycle, make informed decisions, and positively engage in their communities. Without access to functional education opportunities that help develop skills, pupils face serious challenges thriving in the twenty-first century – with repercussions for generations to come. “Education is more important but skill is the most important”.
- c. From the policy point of view APPCO with its partners UN Women – UN Trust Fund needs to engage in large-scale policy engagement to hold duty bearers accountable for ineffective prosecution of SGBV offenders and engage parliament to set up a dedicated court to handle Sexual and Gender-Based Violence (SGBV) cases. Violence against women is on the increase in Uganda despite the presence of laws and policies to protect victims and survivors, Ineffective laws pose a big challenge to the fight against VAW. Laws such as the Penal Code (Amendment) Act 2007, the Domestic Violence Act 2010, the Sexual Offences Bill and the Marriage Bill do not address key aspects of VAW. The Land Act also fails to require customary land tenure systems to permit women to act as co-owners/managers of customary land and creates weak protections for widows who seek to inherit their husband’s land.
- d. The fact that it is majorly women who are the victims of SGBV and stigma, there is a need to directly incorporate the husbands of these women and men generally into the project activities. This will even limit the arrests and other effects of GBV since the perpetrators will be dealt with and persuaded to be the champions in the fight against SGBV. With this in place, there will be reduced sexual violence in women and more especially married women.
- e. There is a need to incorporate child mothers to be part of the beneficiaries in case of a continued and subsequent project. There is a big number of child mothers in Northern Uganda and more especially in the Gulu district as indicated in the findings and yet they also face a high risk of being violated due to limited experience in marriages.
- f. APPCO and its partners should embark on large-scale Agriculture and Business skills development pieces of training to economically empower SGBV survivors for better recovery and thriving. This could subsequently result in the establishment of a formidable Cooperative and Union for SGBV survivors in the Acholi subregion. Also, 45% of the respondents including key stakeholders like CDOs recommended the need of these victims to be economically empowered. For this reason, there is a need to introduce an economic Empowerment program that will promote the incomes of the victims so that they can be empowered to cater to most of the domestic needs without necessarily over-relying on the support from their husbands.
- g. Continued support is recommended for church leaders to enhance their continued counseling services and sexual violence survivors and their children in the Gulu district. Empower faith leaders through the provision of transport means to ease their work from within and outside the community. Most faith leaders decried that there were faced with a challenge of poor facilitation and that was limiting their work to meet and sensitize the

community on the dangers of SGBV and its stigma. They were only limited to meeting people from churches (places of worship) of which was also destabilized by the outbreak of COVID-19 where big gatherings were banned. With such facilitations, it means the faith leaders will not only sensitize/counsel people in places of worship but will reach out to especially those community members who do not go to places of worship as well.

h. Community radio strategy emerged to have played a big role in places where they were stationed from. This, therefore, calls for the need to continue with the project of community radios in other communities where they have not yet been placed. With community radios being self-sustaining through announcements and other paid programs by the community members, this will be a lasting strategy to limitations of big gatherings and also helps quickly and easily to sensitize communities.

### **Lessons Learnt:**

1. Participation by stakeholders leads to empowerment and joint ownership of the project. Real development requires a people-centered approach instead of an output-oriented one. Project managers need to break the conventional approach of top-down solutions to incorporate a bottom-up approach that enables a more sustainable solution. In addition, good management of stakeholders will not only clear the path of any possible obstructions but will also promote steady progress and eventually improve the quality of the results being generated. It's not just a case of keeping stakeholders happy, it's also a matter of using their resources, knowledge, and influence to help achieve stated objectives.
2. Survivors of sexual violence face deep-rooted stigma. It may occur at a personal level or within the family or community. Feelings of guilt and shame fuelled by many widespread misconceptions often discourage victims from talking about their experience and this is why the majority could only reveal their experiences from safe spaces.



**MAP OF UGANDA SHOWING PROGRAMME DISTRICT AND SUB-COUNTIES**



FIGURE 1: Showing the different subcounties in the study district of Gulu. Map of Uganda showing Gulu district is in the left upper corner.

## MISSION, VISION, AND CORE VALUES OF APPCO

### **The mission is;**

“APPCO works in partnership with communities, civil society and government to empower children and women to survive and thrive in ending poverty for healthy and sustainable well-being”

### **Our Vision is;**

“A society where children, women, and their communities are empowered and enjoy equal dignity and wellbeing free from poverty”.

### **Core Values are;**

1. Integrity.

Being honest, dedicated, and loyal with transparency in ownership and communication represents the spirit of our daily work life

2. Partnership.

We accept the obligation of joint participation, a shared goal, and mutual accountability that our partnership requires.

3. Commitment.

Commitment to the poor, the underprivileged, the marginalized, and the handicapped, our pursuit of excellence is driven by high professional standards in delivering quality products and services to our beneficiaries, partners, and stakeholders

4. Accountability.

We take personal responsibility for using our resources efficiently, achieving measurable results, and being accountable to supporters, partners, and, most of all, children.

## INTRODUCTION

This report provides findings of end-line evaluation conducted from August 2021 to September 2021 for a project titled, *Combating stigma against sexual violence survivors and their children in post-conflict in Northern Uganda, Gulu district*. The evaluation was conducted to assess the performance of the project and capture project achievements, challenges, and best practices to inform future similar programming. The project was assessed based on the defined OECD /DAC criteria of impact, effectiveness, relevance, efficiency, and sustainability with triangulation of data

### 1.1 Project Description

African Partners for Child Poverty - APPCO worked in partnership with UN Women, UN Trust Fund, and communities in the sub-counties of Unyama, Bungatira, Bar-dege, Layibi, and Paicho in Gulu district. The project was implemented for 36 months, that is, from 1<sup>st</sup> September 2018 – 30<sup>th</sup> August 2021. The key stakeholders included; the local government officials, Community based organizations, community members and their leaders, faith-based organizations, Children, and the staff of APPCO both at head office Kampala and Gulu field office.

### 1.2 Project Goal and Outcomes:

Table 1: Showing Project Goal and outcomes

<b>Project Goal:</b>	<b>To reduce stigma against women and girls’ survivors of sexual violence in Gulu by developing community champions who own and drive systemic behavioural change amongst communities and service providers by 2021.</b>
<b>Outcome 1:</b>	Increased public support from faith leaders, promoting positive attitudes towards sexual violence survivors and their children, and reduced victimization
<b>Outcome 2:</b>	Increased number of children and youth participating in advocacy and action to end stigmatization linked to sexual violence
<b>Outcome 3:</b>	Improved the capacity of GBV Activists in prevention and response towards self, Family, and community stigma.
<b>Outcome 4:</b>	Strengthened capacity of APPCO to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EVAW/G with a focus on the most vulnerable women and girls

To achieve the above goal, the project adopted a behavioral change model to help the target groups identify harmful beliefs and practices that cause stigma consequently developing action plans to combat this stigma and ensure better community support for survivors and their children. The design focused on strengthening existing community systems, not creating parallel systems or providing independent services within the community through building and catalyzing the following community champions:

1. Faith leaders, promote positive values that can reduce victim-blaming and negative treatment of sexual violence survivors and their children.
2. Children and Youth Groups, to champion acceptance of sexual violence survivors and their children amongst peers and within the wider community. Positive attitudes amongst young people to promote sustainable generational change in attitudes. With the model connecting them with faith/community leaders to strengthen their collective voice.
3. Community members (including survivors and their children), to advocate with local authorities and duty bearers for stronger community prevention and response systems to address sexual violence.

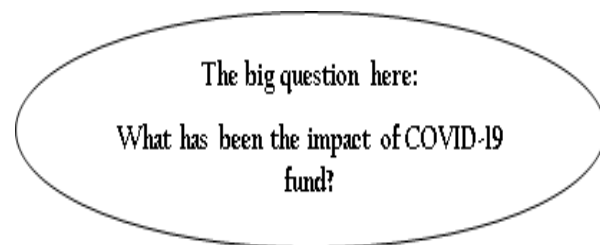
The above strategy specifically aimed at seeing a sustainable increase in:

- Faith leaders actively advocate that people of faith should support sexual violence survivors and their children;
- Adult and young community members express accepting attitudes towards sexual violence survivors and their children and
- Survivors and their children report stronger social acceptance in schools, churches, and other community gathering points. The Project will work with existing community institutions, such as churches, informal child protection groups, child parliaments, and survivor groups.

### 1.3 Impact of COVID-19 pandemic on the project.

Secondary data indicate that since the pandemic, with lockdown measures, countries around the world have seen an alarming rise in reporting on violence against women and girls, especially domestic violence<sup>1</sup> and Uganda is not an exception. Under this project, sexual violence survivors and their children were highly affected since they could not receive adequate support from trained structures and any social support network. The COVID-19 crisis came at a time APPCO could not adequately manage some of the prevailing risks, respond to such crises adequately and ensure sustainable recovery of survivors from such crises.

In light of the above, the UNTF EAW in partnership with and through funding provided by the European Union within the framework of the United Nations Spotlight Initiative, allocated 40% of the funding to strengthen the capacity of the organization (APPCO) to adequately respond to the pandemic hence resulting into creation of outcome 4 primarily focusing on the institutional response, risk mitigation and recovery in the context of the COVID-19 pandemic.



We assessed the extent to which the COVID-19 fund impacted the project beneficiaries.

<sup>1</sup> <https://www.unwomen.org/en/news/stories/2020/12/what-happened-after-covid-19-hit-uganda>

## **1.4 Evaluation Purpose**

The evaluation purpose was to measure the impact of the Project implemented on the wellbeing of sexual violence survivors and their children, their families, and communities by assessing progress towards achieving project objectives (Goal, outcome, and Output).

### **1.4.1 Specific Objectives of the Evaluation**

1. To evaluate the entire project (36 months 1st September 2018 – 30th Aug 2021), against the effectiveness, relevance, efficiency, sustainability, and impact criteria, as well as the cross-cutting gender equality and human rights criteria;
2. To identify key lessons and promising or emerging good practices in the field of ending violence against women and girls, for learning purposes.
3. Assessing the relevance and appropriateness of project design/strategies;
4. Assessing project effectiveness and efficiency (progress of implementation and key outcomes achieved, especially on the wellbeing of survivors and their children free from stigma;
5. Assessing the sustainability of key activities, outputs, and outcomes that have been initiated by APPCO;
6. Documenting lessons learned (what worked? what didn't?) from the entire monitoring and evaluation cycle of APPCO.

## **1.5 Scope of the Evaluation**

The evaluation covered the entire project duration from 1st September 2018 to 30th August 2021 and assessed all the aspects of the project including understanding, knowledge, practices, and implementation of SGBV and stigma, functions of SGBV/ protection networks amongst the community members. The evaluation also targeted the project's beneficiaries including; the survivors of SBV and their children, Faith leaders, Adults, Youth Groups, and partners. Comparing results to the baseline data, the end-line evaluation assessed the total achievements of the project and provided answers to the objectives of the assignment on assessing the impact, effectiveness, relevance, efficiency, and sustainability. The achievements and findings found were compared to the baseline results based on the following;

1. Change in the understanding, knowledge, practices, and implementation related to SGBV
2. Change in capacity and functions of the SGBV/ protection networks
3. Change in numbers and proportions of the indicators when compared with the baseline study.

## 1.6 Evaluation Target Audiences.

**Table 2: Showing Evaluation Audiences interviewed**

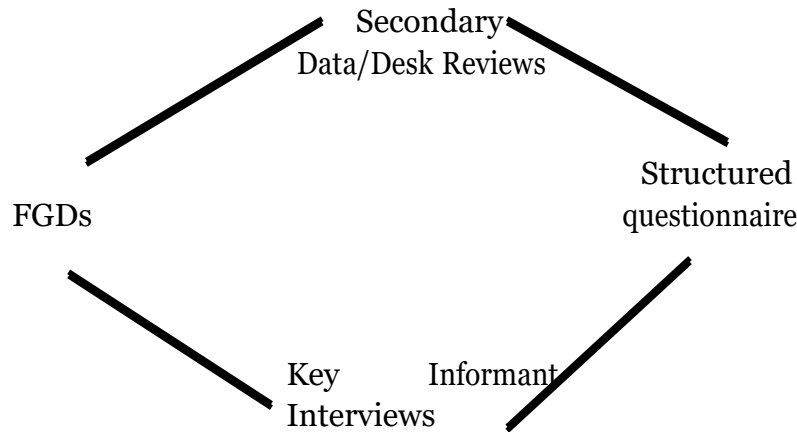
Group	Partners concerns that were considered in the evaluation	What is considered in the report for the different partners
<b>APPCO Head Office</b>	<ul style="list-style-type: none"> <li>➤ Impact of project interventions on sexual violence survivors and their children and the quality of the interventions carried out</li> <li>➤ How resources (financial, human, and materials) have been used efficiently and effectively for the well-being of the survivors and their children in target communities.</li> <li>➤ How local government priorities were included in the project interventions</li> <li>➤ Appropriateness of project design to the needs of the survivors/ community</li> <li>➤ How were the needs of vulnerable groups especially survivors and their children addressed?</li> </ul>	<ul style="list-style-type: none"> <li>➤ The change caused by the project implemented in the lives of survivors and their children, vulnerable groups, and communities</li> <li>➤ Achievements of the project in addressing the identified needs at the point of assessment</li> <li>➤ Progress made towards meeting the project and project goals, outcomes, and outputs.</li> <li>➤ Best practices and lessons learned</li> <li>➤ What has been the project efficiency and effectiveness?</li> <li>➤ Relationship of the findings with existing data in government line departments</li> <li>➤ The linkage between the presented data and the baseline values</li> <li>➤ Analysis of cross-cutting themes</li> </ul>
<b>APPCO field Office in Gulu and Partners</b>	<ul style="list-style-type: none"> <li>➤ The involvement of local governance structures in project planning, monitoring, and evaluation</li> <li>➤ How were the needs of vulnerable groups especially survivors and their children addressed?</li> <li>➤ Impact and quality of project interventions in the community</li> <li>➤ The effectiveness and efficiency in using resources (financial, human, and materials) in addressing the well-being of the target community.               <ul style="list-style-type: none"> <li>▪ Sustainability</li> <li>▪ Community resilience</li> <li>▪ Contribution of other</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>➤ The linkage between the findings and existing data in government line departments</li> <li>➤ The impact of the projects implemented in the lives of survivors and their children, vulnerable groups, and communities</li> <li>➤ Progress of the project in addressing the identified needs at the point of assessment</li> <li>➤ Achievements realized towards meeting the project goals, outcomes, and outputs.</li> <li>➤ What have been the best practices and lessons learned?</li> <li>➤ What has been the project efficiency and effectiveness?</li> <li>➤ unplanned results of the project</li> </ul>

<b>Central and Local Government</b>	<p>partners like government and other stakeholders on the ground</p> <ul style="list-style-type: none"> <li>➤ Commitment and Contribution to sub-county, district, and national development plans</li> <li>➤ Participation in the planning, monitoring, and evaluation of the project</li> <li>➤ The utilization of resources (financial, human, and materials)</li> <li>➤ Project contribution to Local Government development plan, local government involvement/participation, consultation, and information sharing at all levels of APPCO programs.</li> </ul>	<p>interventions.</p> <ul style="list-style-type: none"> <li>➤ Have the questions in the TOR been thoroughly answered/ addressed</li> <li>➤ Are there meaningful linkages from the analysis of methodology, findings, limitations, conclusions, and recommendations?</li> <li>➤ Contribution of partners in the implementation, monitoring, and reporting of program interventions.</li> <li>➤ Program impact in the communities' interventions.</li> <li>➤ Linkage of partnership, consultations, information sharing with the local government at all levels of programming.</li> <li>➤ The findings of the evaluation to Inform policy, and future related interventions.</li> </ul>
<b>Community-survivors, children, men, women, and disabled</b>	<ul style="list-style-type: none"> <li>➤ The strategy for sustainability Participation by the community i.e., survivors, children, men, women, people with disabilities among others at all levels of the project circle.</li> <li>➤ Accountability by project framework at project levels specifically focussing on consultations, participation, partnerships and community concerns and feedback approach</li> <li>➤ Use findings as an advocacy tool to the government and other development partners</li> </ul>	<ul style="list-style-type: none"> <li>➤ Promotion of project accountability, how a user-friendly framework can be developed to meaningfully include community concerns and feedback regarding the project</li> <li>➤ The way the community can use findings as an advocacy tool to the government and other development partners in the project setting</li> </ul>
<b>NGO/CBO Faith-based and other partners in Gulu district</b>	<ul style="list-style-type: none"> <li>➤ Sector-specific lessons learned and best practices</li> <li>➤ Assessments of capacity to identify strengths and areas of growth</li> </ul>	<ul style="list-style-type: none"> <li>➤ A clear understanding of APPCO GBV prevention and response approach as well as possible partnership, network, collaborations, and partnerships</li> </ul>



**2.1 Evaluation Design**

A mixed evaluation methodology was used taking into account both qualitative and quantitative data. A structured questionnaire (closed-ended) was used for victims (SGBV victims and CBoR/ their children) and unstructured questionnaires (open-ended) were used for other stakeholders. Under unstructured questionnaires, FGD questionnaires targeted the community members, youth groups, faith leaders, and CHATs and KIIs were conducted with district leaders, community leaders, faith leaders, APPCO staff, and other development partners. Secondary data was also reviewed and used to supplement the findings in the field. This is illustrated below;



*Figure 1: Triangulation of the data*

Outcome Harvesting collected (“harvested”) evidence of what has changed (“outcomes”) and, then, work backward to determine, when, how, and who contributed to these changes.

**2.2 Sampling procedure and sample size**

The direct beneficiaries were selected at random meanwhile the key informants were purposively selected.

One statistical rule of thumb is that for a population of 100 or more, the sample size must be at least 10%. For this evaluation, QECL used a sample size of 10% which is more representative of the population, limiting the influence of outliers or extreme observations. The sample size was 133 participants of which 100 were victims and their children (70 were affected women and 30 were pupils who had benefited from the APPCO project activities), 29 KIIs with stakeholders, and 4 FGDs with other community stakeholders.

**2.3 Study sites and population**

The evaluation was conducted among targeted victims, CBoR, faith leaders, CHATs, and youth groups in the selected sub-counties of Unyama, Bungatira, and Layibi Division in Gulu. The



study also got views from the political and technical representatives and these included; Technical staff of APPCO, LCIII chairpersons, DCDO, Sub- County chiefs, Headteachers/ teachers, and CDOs as shown below:

**Table 3: List of stakeholders/partners consulted.**

<b>Level</b>	<b>Stakeholder to be Consulted</b>	<b>No</b>	<b>Sampling Method</b>	<b>Data Source</b>	<b>Data Collection Method</b>
<b>District Partners</b>	Political Leaders and technical staff (LC5, 3, DEO, CDO, probation department, Sub-County chief)	12	Purposive	Data got from APPCO	Consultative Meetings /KII
	Other development partners implementing related projects	1	Purposive	Data to be Provided by District and APPCO	Consultative Meetings /KII
	<b>Head Teachers/ Teachers</b>	4	Purposive	Data to be Provided by District and APPCO	Consultative Meetings /KII
	<b>APPCO Staff</b>	6	Purposive	Data got from APPCO	Consultative Meetings/KII
<b>Community Level</b>	Beneficiaries- Households	100	Simple random	Data got from APPCO	Questionnaire
	Faith Leaders	6	Purposive	Data provided by APPCO	Consultative Meetings/KII
	Community faith Leaders, CHATs, and volunteers/ community members	4	Purposive	Data provided by APPCO and District	Meetings/ FGDs/KII
<b>Total</b>		133			

For the case of primary/ direct beneficiaries (women and CBoR), they were distributed as follows as per the 3 sub-counties of Bungatira, Layibi, and Unyama;

**Table 4: Distribution of the Victims in the 3 sub-counties**

	Bungatira	Unyama	Layibi	Total
Women	20	30	20	70
Pupils (CBoR)	10	10	10	30
Total	30	40	30	100

## 2.4 Data collection methods and tools

**The desk review:** This was conducted to familiarize the QECL team with the Action documents like project proposal, previous Action report, strategic plan, and a baseline survey. This helped the QECL team in designing the evaluation questions and instruments, identifying critical stakeholders, parameters, questions, and analytical tools, and logistical requirements to measure relevant aspects that respond to the project indicators and outcomes.

**For quantitative data:** Structured questionnaires were used on the project beneficiaries (victims and CBoR), to capture various attributes based on the key project variables described in the project indicators.

**For qualitative data:** Key informant interviews were used to collect data, mainly from local and district stakeholders (DCDO, CDOs, Head teachers/ teachers, LCIIIs, Sub- County chiefs, Faith leaders, and APPCO project staff. Focus Group Discussions (FGDs) were conducted with community members, CHATs, and Youth group members within the respective communities.

## 2.5 Analysis and reporting phase

The phase involved corroborating information from various sources, data cleaning, validation, analysis, and draft report writing.

### 2.5.1 Data entry

As a first step in preparing for data entry, data was cleaned and coded, ready for data entry. A database was developed immediately after data collection was completed. It acted as a check for the flow and accuracy of the evaluation. The Data Analyst ensured that data was entered properly and the quality of the data entered was maintained.

### 2.5.2 Quantitative data analysis

This was carried out with the aid of the SPSS computer software package, Microsoft Excel, and Microsoft BI Power. The outputs were expressed as proportions, frequencies, or percentages.

Simple proportions were generated as appropriate to describe the data and some variables were correlated to arrive at the relationships they had in the project. In this Evaluation report, data were summarized and presented as tables, bar graphs, and pie charts.

### 2.5.3 Qualitative data analysis

Qualitative data were analyzed by formulating tentative themes and sub-themes, which were continuously analyzed before, during, and after data collection. Descriptive summaries and quotes were used. Trend analyses from key informant interviews and focus group discussions were useful for identifying the major issues for each of the study themes and sub-themes. This also facilitated comparisons and contrasts of participants' views within and among the different study sites.

### 2.6 COVID-19 Measures

To ensure the 'Do No harm principle', the evaluation team conducted interviews while observing Standard Operating Procedures (SOPs). This involved putting on a face mask regularly while interacting with beneficiaries, observing social distance, using sanitizers, and washing hands with clean running water and soap regularly.

### 2.7 Data quality control

The quality control of the field work was made in 4 respects:

- Close supervision of the evaluation data collectors
- Spot- checks
- Back-check by telephone
- Automatic data quality control

#### 2.7.1 Quality assurance in data collection and processing

QECL team comprehensively prepared the data collectors to ensure the following was adhered to during data collection and processing:

- **Relevance:** collected majorly relevant information to the end of the project,
- **Completeness:** included all relevant activity data and information to produce a true and fair picture of what was being studied,
- **Accuracy:** reduced errors, duplications, and uncertainties,
- **Objectivity:** avoided biased, prejudiced, and partial information. There was no room for assumptions or differing interpretations in compiling the required data and
- **Traceability:** whereas confidentiality was maintained, efforts were put in place to ensure sources of data could be traced in case of need.

## 2.8 Ethical Consideration

The following ethical and safety protocols were taken into account:

1. We ensured that full consent was obtained from the participants before the study. For the case of CBoR, consent was sought of from their parents/ guardians before they were interviewed since they are minors.
2. QECL ensured that care was taken to guarantee that all questions were asked sensitively, in a supportive and non-judgmental manner. This was done using 'non harmful' questions on sensitive and stigmatizing issues like sexuality and drug abuse.
3. We took into account the protection of the privacy of research participants and it was ensured.
4. We took into account adequate level of confidentiality of the research data
5. The anonymity of individuals and participants in the evaluation was ensured.
6. Any type of misleading information, as well as representation of primary data findings in a biased way, was avoided.
7. Data collection tools were designed in a way that was culturally appropriate and was not meant to create distress among respondents
8. Data collection visits were organized at an appropriate time and place minimized risks to respondents and much attention was to the adherence of the national COVID-19 SOPs.

## 3.0 RESULTS AND DISCUSSION OF EVALUATION FINDINGS

### 3.1 Introduction

This section presents the extent to which stigma against sexual violence survivors and their children in post-conflict Northern Uganda has been combated. The performance of the project was assessed taking into account the defined OECD /DAC criteria of impact, effectiveness, relevance, efficiency, sustainability, and appropriateness of project design. The first section presents the background information and how it impacted the project intervention. The study was conducted from the sub-counties of Unyama (40% response), Bungatira (30% response), and Layibi (30% response).

### 3.2 Background Information of Project Beneficiaries

*This part looks at the bio-data of the respondents ranging from age to the source of one's income.*

#### 3.2.1 Age of Respondents

The evaluation assessed the relationship between the respondent's age and prevalence of SGBV stigma on the respondents using a Pearson correlation and the findings are indicated as below;

**Table 5: Age brackets of the beneficiaries/victims of SGBV and CBoR**

Variable	Response	Community-survivors		Prevalence of SGBV Stigma
		Freq.	Percent	
The age of Victims	Below 18	20	20%	Pearson Correlation coefficient = -0.04
	18 to 25	42	43%	
	26 to 35	37	<b>37%</b>	
	36 and above	-	-	
	<b>Total</b>	<b>100</b>	<b>100</b>	

Correlation is significant at 0.05

A good number of sexual violence survivors who constituted this study were between 18 to 25 years as indicated by 43% response, followed by those who were between 26 to 35 years (37%). Only 20% were below 18 years. The findings depict that all the victims under study were youth<sup>2</sup> and this could be that many youths are still immature and or in-experienced yet in their relationships hence a lot of disagreements result in SGBV.

Using the Pearson correlation coefficient, there was a less significant relationship (P. value = -0.004) between age brackets and prevalence of SGBV stigma, an indication that a person can experience SGBV stigma or not regardless of the age. The correlation coefficient can range in value from -1 to +1. The larger the absolute value of the coefficient, the stronger the relationship between the variables.

<sup>2</sup> According to Ugandan Constitution, a youth is someone who is not more than 35 years of age.

### 3.2.2 Gender of respondents

The respondents were largely female since women are in most cases the victims of SGBV, unlike their counterparts who are instead the perpetrators of this violence. A few male respondents were CBoR (pupils).

**Table 6: Sex of SGBV victims**

Sex	Response	Freq.	Percent	
	Male	10	10%	Prevalence of SGBV Stigma Pearson Correlation coefficient = 0.42**
	Female	90	90%	
	<b>Total</b>	<b>100</b>	<b>100</b>	

Correlation is significant at 0.05

The majority of the respondents (90%) were female while 10% were male. A big number of females is justified by the project's interest from the initial stages which focused on sexually violated members in the community of which women were the greatest victims. Also, 10% of male respondents were school-going (pupils) and there was no adult male. With a Pearson correlation coefficient of 0.42\*\*, it can be said that there was a positive and significant relationship between the sex of the individual and the prevalence of SGBV stigma. The fact that the females constituted the majority of respondents leading to a positive Pearson correlation value, it can be concluded that the females are more likely to experience SGBV/ stigma as compared to their male counterparts.

### 3.2.3 Marital status of respondents

The respondents were asked about their marital status and the listed types were single for those who had never got married, married for those who were still in their marriages, divorced for those who had got married but divorced or separated, a widow for those who were married but lost their spouses and pupils for those who were still in school (primary level). The status was also related to the prevalence of SGBV/ stigma they had faced and the findings are shown below;

**Table 7: Marital Status of SGBV Victims**

	Response	Freq.	Percent	Prevalence of SGBV Stigma
Marital Status	Single	11	11%	Pearson Correlation coefficient = 0.41**
	Married	42	42%	
	Divorced	06	06%	
	Widow	12	12%	
	Pupils	29	29%	
	<b>Total</b>	<b>100</b>	<b>100%</b>	

Correlation is significant at 0.05

A good number of the victims (42%) who constituted part of this study were married, followed by 29% who were pupils and most likely not yet married, 11% single, 12% widow, and 6% divorced. The results indicate a positive and significant relationship between the marital status of the victim and the prevalence of SGBV Stigma as indicated by (Correlation value of 0.41\*\*). This implies that married individuals were more likely to experience SGBV stigma as compared to their unmarried counterparts.

### 3.2.4 Education level of respondents

The respondents' educational level was assessed to determine whether that has any relationship with the prevalence of SGBV in the community. The findings are clearly shown from the table below;

**Table 8: Education Level of SGBV Victims**

	Response	Freq.	Percent	Prevalence of SGBV Stigma
Education Level	None	6	6%	Pearson Correlation coefficient = - 0.262
	Lower primary	18	18%	
	Upper primary	53	53%	
	Lower Secondary	5	5%	
	Upper secondary	14	14%	
	Tertiary	1	1%	
	Degree Above	1	1%	
	Missing	2	2%	
	<b>Total</b>	<b>100</b>	<b>100%</b>	

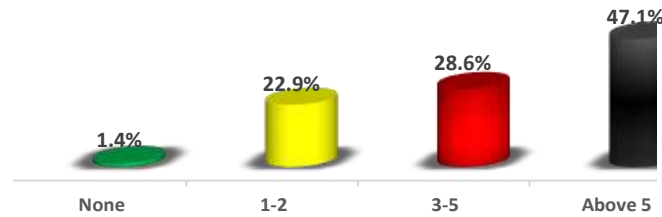
Correlation is significant at 0.05

From the table above, the majority of the respondents (61%) had not attained beyond the primary level of education while only 19% ended up in secondary level and only 2% had attained tertiary and university level. Two contexts can be used to explain the above results, (1) prevalence of SGBV stigma is may be associated with low levels of education, (2), the Pearson Correlation coefficient of - 0.262 indicates that the more a person attains education, the less likely he/she may experience SGBV and Stigma.

### 3.2.5 Number of Children

The respondents were asked whether they had children or not and for those with children they were asked to mention the number of children they had. Pupils were not asked this question since they were children under the age of production. The findings are seen below;

**Figure 1: Number of Children**

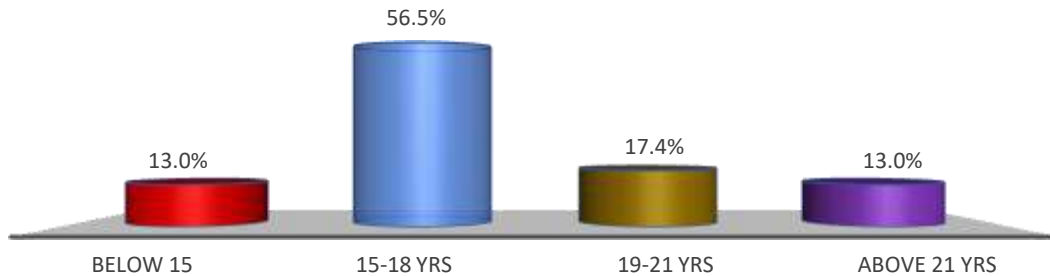


The total number of women assessed on the number of children was 70 (1 None, 16 had between 1-2 children, 20 had between 3-5 children and 33 had more than 5 children).

The findings show that 47.1% of the respondents had more than five children, followed by those who had between 3 to 5 children (28.6% response) and 22.9% who had between 1 to 2 children.

For those who had children (69 respondents), a good number (69.5%) had got their first-born children below adulthood (18 and below), an indication of the prevalence of cases of early marriages and child mothers.

**Figure 2: Age when a respondent got first born child**



The analysis further indicated that persons with more children were more likely to experience a high prevalence rate of SGBV stigma as compared to their counterparts with less or no children as indicated by the Pearson Correlation of 0.121.



**Table 9: Correlation Relationship between Number of Children and Prevalence of SGBV Stigma**

		Prevalence of SGBV Stigma on victims
Number of children	Pearson Correlation	.121
	Sig. (2-tailed)	.323
	N	70

Correlation is significant at 0.05

Analysis on whether the age when a respondent got the first child influences the prevalence of SGBV was done, the results show that age has a weak positive relationship with the prevalence of SGBV and its stigma (0.079) since it is moving towards zero (0). This means that the earlier one gets a child the more likely that person will be exposed to SGBV violence, though that is not more likely as illustrated below;

**Table 10: Correlation Relationship between Age when respondent got first born and Prevalence of SGBV Stigma**

		Prevalence of SGBV Stigma on victims
Age when a respondent got first born	Pearson Correlation	.079
	Sig. (2-tailed)	.524
	N	69

Correlation is significant at 0.05

### 3.2.6 Religious Affiliation

The respondents' religious affiliation was looked at in the evaluation whereby they were asked whether they belonged to either Catholic, protestant, Born again, Moslem, or other religious affiliations. Of the 100 victims who participated in this evaluation, **53 (53%)** were Catholics, 30 (30%) were Protestants, 16 (16%) were born again and 1% were Muslims. With a Pearson correlation coefficient of -0.01, it is assumed that the religious affiliation of the individual was not in any way related to the prevalence of SGBV Stigma.

**Table 11: Correlation Relationship between Religion and Prevalence of SGBV Stigma**

		Prevalence of SGBV Stigma on victims
Religion	Pearson Correlation	-.010
	Sig. (2-tailed)	.922
	N	70

### 3.2.7 Sources of Income

When the respondents were asked about their source of income, their responses were enclosed between Farming, business, casual work, Professional jobs, and None (unemployed). The study considered only respondents who were of productive age and therefore, pupils were not considered in this question (30 respondents were not assessed on this question).

Of the 70 respondents of active age (none pupils) who participated in this study, 61.4% were participating in farming activities, 30% were doing business on a small scale, 4.3% were in casual work and another 4.3% were not in any form of productive activities. Lastly, there was no case of professional job registered. There was also a negative relationship between the source of income and prevalence of SGBV stigma given a Pearson correlation value of -0.137, an indication that an individual with low income falls at a high risk of being a victim of SGBV and suffer from stigma.

**Table 12: Correlation Relationship between Source of income and Prevalence of SGBV Stigma**

Control Variables		Source of income
Prevalence of SGBV Stigma on victims.	Correlation	-.137
	Significance (2-tailed)	.274

### 3.2.8 Cases of Disability

The focus of this section was because violence against women and girls with disabilities is a significant issue that is related to both gender and disability-based discrimination and exclusion. Combined, these two factors result in an extremely high risk of violence against girls and women with disabilities<sup>3</sup>. For purposes of this evaluation, the following results were obtained.

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[https://www.un.org/womenwatch/daw/csw/csw57/side\\_events/Fact%20sheet%20%20VAWG%20with%20disabilities%20FINAL%20.pdf](https://www.un.org/womenwatch/daw/csw/csw57/side_events/Fact%20sheet%20%20VAWG%20with%20disabilities%20FINAL%20.pdf)

**Figure 3: Cases of disabilities**



The majority of the respondents (83%) were not disabled as compared to 7% who responded that they were disabled and 10% did not respond to the question. However, through the interactions, all the 7 people (7%) with disabilities indicated to have experienced SGBV stigma.

People with disabilities are most susceptible to all kinds of stigma but what is clear in the findings is that there is no positive relationship between the disability of the respondents and the Prevalence of SGBV Stigma on victims. This implies that there is an equal chance for everyone to be a victim of stigma no matter of their disability state

**Table 13: Correlation Relationship between Disability and Prevalence of SGBV Stigma**

		Prevalence of SGBV Stigma on victims
Disability respondents	of Pearson Correlation	-.182
	Sig. (2-tailed)	.091

### 3.3 Project Relevance and Appropriateness

This section focused on the extent to which the project was relevant to (1) the government of the Republic of Uganda, UNTF, APPCO, and the beneficiaries. Appropriateness on the other hand focused on the beneficiary selection criteria and the extent to which the project delivered the right activities. The results obtained were as follows:

#### 3.3.1 Relevancy to Government of Uganda.

Combating Stigma Against Sexual Violence Survivors and their Children is in line with the National Policy on Elimination of Gender-Based Violence in Uganda. The National Policy on Elimination of Gender-Based Violence (GBV) in Uganda has been developed to address the critical problem of GBV in the Country. The Uganda Demographic and Health Survey (UDHS) 2011 revealed an unacceptable high prevalence of GBV. Also The 2016 Uganda Demographic and Health Survey revealed that up to 22% of women aged 15 to 49 in the country had experienced some form of sexual violence. The report also revealed that annually, 13% of women aged 15 to 49 report experiencing sexual violence. This translates to more than 1 million women being exposed to sexual violence every year in Uganda. The government acknowledges that gender-based violence is a gross violation of fundamental human rights and has severe, long-term

negative impacts on the physical, and psychological wellbeing of the survivors, their families, and the community<sup>4</sup>. Violence against women is still on the increase in Uganda despite the presence of laws and policies to protect victims and survivors<sup>5</sup>.

Despite the actions being taken to fight against gender-based violence, according to the Uganda Police Force's annual crime report of 2017, gender-based violence cases keep on increasing and the reported and investigated cases increased by 4% (from 38,651 to 40,258 cases) between 2015 and 2016. This justifies the project activities to help to combat such SGBV acts in communities within the Gulu district.

### **3.3.2 Relevancy to UNTF**

Combating Stigma Against Sexual Violence Survivors and their Children is in line with UNTF's outcome 3 that looks at improved prevention of VAW/G through changes in behavior, practices, and attitudes<sup>6</sup>. This also is in line with UN's SDG-5 which focuses on eliminating gender-based violence as a priority, given that this is one of the most pervasive human rights violations in the world today<sup>7</sup>. The donor was propelled by the need to combat stigma against sexual violence survivors and their children, an aspect so related to the SDG-5.

### **3.3.3 Relevancy to APPCO**

Implementing a project to combat stigma against sexual violence survivors and their children by APPCO was also relevant because it is in line with the organization's main areas of work that focus on the protection of the Rights of Children and Women and also provide holistic Education for Girl Child. The relevance of this project is also summed up in the organization's vision which seeks to have a society where vulnerable and marginalized people enjoy equal dignity, social and economic wellbeing.

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<sup>4</sup> National Policy on Elimination of Gender Based Violence in Uganda, MGLSD, July 2019<sup>4</sup> National Policy on Elimination of Gender Based Violence in Uganda, MGLSD

Apondi R *Et al.* Gender-based violence shadows COVID-19: Increased sexual violence, HIV exposure and teen pregnancy among girls and women in Uganda. 11th IAS Conference on HIV Science, abstract OAD0301, 2021

<sup>4</sup> The United Nations Trust Fund to End Violence Against Women 2017 Call for Proposals: APPCO Full Fledged Proposal  
Uganda Demographic and Health Survey Report 2016

Mariah Wilberg, 18 July 2021, Sexual violence against women and girls in Uganda increased during the COVID-19 pandemic. <https://www.aidsmap.com/news/jul-2021/sexual-violence-against-women-and-girls-uganda-increased-during-covid-19-pandemic>

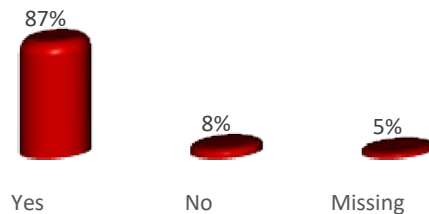
<sup>5</sup> [un.org/africarenewal/news/uganda-violence-against-women-unabated-despite-laws-and-policies](https://un.org/africarenewal/news/uganda-violence-against-women-unabated-despite-laws-and-policies)

<sup>6</sup> The United Nations Trust Fund to End Violence Against Women 2017 Call for Proposals: APPCO Full Fledged Proposal

<sup>7</sup> <https://www.unwomen.org/en/news/in-focus/women-and-the-sdgs/sdg-5-gender-equality>

### 3.3.4 Relevancy to the Beneficiaries

Figure 4: Relevance of the project activities



In assessing the relevance, the respondents were asked if the rightful activities were delivered and 87% acknowledged to have received rightful activities from the project. It can, therefore, be concluded, that as far as the beneficiaries are concerned, the project was quite relevant to them.

The relevance was also seen from schools where pupils were provided with scholastic materials like books and pens and dialogues were also conducted. According to one of the teachers in Lukodi Primary school in Bungatira sub-county, he said the project has been relevant in their school when he expressed some of the changes they had witnessed in their school. He said that;

*"The project has done a lot of in our school for example before the project there a sharp sense of stigma whereby the other pupils used to avoid the other pupils who were victims. There were also a lot of fights between the pupils who hail from this area and those from other places especially the refugees from South Sudan. But when APPCO started conducting dialogues and meetings in school with pupils, we no longer get the cases isolated pupils and even the fightings have stopped. In fact, in the previous election of prefects, a South Sudanese pupil was elected as a prefect for the first time in this school".*

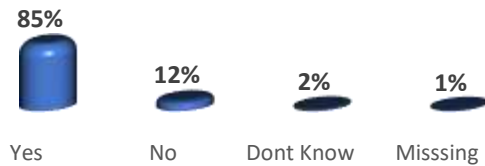
The changes in various spheres of the community for example change of mindset of pupils to accommodate each other, more empowerment imparted on faith leaders and inclusion of other

stakeholders like the police in the fight against SGBV are all indicators of how relevant the project activities were.

### 3.3.5 Fairness in the Selection of Beneficiaries

Respondents were asked whether they think there was fairness during the selection of the beneficiaries and their responses were closed-ended between yes and no. The study findings are seen below;

Figure 5: Fairness in the Selection of Beneficiaries



On another positive note, 85% of the respondents acknowledged fairness in the selection process, although 12% said there was no fairness. Only 2% said they did not know whether there was fairness or no and 1% did not answer the question.

According to QECL’s experience and knowledge on GBV, the selection criteria was well thought of except an aspect of the strong involvement of perpetrators (male) needs to be rooted into the project to continuously sensitize them to the dangers of such acts in their families. Even though most of the victims were from Kony’s inhumane acts on women, there are also fresh cases of SGBV by the men who are within the community. Involving women alone who are the victims are more of treating the symptoms and leaving out the real problem, that is why men need to be closely involved in more upcoming projects of the same nature.

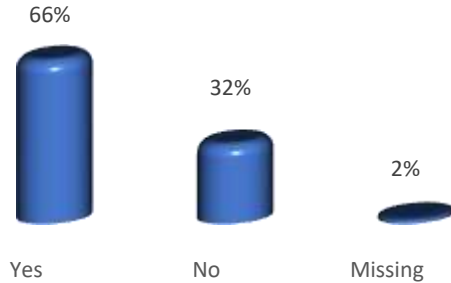
### 3.4 Project Efficiency

Project efficiency was measured in terms of adequacy of human resources, ability to meet time and budget goals for project implementation. The results obtained were as follows:

### 3.4.1 Adequate staff to implement the project as indicated by Project beneficiaries

The respondents were asked whether they felt the presence of the staff in terms of numbers or ability to deliver the project activities in appropriate time. The response of the beneficiaries are shown below;

Figure 6: Adequacy of staff to implement the project as indicated by Project beneficiaries



To the victims/respondents, the APPCO staff that were employed for project execution seem to have been adequate as indicated by 66% response, although 32% disagreed with the statement and 2% did not answer this question. Through KII with APPCO staff, the inadequacy of staff was partly attributed to Covid-19 were staff where a skeleton team was deployed in the field to conduct project activities.

According to one church leader, although the APPCO staff seemed to be adequate, most activities were implemented through faith leaders and local leadership. However, the number of people requiring APPCO services was many hence rendering the staff appears to be inadequate.

One APPCO staff indicated that there was a slight shortage of human resources in the first year of the project since the budget was not enough to provide all the needed technical staff.

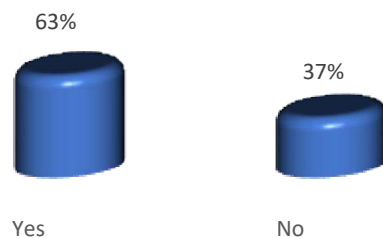
The issue of shortage of staff was boosted when the organization received the COVID-Fund which helped in the recruitment of more staff. The main aim of the Covid- Fund was to strengthen the capacity of the organization which included the recruitment of more technical staff and the community structures. After receiving the Covid-Fund, the organization recruited Emergency Response Manager and GBV Response Officer who helped the organization to respond to emergencies and ensure that women and girls (victims) are safe.

In the understanding of QECL, the project was structured in a way that it was community-centered and most activities were to be carried out by community members themselves for example the faith leaders and CVA groups/ youth. So, more emphasis should have been put on empowering the faith leaders and CVA groups to reach up to the final victim. Nevertheless, much was delivered with the combined efforts of the APPCO staff in the Gulu field office and the Community advocates (faith leaders and CVA groups).

### 3.4.2 Timeliness of combating Stigma Against Sexual Violence Survivors and their Children

Respondents were also asked how timely the project activities were, which means how often were project activities delivered, where the project activities were delivered when the beneficiaries needed them.

Figure 7: Timeliness of combating Stigma Against SGBV Survivors and their Children



Of the 100 respondents/victims who constituted part of this evaluation, 63% indicated the project to have been timely, although 37% disagreed with the statement.

Still, the on-time aspect, one APPCO staff pointed out as follows:

*“Time was adequate, it was only affected by Covid-19, nevertheless, we achieved the goals and luckily enough the funder added us some additional resources which made us start up some activities like community radios which pushed us into a touchline of 3 years. Overall, the resources were sufficient enough and it achieved the expected outcomes of the project”*

However, one staff called for more time while looking at the nature of the project, to her 3 years was not enough because it needed more time to work with the abductees whose minds grossly needed more time for rehabilitation.

Largely on the aspect of time, the project was able to achieve a lot in the 3 years designated for it, and even beyond that is some other activities were not planned for in the 3 years but due to unavoidable circumstances like Covid-19 disruptions, APPCO was able to set up community radios within the set time of 3 years.

### 3.4.3 Adequacy of Financial Resources

The evaluation assessed the adequacy of funds in the implementation of the project activities. This was looked at in the aspect of whether the funds were sufficient enough to run the activities of the project. The responses here were given by the staff who used the resources and understood the impact of funds on the activities implemented.



Through KII with APPCO staff, the resources seem to have been adequate and all activities were executed as per the budget. Additional resources for Covid-19 were also granted hence enabling the continued implementation of the activities. One APPCO staff pointed out as follows:

*“According to us, the resources were sufficient enough to enable us to achieve the set objectives. We achieved all the planned activities and of course, those activities had monetary attachments. We achieved beyond even what we had planned. for example, we had an initiative of community radios which were not within our scope but helped us to engage the community”*

Another APPCO staff pointed out as follows:

*“... value for money was achieved because if we compare the achievements visa vie the accomplishments, we can see a positive correlation”.*

In a nutshell, as pointed out by one APPCO staff, *“the resources were fairly enough though there were some parts of the project activities which were not well funded, for example, transport of some of the victims to go to the referred places and in most cases, we were not also in a position to provide for them”.*

Conclusively on the project efficiency, given the level of appreciation of the project by the beneficiaries, local leadership, and church leadership, the project was efficient in attaining the target goals of combating stigma against sexual violence survivors and their children.

### **3.5 Project Effectiveness**

Under this section, the focus was on the extent to which project activities, outputs, and outcomes had been achieved. The project aimed at reducing stigma against women and girls' survivors of sexual violence in Gulu by developing community champions who own and drive systemic behavioral change amongst communities and service providers by 2021. This was further considered in the logical framework with the project outcomes.

#### **3.5.1 Outcome 1: Increased public support from faith leaders, promoting positive attitudes towards sexual violence survivors and their children, and reducing victimization**

The outcome looked at the participation of faith leaders in the project, how they were empowered and how they impacted the lives of the victims and community members in accepting and embracing victims. Largely, the support faith leaders have rendered in promoting positive attitudes towards combating sexual violence and stigma is visible and their influence had been empowered with increased knowledge rendered to them by APPCO as indicated in the findings below;

##### **3.5.1.1 Acceptance of Victims by the Community members**

One of the project aims was to promote positive attitudes towards sexual violence survivors and their children and reduce victimization. There was a need to enhance the acceptability of the survivors in the community as a result of support from faith leaders. Primary data indicate that 63% of the survivors felt being accepted in the community spaces although 37% felt they were not accepted in the community.

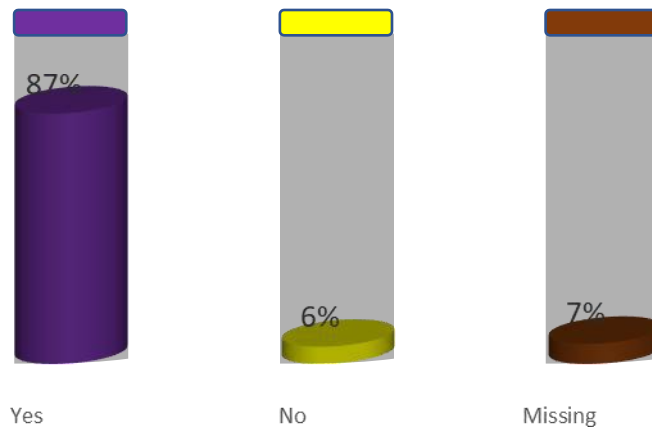
The high level of acceptability in the community spaces can be attributed to the preaching in the church which encouraged tolerance and love within the community. One church member in an FGD with youth and faith leaders of the Layibi division pointed out as follows:

*“Just as the bible teaches, we mentally support children and people who have been raped in our church through counseling and we have programs supported by Local Council Leadership for sensitizing members to always accept and welcome the victims of SGBV and CBoR into our communities”.*

##### **3.5.1.2 Religious leaders preaching to support sexually violated survivors and their children**

The respondents were asked whether faith leaders in their places of worship were preaching to their people of faith to support and accept the sexually violated survivors and CBoR.

Figure 8: Faith leaders preach against SGBV and stigma



The majority of respondents (87%) said their faith leaders always preached against SGBV and encourage their followers to support and accept the sexually violated and CBoR survivors. Only 6% of the respondents disagreed with the statement and 7% constituted a missing response. These findings were also backed up by the responses from FGD conducted in Unyama P.A.G with faith leaders, CHATs, and youth leaders where one of the CHAT members stated as follows:

*“There are always some sections of preaching’s in our church where our pastors preach against SGBV and stigma and also whenever we as a church get to know about some stigmatization within our church faithful’s, we call such church members and advise them how to cope up with such stigmatizing and we tell them that even Jesus Christ was against such acts of stigmatization”.*

Based on the above findings, it is evident that religious leaders have been instrumental in preaching to support sexually violated survivors and their children and also in enhancing their acceptability in the community.

### 3.5.1.3 Church Individual or Group Counselling

Individual or group counseling was one of the activities that enhanced positive attitudes towards sexual violence survivors and their children and reduced victimization. The results indicate that the church played a critical role in prevention, intervention, and healing from SGBV. A majority (72% response) indicated to have received at least one or all the two types of counseling (individual and group) while 28% had not received any form of counseling.

For those who had received some form of counseling, 49.3% had been counseled between 4 to 7 times, 35.6% for not more than 3 times, and 15.1% had received it more than 7 times. In addition, during the FGDs, most of the members appreciated their religious leaders to have played a big role in counseling the community members who had problems. For example, one member of an FGD in Layibi said;

*“In our community here, whenever we have problems, we first run to our community leaders because they are generous and were also trained by APPCO on how to counsel us. They have done a lot to change peoples’ social lives and to cope with challenges”.*

The increased appreciation of the roles of local leadership and the church in executing the counseling services was attributed to the fact that a good number of beneficiaries (69%) of the respondents said they were involved in community affairs without being discriminated although 29% felt they were not involved from community activities due to discrimination.

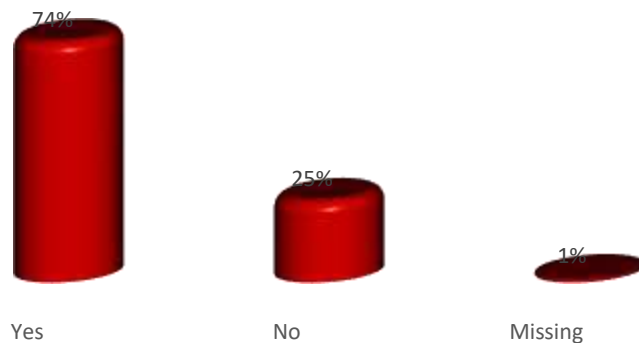
### 3.5.2 Outcome 2: Increased number of children and youth participating in advocacy and actions to end stigmatization linked to sexual violence

The outcome-focused on youth involvement in the project activities in form of fair inclusion in the activities like mentorships and outreaches. According to the findings, a large number of respondents said youth were largely treated equally with other groups of people in the community and that there were youth groups advocating against SCBV and stigma a sign that they participated in advocacy activities in ending the stigma of SGBV.

#### 3.5.2.1 Youth groups or community initiatives on sexual violence and related stigma

Respondents were asked whether there are youth groups that always engage their communities on sexual violence and stigma issues and their responses are seen in the graph below;

Figure 10: Youth groups or community initiatives on sexual violence and related stigma

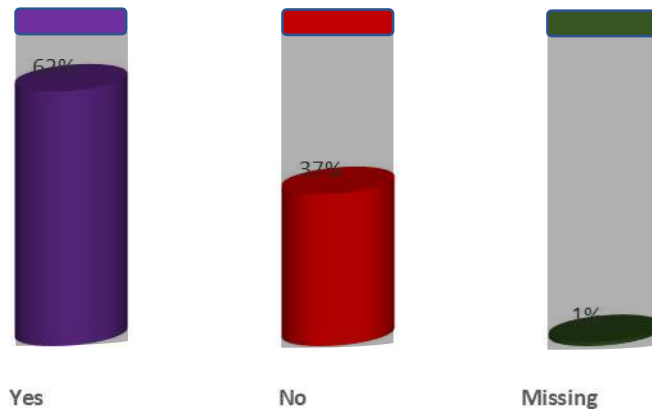


The majority of respondents (74%) said there are youth groups in their communities that advocate against sexual violence and its subsequent stigma, 25% said there are no such groups in their communities and 1% did not answer this question.

#### 3.5.2.2 Benefits from any mentorship, outreach, (Channels of Hope for Gender Approach')

Several mentorship and outreaches were carried out to end stigmatization linked to sexual violence. The findings are shown below;

**Figure 11: Benefited from mentorships and outreaches**

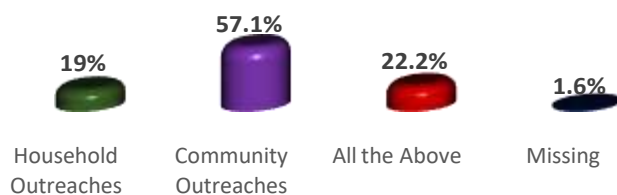


Of the 100 respondents, 62% reported having benefited from mentorships and outreaches of CoHG while 37% did not benefit from such activities and 1% did not respond to this question. However, the activities in the CoHG model were affirmed in a FGD in Bungatira Saint Peter's CoU when one of the participants stated as follows;

*There was CoH-G training and those who were trained/ mentored helped us very well since they could come and sensitize us on the effects of stigma on the victims and would tell us to embrace the victims to make them feel accepted in the communities.*

### 3.5.2.3 Outreach type benefited by respondents

**Figure 12: Outreach type benefited by respondents**



Of the 62 respondents who said to have benefited from mentorship, outreach, (Channels of Hope for Gender Approach), 57.1% of the respondents said they received community outreaches, 19% said they received household outreaches and 22.2% said they received both household and community outreaches.

### 3.5.3 Outcome 3: Improved capacity of GBV Activists in prevention and response towards self, Family, and community stigma

This outcome describes the number of community advocacy Meetings conducted, victims' ability to make decisions/ accepted in the community, quarterly coordination meetings conducted, and also socio-economic changes of the respondents. All these results from communities being empowered by GBV activists whose capacity was improved in prevention and response towards violence and stigma.

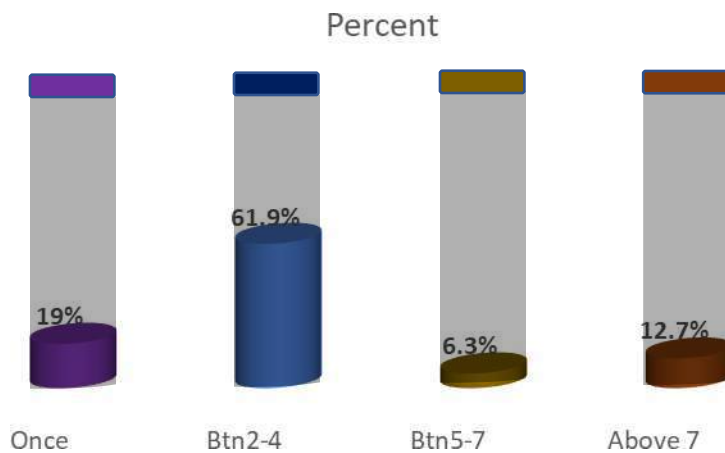
There were successes achieved in improving the capacity of GBV activists since several community advocacies were conducted.

#### 3.5.3.1 Utilization of support networks by victims and CBoR

This section focused on the number of Survivors and their children that can utilize support networks for example family networks, social networks, community networks, or formal services. Support networks are structures that act as role models in homes and communities and always help to offer support to other victims freely. And of the 100 respondents, 94% reported being in a position to use such networks although 5% disagreed and 1% constituted missing response.

Outcome 3 also focused on the number of community advocacy ('citizen voice and action' (CVA)) groups implementing action plans during the reporting period. And for those who attended, a good number (61.7%) said to have attended between 2 to 4 community dialogue meetings, 19% said had attended once, 12.7% attended more than 7 times and 6.3% said attended between 5 to 7 times.

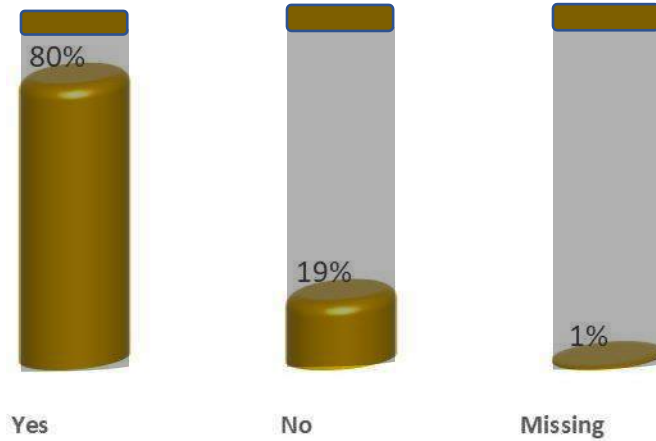
Figure 13: Number of community advocacy Meetings attended



### 3.5.3.2 Attendance of any project activity

Another indicator under outcome 3, is the attendance of the direct beneficiaries in any of the project activities.

Figure 14: Attended any project activity



80% of the respondents had attended to at least any of the project activities, 19% did not attend to any of the project activities and 1% did not answer this question

### Attendance of Community dialogue

One of the activities reported to have been organized by APPCO was community dialogues and respondents acknowledged attended dialogues on sexual violence and stigma. From the figure, 61% of the victims and survivors had attended a community dialogue in their sub-counties and 39% did not attend any community dialogue.

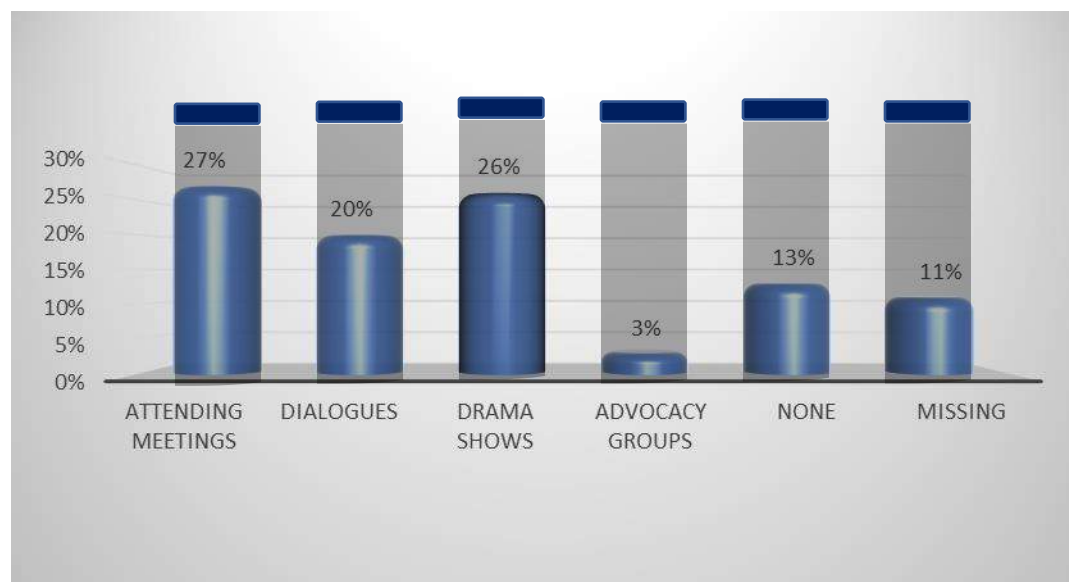
### 3.5.3.3 Mode of participation in advocacy and actions to end stigmatization linked to SGBV

Different respondents indicated to have participated differently in advocacy and actions to end stigmatization linked to SGBV with an estimated 27% having participated by attending meetings, 26% through drama shows, 20% through dialogues, and 3% having participated through advocacy groups. Only 13% said had never participated in any way and 11% did not answer this part of the question.

On a positive note, a good number (49% response) indicated to have participated in the affairs of the community through attending meetings, 31% participated through sensitizing other community members against SGBV, 10% did not participate in any way to end SGBV, 10% remained silent.



**Figure 15: Mode of participation in advocacy and actions to end stigmatization linked to SGBV**



### 3.5.3.4 Victims Ability to Make Decisions

The ability to make decisions was one of the indicators for improved capacity of GBV Activists in prevention and response towards self, family, and community stigma. On a positive note, 66% of the respondents reported being able to participate in the decision-making process in their communities although there was a section of the respondents who said they were not allowed in the decision-making processes in their communities as indicated by 34% response.

### 3.5.3.5 Changes in socio-economic behavior due to Project Intervention

A majority (79% of the respondents) appreciate changes in their socio-economic behaviors due to the project activities although 19% said their socio-economic status has not changed and 2% did not answer the question. Nevertheless, 79% is a big percentage worthy of appreciation.

During a key informant interview with a female police officer in charge of families said as follows:

*“Gladly speaking, this program is good. Before the Covid-19 lockdown, our cases on domestic violence had been reduced completely. The cases have been kept low due to the dialogues and sensitization organized by this project. The project has incorporated the police to work together with other stakeholders like the faith leaders, youth groups, and political leaders to mitigate SGBV”*

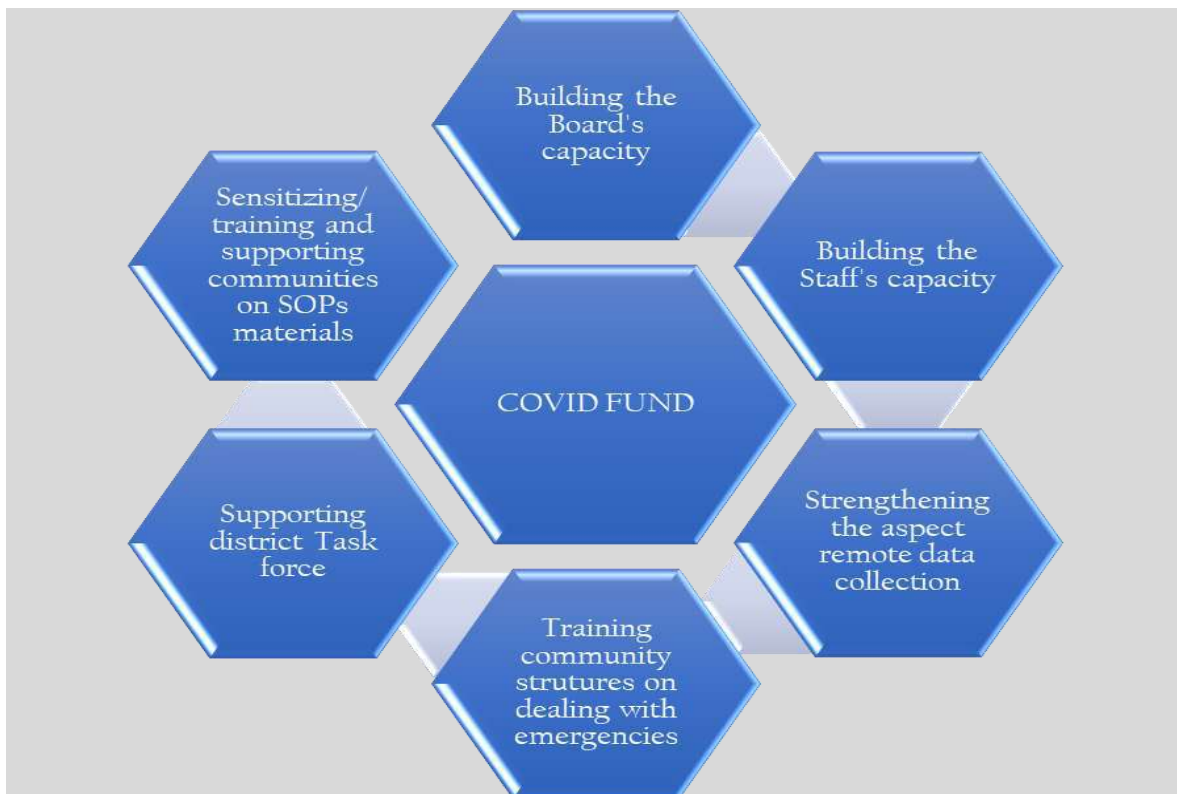
### 3.5.4 Outcome 4: Institutional strengthening and use of COVID-19 additional funding allocation:

APPCO received additional fundings to Strengthen its capacity to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EAW/G with a focus on the most vulnerable women and girls.

Despite designing activities and implementation rules in a way that enables to mitigate risks of COVID-19, the project was affected to a considerable level. Also, according to the Executive Director of APPCO, Covid-19 was tackled when the organization received the Covid-19 Fund, a fund that helped in opening up the community radios, training communities to guard and protect themselves against the virus. which helped us to continuously engage with communities.

#### 3.5.4.1 Achievements of Covid-19 Funds

Figure 16: Achievements of COVID-19 Funds



#### Building the Capacity of the Board and staff

The board's capacity was built through conducting training on contingency planning that is emergency response interventions and incorporating it into strategic planning. This helped members to understand how to handle emergencies in planning.

The capacity of the staff was also strengthened through pieces of training on how to understand which kind of interventions to be undertaken during emergency periods. The fund also helped in strengthening and adding more professional personnel for example recruitment of an Emergency Response Manager that helps in handling emergencies in the organization and the recruitment of a GBV Response Officer who helped in working with GBV survivors during emergencies. This was summed up by one of the top administrators when he said,

*The Covid fund was meant to strengthen the capacity of an organization to respond to emergencies through building the capacity of the board members and the staff. He further said the professional personnel was also recruited to provide professional leadership when it comes to emergencies.*

### **Strengthening the aspect of remote data collection/ services**

Due to the difficulties brought about by Covid-19 lockdown restrictions, it became difficult to reach communities and more so victims of SGBV, APPCO developed a strategy of remote data collection/ provision of services to track these victims. Since the staff was empowered on how to handle cases using remote methods, the remote methods developed included online physio-social support and online mediations. These activities were acknowledged by the respondents when one of them stated that'

*APPCO was helpful to us even during the Covid-19 lockdown, they would call us asking how we were fairing, they were also in touch with our community counselors who used to help link APPCO staff with the victims of SGBV during that time.*

The use of remote methods of delivery was also confirmed by one of the staff members who said

*Due to restrictions on movements, we resorted to online engagement with our participants through offering online physio-social support and online mediations. These online engagements even helped us to reach the victims faster unlike earlier on when we could spend much time on the road reaching to the victim.*

These remote/ online services helped to reach a greater number of victims and were also convenient since they saved APPCO the long distances to where most of the victims resided.

### **Strengthening community structures on how to handle emergencies.**

Due to the low number of staff in the APPCO office and also restriction of movements, community structures were at their best to deliver the services to their community members who were victims of SGBV. The community structures were trained on how to handle GBV cases like fights and new cases arising from the Covid-19 period like the stigma of Covid-19 patients. This was affirmed by one of the staff members of APPCO when she said;

*We trained them since they are part of the project and more so the situation at that time needed their efforts most due to restrictions, higher cases of SGBV, and also the fact that they were very near to the community members. They were the right people to reach the victims at that time while at the same time building their capacity to continue delivering even after the project.*

Strengthening the community members was the right strategy since the project was meant to be a community-centered project. Despite the pieces of training on emergency response, the community structures also stated that they needed more support to have done most of the activities, for example, they suggested that they should have been supplied with bicycles to facilitate their movements in their communities.

### **Supporting the Gulu district Taskforce**

During the emergence of Covid-19, every district set up its task force to facilitate and help the communities to fight against the pandemic, and the Gulu district also had its task force. APPCO was in the position to help the task force in form of providing logistical support like fuel, PPTs (masks, liquid soap). This was a community action to save people from shortages of the basic needs that would help them from the dangers of the Covid-19 pandemic.

One of the staff members in the APPCO office – Gulu stated that;

*With the Covid-19 fund, we were able to support the district task force logistically by providing them with fuel, masks, and liquid soap.*

APPCO's support for the task force was appropriate since so many people not just only the project beneficiaries were unable to provide themselves with the needed protection materials. This was an aspect of giving back to the community that was urgently called for at the time.

#### **3.5.4.2 The question as to whether the Beneficiaries had been trained on issues of COVID-19**

According to APPCO staff, due to the prevalence of Covid-19 during the project implementation, some of the funds were secured to help communities in the fight against the pandemic. One of the purposes of the fund was to train the beneficiaries on issues of COVID-19.

Of the 100 respondents, 67% indicated to have been trained on issues of COVID-19, although 32% were not trained on Covid-19 prevention, methods for detection, prevention, response, and control.

The beneficiaries reported having been trained and sensitized on the ministry of health SOPs and precautions like how to properly wash their hands, signs, and symptoms of Covid-19, and how to boost their immunities.

Regarding the issue of who trained them, 53% of the respondents said to have been trained by the government, 41% by APPCO, and 6% by other organizations.

In a nutshell, despite challenges, the majority of the respondents (77%) rated the project activities as good in terms of reducing stigma against women and CBoR meanwhile 14% rated it as excellent although 8% rated it as poor that is not reduced SGBV and stigma amongst the

victims and 1% did not answer this question. According to the Executive director, the choice of project activities was done through consultation with various stakeholders and this is a reason why most of the respondents rated the project activities to be good and excellent.

**Lesson Learnt:** Participation by stakeholders leads to empowerment and joint ownership of the project. Real development requires a people-centered approach instead of an output-oriented one. Project managers need to break the conventional approach of top-down solutions to incorporate a bottom-up approach that enables a more sustainable solution. In addition, good management of stakeholders will not only clear the path of any possible obstructions but will also promote steady progress and eventually improve the quality of the results being generated. It's not just a case of keeping stakeholders happy, it's also a matter of using their resources, knowledge, and influence to help achieve stated objectives.

### **CVA Groups implementing Action Plans**

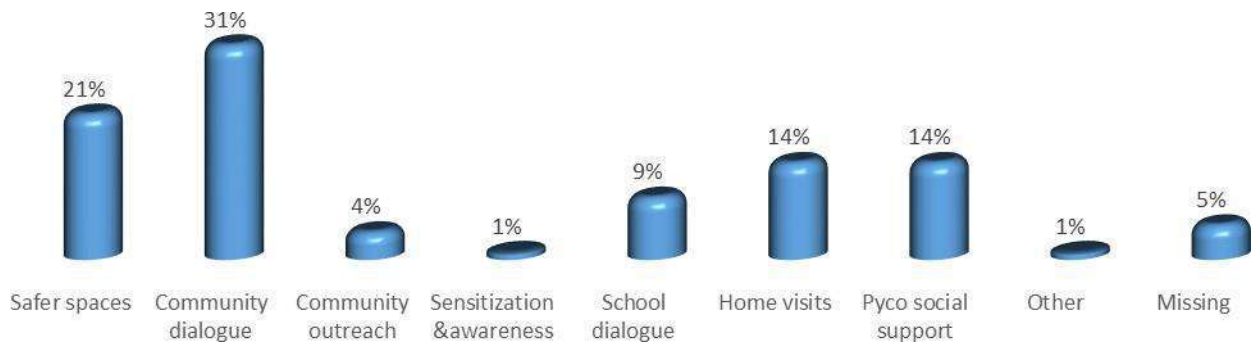
Community activists were asked whether they were implementing action plans, and 18 of them responded that they were implementing their action plans and only 2 were not implementing them. The 2 not implementing attributed it to the scatteredness of their top members who were meant to link up and lead other members. This was added by one of the field assistants when she said;

*We tried pushing for those groups but their most active members, some of them transferred to other districts and others were involved in some crimes. This disorganized the arrangement of these groups even when we tried pushing for the remaining balance to continue, they didn't put much effort into the activities.*

### 3.6 Project activities respondents benefited from

A good number of activities were implemented and these ranged from community dialogue, psycho-social support, community outreach, provision of safe spaces, awareness sessions, and home visits as shown below;

*Figure 17: Project activities respondents benefited from*



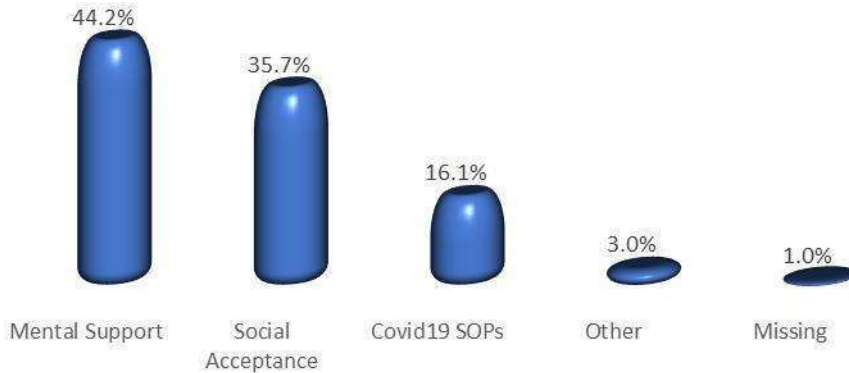
The major activities popularly known by the respondents were community dialogues (31%), safer spaces (21%), home visits, and psychosocial support (each at 14%). During the Covid-19 lockdown, most of the activities were banned, movements and gatherings were limited and the project came up with the aspect of community radios which helped to facilitate several activities like sensitization and awareness, home visits, community dialogues, and community outreaches.

However, while the above activities were conducted, the major impact was increased ability to cope with stigmatization and be resilient. In particular, the SGBV survivors and CBoR seem to have benefited especially from mental support and psychosocial support through counseling as indicated by 79% response and were in a better position to utilize support services, unlike the 21% who said they did not benefit.

#### 3.6.1 Benefits received by respondents.

Out of the 79% of respondents who said they had benefited from the project activities; they were asked to state which kind of support they had received from the project. Their responses are reflected in the findings below;

Figure 18: Benefits received by respondents.



Of the 79 respondents who said they had benefited from the project activities, a good number of them (42.2%) received mental support from the project, 35.7% reported to have accessed more social acceptability, 16.1% said to have benefited through Covid-19 pieces of training and SOP guideline teachings, 3% benefited in other ways in form of meeting facilitation and exposure while 1% did not give any feedback on how they have benefited.

### 3.6.2 Beneficiaries' View Regarding Project's Success

The respondents were asked to respond on whether the project was successful or not based on the various activities provided to them. The responses were as below:

There were mixed results regarding the success of the project, for example, From the chart, 53% of the victims/ survivors rated the project as having been successful, although 42% were not so much satisfied with the project and 5% did not answer this question.



*One of the community radios in Unyama located in the Unyama market*

In terms of dealing with schools and promoting CBoR and victims to stay in schools, one of the headteachers in Layibi division asserted as follows:

*“APPCO trained our school staff on how to handle cases of these victims of which our staff can now identify continuously counsel them. So, to me, I believe that is a success to our side. Also, we have pupils who got books as a result of the APPCO program and this enabled poor children to acquire such scholastic materials who initially were either had poor quality books or fewer books. Maybe the problem will be on how this initiative of books will be sustained because the parents need to be empowered economically so that they can be in a position to provide their children with scholastic materials, not waiting for donation”.*

The headteacher also added that during the 2020 PLE results, two girls benefiting from the project of books and encouragements from APPCO made the school register first-grade results which were rare before APPCO’s initiative. On the other hand, despite the substantial project achievements, there were a considerable section of respondents who still believed the project did not attain much (42% response).

These views are in line with the literature reviewed which indicates that the COVID-19 pandemic is associated with increased gender-based violence perpetration. In Uganda, COVID-19 restrictions caused a lapse in gender-based violence



services, which were not initially prioritized as essential health services during COVID-19 restrictions<sup>8</sup>.

However, despite the stated achievements, cases of SGBV remained and the main root cause of SGBV was excessive drinking of alcohol on the side of men (60% response), poverty which also causes anger (21% response), drug abuse, and cultural norms where men tend to assume supremacy (4%). There was also limited access to education and health services as indicated by 55% response who rated it as fair, 19% rated it as poor and only 26% rated it as good.

### 3.6.3 Critique

- ✓ Despite all the above achievements by APPCO in combating stigma against sexual violence survivors and their children in Gulu District, there were still cases of sexual and gender-based violence experienced in households, and these included; rape (7%), defilement (15%), physical assault (32%), psychological violence (14%), neglect (13%), sexual harassment (7%) and incest (1%).
- ✓ A good number of beneficiaries still experienced high levels of stigma (32% response), although 33% reported having the moderate stigma and 19% reported low stigma, and 14% reported not having faced any kind of stigma related to SGBV. It, therefore, be concluded that cases of stigma were still evident in the communities of Gulu District.
- ✓ Through interactions with some victims of SGBV, cases of depression, anxiety, and sleep disturbances and a few face stigma and feeling of rejection from community and family (37% response) were reported. Others experienced diminishing self-esteem (41% response), being denied by the community (17% response), and being isolated (15% response). FGDs with community faith leaders and volunteers also revealed that survivors mostly suffered from psycho-social disorders like isolation and depression.
- ✓ It is also evident that while the project greatly contributed to combating Stigma Against Sexual Violence Survivors and their Children, there were still many more target individuals who still felt rejected by the community and their family members.

**Lesson Learnt:** Survivors of sexual violence face deep-rooted stigma. It may occur at a personal level or within the family or community. Feelings of guilt and shame fuelled by many widespread misconceptions often discourage victims from talking about their experience and this is why the majority could only reveal their experiences from safe spaces.

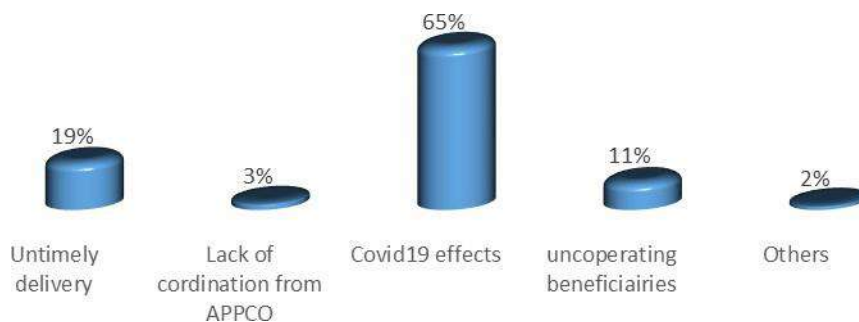
### 3.7 The challenges faced during the project lifespan

Results from the victims of SGBV and the CBoR indicate that some challenges were faced during the project time and these included the following:

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<sup>8</sup> Mariah Wilberg, 18 July 2021, Sexual violence against women and girls in Uganda increased during the COVID-19 pandemic. <https://www.aidsmap.com/news/jul-2021/sexual-violence-against-women-and-girls-uganda-increased-during-covid-19-pandemic>

Figure 19: Challenges a project faced



From the chart above, the majority of the respondents (65%) rated Covid-19 as the biggest challenge they faced during project implementation, followed by untimely delivery of project activities (19% response) and limited cooperation of the beneficiaries (11% response) who could delay to attend or absent from the project activities, low levels of project coordination (3% response). Nevertheless, Covid-19 was a most pronounced challenge across all the respondents and stakeholders and it was affirmed by a Reverend in Bungatiira who pointed out as follows:

*“Covid-19 affected our activities since we could not gather people in large numbers and sensitize them on issues of SGBV and stigma. We all know that public gatherings were banned and that is why most of our set targets were not met”*

Also, one of the APPCO Field officers for the Gulu field office, decried that Covid delayed most of the activities but also made them as staff stronger and adopted new strategies, for example meeting people in small numbers and working from online. The views of APPCO Field officers for Gulu were similar to those of one of the M&E officers who said that despite the Covid-19 challenges, it also strengthened the staff to think outside the box to get the project completed successfully. He went further and pointed out as follows:

*“..... we had to think of how to reach to our communities without violating the ministry of Health SOPs of gatherings and we started an idea of starting up community radios to pass out the information to the community and it helped us a lot”.*

### 3.8 Project Impact

In assessing the impact of the APPCO project titled, ” *Combating stigma against sexual violence survivors and their children in post-conflict*”, it was evident through their objective responses that faith leaders had been empowered to promote positive values that have reduced victim-blaming and negative treatment of sexual violence survivors and their children. The project was implemented within the church structures and the increased capacity of the faith leaders to support victims of SGBV was evident as justified by most of the respondents who expressed satisfaction and ease in accessing guidance from faith leaders upon victimization from their households and or communities, this is expected to go on even with the closure of the project.

Families and communities seem to be best placed to provide psychosocial support to SGBV victims and CBoR. Interventions were worked through by local leadership, churches, and families to keep SGBV victims and their children in supportive and caring environments and to strengthen families’ abilities to meet a range of the victims’ needs. In addition, through psychosocial support, the victims’ emotional, social, mental, and spiritual needs were focused on as essential elements of positive human development.

#### 3.8.1 Outcome 1: Increased public support from faith leaders, promoting positive attitudes towards sexual violence survivors and their children, and reducing victimization

The project aimed at promoting positive attitudes towards sexual violence survivors and their children and reducing victimization. The study findings indicated that a good number of survivors and their children (63%) had received a good reception from the community members. The high level of acceptability in the community spaces is attributed to preaching/ teachings community members receive from places of worship which are seen when 87% of the respondents said their faith leaders preached against SGBV in communities as compared to 70.7%<sup>9</sup> which had confirmed before the start of the project that their faith leaders preach against SGBV. This was confirmed by victims when one appreciated the work of her priest in always preaching against SGBV which softened people’s hearts to accept and embrace victims and their children in the community. The preaching’s coupled with free couple counselling services offered by church leaders have been key in harnessing community relations with church leaders as expressed in one of the FGDs in Bar-Dege and is thus perceived to have been one of the significant tools that enabled a reduction in GBV incidences in the community.

The findings in this outcome clearly affirm the fact that faith leaders as one of the core structures of the intervention took it upon themselves with support from APPCO and relayed messages castigating GBV and its associated stigma in the community while providing counseling to perpetrators and victims of GBV thus increasing public support towards the church structure. During one of the focus group discussions, a participant narrated this; -

*I find it a lot more comfortable reaching out to a church leader for support whenever I’m violated by my spouse rather than the legal government structure mostly due to the privacy, I receive from the church, unlike the police.....*

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<sup>9</sup> UNTF Baseline survey report, 2019

### **3.8.2 Outcome 2: Increased number of children and youth participating in advocacy and actions to end stigmatization linked to sexual violence**

The outcome-focused on youth involvement in the project activities in form of fair inclusion through mentorships and outreaches. According to the findings, a large number of respondents (74%) said youth were always engaged in advocacy and activities that result in ending SGBV as compared to 11.5% before the project started. The youth and children alike attended mentorships and outreaches. This increased awareness and hence reduced stigma within the communities since youth and children are majorly the affected class at the same time the victims. They also act as change agents. The participation of youth and children was confirmed by one of the faith leaders when he said;

*I Am glad youth and children were included in the project and they embraced the project. I could see youth mediating SGBV cases, playing drama to sensitize the communities through plays, and also engaging in dialogues with office bearers.*

During FGDs in the project scope divisions, participants outrightly praised role play sessions that they hinted were periodically organized in their communities by the youth actors with support from APPCo staff aimed at spreading the message on GBV, its related causes and effects. This role plays sessions as said by most of the FDG participants have been key in strengthening cohesion among youth and enlightening the community and thus believe the youth have impacted significantly in extending the messages aimed at curtailing the vice in their community. One of the Youth group leaders from Paicho is quoted saying: -

*Currently in our community i believe we have the strongest youth group in the district, to the extent that other divisions approach us to mentor their youth acting groups to enable then continue holding role play sessions enlightening people to desist from acts of stigmatisation and use of violence towards their mates*

With such a testimony, it means that with the inclusion of youth using such innovative approaches under guidance of result-oriented organisations such as APPCO, not only have the youth contributed in the reduction of stigma through enlightening of others but the aspect of sustainability is also adequately met given that they hold role play sessions which they equally enjoy doing.

### **3.8.3 Outcome 3: Improved capacity of GBV Activists in prevention and response towards self, Family, and community stigma**

There was also a higher level of awareness creation as a result of community dialogue attended by the community members as indicated by 61% of the respondents as compared to the 32.4% during the baseline survey of 2019. Creation of awareness was done through attending meetings (61%), 39% participated through sensitizing other community members against SGBV. Due to awareness creation, 66% of the respondents reported being participating in the decision-making

process in their communities. As a result of gained knowledge and room to participate in the affairs of the community, 79% of the respondents' acknowledged changes in their socio-economic behaviors within their lives with ability to make more meaningful engagements, well informed and positive decisions that have promoted peace within their households and communities at large. This was elaborated by one of the respondents from Unyama during FGD when she said;

*Before this project, I did not know anything concerning my rights and my entitlements. But APPCO took us through what we are entitled to and how we can demand such services from our leaders. Ever since I was trained in those fields, I have benefited through registering with other government projects and am one of the leading community members who always push for our community not to be left behind.*

Also, during a key informant interview with a female police officer in charge of families said as follows:

*“Gladly speaking, this program is good. Before the Covid-19 lockdown, our cases of domestic violence had drastically reduced. The cases have been kept low due to the dialogues and sensitization organised by this project. The project has incorporated the police to work together with other stakeholders like the faith leaders, youth groups, and political leaders to mitigate SGBV”*

#### **3.8.4 Outcome 4: Institutional strengthening and use of COVID-19 additional funding allocation:**

After receiving the Covid-19 organizational strengthening fund, APPCO has built its human resource capacity by recruiting more technical staff who handle emergencies. This has strengthened the organization's response rate in terms of any emergencies. The organization has also strengthened its capacities in data collection especially in remote data collection. Several structures were built to help in dealing with remote data. Several structures including staff and community structures on how to collect remote data during the Covid-19 lockdown of which methods have helped APPCO even in the aftermath of the lockdown. This was affirmed by one of the board members when he said

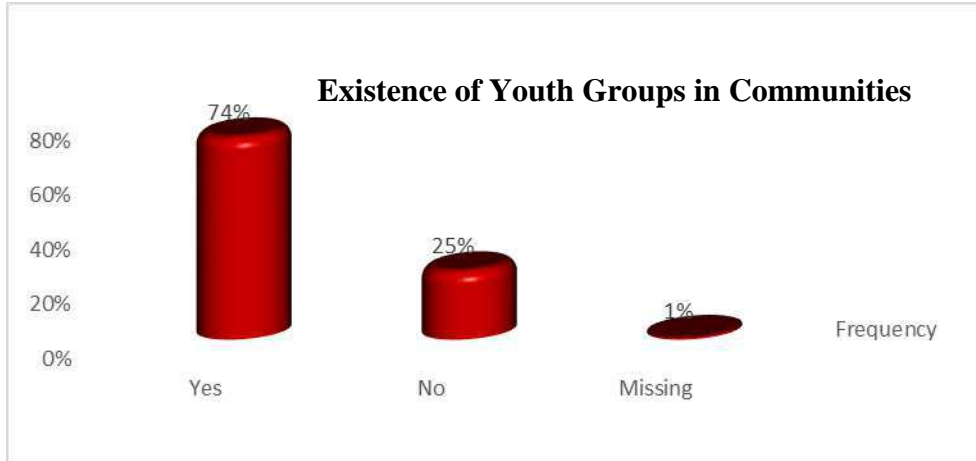
*Sincerely speaking, APPCO will never be the same in terms of organizational strength in dealing with emergencies, the board now is aware and has known how to incorporate emergencies in strategic planning and it is the same thing with the staff who were added with more technical staff on response and emergencies. For the community, there is a greater sense of sensitization from community radios that have so far attained a far-reaching impact in communities.*

This has strengthened the capacity of APPCO to be able to respond to emergencies as denoted by the existing risk matrix documented to avert any foreseen risks and emergencies.

### 3.8.5 Youth participation in the fight against SGBV and stigma

To incorporate the youth, youth groups, or community initiatives on sexual violence and related stigma in the community were established. Of the 100 respondents who constituted part of this study, 74% acknowledged the existence of such youth groups in their communities advocating and leading in the fight against SGBV and stigma shown in the figure below;

Figure 20: Youth participation in the fight against SGBV and stigma



FGDs indicated that children and youth groups were now champions in fighting sexual violence amongst themselves and peers and within the wider community. In addition, through community dialogue, psycho-social support, community outreach, provision of safe spaces, awareness sessions and home visits the communities have developed **positive** attitudes amongst young people to promote sustainable generational change in attitudes.

There was also increased awareness for referral pathways for survivors and their children in their communities, which was conducted by the use of materials such as leaflets or fliers. This was confirmed by 49% of the beneficiaries who indicated to have seen such materials in their communities, although 50% had not seen such materials and 1% did not give a response.

### 3.8.6 Creation of incentives for respondents to remain active

The respondents were asked whether there were some incentives created by the project that contributed to their staying and participating in the project activities. The study findings showed that the majority of the respondents (78%) said some incentives made them remain in the project and 20% said there were no incentives that convinced them to be still in the project and 2% did not answer. In a focus group discussion, one of the members said they remained in the project because they wanted to see what would happen in this project at the end.

Of the 78 respondents who said there were incentives, 75% were enticed by counseling, 5% by meeting facilitation, economic benefits, and advocacy skills each constituted 3.8%, and those who said other incentives were 12.5%.

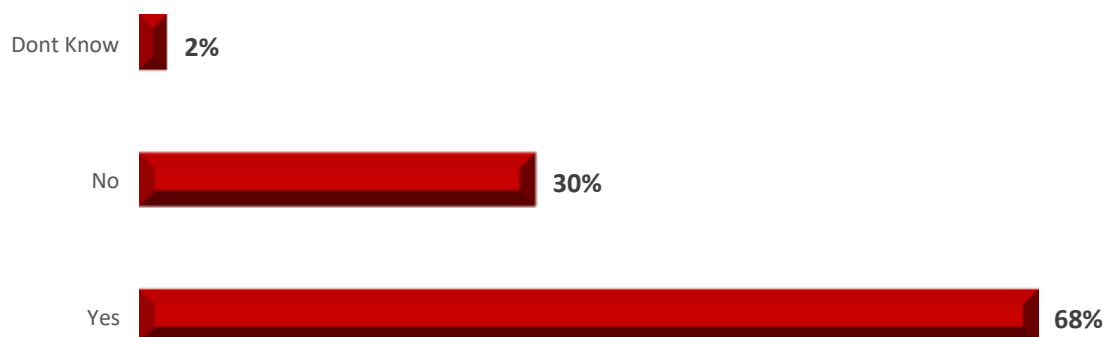
### 3.9 Gender Equality and Human Rights

The project was purposely on gender-based violence and human rights violence which mainly affects women more than men. This implies that women and girls were greatly involved in the project directly than men.

#### 3.9.1 Gender sensitivity in the selection of beneficiaries

The focus on this section was attributed to the fact that integration of gender perspective into the preparation, design, implementation, monitoring, and evaluation of interventions can promote equality between women and men, and combat discrimination. Nevertheless, 68% of the respondents said the selection was gender-sensitive although 30% did not appreciate the gender sensitivity of the selection process since the majority of the direct beneficiaries were women. Another sensitive aspect was also the involvement of youth in the project, the respondents were asked whether youth were involved in the project findings are shown below;

Figure 21: Gender sensitivity in the selection of beneficiaries



In the context of this project, having more women as compared to the male was itself gender sensitive because women are more prone to SGBV as compared to their male counterparts. This is also supported by the 2016 Uganda Demographic and Health Survey which revealed that up to 22% of women aged 15 to 49 in the country had experienced some form of sexual violence. The report also revealed that annually, 13% of women aged 15 to 49 report experiencing sexual violence<sup>10</sup>.

Even though Women were the greatest beneficiaries in the project, men also benefited in one way or the other in form of being change agents since the majority of community structures were composed of men. This was highlighted by one of the APPCO staff members when he said;

<sup>10</sup> Uganda Demographic and Health Survey Report 2016



*It is true the project targeted mainly women and young girls but there was also some involvement of men especially to those who succumbed to sexual violence. Men also participated as change agents as more than 60% of the community structure members are men.*

As men were dominant in community structures, this helped them to work with communities and it also helped to change some other men to avoid SGBV and help in building their families. Despite men's involvement in the project, SGBV perpetrators were not directly involved in the project except when cases were referred to police/ court and they are arrested. This was affirmed by one of the community members from Bungatiira when he stated that;

*It is true men are somehow involved in the project but there is nowhere in the project that handles the perpetrators except only when they are reported and arrested and yet sometimes these men also need counseling on the dangers.*

Another member from Layibi also stated as below;

*Sometimes these perpetrators need some counseling and more so their families always remain affected especially when these perpetrators are arrested since everyone will look at them as a wrong family. The project should have handled that aspect as well.*

One of the APPCO staff summed it up when she said;

*I think leaving the perpetrators out of the project was one of the gaps because these people in their way need some counseling and some other support that we should have provided. That's why in future projects, the perpetrators need to be involved actively.*

When respondents were asked about the continuity of gender involvement even after the project has ended, they were optimistic about its continuity as they believed that the skills attained by both genders would be of help to guide their families. This was clearly stated by one of the CHAT members in Layibi when he said;

*The aspect of gender is starting to be rooted in our community and even after this project I believe we shall be able to carry it forward in every sense of our lives.*

From a gender perspective, there was gender sensitivity in the project though there was some bias toward women who are the greatest victims of SGBV which was a good move. However, some aspects of perpetrators' involvement are needed to be included in the subsequent projects for example follow-up counseling even if they are jailed.

#### **3.9.1.1 Youth treatment as compared to other groups of people.**

Youth were part of the project beneficiaries since they were agents of change as well and an assessment was made to find out how they were treated in comparison with other groups.

In the context of this evaluation gender also encompasses the youth hence the need to assess if they were treated equally with other groups of people in the communities. However, 76% of the



respondents indicated that youth were treated equally with other members of the community although 22% did not see such equality and 2% of the respondents did not answer this question.

From the consultants' point of view, APPCO and partner organizations need to take on increasingly larger roles in contributing to local well-being, the active collaboration between youth and other elderly groups as a vital aspect to the long-term success of community development effort including a reduction in SGBV.

### **3.9.2 Human Rights Visibility**

The project was centered on a human rights-based approach that focuses on improving the human rights of the SGBV victims and the community informed of advocating for good governance through engaging dialogues and training communities into their rights and responsibilities.

During the project's initial stage of operation, community structure and CVA members were trained on human rights especially on how to demand the rights of the communities from the duty-bearers. This was supported when one of the staff members stated this;

*The first thing when we recruited the community structures was to train them on how to be responsible and advocate for the rights of the community through tasking the office bearers to account to their community members. This training empowered the community structures and CVAs who then helped to empower the community members who are brave enough nowadays to demand their rights.*

This was further validated by one of the faith leaders of Bungatiira who confirmed that they had various training in human rights. He stated that;

*If I can remember, we had 2-4 pieces of training on human rights where we were trained on how to empower the community members to advocate for the rights and services of the duty bearers. This has helped us since the community was able to organize several advocacy meetings with their leaders.*

There was also another affirmation from a community activist from Unyama who stated this;

*Those pieces of training had helped us and the community at large since we were able to task the sub-county leaders to provide us with water for one of the villages which had a spoilt borehole, they had to repair their borehole and they got access to the water at the end.*

The project engaged community members in advocacy where they were channeled with the community office bearers to share their insights and demand for proper services. This is reflected when a good number (61.7%) said to have attended between 2 to 4 community dialogue meetings, 19% said had attended once, 12.7% attended more than 7 times and 6.3% said attended between 5 to 7 times. These advocacy meetings were organized by APPCO community activists, church leaders, and youth groups.

The project also advocated for the right to education and health services which was a major inhibition to the CBoR and the children of the victims. This was advocated by providing incentives to such affected children in a way of providing scholastic materials. Despite the efforts put under advocacy for the rights to education, the findings showed that there was limited access to education and health services as indicated by 55% response who rated it as fair, 19% rated it as poor and only 26% rated it as good.

This means that more effort is needed to improve the services of the communities in terms of education and health services beyond the provision of scholastic materials. Regular supervision and increases financial support from the government.

### **3.10 Project Sustainability**

In assessing the sustainability of the APPCO project titled, ” *Combating stigma against sexual violence survivors and their children in post-conflict*”, it was evident that the project was implemented in existing structures particularly, the church, local council leadership, schools, communities, and police. Frontline service providers such as social workers, police, schools, and church leaders were sensitized to identify victims and offer support. Youth involvement is also a means that can sustain this project since youth are vigilant and still growing.

#### **3.10.1 Community involvement**

The respondents were asked whether the community was involved in the initiation of the project since this is one of the key sustainability strategies that make the community accept the project as theirs. 62% of the 100 respondents said the community was involved from the initiation stages and 36% said the community was not involved, meanwhile, 2% did not give answers.

Community involvement is also likely to enhance project sustainability as 39.2% of the 62 respondents were involved through community meetings, 30.1% were involved in the inception meetings and 8% were involved in mapping interviews. Only 22.7% were not involved in such activities. The greater number of those involved from the initiation stages explains why there is the greater success of the project.

#### **3.10.2 Continuity of the project activities**

In the light of the ending 3-year project in Gulu, respondents were asked to tell whether the project activities will be sustained. 72% of the respondents said the project activities will continue running although 28% were not sure.

The most dominant project activities likely to continue as indicated in FGDs and KIIs were the community radios and counseling from faith leaders.

APPCO project adopted an approach similar to a survivor-centered approach that created a supportive environment in which a survivor’s rights are respected and in which s/he is treated with dignity and respect. The approach helps to promote a survivor’s recovery and his/her ability to identify, express needs and wishes, as well as to reinforce his/her capacity to make personal decisions.

The counseling services were put in place to provide space that helps victims get a clearer understanding of themselves, their experiences, and their situation. This finding was supported by the GBV response officer- Gulu branch when she said that most of the loyal beneficiaries were once victims and were supported by APPCO through counseling and other kinds of support like facilitating their transport fares to the hospitals and police stations. Also, one Reverend said that their activities of counseling the victims will continue since that is the work they have been doing even before APPCO came in. He continued by saying as follows;

*“APPCO only re-energized us by equipping us with new skills and how to handle these victims of sexual violence and CBoR, but overall, that is our work in the community”*

As the project was ending, the respondents were asked to state how they were intending to sustain the project activities they have benefited from. The findings show that of the 100 respondents, 52% said they will continue lobbying from both government and other organizations, 28% said they will continue with group counseling and only 5% said they will stop the project activities. Those stating other ways were 7% and 8% did not respond to this question. However, on a positive note, 83% of the respondents indicated to be able to adapt existing interventions to EAW/G with a focus on the most vulnerable women and girls.

During the FGDs, participants also expressed the importance of the community in aiding them continue with the project activities, where some participants said the radios will be used to broadcast information on EAW/G as well as sensitizing the communities to further reduce the act of stigmatization, promote inclusion and desist from actions that promote VAW/G.

## CONCLUSIONS AND RECOMMENDATIONS

### 4.1 Conclusion

Combating stigma against sexual violence survivors and their children in Gulu District, Northern Uganda was a worthwhile intervention and there is substantial evidence of project implementation.

43% number of sexual violence survivors who constituted part of this study were between 18 and 25 years of age and only 20% were below 18 years. And there was a less significant relationship between age brackets and prevalence of SGBV stigma, an indication that a person can experience SGBV stigma or not regardless of age.

The fact that females constituted the majority of respondents, there was also a positive correlation between gender and prevalence of SGBV stigma, meaning females are more likely to experience SGBV as compared to their male counterparts.

There was a good number of the victims (42%) who were married and when correlated, there was a positive value that implied that married individuals were more likely to experience SGBV stigma as compared to their unmarried counterparts.

When assessing the respondents' educational background, the majority of the respondents (61%) had not attained beyond primary level education and there was a negative correlation between educational level and prevalence of SGBV stigma in respondents which indicates that the more a person attains education, the less likely he/she may experience SGBV and Stigma.

Also, a good number of respondents under the production stage had more than five children with a majority having got their first-born child when they were below adulthood (18 and below), an indication of the prevalence of cases of early marriages and child mothers. On the same note, persons with more children were more likely to experience a high prevalence rate of SGBV and stigma as compared to their counterparts with less or no children as indicated. This means that child mothers need serious attention to be incorporated into the subsequent projects to avoid the prevalence of SGBV and afterward effects.

In terms of religious affiliations, a majority of respondents were Catholics and it has a negative relationship prevalence of stigma hence religion is not correlated to the prevalence of stigma.

A majority of people get their income through subsistence farming which is characterized by unreliable rainfalls and limited knowledge on new farming techniques. Further analysis also showed a negative relationship between the source of income and prevalence of SGBV stigma, an indication that individuals with low levels of income are at a high risk of being victims of SGBV and suffer from stigma.

Combating stigma against sexual violence survivors and their children in Gulu District, Northern Uganda was a worthwhile intervention and there is substantial evidence of project implementation.

In particular, was the role played by the church, increased number of beneficiaries participating in advocacy and actions, and improved capacity of GBV Activists in prevention and response towards self, Family, and community stigma. Nevertheless, there were still reports that some sexual violence survivors still face deep-rooted stigma and it may occur at a personal level or within the family or community, but also at an institutional level, in the judicial system. The judicial system seems to have been missed out in this project and this could be included in the future intervention.

The project was also met with a very big challenge from the effects of COVID-19 which destabilized its operations in terms of limiting gatherings especially in places where the aspect of community radios was not yet implemented.

What came out strongly was the issue that survivors may also face a stigma with their economic status to experiencing sexual assault, hence the need for economic empowerment programs. Nevertheless, the project seems to have been relevant, efficient, effective, and with sustainable impacts.

#### 4.2 Recommendations

Evaluation Criteria	Recommendations	Relevant Stakeholders (Recommendation made to whom)
<b>Effectiveness</b>	<p>Spread the project to other districts in Acholi Sub-region.</p> <p>Among the beneficiaries of the project, APPCO with its partners UN Women – UN Trust Fund Need to enlarge the number of beneficiaries, scale up the project activities to the entire Acholi sub-Region since there are other affected victims in other parts of the region who are affected by the same issues of SGBV stigma and trauma. This was also one of the recommendations echoed by most of the leaders interviewed.</p>	APPCO, UN Women, and other NGOs
<b>Relevance</b>	There is a need to incorporate child mothers to be part of the beneficiaries in case of a continued and subsequent project. There is a big number of child mothers in Northern Uganda and more especially in Gulu districts as indicated in the findings and yet they also face a high risk of being violated due	APPCO, UN Women, and other NGOs

<p><b>Sustainability</b></p>	<p>to limited experience in marriages.</p> <p>Continued support is recommended for faith leaders to enhance their continued counseling services on sexual violence survivors and their children in the Gulu district. Empower faith leaders through the provision of transport means to ease their work from within and outside the community. Most faith leaders decried that they were faced by a challenge of poor facilitation and that was limiting their work to meet and sensitize the community on the dangers of SGBV and its stigma. They were only limited to meeting people from churches (places of worship) of which was also destabilized by the outbreak of COVID-19 where big gatherings were banned. With such facilitation, it means the faith leaders will not only sensitize/counsel people in places of worship but will reach out to especially those community members who do not go to places of worship as well.</p> <p>Community radio strategy emerged to have played a big role in places where they were stationed from. This calls for the need to continue with the project of community radios in other communities where they have not yet been placed. With community radios being self-sustaining through announcements and other paid programs by the community members, this will be a lasting strategy to limitations of big gatherings and also helps quickly and easily to sensitize communities</p>	<p>APPCO, UN Women, other NGOs, and other government organs like CBOs</p> <p>APPCO, UN Women, and other NGOs</p>
<p><b>Impact</b></p>	<p>APPCO and its partners buttress girl child education through Competitive Entrepreneurship and Business skills development training that enables children of survivors and their teachers to seize local opportunities and confront challenges. To successfully do this, children of survivors need education and functional skills to become lifelong learners, secure productive work, complete a full primary education cycle, make informed decisions, and positively engage in their communities. Without access to functional education</p>	<p>APPCO, UN Women, and other NGOs</p>

<p><b>Knowledge Generation</b></p>	<p>opportunities that help develop skills, children of survivors face serious challenges thriving in the twenty-first century – with repercussions for generations to come. “Education is more important but skill is the most important”.</p> <p>APPCO and its partners should embark on large-scale Agriculture and Business skills development pieces of training to economically empower SGBV survivors for better recovery and thriving. This could subsequently result in the establishment of a formidable Cooperative and Union for SGBV survivors in the Acholi subregion. Also, 45% of the respondents including key stakeholders like CDOs recommended the need of these victims to be economically empowered. For this reason, there is a need to introduce an economic Empowerment program that will promote the incomes of the victims so that they can be empowered to cater to most of the domestic needs without necessarily over-relying on the support from their husbands.</p>	<p>APPCO, UN Women, other NGOs, and Government</p>
<p><b>Gender Equality and Human Rights</b></p>	<p>The fact that it is majorly women who are the victims of SGBV and stigma, there is a need for APPCO, its partners, and other GBV organizations to directly incorporate the husbands of these women and men generally into the project activities. This will even limit the arrests and other effects of GBV since the perpetrators will be dealt with and persuaded to be the champions in the fight against SGBV. With this in place, there will be reduced sexual violence in women and more especially married women.</p> <p>From the policy point of view, APPCO with its partners UN Women – UN Trust Fund need engage in large scale policy engagement to hold duty bearers accountable for ineffective prosecution of SGBV offenders and engage parliament to set up dedicated courts to handle Sexual and Gender-Based Violence (SGBV) cases. Violence against women is on the increase in Uganda despite the presence of laws and policies</p>	<p>APPCO, UN Women, and other NGOs</p> <p>APPCO, UN Women, other NGOs, and government (parliament)</p>



to protect victims and survivors, Ineffective laws pose a big challenge to the fight against VAW. Laws such as the Penal Code (Amendment) Act 2007, the Domestic Violence Act 2010, the Sexual Offences Bill and the Marriage Bill do not address key aspects of VAW. The Land Act also fails to require customary land tenure systems to permit women to act as co-owners/managers of customary land and creates weak protections for widows who seek to inherit their husband's land.

In the subsequent projects, the focus should be put on perpetrators and their families. It is stated by some members of the FGDs that the families of perpetrators and the perpetrators themselves are always exposed to stigma as the community members always tend to point figures into perpetrators' families and sometimes yarn for revenge. With such trauma and trauma, counseling sessions should be given to such affected families.

APPCO, UN Women, and other NGOs

**Covid-19 Fund**

Despite the Covid-19 fund contribution to the project, COVID-19 was also rated as the biggest challenge to the project hence a cause of accelerated SGBV in communities and more stigma to the victims. This calls for the continued efforts of the project activities tailored towards tackling the new forms of violence brought by COVID-19. The need for expansion is backed by the fact that the study revealed the prevalence of more SGBV victims/survivors in other sub-counties and other districts in Northern Uganda. This was also a recommendation from some of the district and local leaders since they had witnessed the good things the project had contributed to the few beneficiaries of the projects.

APPCO, UN Women, other NGOs, and government organs

**Table 1: Summary Matrix on Outcome Level Indicators**

<b>Project Objective 1.0:</b>	<b>MEASURABLE INDICATOR</b>	<b>Baseline</b> % <b>(# of resp.)</b>	<b>Data Source</b>	<b>Edline</b> % <b>(# of resp.)</b>
To reduce stigma against women and girls' survivors of sexual violence in Gulu by developing community champions who own and drive systemic behavioral change amongst communities and service providers by 2021.	% Of sexual violence survivors reporting acceptance attitudes among the congregation and community members	69.9 (198 out of 283)	Survey	87%
	The number of sexual violence survivors and their children report feeling personally more welcomed in schools, churches, community gathering points.	97.4 (261 out of 268)	Survey	92% (92 out of 100)
	% Of Survivors and their Children reporting they are better able to utilize support networks (for example family networks, social networks, community networks, or formal services).	97.9 (231 out of 236)	Survey	94 (94 out of 100)
<b>Project Outcomes</b>  <b>Outcome 1:</b> Increased public support from faith leaders, promoting positive attitudes towards sexual violence survivors and their children, and reducing victimization	# Of faith leaders trained using Channels of Hope for Gender model, disaggregated by sex and faith group.	M=22 (Out of 97) (22.7%)	Survey	M=4 (Out of 6) (67%)
		F=28 (Out of 184) (15.2%)		F=2 (Out of 6) (33%)
	# Of trained faith leaders on CoH reporting they are extremely inspired to act on the issues of sexual violence and stigma.	2 (Out of 5)	Survey, KII	83.3% (5 out of 6)
<b>Outcome 2:</b> Increased number of children and youth participating in advocacy and action to end stigmatization linked to sexual violence	# Of young people participating in youth groups/community initiatives able to identify root causes of sexual violence	12.1 (7out of 58)	Survey, FGD	50% (12 out of 24)
	# Of youth-led community initiatives implemented to tackle sexual violence and stigma exists in 5 target sub-counties.	11	APPCO reports	9 in 3 sub-counties

<b>Outcome 3:</b> Improved capacity of GBV Activists in prevention and response towards self, Family, and community stigma	# Of Survivors and their Children reporting they are better able to utilize support networks (for example family networks, social networks, community networks, or formal services)	63 (Out of 85)	Survey	79 (out of 85)
	# Of community advocacy ('citizen voice and action' (CVA)) groups implementing action plans during the reporting period.	11	Survey	18