



EVALUATION REPORT REDUCING VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES PROJECT-AMURIA DISTRICT-UGANDA

PROJECT PERIOD

09/01/2018 **to** 08/31/2021

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P. O. Box 28986, Kampala, Uganda E-mail: saturowl@maarifaconsult.com maarifaconsult@gmail.com Land line: +256 414691571 Mobile Phone: 0774361213 /0702361213 Website: www.maarifaconsult.com



DISCLAIMER

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ACRONYMS

| BTVET | Business, Technical, and Vocational Education and Training | | |
|----------|--|--|--|
| COVID-19 | Corona Virus Disease | | |
| СDO | Community Development Officer | | |
| CSO | Civil Society Organisation | | |
| CRPD | Convention for Rights for Persons with Disabilities | | |
| DIT | Directorate of Industrial Training | | |
| DLG | District Local Government | | |
| DPO | Disabled Peoples Organizations | | |
| DPC | District Police Commander | | |
| FGDs | Focus Group Discussions | | |
| ICT | Information Communication and Technology | | |
| IGA | Income Generating Activity | | |
| HIV/AIDS | Human Immune Virus/Acquired Immuno-deficiency Syndrome | | |
| ILO | International Labour Organisation | | |
| KIIs | Key Informant Interviews | | |
| LC | Local Council | | |
| LWF | Lutheran World Federation | | |
| MS-EXCEL | Microsoft EXCEL | | |
| MoGLSD | Ministry of Gender, Labour and Social Development | | |
| NAADS | National Agricultural Advisory Services | | |
| NGO | Non-Governmental Organisations | | |
| OC | Officer in Charge | | |
| PAG | Pentecostal Assemblies of God | | |
| RDC | Resident District Commissioner | | |
| SPSS | Statistical Package for Social Scientists | | |
| TV | Television | | |
| UGX | Uganda Shilling | | |
| UK | United Kingdom | | |
| UN | United Nations | | |
| UNICEF | United Nations Children's Fund | | |
| VSLA | Village Savings and Loans Association | | |
| VTI | Vocational Training Institutions | | |
| WEP | Women Empowerment Programme | | |
| YLP | Youth Livelihood Programme | | |

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EXECUTIVE SUMMARY

Background

National Union of Women with Disabilities of Uganda (NUWODU) is a women-led Disabled People's Organization. It is legally registered in Uganda with the National NGO Board as a Non -Governmental Organization. It was formed in 1999 by a group of women and youth with disabilities at a national conference held in Kampala Uganda as a result of a violation of rights of women and girls with Disabilities, torture, barriers to social services, double discrimination,

and lack of recognition by women's Rights movement, Government and societal discrimination as a minority population in Uganda. It is a membership organization and established as an umbrella Organisation that brings all the categories of women and girls with disabilities to have a stronger and unifying voice to advocate for their rights and equal opportunities, fight injustices and violence against women and Girls with Disabilities. The Organisation has the following strategic objectives

- To influence the inclusion of GWWDs in policies and programs at the national, regional, and continental levels by 2025.
- To increase the % of GWWDs receiving quality SRHR services by 2025
- To Improve living standards of GWWDs by 2025
- Increased availability of Quality research and documentation on issues of GWWD.
- NUWODU and its associated members effectively and efficiently work together to fulfill their mandate by 2025.

A brief introduction to the Project

With funding from the United Nations Trust Fund, NUWODU implemented a three (3) year (09/01/2018 to 08/31/2021) project titled "End Violence against Women and Girls". Girls and Women with disabilities aged

9 to 60 formed the primary target group of the project. The project targeted 450 rural GWWDs living in the remote rural district of Amuria district in Uganda; this is because of their multiple vulnerabilities due to intersectionality between gender and disability. The project had two prongs. Firstly, the project was to empower GWWDs by increasing their knowledge of their fundamental human rights, self-esteem, and ability to protect and defend their rights. Secondly, the project was expected to have increased awareness and knowledge of the family members, local leaders, and community members on the rights of Girls and Women with Disabilities (GWWDs) as provided for in the legal frameworks as a precursor to behavior change and positive attitude towards GWWDs.

Purpose and Objectives of the Evaluation

The overall purpose of the final evaluation was to ascertain results (output, outcome, and goal) and to assess the five standard criteria (relevance, effectiveness, efficiency, sustainability, and impact) as well as the knowledge generation, gender equality, and human rights of the project interventions for learning and accountability to various stakeholders. The evaluation was to establish the extent to which the overall program goal and specific objectives were achieved, identify the challenges faced during the implementation, and make recommendations on any possible adjustments in the current implementation strategy where necessary. Specifically, the evaluation was;

- i. to assess the entire project ((09/01/2018 to 08/31/2021), against the effectiveness, relevance, efficiency, sustainability, and impact criteria, as well as the cross-cutting gender equality and human rights criteria
- ii. to identify key lessons and promising or emerging good practices in the field of ending violence against women and girls, for learning purposes

Key Situational Analysis Highlights

National Context

- Uganda, has 4.5 million persons with disabilities representing 12.4% of Uganda's population, and of these, 28.2% of the female population have a disability and 21% of the male population have disabilities¹.
- People with disabilities in the reproductive age group i.e. 15-64 are estimated at 49.2%
- Disability prevalence rates are higher in rural areas than urban areas.
- Most commonly observed disabilities include limited use of limbs (35.3%), spine injuries (22.3%), hearing difficulties (15.1%), seeing difficulties (6.7%), and mental retardation².
- Only 13% of the disabled are employed in Uganda

Amuria District Context

- The population of the district is largely peasant farmers of cereals and animal husbandry
- Most populous sub-counties in the district have the highest unemployment rates in the age group of 18-30 years

¹ Uganda National Housing and Population Census Report, Uganda Demographic and Health Survey, 2016

² National Planning Authority; Third Uganda National Development Plan, 2020

- The district population distribution by disability Status stands at 20,954 People with disabilities as per the 2014 national census report. The 2014 National census reveals that the disability prevalence stands at; visual impairment (7.1, and F 9.0), Hearing impairment (M 3.6, and F 5.1), Walking (M 6.0, and F 7.9), hearing impairment (M 9.5, and F 13.2), and Multiple stands at 34.
- The district empirically determined accessibility, HIV/AIDS, health security, education and skills, and poverty as the most direct needs for People with Disabilities within the District.

Rights of the Disabled

- Several international and national conventions and policy frameworks enshrine the rights of the disabled and advocate for rights-based approaches but their implementation is still limited especially nationally
- Intersectionality between disability and gender has affected girls and Women with Disabilities concerning access to education and employment and in other areas such as; reproductive rights, child-rearing responsibilities, finding a marriage partner, and the role of men in the lives of women with disabilities. Women with disabilities are also denied inheritance rights, limiting the attainment of collateral to qualify for loans.
- Accessibility of social protection and justice systems remains a limiting factor with districts/sub-county headquarters, police, and courts of law remaining largely physically inaccessible to persons with disabilities.

COVID-19 effects

- People with disabilities were affected more than able-bodied persons during the COVID-19 pandemic³. For people with disabilities who even before the lockdown, faced barriers accessing social services such as ,health centres, and livelihood activities the effects of the lockdown can be assumed to be even more pronounced especially since many of these persons depend on assistance from others to survive.⁴ Issues of access to information, education and training opportunities, access to transportation services following the ban on private and public transport negatively affected the livelihoods of this subgroup⁵
- Needs of people with disabilities were not adequately considered nationwide in the COVID-19 response.
- Enterprises set up by people with disabilities never thrived during the pandemic but people with disabilities who owned enterprises were more resilient than their counterparts who lacked these enterprises. The businesses they set up, although affected by COVID-19 provided little that sustained them throughout the pandemic.⁶

Evaluation Methodology

The Evaluation adopted a cross-sectional design using a mixed-method approach involving quantitative and qualitative techniques. To ensure maximum participation, participatory approaches were used at all stages to ensure an inclusive consultative process involving women with disabilities, DPOs, Family members, Husbands, paralegals, project staff, and DLG officials. Various data collection methods were used and these included document review, Key Informant Interviews with Local government officials (village, sub-county district), paralegals, Persons with disabilities leaders (DPO district associations), DLG and SC officials, Trainers, husbands, paralegals; girls, and women survey involving one -on-one interview with 219 GWWDs; 4 Focus Group Discussions with women and girls beneficiaries, spouses/partners of the women and community members, and 4 case studies were captured. The data collection exercise was conducted by eight (8) well-trained Research Assistants. Data was collected using electronic tablets programmed using XML file format and loaded with Enketo platform software daily. MS Excel and SPSS were used to analyze quantitative data and content and a thematic approach was used to systematically analyze qualitative data into meaningful information presented in this report. The analyzed information was compared against the project outcome areas. Although the evaluation was conducted amidst the COVID-19 pandemic, the team utilized various measures compliant with the SOPs from The Ministry of Health. These included limiting FGD participants to not more than 8, social distancing while conducting FGDs and interviews, encouraging participants to put on masks, providing sanitizers, and encouraging each participant to sanitize before joining the discussion.

³ Oluka, E. (2020). How are PWDs coping with lockdown?. Daily Monitor, 9 April 2020.

⁴ Light for the Wolrd, Lets Talk Radio Campaign Reporton Effect of COVID-19 on Persons with Disabilities, July 2020

⁵ Oluka, E. (2020). How are PWDs coping with lockdown?. Daily Monitor, 9 April 2020.

⁶ Light for the Wolrd, Lets Talk Radio Campaign Reporton Effect of COVID-19 on Persons with Disabilities, July 2020

Findings (Achievements and Shortcomings)

Relevance of the Project

- → In terms of results, purpose, and goal, the project was relevant: The project's goal was important because GBV cases were on the rise and people were unable to report them. Reduce Violence Against Women and Girls with Disabilities in the Amuria District was the project's goal. As a result, the project gave community members the confidence to share GBV experiences and occurrences at a local level, as well as report them to the authorities.
- → Various stakeholders, including district, subcounty, and local officials, recognized the three-year project, which began in 2018 after problem analysis and prioritization in the Amuria district and targeted 450 rural GWWDs aged 9 to 60 years, as highly relevant to women and girls with disabilities.
- → Community members were not open or free to share issues on GBV at the start of the project because it was considered a private family matter, especially domestic violence, while other violations like rape were resolved at the community level by village elders. The project's sensitization and awareness efforts, on the other hand, prompted the need to report and openly discuss GBV against GWWDs.
- → Furthermore, the design was relevant because it was created to meet the needs of girls and women with disabilities. Discrimination, marginalization, social exclusion, stigmatization, and routine failure to ensure their social inclusion and effective participation in public life continue to be challenges for women and girls with disabilities in the Amuria district.

Effectiveness of the Project

Indicator 1: % of GWWDs with increased ability to identify any form of violence addressed by the project

- \rightarrow The majority of those interviewed were able to identify the various types of violence that exist in their communities.
- \rightarrow Out of the 219 GWWDs interviewed 98% were able to identify the form of violence addressed by the project.
- → Furthermore, interviews with various stakeholders revealed that all forms of abuse, marginalization, and a lack of rights, opportunities, and services for women with disabilities should be considered forms of violence.
- \rightarrow Unlike before the project, 9 out of 10 GWWDs knew how to report cases of abuse to local authorities.

Indicator 2: % of GWWDs knowledgeable of their human Rights and right to live free from violence.

- → Because of this project 9 out of 10 girls and women with disabilities were aware of existing fundamental human rights unlike before this project, and majority (87.3%) of the GWWDs are confident to defend their fundamental human rights both at home and in the community.
- \rightarrow As a result of this project 7 in every 10 girls and women with disabilities who were interviewed said that negative attitudes of the community members, and leaders are the major hindrance to human rights awareness.
- → Due to this project, a big proportion of 88% of the GWWDs are confident to report rights violations to the authorities such as LC1, Police, and another duty bearer
- \rightarrow Women have also taken up civic leadership positions at the LC1 level due to government affirmative action. This is consistent with quantitative findings that, (65%) of women with disabilities are confident to stand for any leadership position in the community with (35%) of them being very confident and (30%) being somewhat confident.

Indicator 3: % of community leaders who have undertaken at least one action to promote and protect the Rights of GWWDs

→ With regard to participation in family and community activities. Findings reveal that women with disabilities are participating as VSLA group leaders. Still, women with disabilities have also taken up civic leadership positions at the LC1 level due to government affirmative action.

Indicator 4: % of GWWDs knowledgeable of the existing support services

- → Because of this project, a big proportion 82.2% of the GWWDs were aware of some of the existing support services for GBV existing in the community
- → Those who did not report to the police said the main deterrent was that they did not trust the police to help them while others felt they have not been helped by the police in the past "they only fill papers and do nothing thereafter"

→ A big proportion (88%) emphasized that their concerns are always addressed, however, most of them reported that their concerns have not been completed to their satisfaction.

Indicator 5: % of 450 GWWDs who feel safe from any form of violence addressed by the project at family and community level over the last 12 months

- \rightarrow Most of the GWWDs (76.8%) have felt secure at home and in the community where they have lived in the last six months unlike before this project.
- → In terms of functionality of community Structures (Paralegal) most of the beneficiaries (88.1%) reported that paralegals were highly functional in the communities and (64.8%) indicated they were satisfied with paralegals. All this was attributed to the project intervention
- \rightarrow Because of this project most (76%) of the beneficiaries agree that they feel loved by their family members

Indicator 6: % of GWWDs knowledgeable of their human Rights and right to live free from violence

- \rightarrow Majority (98.6%) reported an improvement in awareness of the rights of GWWDs
- \rightarrow All (100.0%) beneficiaries with communication difficulties, epilepsy, hearing loss, multiple disabilities, and physical disabilities are aware of the rights of girls and women with disabilities, while 93.3 percent of beneficiaries with visual difficulties are aware of the rights of GWWDs.
- \rightarrow The vast majority (99.1%) said they were aware of their human rights as girls and women. Further data analysis revealed that the. The project's community sensitization activities were credited with the improvement.
- → The majority of human rights violations and GBV were considered private and not a society's responsibility, according to qualitative findings. However, as community members' knowledge and understanding of human rights has grown, they have become bolder and more confident in responding to cases of human rights violations and the perpetration of GBV.

Indicator 7: % of GWWDs who have benefited from government and NGOs programs or commitments

- \rightarrow 3 out 10 Girls, Women with disabilities who participated this evaluation had received the government commitments. There were no who had received the from the NGO.
- → Qualitative data collected through FGDs indicated that at individual level some women had accessed government economic and livelihood programs. Majority of them were linked to the existing government programs for further support. Some individuals and groups benefited from Operation Disability Grant, "Emyoga" government program, YLP, and UWEP among others

However;

- → According to qualitative responses, 90 percent of human rights violation cases fail or are poorly handled, owing to political influence and requests for financial advances from well-off offenders seeking to avoid justice.
- → Case management has also been hampered by the inability of the representatives of People with disabilities to communicate with people with communication difficulties.
- → Cultural impediments, political interference, and stigma have also hindered justice especially when the rights of women with disabilities have been violated were prevalent.
- \rightarrow Cultural barriers and gender issues continue to obstruct the acquisition of assets such as land and other hereditary assets, particularly at the family (perpetuated by parents and husbands) and community levels.
- → On the other hand, leaders at the governance level reported some prevailing discrimination in access to economic resources and employment opportunities between women with disabilities and those who are not especially due to stigma.

The efficiency of the Project

The project has demonstrated its efficiency through the implementation of its activities, the adoption of certain measures, its strategic approach, and the apt use of its resources. The planning, budgeting, monitoring, and management of financial, human, and other resources were generally good and all appropriate management tools were used. Overall, the use of resources and instruments was largely adequate. The project had excellent human resources capacities,

including the Monitoring and Evaluation manager, and an external evaluator for end-activity evaluation. Activities were carried out, in some cases over what was originally planned, and the quality of products was high. In addition, the quality of project management, in general, was good. Regular (quarterly) planning and review exercises were conducted. The monitoring system was well designed and implemented effectively. An M&E plan was established, based on the log frame indicators, and then was updated every quarter using an M&E tracking system. Regular monitoring and reporting were ensured. The modality of external evaluation of all project activities assessed the interventions' quality and thus contributed to the efficient implementation frameworks.

Sustainability

To begin with, the project was implemented at a low cost in the community. This means there's a good chance it'll keep going. Because those in charge of mobilization were from the target sub-counties and villages, transportation costs were kept to a minimum. In addition, the formation of 16 VSLA groups with leaders, each with 2-3 paralegals, strengthens the possibility of continuing to raise awareness and sensitize people about violence against GWWDs and human rights. Secondly, the knowledge and skills that have been imparted are as follows: The "equipment" of paralegals, women, and girls, as well as project staff, is still in use; UNTF project management training for project staff. The overall goal of the training was to ensure that NUWODU has qualified personnel as well as institutional policies and procedures in place to meet the terms of the Project Cooperation Agreement, which included being accountable for the grant and achieving the expected results. Paralegals also provided GWWDs with knowledge and skills in areas such as human rights and community reporting of violence cases, among other things. They still have the training materials that can be replicated. Finally, participation in VSLAs. Women with disabilities are not only members of VSLAs, but also group leaders in these VSLAs, according to the findings. VSLAs are an excellent way to provide financial literacy training as well as institul a llow them to expand their livelihoods while also helping to meet their families' basic needs.

However, there is more to be done to engage districts to continue propagating other linkage mechanisms to mainstream government programs that encompass People with disabilities which women with a disability can be integrated beyond this project's support. NUWODU needs sustainable sources of funds to continue carrying out sensitization activities and other pertinent activities.

Lessons Learnt

- 1) Boosting the self-confidence of Women with disabilities enhances the prospects of holding a leadership position. For example, some of the women with disabilities have become members of the local leaders in their community after gain confidence from the project training. Qualitative findings revealed that women with disabilities are engaged as VSLA groups leaders' others became electors at the district electoral college with eligibility to vote for their representatives in Parliament and local authorities. Others also (paralegals with disabilities) assumed civic leadership positions at the LC1 level due to government affirmative action. This is substantiated by the fact that 65% of women with disabilities are confident to stand for any leadership position in the community. Some women are on LC1 committees
- 2) Unserved Justice hinders Case reporting: The project has enabled women with disabilities to know their rights and where to report rights violations. However, when justice systems are working against them, they suffer in silence and never report. Other tacit cultural expectations also influence not to report cases. The project has greatly enabled women with disabilities to know their rights with 80% of Women with disabilities knowing their rights. Of these a big proportion i.e. 95% are confident to report any rights violation to authorities. The KIIs with local authorities in the Amuria district stated that most of the cases fail/are not handled especially due to political influence by highly placed perpetrators who buy their way out of justice.
- 3) Local leaders' involvement is very important in the fight against violence. This was evident from the cases handled involving the local leaders and the paralegals as it yielded more results. We realize that working cooperatively with local leaders yields far more benefits, the faster response by the police and perpetrators since more women were reporting cases of violence against them. This shared commitment to lifting GWWDs from violence has made it easy for NUWODU to penetrate through the various families where violence is reported.

Conclusions

On the whole, the project fully succeeded in meeting its objectives. In aspects where the project achieved verifiable results, it was instrumental in addressing the practical and most pressing needs of girls, and women with disabilities. Overall, the project is relevant as it addressed the needs of the communities of the Amuria district in the three subcounties of Abarilela, Asamuk, and Morungatuny. The project goal, purpose, results, and implemented activities present a logical flow and are aligned to the project aim and intentions. The approach and methodology chosen, given the context where the project was implemented as appropriate. The use of paralegals structures in the community for awareness creation at the community level was practical and addressed real root causes and mitigation measures of violence against GWWDs in the community. In terms of the effectiveness of the project, succeeded in creating awareness of and carrying out capacity building training human rights of GWWDs hence contributing to the reduction of violence cases among the GWWDs. However, the overall reduction in the occurrence of violence against women is not obvious. There are eminent challenges in the community affecting the GWWDs emanating from cultural beliefs and prejudices, limited resources, policy gaps, limited considerable accommodations, and lack of enough skilled people among other factors. While some inroads have been made towards the reduction of violence, a lot is yet to be done. The concept requires longer-term mobilization and sensitization continuously. The project has in a way addressed the causes of violence but has not dealt with how to help the victims. Despite various disruptions like COVID-19, it has delivered on most of its outcome levels. By midterm, the project was assessed to be on track and nearly met all its midterm targets (and in a few small instances exceeded them). In the end line, the project achieved almost all expected results across the project objectives despite its short duration. The project is therefore a good model for mitigating violence against GWWDs and the evaluation team would recommend it being replicated with additional funding in other parts of Uganda.

Recommendations

- Contribute to changing the negative social attitudes towards persons with disabilities to ensure respect for their dignity and status and raise awareness of their potential and input in society.
- More specific training on the topic of abuse (e.g., what constitutes abuse, settings where people are vulnerable, likely abusers, to whom to report, and likely outcomes) is needed.
- Focused efforts should be made to work with fathers (who appear more likely than mothers to reject a disabled girl) so that they are better able to appreciate the unique strengths, worth, and dignity of all children, including their own. Doing so could involve engaging parents and/or people with disabilities to share positive examples of what they have achieved and the types of support they have needed along the way. More opportunities should be created at the community level for families with girls who are deaf to learn sign language. Health workers, police, teachers, and others should be encouraged to take part in these learning sessions.
- Expand service delivery in terms of level and coverage in a planned, balanced and coordinated way between all service providers. Encourage service providers to extend services to the villages beyond Amuria town.
- Train and sensitize the personnel of family protection units, law enforcement bodies, and the judiciary on violence against women with disabilities
- Lobby for a review and amendment of relevant applicable laws and legislations to ensure aggravated penalties for violent behaviors and provide for clear mechanisms to protect this particular group, including in the penal code, the disability law, the personal status law, the draft family protection law, among others
- Enhance funding for mass sensitization campaigns. Whereas NUWODU has done a commendable job on this aspect, much more sensitization needs to be done to change the remaining negative attitudes, cultural perceptions, and stigma toward women with disabilities

CHAPTER 1: INTRODUCTION

1.1 Background

Violence against women is a pervasive, global public health problem⁷. Countries across sub-Saharan Africa experience very high rates of violence⁸. 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. In Uganda, disability is defined as a condition that denies a person a normal social and economic life, and which has lasted for 6 or more months.⁹ In Uganda, there are 4.5 million persons with disabilities representing 12.4% of Uganda's population. Of this, 28.2% of the female population have disabilities and 21% of the male population have disabilities. Moreover, 66.8% of people above 60 have at least some difficulty in functional areas such as hearing and seeing. Those in the reproductive age group i.e. 15-64 are estimated at 49.2%. Among these disability prevalence rates is higher among women living in rural areas¹⁰. Disability prevalence has remained high with the most commonly observed disabilities being loss and limited use of limbs (35.3%), spine injuries (22.3%), hearing difficulties (15.1%), seeing difficulties (6.7%), and mental retardation¹¹. the disability prevalence rate of the population aged 5 years and above is high at 12.5% for any form of disability.¹² The saddening statistic is that nearly two-thirds (64%) of Ugandan women with disabilities reported ever experiencing physical, sexual, or emotional, compared to slightly more than half (55%) of women without disabilities. Higher percentages of women with disabilities experienced physical violence (49% vs. 39%), sexual violence (35% vs. 22%), and emotional violence (51% vs. 39%) during their lifetime than their peers without disabilities.

1.2 Description of the Project

National Union of Women with Disabilities of Uganda (NUWODU) with funding from the United Nations Trust Fund implemented a three (3) year (09/01/2018 to 08/31/2022) project to End Violence against Women and Girls. Girls and Women with disabilities aged 9 to 60 formed the primary target group of the project. The project targeted 450 rural GWWDs living in the remote rural district of Amuria in Uganda; this is because of their multiple vulnerabilities due to intersectionality between gender and disability. GWWDs in this district have experienced long-term social exclusion and marginalization and are unlikely to be aware of their rights due to inaccessible information, lack of role models, and ongoing negative attitudes that increased the risk of violence based on disability and sex status in the community.

During implementation, the project identified 45 Paralegals among women and young people with disabilities who needed experimental training to gain confidence in their ability to handle GWWDs, and greater coordination with local leaders to overcome their lack of knowledge and negative attitudes. Paralegals are responsible for awareness-raising, mobilization, and engaging local leaders.

Other secondary beneficiaries were 850 parents/caregivers and 2500 community members who were reached with awareness-raising messages on the radio. During the campaigns, accessible information materials were disseminated to inform knowledge in self-protection to empower GWWDs as rights-holders. The action also addressed parents and community members' misinformed preconceptions and stigma about

⁷ World Health Organization. Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence; World Health Organization: Geneva, Switzerland, 2013.

⁸ Devries, K.M.; Mak, J.Y.T.; Garcia-Moreno, C.; Petzold, M.; Child, J.C.; Falder, G.; Lim, S.; Bacchus, L.J.; Engell, R.E.; Rosenfeld, L.; et al. The global pre

⁹ A research partnership between the National Union of Women with Disabilities in Uganda (NUWODU) and the Canadian Centre on Disability Studies (CCDS)PROUWD (Phase I) Final Report.

¹⁰ Uganda Bureau of Statistics; Uganda National Population and Household Census, 2014

¹¹ National Planning Authority; Third Uganda National Development Plan, 2020

¹² Uganda National Development Plan 2020-2025

GWWD's rights, existing laws, and personal safety through a network of community mobilizers using respected community leaders to reduce incidences of violence and enhance a peaceful and inclusive society where all are respected and accepted.

The project has two prongs. Firstly, the project was to empower GWWDs by increasing their knowledge of their fundamental human rights, self-esteem, and ability to protect and defend their rights. Secondly, the project is expected to have increased awareness and knowledge of the family members, local leaders, and community members on the rights of Girls and Women with Disabilities (GWWDs) as provided for in the legal frameworks as a precursor to behaviour change and positive attitude towards GWWDs. The project's goal was to ensure GWWDs in the three selected sub-counties in the Amuria district experience less physical, sexual, psychological, and emotional violence in their families and communities by 2021. The main outcomes of the project were;

- ★ % of 450 GWWDs who feel safe from any form of violence addressed by the project at the family and community level over the last 12 months.
- * % of GWWDs are knowledgeable of their human rights and right to live free from violence.
- * % of GWWDs with increased ability to identify any form of violence addressed by the project
- * % of GWWDs are knowledgeable of the existing support services. `
- * % of families aware of all forms of violence against GWWDs addressed by the project
- % of community leaders who have undertaken at least one action to promote and protect the Rights of GWWDs
- * % Of GWWDs who have benefited from government and NGOs programs or commitments

1.3 Purpose of the Evaluation

The purpose of the end-line evaluation was to assess whether the project objectives and results as identified in the project's log frame are being realized. In other words, the overall purpose of the final evaluation was to ascertain results (output, outcome, and goal) and to assess the five standard criteria (relevance, effectiveness, efficiency, sustainability, and impact) as well as the knowledge generation, gender equality and human rights of the project interventions for learning and accountability to various stakeholders. The evaluation was to establish the extent to which the overall program goal and specific objectives are being/were achieved, identify the current implementation challenges and make recommendations on any possible adjustments in the current implementation strategy where necessary.

Specifically, the evaluation was guided by two (2) overarching objectives namely. These included the following;

- i. To evaluate the entire project (two to three years from start to end date), against the effectiveness, relevance, efficiency, sustainability, and impact criteria, as well as the cross-cutting gender equality and human rights criteria
- ii. To identify key lessons and promising or emerging good practices in the field of ending violence against women and girls, for learning purposes

1.2 Scope of the evaluation

The evaluation was conducted in Amuria district covering the three sub counties of Abarilela, Asamuk, and Morungatuny.Majorly, the evaluation was conducted to examine whether the project achieved its intended objectives and to determine the changes it brought to the target communities. Specifically, the evaluator used both OECD-DAC evaluation criteria (qualitative approach), and cross-sectional household surveys (quantitative approach). The evaluators assessed each indicator to ascertain the extent at which the project generated its results.

1.3 Evaluation questions

| Evaluation Criteria | Mandatory Evaluation Question |
|---------------------|-------------------------------|
| Effectiveness | |

| A measure of the extent to which a project attains its objectives / results (as set out in the project document and results framework) in accordance with the theory of change. | To what extent were the intended project goal, outcomes and outputs (project results) achieved and how? To what extent are the planned results being realized (following the Log frame indicators)? Have the target groups been well-chosen and systematically addressed How do beneficiaries perceive the activities' impact? Are risks being managed to avoid or minimize their impact? | |
|--|--|--|
| Relevance The extent to which the project is suited to the priorities and policies of the target group and the context. | 2. To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls? Do the strategies answer to most urgent needs of the women and girls with disabilities? Was the project able to adjust to any changes for example COVID-19 pandemic or other contextual changes in the lives of the women and girls with disabilities? | |
| Efficiency Measures the outputs - qualitative and quantitative - in relation to the inputs. It is an economic term which refers to whether the project was delivered cost effectively. | 3. To what extent was the project efficiently and cost-effectively implemented? To what extent was the project efficiently and cost-effectively implemented? Which factors facilitate or limit the realization of the objectives? Is the implementation structure appropriate to realize the project results? | |
| Sustainability Sustainability is concerned with measuring whether the benefits of a project are likely to continue after the project/funding ends. Impact Assesses the changes that can be attributed to a particular project relating specifically to higher-level impact (both intended and unintended). | 4. To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends? <i>Will the project results last in terms of financial, behavioral, institutional, policy, and social sustainability?</i> 5. To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)? | |
| Knowledge generation Assesses whether there are any promising practices that can be shared with other practitioners. | 6. To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners? To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners? | |
| Gender Equality and Human Rights Conclusions and Recommendations | To what extent were human rights based and gender responsive approaches incorporated through-out the project. What are the key conclusions on the findings per evaluation criteria and project objective? What are the key strategic and operational recommendations per evaluation criteria and project objective? | |

1.4 National Context

In Uganda, disability is defined as a condition that denies a person a normal social and economic life, and which has lasted for 6 or more months.¹³ In Uganda, there are 4.5 million persons with disabilities representing 12.4% of Uganda's population. Of this, 28.2% of the female population have disabilities and 21% of the male population have disabilities Those in the reproductive age group i.e. 15-64 are estimated at 49.2%. Among these disability prevalence rates is higher among women living in rural areas¹⁴. Disability prevalence has remained high with the most commonly observed disabilities being loss and limited use of limbs (35.3%), spine injuries (22.3%), hearing difficulties (15.1%), seeing difficulties (6.7%), and mental retardation¹⁵. the disability prevalence rate of the population aged 5 years and above is high at 12.5% for any form of disability.¹⁶ The saddening statistic is that nearly two-thirds (64%) of Ugandan women with disabilities reported ever experiencing physical, sexual, or emotional, compared to slightly more than half (55%) of women without disabilities. Higher percentages of women with disabilities experienced physical violence (49% vs. 39%), sexual violence (35% vs. 22%), and emotional violence (51% vs. 39%) during their lifetime than their peers without disabilities. Examining the mechanisms by which disability and gender-based factors increase the risk for violence is essential to the development of interventions and policies that prevent and/or mitigate the risks and associated consequences of Violence. It is commendable that the Government enshrined in the legal and policy framework in the country to combat violence, and discrimination against disability and promote equal opportunity.

1.4.1 Rights of Disabled

From a national and international perspective, several conventions and policy frameworks enshrine the rights of the disabled and advocate for rights-based approaches. Uganda has demonstrated its commitment to the promotion and protection of the rights of PWDs through the adoption and implementation of national and international policies and legal (well-being) instruments that concern PWDs. The Uganda Constitution (1995) recognizes the rights of PWDs and provides the basis for the enactment of laws and the development of policies that address their concerns. The Constitution provides for fair representation of marginalized groups on all constitutional and other bodies, recognition of the rights of PWDs to respect and human dignity, and promotion of the development of sign language for the deaf. Furthermore, it enjoins the country to take affirmative action to redress the imbalances that exist against PWDs.

Several barriers impede women with disabilities from fully exercising their rights. The Intersectionality between disability and gender has affected girls and women concerning access to education and employment and in other areas such as; reproductive rights, child-rearing responsibilities, finding a marriage partner, and the role of men in the lives of women with disabilities¹⁷. The cultural dimension also comes into play. Women with disabilities are also denied inheritance rights hence limiting the attainment of collateral to qualify for loans¹⁸. Even when treated unfairly, accessibility of social protection and justice systems remains a limiting factor. Districts/sub-county headquarters, police, and courts of law remain largely physically inaccessible to persons with disabilities.

1.4.2 COVID-19 Effects

In March 2020, the World Health Organization (WHO) declared COVID-19 a pandemic. Uganda implemented lockdowns, curfew, banning both private and public transport systems, and mass gatherings to minimize the spread. Social control measures for COVID-19 are reported to increase violence and

¹³ A research partnership between the National Union of Women with Disabilities in Uganda (NUWODU) and the Canadian Centre on Disability Studies (CCDS)PROUWD (Phase I) Final Report.

¹⁴ Uganda Bureau of Statistics; Uganda National Population and Household Census, 2014

¹⁵ National Planning Authority; Third Uganda National Development Plan, 2020

¹⁶ Uganda National Development Plan 2020-2025

¹⁷ A research partnership between the National Union of Women with Disabilities in Uganda (NUWODU) and the Canadian Centre on Disability Studies (CCDS)PROUWD (Phase I) Final Report

¹⁸ A research partnership between the National Union of Women with Disabilities in Uganda (NUWODU) and the Canadian Centre on Disability Studies (CCDS)PROUWD (Phase I) Final Report

discrimination globally, including in Uganda as some may be difficult to implement resulting in the heavy deployment of law enforcement. Various research studies¹⁹ indicated that cases of violence and discrimination against vulnerable groups such as PWDs had increased in Uganda's communities following the lockdown. The incidence of violence and discrimination among girls, and women during the COVID-19 lockdown was high. The majority of PwDs faced a lot of difficulties accessing social or essential health services. Although not disaggregated by gender, data indicate that persons with disabilities were affected more than persons without disabilities during the unprecedented pandemic. Issues of access to information, education and training opportunities, and access to transportation services following the ban on private and public transport negatively affected the livelihoods of this subgroup²⁰. The needs of persons with disabilities were not adequately considered nationwide in the COVID-19 response. On the whole, the situation was worse for persons with disabilities and called for more concerted emergency programming options for persons with disabilities.

¹⁹ Katana, E., Amodan, B.O., Bulage, L. et al. Violence and discrimination among Ugandan residents during the COVID-19 lockdown. BMC Public Health 21, 467 (2021). https://doi.org/10.1186/s12889-021-10532-2

²⁰ Oluka, E. (2020). How are PWDs coping with lockdown? Daily Monitor, 9 April 2020.

CHAPTER 2: EVALUATION METHODOLOGY

2.1 Evaluation Design

The Evaluation adopted a cross-sectional study design in which qualitative and quantitative methods of data collection were utilized. Participatory approaches to data collection were key and the process was designed to ensure that the key principles of participation, appreciative inquiry, and an inclusive approach were used throughout the assignment. To ensure optimum participation of stakeholders in this evaluation, interviews, and discussions were participatory, emphasizing the involvement of relevant stakeholders at all stages, particularly disabled girls, and women, DPOs, Family members, Husbands, paralegals, Police, policymakers, and project staff and DLG officials. Furthermore, the design ensured flexibility that accorded the stakeholders, especially the project staff and donor, the opportunity to input into the evaluation issues. Both active and passive qualitative and quantitative data collection methodologies were employed during the evaluation. The secondary data collection approach was employed through documents review and the use of data generated from the project reports. Active data collection was through household data collection, key informants dialogues, and focus group discussions.

2.2 Data Collection Methods

Document Review: The Evaluation team extensively reviewed relevant literature on the project, such as Annual Reports both narrative and Financial Reports, Monthly Reports, Case studies, Quarterly reports, Project Proposals, monitoring reports, international and national publications (Analysis of the Impact of Covid-19 on organizations of persons with disabilities, how are People with disabilities coping with lockdown? Inclusion of Girls and women with Disabilities in Uganda among others) etc. These were reviewed to familiarize with the project and also collect information that was included in the evaluation findings

Key Informant Interviews: The evaluation collected data from key individuals which included; Local government officials (village, sub-county, district), paralegals, PWD leaders (DPO district associations), DLG, and sub-county officials, Trainers, husbands, customers, and traders. The key views collected in this regard included; whether this project has helped to GWWDs, confidence, self-esteem, and community attitude and inclusion of women with disabilities, whether women with disabilities have equal access to social services in this district like any other people; how cultural norms affect women with disabilities in Amuria district; whether women with disabilities participate fully in family and community activities and functions; whether women with disabilities have equal access to economic resources in this district like any other people, whether resources in this district like any other people, so the equal access to economic resources in this district like any other people, whether women with disabilities have equal access to economic resources in this district like any other people, whether gWWDs are knowledgeable of their rights among others

Girl and Women Survey (beneficiary survey): This was a one-to-one interview with Girls and women with disabilities. Overall, 219 Girls were interviewed under this evaluation. The beneficiary survey was conducted by eight (8) research assistants consisting of 2 males and 6 females. The tool was designed to collect data from each indicator from which project results were determined. Each data collection sub-team of 4 field researchers was under the leadership of a field supervisor who reported to the field supervisor. Data was collected using electronic tablets programmed using XML file format and loaded with Kobo platform software daily. Data collected through the beneficiary survey included; whether the 450 GWWDs are knowledgeable of their rights, able to identify violence and support services by the end of the project period; whether Girls and women with Disabilities have improved self-esteem and ability to prevent violence against them; whether there are strengthened community structures (paralegals) to mobilize and sensitize the community members on violence against GWWDs; whether there is Increased awareness of the rights of GWWDs by family and community members, etc.

Focus Group Discussions: FGDs are a proven useful tool for soliciting qualitative data, particularly on issues where group opinion is sought, where there is a need to obtain opinions, gender issues, reflections, and the reasoning behind beliefs, actions, and any emerging issues. FGD participants included Girls, and women beneficiaries, caregivers of Girls, women and other family members, and Community Members. In particular, areas of assessment under this methodology included; how cultural and gender norms impact positively on women with disabilities; whether women with disabilities have equal access to economic resources and job opportunities; whether girls, women, and community members know the fundamental rights of GWWDs; whether GWWDs are aware of all forms of violence against GWWDs; whether the community has taken some actions have you taken to promote the rights of GWWDs, among others. Overall,7 FGDs which included 3 for beneficiaries, and 2 community members. and 2 for caretakers/family members

Use of Case Studies: The team was used Illustrative and Project effect case studies by examining the causal links between the project and observed effects (outputs, outcomes of the project). In this case, three (4) case studies of the most successful beneficiaries

2.3 Compliance with Covid 19 SOP

Given the current uncertainties around the impact of the Covid-19 pandemic, the consultants were able to manage this evaluation exercise while putting into consideration the standard procedures established by the Ministry of Health Uganda. During preparation, the consultants adopted the following measures;

- \checkmark The consultants ensured that FGDs were not more than 10 participants
- ✓ The consultants ensured social distancing while conducting FGDs and interviews
- ✓ During the FGDs and interviews, every participant was encouraged to put on a mask
- ✓ At the place where FGDs were conducted, the consultants encouraged each participant to sanitize before joining the discussion.
- ✓ The research team moved with sanitizers to the field while conducting Household interviews

2.4 Sample size determination

The sample size for this evaluation was generated using the sample calculation formula (Yamane²¹ (1967). Our target sample size, therefore, was **212** Girls, and Women with disabilities. To select the actual respondents, a systematic sampling method to select the respondents and systematic sampling to ensure that the sample included various disability types. The sample distribution is calculated as follows

| Respondents | Target | Achieved | Percentage | Method/tool |
|---|--------|----------|-------------|-------------|
| | Sample | | achievement | |
| ls and Women with disabilities | 212 | 219 | 103% | Survey |
| ject staff | 1 | 1 | 100% | KII |
| O leaders | 1 | 1 | 100% | KII |
| officials-District | 4 | 4 | 100% | KII |
| officials-Sub County | 4 | 4 | 100% | KII |
| omen with disabilities | 4 | 4 | 100% | FGDs |
| mily members of Women with disabilities | 4 | 4 | 100% | FGDs |
| alegals | 6 | 6 | 100% | KIIs |

Table 1: Sample Size Target and Achievement

2.5 Data Management and Analysis

The data was uploaded onto the server every evening and was checked for errors, completeness, and consistency the subsequent day before the teams proceeded to the field. After the fieldwork was over the

²¹ Yamane, Taro. 1967. Statistics, an Introductory Analysis, 2nd Ed., New York: Harper and Row.

consultants cleaned the data and downloaded it in CSV format. Thereafter, data was imported to SPSS for analysis. Data were tabulated according to a pre-agreed analytical framework that responds to the terms of reference (ToR). The data collected using electronic tablets were stored in a secure database accessible only to the statistician (data analyst). The data was downloaded in text (txt, CSV, and xslx) format and imported into SPSS. Data cleaning was done through several methods including, a) comparison with expected targets at the data collection phase, b) Eyeballing variables (looking at sets of data and making estimates of statistical values without carrying out statistical calculations, from both analyzed and raw data) to test accuracy and consistency of information and c) Analyzing data by variables to check for consistencies.

The qualitative data were analyzed using descriptive and content analysis. Here, similar responses were categorized concerning the developed themes and sub-themes and then narratively explained, purposely to bring out the relationship between the variables. The data analysis followed a detailed data analysis plan developed from the indicators and objectives of the evaluation. This was done in SPSS and Microsoft Excel through tabulation, cross-tabulation, visualization, and comparison of means.

2.6 Quality Control Measures during the evaluation

The evaluation exercise went through several procedures for quality control purposes and these shall include the following:

- a) *Training of research assistants:* Experienced research assistants were recruited and trained in conducting the study. The enumerators underwent a 1-days training to get familiar with the assignment objectives, data collection tools, interview methods, disability awareness, and other ethical concerns. Researchers were taken through the research ethics and child protection procedures that needed to be implemented during the research, and any other procedures identified. The researchers were also allowed to practice the use of the research instruments.
- b) *Review of data:* Each day the team conducted a reflection activity of the day's event to identify issues for further follow-up in subsequent field activities. To curb the problem of missing data, field supervisors moved with enumerators to the field to ensure all data is collected and to ensure that there is no missing data. This was enforced by conducting spot checks on the data collected by the research assistants.
- c) *Deployment of field supervisors:* In the field, a supervisor for each team of enumerators was deployed. The field supervisor doubled as an editor, checking for completeness and consistency of information obtained. The supervisor was charged with the responsibility of ensuring that all questionnaires filled in each day are reviewed on daily basis by the field manager.

2.7 Study Limitations

- There were also some methodological challenges in comparing results against baseline results which was not conducted at the beginning of the project. The team chose to only present findings without comparison.
- It was also difficult in getting respondents from government Ministries: It was difficult to access some respondents because of their busy schedules, while in some cases there was a lot of bureaucratic tendencies to seek appointments from some of the officials selected for KIIs

2.8 The Study Team

Interviewers were Ugandan fluent in Ateso and English. They were sensitive to the needs of girls, and women had some experience working with girls, and women with disabilities. All were recruited by the Maarifa Consult; they were not affiliated with or employed by NUWODU where the data were collected. Before data collection commenced, all interviewers took part in a training that elaborated on the study and its objectives; methodology, and methods; mechanisms for data capturing; and behavioral research ethics, including safeguarding policy, violence against girls, and girls, and sensitivities related to disabilities.

2.9 Ethical Considerations

- a) Voluntary and informed consent: Voluntary and informed consent was obtained from all respondents. Respondents were fully briefed on the purpose and objectives of the evaluation for the respondents to make voluntary consent to be part of the evaluation. No promises were made to respondents as a way of getting consent.
- b) Confidentiality and privacy of respondents: Respondent confidentiality was upheld and all respondents remained anonymous.
- c) Pretesting of the tools: Before the team went to the field for data collection, the tools were pretested for quality, reliability and validity.
- d) Protection of respondents: We did not put respondents in a situation where they are at risk of physical or psychological harm as a result of their participation in the evaluation. We ensured the list of names and other information that could lead to the identification of the respondents were not published. The names of the key informants were not be shared without their consent.
- e) Use vulnerable and special population: We ensured the evaluation does not use vulnerable or disadvantaged population such as under age children, and minority tribes without their consent or permission/consent from their guardians.
- f) Respect of respondents' time: It is unethical to take the respondents for granted and assume they have unlimited time for a survey. Therefore, the consultant and enumerators informed the respondents how much time was intended for the evaluation
- g) Dissemination of findings: The Consultant firm did not disseminate or use portion of the evaluation report without the consent of NUWODU team

| Type of Impairments | How to deal with such Impairment | |
|--|--|--|
| 1. Hearing impairment | The research team employed the services of a professional sign language interpreter to help in sign interpretation | |
| 3. Severe impairments (Not hearing, talking and seeing) | We asked respondents to come with one family member who usually communicates to them | |

2.10 Dealing with People with Disabilities during data Collection

CHAPTER 3: FINDINGS

3.1 Introduction

This section presents an overall synthesis of results obtained from triangulation of several data sources including Literature review, case studies, and primary data from Key Informants and beneficiaries. These results are presented in line with the project objectives and outcomes.

3.2 Background Characteristics

3.2.1 Demographics

This section presents an overall synthesis of results obtained from triangulation of several data sources including Literature review, case studies, and primary data from Key Informants and beneficiaries. These results are presented in line with the project objectives and outcomes

| Demographics | # | % | |
|--|-----|-----|--|
| # Of Respondents (n) | 219 | | |
| Marital Status | | | |
| Single | 122 | 56% | |
| Married | 57 | 26% | |
| Separated | 14 | 6% | |
| Divorced | 5 | 2% | |
| Widowed | 21 | 10% | |
| Nature of Disability | | | |
| Epilepsy | 28 | 13% | |
| Physical | 132 | 60% | |
| Communication | 4 | 2% | |
| Visual | 15 | 7% | |
| Hearing | 16 | 7% | |
| Multiple | 11 | 5% | |
| Intellectual | 13 | 6% | |
| Person Living with | | | |
| Mother | 84 | 23% | |
| Father | 66 | 18% | |
| Spouse | 49 | 13% | |
| Siblings (Brother & Sisters) | 55 | 15% | |
| Dependents e.g., Children | 70 | 19% | |
| Others | 23 | 6% | |
| A person living with *Multiple responses | | | |
| HH Head | | | |
| Mother | 3 | 16% | |
| Father | 72 | 33% | |
| Grand Mother | 3 | 1% | |
| Sister | 1 | 1% | |
| Son | 2 | 1% | |
| Spouse | 48 | 22% | |
| Brother | 3 | 1% | |
| Relative | 9 | 4% | |
| Beneficiary | 46 | 21% | |
| Age | | | |
| 5-15 years | 27 | 12% | |
| 16-30 years | 82 | 37% | |

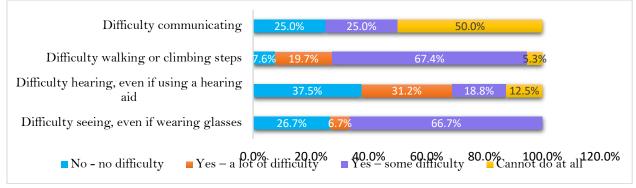
Table 2: Demographic Characteristics of Respondents

| 31-45 years | 53 | 24% |
|--------------|----|-----|
| 46-60 years | 44 | 20% |
| 61-75 years | 11 | 5% |
| 75 and above | 2 | 1% |

From the table1 above, it is clear that most (56%) of the beneficiaries were single followed by 26% who are married, 10% widowed, 6% were separated and 2% divorced. Of these, most i.e. 60% had physical disabilities. Other high disability categories were those with Epilepsy (13%) and those with Visual and hearing disabilities (7%). Intellectual, Multiple, and communication disabilities were the least represented in the sampled beneficiaries i.e., they accounted for only 6%, 5%, and 2% respectively. Regarding the composition of the households of these GWWDs, most of GWWDs live with either a mother (23%) or a dependent (19%,), 18% stay with their fathers, and 15% stay with their siblings (Brother and sister). majority of the GWWDs in the homes are headed by their fathers (33%), 16% are headed by their mothers, 22% are headed by their spouse, 21% are the heads in their homes, with the least being headed by their relatives accounting for 4%, sons (2%), and brother accounting for only 1%. In terms of age, most (37%) of the beneficiaries are aged between 16-30 years, followed by beneficiaries aged 31-45 years accounting for 20%, with the least in the age brackets of 0- 15 years, 61-75 years, and 75 years above accounting for 12%. 5% and 1% respectively.

3.1.1 Washington group short question

Figure 1: Washington Group Short Questions



According to the analysis of the Washington group short questions, it is evident that most women and girls with disabilities from each category of disability had some difficulties. There were 75% who had difficulty in communicating, 24%, 92% had difficulty in walking or climbing steps, 62.5% had difficulty in hearing or using a hearing aid and 73.4% had difficulty in seeing even if wearing glasses

3.1 Presentation of Results

3.3.2 Relevance of the Project

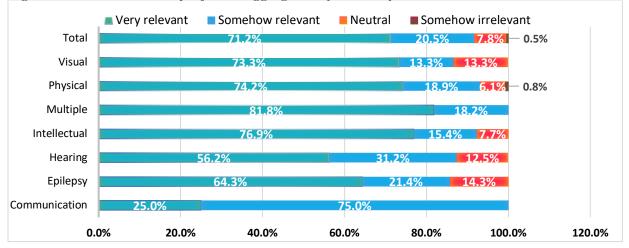
The evaluation examined the extent to which the "reducing violence Against women and girls with disabilities" project design and interventions met the needs and priorities of the GWWD. In order to understand the project processes and activities and ascertain how relevant they were, the evaluator set out to establish the extent to which the project's objectives were consistent with the priorities and the needs of GWWDs in Amuria district and how appropriate the implementation strategies were.

Relevance in relation to the results, purpose, and goal of the project

The project was formed to reduce violence against Women and Girls with Disabilities in Amuria District. During the project inception phase, detailed and participatory problem analysis was done by stakeholders including community members which ensured real needs were prioritized and used to prepare the proposal and results framework. The approach and methodology adopted during implementation involved awareness creation and sensitization on human rights at the community level, followed by capacity building on the same issues for selected members of the community, formation of VSLA groups, and training of paralegals, the establishment of referral systems for violence victims.

The extent to which activities carried out were relevant in the eradication of GBV

The project targeted 450 GWWDs aged 6-60 years living in the remote rural district of Amuria in Uganda. The final evaluation findings showed that the project contributed to the eradication or reduction of GBV in the three sub-counties of Abarilela, Asamuk, and Morungatuny. The project gave the community members the confidence to share GBV experiences and occurrence at the community level and report it to the authorities. Focus group discussions revealed that the awareness sessions and capacity building contributed by the paralegals to the reduction of GBV against GWWDs was paramount. At the start of the project, community members were not open and were not free to share issues on GBV as it was considered a private family affair, especially domestic violence while other violations like rape were resolved at the community level by village elders. This was done to reduce stigma and other associated effects on the victims. However, the sensitization and awareness done by the project created the need to report and talk openly about GBV against GWWDs. The survey went ahead to find out how relevant the project has been and results show that most of the GWWDs perceive the project to have been very relevant accounting for 71.2%, 20.5% reported that the project was somehow relevant, while 7.8% and 0.5% of them reported that it was neutral and somehow irrelevant respectively. The highest number (81.8%) of beneficiaries who reported that the project was very relevant had multiple disabilities while those who reported that the project was somehow irrelevant (0.8%) had a physical disability.





Additionally, relevance is noticeable in the design of the project as it was formulated in line with the needs of girls and women with disabilities. In the Amuria district, women and girls with disabilities encounter persisting challenges due to discrimination, marginalization, social exclusion, stigmatization, and routine failure to ensure their social inclusion and effective participation in public life. They live in more stringent social hardship, compared to men with disabilities and women without disabilities. In line with this, 93.6%

of the GWWDs reported that they are satisfied with the interventions implemented by the project with 59.4% of them satisfied and 34.2% very satisfied while only 6.4% are neutral about the interventions implemented by the project. During the evaluation fieldwork, paralegal, local government officials confirmed the relevance of the calls for proposals and found that they well reflected their needs. However, some also expressed some concerns regarding the number of women and girls reached by the project. The majority reported that Amuria is a big district with many GWWDs who need such interventions, but unfortunately, the project only reached to 450 Girls and women with disabilities.

3.3.3 Effectiveness of the Project

Under effectiveness criteria the evaluators focused on how far the project results were used or the potential benefits realized. Evaluators also measured whether the plans (purposes, outputs, and activities) have been achieved. The extent at which targets were achieved signify the level at which the project has achieved its purpose. This was also an indication that project contributed to the achievement of the principal objective or goal.

Indicator 1: % of GWWDs with increased ability to identify any form of violence addressed by the project

Most of the respondents interviewed were able to identify the various forms of violence existing in their communities. Out of the 219 GWWDs interviewed 98% were able to identify the form of violence addressed by the project. Still, Interviews with various stakeholders stressed that all forms of abuse, marginalization, and lack of rights, opportunities, and services should be considered forms of violence against women with disabilities. The latter population group is exposed to different levels of physical, psychological, sexual, and verbal violence and socioeconomic deprivation, as illustrated below:

| Forms of | Manifestation of this violence in this community |
|----------|--|
| violence | |
| Rape | Persons with certain types of disability, particularly intellectual disabilities, are exposed to different forms of sexual abuse up to rape. Often the perpetrator is a family member or a person within the close circle around the victim. Participants noted that such cases of rape and abuse are numerous and families try to conceal them to avoid social disgrace and stigma. Family attempts may include forced sterilization of victims and denial of their reproductive rights. |
| | "Girls can be raped. One can shield them from such violence as long as they are in the center but the concern is that when they go outside, this happens to them because they are often subjected to violence based on the fact that they will not be able to [report] it." – FGD participant |
| | "A person who is in a wheelchair is raped or abused easily, this is sexual abuse, and surrounding them is another kind of violence, they can be abused by members of their household, workers, family members, and neighbors because they can't fight or deny there are many incidents of rape"-FGD participant |
| | "When you send them somewhere, especially girls, they can be raped. We have three typical cases whereby you send them to buy something, yet she has dumbness and deafness disability, or she has a physical disability, it can probably happen that she is raped. We have cases of girls who were raped and begot without their consent. Some of them are now HIV positive yet their parents are not" – KIIs with Paralegal |

Table 3: Experience of Violence in Families and Community

| Physical abuse Forced marriage | Many women and girls with disabilities are exposed to physical violence in the form of beating and physical harm. Some participants in the study sample of targeted women reported being beaten by family members to prevent certain behaviors or impose on others. The sample of women with disabilities interviewed confirmed the prevailing negative social perceptions towards their reproductive rights, citing that families and society disapprove of the idea of their marriage, childbearing, and the like. Sometimes, females with disabilities are subjected to exploitation by being forced to marry without consent and are denied their right to have a say in the matter. |
|---|--|
| Deprivation of resources, opportunities, and services: | In the Amuria district, women and girls with disabilities are largely underprivileged in terms of rights, opportunities, and resources, in comparison with other members of society without disabilities. This is evident in different forms of discrimination of rights at the family level, where children without disabilities, particularly males, receive favourable treatment and have better access to education, while girls are deprived of education and denied the opportunity to make decisions, participate in society, find an employment or enjoy their right to inheritance. The majority of the participants in FGDs reported that this situation is aggravated by the failure to enforce some of the existing laws and the absence of different forms of protection and care. Women with disabilities face obvious discrimination in legal matters such as the legal capacity for certain types of disability, determination of eligibility for disability benefits, and others. In the case of employment, this population group is often exploited in the workplace through discriminatory wages and by assigning to them marginal duties or functions that do not suit their abilities. |
| Psychological/ emotional abuse | Many stakeholders consider this type of abuse the most common form of violence against women with disabilities perpetrated by the family in the form of consistent insults, threats, or intimidation. Often females with disabilities face the risk of forced isolation, consistent verbal abuse, and unfair comparisons with their siblings and others. Further abuse results from social behaviors, attitudes, and cultural constructs, such as the perception of inferiority, verbal harassment, abusive remarks, and gesticulations, exposing females with disabilities to different forms of direct and indirect verbal and psychological violence. Besides, participants also noted mistreatment by some service providers in the form of indecent approach or making negative remarks during service delivery. This observation points to the need to train service providers on how to ensure beneficiaries' dignity. |
| Sexual abuse | <i>anything</i> "KIIs with a Probation officer Persons with certain types of disability, such as intellectual, visual, and physical impairments, are at a greater risk of sexual harassment and abuse. Such risk is heightened because of the victim's need for care and her dependence on the main caretaker, making her vulnerable to different forms of sexual harassment within the family/community. The perpetrator perceives the victim as weak, unable to defend herself and in need of assistance, Usually, the victim suffers from additional strain due to the negative reaction of the family if she reports the violence, because she will be blamed for the incident and will be locked up and deprived of liberty in an attempt by the family to conceal the abuse. |

Indicator 2: % of GWWDs knowledgeable of their human Rights and right to live free from violence.

3.3.3.1 Girls and Women with Disability Easily identify Violence and Knowledgeable about their Rights

The project aimed to empower GWWDs by increasing their knowledge of their fundamental human rights, self-esteem, and ability to protect and defend their rights. The evaluation sought to find out from the girls and women with a disability if they knew their rights and from the finding's majority of the GWWDs (94%) were aware of their rights as compared to 6% who were not aware of their rights as shown in the figures below.

Awareness of Rights

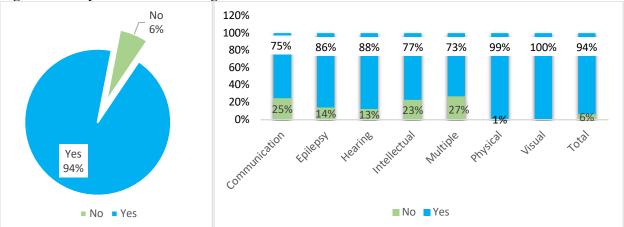
10.0%

0.0%

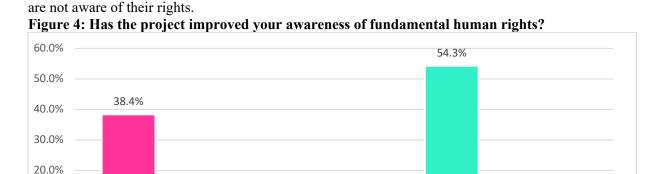
Considerably

improved

Figure 3: Are you aware of the Rights of GWWDs?



From the figures (4) above, all (100%) GWWDs with visual difficulties are aware of their rights, 99% with physical difficulties are aware of their rights while only 1% are not aware, those with hearing difficulties, the majority (88%) are aware of their rights while 13% are not aware, 86% with Epilepsy difficult are aware of their rights while 14% are not aware, 77% with intellectual difficult are aware of their rights, 75% with communication difficulties are aware of their rights while only 25%



From the figure above, the majority of the GWWDs report that the project has improved their awareness of fundamental human rights with 54.3% of them reporting significant improvement and 38.4% reporting considerable improvement. 3.2% of them report that their awareness has just improved, 2.7% report partial improvement while only 1.4% of them report no improvement at all.

2.7%

Partly improved

Significantly

improved

1.4%

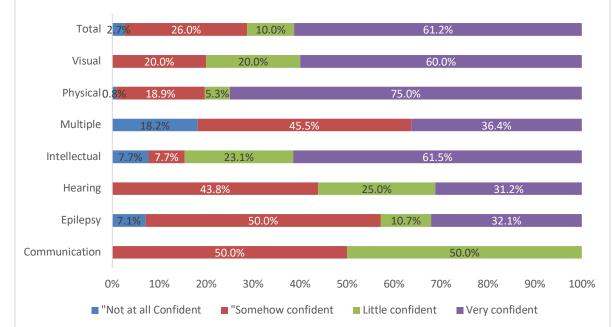
No improvement

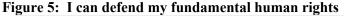
seen

3.2%

just Improved

FGDs with GWWDs, and family members, established that the increase in knowledge and understanding of human rights has led to boldness and confidence among the community members in responding to cases of violation of human rights and perpetration of GBV. "...we have heard a lot of information regarding our fundamental rights, from the community meetings and radio talk shows and paralegals. This has bestowed us with confidence. Many of us can stand and speak against our rights abuses..." FGD participant from the GWWDs.





From the figure above, overall majority (61.2%) of the GWWDs are very confident to defend their fundamental human rights, 26% are somehow confident, 10% of them are a little confident while only 2.7% of them are not confident at all to defend their fundamental human rights. Beneficiaries with physical, intellectual, and visual disabilities show higher confidence to defend their fundamental rights with 75%, 61.5%, and 60% of them very confident respectively while those with multiple disabilities show the least confidence in defending their fundamental human rights with 18.2% of them not confident at all.

Barriers to Rights Awareness

Table 4: Barriers Hindering the Awareness of Rights of GWWDs

| | Inadequat e Policies and Standards | Negative Attitudes | Lack of consultation and Involvement | Lack of data and Evidence | Lack of accessi bility | Others | Total |
|---------------|---|-----------------------|---|---------------------------------|---------------------------------|--------|-------|
| Communication | 0 | 3 | 1 | 0 | 0 | 1 | 4 |
| | 0% | 75% | 25% | 0% | 0% | 25% | |
| Epilepsy | 4 | 17 | 12 | 4 | 4 | 8 | 28 |
| | 14% | 61% | 43% | 14% | 14% | 29% | |
| Hearing | 4 | 12 | 6 | 3 | 2 | 5 | 16 |
| - | 25% | 75% | 38% | 19% | 13% | 31% | |
| Intellectual | 5 | 7 | 12 | 7 | 4 | 8 | 12 |
| | 42% | 58% | 100% | 58% | 33% | 67% | |
| Multiple | 2 | 7 | 7 | 1 | 1 | 4 | 11 |
| | 18% | 64% | 64% | 9% | 9% | 36% | |

| Physical | 34 | 97 | 84 | 37 | 31 | 73 | 132 |
|----------|----------|-------|-----------|----------|------|-------|-------|
| | 26% | 74% | 64% | 28% | 24% | 55% | |
| Visual | 3 | 11 | 9 | 5 | 3 | 5 | 15 |
| | 20% | 73% | 60% | 33% | 20% | 33% | |
| Total | 52 (24%) | 154 | 131 (60%) | 57 (26%) | 45 | 104 | 218 |
| | | (71%) | | | 21%) | (48%) | (100% |
| | | | | | | |) |

From the table above, the majority of the respondents 154 (71%) said that negative attitudes of the community members and leaders were hindering awareness of the rights of GWWDs with difficulties in communication and Physical reporting the most with 75% and 74% respectively. 131 respondents with most(100%) reporting from intellectual difficulties said lack of consultation and involvement hindered the awareness of rights of girls and women with disability, 26% of respondents said lack of data and evidence was hindering awareness of rights and girls with disability with the majority(58%) reporting from intellectual, 24% respondents said inadequate policies and standards were hindering awareness of rights of GWWDs with the majority(42%) reporting from intellectual, 45 respondents said lack of accessibility was hindering the awareness of rights of GWWDs with most reporting from intellectual. 104 respondents said others which included misunderstanding with the majority reporting from the intellectual.

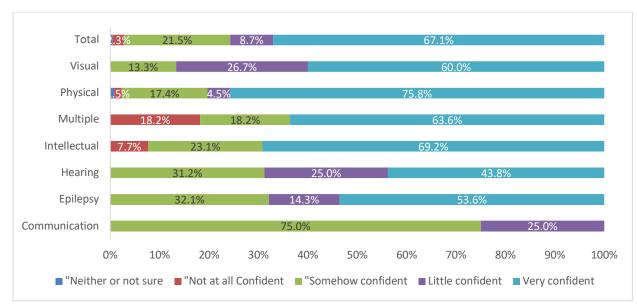
After analysis of qualitative data from KIIs and FGDs, it was established that the major barrier to rights awareness among the GWWDs was due to the following

- Policy design does not always take into account the needs of people with disabilities, or existing policies and standards are not enforced. Examples include a lack of a clear policy of inclusive education, a lack of enforceable access standards in physical environments, and the low priority accorded to rehabilitation.
- Beliefs and prejudices constitute barriers when healthcare workers cannot see past the disability, teachers do not see the value in teaching children with disabilities, employers discriminate against people with disabilities, and family members have low expectations of their relatives with disabilities.
- People with disabilities are particularly vulnerable to deficiencies in services such as health care, rehabilitation, or support and assistance.
- Lack of enough resources to raise awareness
- Lack of skilled people to undertake awareness campaigns

Disclosure and reporting of the violence to the authorities

The most significant finding of this study regarding the disclosure of violence is that girls and women with disabilities sometimes inform authorities, family members, or close friends when they have experienced maltreatment or violence, but this varies from one disability to another as indicated in figure 7 below

Figure 6: I can report any rights violation to the authorities



From the figure above, overall, 67.1% of the GWWDs are very confident to report rights violations to the authorities, 21.5% are somehow confident, 8.7% of them are little confident while only 2.3% of the GWWDs are not confident at all to report rights violation to the authorities. Beneficiaries with physical disabilities show higher confidence to report rights violations to the authorities with 75.8% of them being very confident while those with multiple disabilities show the least confidence to report rights violations with 18.2% of them not confident at all.

To enhance the quantitative data highlighted in figure 7 above, the evaluators reviewed the year 3 annual report of the project. It was noticed that by year 3, the project had registered an increased number of GWWDs reporting cases of violence as opposed to the beginning of the project which has been attributed to the training on Human rights that brought light to rights and forms of violence and various referral pathways. In the same report, it was indicated that the Officer in charge in Morungatuny commented that this year she had received and handled many cases of violence against GWWDs in her police post. She mentioned that the women who come are not shy and encourage her as an officer and wishes that they keep coming so they can be helped against the perpetrators.

Knowledge of how to report a case

With the pervasive discrimination among People with disabilities, more so women with disabilities, it was worth assessing the extent of violation of their rights and most importantly the resolution mechanisms.

| Cable 5: Extent of Case Reporting by Girls, and Women with Disability | | | | | |
|---|-----|-------|--|--|--|
| Description | # | % | | | |
| Knowledge of how to report a case | | | | | |
| I know how to report cases of abuse | | | | | |
| Yes | 212 | 96.8% | | | |
| No | 7 | 3.2% | | | |
| Am now confident to report cases of abuse | | | | | |
| Yes | 208 | 95% | | | |
| No | 11 | 5% | | | |

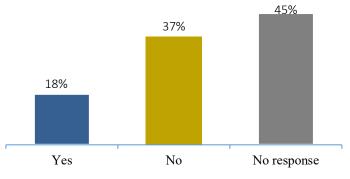
| Table 5: Extent of Case | Reporting by | Cirls and Wome | n with Disahility |
|-------------------------|--------------------|------------------|---------------------|
| Table 5. Extent of Case | Nepolung Dy | GILIS, and wonde | II WILLI DISAUIILLY |

The evaluation sought to find out whether women with disabilities knew how to report a case. It was interesting to find that most (96.8%) of them knew how to report a case and the majority (95%) were confident to report it. This could be indicative of the level of trust in the resolution mechanisms at the local

level. It's worth noting that a good proportion (37%) of the interviewed women reported having not raised any issue as far as the human rights of vulnerable women and girls are concerned.

As a result of training, the majority of the GWWDs gained knowledge and understanding of human rights which helped them to become bold and confident among the community members in responding to cases of violation of human rights and perpetration of GBV. Also, some of the GWWDs have been able to transfer the knowledge they have learned from the project. For instance, helping nonbeneficiaries whose rights have been violated. "...I know our rights now and where to go depending on the case, so when I see that my rights have been violated, I run to the police or LCs depending on the preference and the nature of the case. Me, and my friend I usually give advice and counseling to the affected victims to comfort them such that they don't look miserable..." Woman FGD participant





Concerns/issues are always forwarded to duty bearers for action. The highest number of the respondents (45%) declined to give their response on whether they raise concerns whereas only 18% raised issues for action to be taken. Amongst those who normally raise concerns/issues, a big proportion (88%) emphasized that their concerns are always addressed, whereas only 12% noted that no feedback was ever received when issues are reported. Notably, through various forums in the community such as public gatherings, workshops, and dialogue meetings GWWDs with disabilities were given free air to share views and create awareness regarding their rights unlike before the NUWODU project.

"...community service is made up of the DCDO, the probation officer and at the sub-county level, we have the CDO. The only challenge is that the structures are overwhelmed with work. For example, the CDO is the planner, in charge of community service, and at the same time in charge of gender. As such, most of the cases are not handled well. We have also seen several cases coming right from the village to the Sub County level due to a lack of time by the local council team to handle these cases..." CDO

Of those who reported violence cases to the authorities, reported the matter to paralegals, LC1, and the police. Those who did not report to the police said the main deterrent was that they did not trust the police to help them while others felt they have not been helped by the police in the past "*they only fill papers and do nothing thereafter*". While the number of those reporting to the police has increased when compared to the monitoring report results, there is a need to carry out more awareness and training on the role of the police in curbing the violations.

"...for us whenever we go to the police to report ours, we are not listened to. They just ask us to fill some papers. We have heard that they sensitized about this project, but they are not helping us...".FGD participant

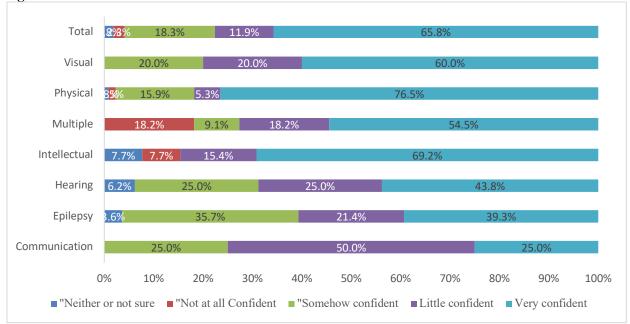
Although women with disabilities are confident to report a case and knew how to report a case, there could be prevailing and tacit concerns that deter these women to raise issues. Many stakeholders interviewed indicated that many women and girls with disabilities "die silently" because family members wouldn't want them to raise these cases to authorities because they see this as an income-generating opportunity to negotiate with the perpetrators. These women have more trust in the community. Other reasons included; no action being taken by duty bearers even if concerns were raised, no chances or voice, the difference in the religious denominations, inability to move long distances, as well as fear of being attacked at night due to insecurity in the village

".... there are women in our community who are still are prohibited by family members not reporting some of the cases because they want to take advantage of the situation by negotiating with the perpetrators so that they get money in return..." KIIs with a probation officer

Indicator 3: % of community leaders who have undertaken at least one action to promote and protect the Rights of GWWDs

Actions Taken by authorities when Violence Reported

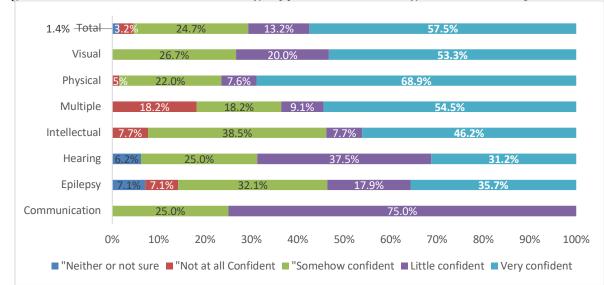
To prevent violence against girls, and women with disabilities, duty bearers must take some actions to address these evils. During the project implementation, the project team ensured that all duty bearers such as CDOs, probation officers, gender officers, DPs, and other development partners are trained to respond sensitively to the needs, and uphold the rights, of survivors of violence against women with disabilities Figure 8: Confident whether leaders can take action

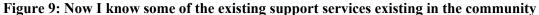


From the figure above, overall, 65.8% of the GWWDs feel that leaders can take action if they reported any human rights violation against girls, women with disabilities, 18.3% are somehow confident, 11.9% of them are little confident while only 2.3% of the GWWDs are not confident at all those leaders can take action if they reported any human rights violation against women with disabilities. Beneficiaries with physical and intellectual disabilities show higher confidence in leaders to take action with 76.5% and 69.2% of them very confident respectively while those with multiple disabilities show the least confidence that leaders can take action if they reported human rights violations with 18.2% of them not confident at all.

Indicator 4: % of GWWDs knowledgeable of the existing support services

Knowledge of the existing support services





From the figure above, overall, 57.5% of the GWWDs are very confident to know some of the existing support services in the community, 24.7% are somehow confident, 13.2% of them are little confident while only 1.3% of them are not confident at all to know some of the existing supporting services existing in the community. Most of the beneficiaries who know some of the existing support services in the community have physical or multiple disabilities with 68.9% and 54.5% of them being very confident respectively while most of those with communication difficulties are a little confident to know some of the existing support services in the community accounting for 75%.

Indicator 5: % of 450 GWWDs who feel safe from any form of violence addressed by the project at family and community level over the last 12 months.

Feeling Safe in the community

Women and girls with disabilities encounter persisting challenges due to discrimination, marginalization, social exclusion, and stigmatization, and Perpetrators target them because of their limited physical mobility or means of communication. As indicated in previous sections, all project interventions and activities have contributed to reducing violence against GWWDs in the target communities. This applies to all project interventions and activities, including rights sensitization, GBV prevention meetings, among others

| ble 6: Case Reporting and feeling Secure in | | | | | |
|---|----------|-------|--|--|--|
| | # | % | | | |
| Do you feel secure in the community where | you live | | | | |
| for the last 6 months? | - | | | | |
| All of the time | 77 | 35.2% | | | |
| Most of the time | 91 | 41.6% | | | |
| Some of the time | 45 | 20.5% | | | |
| Never | 6 | 2.7% | | | |
| | | | | | |
| If you have sought help, where you helped | | | | | |
| Yes | 211 | 96.3% | | | |
| No | 8 | 3.7% | | | |

Table 6: Case Reporting and feeling Secure in the community

From table 1 above, unlike before the project, most of the GWWDs (76.8%) have felt secure in the community they have lived in the last six months with (35.2%) and (41.6%) feeling secure all the time, and

most of the time respectively while only (2.7%) of them have never felt secure in the community in which they have to live in the last six months. Of those that have sought help, a majority (96.3%) of them have been helped while only (3.7%) have not been helped.

| R | Responses | | |
|---|----------------------|-----------------------|---------------------|
| | Ν | Percent | |
| Father/ Mother/ Others in the family | 56 | 12.6% | 25.6% |
| A friend in the community | 16 | 3.6% | 7.3% |
| Local leader | 170 | 38.2% | 77.6% |
| Cultural/ Religious leader | 29 | 6.5% | 13.2% |
| Police | 88 | 19.8% | 40.2% |
| Paralegals | 86 | 19.3% | 39.3% |
| Total | 445 | 100.0% | 203.2% |
| Would you say that there has been a reduc | ction in violence ag | gainst GWWDs like you | in the community as |
| a result of the project? | | | |
| Yes | 214 | 97.7% | |
| No | 5 | 2.3% | |

Table 7: Where cases are reported

From the table above, the majority (38.2%) of the GWWDs reported cases of violence to local leaders, (19.8%) reported to the police, (19.3%) reported to paralegals while (12.6%) of report to fathers, mothers, or Other family members. The least to which the GWWDs report cases are cultural/religious leaders and friends representing 6.5% and 3.6% respectively. In addition, results show that there has been a reduction in violence against GWWDs in the community as a result of the project represented by 97.7% while only 2.3% of the women reported that there has not been a reduction in violence against GWWDs in the community as a result of the project.

Additionally, data collected through FGDs and KIIs also suggests that even when GWWDs report abuse, they are often not believed. As with other marginalized populations (e.g., the poor), the concerns of GWWDs are discounted because of their lack of power. Evaluators also observed the tendency for people not to believe persons with disabilities when they report abuse or to feel that the person would not make a believable witness. As a marginalized group, these women experience frustration when reporting abuse. Furthermore, they also argue that when it comes to women with disabilities it gets worse because of cultural undertones, people are often unwilling to believe the extent of the problem. Many refuse to recognize the sexuality of the person or to consider the possibility that others would take advantage of a person with a disability. During the discussion, law enforcers such as police were mentioned as an institution filled with corruption. In many cases, they side with the perpetrators.

"...when we report our case to authorities they don't work on us. They don't believe in us. When it comes to poor people it gets worse. Most of the police stations we go to report these problems, they usually think that we don't have a witness. Sometimes, when we report GBV cases, they usually side with the husband because he is a man..." FGD participant

"...we have a big problem with our police. The majority of the police stations are reluctant to work on PwDs because they think that they are different human beings. Most of the cases reported to police are thrown under the carpet. The police lack capacity to communicate with the victims especially those who are deaf and those who have visual impairment...as you know, most of these authorities in Uganda are so corrupt..." KIIs with gender officer

Besides, during the FGDs, we also asked why some of the GWWDs were not willing to report cases of violence, it was established that some women fear retaliation if they reported situations of abuse. One

participant said that PwD is afraid to report because "...if the person [abuser] happens to come back to your home...you would get concerned about the retaliation and then sometimes you just, you just out of fear... "FGD participant

3.3.3.2 Girls and Women with Disabilities Have Improved Self-Esteem and Ability to Prevent Violence Against Them

Self Esteem among GWWDs

Self-confidence is defined as the ability of an individual to have positive feelings about the self even amidst stigmatization²². Various research sources²³ indicate that girls and women with disabilities face double discrimination, and the majority significantly have lower self-cognition and self-esteem, and greater social isolation than the women without disabilities.

| Description | None of the time | Rarely | Some of the time | Most of the time | All the time |
|---|---------------------|--------|------------------|---------------------|-----------------|
| I have been feeling good about myself | 1.8% | 1.8% | 30.1% | 35.6% | 30.6% |
| I have been feeling optimistic about the future | 3.2% | 2.3% | 34.2% | 32.9% | 27.4% |
| I have been feeling useful | 2.3% | 3.7% | 25.6% | 41.1% | 27.4% |
| I have been feeling confident about myself | 3.2% | 2.7% | 29.2% | 38.8% | 26.0% |

Table 8: Self-esteem among GWWDs

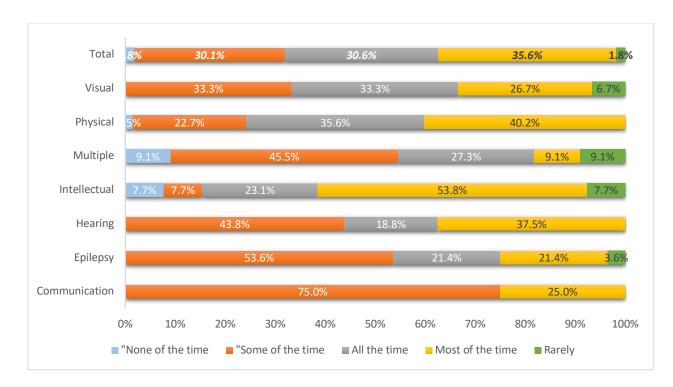
From the derived results of the project, most women with disabilities feel good about themselves with (30.6%) feeling good all the time while (35.6%) feeling good most of the time. (27.4%) and (32.9%) report that they feel optimistic about the future all of the time and most of the time respectively. Of the interviewed women, (68.5%) (All the time and most of the time) reported that they have been feeling useful in their families and communities and also (64.8%) (All the time and most of the time) of sampled women said that they have been feeling confident about themselves. Similarly, a small proportion (3.6%) of the sampled women reported that they have not been feeling good about themselves, (5.5%) have not been feeling optimistic about the future, (6%) have not been feeling useful while only (5.9%) of them have not been feeling confident about themselves, useful, and optimistic about the future felt that they were loved and respected in the community, can easily start-up businesses, build self-esteem, can take care of their needs and can speak against the abuse of their rights in the community. One of the beneficiaries in an FGD indicated that;

"...As a result of my training, I became confident while speaking in public and to my customers..." ...Disabled women in the FGDs

Figure 10: Confidence Level Disaggregated by Nature of Disability

²² Uchida, W., H. Marsh & K. Hashimoto, 2015. Predictors and correlates of self- esteem in deaf athletes. In: European Journal of Adapted Physical Activity. 8(1): 21-30

²³ https://www.sightsavers.org/blogs/2016/03/women-with-disabilities-a-call-for-better-representation/



From the figure above, the majority (35.6%) of the beneficiaries feel good about themselves most of the time, 30.6% feel good all the time, 30.1% feel good some of the time while only 1.8% both rarely and none of the time feels good about themselves respectively. 66.2% feel good about themselves with the majority of beneficiaries with intellectual difficulty (76.9%) (most of the time& all the time), physical difficult (75.8%), visual difficult (60.0%), hearing difficult (56.3%) feel good about themselves.

Confidence to stand up and Defend Rights

Overall, the project has greatly enabled women with disabilities to know their rights. From figure 1, above 94% of Girls, and Women with disabilities now know their rights. Those who know their rights were able to mention their rights such as; the right to justice, right to stand in leadership positions, right to job opportunities, right to education, and right to vote among others. The project ultimately improved knowledge of rights among Women with Disabilities.

Table 9: Confidence to stand up and Defend Rights among Girls, and Women with Disabilities

| Confidence | Not at all Confident | Little confident | Neither or not | Somewhat confident | Very confident |
|--|-------------------------|---------------------|-------------------|-----------------------|-------------------|
| | | | sure | | |
| I can easily stand for any leadership position in my community | 17% | 13% | 5% | 30% | 35% |
| I can defend my fundamental human rights | 3% | 11% | 5% | 19% | 62% |
| I can report any rights violation to the authorities | 2% | 8% | 3% | 11% | 76% |
| I feel that leaders can take action if I reported any human rights violation against women with disabilities | 1% | 6% | 5% | 14% | 75% |

From Table 6 above, 65% of women with disabilities are confident to stand for any leadership position in the community with 35% of them being very confident and 30% being somewhat confident. The majority

(81%) are confident about defending their fundamental human rights with 62% being very confident and 19% being somewhat confident.

Those who are confident can report any rights violation to authorities represent 87% with 76% being very confident and 11% being somewhat confident. This shows a net positive change of 5.1% as a result of the project from the baseline value of 81.9%. However, this is below the target of 97%. Qualitative findings that women with disabilities now know where to report cases of human rights violations and do report these cases with minimal cases of concealing cases due to issues, inaccessibility, stigma, and low confidence and self-esteem especially when the perpetrators are spouses.

Other NGOs within the area i.e. ACORD have also provided structures outside the project to deal with human rights violation cases. Other structures known to these women are the probation office and police that advances severe cases to the police.

"...right now, when you go to the village blind woman will speak out her voice. She is aware of her rights and where to report in case of abuse..." Councilor Representing People with disabilities Amuria Local Government official

Nine out of ten women with disabilities in Amurai district (91%) are confident that leaders can take action if a woman with a disability reported any human rights violation, with 75% being very confident and 14% being somewhat confident. On the contrary, case handling of issues of human rights violation has been hindered. The District Chairperson for Disabled Persons Union stated that over 90% of cases fail/are not handled especially due to political influence. Additionally, the "Motivation" of Local Council Chairpersons comes into play in that for a case to move from one level to another, these structures require financial advances, and the well-to-do offenders buy their way out of justice. Local leaders, therefore, need some empowerment to be able to execute this role impartially and fairly and make meaning of the confidence women with disabilities do have in them. Case management has also been hampered by the inability of the representatives of People with disabilities to communicate with the various disability types.

"...while there is a representative of People with disabilities on the local council, most of the members of the local council have a hard time communicating and handling People with disabilities due to their different types of disability that most local council members are not conversant with..." Community Development Officer

"...for example, a person who is blind may not easily identify the person who has abused them. this is worsened by a lack of knowledge about human rights, poverty, and insufficient psychosocial support from close family members and local leaders. These rights are being violated and are going unnoticed and those that are noticed/identified by neighbors are concealed by family members not to be hard about. Some look at earning from such incidents..." Community Development Officer

Cultural impediments to justice were also reported. Even amidst violence, the culture does not permit women to leave their husbands. This greatly affects the way these cases are handled both at the household and community and community level.

Confidence to participate in Community activities

About participation in family and community activities. Findings reveal that Girls and women with disabilities are engaged as VSLA group leaders and some of the beneficiary women became electors at the district electoral college with eligibility to vote for their representatives in Parliament and local authorities. Furthermore, women have also taken up civic leadership positions at the LC1 level due to government affirmative action. This is consistent with findings from the above table (9) above that, (65%) of women with disabilities are confident to stand for any leadership position in the community with (35%) of them

being very confident and (30%) being somewhat confident. However, the mindset and perception in the communities about their potential to contribute to the community haven't changed tremendously.

One of the beneficiaries in an FGD had this to say

"...At first, things were not easy would not do anything because I was not feeling confident to participate in community activities. After the training and mentorship, we had from the NUWODU team and the paralegals, we have gained confidence. Many of us have been elected into leadership positions..." **Beneficiary**

Community leaders also attested to the prevailing negative perceptions that are still hindering confidence issues

"...Some of them are participating in politics simply because of the government affirmative action that requires for instance PWDs to be represented in the LC1 council, sub-county level and at the district level, etc. otherwise, without this government policy, there are always left out. ..." LCIII Chairperson

"...At the community level, they are engaged to some extent due to government policy. However, some government programs such as Operation Wealth Creation (OWC) have left a number of them out in that it only supports active people and in most cases, women with disabilities are looked at as vulnerable and less active...." Chairperson District Disability Council

Qualitative feedback from stakeholders reveals that the situation was worse before the intervention of this project. Sensitization activities have made people understand that these girls and women are also part of society and have the same rights as anyone else. Inadequate resourcing has inhibited adequate awareness creation and sensitization of the communities to change this perception.

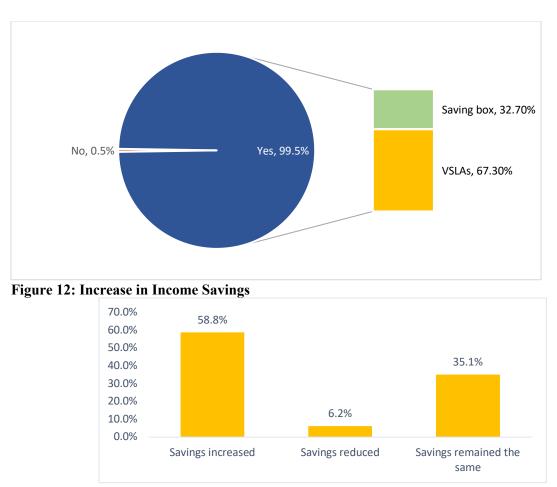
At the family level internal dynamics of a household i.e. power relations, decision making has not been penetrated enough to put women with a disability at the forefront. Women are still regarded as housewives and because of their household responsibilities have not been able to attend life skills training. One of the Key Informants has this to say;

"...for women who get the training and start making money the men take everything with the reasoning that it's them who permitted the women to get the training so they are entitled to all that they make/earn..." Councillors Representing People with disabilities

3.3.3.3 Increased Number of GWWDS Engaged in Village Savings and Loan Groups

From the figure below, results from the project evaluation survey indicated that the majority of the GWWDs can save accounting for 99.5% while only 0.5% are not able to save. Of those savings, 67.3% of them save in VSLAs while 32.7% save in saving boxes.

Figure 11: Are you engaged in village savings and loan groups



Overall, the percentage of disabled women whose monthly income savings have increased is 58.8%, those whose income savings remained the same is 35.1%% while those with a reduction stand at 6.2% as illustrated in the figure above. The increase in savings has been attributed to the saving groups formed among the GWWDs where they can save and borrow to expand their businesses while for those whose savings decreased, it was attributed to COVID-19 that affected their businesses.

3.3.3.4 Strengthened Community Structures (Paralegals) to Mobilize and Sensitize the Community Members on Violence Against GWWDS

Community Sensitization

The project identified and trained paralegals who were responsible for raising awareness, mobilization, and engaging local leaders to overcome negative attitudes and reduce violence among the girls and women with disability therefore the evaluation sought to find out whether the paralegals were functioning, performing their role in the communities and also figure out if there was a change in violence against GWWDs as a result of the empowerment of the GWWDs. From the findings, all the beneficiaries (100%) acknowledge that they have paralegals in the communities with the majority (100%) between the age of 75 years and above saying the paralegals were highly functioning as shown in the figures below. 100% of the interviewed GWWDs said they have paralegals in their community. The evaluation further went ahead to find out if the paralegals were functioning in the communities and the findings are shown in the figure below.

The functionality of Community Structures (Paralegal)

Functional structures to support PWDs are located in urban areas, but more people with disabilities who live in rural areas continue to face service delivery challenges, and most communities remain under-

resourced. Under the WHO Global Disability Action Plan 2014–2021²⁴ for better health for all people with disability. In this action WHO provides technical guidance for countries to develop or strengthen community-based structures to achieve health and well-being and human rights for people with disabilities. During the project implementation period, NUWODU identified 45 paralegals among the GWWDs' primary beneficiaries (14 in Asamuk, 14 in Morungatuny, and Abarilela 17 sub-counties respectively. These were trained in various training to strengthen their work. They worked as frontline community activists to promote disability women led-campaign and awareness-raising at the family and community levels. Furthermore, the paralegals jointly worked with the local leaders to sensitize the community on Human rights. During the evaluation, the researchers interviewed the girls, women with disabilities, and various key stakeholders to assess the functionality and strength of the paralegal's structures in the communities as indicated in the table graph below.

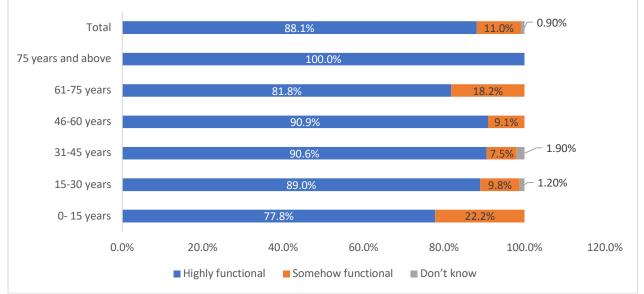


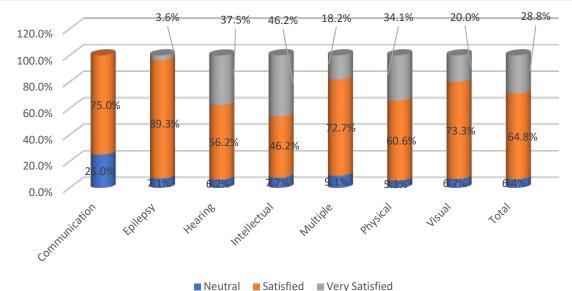
Figure 13: Functionality of Paralegals Disaggregated by Age

From the figure above, the overall majority of the beneficiaries (88.1%) reported that paralegals were highly functional in the communities with those aged 75 years and above reporting the highest followed by those between the age of 46-and 60 years. A total of 11.0% said their paralegals were somehow functional with those aged between 61-75 years reporting the highest (18.2%), while only 0.90% reported they didn't know if the paralegals were functional with those coming from the age of 31-45 years and 15-30 years

Rating of the Role of Paralegals

The beneficiaries were evaluated to find out if they were satisfied with the role of paralegals which included sensitization, and awareness, and if there was a reduction in violence among the GWWDs are the findings are shown in the figure and table below.

²⁴ https://www.who.int/publications-detail-redirect/who-global-disability-action-plan-2014-2021



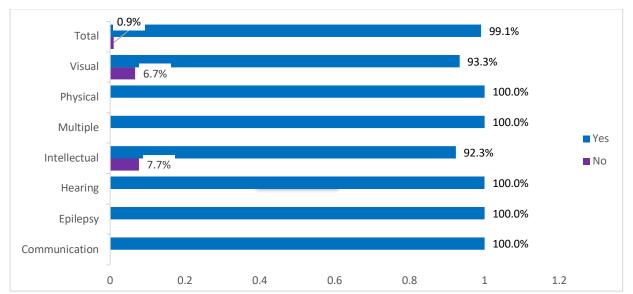


From the figure above, the overall majority (64.8%) indicated they were satisfied with paralegals, 28.8% indicated they were very satisfied with the paralegals while only 6.4% were neither satisfied nor dissatisfied. Most (89.3%) with epilepsy difficulty reported being satisfied with the paralegals, followed by those with difficulty in communication (75.0%), 72.7% with multiple difficulties were satisfied with paralegals. The majority (25%) with difficulty in communication and multiple difficulties (9.1%) were not sure if they were satisfied with the paralegals

Indicator 6: % of GWWDs knowledgeable of their human Rights and right to live free from violence

3.3.3.5 Increased awareness of the rights of GWWDS by family and community members

The project was expected to have increased awareness and knowledge of the family members, local leaders, and community members on the rights of Girls and Women with Disabilities (GWWDs) as a precursor to behavior change and a positive attitude toward GWWDs. The evaluation sought to find out if the parents/caregivers, community members were aware of the rights of GWWDs if there was an improvement in knowing the rights of GWWDs as a result of the project, and barriers that hinder the awareness of the rights of girls and women with a disability and the findings are shown in the figures and table below. **Figure 15: Parents/ caregivers and community members are aware of Fundamental rights**



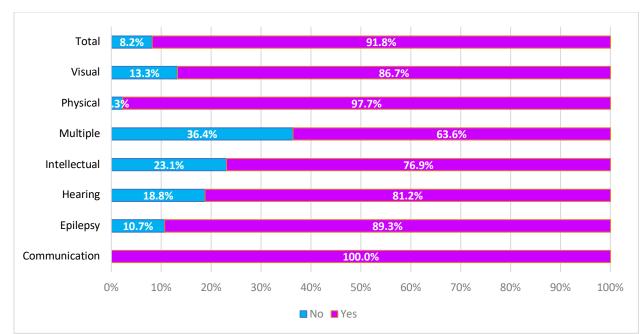
From the figure above, All (100.0%) of the beneficiaries with difficulty in communication, Epilepsy, Hearing, multiple and Physical said the parents and community members are aware of the rights of girls and women with disability, 93.3% of the beneficiaries with difficult in visual said the parents and community members are aware of the rights of GWWDs while 6.7% said they parents and community members are not aware of the rights of GWWDs, 92.3% with intellectual difficult said the parents and community members are aware of rights of GWWDs while only 7.7% said the parents and community members are not aware. Generally, the finding's majority (99.1%) reported that the parents were aware of the rights of girls and women with a disability while 0.9% reported that parents were not aware of the rights of girls and women with disability. Further analysis, of data, revealed that the majority (98.6%) reported an improvement in awareness of the rights of GWWDs. The improvement was attributed to the project sensitization activities within the community.

Qualitative findings largely indicate most of the human rights violations and GBV were considered private and not a responsibility of society. However, the increase in knowledge and understanding of human rights among the community members has led to boldness and confidence among the community members in responding to cases of violation of human rights and the perpetration of GBV. The analyzed data from participating communities reveals that the level of understanding of human rights has gone up as shown in figure (17) above. It shows there was a notable impact of the project on the understanding of human rights among those targeted. For example, for all the rights assessed, the right to own property and to participate in the community and household decision-making process increased significantly among the family, and community members although even among the adult males and females, there is a marked improvement.

3.3.3.6 Increased respect, acceptance of GWWDs as rights holders in the family and community, and commitment to preventing violence against them

The project intended to increase respect, acceptance of GWWDs as right holders in the families and ensure commitment to preventing violence against girls and women with a disability the evaluation sought to find out if the beneficiaries were respected in their families and community, to find out the family and community relationship with the GWWDs as shown in the figures and table below

Figure 16: GWWDs who feel respected and accepted in your family and community



From the figure above, the majority of the beneficiaries with difficulty in communicating (100%) feel respected and accepted by their family and community members followed by beneficiaries with physical difficulty (97.7%) and Epilepsy difficulty (89.3%). Most beneficiaries (36.4%) with multiple difficulties feels not respected and accepted by their family followed by beneficiaries with intellectual and hearing difficulties with 23.1% and 18.8% respectively don't feel respected and accepted by their family and community. Generally, 91.8% of the beneficiaries report they are respected and accepted by their family and community members as compared to 8.2% who feel not respected and accepted by their family and community members.

Further interrogation of the reasons for these opinions revealed that those that were confident about themselves, useful, and optimistic about the future felt that they were loved and respected in the community, can easily start-up businesses, build self-esteem, can take care of their needs and are earning from the skills they attained from the training. One of the beneficiaries in an FGD indicated that;

"...As a result of my training, I became confident while speaking in public like in community meetings..." ...Disabled women in the FGDs

| Family Relations | Strongly agree | agree | Neither agree nor disagree | Strongly disagree | Disagree |
|--|-------------------|-------|----------------------------------|----------------------|----------|
| I feel loved by my family members | 19% | 76% | 2% | 2% | 1% |
| I feel loved by the community members | 19% | 73% | 2% | 3% | 3% |
| I have equal status in the family to any other member of the family | 15% | 77% | 4% | 1% | 4% |
| I am consulted by my family members when important decisions are being made | 17% | 66% | 10% | 3% | 4% |
| Family members allow Women with disabilities to own and use family/clan land? | 10% | 83% | 3% | 2% | 3% |

Table 10: Family Relations

From the table above, most (76%) of the beneficiaries agree that they feel loved by their family members while only 2% and 1% strongly disagree and disagree respectively that their feel loved by their family members. Most (73%) of the beneficiaries agree that they feel loved by the community members while 1% and 4% strongly disagree and disagree respectively that they feel loved by the community members. 66% of the beneficiaries agree that they are consulted by the family when important decisions are being made while 2% and 3% strongly disagree that they are consulted by the family when important decisions are made. The majority (83%) agree that their family members allow women with disabilities to own and use family/clan land while 2% and 3% strongly disagree and agree respectively that their family members allow women with disabilities to own and use family/clan land. During the FGDs, some of the beneficiaries attested that, as a result of the project, the community respects women with disabilities as integral persons within communities who contribute to the social-economic well-being of the communities. They are respected because they are wives and mothers to some of the community members who are not disabled

Community Attitude

Misconceptions, negative attitudes, and a lack of knowledge can affect many aspects of life for women with disabilities, including employment opportunities. Changing negative community and family attitudes toward women with disabilities, and challenging stigma, was one of the focuses of this project. Some of the key priorities to achieve this were community awareness, media, publication, and IEC material productions. The extent to which communities have respect for girls and women with disabilities in their community was assessed using a Linkert scale as indicated in Table 12 below

| Community relationship Have you felt any of the following since the start of the project? | Strongly agree | agree | Neither agree nor disagree | Strongly disagree | disagree |
|---|-------------------|-------|-------------------------------------|----------------------|----------|
| I feel respected by the community members where I live | 13% | 80% | 3% | 2% | 2% |
| I feel GWWDs enjoy equal status like other women in my community | 11% | 85% | 2% | 1% | 1% |
| GWWDs can easily stand for any position of leadership and be elected | 10% | 86% | 3% | 1% | |
| The community members would support me if I started a business | 11% | 79% | 5% | 1% | 4% |
| The community allows GWWDs to own assets like land, animals, etc. | 7% | 85% | 1% | 3% | 4% |
| I feel community members protect the rights of GWWD in my community | 6% | 83% | 5% | 2% | 4% |
| If the rights of GWWD are violated, the community members will take action | 11% | 78% | 5% | 2% | 4% |

Table 11: Community Relationship

From the table above a combined majority (93%) of the beneficiaries strongly agree and agree that they feel respected by the community members where they stay while a minority 4% (strongly disagree, disagree) don't feel respected by the community members. A total Majority (96%) (strongly agree and agree) feel GWWDs enjoy equal status like other women in the community while a total of 2% (strongly disagree and disagree) feel GWWDs do not enjoy equal status like other women in the community. Most (96%) (strongly agree and agree) that GWWDs can easily stand for any position of leadership and be selected while 1% strongly disagree that GWWDs can easily stand for any position of leadership and be selected. The combined majority (90%) (strongly agree and agree) feel the community members support them if they want to start a business while 5% (strongly disagree and disagree) feel community members

will not support them if they want to start a business. A combined majority (93%) (strongly agree and agree) that the community allows GWWDs own assets like land, and animals while 7% (strongly disagree and disagree) do not feel the community allows them own assets like land, and animals.

A combined majority (89%) (strongly agree and agree) that community members protect the rights of GWWDs in their community while 6% (strongly disagree and disagree) community members protect the rights of GWWDs in their community. The combined majority (89%) (strongly agree and agree) feel community members will take action if the rights of GWWDs are violated while only 6% (strongly disagree and disagree) feel community members will not take action if the rights are violated.

Qualitative findings demonstrate that this project has positively contributed to the building of confidence among the participants, especially for women and girls to talk and share issues of GBV. The project focal paralegals have over the project period developed a cordial relationship with other community members shown by the willingness to report GBV cases without coercion. It was reported they have gained trust from the people and personal information is freely shared with them. Furthermore, there has been a change of attitude among the family members such as husbands and other relatives after the awareness sessions. However, there are still some family members whose attitude toward GWWDs has not improved because of their cultural inclinations

Indicator 7: % of GWWDs who have benefited from government and NGOs programs or commitments

The Youth Livelihood Programme, the Uganda Women Entrepreneurship Programme, and the Special Grant for Persons with Disabilities are all cash transfer programs aimed at promoting economic empowerment. There are also monthly cash transfer programs for older people, such as Social Assistance Grants for Empowerment (SAGE)²⁵. The Special Grant for Persons with Disabilities, the only direct intervention targeting people with disabilities, has seen its funding cut from 13% of the Disability and Elderly sub-budget programme's in FY2017/18 to 10% in FY2020/21.

The evaluation was conducted to assess the number of the GWWD who were and currently benefiting from the government and other NGO commitments

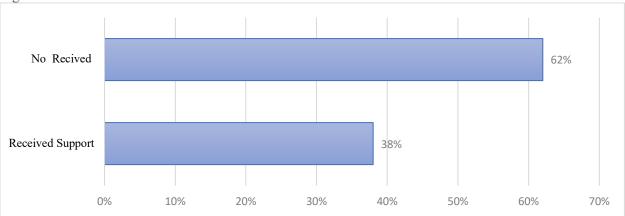


Figure 17: GWWDS Received Benefits and Commitment from Government

Data analysis indicate that 3 out 10 Girls, Women with disabilities who participated this evaluation had received the government commitments. There were no who had received the from the NGO

Qualitative data collected through FGDs indicated that at individual level some women had accessed government economic and livelihood programs. Majority of them were linked to the existing government programs for further support. Some individuals and groups benefited from Operation Disability Grant, "Emyoga" government program, YLP, and UWEP among others.

"...me and my friend have benefited from YLP and UWEP, we were part of the group we formed a group and the government gave us money to begin a business..." –FGD female participants

²⁵ Social protection for disability inclusion in Uganda (December 2021)

Factors that have facilitated/hindered the achievement of project results

The following are the reported key positive factors that contributed to the achievement of the set objectives.

- The VSLA community groups had members who meet regularly to save money and discuss issues affecting them and come up with solutions. Each group was supervised by five paralegals
- Enhanced relationship between parents of girls with disabilities well as family members of women with disabilities students contributed to the take up of messages shared during awareness and capacity building sessions
- The community members have become more involved and more open to sharing GBV challenges that were previously considered private and personal.
- The NUWODU technical staff involved in the implementation of the project were well-skilled to undertake all planned activities. The project coordinator has a visual disability and fully understands the needs of the GWWDs
- The encouragement is given to the paralegals and local leaders in the community kept them motivated throughout the project period. The paralegals and local leaders were responsible for the mobilization and reporting of GBV cases on a routine basis. The participation of a particular person in each village created continuity and coherence in the flow of activities and achievements.

3.3.4 Project Impact

The evaluation looked at the long- or short-term implications of the intervention on a wider context and its contribution to the initially planned objectives.

| Disability Type | A lot has changed | Nothing has changed | Yes, there is a reduction |
|-----------------|-------------------|------------------------|---------------------------|
| Communication | | | 100.0% |
| Epilepsy | | | 100.0% |
| Hearing | | | 100.0% |
| Intellectual | 7.7% | | 92.3% |
| Multiple | | | 100.0% |
| Physical | 3.0% | 1.5% | 95.5% |
| Visual | | | 100.0% |
| Total | 2.3% | 0.9% | 96.8% |

Table 12: Have you witnessed a reduction in violence disaggregated by Disability?

From the table above, the majority (100%) of the beneficiaries with difficulty in communication, Epilepsy, Hearing, and visual witnessed a reduction in domestic violence, 95.5% with physical difficulties witnessed a reduction in domestic violence while 3.0% and 1.5% witnessed a lot of change and no change respectively, 92.3% with difficult in intellectual witnessed a reduction in domestic violence while 7.7% witnessed a lot of change. Generally, there was a reduction in domestic violence witnessed by beneficiaries with the majority 96.8% witnessing a reduction, 2.3% indicating a lot has changed and only 0.9% indicating there has not been a change in domestic violence. One of the key findings of the project evaluation is that the project improved self-awareness or awareness of their strengths and weakness and acceptance of their disability and became proactive in family and community affairs. Numerous stories from the women demonstrated that many women with disabilities became more persistent in the face of existing challenges to reach a goal. The focus groups participants identified their specific project and opened their eyes. The consultant was particularly impressed to see the positive attitude and strong self-esteem of women leaders that were built/strengthened through the Project.

The most important impact of the Project is that it helped GWWDs to believe in themselves and built their self-advocacy skills so that many of them are not afraid to advocate for themselves and in some cases on behalf of others with decision-makers at the local levels, hospitals, with social service providers and other

fields. Self-advocacy refers to an individual's ability to effectively communicate, convey, negotiate or assert his or her interests, desires, needs, and rights. It involves making informed decisions and taking responsibility for those decisions. During the FGDs it was noted that because of this project they gained confidence and they are not afraid to tell in the hospitals, and police station that she has the same rights as everybody else and will wait in line but will demand the same services that are provided to non-disabled individuals.

3.3.4.1 Success stories

3.3.4 Sustainability

The project has been implemented with minimal costs at the community level. This gives it a high probability of continuation. Those responsible for mobilization were from the target sub-counties and villages and therefore minimal transport cost was required. In addition, the establishment of 16 groups with leaders, and each group was attached with 2-3 paralegals and further strengthens the possibility of continuation of sensitization and awareness creation on violence against GWWDs and human rights.

Knowledge and skills imparted: The "equipment" of paralegals, women, and girls, including project staff, also remains in use; UNTF training of the project staff on project management. The overall objective of the training was to ensure that NUWODU has skilled staff and institutional policies and procedures in place to be able to meet the terms of the Project Cooperation Agreement: to be accountable for the grant and to achieve the expected results. Furthermore, paralegals equipped GWWDs with knowledge and skills on human rights, and reporting of Violence cases in the community among others. They still have the replicable training materials.

In terms of Institutional Sustainability: The involvement of Local government officials, PwD counselors, and paralegals from the local community promises greater sustainability of the project. Notably, cultural chiefs from some Sub counties have, without the support of a CSOs developed community drama and skits addressing the stigma and negative attitudes toward people with disabilities in their sub-counties. Some of these institutions have gained ownership of some of the activities of the project. However, there is more to be done to engage districts to continue propagating other linkage mechanisms to mainstream livelihood government programs that encompass People with disabilities which women and girls with disabilities can be integrated into beyond this project's support. DPOs need sustainable sources of funds to continue carrying out sensitization activities and other pertinent activities as indicated in the qualitative findings

Women in Leadership. Women with disabilities face a common threat of discrimination which will make them stay together and advocate for issues hampering their participation in society. Results show that the project has enabled women with disabilities to not only improve their confidence in taking up a leadership role but also to eventually take up these positions. The Amuria community has women with disability already in leadership positions who voice the concerns of women with disabilities. This gives the assurance of addressing future needs not tackled by the project through civic leadership.

The 450 primary beneficiaries have been organized into 16 groups consisting of between 18-and 36 members depending on the distances among villages and locations. Some areas have high numbers of GWWDs while others have less. The purpose of the groups is to get them ready for the VSLA and the various training, at the group level, they can easily be accessed. Putting the women in groups has built their confidence since they all have disabilities; they have expressed happiness and are eager to know what is there for them in the various groups.

Engagement in VSLAs. Findings revealed that women with disabilities are not only part of VSLAs but are also group leaders of these VSLAs. VSLAs are a great platform to provide the necessary financial literacy training as well as inculcate a culture of saving and investments to cushion their livelihoods. This

will enable these women to have sustainable revenue sources to expand their livelihoods as well as participate in the provision of basic needs to their families.

3.3.5 The efficiency of the Project

We also measured efficiency-based factors that enhanced efficiency. These included the economic resources/inputs (funds, expertise, time) are converted to results.

The project's efficiency has been demonstrated through its activities, the implementation of certain measures, its strategic approach, and the effective use of its resources. Financial, human, and other resource planning, budgeting, monitoring, and management were all generally good, and all appropriate management tools were used. Overall, the resources and instruments were used effectively. The project's human resource capabilities were excellent, with an internal Monitoring and Evaluation manager and an external evaluator for end-activity evaluation. Activities were carried out, sometimes in excess of what had been planned, and the quality of the products was excellent.

In general, the project management was of high quality. Planning and review exercises were done on a quarterly basis. The monitoring system was well-thought-out and well-implemented. Based on the log frame indicators, an M&E plan was created, which was then updated every quarter using an M&E tracking system. Monitoring and reporting were ensured on a regular basis. External evaluation of all project activities assessed the quality of the interventions and thus contributed to effective implementation frameworks.

3.3.6 Gender Equality and Human Rights

Project activities are adapted to meet the distinct needs of women, men, boys and girls supported by specific gender activities advancing gender equality and human rights. Specifically, through the community awareness campaigns (community dialogue) which provided targeted both Girls, women and men in the community with knowledge on GBV and GBV support services available in the community. The Project activities also aimed to change power relations between men and women, boys and girls, in particular the community dialogues were design to challenge community perceptions of GBV and gender.

In order to increase the focus on gender equality dimensions of reducing violence against women, deepen the acceptance of this project, the project team highlighted the importance of men's participation in community activities and decision-making processes. This was particularly incited during kick-off meetings with local authorities in Abarilela, Asamuk, and Morungatuny and during awareness campaigns. At the the beginning, the project implementers, that prevention of violence against GWWD they needed to focus on engaging men as well as women to shift dominance masculine norms that condone the use of violence against women with disabilities.

3.3.7 Partnerships/ collaboration/ integration

The NUWODU has been effective in adopting different approaches to effectively manage the coordination, and cooperation by working with likeminded stakeholders within and out of the district. The project sought partnership with other donors and organizations working with GWWD to see how they can incorporate GWWD in their programs. As expected, partnership with Amuria district local government has ensured that violence against GWWD will remain on top of their agenda, and the community development department will continue to work with members of the association.

More so, it has improved information and knowledge sharing among partners and increased collaboration between relevant national stakeholders. Likewise, the project has been successful conducting various with various stakeholders such as Community Development Officers and Development partners working within the district to build on the existing efforts to address violence against women within their communities and to encourage Development agencies, CSOs and informal social systems to mainstream disability in their activities. The evaluation has established that by working with local community-based partners (DPOs, CBOs, local administration, religious organization, etc.) has ensured local participation and ownership. For example, CDOs have been fully involved in the project activities right from the inception, this is building their capacities in working with GWWDs even after the project, this capacity acquired will be used.

3.3.8 COVID-19 Pandemic

Unfortunately, some of the Project's operational time coincided with the COVID-19 pandemic outbreak. From the 2020 incident, in particular, operating through ever-increasing severities of COVID-19 impacts. Nonetheless, in a very volatile and uncertain time period, NUWODU has been able to adapt the Project's activities to the best of its abilities. As a result of the lockdown, distancing, and quarantine measures implemented during the pandemic, NUWODU's ability to carry out its mission was hampered. UTF received funds to respond to the negative impact of COVID-19 through its Institutional and EVAW Response to COVID-19. NUWODU received funds to respond to the negative impact of COVID-19 through its Institutional and EVAW Response to COVID-19. This intervention was successful in resurrecting the project, and the organization was able to meet project objectives by delivering modified and adapted project activities. However, in order to support, more help was required. Despite the set-backs caused by COVID-19 to Project activities and its workplan, the Project was still able to achieve its objectives/indicators. GWWDs and key local stakeholders agreed that NUWODU was able to meet the challenges posed by COVID-19 restrictions during the evaluation. Moving activities to phone and Zoom, in particular, helped the Project continue its work in the community, they said. Moving activities online, on the other hand, was not without its difficulties, as participants needed time to adjust to the new technology. Furthermore, service providers found it difficult to interact with violence survivors face to face and solve their problems over the phone.

"...during the COVID-19 period, we faced some challenges in implementing activities directly with communities, such as the inability to hold meetings in the community, but NUWODU assisted the beneficiaries with necessary interventions that helped them to recover from the pandemic and continue their work in the community..." KIIs by Paralegals

3.3.9 Lessons Learnt

This project has generated vital lessons for NUWODU, Government, and donors that can be used in future programming of projects and initiatives. These are stated in the section below;

Table 13: Lesson Learnt

Lesson learned

Boosting the self-confidence of Women with disabilities enhances the prospects of holding a leadership position. For example, some of the women with disabilities have become members of the local leaders in their community after gain confidence from the project training. Qualitative findings revealed that women with disabilities are engaged as VSLA groups leaders' others became electors at the district electoral college with eligibility to vote for their representatives in Parliament and local authorities. Others also (paralegals with disabilities) assumed civic leadership positions at the LC1 level due to government affirmative action. This is substantiated by the fact that 65% of women with disabilities are confident to stand for any leadership position in the community. Some women are on LC1 committees

Unserved Justice hinders Case reporting: The project has enabled women with disabilities to know their rights and where to report rights violations. However, when justice systems are working against them, they suffer in silence and never report. Other tacit cultural expectations also influence not to report cases. The project has greatly enabled women with disabilities to know their rights with 80% of Women with disabilities knowing their rights. Of these a big proportion i.e. 95% are confident to report any rights violation to authorities. The KIIs with local authorities in the Amuria district stated that most of the

cases fail/are not handled especially due to political influence by highly placed perpetrators who buy their way out of justice.

Local leaders' involvement is very important in the fight against violence. This was evident from the cases handled involving the local leaders and the paralegals as it yielded more results. We realize that working cooperatively with local leaders yields far more benefits, the faster response by the police and perpetrators since more women were reporting cases of violence against them. This shared commitment to lifting GWWDs from violence has made it easy for NUWODU to penetrate through the various families where violence is reported.

Capacity building and training on conflict analysis, mediation, and dialogue design- are sustainable mechanisms for reducing and mitigating the risks of GBVs. Capacity building was the main factor in the sustainability and continuity of the project interventions. The results, as reported by community members, KIIS, and FDGs, have a high potential of lasting beyond the project

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

| Evaluation Criteria | Conclusions |
|------------------------|---|
| Overall | Overall, the project was a complete success in terms of achieving its goals. The project was instrumental in addressing the practical and most pressing needs of girls and women with disabilities in areas where it achieved verifiable results. Overall, the project is relevant because it met the needs of the Amuria district's communities in the three sub-counties of Abarilela, Asamuk, and Morungatuny. The project's goal, purpose, results, and completed activities follow a logical pattern and are in line with the project's goals and objectives. Given the context in which the project was implemented, the approach and methodology chosen were appropriate. The use of paralegal structures in the community for community awareness creation was practical and addressed real root causes and mitigation measures of violence against GWWDs. |
| | In terms of the effectiveness of the project, succeeded in creating awareness of and carrying out capacity building training human rights of GWWDs hence contributing to the reduction of violence cases among the GWWDs. However, the overall reduction in the occurrence of violence against women is not obvious. There are eminent challenges in the community affecting the GWWDs emanating from cultural beliefs and prejudices, limited resources, policy gaps, limited considerable accommodations, and lack of enough skilled people among other factors. While some inroads have been made towards the reduction of violence, a lot is yet to be done. The concept requires longer-term mobilization and sensitization continuously. The project has in a way addressed the causes of violence but has not dealt with how to help the victims. Despite various disruptions like COVID-19, it has delivered on most of its outcome levels. By midterm, the project was assessed to be on track and nearly met all its midterm targets (and in a few small instances exceeded them). In the end line, the project achieved almost all expected results across the project objectives despite its short duration. The project is therefore a good model for mitigating violence against GWWD and the evaluation team would recommend it being replicated with additional funding in other parts of Uganda. |
| Effectiveness | The project was successful in raising awareness about violence against women (VAW) and human rights, as well as conducting capacity-building trainings, resulting in a decrease in violence cases among GWWDs. The key results framework indicators reflects actions which have generated good outcomes (benefits) particularly in concrete terms as follows |

| | Unlike before the project, 9 out of 10 girls and women with disabilities were aware of existing fundamental human rights, and the majority of GWWDs (87.3 percent) are confident in defending their fundamental human rights both at home and in the community. As a result of this project, a large percentage of GWWDs, 88 percent, are confident in reporting rights violations to authorities such as the LC1, Police, and other duty bearers. As a result of this project, a large percentage of GWWDs, 88 percent, are confident in reporting rights violations to authorities such as the LC1, Police, and other duty bearers. As a result of this project, 9 out of 10 GWWDs knew how to report cases of abuse to local authorities. As a result of this project, 7 out of 10 girls and women with disabilities interviewed said that negative attitudes among community members and leaders are the most significant barrier to human rights awareness |
|------------|---|
| Relevance | Overall, various stakeholders such as district, subcounty, and local officials recognized the |
| | three-year project, which began in 2018 after problem analysis and prioritization in the Amuria district and targeted 450 rural GWWDs aged 9 to 60 years, as highly relevant to women and girls with disabilities. Community members were not open or free to share issues on GBV at the start of the project because it was considered a private family matter, especially domestic violence, while other violations such as rape were resolved at the community level by village elders. However, the project's sensitization and awareness efforts prompted the need to report and openly discuss GBV against GWWDs. Furthermore, given the context in which the project was implemented, the approach and methodology chosen were appropriate. At the community level, the use of awareness creation violence against GWWDs was practical and addressed real issues affecting GWWDs. Furthermore, the project was relevant in terms of the outcomes, purpose, and goal: The project's goal was important because GBV cases were on the rise and people were unable to report them. Reduce Violence Against Women and Girls with Disabilities in the Amuria District was the project's goal. As a result, the project gave community members the confidence to share GBV experiences and occurrences at a local level, as well as report them to the authorities. Furthermore, the design was relevant because it was created to meet the needs of girls and women with disabilities. Discrimination, marginalization, social exclusion, stigmatization, and routine failure to ensure their social inclusion and effective participation in public life continue to be challenges for women and girls with disabilities in the Amuria district. |
| Efficiency | The project has demonstrated its efficiency through the implementation of its activities, the adoption of certain measures, its strategic approach, and the apt use of its resources. The planning, budgeting, monitoring, and management of financial, human, and other resources were generally good and all appropriate management tools were used. Overall, the use of resources and instruments was largely adequate. The project had excellent human resources capacities, including the Monitoring and Evaluation manager, and an external evaluator for end-activity evaluation. Activities were carried out, in some cases over what was originally planned, and the quality of products was high. In addition, the quality of project management, in general, was good. Regular (quarterly) planning and review exercises were conducted. The monitoring system was well designed and implemented effectively. An M&E plan was established, based on the log frame indicators, and then was updated every quarter using an M&E tracking system. Regular monitoring and reporting were ensured. The modality of external evaluation of all project activities assessed the interventions' quality and thus contributed to the efficient implementation frameworks. |

| Sustainability | To begin with, the project was implemented at a low cost in the community. This means there's a good chance it'll keep going. Because those in charge of mobilization were from the target sub-counties and villages, transportation costs were kept to a minimum. In addition, the formation of 16 VSLA groups with leaders, each with 2-3 paralegals, strengthens the possibility of continuing to raise awareness and sensitize people about violence against GWWDs and human rights. Secondly, the knowledge and skills that have been imparted are as follows: The "equipment" of paralegals, women, and girls, as well as project staff, is still in use; UNTF project management training for project staff. The overall goal of the training was to ensure that NUWODU has qualified personnel as well as institutional policies and procedures in place to meet the terms of the Project Cooperation Agreement, which included being accountable for the grant and achieving the expected results. Paralegals also provided GWWDs with knowledge and skills in areas such as human rights and community reporting of violence cases, among other things. They still have the training materials that can be replicated. Finally, participation in VSLAs. Women with disabilities are not only members of VSLAs, but also group leaders in these VSLAs, according to the findings. VSLAs are an excellent way to provide financial literacy training as well as instill a culture of saving and investing in order to protect their livelihoods. This will allow these women to develop long-term revenue streams that will allow them to expand their livelihoods while also helping to meet their families' basic needs. |
|--|--|
| Impact | The most significant contribution and impact of the Project, according to the evaluator, is that it was able to achieve a significant shift in the mindsets of many stakeholders and women with disabilities regarding disability. Furthermore, the project improved self-awareness or awareness of their strengths and weaknesses, acceptance of their disability, and became proactive in family and community affairs. Several of the women's stories revealed that, in the face of obstacles, many women with disabilities became more determined to achieve their goals. The consultant was particularly impressed to see the positive attitude and strong self-esteem of women leaders that were built/strengthened through the Project. Another project's most significant impact recorded was in helping GWWDs believe in themselves and develop self-advocacy skills to the point where many of them are not afraid to advocate for themselves, and in some cases on behalf of others, with local decision-makers, hospitals, social service providers, and other fields. An individual's ability to effectively communicate, convey, negotiate, or assert his or her interests, desires, needs, and rights is referred to as self-advocacy. It entails making well-informed decisions and accepting responsibility for them. |
| Partnerships/ collaboration/ integration | The NUWODU has been effective in adopting different approaches to effectively manage the coordination, and cooperation by working with likeminded stakeholders within and out of the district. The project sought partnership with other donors and organizations working with GWWD to see how they can incorporate GWWD in their programs. As expected, partnership with Amuria district local government has ensured that violence against GWWD will remain on top of their agenda, and the community development department will continue to work with members of the association. More so, it has improved information and knowledge sharing among partners and increased collaboration between relevant national stakeholders. Likewise, the project has been successful in conducting various with various stakeholders such as Community Development Officers and Development partners working within the district to build on the existing efforts to address violence against women within their communities and to encourage Development agencies, CSOs and informal social systems to mainstream disability in their activities. The evaluation has established that by working with local community-based partners (DPOs, CBOs, local administration, religious organization, etc.) has ensured local |

| participation and ownership. For example, CDOs have been fully involved in the project |
|--|
| activities right from the inception, this is building their capacities in working with GWWDs |
| even after the project, this capacity acquired will be used. |

5.2 Recommendations

The following recommendations are designed for NUWODU, LC, DPOs, and other stakeholders who seek to support women with disabilities in their improving livelihoods. *Table 14: Recommendations*

| Evaluation | Recommendations |
|---------------|---|
| Criteria | |
| Effectiveness | Overall, the project has greatly enabled women, and girls with disabilities to know their rights with 94% of Girls, and Women with disabilities knowing their rights. Of these, a big proportion of 87% is confident to report any rights violation to authorities. The District Chairperson for Disabled Persons Union stated that over 90% of cases fail/are not handled especially due to political influence by highly place perpetrators who buy their way out of justice. Additionally, a good proportion (37%) of the interviewed women reported having not raised any issue as far as human rights of vulnerable women and girls are concerned. With this finding, there is a need to Continue to Engage Paralegal Justice systems. Justice systems from families, local councils, police to courts are marred by corruption and political influence. Paralegals need to be engaged to provide peer to peer support in reporting violations of rights of girls, and women with disabilities as well as engage justice systems. The evaluation team out that there is iinadequate protection system in terms of laws, policies, and operating procedures for women with disabilities survivors of violence. Therefore, evaluators recommend: a) Train and sensitize the personnel of family protection units, law enforcement bodies, and the judiciary on violence against women with disabilities b) Lobby for a review and amendment of relevant applicable laws and legislations to ensure aggravated penalties for violent behaviors and provide for clear mechanisms to protect this particular group, including in the penal code, the disability law, the personal status law, the draft family protection law, among others |
| | others Sensitization activities conducted by NUWODU made people understand that these women are also part of society and have the same rights as anyone else. Inadequate resourcing inhibited adequate awareness creation and sensitization of the communities to change this perception. Weak mechanisms for the prevention, protection, and reporting of cases of violence against women with disabilities. Therefore, enhance funding for mass sensitization campaigns. Whereas NUWODU has done a commendable job on this aspect, much more sensitization needs to be done to change the remaining negative attitudes, cultural perceptions, and stigma toward women with disabilities |
| | Limited beneficiaries' knowledge of services and ability to access them.Most beneficiaries lack knowledge of protection programs, the available services, and who provides them.The following recommendations can adopted a) Raise awareness of female beneficiaries with disabilities on service providers and increase their knowledge on how to access protection services b) Enhance coordination and networking between service providers in programs and service delivery In the Amuria district, there is limited collaboration among CSOs. According to key individuals interviewed, NUWODU is the only one implementing disability-related |

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|-----------|--|
| | interventions. NUWODU should promote collaborations between local government institutions and community-based organizations to identify and prioritize technical assistance and resources needed to close gaps in survivors' prevention and response services. The following can potential interventions a) Training and mentorship for staff on GBV-related issues that are difficult to address including, male survivors, child abuse/neglect, and commercial sex workers; b) Training for medical providers on how to collect forensic evidence and document GBV cases, how to serve as expert witnesses, and how to testify |
| | in court cases |
| | Despite the fact that the project has had a significant impact on reducing violence against girls with disabilities, evaluation findings show that some Girls and women with multiple disabilities, such as intellectual and visual impairments, are still highly marginalized in comparison to their peers (epilepsy and physical disability). Contribute to changing negative social attitudes toward people with disabilities in order to ensure their dignity and status, as well as raise awareness of their potential and contribution to society. |
| | Despite the fact that this project has been successful in instilling knowledge among GWWDs to advocate for their rights, evaluation has revealed that GWWDs frequently lack the resources necessary to have their voices heard. Self-advocacy |
| | training has not been provided to many GWWDs. These programs assist in developing the skills necessary to understand one's rights and what to do if they are |
| | violated. Many people lack these skills even among trained self-advocates, suggesting that general self-advocacy training may not be sufficient. More |
| | specialized training on the subject of abuse is required (e.g., what constitutes abuse, vulnerable settings, likely abusers, who to report to, and likely outcomes). |
| Polovence | Although the project has done an excellent job of engaging men, particularly fathers and husbands, in awareness campaigns, there is still marginalization at the family and community levels. During the focus groups, the majority of the girls claimed that their parents had failed to support and uplift them. The majority of the girls claimed to have experienced emotional abuse in their families, particularly from biological relatives. Working with fathers (who appear to be more likely than mothers to reject a disabled girl) to help them appreciate the unique strengths, worth, and dignity of all children, including their own, should be prioritized. Engaging parents and/or people with disabilities to share positive examples of what they have accomplished and the types of support they have required along the way could be one way to do so. More opportunities for families with deaf girls to learn sign language should be created at the community level. Participants in these learning sessions should be encouraged to include health care workers, police officers, teachers, and others. |
| Relevance | The importance of this project in reducing violence against women with disabilities in the Amuria district is highlighted by data analysis-based evaluation questions. Overall, the project is relevant in the eyes of GWWDs and key stakeholders; as a result, there is a need to strengthen and enhance participation and ownership, thereby increasing the likelihood of the project's outcomes being sustainable. |
| | The survey went on to determine how relevant the project was, and the results show that 71.2 percent of GWWDs believe the project was very relevant, while 20.5 percent believe the project was relevant and addressed the actual needs. In light of this, there is a need for CSOs and government stakeholders in and outside of Amuria district to collaborate in the prevention of violence against girls and women |

| | with disabilities. The ownership and sustainability of the reforms will be enhanced as a result of this collaboration, which will take place through local and national networks. | | | | |
|----------------|---|--|--|--|--|
| | Although there are still gaps in service provision for victims of violence, the project | | | | |
| | has made significant progress in supporting the enabling environment as well as the | | | | |
| | | | | | |
| | supply side of providing accessible and high-quality services to GWWDs who have | | | | |
| | been victims of violence. Initiatives that address the demand side by responding to | | | | |
| | women's needs, such as paralegal structures, have helped women access community | | | | |
| | services such as medical support, legal services, and so on; however, referral | | | | |
| | systems must be strengthened, and government and other CSOs must be encouraged | | | | |
| | to extend these services to the community at no cost. | | | | |
| Efficiency | The project's efficiency has been demonstrated through its activities, the | | | | |
| | implementation of certain measures, its strategic approach, and the effective use of | | | | |
| | its resources. Financial, human, and other resource planning, budgeting, monitoring, | | | | |
| | and management were all generally good, and all appropriate management tools were | | | | |
| | used. Therefore, there is a need to conduct rigorous monitoring and internal | | | | |
| | evaluation methods are essential to ensure the Programme activities are evaluable and | | | | |
| | to report on all the results to which a project has contributed. Furthermore, for every | | | | |
| | project to be implemented by NOWUDU, there is a need to undertake a capacity | | | | |
| | assessment of staff and project implementation to help identify capacity, financial and | | | | |
| | service gaps and future priority actions. | | | | |
| Sustainability | Evaluators discovered that involvement of Local government officials, PwD | | | | |
| v | counselors, and paralegals from the local community promises greater sustainability | | | | |
| | of the project. Notably, cultural chiefs from some Sub counties have, without the | | | | |
| | support of a CSOs developed community drama and skits addressing the stigma and | | | | |
| | negative attitudes toward people with disabilities in their sub-counties. Some of these | | | | |
| | institutions have gained ownership of some of the activities of the project. However, | | | | |
| | there is more to be done to engage districts to continue propagating other linkage | | | | |
| | mechanisms to mainstream livelihood government programs that encompass People | | | | |
| | with disabilities which women and girls with disabilities can be integrated into | | | | |
| | beyond this project's support. There we recommend the following | | | | |
| | a) DPOs need sustainable sources of funds to continue carrying out sensitization | | | | |
| | activities and other pertinent activities as indicated in the qualitative findings | | | | |
| | b) Hold workshops involving all relevant stakeholders to develop plans | | | | |
| | responding to the needs of women with disabilities survivors of violence | | | | |
| | c) Adapt referral mechanisms by service providers to include specific | | | | |
| | procedures for receiving and serving women with disabilities | | | | |
| | Evaluation finding established that women with disabilities still face a common threat | | | | |
| | of discrimination which will make them stay together and advocate for issues | | | | |
| | hampering their participation in society. Results show that the project has enabled | | | | |
| | women with disabilities to not only improve their confidence in taking up a leadership | | | | |
| | role but also to eventually take up these positions. The Amuria community has | | | | |
| | women with disability already in leadership positions who voice the concerns of | | | | |
| | women with disabilities. Recommendation: This gives the assurance of addressing | | | | |
| | future needs not tackled by the project through civic leadership. | | | | |
| T | | | | | |
| Impact | The project improved self-awareness or awareness of their strengths and | | | | |
| | weaknesses, acceptance of their disability, and became proactive in family and | | | | |
| | community affairs, according to one of the key findings of the project evaluation. | | | | |
| | NUWODU needs to lobby for more funding from the government to support more | | | | |
| | GWWDs in the village, based on the positive outcomes of the project. | | | | |

ANNEXES

Evaluation Matrix Template

| Evaluation Criteria | Evaluation Questions | Indicators | Data Collection Methods | Data Source |
|------------------------|--|---|--|--|
| Effectiveness | To what extent were the intended project goal, outcomes and outputs (project results) achieved and how? To what extent are the planned results being realized (following the Log frame indicators)? Have the target groups been well-chosen and systematically addressed How do beneficiaries perceive the activities' impact? Are risks being managed to avoid or minimize their impact? | Indicator 1: % of GWWDs with increased ability to identify any form of violence addressed by the project Indicator 2: % of GWWDs knowledgeable of their human Rights and right to live free from violence. Indicator 3: % of community leaders who have undertaken at least one action to promote and protect the Rights of GWWDs Indicator 4: % of GWWDs knowledgeable of the existing support services Indicator 5: % of 450 GWWDs who feel safe from any form of violence addressed by the project at family and community level over the last 12 months Indicator 6: % of GWWDs knowledgeable of their human Rights and right to live free from violence Indicator 7: % of GWWDs who have benefited from government and NGOs programs or commitments | -Document review -Beneficiary interviews -Key informant interviews -Focus group discussions | -Individual Beneficiaries -NUWODU programme staff -Other identified respondents - caregivers/parents -Community groups, -Government representatives |
| Relevance | To what extent do the achieved results (project goal, outcomes and outputs) continue to be | Indicator 1: % of GWWDs with increased ability to identify any form of violence addressed by the project Indicator 2: % of GWWDs knowledgeable of their human Rights and right to live free from violence. | -Document review -Beneficiary interviews -Key informant interviews | -Individual Beneficiaries -NUWODU programme staff -Other identified respondents |

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|------------|---|---|--|--|
| | relevant to the needs of women and girls? Do the strategies answer to most urgent needs of the women and girls with disabilities? Was the project able to adjust to any changes for example COVID- 19 pandemic or other contextual changes in the lives of the women and girls with disabilities? | Indicator 3: % of community leaders who have undertaken at least one action to promote and protect the Rights of GWWDs Indicator 4: % of GWWDs knowledgeable of the existing support services Indicator 5: % of 450 GWWDs who feel safe from any form of violence addressed by the project at family and community level over the last 12 months Indicator 6: % of GWWDs knowledgeable of their human Rights and right to live free from violence Indicator 7: % of GWWDs who have benefited from government and NGOs programs or commitments | -Focus group discussions | - caregivers/parents -Community groups, -Government representatives |
| Efficiency | To what extent was the project efficiently and cost-effectively implemented? To what extent was the project efficiently and cost-effectively implemented? Which factors facilitate or limit the realization of the objectives? Is the implementation structure appropriate | Indicator 1: % of GWWDs with increased ability to identify any form of violence addressed by the project Indicator 2: % of GWWDs knowledgeable of their human Rights and right to live free from violence. Indicator 3: % of community leaders who have undertaken at least one action to promote and protect the Rights of GWWDs Indicator 4: % of GWWDs knowledgeable of the existing support services Indicator 5: % of 450 GWWDs who feel safe from any form of violence addressed by the project at family and community level over the last 12 months Indicator 6: % of GWWDs knowledgeable of their human Rights and right to live free from violence Indicator 7: % of GWWDs who have benefited from government and NGOs programs or commitments | -Document review -Beneficiary interviews -Key informant interviews -Focus group discussions | -Individual Beneficiaries -NUWODU programme staff -Other identified respondents - caregivers/parents -Community groups, -Government representatives |

| Sustainability | to realize the project results? To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends? Will the project results last in terms of financial, behavioral, institutional, policy, and social sustainability? | Indicator 1: % of GWWDs with increased ability to identify any form of violence addressed by the project Indicator 2: % of GWWDs knowledgeable of their human Rights and right to live free from violence. Indicator 3: % of community leaders who have undertaken at least one action to promote and protect the Rights of GWWDs Indicator 4: % of GWWDs knowledgeable of the existing support services Indicator 5: % of 450 GWWDs who feel safe from any form of violence addressed by the project at family and community level over the last 12 months Indicator 6: % of GWWDs knowledgeable of their human Rights and right to live free from violence Indicator 7: % of GWWDs who have benefited from government and NGOs programs or commitments | -Document review -Beneficiary interviews -Key informant interviews -Focus group discussions | -Individual Beneficiaries -NUWODU programme staff -Other identified respondents - caregivers/parents -Community groups, -Government representatives |
|----------------|---|---|--|--|
| Impact | To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)? | Indicator 1: % of GWWDs with increased ability to identify any form of violence addressed by the project Indicator 2: % of GWWDs knowledgeable of their human Rights and right to live free from violence. Indicator 3: % of community leaders who have undertaken at least one action to promote and protect the Rights of GWWDs Indicator 4: % of GWWDs knowledgeable of the existing support services Indicator 5: % of 450 GWWDs who feel safe from any form of violence addressed by the project at family and community level over the last 12 months Indicator 6: % of GWWDs knowledgeable of their human Rights and right to live free from violence | -Document review -Beneficiary interviews -Key informant interviews -Focus group discussions | -Individual Beneficiaries -NUWODU programme staff -Other identified respondents - caregivers/parents -Community groups, -Government representatives |

| Knowledge generation | To what extent has the project generated knowledge, promising or emerging practices | Indicator 7: % of GWWDs who have benefited from government and NGOs programs or commitments Indicator 1: % of GWWDs with increased ability to identify any form of violence addressed by the project Indicator 2: % of GWWDs knowledgeable of their human Rights and right to live free from violence. | -Document review -Beneficiary interviews | -Individual Beneficiaries -NUWODU programme staff |
|--|---|---|--|--|
| | in the field of EVAW/G that should be documented and shared with other practitioners? | Indicator 3: % of community leaders who have undertaken at least one action to promote and protect the Rights of GWWDs Indicator 4: % of GWWDs knowledgeable of the existing support services Indicator 5: % of 450 GWWDs who feel safe from any form of violence addressed by the project at family and community level over the last 12 months Indicator 6: % of GWWDs knowledgeable of their human Rights and right to live free from violence Indicator 7: % of GWWDs who have benefited from government and NGOs programs or commitments | -Key informant interviews -Focus group discussions | -Other identified respondents - caregivers/parents -Community groups, -Government representatives |
| Gender Equality and Human Rights | To what extent were human rights based and gender responsive approaches incorporated through- out the project. | Indicator 1: % of GWWDs with increased ability to identify any form of violence addressed by the project Indicator 2: % of GWWDs knowledgeable of their human Rights and right to live free from violence. Indicator 3: % of community leaders who have undertaken at least one action to promote and protect the Rights of GWWDs Indicator 4: % of GWWDs knowledgeable of the existing support services Indicator 5: % of 450 GWWDs who feel safe from any form of violence addressed by the project at family and community level over the last 12 months Indicator 6: % of GWWDs knowledgeable of their human Rights and right to live free from violence | -Document review -Beneficiary interviews -Key informant interviews -Focus group discussions | -Individual Beneficiaries -NUWODU programme staff -Other identified respondents - caregivers/parents -Community groups, -Government representatives |

| Partnership And collaboration | What has been the value-added of the project to key stakeholders? What factors facilitated or constrained effective partnership? | Indicator 7: % of GWWDs who have benefited from government and NGOs programs or commitments Indicator 1: % of GWWDs with increased ability to identify any form of violence addressed by the project Indicator 2: % of GWWDs knowledgeable of their human Rights and right to live free from violence. Indicator 3: % of community leaders who have undertaken at least one action to promote and protect the Rights of GWWDs Indicator 4: % of GWWDs knowledgeable of the existing support services Indicator 5: % of 450 GWWDs who feel safe from any form of violence addressed by the project at family and community level over the last 12 months Indicator 6: % of GWWDs knowledgeable of their human Rights and right to live free from violence Indicator 7: % of GWWDs who have benefited from government and NGOs programs or commitments | -Document review -Beneficiary interviews -Key informant interviews -Focus group discussions | -Individual Beneficiaries -NUWODU programme staff -Other identified respondents - caregivers/parents -Community groups, -Government representatives |
|---------------------------------------|---|---|--|--|
| Conclusions and Recommendations | What are the key conclusions on the findings per evaluation criteria and project objective?What are the key strategic and operational recommendations per evaluation criteria and project objective? | Indicator 1: % of GWWDs with increased ability to identify any form of violence addressed by the project Indicator 2: % of GWWDs knowledgeable of their human Rights and right to live free from violence. Indicator 3: % of community leaders who have undertaken at least one action to promote and protect the Rights of GWWDs Indicator 4: % of GWWDs knowledgeable of the existing support services Indicator 5: % of 450 GWWDs who feel safe from any form of violence addressed by the project at family and community level over the last 12 months Indicator 6: % of GWWDs knowledgeable of their human Rights and right to live free from violence | -Document review -Beneficiary interviews -Key informant interviews -Focus group discussions | -Individual Beneficiaries -NUWODU programme staff -Other identified respondents - caregivers/parents -Community groups, -Government representatives |

| | Indicator 7: % of GWWDs who have benefited from government and NGOs programs or commitments | | |
|--|--|--|--|
|--|--|--|--|

Case Studies

| No | NAME | SUB-COUNTY | AGE |
|----|------|------------|-----|
| 1 | | AMASUK | 32 |
| 2 | | ASAMUK | 41 |
| 3 | | AMASUK | 54 |
| 4 | | AMASUK | 21 |

Key Informants

| Respondents No. | TITLE | SUB-COUNTY |
|--------------------|-------------------------------------|------------|
| 1 | PARALEGAL | MORUGATUNY |
| 2 | CHILD AND FAMILY PROTECTION OFFICER | |
| 3 | DISTRICT GENDER SECRETARY | |
| 4 | LC3 | ASAMUK |
| 5 | PARALEGAL | ABARIELA |
| 6 | PARALEGAL | AMASUK |
| 7 | PROBATION OFFICER | |
| 8 | PWD'S COUNSELLOR | |
| 9 | LC1 | AMASUK |

| FGD FOR PARENTS/CAREGIVERS ASAMUKSUB-COUNTY | | | | |
|--|--------------------------|--|--|--|
| Respondent nr. | GENDER | | | |
| 1 | FEMALE | | | |
| 2 | MALE | | | |
| 3 | FEMALE | | | |
| 4 | MALE | | | |
| 5 | MALE | | | |
| 6 | MALE | | | |
| 7 | FEMALE | | | |
| FGD FOR | BENEFICIARIES MORUNGATUN | | | |
| 1 | FEMALE | | | |
| 2 | FEMALE | | | |
| 3 | FEMALE | | | |
| 4 | FEMALE | | | |
| 5 | FEMALE | | | |
| 6 | FEMALE | | | |
| 7 | FEMALE | | | |

| FGD F | FGD FOR COMMUNITY MEMBERS | | | | |
|-------|---------------------------|--|--|--|--|
| | ABARILELA | | | | |
| 1 | FEMALE | | | | |
| 2 | FEMALE | | | | |
| 3 | FEMALE | | | | |
| 4 | MALE | | | | |
| 5 | MALE | | | | |
| 6 | MALE | | | | |
| 7 | MALE | | | | |
| 8 | MALE | | | | |
| 9 | MALE | | | | |

| Hierarchy of Results | Indicators | Indicator definition | Baseline | Target |
|-------------------------------------|--|---|----------|--------|
| Goal: GWWDs in the three selected | | Assess the magnitude of violence against | 41% | 10% |
| sub counties in Amuria district | | GWWDs in the targeted sub counties. | | |
| experience less physical, sexual, | % of 450 GWWDs who feel safe from any | GWWDs feel safe/secure from physical, | | 90% |
| psychological and emotional | form of violence addressed by the project at | sexual, psychological and emotional violence at | | |
| violence in their families and | family and community level over the last 12 | home and community level. | | |
| communities by 2021. | months. | | | |
| Outcomes | | | | |
| 1.0 450 GWWDs are able to | 1.1 % of GWWDs knowledgeable of their | GWWDs who spontaneously and correctly | | 100% |
| identify violence and support | human Rights and right to live free from | mentions key fundamental rights including | | |
| services by the end of the project | violence. | education, health and economic rights | | |
| period. | 1.2 % of GWWDs with increased ability to | GWWDs able to spontaneously mention all | | 100% |
| | identify any form of violence addressed by the | forms of violence addressed by the project and | | |
| | project | key support services along the referral | | |
| | | pathways. | | |
| | 1.3 % of GWWDs knowledgeable of the | GWWDs able to spontaneously mention | | 100% |
| | existing support services.` | services (along the referral pathways) for the | | |
| | | survivors of violence. | | |
| 2.0 Family and community leaders | 2.1 % of families aware of all forms of | Family members who spontaneously and | | 100% |
| are committed to protect the rights | violence against GWWDs addressed by the | correctly mentions key forms of violence | | |
| of GWWDs to live a life free from | project | against GWWDs addressed by the project. | | |
| violence by the end of the project | 2.2 % of community leaders who have | Actions to promote and protect the rights of | | 87% |
| period | undertaken at least one action to promote and | GWWDs include among others sensitization of | | |
| | protect the Rights of GWWDs | cmmunity members, reporting cases of rights | | |
| | | violations, prevetion of rights violations. | | |
| | 2.3 % of GWWDs who have benefited from | Benefits include financial support, IGAs and | | 60% |
| | government and NGOs programs or | training | | |
| | commitments | | | |
| Outputs | | | | |
| 1.1 450 GWWDs are | 1.1.1 No of GWWDs trained on their | | 0 | 450 |
| knowledgeable of their fundamental | fundamental human rights and forms of | | | |
| human rights and the right to live | violence | | | |
| free from violence | | | | |

Annex 1: Results Framework

| 1.2 450 GWWDs have increased | 1.2.1 No of GWWD knowledgeable of the | | 0 | 450 |
|---------------------------------------|---|--|---|--------|
| ability to identify violence and the | different forms of violence addressed by the | | | |
| existing support services for victims | project | | | |
| of violence. | 1.2.2 No of GWWDs who have taken actions | | 0 | 350 |
| | to defend their rights | | | |
| 1.3 An increased number of | No of functional Groups of GWWDs formed | | 0 | 16 |
| GWWDs engaged in village savings | No of GWWDs able to save and remain in the | | 0 | 450 |
| and loan groups to improve their | groups | | | |
| livelihoods. | No of groups and individual GWWDs that | Benefits include financial support, IGAs and | 0 | 10 |
| | have received/benefited from government and | training from Government, private sector, | | |
| | NGOs programs. | NGOs and individual | | |
| | | | | |
| 2.1 Community structures | 2.1.1 No of community advocates (paralegals) | | 0 | 45 |
| (paralegals) are strengthened to | trained and deployed | | | |
| mobilise and sensitize the | 2.1.2 No of human rights promotion sessions at | | 0 | 1340 |
| community members to identify and | community level conducted by trained | | | |
| prevent violence against GWWDs | paralegals | | | |
| 2.2 Families of 450 GWWDs have | 2.2.1 No of family members sensitized on the | Family members who have completed a | 0 | 1,800 |
| increased ability to identify and | rights of GWWDs and forms of violence by the | package of the human rights training | | |
| protect GWWDs from physical, | trained paralegals | | | |
| sexual, psychological and emotional | 2.2.2 No of local leaders and community | | 0 | 3,200 |
| violence. | members sensitized on the rights of GWWDs | | | |
| | and forms of violence by the trained paralegals | | | |
| | 2.2.3 No of family and community members | | 0 | 48,000 |
| | knowledgeable about the rights of GWWDs | | | |
| 2.3 Community leaders take actions | No of families which have taken positive | Positive actions include sensitization of | | 400 |
| to protect GWWDs from physical, | actions to protect and promote the rights of | cmmunity/family members, reporting cases of | | |
| sexual, psychological and emotional | GWWDs | rights violations, prevetion of rights violations, | | |
| violence. | | supporting GWWDs to access services, | | |
| | | involving GWWDs in family events among | | |
| | | others. | | |
| | No of commitments/pronouncements on | The commitments include bylaws and | | 8 |
| | protection of rights of the GWWDs secured | ordinances, local council resolutions (LC1, II, | | |
| | from community leaders. | III), cultural and religious leaders resolutions. | | |

Annex 2: Data Collection Tools

Beneficiary Survey tool

INTRODUCTION AND INFORMED CONSENT

Hello, my name is

Am working with a team of consultants who are hired by NUWODU, to conduct a final Evaluation for the three (3) year project to End Violence against Women and Girls. The goal of the project was to ensure GWWDs in the three selected sub-counties in the Amuria district experience less physical, sexual, psychological, and emotional violence in their families and communities by 2021. Your participation in this evaluation as a beneficiary will help the NUWODU to assess whether the project objectives and results have been realized. The report findings will be shared with relevant stakeholders and key partners including the funders of this project who are outside of Uganda. The information you provide will be shared to some of the beneficiaries who will attend the dissemination workshop. We shall not use your name in the report unless you give us permission to do so. Your participation in this interview is voluntary and feel free to stop this anytime. If you consent to participate in this interview and use your name in the interviews, please sign on the attendance form.

Name of the Researcher:

| No. | Question | Possible response | Codes |
|-----|----------------------------------|-----------------------------------|-------|
| 01. | District | | |
| 02. | Sub county | Abarilela | 1 |
| | | Asamuk | 2 |
| | | Morungatun | 3 |
| 03. | Parish | | |
| 04. | Village | | |
| 05. | Name of the Respondent | | |
| 06. | Record the sex of respondent | Female | 1 |
| | | Male | 2 |
| 07. | Record the age of the respondent | | |
| 08. | Group Name | | |
| 09. | What is your marital status | Single | 1 |
| | | Married | 2 |
| | | Separated | 3 |
| | | Divorced | 4 |
| | | Widowed | 5 |
| 10. | Record the Nature of Disability | Visual | 1 |
| | | Physical | 2 |
| | | Hearing | 3 |
| | | Communication | 4 |
| | | Learning | 5 |
| | | Intellectual | 6 |
| | | Epilepsy | 7 |
| | | Multiple | 8 |
| | | Albinism | 9 |
| | | Others, Specify | 15 |
| | Washington Group Sho | rt Set of Questions on Disability | |

SECTION 1: BACKGROUND INFORMATION

| 11. | Do you have difficulty seeing, even if wearing | No - no difficulty | 1 |
|-----|---|------------------------------|----|
| | glasses? | Yes – some difficulty | 2 |
| | | Yes – a lot of difficulty | 3 |
| | | Cannot do at all | 4 |
| 12. | Do you have difficulty hearing, even if using a | No- no difficulty | 1 |
| | hearing aid? | Yes – some difficulty | 2 |
| | | Yes – a lot of difficulty | 3 |
| | | Cannot do at all | 4 |
| 13. | Do you have difficulty walking or climbing steps? | No- no difficulty | 1 |
| | | Yes – some difficulty | 2 |
| | | Yes - a lot of difficulty | 3 |
| | | Cannot do at all | 4 |
| 14. | Do you have difficulty remembering or | No – no difficulty | 1 |
| | concentrating? | Yes – some difficulty | 2 |
| | | Yes - a lot of difficulty | 3 |
| | | Cannot do at all | 4 |
| 15. | Do you have difficulty (with self-care such as) | No – no difficulty | 1 |
| | washing all over or dressing? | Yes – some difficulty | 2 |
| | | Yes - a lot of difficulty | 3 |
| | | Cannot do at all | 4 |
| 16. | Using your usual (customary) language, do you | No – no difficulty | 1 |
| | have difficulty communicating, for example | Yes – some difficulty | 2 |
| | understanding or being understood? | Yes - a lot of difficulty | 3 |
| | | Cannot do at all | 4 |
| 17. | Who do you live with? | Mother | 1 |
| | | Father | 2 |
| | | Siblings (Brother & Sisters) | 3 |
| | | Relative | 4 |
| | | Spouse | 5 |
| | | Dependents eg Children) | 6 |
| | | Other, specify | 15 |
| 18. | Who is the head of your household? | Mother | 1 |
| | ř | Father | 2 |
| | | Brother | 3 |
| | | Sister | 4 |
| | | Relative | 5 |
| | | Spouse | 6 |
| | | Beneficiary | 7 |
| | | Other, specify | 15 |

| Result | 1: 450 GWWDs are knowledgeable of their rights, able to i | dentify violence and support servio | ces by the |
|--------|---|-------------------------------------|------------|
| end of | the project period. | | |
| 19. | Do you know about your rights | Yes | 1 |
| | | No | 2 |
| 20. | If yes, what rights do you know? | | |
| 21. | Would you say that the project has improved your | Significantly improved | 1 |
| | awareness of fundamental human rights | Considerably improved | 2 |
| | | Just improved | 3 |
| | | Partly improved | 4 |

| | | | | | improvement seen | 5 |
|--------------------|--|-------------------------|--|---------------------------|---------------------------|-------------------|
| 22. | Statement | Not at all Confident | Little confident | Neither or not sure | Somewhat confident | Very confident |
| a) | I can defend my fundamental human rights | | | | | |
| b) | I can report any rights violation to the authorities | | | | | |
| c) | I feel that leaders can take action if I reported any human rights violation against women with disabilities | | | | | |
| d) | Now I know some the existing support services existing in the community | | | | | |
| | Give reasons for rating above | | | | | |
| 21. | I know how to report cases of abuse | ? | | | Yes No | 1 2 |
| 22. | Am now confident to report cases o abuse? | f | Yes No | | | |
| 23. | Do you feel secure in the communit where you live in last 6 months' | у | All of the time Most of the time Some of the time Never | | | 1 2 3 4 |
| 24. | Do you know any place in your community where GWWDs like yo able to report cases of violence or g support services? | | Yes | | | 1 2 |
| 25. | If you have sought for help, were yo helped? | ou | | | Yes No | 1 2 |
| 26. | Where do you report cases of violer against GWWDs in your communi | | Father/ Mother/ Others in family Friend in the community | | | 1 2 |
| | | | Local leader Cultural/ Religious leader | | | |
| | | | | | Police Others identify | 5 15 |
| 27. | Would you say that there has been a reduction of violence against GWW you in the community as a result of project? | Ds like | Yes No | | | 1 2 |
| 28. | Give a reason to your answer | | | | | |
| D | | 1 . | 1 10 | 1 1 11. | | • |
| <u>Resu</u> 29. | It 2: Girls and women with Disabilities To what extent (if at all) have you f | | | | | ce against t |

| | Statement | None of the time | Rarely | Some of the time | Most of the time | All the time |
|----|---------------------------------------|------------------|--------|------------------|------------------|--------------|
| a) | I have been feeling good about myself | | | | | |

| b) | I have been feeling optimistic about the future | | | |
|-----|--|--------|---|--|
| c) | I have been feeling useful | | | |
| d) | I have been feeling confident about myself | | | |
| 30. | Give reasons for your rating (answers) | above. | • | |

| 31. | At community level: have you felt any of | the followin | ng since the st | art of the proj | ect | | <u>.</u> | |
|-----|---|----------------------|-----------------|----------------------------------|-------|-------------------|----------|---------------------|
| Co | mmunity relationship | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | | nse been nced by |
| a) | I feel respected by the community members where I live | | | | | | Yes | No |
| b) | I feel GWWDs enjoy equal status like other women in my community | | | | | | Yes | No |
| c) | GWWDs can easily stand for any position of leadership and be elected | | | | | | Yes | No |
| d) | The community members would support me if I started a business | | | | | | Yes | No |
| e) | The community allows women with disabilities to own assets like land, animals e.t.c. | | | | | | Yes | No |
| f) | I feel community members protects the rights of Women with disabilities in my community | | | | | | Yes | No |
| g) | If the rights of GWWDs is violated, the community members will take action | | | | | | Yes | No |

| Resul | t 3: Increased number of GWWDs engaged in village savings and lo | an groups | |
|-------|--|---------------------------|----|
| 32. | Are you engaged in village savings and loans? | Yes | 1 |
| | | No | 2 |
| 33. | If yes, were you engaged in village savings and loans before or | Before | 1 |
| | after the project? | After | 2 |
| 34. | Are you able to save any income? | Yes | 1 |
| | | No | 2 |
| 35. | If yes, where do you save? | VSLAs | 1 |
| | | Bank | 2 |
| | | Mobile money | 3 |
| | | Savings box | 4 |
| | | Others specify | 15 |
| 36. | Over the last one year, have your savings increased, remained | Savings increased | 1 |
| | the same or decreased? | Savings remained the same | 2 |
| | | Savings reduced | 3 |
| 37. | If savings have increased, how have you used it? | | |

| 38. | If your savings have decreased. Give a reason for a decrease. | | |
|-----|--|-----------|--------|
| 39. | Have you benefited from any government and NGOs programs or commitments? | Yes No | 1 2 |
| 40. | If yes, what kind support/commitment have you received from the government | | |
| 41. | Explain, how it has it helped you? | | |

Result 4: Strengthened community structures (paralegals) to mobilize and sensitize the community members on violence against GWWDs

| | De avec l'este de la la la la la la companya (de la la la la la companya de la la la companya de la la companya de la companya | V | 1 |
|-----|--|---------------------------|---|
| 42. | Do you have paralegals in this community? | Yes | 1 |
| | | No | 2 |
| 43. | How is the functionality of community structures (paralegals)? | Highly functional | 1 |
| | | Not functional | 2 |
| | | Somehow functional | 3 |
| | | Don't know | 4 |
| 44. | Give a reason to your answer | | |
| 45. | What do you think are the role of the paralegals in this community? | | |
| 46. | Have you witnessed a reduction in violence against GWWD in | Yes, there is a reduction | 1 |
| | this community as a result of empowered paralegals? | Nothing has changed | 2 |
| | | A lot has changed | 3 |
| 47. | On the rating 1-5, are you satisfied with their role in addressing | Very Satisfied | 1 |
| - | challenges facing GWWDs in this community? | Satisfied | 2 |
| | | Neutral | 3 |
| | | Very | 4 |
| | | dissatisfied | 5 |
| | | Dissatisfied | 6 |
| 40 | | Dissatistied | 0 |
| 48. | Give a reason to your answer | | |
| 49. | How best can this community structures (paralegals) be | | |
| | improved to meet your needs? | | |

| Resul | t 5. Increased awareness of the ri | ghts of GWWDs by family and community men | nbers | | |
|-------|------------------------------------|---|-----------------------|---|--|
| 50. | Do you think your family and | community are aware of the rights of | Yes | 1 | |
| | GWWDs? | | No | 2 | |
| 51. | Which rights do they know? | | | | |
| 52. | Is there an improvement in kn | Yes | 1 | | |
| | community as a result of this p | project? | No | 2 | |
| | | | Don't know | 3 | |
| 53. | Explain your answer | | | | |
| 54. | What barriers exists which | Inadequate po | olicies and standards | 1 | |
| | hinder awareness of the | | Negative attitudes | 2 | |
| | rights of GWWDs? | | Inadequate funding. | 3 | |
| | | Lack of consultat | ion and involvement | 4 | |
| | | Lack of data and evidence [on programmes that work] | | | |
| | |] | Lack of accessibility | | |

| Result 6 | Increased respect, acceptance of GWWDs as rights holders in the family | and community, and | l commitment to |
|----------|--|---------------------|-----------------|
| preventi | ng violence against them | | |
| 55. | Do you feel respected and accepted in your family and community? | Yes | 1 |
| | | No | 2 |
| 56. | Please tell me whether you agree or disagree with the following state | ments on a scale of | 1 to 5, where 1 |
| | means "strongly disagree" and 5 means "strongly agree." | | |

| Statement | | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Has y respon been influe by the | nse nced |
|---|---|----------------------|----------|-------------------------------------|-------|-------------------|---|-------------|
| Family relations | | | | | | | projec | |
| | ny family members | | | | | | Yes | No |
| b) I feel loved by members | he community | | | | | | Yes | No |
| | tus in the family nember in the family | | | | | | Yes | No |
| d) I am consulted members when are being made | by my family important decisions | | | | | | Yes | No |
| | rs allow Women s to own and use 1? | | | | | | Yes | No |
| Community relation | onship | | | | | | | |
| | by the community | | | | | | Yes | No |
| | enjoy equal status en in my community | | | | | | Yes | No |
| j) GWWDs can exposition of lead elected | asily stand for any ership and be | | | | | | Yes | No |
| | allows GWWD to land, animals e.t.c. | | | | | | Yes | No |

| I feel community members protects the rights of GWWD in my community | | | Yes | No |
|--|--|--|-----|----|
| m) If the rights of GWWD is violated, the community members will take action | | | Yes | No |

| 57. | In your opinion what is the relevance of this project in | Very relevant | 1 |
|-----|--|--------------------|---|
| | addressing community needs? | Somehow relevant | 2 |
| | | Neutral | 3 |
| | | Somehow irrelevant | 4 |
| | | Very irrelevant | 5 |
| 58. | Explain your answer above | | |
| 59. | Are you satisfied with the interventions implemented by | Very Satisfied | 1 |
| | this project? | Satisfied | 2 |
| | | Neutral | 3 |
| | | Very | 4 |
| | | dissatisfied | 5 |
| | | Dissatisfied | 6 |
| 60. | Explain your answe | | |

| Effect | Effectiveness | | |
|--------|---|---------------|--|
| 61. | Would you say that this project was effective at ensuring | Totally Agree | |
| | that GWWDs experience less physical, sexual, | Agree | |
| | psychological, and emotional violence in their families and | Neutral | |
| | communities by 2021 | Disagree | |
| | | Totally | |
| | | Disagree | |
| 62. | Explain your answer above | | |

| Sustai | Sustainability | | |
|--------|---|------------|---|
| 63. | Do you think the structures established under the project | Yes | 1 |
| | (eg. paralegals) will be able to sustain and maintain | No | 2 |
| | facilities to operate after the end of programme? | Don't know | 3 |
| 64. | Explain your answer | | |
| | | | |

| Cross | Cross cutting | | | |
|-------|--|------------------------|---|--|
| 65. | Extent to which the project considered gender within the | To great extent | 1 | |
| | design and implementation of project activities | To a very small extent | 2 | |
| | | Not at all | 3 | |
| | | To a moderate extent | 4 | |
| 66. | Explain your answer | | | |

FGD Guide for Community Members

Introduction and Informed Consent

Hello, my name is______, Am working with a team of consultants who are hired by NUWODU, to conduct a final Evaluation for the three (3) year project to End Violence against Women and Girls.

The goal of the project was to ensure GWWDs in the three selected sub-counties in the Amuria district experience less physical, sexual, psychological, and emotional violence in their families and communities by 2021.

Your participation in this evaluation as a beneficiary will help the NUWODU to assess whether the project objectives and results have been realized. The report findings will be shared with relevant stakeholders and key partners including the funders of this project who are outside of Uganda. The information you provide will be shared to some of the beneficiaries who will attend the dissemination workshop. We shall not use your name in the report unless you give us permission to do so. Your participation in this interview is voluntary and feel free to stop this anytime. If you consent to participate in this interview and use your name in the interviews, please sign on the attendance form.

| No. | Question and Response |
|-----|--|
| 1. | Have you heard about fundamental rights of GWWDs? |
| 2. | Where do you receive the information about GWWDS rights? |
| 3. | Mention any rights of GWWDs you know? |
| 4. | Which of these have you adopted in your community? |
| 5. | What results/changes have you realized in your community due to adoption of these fundamental rights of GWWDs? |
| 6. | What obstacles are hindering GWWDs from knowing their rights in the community? |
| 7. | How can we increase awareness of GWWDs rights? |
| 8. | What actions have you taken as community members to promote the rights of GWWDs? |
| 9. | Where have you addressed these actions? |
| 10. | Are you aware of all forms of violence against GWWDs? If yes explain the forms of violence against |
| | the GWWDs? |
| 11. | What have you done as community members to prevent violence against GWWD's? |
| 12 | How do the GWWDs express improved self-esteem/confidence and ability to prevent violence against |
| | themselves? |
| 13. | What challenges have you faced with adoption of these rights in your community? |
| 14. | What possible solutions do you think NUWODU should adopt to overcome these challenges? |
| 15. | What strategies or adoptions have been put in place to ensure continued awareness and protection of |
| | rights of GWWDS? |
| 16. | Do GWWD's the participate in saving and loan groups? If No why? |
| 17. | How did the outbreak of COVID 19 affect the implementation of this project? |
| 18. | What recommendations do you suggest for better implementation of the project? |

FGD Guide for Parents/Caregivers

Introduction and Informed Consent

Hello, my name is ______, Am working with a team of consultants who are hired by NUWODU, to conduct a final Evaluation for the three (3) year project to End Violence against Women and Girls.

The goal of the project was to ensure GWWDs in the three selected sub-counties in the Amuria district experience less physical, sexual, psychological, and emotional violence in their families and communities by 2021.

Your participation in this evaluation as a beneficiary will help the NUWODU to assess whether the project objectives and results have been realized. The report findings will be shared with relevant stakeholders and key partners including the funders of this project who are outside of Uganda. The information you provide will be shared to some of the beneficiaries who will attend the dissemination workshop. We shall not use your name in the report unless you give us permission to do so. Your participation in this interview is voluntary and feel free to stop this anytime. If you consent to participate in this interview and use your name in the interviews, please sign on the attendance form.

Name of the Researcher:

| No. | Question and Response |
|-----|---|
| 1. | Please how NOWUDU interventions answer the most urgent needs of the women and girls with disabilities? |
| 2. | Have you heard about fundamental rights of GWWD's? |
| 3. | Where do you receive the information about GWWD's rights? |
| 4. | Mention any rights of GWWD's you know? |
| 5. | What results/changes have you realized in your home due to adoption of these fundamental rights of GWWD's? |
| 6. | What obstacles are hindering GWWD's from knowing their rights in the community? |
| 7. | How can we increase awareness of GWWD's rights? |
| 8. | Are you aware of all forms of violence against GWWDs? If yes explain the forms of violence against the GWWD's? |
| 9. | What have you done as parents/Caregivers to prevent violence against GWWD's? |
| 10. | How do the GWWDs express improved self-esteem and ability to prevent violence against themselves? |
| 11. | What possible solutions do you think NUWODU should adopt to overcome these challenges? |
| 12. | What is the impact GWWD's participation in saving and loan groups? Explain with examples |
| 13. | What strategies or adoptions have been put in place to ensure continued awareness and protection of rights of GWWD's? |
| 14. | How did the outbreak of COVID 19 affect the implementation of this project? |
| 15. | What recommendations do you suggest for better implementation of the project? |

Interview Guide for PWD's Representative in Parliament

Introduction and Informed Consent

Hello, my name is ______Am working with a team of consultants who are hired by NUWODU, to conduct a final Evaluation for the three (3) year project to End Violence against Women and Girls.

The goal of the project was to ensure GWWDs in the three selected sub-counties in the Amuria district experience less physical, sexual, psychological, and emotional violence in their families and communities by 2021.

Your participation in this evaluation as a beneficiary will help the NUWODU to assess whether the project objectives and results have been realized. The report findings will be shared with relevant stakeholders and key partners including the funders of this project who are outside of Uganda. The information you provide will be shared to some of the beneficiaries who will attend the dissemination workshop. We shall not use your name in the report unless you give us permission to do so. Your participation in this interview is voluntary and feel free to stop this anytime. If you consent to participate in this interview and use your name in the interviews, please sign on the attendance form.

| NO | QUESTIONS |
|-----|---|
| 1. | How has the government sensitized community members and parents about human rights of Girls and women with disabilities rights? |
| 2. | What information sources have been replicated/ have been put to ensure GWWD's are able to receive information about human rights and domestic violence rights? |
| 3. | What measures has the government put up to ensure GWWD's receive information about GWWD's? |
| 4 | What factors limit the mobilization and engagement/awareness-raising of GWWD's rights in communities? |
| 5. | What measures have been put to ensure that Girls and women with disabilities are included in the government activities? |
| 6. | What policies have you (as the government) formulated in supporting people with disabilities to access SRHR? What changes are needed to strengthen these polices? |
| 7. | How has the government ensured people with disabilities are catered for within the district programs? |
| 8. | Is participation of people with disabilities (women and girls) in programme/government activities genuine and meaningful? |
| 9. | What measures have been taken by the government to reduce domestic violence in GWWD's in communities? |
| 10 | what positive changes have occurred as a result of GWWD's participation in government activities? |
| 11. | What strategies or adaptations has government done to ensure universal access to SRHR? |
| 12. | How has the government collaborated with local partners and stakeholders to increase their capacity in a sustainable way of supporting people with disabilities? |

| 13. | What strategies or adaptations are needed to ensure the continued awareness of rights of girls and women | I |
|-----|--|---|
| | with disability in the different communities? | |

Interview Guide for PWD's Leaders and Counsellors

Introduction and Informed Consent

Hello, my name is ______ Am working with a team of consultants who are hired by NUWODU, to conduct a final Evaluation for the three (3) year project to End Violence against Women and Girls.

The goal of the project was to ensure GWWDs in the three selected sub-counties in the Amuria district experience less physical, sexual, psychological, and emotional violence in their families and communities by 2021.

Your participation in this evaluation as a beneficiary will help the NUWODU to assess whether the project objectives and results have been realized. The report findings will be shared with relevant stakeholders and key partners including the funders of this project who are outside of Uganda. The information you provide will be shared to some of the beneficiaries who will attend the dissemination workshop. We shall not use your name in the report unless you give us permission to do so. Your participation in this interview is voluntary and feel free to stop this anytime. If you consent to participate in this interview and use your name in the interviews, please sign on the attendance form.

Name of the Researcher:

| NO | QUESTIONS AND RESPONSES |
|-----|--|
| 1. | Are the community members and parents/careguvers aware of Girls and women with disabilities rights? If no, why |
| 2. | What are the community members perceptions and opinions about the domestic violence and their rights? (Has it yielded better results?) |
| 3. | Where do the community members, Girls and women with disabilities in this community receive information about GWWD's rights? |
| 4. | How are community members/parents in this community sensitized or get information related to domestic violence? |
| 5. | What actions have you taken as leaders to promote and protect the rights of GWWD's? |
| 6. | Where have you addressed these actions? |
| 7. | Have you been successful? If yes explain how |
| 8. | How do the GWWD's in the community express increased self-esteem/confidence and defend their rights? |
| 9. | What factors limit the mobilization and engagement/awareness-raising of GWWD's rights to the community and parents? |
| 10. | How can we increase awareness of GWWD's rights in this community? |
| 11. | How are Girls and women with disabilities in this community included in the project activities/ what criteria is there for selection of GWWD's? |
| 12. | What changes have taken place in this community as a result of members knowing the human rights and actions against domestic violence? |
| 13. | How have the GWWD's in this community been able to express themselves and defend their rights? |

| 14. | What lessons have you learnt as a result of working with NUWODU on this project |
|-----|---|
| 15. | What lessons have you learnt from the project and its activities in regard to GWWD's? |
| 16. | What strategies or adaptations are needed to ensure the continued awareness of rights of girls and women with disability? |
| 17. | What recommendations do you propose for mitigate/reduce domestic violence in GWWD's in communities? |

Interview Guide for District Officials

Introduction and Informed Consent

Hello, my name is ______ Am working with a team of consultants who are hired by NUWODU, to conduct a final Evaluation for the three (3) year project to End Violence against Women and Girls.

The goal of the project was to ensure GWWDs in the three selected sub-counties in the Amuria district experience less physical, sexual, psychological, and emotional violence in their families and communities by 2021.

Your participation in this evaluation as a beneficiary will help the NUWODU to assess whether the project objectives and results have been realized. The report findings will be shared with relevant stakeholders and key partners including the funders of this project who are outside of Uganda. The information you provide will be shared to some of the beneficiaries who will attend the dissemination workshop. We shall not use your name in the report unless you give us permission to do so. Your participation in this interview is voluntary and feel free to stop this anytime. If you consent to participate in this interview and use your name in the interviews, please sign on the attendance form.

| No. | Question and Response |
|-----|--|
| 1. | How is the participation and involvement of people with disabilities (women and girls) in different |
| | project activities? |
| 2. | What changes have taken place in terms of rights and policies for reducing violence against women and |
| | girls with disabilities in the community? |
| 3. | How has the government collaborated with local partners and stakeholders to increase their capacity in a |
| | sustainable way of supporting people with disabilities? |
| 4. | Which existing CSOs/NGOs have you collaborated and worked with towards reducing violence against |
| | women and girls and also improving access to SRHR services by the disabled women and girls? |
| 5. | What government structures are working for people with disabilities? And who needs to be explicitly |
| | involved in the reducing violence against women and girls with disabilities? |
| 6. | What challenges are you facing while reducing violence against women and girls with disabilities in the |
| | community? |
| 7. | What lessons have you leant while working with NUWODU on this project? |
| 8. | Do you have any recommendations to help NUWODU to reduce violence against GWWDs? |

Interview Guide for Local Councils

Introduction and Informed Consent

Hello, my name is ______ Am working with a team of consultants who are hired by NUWODU, to conduct a final Evaluation for the three (3) year project to End Violence against Women and Girls.

The goal of the project was to ensure GWWDs in the three selected sub-counties in the Amuria district experience less physical, sexual, psychological, and emotional violence in their families and communities by 2021.

Your participation in this evaluation as a beneficiary will help the NUWODU to assess whether the project objectives and results have been realized. The report findings will be shared with relevant stakeholders and key partners including the funders of this project who are outside of Uganda. The information you provide will be shared to some of the beneficiaries who will attend the dissemination workshop. We shall not use your name in the report unless you give us permission to do so. Your participation in this interview is voluntary and feel free to stop this anytime. If you consent to participate in this interview and use your name in the interviews, please sign on the attendance form.

| No. | Question and Response |
|-----|---|
| 1. | How is the participation and involvement of people with disabilities (women and girls) in different project activities? |
| 2. | What changes have taken place in terms of rights and policies for reducing violence against women and girls with disabilities in the community? |
| 3. | What are the opinions, voices and views of women, men, girls and boys with disabilities about the project? |
| 4. | What actions have you taken as leaders to promote and protect the rights of GWWD's? |
| 5. | Where have you addressed these actions? |
| 6. | Have you been successful? If yes explain how |
| 7. | What criteria or system has NUWODU adopted in selecting the GW with disabilities? |
| 8. | What enabling factors or barriers affect inclusion of people with disabilities? What changes are needed to strengthen inclusion? |
| 9. | What have been the intervention's direct and indirect/ intended and unintended impact on the GWWDs, and community ? |
| 10. | What strategies and mechanisms are in place for the sustainability of the project? Are the strategies being put into action? |
| 11. | How has the program worked with local partners and stakeholders to increase their capacity in a sustainable way? And who else needs to be explicitly involved in the project to ensure inclusion? |
| 12. | What challenges are you facing while reducing violence against women and girls with disabilities in the community? |

Annex 3: List of Documents Reviewed During the Evaluation

- 1. Project Proposal:
- 2. Project Implementation Plan
- 3. Project Budget and Financial Reports:
- 4. Monitoring and Evaluation Reports.
- 5. Project Workplans and Activity Reports
- 6. Project Communication and Outreach Materials:
- 7. Stakeholder Engagement and Partnership Agreements:
- 8. Project Impact and Outcome Assessments:
- 9. Project Case Studies and Success Stories:
- 10. Any Project-related Research or Studies: BOS Reports

Annex 4: Terms Of References

Introduction

For over 22 years, NUWODU has been making a difference in the lives of girls and women with disabilities in over 60 districts in Uganda. NUWODU is an umbrella organization that brings all the categories of women and girls with disabilities to have a stronger voice to advocate for their rights and equal opportunities within the women's rights movement, the disability movement, the Government, and all other development partners nationally and internationally. NUWODU is underpinned by the vision "An inclusive and just society where women and girls with disabilities live dignified lives". Our mission is to promote the effective inclusion and equal participation of women and girls with disabilities in all spheres of life.

1.1 Strategic Objectives:

- → To influence the inclusion of GWWDs in policies and programs at the national, regional, and continental levels by 2025.
- \rightarrow To increase the % of GWWDs receiving quality SRHR services by 2025
- \rightarrow To Improve living standards of GWWDs by 2025
- \rightarrow Increased availability of Quality research and documentation on issues of GWWD.
- → NUWODU and its associated members are effectively and efficiently working together to fulfill their mandate by 2025.

1.2 Brief about the Project

National Union of Women with Disabilities of Uganda (NUWODU) with funding from the United Nations Trust Fund is implementing a three (3) year project to End Violence against Women and Girls. Girls and Women with disabilities aged 9 to 60 formed the primary target group of the project. The project is targeting 450 rural GWWDs living in the remote rural district of Amuria in Uganda; this is because of their multiple vulnerabilities due to intersectionality between gender and disability. GWWDs in this district have experienced long-term social exclusion and marginalization and are unlikely to be aware of their rights due to inaccessible information, lack of role models, and ongoing negative attitudes that increased risk of violence based on disability and sex status in the community. During implementation, the project identified 45 Paralegals among women and young people with disabilities who needed experimental training to gain confidence in their ability to handle GWWDs, and greater coordination with local leaders to overcome their lack of knowledge and negative attitudes. Paralegals are responsible for awareness-raising, mobilization,

and engaging local leaders. Other secondary beneficiaries were 850 parents/caregivers and 2500 community members who were reached with awareness-raising messages on the radio. During the campaigns, accessible information materials were disseminated to inform knowledge in self-protection to empower GWWDs as rights-holders. The action also addressed parents and community members' misinformed preconceptions and stigma about GWWD's rights, existing laws, and personal safety through a network of community mobilizers using respected community leaders to reduce incidences of violence and enhance a peaceful and inclusive society where all are respected and accepted. The project has two prongs. Firstly, the project was to empower GWWDs by increasing their knowledge of their fundamental human rights, self-esteem, and ability to protect and defend their rights. Secondly, the project is expected to have increased awareness and knowledge of the family members, local leaders, and community members on the rights of Girls and Women with Disabilities (GWWDs) as provided for in the legal frameworks as a precursor to behavior change and positive attitude towards GWWDs.

The project's goal is to ensure GWWDs in the three selected sub-counties in the Amuria district experience less physical, sexual, psychological, and emotional violence in their families and communities by 2021. The main outcomes of the project were;

- 450 GWWDs are knowledgeable of their rights, able to identify violence and support services by the end of the project period.
- Family and community leaders are aware and committed to protecting the rights of GWWDs by 2021

1.3 Expected results of the project

- GWWDs are knowledgeable of their fundamental human rights and take action to defend them.
- Girls and women with Disabilities have improved self-esteem and ability to prevent violence against them.
- Increased number of GWWDs engaged in village savings and loan groups
- Strengthened community structures (paralegals) to mobilize and sensitize the community members on violence against GWWDs.
- Increased awareness of the rights of GWWDs by family and community members.
- Increased respect, acceptance of GWWDs as rights holders in the family and community, and commitment to preventing violence against them.

1.3 Purpose/objective of the evaluation

The overall purpose of the final evaluation is to ascertain results (output, outcome and goal) and to assess the five standard criteria (relevance, effectiveness, efficiency, sustainability, and impact) as well as the knowledge generation, gender equality and human rights of the project interventions for learning and accountability to various stakeholders. The review will establish the extent to which the overall program goal and specific objectives are being/were achieved, identify the current implementation challenges and make recommendations on any possible adjustment in the current implementation strategy where necessary.

1.4 Specific objectives:

- To evaluate the entire project (two to three years from start to end date), against the effectiveness, relevance, efficiency, sustainability and impact criteria, as well as the crosscutting gender equality and human rights criteria (defined below)
- To identify key lessons and promising or emerging good practices in the field of ending violence against women and girls, for learning purposes (this is defined under the knowledge generation criteria below).

1.5 Scope of the data collection

In terms of timeframe, the evaluation will cover the period starting September 2018 to December 2021. This project benefited, 450 women with disabilities,

Geographically, the evaluation will cover all the sub-counties where the project was implemented, including Abarilela, Asamuk, and Morungatuny. A representative sample for beneficiaries and officials from Amuria and all the sub-counties above will be considered for the evaluation.

Also to note this evaluation is expected to be conducted in January 2022.

In addition to the above, the consultant will undertake the following specific tasks in the process of conducting the evaluation.

- a) Review available reports on the subject both in hard copy and online data for incorporation in the final report;
- b) Assess the performance of the Project in regard to the evaluation criteria of Relevance, Efficiency, Effectiveness, Impact, and sustainability;
- c) Collect and analyze data on social, economic, and demographic characteristics of sampled beneficiary households in the program areas;
- d) Conduct consultative meetings with stakeholders (Political Leaders, District Technical Staff, and other relevant stakeholders.

| ixey questions include but are not initied to: | | |
|--|---|--|
| Relevance and | Are the right things being done? | |
| appropriateness | • Do the strategies answer to most urgent needs of the women and girls with | |
| of intervention: | disabilities? | |

| Was the project able to adjust to any changes for example COVID-19 pandemic or other |
|---|
| contextual changes in the lives of the women and girls with disabilities? |
| Were cost comparisons made between different intervention/activity types before |
| decisions regarding the project were taken. |
| To what extent was the project efficiently and cost-effectively implemented? |
| Which factors facilitate or limit the realization of the objectives? |
| Is the implementation structure appropriate to realize the project results? |
| Are lessons learned during implementation being utilized to revise/ adjust the project? How has been the cooperation between actors and various stakeholders? |
| Are the planned results being achieved? |
| To what extent are the planned results being realized (following the Log frame indicators)? |
| Have the target groups been well-chosen and systematically addressed |
| How do beneficiaries perceive the activities' impact? |
| Are risks being managed to avoid or minimize their impact? |
| What have been the effects caused by the intervention? |
| What have been the intervention's direct and indirect/ intended and unintended effects on the individual, community, organizational/institutional, and regional levels? |
| • What further effects (indirect, not intended, positive or negative) were caused? |
| Will the results sustain? |
| Will the project results last in terms of financial, behavioral, institutional, policy, and |
| social sustainability? |
| To what extent has the project generated knowledge, promising or emerging practices in |
| the field of EVAW/G that should be documented and shared with other practitioners? |
| Cross-cutting criteria: |
| To what extent were human rights based and gender responsive approaches incorporated |
| through-out the project. |
| |

Key questions include but are not limited to:

| | What has been the value-added of the project to key stakeholders?What factors facilitated or constrained effective partnership? |
|------------------------|---|
| integration | |
| Conclusions and | What are the key conclusions on the findings per evaluation criteria and project |
| Recommendations | objective? |
| | What are the key strategic and operational recommendations per evaluation criteria and |
| | project objective? |

2.0 Methodology

The Final Evaluation shall adopt a mixed-methods approach, integrating quantitative and qualitative methods to ensure that data collected is triangulated and can be communicated, explained, and contextualized. Before starting data collection, the consultant will be asked to elaborate an inception report (study protocol) including sampling strategy and sample size, data collection tool, indicators, as well as data collection processes for both quantitative and qualitative data. The document will be validated by NUWODU. The key responsibility for determining study questions lies with the survey lead person (consultant). Nonetheless, the consultant will be expected to work with project staff and stakeholders to refine a set of key questions for the study. This should lead to the development of an indicator matrix (the indicator checklist against tools to be developed), designing of data entry templates as well a development data analysis plan. Training of data collectors in quantitative and qualitative methods of data collection will be done thoroughly before the exercise to ensure there is a common understanding of data to be collected from all districts. The consultant will, therefore, work with team members in the project to derive the best possible accuracy and relevance of the questions used in the focus group discussions, household surveys, and the data collection forms.

2.1 Duration of the Consultancy

The consultants will use a maximum of 35 working days, including travel time, to conduct a participatory evaluation of the project in Amuria District. The consultants will propose a schedule of activities indicating the division of time for different activities, including, but not limited to, inception report writing, entry consultative meetings with NUWODU, desk review, fieldwork, data collection and analysis, and report writing

2.2 Conditions of execution of the assignment in lieu of COVID-19:

The consultant shall indicate, explain and reflect how they will adapt the assignment to the current situation of COVID-19. It's important to include a section in your proposal on your capacity to adapt and conduct field travels, training of enumerators and data collection while respecting the COVID-19 restrictions by the Government of Uganda and guidelines by the Ministry of Health. Once the consultant accepts the contract awarded, it is within his/her judgement to obey and abide by mandatory regulations on COVID-19 as well as ensure to undertake the assignment successfully.

3.0 Key Deliverables

The following will be the expected deliverables of the consultancy:

- **Inception report** (study protocol) before initiating the data collection for the final evaluation, to be submitted electronically in English and detailing the below. The report is to be discussed with NUWODU, adjusted as needed, and approved by NUWODU:
- **Study approach:** sampling strategy and sample size, data collection strategy and methodologies, study tools, indicators, alignment with log frame, stakeholder participation, data analysis methodology strategy for continued monitoring, ethical aspects, etc.
- Work plan: including data collection processes as well as a quality assurance plan setting out the systems and processes for assuring the quality of the process and the deliverable (piloting of

research activities and tools; training of enumerators; logistical and management planning; fieldwork protocols and data verification; data cleaning and analysis).

- **Draft evaluation report** after data collection: Summary of the methodology, specifying any limitations/ complications and changes to the initial design. Presentation and interpretation of the evaluation findings for all project indicators at all results levels (gender, disability, and age disaggregated). Conclusions and recommendations to enhance the project's impact.
- **Final evaluation report** considering the feedback from NUWODU and adjustments of the draft report, detailing the elements of the draft report and any additional elements agreed upon.

4.0 Team Composition and Qualification

The Consultant/ consulting firm should have at least five-year experience in managing multidisciplinary evaluations. The firm should have consultants with proven expertise and experience as given below.

4.1.1 Lead Consultant

- Master's Degree or above in Economics or M&E, Population, and Development, or related field;
- A minimum of 10 years of professional experience;
- Must have excellent skills and knowledge in the area of disability inclusion;
- Very good research, management, and team leadership skills;
- Excellent understanding of cultural and local setup in the Teso sub-region.

4.1.2 Evaluation expert

- Postgraduate qualification in statistics /monitoring and Evaluation;
- At least 5 years' experience in evaluation of big programs;
- Elaborate experience on evaluation of multi-dimensional or multi eradication programs;
- Knowledge of evaluating bigger programs with wide geographical coverage;
- Good knowledge and experience in sample survey design and implementation.

4.1.3 Functional Competencies of the Team

- Outstanding communication skills in English;
- Positive and constructive approaches to work with energy;
- Demonstrate openness to change and ability to receive and integrate feedback;
- Excellent written and verbal communication skills;
- Strong time management and meeting established timelines;
- Capacity to facilitate and communicate with different stakeholders;

Computer skills: full command of Microsoft Office applications (word, excel, PowerPoint), data management and analysis software, and common internet applications.

4.2 Reporting

The consultant will report to the NUWODU Executive Secretary for overall strategic guidance or consultation for the day-to-day management and coordination of the evaluation.

4.3 Submission of proposal
Deadline for submission of the technical and financial proposal: 28th January 2022, 5pm EAT
Email: nuwodu@gmail.com
Subject: Final Project Evaluation

| Respondent | Nature of | | | | |
|------------|--------------|------------|----------------------|----------------------|------------|
| No | Disability | Sub county | Respondent No | Nature of Disability | Sub county |
| 1 | Physical | Asamuk | 26 | Physical | Morungatun |
| 2 | Intellectual | Asamuk | 27 | Physical | Morungatun |
| 3 | Physical | Asamuk | 28 | Physical | Morungatun |
| 4 | Physical | Asamuk | 29 | Hearing | Asamuk |
| 5 | Hearing | Asamuk | 30 | Intellectual | Asamuk |
| 6 | Intellectual | Asamuk | 31 | Visual | Asamuk |
| 7 | Intellectual | Asamuk | 32 | Intellectual | Asamuk |
| 8 | Physical | Asamuk | 33 | Physical | Asamuk |
| 9 | Physical | Asamuk | 34 | Physical | Asamuk |
| 10 | Physical | Asamuk | 35 | Physical | Asamuk |
| 11 | Physical | Asamuk | 36 | Physical | Asamuk |
| 12 | Epilepsy | Asamuk | 37 | Physical | Asamuk |
| 13 | Epilepsy | Asamuk | 38 | Physical | Morungatun |
| 14 | Physical | Asamuk | 39 | Physical | Morungatun |
| 15 | Hearing | Asamuk | 40 | Intellectual | Morungatun |
| 16 | Physical | Morungatun | 41 | Physical | Morungatun |
| 17 | Physical | Morungatun | 42 | Intellectual | Morungatun |
| 18 | Hearing | Morungatun | 43 | Physical | Morungatun |
| 19 | Physical | Morungatun | 44 | Physical | Morungatun |
| 20 | Epilepsy | Morungatun | 45 | Physical | Morungatun |
| 21 | Epilepsy | Morungatun | 46 | Physical | Morungatun |
| 22 | Epilepsy | Morungatun | 47 | Multiple | Morungatun |
| 23 | Physical | Morungatun | 48 | Physical | Morungatun |
| 24 | Multiple | Morungatun | 49 | Physical | Morungatun |
| 25 | Visual | Morungatun | 50 | Hearing | Asamuk |

Annex 5: List of Beneficiary Respondents

1 | Page

| 51 | Epilepsy | Asamuk | 82 | Physical | Asamuk |
|----|---------------|------------|-----|---------------|------------|
| 52 | Epilepsy | Asamuk | 83 | Physical | Morungatun |
| 53 | Physical | Asamuk | 84 | Physical | Asamuk |
| 54 | Physical | Asamuk | 85 | Physical | Asamuk |
| 55 | Physical | Asamuk | 86 | Visual | Asamuk |
| 56 | Physical | Asamuk | 87 | Physical | Asamuk |
| 57 | Physical | Asamuk | 88 | Epilepsy | Asamuk |
| 58 | Epilepsy | Asamuk | 89 | Communication | Asamuk |
| 59 | Hearing | Asamuk | 90 | Physical | Asamuk |
| 60 | Physical | Asamuk | 91 | Physical | Asamuk |
| 61 | Epilepsy | Asamuk | 92 | Physical | Asamuk |
| 62 | Epilepsy | Asamuk | 93 | Physical | Asamuk |
| 63 | Physical | Asamuk | 94 | Physical | Morungatun |
| 64 | Hearing | Asamuk | 95 | Epilepsy | Asamuk |
| 65 | Visual | Asamuk | 96 | Hearing | Asamuk |
| 66 | Physical | Asamuk | 97 | Physical | Morungatun |
| 67 | Epilepsy | Morungatun | 98 | Physical | Morungatun |
| 68 | Communication | Morungatun | 99 | Physical | Morungatun |
| 69 | Physical | Morungatun | 100 | Physical | Morungatun |
| 70 | Epilepsy | Morungatun | 101 | Physical | Morungatun |
| 71 | Physical | Morungatun | 102 | Physical | Morungatun |
| 72 | Visual | Morungatun | 103 | Physical | Morungatun |
| 73 | Communication | Morungatun | 104 | Physical | Morungatun |
| 74 | Hearing | Morungatun | 105 | Physical | Morungatun |
| 75 | Hearing | Morungatun | 106 | Epilepsy | Morungatun |
| 76 | Hearing | Morungatun | 107 | Physical | Asamuk |
| 77 | Hearing | Morungatun | 108 | Intellectual | Asamuk |
| 78 | Epilepsy | Morungatun | 109 | Physical | Asamuk |
| 79 | Physical | Morungatun | 110 | Epilepsy | Asamuk |
| 80 | Visual | Morungatun | 111 | Physical | Asamuk |
| 81 | Visual | Morungatun | 112 | Hearing | Asamuk |

| 113 | Physical | Morungatun | 137 | Epilepsy | Asamuk |
|-----|--------------|------------|-----|--------------|------------|
| 114 | Visual | Morungatun | 138 | Physical | Asamuk |
| 115 | Epilepsy | Morungatun | 139 | Hearing | Asamuk |
| 116 | Physical | Morungatun | 140 | Physical | Asamuk |
| 117 | Physical | Morungatun | 141 | Physical | Asamuk |
| 118 | Physical | Morungatun | 142 | Intellectual | Asamuk |
| 119 | Physical | Morungatun | 143 | Physical | Asamuk |
| 120 | Multiple | Morungatun | 144 | Physical | Morungatun |
| 121 | Multiple | Morungatun | 145 | Physical | Morungatun |
| 122 | Multiple | Morungatun | 146 | Epilepsy | Morungatun |
| 123 | Physical | Morungatun | 147 | Physical | Morungatun |
| 124 | Visual | Morungatun | 148 | Physical | Morungatun |
| 125 | Physical | Asamuk | 149 | Physical | Morungatun |
| 126 | Physical | Asamuk | 150 | Multiple | Morungatun |
| 127 | Physical | Asamuk | 151 | Physical | Morungatun |
| 128 | Physical | Asamuk | 152 | Visual | Morungatun |
| 129 | Intellectual | Asamuk | 153 | Physical | Morungatun |
| 130 | Physical | Asamuk | 154 | Physical | Morungatun |
| 110 | Epilepsy | Asamuk | 155 | Physical | Abarilela |
| 111 | Physical | Asamuk | 156 | Epilepsy | Abarilela |
| 112 | Hearing | Asamuk | 157 | Physical | Abarilela |
| 113 | Physical | Morungatun | 158 | Hearing | Abarilela |
| 114 | Visual | Morungatun | 159 | Multiple | Abarilela |
| 115 | Epilepsy | Morungatun | 160 | Visual | Abarilela |
| 116 | Physical | Morungatun | 161 | Epilepsy | Abarilela |
| 131 | Epilepsy | Asamuk | 162 | Epilepsy | Abarilela |
| 132 | Multiple | Asamuk | 163 | Intellectual | Abarilela |
| 133 | Physical | Asamuk | 164 | Physical | Abarilela |
| 134 | Intellectual | Asamuk | 165 | Epilepsy | Abarilela |
| 135 | Physical | Asamuk | 166 | Physical | Abarilela |
| 136 | Multiple | Asamuk | 167 | Physical | Abarilela |

| 168 | Physical | Abarilela | 199 | Physical | Abarilela |
|-----|----------|-----------|-----|---------------|-----------|
| 169 | Physical | Abarilela | 200 | Multiple | Abarilela |
| 170 | Physical | Abarilela | 201 | Physical | Abarilela |
| 171 | Physical | Abarilela | 202 | Epilepsy | Abarilela |
| 172 | Physical | Abarilela | 203 | Multiple | Abarilela |
| 173 | Physical | Abarilela | 204 | Epilepsy | Abarilela |
| 174 | Physical | Abarilela | 205 | Physical | Abarilela |
| 175 | Physical | Abarilela | 206 | Hearing | Abarilela |
| 176 | Physical | Abarilela | 207 | Communication | Abarilela |
| 177 | Physical | Abarilela | 208 | Visual | Abarilela |
| 178 | Physical | Abarilela | 209 | Physical | Abarilela |
| 179 | Physical | Abarilela | 210 | Physical | Abarilela |
| 180 | Physical | Abarilela | 211 | Physical | Abarilela |
| 181 | Epilepsy | Abarilela | 212 | Visual | Abarilela |
| 182 | Physical | Abarilela | 213 | Physical | Abarilela |
| 183 | Visual | Abarilela | 214 | Physical | Abarilela |
| 184 | Physical | Abarilela | 215 | Intellectual | Abarilela |
| 185 | Physical | Abarilela | 216 | Physical | Abarilela |
| 186 | Physical | Abarilela | 217 | Physical | Abarilela |
| 187 | Physical | Abarilela | 218 | Physical | Abarilela |
| 188 | Physical | Abarilela | 219 | Physical | Abarilela |
| 189 | Physical | Abarilela | 199 | Physical | Abarilela |
| 190 | Physical | Abarilela | 200 | Multiple | Abarilela |
| 191 | Physical | Abarilela | 201 | Physical | Abarilela |
| 192 | Physical | Abarilela | 202 | Epilepsy | Abarilela |
| 193 | Physical | Abarilela | 203 | Multiple | Abarilela |
| 194 | Physical | Abarilela | 204 | Epilepsy | Abarilela |
| 195 | Visual | Abarilela | 205 | Physical | Abarilela |
| 196 | Physical | Abarilela | 206 | Hearing | Abarilela |
| 197 | Physical | Abarilela | 207 | Communication | Abarilela |
| 198 | Physical | Abarilela | 208 | Visual | Abarilela |

| 209 | Physical | Abarilela |
|-----|--------------|-----------|
| 210 | Physical | Abarilela |
| 211 | Physical | Abarilela |
| 212 | Visual | Abarilela |
| 213 | Physical | Abarilela |
| 214 | Physical | Abarilela |
| 215 | Intellectual | Abarilela |
| 216 | Physical | Abarilela |
| 217 | Physical | Abarilela |
| 218 | Physical | Abarilela |
| 219 | Physical | Abarilela |