Preventing Intimate Partner Violence in Uganda (2012-2017)

REPORT - November 2017

Report by: Melody Niwamanya
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# LIST OF ACRONYMS AND ABBREVIATIONS

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<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AC:</td>
<td>Advice Centres</td>
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<td>CBO:</td>
<td>Community Based Organisation</td>
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<td>CDO:</td>
<td>Community Development Officer</td>
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<tr>
<td>CEDAW:</td>
<td>Convention on the Elimination of All Forms of Discrimination Against Women</td>
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<tr>
<td>CEDOVIP:</td>
<td>Centre for Domestic Violence Prevention</td>
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<tr>
<td>CFPD:</td>
<td>Children and Family Protection Department</td>
</tr>
<tr>
<td>CSF:</td>
<td>Community Safety Forum</td>
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<tr>
<td>DCDO:</td>
<td>District Community Development Officer</td>
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<tr>
<td>DPC:</td>
<td>District Police Commander</td>
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<tr>
<td>DPC:</td>
<td>District Police Commander</td>
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<tr>
<td>DV:</td>
<td>Domestic Violence</td>
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<td>FGDs:</td>
<td>Focus Group Discussions</td>
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<tr>
<td>FGM/C:</td>
<td>Female Genital Mutilation/Cutting</td>
</tr>
<tr>
<td>GBV:</td>
<td>Gender Based Violence</td>
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<tr>
<td>GoU:</td>
<td>Government of Uganda</td>
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<td>GSM:</td>
<td>Gender Sensitive Men</td>
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<td>ICRW:</td>
<td>International Centre for Research and Women</td>
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<td>IDVAs:</td>
<td>Independent Domestic Violence Advisor</td>
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<td>IPV:</td>
<td>Intimate Partner Violence</td>
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<td>KII:</td>
<td>Key Informant Interview</td>
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<td>LGs:</td>
<td>Local Governments</td>
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<td>MDD:</td>
<td>Music Dance and Drama</td>
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<td>NDP:</td>
<td>National Development Plan</td>
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<td>SC:</td>
<td>Sub County</td>
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<tr>
<td>SPSS:</td>
<td>Statistical Package for Social Scientists</td>
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<td>SSG:</td>
<td>Survivor Support Group</td>
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<td>TC:</td>
<td>Town Council</td>
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<td>TOR:</td>
<td>Terms of Reference</td>
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<tr>
<td>UDHS:</td>
<td>Uganda Demographic Health Survey</td>
</tr>
<tr>
<td>UWEPE:</td>
<td>Uganda Women Entrepreneurship Programme</td>
</tr>
<tr>
<td>VAW:</td>
<td>Violence Against Women</td>
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<tr>
<td>VAWG:</td>
<td>Violence Against Women and Girls</td>
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1. EXECUTIVE SUMMARY

Introduction
Over a five year period, MIFUMI, in partnership with the International Centre for Research and Women (ICRW) implemented the Preventing Intimate Partner Violence (IPV) Project in Bukedea District (2012-2017). The overall goal of the project was to reduce re-victimization and new cases of IPV in project communities by promoting survivors’ capacities in VAW issues, advancing community norms that reject violence and eliminating impunity for perpetrators of IPV through ensuring access to justice for the survivors. By implementing this project, MIFUMI replicated its Domestic Violence (DV) model to a new project area, presenting opportunity to evaluate its effectiveness in reducing re-victimization and new cases of domestic violence especially IPV.

An independent evaluator was contracted in October 2017 to conduct an external and independent evaluation of the IPV project. The objectives of the evaluation were to assess the overall progress towards achieving the three IPV project outcomes¹, their relevance, efficiency, effectiveness and sustainability in implementation.

Methodology
The evaluation was carried out between October and November 2017 in four phases – inception, data collection, data analysis and report writing. The evaluation was based on the Organisation for Economic Co-operation and Development’s (OECD) Development Assistance Committee (DAC) criteria that looks at relevance, effectiveness, efficiency, sustainability and impact. Lessons learnt were looked at as a critical component for informing future programmes. The evaluation was further guided by evaluation tools that were discussed and approved by both MIFUMI and ICRW.

Data was collected through document review, key informant interviews, focus group discussions and a survey with the survivors and community members. Documents reviewed included the IPV proposal documents, M&E Logframe and annual reports. Field work was done in the two sub counties of Bukedea District (Bukedea Town council and Kidongole Sub county) including: individual interviews with district duty bearers IPV project staff, Independent Domestic Violence Advisors (IDVAs), Gender Sensitive Men (GSMs) and Project partners. Focused group discussions were conducted with 96 community members, 48 champions, and 24 survivors; and a semi structured survey with 80 survivors and 400 community members to determine emerging attitude changes and emerging impacts.

Data was analysed using qualitative and quantitative methods. Thematic analysis was applied to the review of documents and interview/focus group responses. Statistical analyses were performed on the results of the survey using the Statistical Package for the Social Sciences (SPSS) version 17. The triangulation of data allowed identification of key findings and formulation of recommendations. The draft version of the evaluation report was shared with both ICRW and MIFUMI- who provided comments and valuable input for the finalisation and production of the final report.

Evaluation findings:

Relevance
The IPV project was well aligned to the National Development Plan (NDP II) which notes: “While critical steps have been taken to address gender equality and women’s rights by enacting laws such as the Domestic Violence Act 2010, critical gaps in enforcement remain.” More than 700 survivors received justice through the case handling services, a contribution that improves the enforcement of the various national laws on VAW. The IPV project improved awareness on Violence Against Women (VAW) in the two sub counties, with 80% of the communities in many ways taking up attitudes that support survivors. The design of the IPV was relevant to the Bukedea communities, as it was based on a mapping exercise that identified various cultural norms and practices that perpetuate violence against women. The interventions on sensitisation and response were based on the participatory needs assessment done during the mapping exercise. Capacity gaps identified

¹ The three outcomes included: to strengthen the community-based response to survivors of Violence Against Women; to advance community norms that reject Violence Against Women; and to strengthen MIFUMI’s capacity and model.
among duty bearers were filled to a great extent, as demonstrated by the positive shift in attitudes and practices of the communities to embrace the rights of women and children. In future interventions, the design should be more flexible to allow programming for emerging needs from beneficiary communities as this would shape the organic development of a model in the same way the Model evolved in Tororo District.

Effectiveness
The results of the IPV project are congruent with the initial goals of the program. Activities undertaken have helped increase confidence of the survivors to resist and overcome VAW. All (100%) of interviewed survivors had increased knowledge in VAW, which correspondingly increased their confidence to resist VAW through various methods. The readiness of the service providers to handle and resolve cases of VAW to completeness increased, as the capacity of 30 members of the Community Safety Forums (CSF) was successfully built. However, the challenge of staff transfers among duty bearers affected continuity of the project. This points to the need to target more than one official from each of the institutions in future capacity building initiatives. Community members had improved confidence about the readiness of service providers to handle VAW with 59.4% having high confidence compared to 11.5% in 2012. The uptake of attitudes that reject DV among women and men in the community increased, with 91% of community members regarding “wife beating” as unacceptable in contrast to 64% with the same view in 2012. Additionally, about 91.3% were willing to support responses towards VAW like proving information to survivors. That said, the role of champions faces a severe test of sustainability if support from the local government in terms of allowances and overall ownership does not happen soon. Power holders have improved commitment to taking action on VAW arising from harmful cultural practices, as evidenced from their commitment to forming a CSF that waived various user fees, and meets quarterly to discuss performance issues. In terms of achieving the planned outcomes, MIFUMI is on the right path to transforming to a teaching organisation. MIFUMI has learnt various lessons, adopted various tools for prevention and response strategies under the MIFUMI Plus model.

Efficiency
Majority of the activities under the IPV project implemented between 2012 and 2017 were completed within the allocated budget and within a reasonable time-frame. Partnerships with the Local Government to provide subsidized prices for the Advice Centre space in Kidongole sub-county; the dual use of the Advice Center in the town council as a training and office space, demonstrated frugality in expenditure and optimal use of resources. MIFUMI’s procurement system looked for the best value for money offers, ensuring that no extravagant expenditures were made.

Sustainability
While the confidence of survivors to tackle VAW had increased with MFUMI’s handholding support, it is likely to diminish with time as the effect of not having case handling services becomes a reality. The IDVAs and response champions can fill the gap but to a limited extent given that they themselves were not certain of their continuity without a basic allowance to compensate for time spent on VAW activities. The role of the LG administration in owning up and facilitating basic activities of the IDVAs and response champions is paramount as a sustainability measure. The readiness of the service providers to handle and resolve cases is high, as evidenced by improvement in capacity by the various duty bearers. However, the existence and continuity of CSF is critical for continuous self-evaluation and improvement of the work of the duty bearers. The ownership exhibited by the district LG over this forum gives hope that it would be sustained for the future. The willingness of the community members to help in response to DV will be sustainable for as long as the champions continue with the work, supported by the district officials and other duty bearers. Supporting champions with logistical needs is seen as an incentive that cannot be avoided for purposes of sustaining their work. Whether the DLGs can take up such a commitment is a question that must be discussed and advocated for right from the inception of the model in the next interventions. Developing a sustainability plan, together with a risk assessment plan and implementing them is highly recommended in future designs.

Emerging impact
The project has presented clear changes as exemplified by changing attitudes and improved capacity among the community and duty bearers respectively. In terms of the long term changes, the survey in the communities revealed that the incidence of VAW went down from 78% (2012 baseline) to 36% in 2017 in the two sub counties. The occurrence of IPV decreased as reported by 88% of the project beneficiaries, while re-victimization went down as confirmed by 61% of the community members. Indirect impacts were recognized
in several aspects such as; improved enrolment in primary school and reduced dropout rates, improved access to and ownership of land, improved engagement in business enterprises and improved participation in leadership in the communities.

**Lessons learnt**

To a large extent, the model, achieved its objectives. However, a few areas of learning and re-adjustment remain prevalent for better results in the future.

Foremost, response and prevention strategies are complimentary and mutually entwined. Implementing response services alone risks trivializing or oversimplifying the problem and missing the critical role of empowerment of those directly affected by the problem. Given the devastating effect violence has on women, efforts have mainly focused on responses and services for survivors. However, the best way to end violence against women and girls is to invest in preventive measures focusing on uprooting its structural causes that have continuously propagated the vice.

Secondly, economic empowerment initiatives are integral to VAW response services. Often, because of poverty, women or survivors find themselves dis-empowered to challenge the perpetrators of violence who are most times providers in the families. Empowering a survivor economically improves their confidence to tackle VAW. As women depend economically on men and tolerate some level of violence in return for economic support, if a woman’s income increases, this will go a long way in broadening her response options to VAW which will eventually deconstruct the impunity that upholds the vice.

Thirdly, a GBV shelter is paramount in response work as it encourages survivors to report with an added encouragement of finding accommodation and protection from the perpetrator. It further helps in preserving evidence which is normally tempered with when the survivor goes back to the community/home. It also provides the freedom to handle a case in a timely manner including counselling and rehabilitation of survivors. Duty bearers and survivors overwhelmingly recommended having a shelter in future interventions.

The fourth lesson is that; targeting young people with VAW messages for attitude change is critical. While existing public policies and programmes overlook the young stage of life when it comes to GBV, it is a critical time when values and norms around gender equality are forged. Integrating GBV sessions in Primary and secondary school curriculums, and or developing non-formal curriculums to engage the young people, is essential.

Lastly, the existence of champions and IDVA’s work is an integral sustainability strategy for the model. The experience from Bukedea District shows that this may not be sustained if the district does not take up ownership of these structures including providing basic allowances. On the other hand, future programmes, besides holding advocacy with the district on ownership of VAW structures, should provide a basic allowance that continues to flow to the champions and IDVAs, beyond the life of the project to ensure the VAW prevention and response is sustained.

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2 The UN Women has developed a Handbook for peer educators that will help them deliver age-appropriate sessions, as well as age-appropriate non-formal education activities.
1. INTRODUCTION

1.1. Background to the Project

The Government of Uganda (GoU) is committed to a wide range of International and Regional Agreements that call for elimination of all forms of violence against women. Key among these include the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Beijing Declaration and Platform for Action (1995), the Millennium Development Goals Declaration (2000) with renewed commitment in the 2030 Agenda of Sustainable Development Goals, and The African Charter on Human and Peoples Rights (1981). Several national laws indicate the commitment of GoU to end all forms of violation against women’s rights, key among these is the Domestic Violence Act 2010; Prohibition of Female Genital Mutilation Act; The Prevention of trafficking Act; The Land Act; and the Penal Code Act (Amendment on sexual offences).

Despite the policy and legal framework outlawing Gender Based Violence (GBV), its prevalence remains high with 56% having experienced physical violence and 28% having experienced sexual violence. The 2011 Uganda Demographic Health Survey (UDHS) paints a very grim picture that 68% of women in Uganda have ever experienced some form of GBV, which is well above the international average of between 28-33%. The same source (UDHS 2011) indicates that six in ten women in Uganda (60%) have experienced physical violence since the age of 15 and 86% of the violence women experience in Uganda is from their current or former intimate partner (Intimate Partner Violence – IPV). A key factor that has continued to fuel this negative GBV trend is the barrier to access to justice given that majority of the survivors have neither time nor money to make it to justice delivery agencies or to engage lawyers. The added effects of poverty and gender oppression leave women powerless and less confident and vulnerable to abuse further nurturing the impunity surrounding GBV.

1.2. About MIFUMI

MIFUMI is a Women’s Rights and development NGO based in Uganda with headquarters in Tororo District. MIFUMI’s mission is directed towards community based and civil society responses to violence against women and children. MIFUMI derives its name from a village in Kirewa Sub County in Tororo District, Eastern Uganda and traces its roots to 1994 with the vision of Atuki Turner, who started by championing a community effort to rebuild a rundown primary school in the MIFUMI village. The NGO went on to grow quality projects in health and economic self-sustenance for women.

MIFUMI’s flagship work on violence against women first emerged in 1999 when it became apparent that women were unable to take advantage of the opportunities that MIFUMI was making available in the community, as a result of Violence against Women. This led to the first Advice Centre being established in MIFUMI village in 1999 followed by one in Tororo Town in 2003. Progressive impact evaluation reports (2008 and 2012) have since demonstrated the significant contribution of MIFUMI to ending VAW in the district of Tororo.

1.3. The Preventing Intimate Partner Violence Project

MIFUMI received a grant funding (2012-2017) to establish a scalable model of Violence Against Women (VAW) response and prevention based on an adaptation of MIFUMI’ s intervention in Tororo. The project was implemented over a five year period by MIFUMI in partnership with the International Centre for Research and Women (ICRW), with the aim of strengthening the community- based response to survivors of domestic Violence and advancing community norms that reject Violence Against Women in Bukedea District.

1.4 The goal of the Project

The goal of the project was to reduce re-victimization and new cases of IPV in project communities by promoting survivors’ capacities, advancing community norms that reject violence and eliminating impunity for perpetrators of IPV.

1.4.1 Purpose of the project

MIFUMI sought to replicate her Domestic Violence (DV) model to a new project area to allow for an evaluation of its effectiveness in reducing re-victimization and new cases of domestic violence especially IPV and to share findings with stakeholders. The main objectives of the project included:
Objective 1: Strengthen MIFUMI’s capacity to replicate her DV model to a new project area.
Objective 2: Implement preventive actions to raise awareness, promote survivors’ capacities, and advance community norms that reject violence and eliminate impunity for perpetrators of IPV.
Objective 3: Support evidence-based decision making on issues regarding domestic violence, especially IPV by stakeholders, including other CSOs, partners in development and the government.

1.4. Aim and Purpose of the Evaluation
The final evaluation aimed at providing an independent assessment of the project’s performance in achieving the overall goal and objectives. The evaluation addresses key evaluation parameters including; relevance, effectiveness, efficiency and sustainability of the project. It generated lessons learnt and recommendations to inform future work addressing VAW within the community and beyond and enables accountability towards the project stakeholders including the donor. The evaluation covers the following criteria:

i. Relevance: The extent to which the objectives of the IPV project were consistent with the needs of the beneficiaries and strategic priorities of MIFUMI and ICRW.
ii. Effectiveness: How well the project’s results have been attained, the strategies used to reduce IPV and re-victimization of survivors and how well activities were linked to the outputs and the outputs to the outcomes.
iii. Efficiency: How well the various activities transformed the available resources into the intended results in the most optimal way.
iv. Sustainability: The sustainability interventions that have been implemented and whether positive outcomes of the project and benefits to the communities would continue after external funding ends.
v. Lessons learned: The lessons from experiences gained to inform future project interventions, especially in areas where re-orientation or change of approaches would be required.

1.5. Evaluation Methodology
The evaluation adopted participatory qualitative and quantitative methods to assess the actual contribution of the project to the communities in Bukedea. The evaluation was organized in four phases: inception, field work, data analysis and reporting.

1.5.1 Inception stage
Key inception meetings were held to clarify the objectives of the evaluation and the expectations of the client, develop and review tools of the evaluations and agree on the sample size.

Sampling
The evaluation also intended to ascertain the impact of the project on the beneficiaries and thus necessitated the conduct of a survey, by sampling among the beneficiary community. A probability sampling formula of Taro Yamen was used to determine the sample of community members from the select two sub counties. The formula is demonstrated below:

\[ n = \frac{z^2 p(1-p)N}{z^2 p(1-p)+N(e)^2} \]

Whereby:
- \( N \) = Total house hold Population size for Bukedea (202,757)
- \( e \) = level of precision or permissible error which is assumed to be 0.05.
- \( Z \) = value of the standard normal distribution given the chosen confidence level of 95% such that \( z = 1.96 \) at 95% level.
- \( P \) = probability of success estimated at 0.5

\[ 0.25(z^2 N)/(z^2 (0.25)+N(e)^2 ) = (0.25 X (1.96)^2 ) X 202,757)/(0.25 X (1.96)^2 + 202,757 (0.05)^2 ) \approx 384 \]

A 5% non-response and sampling error was factored in (19 respondents) leading to a total of 403 respondents.
From the sample above (403) respondents, the results of the survey would be 95% certain to be representative of the population of the two sub counties, while 0.05 precision level means there is a 5% chance of divergence from the actual results obtained.

Table 1: Sample execution

<table>
<thead>
<tr>
<th>Method of Evaluation</th>
<th>Sample</th>
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<tr>
<td>Community Survey</td>
<td>400 (178 Rural; 222 Urban)</td>
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<tr>
<td>Survivors survey</td>
<td>80 (52 Bukedea Town Council; 28 Kidongole sub county)</td>
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<tr>
<td>Focus Group Discussions (FGD)</td>
<td>The FGD breakdown is as below;</td>
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<tr>
<td></td>
<td>96 Community members (24 Female, 24 Male, 24 Bukedea T.C, 24 Kidongole sub county)</td>
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<tr>
<td></td>
<td>24 VAW Survivors (12 in Bukedea Town council; 12 in Kidongole Sub county)</td>
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<tr>
<td></td>
<td>24 VAW Champions (12 in Bukedea Town council; 12 in Kidongole Sub county)</td>
</tr>
<tr>
<td>Key Informants</td>
<td>In Bukedea Town Council the KIs included; DCDO, DPC, Probation officer, In Health Centre IV In-Charge Bukedea, CFPD Bukedea CPS, GSMs, IDVAs.)</td>
</tr>
<tr>
<td></td>
<td>In Kidongole the KIs included; OC station and In charge CFPD-Kidongole Police post, GSM, IDVAs, CDO</td>
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<tr>
<td></td>
<td>MUFUMI and ICRW the KIs included; D. Executive Director, Project officer, M&amp;E manager, Accountant, M&amp;E ICRW.</td>
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1.5.2 Field work
Field work was conducted in Bukedea T.C and Kidongole Sub County. A number of key informant interviews were conducted to obtain key information on the performance of the project in the district. The key informant interviews solicited expert views on how the project performed and what was needed to improve future similar interventions. Focus Group Discussions (FGDs) were conducted with survivors and community members to enlist their collective views on the changes in their lives brought about by the project and what was needed to improve future interventions. A Community survey was conducted among women and men to determine changes in cultural norms and practices, incidence and perceptions on VAW, and to establish changes attributable to the project.

1.5.3 Data analysis
Quantitative data was entered in a software (Epi-data-3.1 and analysed using another software (SPSS 20) to produce statistics on VAW in the communities of Bukedea. Qualitative data was analysed using thematic analysis method.

1.5.4 Reporting
A draft report was prepared, discussed with the client and feedback obtained to finalize the report.

1.6 Limitations to the Evaluation
The evaluation had some limitations as listed below:

a) Some of the key informants were not available during the week in which the consultants visited Bukedea, particularly; District Resident Attorney and the Grade 1 Magistrate were absent from their duty stations. Nevertheless, other duty bearers provided vital and comprehensive information that made up for the absence of some of the key informants.

b) While the Preventing IPV Project worked with a number of duty bearers for the five year project cycle, staff turnover and transfers affected the evaluation process because new staff lacked institutional memory. However, extensive review of available documents was done to overcome this challenge.

c) The lack of clear program outcome indicators, targets and associated baseline data did not allow the evaluation team to conduct a systematic, technical assessment of program progress and impact. However the team’s desk review of baseline narratives, combined with comprehensive historical perspective survey within 400 community members provided ample evidence on progress and impact made.
2. DOCUMENTATION OF THE IPV MODEL

2.1 The IPV Model documented

2.1.1 Background
MIFUMI is a pioneering campaigning organization with over 12 years of experience in providing services to survivors of gender based violence (GBV) in Tororo, Uganda. Through its program in Tororo, MIFUMI has; i) pursued justice for survivors of sexual gender based violence (SGBV); ii) reduced new incidents of SGBV and repeat victimization of survivors of SGBV; iii) increased economic security and confidence for women; and iv) increased women’s leadership skills and participation in community-based programs. MIFUMI has made several notable achievements including the provision of direct and indirect support to over 3,000 survivors of SGBV.

2.1.2 Replicating the MIFUMI Violence Against Women (VAW) model
The success of MIFUMI’s work in Tororo, the high prevalence of GBV, a lack of services for GBV survivors in the Bukedea and Proximity to Tororo led to the expansion of MIFUMI’s work into Bukedea District. Recognizing the need for a rigorous, effective and scalable model to meet this demand, MIFUMI developed and implemented a less resource-intensive model of its intensive work in Tororo. This model was named “MIFUMI Plus” owing to the additional component of VAW prevention. Including a prevention component was seen as a critical sustainability strategy of empowering communities to change cultural norms, values and practices that perpetrate violence against women. It had been noted that providing response led to an increase of reported cases from the communities. Indeed, the need to tackle the root causes of violence against women was undeniable - the power imbalance between women and men being the main driver of violence.

The components of the MIFUMI Plus model is described below, and in more detail in Annex 1

Box 1: The MIFUMI Plus model

| Goal: The goal of the model is to reduce re-victimization and new cases of Intimate Partner Violence (IPV). |
| The project had three main objectives: |
| i. To strengthen the community based response to survivors of Violence Against Women |
| Under this objective, the following activities were implemented: |
| a) Case handling: A total of 973 cases were handled through the project in the five year project period with a success resolution rate of 80%. About 15% of the cases were abandoned by the survivors before conclusion. |
| The advice centre: This is a women only friendly space where survivors of VAW report their cases and are supported. There are two advice centres; one in Kidongole and another in the Town Council both handling cases. |
| Survivor Support Groups: These are group of women survivors whose cases of VAW have been handled through MIFUMI advice centres. There are two groups, one from each sub county. |
| b) Building Community structures: Community structures on the response component of the work include; Independent Domestic Violence Advisors (IDVAs) and the Gender Sensitive Men (GSMs). These work with communities providing response services including advisory or referral services. |
| c) Championship building: Champions are a group of survivors of VAW who have been supported through MIFUMI advice centers. A total of 29 response champions were identified and trained to provide support to communities by handling some of the cases while referring others. |
| d) Sensitization and coordination with Community Safety Forums: This involved creation of CSFs comprising 30 duty bearers in the district with a role to play in addressing VAW. The work with CSF involved building their capacity to uphold the rights of women, documentation of guidelines on referral pathways and promoting best practices across all collaborating agencies. |
| ii. Objective 2: To advance community norms that reject violence against women. |
| The following was done: |
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2.1.1 The Logic Model
The long term objective of the IPV was to reduce re-victimisation and new cases of DV. In order to achieve this several activities under response services were implemented including: running advice centres, providing support services to survivors, running SSGs, establishing and training CSFs. These were supposed to lead to increased survivors knowledge of DV laws and their rights; improved skills to support survivors, among duty bearers, women’s forums and community safety forums. This was intended to lead to long term results of increased survivors pursuing formal and informal services after experiencing VAW, increase in women with intention to pursue formal services in case of VAW, increase in survivor satisfaction with formal services, and increased uptake of attitudes that reject DV among duty bearers, women’s forums and community safety forums.

On the prevention front, materials were developed and used to carry out community sensitisation activities that included, drama, radio talk shows, use of religious gatherings, burial grounds to educate people on VAW. This was intended to lead to increased knowledge of the breadth and type of DV, Laws/policies, negative consequences of DV, and increased knowledge of how to help in case of DV. In the long run, these were to lead to increased uptake of attitudes that: reject DV among men and women; support survivors in cases of DV; and increased response of community members to help in response to VAW.

Observation of the logic model:

a) Consistence with terminologies, concepts and terms is critical in programming. For example the term "arts based community events” is seen in the activities under objective two but not used in other project reports and documentation. The same applies to “Women’s forums” which is part of the model but has not been documented in other programme documents.

b) Results need to be stated in a “SMART” way in more specific and precise terms. For example: “Increased knowledge of the breadth and types of DV” is not specific about who is targeted among duty bearers and rights holders.

c) There are no outcomes and activities for Objective 3 (strengthening MIFUMIs’ capacity model). These should be added in future designs.
3. EVALUATION FINDINGS

3.1 Relevance
This section looks at how well aligned the IPV project was to local, national and stakeholder needs as well as its alignment with the Donor, MIFUMI and ICRW strategic visions.

3.1.1 Alignment to National Priorities
The Constitution of Uganda has a variety of provisions that protect and promote gender equality as well as outlawing GBV. These provisions address issues of contradictions between the Constitution and any laws or customs, providing that in such cases, the Constitution takes precedence. Uganda has a National Gender Policy formulated to guide and advance issues related to gender equality. The Domestic Violence Act, Prohibition of Female Genital Mutilation Act, and Draft Gender Based Violence Policy are the other laws that criminalize GBV and promote women’s and children’s rights.

The National Development Plan (NDP II) notes that while critical steps have been taken to address gender equality and women’s rights by enacting laws such as the Domestic Violence Act 2010, critical gaps in enforcement remain. The NDP II further notes that “Gender Based Violence (GBV) in all its manifestations (physical, sexual, FGM/C, emotional and psychological) remains a critical human right, public health and economic concern...” It is envisaged that by year 2020, all forms of violence against all women and girls in public and private spheres, including trafficking, sexual and other types of exploitation would be ended (NDP II -list of 2015 goals and targets). In order to achieve this, the NDP II calls upon all actors in the public and private spheres to join hands in implementing the commitments that will end Violence against women.

The PIV project thus was well aligned to national policy framework against VAW and the National Development Plan commitments and priorities.

3.1.2 Alignment to the needs of Local communities in Bukedea
Due to high poverty levels in Uganda and Bukedea in particular (34% live on less than $1.9 per day), women who are abused have neither money to transport themselves to justice centres nor the ability to challenge their male counterparts on whom they depend for livelihoods. The majority of women who are abused in Bukedea and Uganda at large have neither time nor money to make it to justice delivery agencies or to engage lawyers. The national statistics show that only 23 percent of the reported Domestic Violence cases were prosecuted in 2014 (UBOS 2016 Statistical Abstract). The added effects of poverty and gender domination leave women powerless and less confident and vulnerable to abuse. Bukedea like many other districts faces the same challenges, with highly patriarchal societies with deep rooted cultural norms and practices that disenfranchise women. The scoping exercise report 2013 by MIFUMI established that cultural norms define a man to be “tough, one who makes all decisions, resists being overpowered by a spouse, disciplines the woman and children while a woman should be submissive, humble, trustworthy and keeps the family and bedroom issues a secret.” These cultural norms fuelled behaviour that led to violence against women and as such formed the focus of MIFUMI’s prevention work. The scoping exercise report further established the capacity gaps of duty bearers thus forming the basis for building the capacities of the CSFs, making the project activities aligned to the needs of the local communities.

3.1.3 Alignment to the Strategic focus of MIFUMI and ICRW
MIFUMI’s vision is a world where women and children are free from all forms of oppression and everyone has the opportunity to realize their full potential. In Uganda, MIFUMI is tackling social-cultural issues that perpetuate and condone violence against women and children, including but not limited to bride price violations and polygamy. Therefore the IPV project in Bukedea to reduce re-victimization and new cases of IPV is well in line with the strategic focus of MIFUMI.

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3 Articles 32, 78(1) (b), 180 (2) (b)
4 NDP II P 75
5 MIFUMI in 2015 successfully challenged court leading to the overturning of the requirement to return Bride price under the customary law.
ICRW’s mission is to empower women, advance gender equality and fight poverty. ICRW further helps to build a base of evidence through its research on the most pressing issues facing women and girls today. The support provided on VAW prevention approaches and M&E strengthening all fall within the strategic focus of ICRW in advancing gender equality and using research to build an evidence based approach to solve the most pressing issues facing women.

### 3.1.4 Responsiveness of the Project design

The design of the project was aligned to the identified needs in the scoping exercise and the baseline survey. The focus of activities was on addressing the needs and gaps identified by the different beneficiaries. The logic model was well-developed although some aspects could have been designed better. The specificity of outcome statements can be improved in terms of making them more SMART (Specific, Measurable, Realistic and Time Bound). This inevitably leads to better formulation of indicators that were hardly covered in the various documentation and reporting tools. The inflexible design of a ‘research project’ was limiting in terms of accommodating emerging community needs like the need for a GBV shelter and economic empowerment of survivors.

The collection of reporting tools while most useful for identification of needs and gaps, can be better aligned to the results frameworks to contribute to a results reporting culture that focusses on outcomes, with concrete performance information and feedback from stakeholders. This certainly improves accountability, ownership and learning.

### 3.1.5 Relevance of the various methodologies

The case handling methodology was very relevant as it made clear the intentions of MIFUMI to uphold the rights of women, girls and children in the community. While several gaps had been identified in the justice process prior to the intervention, where some perpetrators would bribe their way out of cases, MIFUMI unreservedly pursued cases to conclusion until justice was ensured (as evidenced by 80% case conclusion rate). “Men fear MIFUMI more than the police, because MIFUMI is not briable” (Okiria Moses, Kidongole). Case handling became central to the response services upon which other methodologies like community structures (IDVAs and GMSMs, and Champions were built). The community structures have been very relevant in ensuring sustained case handling beyond the project life.

The sensitzation of communities about VAW was very relevant in reducing the incidence of VAW, as this sent a message to the remotest of places and villages with deep rooted cultural norms. It made it clear that violence against women was un-acceptable, while being fortified by the response services where perpetrators were being brought to book. The sensitization activities like drama shows, football matches and use of community gatherings like markets and funeral grounds were very relevant as many community members were reached on significant days. Such events like football matches left long-lasting memoirs in the community, making the message on VAW very clear.

"The football match between boda boda riders and the men is very memorable especially among the male community. This activity raised so much awareness on VAW. MIFUMI should organize more of such events. Volunteer- Bukedea T.C"

### 3.1.6 Appropriateness of the theory of change

The theory of change was quite realistic in terms of the activities and how they would lead to increasing knowledge and changing attitudes, practices and skills of the communities, duty bearers and other stakeholders. However fundamental assumptions were not documented nor planned for, for example the transfer of key staff among duty bearers was not anticipated as a risk of the project. Further to this, a clear documentation of assumptions and risks needs to be done in future. Additional comments for improving the theory of change are listed in section 2.1.1.

### 3.2 Effectiveness

The section looks at the extent to which the planned objectives including expected outcomes were achieved and whether there were any unexpected/unintended positive/negative outcomes.
3.2.1 Increased confidence among 400 survivors to resist and overcome VAW.

In order to achieve this outcome, a number of outputs were achieved as elaborated below:

**Case handling through Advice Centres (ACs):** Two advice centres were instituted one in Bukedea TC and the other in Kidongole SC. These had activities such as legal advice, handholing services, resettlement and confidence building, referral and practical emergency assistance. About 771 cases were handled through the AC, with an estimated 86% of survivors satisfied with the services they received. Among the interviewed survivors, there was increased confidence to resist and overcome VAWG as a result of the trainings and mentorship from MIFUMI and fellow survivors, IDVAs and champions. Another significant achievement was of the men who were formerly perpetrators but counselled and rehabilitated through MIFUMI, who have become agents of change on VAW. All this has led to a community that is more sensitive and obliged to honour the rights of women. “Men always warn each other about the consequences of violating women’s rights, they fear MIFUMI could deal with them severely” remarked one of the Male champions from Bukedea Town Council. The increased awareness and sensitivity to women rights from the community has unvaryingly lent the survivors more confidence to resist VAW and re-victimization. Only 41% of the survivors reported to have been re-victimized. While this is a significant reduction from a community that previously criminalized any form of questioning of a man’s authority, it calls for concerted effort to take the remaining 41% downwards.

**A referral pathway was developed by MIFUMI together with CSF to guide case handling.** The referral pathway is a pictorial and signposts the community and in particular the survivors of VAW to different options where they can seek redress. A total of 500 copies of the referral pathway were printed and distributed to all the different mandated offices and pinned in all strategic locations in the community. This has increased the confidence of survivors to report cases as well as acting as a catalyst for perpetrators and potential perpetrators to control their character, since a pathway for reporting their actions is displayed for all to see.

**Support for survivors through the SSG:** MIFUMI formed groups consisting of survivors and through this the latter accessed various services such as; Counselling, Peer support, trainings on VAW and educational sessions, economic empowerment initiatives and Music Dance and Drama (MDD). These services had a phenomenal transformation on the lives of the women. Asked to rate which services most impacted them, 64% of the survivors mentioned counselling. Indeed some of the cases were solved with mediation and counselling leading to better and peaceful families. Counselling, alongside peer support and trainings on VAW have elevated the confidence of the survivors to tackle VAW.

**The Knowledge of survivors on VAW increased with 100% demonstrating what VAW is,** while about 56% were able to mention some of the laws that protect women against VAW. Survivors are able to speak in public and express their knowledge on VAW during community gathering and other social events. Survivors are able to talk to their intimate partners on issues of VAW freely, something that was not possible in the past.

**Through SSGs, survivors acquired business skills:** These have been used to improve their incomes and to stabilize their families’ welfare. Skills in tailoring, hair dressing, bakery, jewellery making were acquired leading to improved incomes, improved status of women in their homes as their husbands respect them better and involve them in decision making. “I used to ask my husband for everything that I needed including
sanitary pads, and this used to cause numerous conflicts especially when he lacked the money. However, after acquiring some skills in tailoring, I now make clothes which I sell and earn income to support my home. As such, we have more peace in the home, my husband now consults me while making decisions for the home,” - Asio Ruth from Kide ward Bukedea TC.

Changes in Personal hygiene have been reported as one of the un-intended outcomes: During trainings, survivors were given basic skills on how to keep their homes in good shape including hygiene. Personal and house hygiene issues were emphasized and this led to tremendous results as the women take good care of themselves, making them more attractive to their spouses. About 45% of the survivors reported that personal hygiene is one of the positive impacts they have noted from their involvement in SSGs. All of the survivors interviewed reported that they would recommend MIFUMI to other women with similar challenges if the chance arose.

Improving the confidence of survivors and overcoming VAW: The various outputs above have all improved the confidence of survivors to tackle VAW in one way or another. Asked to rate their confidence to handle VAW as a result of their involvement with the SSG activities, 70.6% of the survivors had high confidence compared to 6.5% in 2012. Equally the findings show that 82.5% of the survivors had low confidence in 2012, while only 10.7% reported to have low confidence in 2017. This confidence is attributed to MIFUMIs trainings and guidance. Urban women were more confident. The figure below shows the rating of confidence to tackle VAW.

Figure 1: Rating of confidence to tackle VAW by survivors

It is noted that about 18.7% were not decided about how confident they were to tackle VAW, the main reason being particularly the dependency on their spouses. The survivors point to the fact that, they cannot have their husbands apprehended because that would disrupt their livelihood. This makes the need for economic empowerment of survivors a critical engagement during response services.

Building community structures: Community structures to enhance the response services were put in place including; Independent Domestic Violence Advisors (IDVAs) and the Gender Sensitive Men (GSMs). The IDVAs are directly responsible for the handling of cases of survivors of VAW and community mobilization. They are part of the SSG and community champions in their respective communities. There are 4 IDVAs; 2 at the sub-county and 2 at the town council. The IDVAs are a critical sustainability team that continues to handle VAW cases together with other duty bearers even when the project phased out case handling as it nears the end.

GSMs: These act as a community eye and add male presence and participation in the fight against VAW. There are four GSMs; two at the sub-county and two at the town council. They were trained together with the IDVAs. However they are not supposed to directly handle the cases of VAW, but to refer survivors to
appropriate options, join the IDVAs, staff and duty bearers during community case outreaches to resettle survivors of VAW and help with community mobilization.

The evaluation found that the GSM component was very fundamental in creating buy-in among men to join the fight against WAVG. “Previously, the men in the community looked at MIFUMI as an organization that had come to arrest them and imprison them for beating their wives. However when we joined as SGM, these men started asking us to explain to them the work of MIFUMI which we did. Men have now joined in the fight to protect women rights, and to appreciate the work MIFUMI has done to improve their homes especially aspects of income generation, hygiene and children education,”---Wilson Aucuru- GSM from Ogaala Bukedea TC.

The IDVAs and GSMs form a sustainability platform that ensures that VAW issues continue to be handled in terms of response even without MIFUMI’s presence. Their linkage to duty bearers has improved the working relationship and sustainability of their work.

**Championship building:** Champions are a group of survivors of VAW who were supported through MIFUMI advice centres. A total of 50 women champions were identified and trained. These were women who had gone an extra mile to support other survivors of VAW through counselling and advice, referral and peer support. The champions were trained to support the case handling processes especially from a sustainability point of view. They handle simple cases in the communities, offer temporary accommodation to survivors in their community, refer survivors of VAW to different options and have acted as community watch dogs for issues on VAW. They are regarded as knowledgeable on issues of VAW and are consulted by the Local Council (LC) 1s and communities to handle some cases. By October 2017, the response champions had handled 180 cases including 110 in the TC and 70 in Kidongole SC. They have engaged in community mobilization work and have been identified, trained and taken on as child protection agents among others. Others are now engaged in leadership roles in their communities. Some of them contested and have become committee members in the LC 1s so as to be able to serve survivors better.
The above achievements notwithstanding, the response champions were found to lack record keeping tools, identification and signed letters from the District Local Government (DLG) to affirm their role in the communities. More to this, monthly monitoring visits from the MIFUMI district office and DGL staff would be advisable in future to ensure continuous support, mentoring and coaching of the various volunteers.

3.2.2 The Readiness of the service providers to handle and resolve cases of VAW to completeness

Sensitization and coordination with the Community Safety Forum (CSF)

There are 30 members of the CSF (10 women) that constitute duty bearers both in the town council and Kidongole sub-county. The CSF received trainings including; types and nature of VAW, laws against VAW, policies and procedures for addressing VAW. Quarterly meetings were held with the CSF to discuss progress of cases of VAW, challenges and recommendations for improving response obligation for each member. Exchange visits were facilitated for CSF members to other districts where MIFUMI has presence, to enhance learning and sharing on VAW. These visits were fundamental in improving the capacity and experience of duty bearers in Bukeeda district, by learning from the more experienced colleagues in Tororo district. The CSF members together with MIFUMI shared ideas that put together the district referral pathway. Joint activities were held with CSF on community resettlement outreaches, radio, referral and consultations. Such engagements led to a mutual collaboration between duty bearers and improved the support provided to survivors of VAW in Bukeeda district, by learning from the more experienced colleagues in Tororo district. The CSF members together with MIFUMI shared ideas that put together the district referral pathway. Joint activities were held with CSF on community resettlement outreaches, radio, referral and consultations. Such engagements led to a mutual collaboration between duty bearers and improved the support provided to survivors of VAW in Bukeeda district.

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The readiness of duty bearers to handle VAW cases from the perceptions of the survivors has improved tremendously from an average rating of 11.5% in 2012 to 59. 4% (those that considered duty bearers as being ready to handle VAW cases). The figure below shows the details of the readiness of duty bearers to handle VAW as a perceived by the survivors.
According to the figure above, the perception of survivors on the readiness of duty bearers has improved from what it was in 2012. For example, 62.9% of the survivors believe that the police is ready to handle VAW today, compared to 7.6% who thought the police was ready in 2012. All the duty bearers interviewed attested to the fact that they were better equipped to handle VAW owing to the role played by MIFUMI. However, some duty bearers seemed to worry that VAW incidences could shoot up again with the closure of the project in Bukedea district.

On the other hand, there was a challenge of staff transfers which affects continuity, capacity development achievements, as district duty bearers have been changed a number of times. The trend continues unrelentingly. For example, the transfer of the Bukedea DPC in 2015 with whom a strong working relationship had been developed was a setback for the project because he was very active and fundamental in the growth of the CSF.

### 3.2.3 Increased uptake of attitudes that reject DV among women and men in the community

In order to increase uptake of attitudes that reject DV among women and men in the community, MIFUMI implemented the primary prevention component that covered two parishes; one from each of the two sub counties. Each of the parishes consisted of three villages. A total of 43 volunteers were recruited to support the primary prevention component of the work, including 18 women and 25 male volunteers spread across 6 villages. They reached 1679 men and 4443 women (6122) in 132 sessions. These volunteers sensitized the communities and carried with them the message of criminalizing VAW and demystifying cultural norms that marginalize women, a result of which has been improved attitudes that reject DV.

#### The Scoping exercise

The scoping exercise was done to establish the magnitude of VAW, cultural norms that entrench VAW and the capacity of duty bearers to handle VAW. A report was submitted in March 2016 laying the ground for the implementation of the primary prevention component of the model. The exercise mapped the actors and their relative power and influence, identified norms and attitudes which were inequitable, and beliefs to be addressed. The gender boxes discussions acted as a point of reference, helping to clarify where the community was at and presented the problem as a community problem leading to local ownership. It served as an opportunity to understand the context of work and enlist specific recommendations for community based solutions. The concerns and gaps identified in the scoping exercise were insightful in the development of tools and materials for the primary prevention dimension.
Development and adaption of social marketing tools
Based on reflections, learning and the available resources, MIFUMI identified and espoused tools plus activities that suited the context. The targeted community conversations with tailored Information (IEC) materials were developed. The IEC materials tackled norms on VAW that emerged as predominant in the scoping exercise. The social marketing tools contributed to community norms that reject VAW such as the posters showing a happy couple. These offered positive messages about the possibility and benefits of healthy relationships and were well received. The community members dis-associated with the characters in the VAW poster. The posters normally are hang in their houses and these lead to conversations. “Women have testified referring to the poster when tension of violence threatened to occur, MIFUMI project officer. They refer their husbands to this poster, who then start giving a second thought to the situation.

Radio talk shows
These were held as a joint activity between MIFUMI and the CSF; 32 radio talk shows were conducted in the project period with a total of 140 callers (40 of whom were women). Based on learning and community participation, radio talk shows shifted from delivering to sharing of issues with the community with an intention of allowing the community contribute to how they want VAW issues resolved. About 12% of the respondents affirmed to have first heard about MIFUMI via the radio. The radio talk shows created awareness, increased knowledge on VAW issues and increased action against VAW in Bukedea district.

Implementation, reflection and follow up sessions
A total of 43 community volunteers were recruited to sustain the primary prevention component. Community volunteers implemented targeted community conversations across their villages. The implementation and reflection led to learning and adaptation as the project progressed along while messages, materials and activities were all being informed and reinforced by the reflection. As such, changes in community knowledge, attitudes and practices that reject VAW were partly as a result of the community conversations.

Community sensitizations
Mobilization for community events was done by the champions in the various villages and parishes. About 141 sensitization sessions were conducted by staff and volunteers and among them, 4,298 women and 3,282 men were reached and sensitized. Sensitizations were done using drama (by champions), SASA tool kit and pictorial illustrations. This was on various topics like sharing responsibilities, types of violence, child neglect, and resource sharing, and making decisions together. A total of 12 observation sessions were carried out to
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monitor the work done by the volunteers and champions and staff. This helped in measuring the quality of mobilization, level of interest and facilitator skills.

Campaigns during internationally and nationally recognized days on VAW
MIFUMI participated in the 16 days of Activism celebrations with champions showcasing drama on VAW while the prevention champions had a football match with boda-boda cyclists to build collaboration. Up to 728 people attended the celebrations. During the International Women’s Day celebrations on 8\textsuperscript{th} March 2017, the champions participated in a procession, displayed their items like jewellery, while survivors held a drama show. The activities were well appreciated by communities and left a lasting impression especially on the men who often referred to the football match as one of the most interesting events of the project. Such community engagements were critical in raising awareness and creating mass ownership and action against VAW.

Changed attitudes in the communities
The attitudes of the communities have changed as many of the cultural norms that marginalized women have been changed. Community members reported that men and women have new practices that show an increase in attitudes that reject DV. Such practices are demonstrated in the figure below:

\textbf{Figure 3: Changed cultural norms}

<table>
<thead>
<tr>
<th>Change practices among women</th>
<th>Changed practices among the men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women participate in making decisions in homes</td>
<td>Men can now fetch water (common in kidongole)</td>
</tr>
<tr>
<td>Women are able to name their children these days</td>
<td>Men can now cook food (making atapa)</td>
</tr>
<tr>
<td>Women can sit on the same chair as men</td>
<td>Men wash clothes these days, especially if the wife is busy or pregnant</td>
</tr>
<tr>
<td>Women can speak in public without fear</td>
<td>Men consult their wives when making decisions</td>
</tr>
<tr>
<td>Women are able to speak out when their rights are abused</td>
<td>Men allow their wives to do business</td>
</tr>
<tr>
<td>Women inherit property including land</td>
<td>Men accompany their wives on antenatal visits</td>
</tr>
<tr>
<td>More Girl children are going to school</td>
<td>Men carry their bathing water to the bathroom</td>
</tr>
<tr>
<td></td>
<td>Men are not demanding bride price refund*</td>
</tr>
</tbody>
</table>

Changed attitudes as demonstrated above are critical in demystifying the traditionally stereotyped roles for females and males that had for long reduced women to a form of property owned by men. Communities have changed their views and attitudes on issues like wife beating. Majority (91\%) of the community believe that wife beating is unacceptable as show in the figure below. The figure below shows the views on wife beating four years ago and today. It shows that about 64\% of the community members considered wife beating as “very bad and unacceptable” four years ago, whereas today that number has gone up to 91\%, a clear indication of an increase in attitudes that reject DV among women and men.
3.2.4 Increased willingness of the community members to help in response to DV

Community members have increased their willingness to help in response to DV as evidenced by the various cases in the communities where perpetrators have been reported and admonished by the community. Initially, a woman that was abused became alienated and burdened. Today the perpetrator is isolated and bears the burden of violence. “There is a new saying that a real man does not beat the wife,” said a community member. For fear of admonishment, men have changed their attitudes and increased their willingness to help respond to DV because unlike in the past, communities are more intolerant to a man who beats their wife. “The men fear MIFUMI, more than they fear the police, because MIFUMI is incorruptible,” said one of the community members. This fear drives men to work hand in hand with the duty bearers to respond to VAW. A total of 328 cases registered with MIFUMI were brought by community members who wanted women and children rights respected.

The community members were asked to rate their willingness to support response towards VAW, and to compare their willingness in 2012 (before the project) and 2017 (after the project). The figure below shows that only 6.5% of the community (2.5% males) had a high willingness to support response towards VAW in 2012 while in 2017 about 91.3% reported to have a high willingness to support response against VAW (67% men and 93% females).

Figure 5: Figure showing willingness of community to support response towards VAW
3.2.5 Improved community-wide environment that supports survivors to realize their rights within the community

The community-wide environment has improved in supporting survivors to realize their rights. Right from the village level, where the LC 1, the champions exist, to the sub county level where the police and IDVAs operate, there are supporting structures guaranteeing that survivors access justice. There is significant increase in knowledge about VAW (94% had knowledge of what VAW is) compared to 23% of the men who understood that VAW was more than wife beating, during baseline study. Communities are more informed and prepared to support survivors of VAW. The CSF buttresses the ownership of the response and prevention services in the district, making VAW a community-wide issue and not an individual issue.

In 2012, only 8.4% had high willingness to educate the communities about VAW, compared to 89.7% in 2017. This is explained by the increased level of knowledge on VAW and the confidence of men and women to talk about VAW while having to reject cultural norms that perpetrate the vice. Further analysis showed that more women (92.3%) than men (65.7%) were willing to educate the communities about VAW.

Figure 6: Willingness to educate communities about VAW

A number of cases were reported to MIFUMI by the community. The fact that 91.2% are willing to become VAW champions while 89% would report to police in case they identified a VAW case in the community, is a clear indication of the improved community-wide environment that supports survivors to realize their rights.

A story was told of a young girl from Kampala who eloped with a security guard in Bukeeda. When the community members noted that a girl of underage was staying with a man who was not a relative, they reported to MIFUMI. Another example is of a woman from Kumi District who was married to a man in Bukeeda, but the man physically abused her and the baby, which prompted the neighbors to report the case to MIFUMI to find justice for the woman and the baby.

3.2.6 Power holders have improved commitment to and are taking action on VAW arising from harmful social cultural practices

Power holders including the Police, health personnel, probation officers, LC1, Judges and the Resident State Attorney (RSA) have improved commitment to taking action on VAW arising from harmful cultural practices, as evidenced from their commitment to forming a CSF that meets quarterly to discuss performance issues. More to this, power holders have made commitments to make justice easily accessible to the survivors specifically by making the PF3 free and accepting to issue the medical forms if the survivor has no money.
and also by making the perpetrator pay for it. The networking between these power holders and the community champions also shows increased commitment. The LCs normally invite the volunteers to support them in their response work while the volunteers invite the police to effect arrests where need arises.

The commitment of power holders is also displayed from their involvement in community sensitizations, community gatherings and during resettling of survivors, where their presence adds significance to VAW prevention actions.

**MIFUMI transforms from being a learning organization into a teaching organization**

MIFUMI has remarkable experience in VAW response which shaped the MIFUMI model that was replicated in Bukedea district. However, the primary prevention component became a necessity and was included, resulting in the MIFUMI Plus model. Learning sessions were held including the trainings organized by Raising Voices in Kampala Uganda in November 2014 on "Dimensions of Violence against Women Prevention." The learning from this training shaped most of the primary prevention work implemented in Bukedea district. ICRW walked step by step with MIFUMI in shaping of the ‘MIFUMI Plus model’.

SASA and “In Her Shoes” approaches were introduced, taught to MIFUMI staff and adapted for implementation under the prevention model. Introduction of SASA led to tremendous responses and appreciation from the communities, who were able to unpack the power imbalances. This led to improved knowledge on VAW causes, laws protecting against VAW and demystifying of cultural norms that alienate women. Lessons have been learnt that prevention cannot exist in isolation of response and that it’s critical to start with essential services (response) and learn from the experience of implementing them.

MIFUMI is now well placed to deliver the hybrid model which encompasses response and prevention. MIFUMI staff were trained in various prevention approaches thus building a knowledge base and organizational level capacity in prevention. Reporting tools were developed with the help of ICRW. These tools included, the volunteer reporting template, observation tool, outcome tracking tool, staff activity report tool and these enabled MIFUMI to track information on performance. More to this, three trainings on data analysis for MIFUMI staff were carried out by ICRW to develop data management skills. Reports from the monitoring and activities have been shared with stakeholders in the district during the CSF meetings. A number of tools for training on various prevention and response services have been developed and these will be valuable for MIFUMI to be a teaching organization.

However, some staff who were involved in the learning process have since left MIFUMI, leaving a gap that should be filled in future projects. Nonetheless, the learning was well received and a significant level of experience in MIFUMI is available to teach others. Yet, the process of learning is continuous and the experiences and lessons learnt from the MIFUMI Plus model implemented in Bukedea will be useful in broadening the learning.

**3.2.7 The effectiveness of the IPV methodology**

The Response and primary prevention model to tackling VAW worked well and delivered tremendous results as demonstrated by the reduced incidence of VAW (36% from 85% at the baseline and a reduction in re-victimization (29% compared to 56% at the baseline).

In terms of changes in knowledge, all survivors (80) interviewed had knowledge of what VAW is, while 56.3% had knowledge of at least one Law against VAW. A survey in the community determined that 94% of the community members had knowledge of what VAW is. One was deemed to have knowledge if they could tell that violence against women was beyond physical beating of a woman, to include psychological, sexual and economic violence. About 84% had knowledge of at least one of the laws especially the Domestic Violence Act. More to this, 54% were aware of MIFUMI’s ground breaking achievement that outlawed the customary requirement of refunding bride price after divorce. In terms of attitude changes, communities have taken up attitudes that support survivors and criminalize perpetrators. The issue of VAW is no longer an individual problem of women, but a communal issue. About 41% believe that wife beating is a form of violence that should be stopped, although a significant number (42%) still believe it is a form of disciplining. Nevertheless this is an improvement from the 58% of women who reported that a husband was justified to hit them for any of the following reasons: Burning food, arguing with the man, going out without telling the man,
neglecting children and refusal to have sexual intercourse with the man (2011 UDHS). Additionally, an average of 80% or more of the community members rate their willingness to offer support towards VAW as either high or very high. This includes support in terms of; giving information, providing assistance to a survivor, reporting a perpetrator to Police, and becoming a VAW champion. In terms of changed norms and practices, the communities have adopted practices that were previously considered a taboo. For example a man carrying his own water to the bathroom, sweeping a compound, fetching water from the well and cooking food. Such practices are now common, as a result of sensitization and education on positive practices that bring harmony and peace in homes.

About 73.5% of the community rate MIFIMU’s impact on reducing negative cultural norms that cause VAW as high or very high. On the other hand, the work with preparing the duty bearers to be responsive has led to a remarkable change in capacity and readiness of police, health workers, LC1 courts and judiciary. The survivors rated the readiness of the duty bearers as high or very high (59%), while all the duty bearers interviewed confirmed improved capacity and readiness to support VAW response and prevention activities.

Notwithstanding the above achievements, there is a chance for improvement in future replication of the same mode. Response and Prevention are complimentary but require organizational proficiency for better efficiency gains; one remarkable lesson is that response and prevention, work hand in hand to tackle VAW especially in resource constrained communities. Response measures help to send a quick message from leaders and duty bearers that VAW is unacceptable and punishable before the law. It also assures survivors of the much needed immediate protection and remedies that helps build their confidence to participate in programmes. However, from MIFUMI’s experience a longer learning curve on primary prevention, which would have probably been avoided if a partner organization strong in primary prevention had been engaged to consolidate the gains from response. MIFUMI’s strength lies in response and secondary prevention approaches, on which its organizational values and principles have been built and with which efficiency gains could have been made much faster. Nevertheless, the learning on prevention approaches has inculcated a skills set of holistically tackling VAW in future interventions.

Integration of economic empowerment is an organic requirement of the MIFUMI plus model; it is imperative to integrate economic empowerment initiatives for survivors, as part of the model. As experience has shown in Bukedea, survivor’s poverty situation is inked to their vulnerability to VAW in many ways. Almost 100% of the survivors mentioned the need for more focus on economic empowerment, especially access to credit services. Lessons learnt from MIFUMI’s work in Tororo indicate that economically empowering survivors is crucial in the fight against VAW. MIFUMI does recognise poverty and dependence as invariably linked with Violence and abuse. Poverty and dependence are factors that aggravate violence by limiting both access to help, and choices for survivors who may not afford to pay for required services or will have to return to and depend on the abuser after receiving assistance.

3.3 Efficiency

Efficiency is the measure of how well resources are utilized to meet the expected results at the optimal cost. A number of variables have been looked at below to determine the extent to which the IPV project was efficient in achieving its objectives.

3.3.1 Conversion of inputs into outputs

Resources (inputs like money, staff) were converted into outputs as evidenced by the numerous rave reviews from the communities where the project was implemented. The annual reports submitted by MIFUMI to the funders, which triggered additional annual funding, is proof that annual work plans were achieved. Outputs like case handling, SSGs, formation of community structures, CSF and sensitization of communities were achieved with minimal resources. However, the timing of some activities was delayed due to late disbursement of funds. This led to a re-adjustment of activities and implementing them in much shorter periods than anticipated. Also, the uncertainty of funding availability arising from annual requests and disbursements affected longer term focus and intensity.

In using inputs, economy was evidenced from the many efficiency gains. For example the MIFUI office in the Town Council was used as a refuge/emergency accommodation and advice centre, as well as a support group meeting space. Additionally, all staff were both administrative and programme while also working as
counsellors, advisors, communicators and mobilisers. The Advice Centre in Kidongole sub-county was rented at half price because of the relationships built with stakeholders.

3.3.2 Judiciousness of financial management
Judicious spending was achieved while implementing activities under the IPV project (Independent Auditor’s opinion). For expenditures incurred, competitive bidding was practiced for prequalified suppliers and decisions on award took into account cost and quality. MIFUMI has a procurements committee composed of a team from Accounts, Administration and Programmes departments who meet whenever there is a procurement to be decided. The process is hinged on value for money especially taking the three Es (Efficient, Economical and Effective) into serious consideration. As such, procurements made under the IPPV project in Bukedea district were handled through this structure supported by a payment system procedure and a procurement policy. The procurement policy has three objectives as shown in the box below.

![Box 3: Objectives of the MIFUMI procurement policy](image)

- Ensure value for money in all purchases of the organization;
- Improve on accountability through streamlined payment processes that centralize accountability;
- Improve on the security of funds transfer for all funds moving through the organization.

3.3.3 Use of Partnerships to optimize resources
MIFUMI built partnerships that facilitated optimal utilization of resources. Through partnerships, MIFUMI was able to learn and implement new approaches on prevention like the SASA! Model. Through partnerships with CEDOVIP and Raising Voices, MIFUMI acquired new knowledge on preventive approaches which was instrumental in delivering excellent results in Bukedea district. Such partnerships were achieved at minimal cost. The project team established partnerships with local governments and communities early on, which became very instrumental in the sustainability of project activities beyond the project life time. The partnership with community volunteers ensured and continues to ensure that project results are sustained with minimal resources.

3.4 Sustainability
This section looks at how sustainable and enduring the outcomes of the project are likely to be in the long term. Key sustainability strategies were implemented and these continue to hold the gains together. These strategies include among others: CSF, champions, IDVAs, GSMs, SGGs and skills training.

**Increased confidence among 400 survivors to resist and overcome VAW**
The confidence of survivors has increased and the existence of the ACs and the IDVAs adds to a continuation of leadership in these survivor groups. However, the confidence is likely to decrease as time goes by given that MIFUMI has ended its presence in the district. One feature of the confidence that the survivors exhibited was the backing from MIFUMI especially the legal team and officers. The presence of MIFUMI acted as a catalyst to how women rights were viewed in the districts. However, a few observations have been made at the end of the project in reference to how men would supposedly resume violence against women. In future designs, there should be no mention of MIFUMI existing, but transitioning into a more community based arrangement. As a matter of fact, the IDVAs and champions carry the DNA of MIFUMI and should be seen to have all the elements that would stop VAW in all possible way.

The continuity of SSG activities is critical for the sustenance of the confidence of survivors as they normally support each other and learn continuously when they meet. One critical aspect for sustainability of SSGs is scaling up the economic empowerment activities to include a revolving fund that improves access to credit for the survivors. Previous studies have shown that women economic empowerment can reduce gender based violence. A revolving fund solves one of the key challenges to women enterprise development – access to credit, and invariably helps women learn how to save and manage finances.

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6 IMAGE study, a cluster randomized trial in South Africa-University of the Witwatersrand
**Readiness of the service providers to handle and resolve cases of VAW to completeness**

The capacity and experience to handle VAW increased among the service providers, particularly police, health workers, district staff and LC1 systems as 100% of those interviewed confirmed improved capacity. However, the checks and balances that were generated from the CSF should be sustained to ensure continued learning and improvement. The leadership of the Community Development Office will be critical in ensuring leadership and ownership to this forum. One challenge, however, is staff turnover which severely affects the continuity the CSF. In future design, more than one officer should be trained from the key duty bearer’s institutions to ensure more continuity in case one of them leaves.

**Increased uptake of attitudes that reject DV among women and men in the community**

These attitudes have changed and will live longer in the communities. The changes in cultural norms are likely to be more sustainable as well given the peace and harmony with which families and communities have established. However, the role of champions in continued sensitisation and education on VAW issues will be critical in the sustenance of such attitudes. The continued partnerships of duty bearers and the champions will add more relevance to such messages in the communities. More to this, future programmes should have a more sustainable budget that supports the IDVAs and champions to carry out their work for a period of one to two years after the project ends. This would ensure that there is continuity while at the same time marking the MIFUMI footprint to dispel the imagination that “MIFUMI has ended its work.” Also, lobbying of district teams to incorporate in their plans and budgets the activities of VAW champions should be done starting from the first year of project implementation. This will ensure sustained advocacy for five years.

**Increased willingness of the community members to help in response to DV**

The willingness of community members to help in response to DV has increased as evidenced from the evaluation findings. About 90% of the community members are willing to support DV response and initiatives. The existence of response and prevention champions is a key sustainability structure that will ensure that the willingness of the community is supported by designated champions of VAW. What threatens the sustainability of champions’ work is the lack of basic allowances and simple tools to carry out their work. For example, they lack transport facilities yet they travel long distances. They also lack proper identification and paper filling materials to be organized. These are not costly materials and should be planned for in the next design of the model. Bicycles can be purchased to support champions carry out their work. Several of the champions expressed their fear of continuity without a basic allowance, on account of pressing family obligations.

**Improved communitywide environment that supports survivors to realize their rights within the community**

The communitywide environment improved to support survivors to realize their rights within the community. The GSMs and IDVAs provide an extension of MIFUMI into the community to ensure that survivors get quick access to services and protection. The champions have provided a first line of remedy for survivors to report and expect help within the communities. The LC1 teams also provide assistance when survivors are referred to them. However, the sustainability of this environment-wide motivation requires full local government ownership which did not look certain at the time of evaluation. Additionally, the various duty bearers should continue to support the response and prevention work through the CSF partnership as well as participating in community events like resettling survivors and sensitization.

**Power holders have improved commitment to and are taking action on VAW arising from harmful social cultural practices**

Power holders have improved commitment but there is need for sustained holding of CSF meetings. Future designs can fund sustained meetings for two years after the project has ended to ensure that power holders continue to hold meeting, discuss successes, challenges and emerging trends. This inevitably increases the commitment of power holders to take action against VAW. The partnership between the CSF, IDVAs and champions in resettling survivors and sensitization of communities must be supported to continue beyond the project life. The ownership of such engagements by the district is most critical and must be planned for right from project inception.

The evaluation team did not see any sustainability plan/strategy, much as sustainability activities had been implemented. Developing a sustainability plan, together with a risk assessment plan and implementing them is highly recommended in future designs.
3.5 Emerging Impact of the project

The impact of a project relates to the positive and negative changes that contribute to the lives of the beneficiaries, whether intended or not. The community survey which involved both men and women determined a number of indicators that point to impact from the IPV project. The survey with survivors also indicated significant changes in the community that can be attributed to the IPV project.

3.5.1 Incidence of VAW

The incidence of VAW in Bukedea district reduced in the five years of the project. This was confirmed in all the discussions with community members and duty bearers. According to the evaluation survey in the community, the incidence of VAW was estimated at 36% in the two sub counties. Women were asked to report whether they had experienced any of the four forms of violence in the 12 months preceding the survey. Only 36% reported to have experienced violence. The baseline survey in 2012 revealed that the incidence of VAW in Bukedea was 78%. This represents a significant reduction of 42% in the two sub-counties of the project. The figure below shows details of VAW incidence in Bukedea district.

![Figure 5: Incidence of VAW in the community](image)

From the figure above, the incidence of VAW was 36% and this was highest among urban dwellers (40.3%) compared to the rural dwellers (30.3%). VAW was also highest among those who had divorced (40%) imaginably VAW being the cause of the divorce. The single women reported a 25% rate implying that they either have non-permanent partners or experienced VAW from other categories of people.

3.5.2 Perpetrators of VAW

The communities were asked about the perpetrators of the violence they experienced and an overwhelming 85.3% mentioned an Intimate Partner, 5.8% a co-wife and 4.3% a close relative.
The figure below shows the perpetrators of VAW in the community.

Figure 7: Perpetrators of VAW in the community

The finding above indicates gains were made, but the need to intensify efforts aimed at reducing intimate partner violence is high. Efforts such as counselling, guidance, mentorship and education on basic relationship tenets are needed to bring down IPV.

3.5.3 IPV incidence

IPV was estimated at 30.5% meaning that about 5.5% is the incidence of violence caused by other categories of people. This is a huge reduction from the national averages ranging between 50% and 60% (UBOS 2006, 2011).

The Evaluation determined that IPV is decreasing as perceived by 88.8% of the community members. Out of these, 90% of males and 88.6% of females observed a decreasing trend, as well as 92.1% of the rural and 86.0% of the urban communities. The decrease is attributed to among others; the work done by MIFUMI in sensitizing communities, helping survivors to access Justice, counselling and psychosocial support provided to survivors and their partners. The table below shows details of what the communities think about IPV occurrence.

Table 2: Table showing the Observance of Intimate Partner Violence by the community

<table>
<thead>
<tr>
<th>Background characteristic</th>
<th>Increasing%</th>
<th>No change</th>
<th>Decreasing%</th>
<th>Total (%)</th>
<th>No. Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>2.8</td>
<td>5.1</td>
<td>92.1</td>
<td>100</td>
<td>178</td>
</tr>
<tr>
<td>Urban</td>
<td>8.6</td>
<td>5.4</td>
<td>86.0</td>
<td>100</td>
<td>222</td>
</tr>
<tr>
<td>Gender:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>7.5</td>
<td>2.5</td>
<td>90.0</td>
<td>100</td>
<td>40</td>
</tr>
<tr>
<td>Female</td>
<td>5.8</td>
<td>5.6</td>
<td>88.6</td>
<td>100</td>
<td>360</td>
</tr>
<tr>
<td>Overall</td>
<td>6.0</td>
<td>5.2</td>
<td>88.8</td>
<td>100</td>
<td>400</td>
</tr>
</tbody>
</table>

3.5.4 Re-victimization

Re-victimization of survivors after reporting VAW cases reduced with only 29% reporting to have been re-victimized compared to 56% as reported in the 2012 base line. The Different forms of re-victimisation as reported included: physical confrontation by Intimate Partner (56.4%), threats and confrontation from relatives (34.7%), threats to harm life by Intimate Partners (39.13%), refusal to provide for

“MIFUMI, through its response work counsels and educates couples to live in a violence free relationship. This has had a positive effect in reducing IPV but mainly in the two sub counties.” Asero Florence: In charge FCPD Bukeeda Police

“The Itesot men were beating women almost every day. But now, things have changed. Imagine today is a holiday (Independence Day), but I have not received any cases”. LC 1 chairperson Okunguro Parents
needs by Intimate partners (27.7%), denial of access to marital home by Intimate Partners (22.2%) and denial of access to land (18.1%).

In terms of community perceptions, the communities perceived that there was a significant reduction in victimisation (61%). About 22% believed the reduction was slight, 13% believed there was no change, while only four percent believed there was an increase in re-victimisation. The figure below shows the perceptions on Re-victimisation occurrence.

**Figure 8: Perception of Communities on Re-victimization**

![Pie chart showing perceptions on re-victimization](image)

**3.5.5 Indirect Impact**

The IPV project had impact in areas that had not been particularly intended as part of the original design. As indicated, there is evidence to show that survivors, champions and several community members in the two sub counties were impacted by the project in various ways.

a) **Improved access to education**

Child enrolment in primary schools improved as a result of both sensitisation on the role of education and through case handling on family maintenance issues. One of the most common cases reported at the MIFUMI ACs was failing to provide family needs (maintenance). During the evaluation, it was observed that some children above 12 years were attending primary education as a result of late enrolment after parents were encouraged to take children to school.

b) **Improved access to land for women**

Women reported improved access to land and this is can be attributed to the land and violence cases through which spouses were counselled and advised to respect women’s rights to land. Many of the women gained land inheritance rights which was not the case before MIFUMI’s intervention. Family members who would previously grab land belonging to the widows, now understand the consequences of such actions. As a matter of fact, men consult their wives before selling land and this has helped to protect family land on which women have ownership rights. The evaluation survey determined that 59% of the women had access to land while 29% had ownership rights compared to 16% as reported by the 2012 baseline survey.

“Land used to be a male issue only. Women were not even needed during mediations. But now, you talk about land without your wife only if you want to be imprisoned.” A community member from Kidongole A village

c) **Improved Business Skills**

A significant number of survivors acquired business skills in tailoring, hairdressing and jewellery. These skills have been used to create income generating activities including training other women in the communities. With improved incomes, women are able to contribute to the welfare of the families thus reducing the
dependence burden on the man. This has been reported to reduce cases of VAW. From the community’s perception, there is improved access to business skills and this access is rated as very high by 34.5% and high by 61%. (Refer to table 4 below).

**d) Improved participation in leadership**

As a result of the empowerment received from the various activities with SSGs champions, women gained more confidence to stand for leadership positions in their communities. The promotion of norms that reject DV helped women improve their participation in leadership without fear of discrimination. For example, some of the champions stood for leadership positions and were elected as a result of their volunteering work. The experience of counselling and talking to other women has improved the leadership capabilities of these women. Around 93% of the community members believed that chances for leadership positions improved highly with MIFUMI’s activities.

**e) Reduction in negative cultural practices**

Several cultural practices and norms that previously marginalized women were dropped and changed. A lot of testimonies regarding these changes in attitudes and practices were made during the evaluation. “I can now sit on a chair, stand up to talk in public,” said Amuron Jane from Kadoa. “I can now fetch water; most men in kidongole fetch water. We cook and sweep the compound. These things never used to happen. We thank MIFUMI for opening our eye,” said Benard Oriekot from Kanyamutam.

The table below shows the various areas of impact, as perceived by the communities:

*Table 3: Community Perception on Impact as a result of IPV project activities.*

<table>
<thead>
<tr>
<th>Areas</th>
<th>Very High</th>
<th>High</th>
<th>No change</th>
<th>Negative impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved access to education of children</td>
<td>32.0</td>
<td>66.8</td>
<td>1.0</td>
<td>0.2</td>
</tr>
<tr>
<td>Improved access to land for women</td>
<td>24.5</td>
<td>62.8</td>
<td>11.8</td>
<td>1.0</td>
</tr>
<tr>
<td>Improved participation in leadership by women</td>
<td>25.2</td>
<td>66.8</td>
<td>7.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Reduced negative cultural practices against women</td>
<td>29.0</td>
<td>64.5</td>
<td>5.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Improved Business Skills</td>
<td>34.5</td>
<td>61.0</td>
<td>3.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Appreciation of women rights by Communities</td>
<td>27.8</td>
<td>68.0</td>
<td>4.0</td>
<td>0.2</td>
</tr>
<tr>
<td>Improved family relations</td>
<td>27.5</td>
<td>70.0</td>
<td>2.0</td>
<td>0.5</td>
</tr>
</tbody>
</table>

From the table above, it is clear that communities have associated several changes in their lives to the IPV project. These include: improved access to education, land; participation in leadership by women, business skills and improved family relations. While MIFUMI is credited with some of these changes, it must be noted that there are other programmes that may have contributed to the changes for instance, the Universal Primary Education (UPE) programme for primary education, UWEP for women empowerment and other CBOs operating in the district.

**3.5.6 Negative impact reported**

**Women attitudes towards men are changing;** while no real data was picked on this, the discussions with men brought out a negative impact that deserves mention and prioritisation in the next design. The men report that some women have become conceited and “big headed” with the realisation that “men can no longer beat them.” The men further report that “there is a new boldness women have acquired that makes them act independently without consulting the men, all because they know MIFUMI will back them”. (FGD with men). However, a close assessment shows that some women have started businesses which has made them more self-sustaining, reducing the dependence on men; this is sometimes interpreted as being proud. Nevertheless, more effort should be directed on sensitising women to stay respectful to their husbands to keep peace and harmony in the homes.
A reduction in commitment by some duty bearers; while the general finding is that duty bearers had improved capacity and readiness to handle VAW, there were cases of duty bearers’ who had developed a tendency to refer cases to MIFUMI even when they had the jurisdiction to handle such cases. For example the lower local leaders took advantage of the passion and availability of the champions and were reported to frequently refer work to them (champions).

3.5.7 Case studies demonstrating impact
There are various cases of women whose lives have been changed by the IPV project as documented below in Annex 2. They further demonstrate the impact of the project on the lives of women.
4. CHALLENGES AND LESSONS LEARNT

4.1 Challenges

4.1.1 Internal challenges

Lack of substantial training opportunities to improve project management capacity;
This was identified as one of the areas where project staff had limitation; the team felt that more capacity development would have gone a long way in improving their ability to deliver results and manage monitoring for results under the project.

Threats from the public on MIFUMI staff
Threats on MIFUMI staff from the public especially men who had cases to answer as perpetrators was reported as a challenge. Some of the implementing team members received threats from perpetrators who had cases to answer or obligations to fulfil in line with the reported cases. In future, the protection of MIFUMI staff should be planned alongside police involvement. For example the Advice Centre in Bukedea town council lacked day time security which puts the lives of the staff in danger in the event that a perpetrator decided to seek vengeance. In one particular case, MIFUMI staff were warned by a section of the community not to pursue a particular case because the perpetrator apparently was “an armed criminal” who could harm anyone.

4.1.2 Programme level challenges

Limitations of the IPV project as a research project
There was a conflict between the rigours of the project as a research project with restrictions and the practical needs of the community to which the project could not adapt. In Tororo, MIFUMI grew organically adapting and responding to needs as they arose thus the success. In Bukedea district, however, issues like poverty which were not in the project design, were crucial but could not be addressed directly by the project because of the research constraints.

Limited coverage of the Radio talk shows
The radio talk shows were through “Continental radio” whose coverage was limited to very few sub counties. Experience showed that radio messages were effective in taking the message to the communities with 12% having heard about MIFUMI through the radio. In future interventions, the radio of choice should have significant coverage beyond the sub counties of operation, to increase impact and visibility.

The limited catchment area of two sub counties
The project was limited to two sub counties yet survivors would come from different sub counties that were outside the implementation areas and this stretched the limited resources of MIFUMI Bukedea office. It also affected reporting and monitoring because implementers could not report cases outside the catchment areas.

“Normally the women from these sub counties cannot be turned away because they have no other option to access justice, even the champions have a lot of requests to visit neighbouring villages which are outside the project area,”—MIFUMI project officer Bukedea.

Lack of a GBV Shelter
The lack of a shelter affected the justice process because some of the women who had been abused were allowed to get back to their homes even when the circumstances leading to the abuse were still prevalent. More to this, the justice process can easily be interfered with when a survivor goes back home. For example simple gifts from the perpetrators were seen to change the minds of the survivors (15% of the cases were...
abandoned by the survivors) and this led to a recurrence of violence. The lack of a shelter further limits the help that MIFUMI should provide especially to women who have nowhere to go after violence.

**Late disbursement of funds and annual application**
Annual application requirements made it difficult to have long term plans concretized and implemented from the go. The uncertainty of funding moving from year to year was partly responsible for staff uncertainties and turnover.

### 4.1.3 District level challenges

**Staff turnover and transfers of Duty bearers**
Duty bearer’s turnover and staff transfers were prevalent and this affected the continuity of activities especially under the CSF. One example was the transfer of the DPC Bukedea in 2015, with whom a strong working relationship had been developed, thus hampering the progress made. This challenge means that some activities like trainings, meetings had to be repeated.

**Limited Resources**
The district limited resource allocation to gender programmes and GBV issues led to inadequate commitments. The district plans and budgets allocated meagre resources that undermined the commitment towards ending VAW. Even when plans were made like the ownership of community champions, the limitation in resources threatened its achievement. For example the district failed to own up the champions under the VAW project implemented by UNFPA in Kachumbala Sub County in 2011.

### 4.2 Lessons learnt and recommendations

#### 4.2.1 Implementation level lessons

**Response and prevention strategies are complimentary and mutually interwoven**
Prevention works best if response services are available to ensure that those most affected by the problem are visible and directly involved in the prevention effort. In the absence of that, there is a risk of trivializing or oversimplifying the problem and missing the critical role of empowerment of those directly affected by the problem. Prevention should start early in life, by educating and working with young boys and girls promoting respectful relationships and gender equality. Working with youth is a “best bet” for faster, sustained progress on preventing and eradicating gender-based violence (UN Women).

**Economic Empowerment initiatives are integral to VAW response services**
Integrating economic empowerment activities in the MIFUMI Plus model will be fundamental as history has shown in Bukedea district. As the IPV project progressed, the high poverty levels in Bukedea became a challenge in the response work to the extent that without basic income, a survivor would have no means to report a case, pay for a police Form 3 or medical examination. Mainly, women depend economically on men, and tolerate some level of violence in return for economic support. If a woman’s income increases, this may decrease her risk of violence because her economic dependence decreases (Agarwal, 1997; Perova 2010).

While skilling survivors in areas like tailoring and hair dressing was very helpful, there was a general demand for more to be done to empower women to access credit services for starting businesses. From the discussions with men, it was clear that women who contribute financially to the running of a home, earn more respect from their husbands and are easily given opportunity to make joint decisions with their husbands.

**A GBV shelter is an important tool to promote response**
Majority of the duty bearers mentioned the need of a GBV shelter as it encourages survivors to report with an added encouragement of finding shelter and protection from the perpetrator. Existence of a shelter helps to preserve the evidence in cases of physical assault, defilement and rape. Survivors of violence do not report abuse and often do not seek help from formal service providers and authorities for many reasons (Barrett &

Some of the survivors cancelled the cases reported against intimate partners – reasoning that these are the main bread winners in the families whom they could not afford to lose to prison.

Project Officer IPV Bukedea
Pierre, 2011). The presence of and supports offered by shelters can address some of these barriers by encouraging women and girls to seek assistance.

Using relatives and friends to house the survivor has sometimes led to conflicts between the people housing the survivor and the perpetrators, while putting the life of the survivor at risk. More to this, there have been cases of women and girls abused in the communities but without any relatives within Bukedea to provide temporal accommodation. “A story was told of a young girl who eloped with a security guard staying in Kotolut village Kidongole. When the neighbours realized that an underage girl was being kept as wife, they reported to police and the man run away, leaving the girl homeless and with no immediate relatives to look out for.”

There was another case of a lady from Katakwi, married in Bukedea, who was physically abused together with her baby. The latter’s hand was fractured in the fight. When the lady reported her case, she had no intention of going back to the abusive partner and neither had she any other place to go. She was later taken to hospital. But upon being discharged, she declined to leave the hospital because she had nowhere to go.” Such cases and many more make the need for GBV shelter very feasible.

Sensitization in schools and targeting of parents is critical
Several calls for sensitization on VAW for primary and secondary schools were made during the evaluation by both community members and duty bearers. Sensitising the young people about VAW and empowering them about their rights and the need to stay in school is advisable.

Also critical is targeting parents for sensitisation on parenting and mother to child bonding activities as a way of reducing the exposure of young girls and boys to early sex and marriages. The increased enrolment and reduced dropout rates especially of the girl child in Bukedea district provides a “strategic opportunity” that would help to meet the needs in this area. For example advancement of female teachers and female role models and teacher trainings on handling the girl child are possible areas of partnership with the district administration. MIFUMI could develop tools to monitor the age of girls attending school, age of female drop outs, including prevalence of girls attending school who are married and/or have young children, as a way of tracking the performance on this activity in future.

Use of youth volunteers to reach out to the youth and young people
There was unreported VAW like forced sex, defilement and elopement. Early pregnancies and marriages are a testament to existence of such vices. However, VAW sensitization issues have been handled by the older generation with the young people somewhat not properly targeted. Involving youth among the VAW Champions is therefore advisable as well as identifying and training youth champions who can easily reach out to fellow youth and young people with specific VAW messages that affect them such as (early marriages, defilement, denial of education rights) is recommended. While existing public policies and programmes overlook the young stage of life when it comes to GBV, it is a critical time when values and norms around gender equality are forged. This calls for development of age specific VAW sensitization messages targeting youth and adolescents.

Capacity development of champions
While the VAW champions are revered by the communities, there are capacity gaps especially on appreciation of laws against VAW that need to be addressed. It is critical that in future interventions, the national laws especially the Domestic Violence Act and the Children’s Act are summarized and translated into local languages for easy appreciation by the champions to facilitate easy sensitization.

“Sometimes the community members ask us tough questions; for example they asked be one time to tell them the law that protects a widow from losing the husband’s land. Because I didn’t know the answer, I told them I was late for a meeting. When I found the answer after
two days of asking several other champions, I came back and explained. This opened my eyes that all volunteers need to know the various laws that assure women rights.” Christine- A prevention champion from Bukedea TC.

A classification system of VAW cases and how to handle them
MIFUMI should elaborate a classification system for the various types of VAW and the associated steps that should be followed to handle each type. This system would support community volunteers and other stakeholders in knowing whether a particular incident should be reported to MIFUMI or handled informally among community members.

4.2.2 Programme level

Improving clarity of roles between MIFUMI and ICRW and other partners
Clarity of roles and decision making should be discussed and addressed from the start. Experience from Bukedea district showed that challenges in the field became difficult to address as it was not clear where final decisions would be made, whether MIFUMI management or ICRW or the donor representative. The project could do better in future by having a joint steering committee as a final decision-making body.

Balancing between the research and community needs
As a research project, the Bukedea project had limitations of meeting the emerging needs of communities. It would probably have been better to have the research built in as a project within a project making it possible for MIFUMI to respond flexibly to the needs as they arose while at the same time controlling all the parameters of the research.

Developing an internal Results Based Monitoring and Evaluation System is plausible
MIFUMI and its partners should develop an internal results based M&E system to support the implementation of MIFUMI Plus model, including a logic model that demonstrates the sequence of cause and effect relationships between activities, outputs, outcomes, and goals and most importantly SMART indicators based on Results Based Management (RBM) principles. More to this, a theory of change that demonstrates the results and assumptions is important for guiding implementers on what works and what doesn’t work. The Bukedea model, had bits and pieces of M&E that can be consolidated into a robust M&E system, that is implemented right at the beginning of the project to track baselines, annual performances including satisfaction surveys, while enabling periodic learning, decision making and progressive evaluation of impact.

The capacity of staff in Results based M&E should be built as part of the inception phase of the project, particularly the use of common M&E methodologies including standardized indicators. This will enable MIFUMI to make comparisons across settings about the impact of VAW prevention and response programs thereby providing monitoring data for internal results management and programming.

4.2.3 District Local Government and National level

Advocacy with the district administration to increase resource allocation for GBV:
In future projects, the implementing team should include a strong component of lobbying the district administration to improve the budgets for gender equality and GBV in particular, and to take more responsibility in owning the project, especially adopting the champions from the inception of the project. The community champions ensure continuity of response and prevention services even after the project funding has ended. Therefore, advocacy should be made for the districts to have the development plans and annual work plans incorporate activities of VAW supported by champions.

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7 The GBV Prevention Indicator Compendium includes more than 30 indicators produced by the humanitarian community to track GBV related interventions in the following program areas: designing services, rebuilding support systems, improving accountability, working with legal systems, transforming norms, and monitoring and documentation.
4.3 Conclusion

The IPV project proved to be relevant in addressing the high incidence of VAW especially IPV. From the outset, the IPV response activities sent a clear message that perpetrators of VAW would be prosecuted indiscriminately—indeed this was done, acting as a wakeup call to men and women in the district.

The project addressed to a great extent the primaty driver of VAW—power imbalance between men and women. Community members were given tools to discuss and decipher cultural norms leading to an increased uptake of attitudes rejecting such norms that perpetrate VAW. The capacities of duty bearers were built making them more ready to engage in VAW response and prevention services.

With respect to efficiency, the IPV was managed frugally, with a lean management structure, and low overhead costs. IPV used its resources well, i.e., results achieved were commensurate with resources invested. Various partnerships with stakeholders ensured that less resources were used leveraging the strength and opportunities of partners.

The project was very effective in achieving its long term goal of reducing IPV—the incidence was estimated at about 30.5% compared to past studies that have a national average of 60% (UBOS). Re-victimization reduced from 56% to 29%—this is anecdotally proved by more than 80% of the community members who were willing to offer support of different forms to survivors of VAW to ensure access justice.

These achievements notwithstanding, more work needs to be done to consolidate the gains and turn lessons learnt into valuable success in future; Important among these is; integrating economic empowerment measures in the design, improving M&E for results, adding a GBV shelter as an important component of prevention, and including advocacy component for district buy-in and ownership of community volunteers. The MIFUMI plus model should also organically adapt to the needs of the communities as they arise, without significantly altering the design or focus of the project.
5. ANNEXURES

Appendix 1: The MIFUMI Plus Model

<table>
<thead>
<tr>
<th>The goal of the model is to reduce re-victimization and new cases of Violence Against Women (VAW) in project communities over the next 10 years. The model had three objectives as discussed below in detail</th>
</tr>
</thead>
</table>

### iv. To strengthen the community based response to survivors of Violence Against Women

Strengthening community based response to survivors of VAW involved engaging duty bearers through Community Safety Forum (CSF) meetings, joint forum activities, and documentation to increase responsiveness of duty bearers to the needs of the survivors of VAW. It further included recruitment of response champions and empowering them to support survivors of VAW. Both of the above activities bolstered the minimum case handling at advice centres of MIFUMI.

#### e) Case handling:

Case handling is the core of the response component work. It entails day to day management of the survivors of Violence Against women. The cases include Domestic Violence (DV), defilement, land and property and general violence against women because of their disadvantaged position in the community.

**The advice centre:** This is a women only friendly space where survivors of VAW report their cases and are supported. ACs were established in Bukea Town Council and Kidongo sub-county. The services offered at the advice centres included; psychosocial support and counselling, mediation, legal services, handholding, resettlement and confidence building, referral and practical emergency assistance.

**Survivor Support Groups:** These are group of women survivors whose cases of VAW have been handled through MIFUMI advice centres. There are two groups; one from each sub county. In these groups, a number of activities are undertaken including; peer support, trainings on VAW and educational sessions, economic empowerment initiatives, partnership activities, and Music Dance and Drama (MDD) are conducted.

**Data collection.** The response component of the work uses an electronic data collection and analysis system knows as the District Health Information Systems (DHIS). The electronic system runs online and makes it easier for analysis and sharing response related data.

#### f) Championship building:

Champions are a group of survivors of VAW who have been supported through MIFUMI advice centres. They are part of the SSG but those that have gone an extra mile to support other survivors of VAW through counselling and advice, referral and peer support. MIFUMI trained and enhanced the capacity of champions using the MIFUMI counsellor’s companion to enable them support other women and women groups through outreach programmes. The counsellor’s companion covered dos and don’ts of counselling, MIFUMI values and principles, different presentations of violence, causes and consequences of VAW, resolution towards a violence free life, follow up and after care, working with duty bearers, building community support, outreach to women’s groups and key counselling outcomes among others.

#### g) Building Community structures:

Community structures on response component of the work include; Independent Domestic Violence Advisors (IDVAs) and the Gender Sensitive Men (GSMs).

**IDVAs:** The IDVAs are directly responsible for the handling of cases of survivors of VAW and community mobilization. They are part of the SSG and community champions in their respective communities. There are 4 IDVAs; 2 at the sub-county and 2 in town council. The IDVAs are capacitated by MIFUMI on a number of issues; counselling, VAW, ethos of the work, laws, policies, procedures, partnership engagements, and empowerment using the MIFUMI Domestic Violence awareness training pack.

**GSMs:** These act as a community eye and add the male presence and participation in the fight against VAW. There are 4 GSM; 2 at the sub-county and 2 in town council. They were offered trainings together
with the IDVAs. However they do not directly handle the cases of VAW but normally refer survivors to appropriate options, join the IDVAs, staff and duty bearers during community case outreaches to resettle survivors of VAW, and help with community mobilization.

**h) Sensitization and coordination with community safety forums:**
This involved creation of CSFs comprising of duty bearers with a role to play in addressing VAW. The work with CSF involved sensitization on their role and building their capacity to uphold the rights of women, documentation of guidelines on referral pathways and promoting best practices across all collaborating agencies.

At the district level the CSF consists of 15 to 16 members including: The Probation Social and Welfare officer, The District Community Development officer (DCDO), Grade 1 magistrate, the District Police Commander (DPC), the Officer In Charge (OC station), In-Charge Child and Family Protection Unit (CFPU), chairperson Local council IV, Resident District Commissioner (RDC), Chief Administrative Officer (CAO), Resident State Attorney/ Prosecutor (RSA), District Health Officer (DHO), District Security Officer (DISO), In-Charge District health centre IV, Community Liaison Officer (CLO), and In Charge Criminal Investigations (CID).

At the sub-county level the CSF consist of 8 members including: The Sub-county Chief, Community Development Officer (CDO), Chairperson LC 111, The sub-county security officer (GISO), In Charge Police Post, (OC post), In Charge Child and Family Protection police post (CFPU post), In Charge Health centre 111 and In Charge Criminal Investigation Department Police post (CID post).

**v. Objective 2: To advance community norms that reject violence against women.**
This objective falls under the prevention component. The prevention work was justified by the need to tackle the root causes of violence against women in the community. A number of activities were conducted to advance community norms that reject violence against women, starting with a scoping exercise, partnerships with VAW Prevention organizations, streamlining program activities, recruitment of community prevention volunteers and community conversation engagement.

**Scoping Exercise:** The scoping exercise set the basis for the sustained primary prevention component of the work. It targeted the community, duty bearers and survivors of VAW. It identified the generally accepted norms on VAW in the community, capacity of duty bearers on VAW, and survivor empowerment in the community. A general report of scoping exercise was compiled and shared with stakeholders, and the details of the report were used to undertake the sensitization and capacity building activities.

**Creating Partnerships with other VAW Prevention organizations:**
MIFUMI had to learn from partners with experience in primary prevention work and such partners included Raising Voices and Centre for Domestic Violence Prevention (CEDVP). MIFUMI (who) attended training on the Dimensions of VAW prevention in November 2014. During this training ideas and tools were shared including the SASA tool kit that has been widely used in VAW prevention work.

**The SASA! Methodology:** This aimed at promoting gender equitable attitudes at community level. These included the integration of the gender-power analysis, working across the ecological model, and training and mobilizing community activists, among others. ICRW supported adapting components of the SASA! Tool kit for use in Bukedea – e.g. monitoring of the volunteers.

**Community prevention volunteers**
These are men and women selected by their communities with characteristics that the community desire in the context of the work of VAW and willingness to offer voluntary services to their community. They were given tools that include the community conversation poster to initiate and sustain targeted community conversations and the Domestic Violence poster to take home.

**Community conversation engagement**
The community prevention volunteers were equipped with knowledge, skills and materials to enhance the targeted community conversations in their own respective communities. The champions target community members. The community members use the community conversation poster with guiding questions to initiate and sustain the flow. At the end of the discussion, the volunteers distribute the Domestic Violence poster to the community members to take home.

**IEC material:** The IEC materials included 2000 copies of the referral pathway, 2000 copies of the VAW poster, 100 T-shirts for community volunteers, and 400 copies of the community conversation poster. Dimensions of Domestic Violence Prevention Training by Raising Voices and the SASA tool kit informed development of Information Education and Communication (IEC) materials. Positive material that are appealing to community behavioural change were developed. The scoping exercise on discriminatory norms informed the development of IEC materials. The volunteers were given T Shirts with a message to the community as well as to enhance their ownership to the work.

**Drama, radio talk shows:** a total of eight drama shows and 32 radio talk shows were handled.

**vi. Strengthening of MIFUMI’s capacity Model**

**Strengthening the capacity to implement VAW programming**
MIFUMI put together tools and new approaches of VAW prevention with support from ICRW which supported the development and streamlining of the ‘MIFUMI Plus’ model. ICRW played a big role in identifying and linking MIFUMI to learning partners including Raising Voices and CEDOVP.

**Strengthening Monitoring and Evaluation capacity**
ICRW strengthened the M&E capacity of MIFUMI by developing and familiarizing M&E tools for various activities including case handling and community outreaches. Reporting tools and format were developed and a number of training activities on M&E were organized. The MIFUMI plus theory of change was developed, as well as the logical framework. Online tools for data capture like the DHIS have been implanted and used to improve M&E.
Appendix 2: Stories of change and good practices

Betty Arakit
Abandoned by a Husband with Five children but found hope through the SSG.

Betty is a 35 year old woman originally from Kumi. She got married in Bukedea district and lived in an abusive relationship for over ten years. In all these years she failed to get assistance regarding her situation from the LC 1, courts and Police. One day in 2015, she reported to MIFUMI and when her husband was summoned, he decided to abandon the family. With her five children, Betty decided to join the SSG where she received counselling and skillling in tailoring. Through her tailoring business, she has been able to pay school fees and feed her children. She was also able to acquire a stall in the market where she sells various food items to compliment her income. The SSG has helped her to stay positive and live a peaceful life.

Rehema Aciro from Bukedea
Abandoned by her husband but her and the children received support

Rehema Aciro had been staying with hers boyfriend with whom she had one nine year old child. However in 2015 while she was expecting their second child, the husband became so abusive physically hitting her almost on a daily basis, besides not providing basic needs like food. The man got another wife and abandoned Rehema with the child and the pregnancy. He also got to the point of denying paternity of the children he left with Rehema.

Rehema looked for all sorts of solutions among which was reporting to the police and the LC, but these yielded no results. One day, while listening to the radio, she heard about MIFUMI, an NGO that supports women faced with domestic violence. She later reported to MIFUMI and the boyfriend was summoned. His case was handled involving the police because of denial of paternity. When the paternity results proved he was the father, he was made to sign a MoU of providing monthly upkeep to Rehema and the children. She now receives monthly upkeep allowances to pay school fees and buy food the children. There is hope now that the children will grow and be educated, with MIFUMI’s intervention.

Itedere Asha: Her marriage turned around after reporting to MIFUMI

Aged 26, Itedere Asha is a resident of Kanyamutamu village, Kidongole sub county in Bukedea district. She was a happily married woman until the husband started being abusive and declined to provide for the family basic needs such as food. All these emerged because the husband had got another lover outside his marriage. In 2015, as the situation became unbearable, Asha was advised by a friend to report the case to MIFUMI, which she did. The husband was summoned by MIFUMI and the two were counselled. After the counselling, the husband understood his faults and returned to his normal life as a husband and father. Asha was integrated into the SSG where stories from fellow victims motivated her to live positively. Through the SSG, she received training and skills in business which she later applied to start selling soya beans in markets around the village. The business has reduced her dependency on her husband and she also contributes to proving needs including food and school fees.

Best/Good practices

Involvement of men:
The involvement of men under the GSM was a good practice that helped MIFUMI create buy-in among the male population. Working with men and boys helps accelerate progress in preventing and ending violence against women and girls. They began to challenge the deeply rooted inequalities and social norms that perpetuated men’s control and power over women and reinforce tolerance for violence against women and girls. *Prior to the introduction of GSM and male champions, the men thought MIFUMI was an organization
sent to bundle them into imprison for beating their wives. However with involvement of male champions, the men in the community could easily consult fellow males who are champions about the activities of MIFUMI. This created buy-in and men no longer fear to report to MIFUMI when summoned for a case.” (Okiror John Francis- Male champion). The presence of male champions has given men and women an opportunity to report cases where they previously feared to do so. In one particular case recorded in Kidongole, a man from the community consulted a male champion about a situation he had back in his home (the wife was denying him conjugal rights). The male champion went to their home and offered advice on how the two were to live and solve the challenge. One of the solutions was that the man should help the wife out with household work to reduce on the work load that was creating fatigue. The two settled and were living peacefully by the time of the evaluation. Thus, the male champions offer the men an opportunity to consult and seek guidance which they previously wouldn’t do. This is a good practice which has created buy-in and increased knowledge of VAW in the communities.

![Community Champions including men after one of the trainings at MIFUMI offices](image)

**Visiting Survivors’ scene of crime**
MIFUMIs’ approach of visiting the survivor’s home when violence is first reported was adopted by the district as a good practice. MIFUMI always established the facts behind any violence and having mediation and resettlement was given priority. This, according to the district was a good practice that promotes mediation and peaceful resolution of conflicts, thus promoting peace and harmony in the community. Additionally, for more complicated cases involving bodily harm, this visit enabled establishment of facts and gathering of better evidence before it was tempered with.

**Use of safety forums**
The Community Safety Forum was a good practice that not only built buy-in from duty bearers in terms of joining the fight against VAW, but also led to building of capacity to undertake various mandates. The CSF meetings held quarterly were a powerful monitoring, reflection and learning avenue that helped the duty bearers to improve the quality of the services they provide. Duty bearers always joined the MIFUMI implementing teams in key celebrations, community functions and sensitization events which added ownership of the intervention from the political and administrative side of the district.
Annex 3: List of officials interviewed

<table>
<thead>
<tr>
<th>#</th>
<th>Name</th>
<th>Designation</th>
<th>Institution</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Elim Emmanuel</td>
<td>Senior Probation Officer &amp; Currently Acting in the capacity of DCDO</td>
<td>Bukedea District Local Government</td>
</tr>
<tr>
<td>2</td>
<td>Elizabeth Amuge</td>
<td>Bukedea District Vice Chairperson</td>
<td>Bukedea District Local Government</td>
</tr>
<tr>
<td>3</td>
<td>Lorika Emmanuel</td>
<td>District Police commander</td>
<td>Bukedea District Police Office</td>
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<tr>
<td>4</td>
<td>Atikobok Richard</td>
<td>Assistant In charge-Bukedea HC IV</td>
<td>Bukedea Health Centre IV</td>
</tr>
<tr>
<td>5</td>
<td>Mukonge Julius</td>
<td>Assistant Records officer- Bukedea HC IV</td>
<td>Bukedea Health Centre IV</td>
</tr>
<tr>
<td>6</td>
<td>Asero Florance</td>
<td>In charge –Child &amp; family protection Department (Bukedea central police)</td>
<td>Bukedea District Police Office</td>
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<tr>
<td>7</td>
<td>Igwero Elizabeth</td>
<td>CFPD_ Kidongole Police post</td>
<td>Kidongole Police Office</td>
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<tr>
<td>8</td>
<td>Josephine Osire</td>
<td>IDVA</td>
<td>Kidongole SC</td>
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<td>Agwang Betty</td>
<td>IDVA</td>
<td>Kidongole SC</td>
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<td>Apeduno Rose</td>
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<td>11</td>
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<td>Okiror John Francis</td>
<td>GSM</td>
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<td>15</td>
<td>Immaculate Akello</td>
<td>Project Officer</td>
<td>MIFUMI- Bukedea</td>
</tr>
<tr>
<td>16</td>
<td>Sylvia Alowo</td>
<td>Office administrator</td>
<td>MIFUMI- Bukedea</td>
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<tr>
<td>17</td>
<td>Rachael Epenyu</td>
<td>Counsellor</td>
<td>MIFUMI- Bukedea</td>
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<tr>
<td>18</td>
<td>Patrick Ndira</td>
<td>Deputy Executive Director</td>
<td>MIFUMI</td>
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<tr>
<td>19</td>
<td>Alfred Osama</td>
<td>Senior Accountant</td>
<td>MIFUMI</td>
</tr>
<tr>
<td>20</td>
<td>Naomi Wandera</td>
<td>M&amp;E</td>
<td>ICRW</td>
</tr>
<tr>
<td>21</td>
<td>Stella Mukasa</td>
<td>Director Africa Regional office</td>
<td>ICRW</td>
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Annex 5: Terms of Reference

Contracting Terms of Reference

1. Background
   o Introduction
   MIFUMI is a Women’s Rights and development NGO based in Uganda with Headquarters in Tororo district. MIFUMI’s mission is directed towards community based and civil society responses to violence against women and children. Through Wellspring Advisors, MIFUMI received grant funding (2012-2017 August) to establish a scalable model of VAW response and prevention based on an adaptation of MIFUMI’S intervention in Tororo. Over the past 5 years Mifumi in partnership with ICRW, have implemented a project aimed at strengthening the community- based response to survivors of domestic Violence and advancing community norms that reject Violence Against Women in Bukedea District. MIFUMI invites bids from evaluators to carry out an independent summative evaluation of the project.

Project Goal and objective:
The goal of the project was to reduce repeat violence against survivors (re-victimization) and the incidence of VAW in project communities.
The sole objective of the project was to establish a scalable model of VAWG response and prevention through adaptation of MIFUMI ‘s response intervention approach in Tororo and introduction of a primary prevention component.

Expected results:

- Increased confidence among 400 survivors to resist and overcome VAWG.
- Readiness of the service providers to handle and resolve cases of VAWG to completeness
- Increased uptake of attitudes that reject DV among women and men in the community
- Increased willingness of the community members to help in response to DV
- Improved community wide environment that supports survivors to realize their rights within the community
- Power holders have improved commitment to and are taking action on VAW arising from harmful social cultural practices
- MIFUMI transforms from being a learning organisation into a teaching organisation

2. Purpose, aim, objectives and audience for the evaluation
   o Aim and Purpose
   The final evaluation aims to provide an independent assessment of the project’s performance in achieving the overall goal and objective of the project. The evaluation will address therelevance, effectiveness, efficiency, and sustainability of the project. It will generate lessons learnt and recommendations to inform future work addressing VAWG within the community and beyond, and enable accountability towards the project stakeholders, including the donor.
   o Objectives and key questions to be addressed by the evaluation:
   o Relevance:
   To determine how the project performed against objectives, and how it was adapted to changing circumstances.

Key questions on relevance:

How relevant were the project objectives, expected results, and approaches in achieving the expected outcomes of the project?

a. To what extent was the project aligned with relevant country/local priorities, policies and strategies? To what extent was the project relevant to the donor priorities? To what extent did the project complement the work of other actors?

b. What was the relevance of the different methodologies and approaches? How relevant and realistic was the theory of change and the logical model considering the progress and experience? Were the changes achieved relevant to the target beneficiaries’
needs, with specific reference to the experiences and opinions of survivors, women and girls, and other marginalized groups? Were the procedures used for needs identification and targeting appropriate, transparent and inclusive of the target beneficiaries and relevant stakeholders? To what extent did the planned activities represent the best means of achieving the results? To what extent did the partnerships and ways of working represent the best means of achieving the results?

**Effectiveness**

To determine the extent to which the expected outcomes and step changes identified at the beginning of, and during the funded project were achieved, and why.

To assess whether the project had unintended outcomes, and if so, why, and whether they were impact positive or negative, and to whom?

To identify, document and publicise good practices and processes that have worked in the IPV project.

To assess the effectiveness of the methodology used by, MIFUMI and ICRW as a scalable model to bring about long-lasting change.

**Specific questions on effectiveness:**

- How effective were project strategies and approaches in achieving the expected outcomes of the project?
  - a) to what extent were the expected outcomes and results achieved, against the set indicators in the project monitoring and evaluation framework? Were there any unexpected/unintended positive/negative outcomes? Who of the target beneficiaries did/did not benefit (women and men), and in what ways and why? Were there any behavioural and attitudinal changes in stakeholders in the community (leaders, duty-bearers, decision makers etc.)? To what extent did the project contribute to the achievement of women friendly policies locally, and/or nationally and internationally? How, if at all, did the project affect MIFUMI’s profile as a national GBV service provider? To what extent was the achievement of the changes/outcomes influenced by external context and other factors?
  - b) to what extent were project strategies effective in achieving desired outcomes? Was the overall theory of change for this project effective in bringing about lasting change? Were there any gaps? What were the most effective interventions approaches and relationships the organisation used in promoting women’s rights and interests to bring about positive changes to their lives? What worked and what did not? What lessons were learned and how were they shared? How effective were the project’s leadership, management, monitoring, evaluation & learning, collaborative working, and financial processes, systems, and tools (including data management systems)? How effectively and appropriately has MIFUMI worked with others and involved them in relevant stages to improve access to services for women (duty bearers, other stakeholders, etc.)? To what extent were survivors satisfied with the space and processes provided to voice their interests? How did the donor policies and processes (how it defines its programme strategies and outcomes, how it assesses applications) help or hindered the delivery of lasting change? What lessons have been learnt in terms of costs, technical expertise, community development, partnership and sustainability?

**Efficiency:**

Were the resources and inputs converted to outputs in a timely and cost-effective manner?

Was MIFUMI’s and partners’ management, coordination and monitoring of the project efficient and appropriate?

To determine the internal and external factors that affect and influence the programme delivery

**Specific questions on efficiency:**

- How efficient was the project delivery in achieving the expected results of the project?
Did the project’s implementation follow the project timeframes? If not, what factors led to the change in the timelines? Were appropriate and optimal methodologies applied in the implementation process? Did MIFUMI get adequate cooperation from relevant stakeholders? How did the programme adapt to changing needs if any? To what extent did MIFUMI factor in recommendations from the donor during the grant-making phase, field visits and feedback on progress reports provided by them? Were challenges and issues identified in previous programme and grant documents addressed, including the application, midterm review, etc. How was the process of learning?

**Sustainability**

Identify lessons learnt and provide MIFUMI with specific recommendations for use in maximising impact beyond this grant. (Sustainability)

Determining the extent to which the project was suited to the issues it is addressing and the environment within which it is seeking to affect the desired change. (Relevance)

Determining the extent to which the various aspects of the project are sustainable considering the grant funding coming to an end. (Sustainability)

**Specific questions on sustainability:**

How sustainable and enduring are the outcomes of the project likely to be?

- If changes occurred in the project’s five outcome areas, how likely is it that they will be sustainable in the long term? Which project initiatives are most likely to sustain?
- Is the project supported by the government and local community leaders? To what extent is the buy-in, so far? To what extent do MIFUMI, local authorities and other duty bearers have knowledge, motivation and skills (resource) to continue project initiative? How sustainable are the partnerships with local duty bearers developed by MIFUMI? What is MIFUMI’s role in the SGBV partnership and to what extent is it sustainable? What factors will impact project sustainability and how are these factors addressed?

What are the indicative/emerging impact of the project?

- What were the notable milestones or impacts that can be attributed to the project?
- What were unintended impacts from the project, either positive or negative? Are there any exceptional experiences that should be highlighted e.g. case studies, stories, best practice?

**Audience and use of findings**

The primary audience for the report will be:

- **MIFUMI** will use the results and recommendations in shaping future programmes, influencing /advocacy, sharing best practice/handing over deliverables of project to other stakeholders, improving programme management and reporting, strengthening advocacy messages, increasing donor awareness, accountability to the community and towards other key stakeholders including donors, local duty bearers.
- **ICRW** will use the results in determining the performance of the grant, for accountability purposes, as well as forming future designs.
- **Donors and Wider Sector** will use the results as evidence base in aid of programming and advocacy on Violence against Women and Children in similar contexts

3. Evaluation scope, approach and methodology

**Scope**

The summative evaluation on the project will mainly focus on outcome level and will reflect on strategic choices made in operationalizing the project in Bukedea since 2016 at individual, family, community and organizational levels. The evaluation should build on previous internal monitoring and evaluations, providing an opportunity for more in-depth analysis and understanding of why certain intended or unintended outcomes occurred.

**Approach and methodology**

Applicants are asked to tender a brief outline of how they would tackle this evaluation, both on a theoretical and practical basis. The outline should specify what information will be collected, the sources, how the information will be collected and analysed, and how the information will be used in evaluating the funded project.
As a requirement, the methodology needs to be transparent, participatory, engaging all key stakeholders including ICRW, MIFUMI, and relevant stakeholders in meaningful and appropriate ways and needs to ensure inclusion, addressing issues of gender, age, disability and HIV/AIDS status. The evaluation should assess and report on whether the project is reaching, relevant and beneficial to them.

The methodology should also collect case studies including those demonstrating the issues faced by target beneficiaries, their engagement and experience of the project, and the resulting impact on their lives, highlighting key project outcomes and case-studies of advocacy achievements.

The selected evaluation consultant will then work collaboratively with MIFUMI, ICRW and Wellspring Advisors to refine the methodology and evaluation plan. The methodology envisaged for the evaluation relies on both desk and field research which not only will enable a more cost and time effective evaluation by relying on existing project data, but also tests systems for relevance, accuracy or reliability. For cost-effectiveness reasons field-work will only take place in Bukedea, with consultations with ICRW and Wellspring Advisors taking place via email and skype. The evaluation must demonstrate a relevant and optimal balance and synergy in its use of quantitative and qualitative methods and information.

4. Schedule, budget, logistics
   o Process and timeline

The evaluation process will take place in September 2017. The following table summarises the selection and evaluation process, indicating the approximate timings, which will be negotiated with MIFUMI.

<table>
<thead>
<tr>
<th>Action</th>
<th>Completion Date</th>
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<tbody>
<tr>
<td>1. Terms of reference out to tender</td>
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<tr>
<td>2. All tender bids received</td>
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<tr>
<td>3. Application review and shortlisting</td>
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<td>4. Shortlisted candidates invited to interview</td>
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<tr>
<td>5. Interview shortlisted candidates</td>
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<tr>
<td>6. Refine methodology, agree evaluation plan, and contractual details</td>
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<tr>
<td>7. Research commences</td>
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<tr>
<td>8. Fieldwork</td>
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<td>9. Presentation and discussion of initial findings to MIFUMI</td>
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<tr>
<td>10. Initial draft submitted</td>
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<td>11. MIFUMI provides feedback on the draft</td>
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<tr>
<td>12. Final report submitted</td>
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<tr>
<td>5. Key deliverables</td>
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Output expected include:
- Technical and financial proposal.
- First draft on the key findings to be presented to and discussed with MIFUMI, ICRW and Wellspring Advisors
- A Final evaluation report, not exceeding 30 pages (excluding annexes), of publishable quality (in English), including an executive summary and with consistency between findings, conclusions, lessons and recommendations, approved by MIFUMI
- Three case studies highlighting project outcomes in terms on individual changes or advocacy achievements (both positive and negative)
- Appendices, including a list of informants and the evaluation team’s work schedule (MSWord); Electronic copies of survey findings, notes from meetings, key informant interviews and focus group discussions

6. Skills and experience

MIFUMI invites bids from organisations, or individuals, with a strong record in conducting evaluations, particularly in the rural context. The consultant/s will need respect and credibility within the field, excellent knowledge of monitoring and evaluation in theory and practice, and a good understanding of policy work. Joint bids are welcome. The consultant should have the following skills and competencies:
- Demonstrable experience of producing high-quality, credible and analytical evaluations (examples required)
- Demonstrable experience of working with/evaluating NGO work
- Proven knowledge and analysis in relation to rights-based approach and women’s rights, needs and perspectives.
Proven experience of using participatory and mixed methods (quantitative and qualitative) for data collection and analysis in programme evaluation.

Experience in evaluating organisational development/growth, strategic planning, partnerships, capacity development and other processes

Knowledge and awareness of gender and the experience in the South African development context

Ability to write concise and analytical reports and communicate complex concepts in plain English and develop relevant, useful recommendations.

Good working knowledge of the local community and context would be an asset.

7. Tenders/bids:

Tenders should include:

- A cover letter introducing the evaluators/organisation and how the skills and competencies described above are met, with concrete examples.
- Draft conceptual framework for the evaluation and description of methodology and tools,
- Workplan
- An indication of the amount the consultant expects to be paid in fees, and proposed budget
- A 1-page CV for each evaluator
- A list of relevant past work
- At least one example of a previous evaluation (one each for joint bids)
- Contact details for 2 referees of past credible INGO organisational and programme evaluations and reviews

Criteria for selection will be:

- Clear, credible, structured proposed methodology
- Excellent track record and reputation in the evaluation/research/gender change field
- Demonstrable experience of conducting complex evaluations
- Ability to manage the totality of the evaluation, including logistics and recruiting and managing other team members where necessary
- Excellent interpersonal skills and adaptability
- Time available during the critical periods
- Value for money

Tenders should be emailed to hr@mifumi.org by midnight (GMT) on 5th September, 2017. Short-listed candidates will be contacted by 8th September 2017.

8. Further information

Patrick Ndira, Deputy Executive Director, is leading this process for Mifumi. If you have further questions on this opportunity, please get in touch by email in the first instance.

ANNEXES

- Suggested Evaluation Report Outline
  The following is a tentative outline of the final evaluation report (maximum 30 pages, excluding annexes):
    A. Executive summary highlighting main findings and recommendations
    B. Introduction
    C. Project background
    D. Evaluation objective(s)
    E. Evaluation methodology including limitations
    F. Findings against evaluation questions
    G. Lessoned learn (both positive and negative) and/or good practice
    H. Recommendations and conclusion
    I. Annexes: All evaluation tools, evaluation schedule, and other supporting documents (e.g. photos, documentation, and case studies/most significant change stories)

- Suggested key participants and informants
  The exact list of respondents will be elaborated as part of the methodology consultations with Mifumi
    - Mifumi Uganda
    - Beneficiaries/survivors of GBV and selected couples (the men)
    - AJWS
    - ICRW
    - Community groups – survivor support groups, response and prevention champions, community safety forums etc.
• Local duty-bearers and policy-makers – community leaders, religious and traditional leaders, Government Ministries, community forums among others
• Members of the community (specifically from the community groups the champions have been working with.

○ Key reference papers
Also as part of the methodology consultations with MIFUMI this list will be elaborated and refined.
• MIFUMI theory of change, logic model, indicators and M&E plan.
• Internal monitoring, progress, and operational reports (quarterly, annual)
• Funder documentation (strategy, proposal, conditions of grant, start-up form, guidance, annual grant reports and feedback)
• Baseline-survey, annual reports and respective funder feedback
• Documented data/evidence gathered by project team, including from databases

○ Terms
Responsibility for the content and presentation of the findings and recommendations of the evaluation rests with the evaluation consultant. It is the responsibility of the evaluators to ensure that there is a clear link between findings, conclusions, lessons learned and recommendations and in general to ensure that the evaluation is based on solid evidence (and/or indicate solidity of evidence for the various judgments made). MIFUMI will review the draft evaluation report providing ultimate sign-off. Final payment will be made on production of the final output that meets the standards outlined in this TOR and agreed in the contract with MIFUMI.