

FINAL NARRATIVE REPORT
REPORTING PERIOD: FROM JUNE 2021 TO MAY 2022

<p align="center">Programme Title & Project Number</p> <ul style="list-style-type: none"> • Programme Title: Strengthening Access to Integrated GBV, HIV, COVID-19 Prevention and Response Services for Affected Women and Girls in Gulu, Moroto and Tororo • Programme Number (if applicable) 00125449 • MPTF Office Project Reference Number:² 	<p align="center">Country, Locality(s), Priority Area(s) / Strategic Results¹</p> <p>(if applicable) Country/Region: Uganda, Northern Uganda, Gulu and Moroto districts</p>
<p align="center">Participating Organization(s)</p> <ul style="list-style-type: none"> • Organizations that have received direct funding from the MPTF Office under this programme • UN Women 	<p><i>Priority area/ strategic results</i> All women and girls live a life free from all forms of violence</p>
<p align="center">Programme/Project Cost (US\$)</p> <p>Total approved budget as per project document: 265,147.83</p> <p>JP Contribution³:</p> <ul style="list-style-type: none"> • by Agency (if applicable) <p>Agency Contribution</p> <ul style="list-style-type: none"> • by Agency (if applicable) 	<p align="center">Implementing Partners</p> <ul style="list-style-type: none"> • National counterparts (government, private, NGOs & others) and other International Organizations Action Aid International Uganda
<p>Government Contribution (if applicable)</p> <p>Other Contributions (donors)</p>	<p align="center">Programme Duration</p> <p>Overall Duration (months) Start Date⁴ (June 2021)</p> <p>Original End Date⁵ (May 2022) Actual End date⁶ (August 2022)</p> <p>Have agency(ies) operationally closed the Programme in its(their) system? Yes No <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>Expected Financial Closure date⁷:</p>

¹ Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;

² The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page on the [MPTF Office GATEWAY](#).

³ The MPTF/JP Contribution is the amount transferred to the Participating UN Organizations – see [MPTF Office GATEWAY](#)

⁴ The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)

⁵ As per approval of the original project document by the relevant decision-making body/Steering Committee.

⁶ If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see [MPTF Office Closure Guidelines](#).

⁷ Financial Closure requires the return of unspent balances and submission of the [Certified Final Financial Statement and Report](#).

(if applicable)

TOTAL: 265,147.83

Programme Assessment/Review/Mid-Term Eval.

Evaluation Completed

Yes No Date: *dd.mm.yyyy*

Evaluation Report - Attached

Yes No Date: *dd.mm.yyyy*

Report Submitted By

- Name: Dan Bazira
- Title: Planning, Monitoring, Evaluation and Reporting Specialist
- Participating Organization (Lead): UN Women
- Email address: dan.bazira@unwomen.org

Acronyms and Abbreviations:

GBV	Gender-based violence
MPTF	Multi Partner Trust Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VAW	Violence against women
WEE	Women's Economic Empowerment
TPO	Transcultural Psychosocial Support Organization
PSS	Psychosocial Support

EXECUTIVE SUMMARY

The Multi-Partner Trust Fund (MPTF) was allocated to three Gender Based Violence shelters in Moroto, Gulu and Tororo. The fund aimed to increase access to multisectoral and integrated GBV services for survivors of violence against women and those at risk of HIV and COVID between June 2021-May 2022. The services included psychosocial support, Legal Aid, livelihood support and referral among others, whilst raising awareness on GBV including the existence of services. The intervention also harnessed existing partnerships and services including SRHR provided by police, health sector, judiciary, and community services. The project also benefitted from investments made into the GBV shelters through complementary support to ActionAid International Uganda and the Ministry of Gender, Labor, and Social Development through interagency support under CERF and interagency support from UN Resident Coordinator, UN Women, UNFPA and UNDP.

This MPTF pursued its goal through two main outcomes: Outcome 1) Improved access for vulnerable women and girls to essential, safe, and adequate GBV services to end VAWG/GBV in Gulu, Moroto and Tororo Districts and outcome 2) Improved prevention of GBV, COVID 19 and HIV/AIDS through changes in attitudes, behaviors, and practices in the selected communities. The following key results were achieved over the implementation period.

Outcome 1: 723 vulnerable women and girls accessed essential, safe, and adequate GBV services in Gulu, Moroto and Tororo districts

Outcome 2: 49 percent⁸ of programme beneficiaries reported freedom from violence after getting support through the GBV shelter.

Next Steps

Having learnt that psychosocial support is an essential component of EVAWG at different levels, UN Women and its partners will continue to mobilise resources to build capacity of more frontline workers including community development officers, paralegal workers, and community activists in professional psychosocial support. Similarly, having learnt from CERF support, that the integration of economic empowerment for women and girls at the GBV Shelters is critical, UN Women and its partners will explore such blended approaches through integration and leveraging on existing programs.

⁸ This was ascertained through locus visits and phone call check-ins. Under the locus visits, relevant GBV shelter staff are designated a GBV survivor code that they use to follow up survivors. Survivors were followed consecutively every month for 3 months after leaving the shelter. Each survivor that reported being okay for all the three months was reported to be free from violence while those that reported not being okay at least once in the three months is reported not free and necessary measures are taken. The phone call check-ins take the same approach but using phone calls and community structures including LC1, male champions and women groups . It was adopted to fit the COVID 19 context to control for the lockdown.

I. Purpose

The “Strengthening Access to Integrated GBV, HIV, COVID-19 Prevention and Response Services for Affected Women and Girls in Gulu, Moroto and Tororo” was supported under the Multi-Partner Trust Fund (MPTF) through the generous contribution of the Government of Norway. It was implemented between June 2021 – to August 2022. The services included psychosocial support, Legal Aid, livelihood support and referral among others, whilst raising awareness on GBV including the existence of services. The intervention harnessed existing partnerships and services including SRHR provided by police, health sector, judiciary, and community services.

The programme aimed to increase access to multisectoral GBV services for survivors of violence against women and those at risk of HIV and COVID whilst raising awareness on GBV including the existence of services. It focused on two outcome areas: 1) Improved access for vulnerable women and girls to essential, safe, and adequate GBV services to end VAWG/GBV in Gulu, Moroto and Tororo Districts and 2) Improved prevention of GBV, COVID 19 and HIV/AIDS through changes in attitudes, behaviors, and practices in the selected communities. This programme responded to Uganda’s commitment to prevent and respond to GBV as stipulated in the Beijing Platform for Action, CEDAW, DEVAW and International Conference on the Great Lakes Region (ICGLR)R that Uganda is signatory to. The programme contributed to Impact area 3 of UN Women’s 2022 – 2025 strategic plan “ All women and girls live a life free from all forms of violence” as well as strategic priority 3 of United Nations Sustainable Development Cooperation Framework in Uganda which focuses on strengthening human wellbeing and resilience

II. Assessment of Programme Results

i) Narrative reporting on results

Outcomes

Outcome 1: Improved access for vulnerable women and girls to essential, safe, and adequate GBV services to end VAWG/GBV in Gulu, Moroto and Tororo Districts

723 vulnerable women and girls accessed essential, safe, and adequate GBV services in Gulu, Moroto and Tororo districts. The survivors also accessed other support systems and services for appropriate and immediate support and intervention, including health services and psychosocial support. The target of 5000 women and girls was however not reached because of delayed project start up and a re-programming that reduced coverage while increasing depth. Only one GBV shelter remained function during the no cost extension⁹. Please refer to *annex 1* for a link to a video recording on the impact of the GBV shelters

OUTCOME 2: Improved prevention of GBV, COVID 19 and HIV/AIDS through changes in attitudes, behaviors, and practices in the selected communities

49 percent¹⁰ of programme beneficiaries reported freedom from violence after getting support through the GBV shelter. This was ascertained through a follow up exercise that was conducted to 649 (487 female,162 Male) survivors and 320 (241 Female,79 Male) of them (representing 49%) reported freedom from violence

⁹ There was a re-programming under the no cost extension to cover renovations at one of the shelters, training in psychosocial support and symposium on sustainability of GBV Shelters. Only Gulu GBV shelters remained fully operational.

¹⁰ This was ascertained through locus visits and phone call check-ins. Under the locus visits, relevant GBV shelter staff are designated a GBV survivor code that they use to follow up survivors. Survivors were followed consecutively every month for 3 months after leaving the shelter. Each survivor that reported being okay for all the three months was reported to be free from violence while those that reported not being okay at least once in the three months is reported not free and necessary measures are taken. The phone call check-ins take the same approach but using phone calls and community structures including LC1, male champions and women groups . It was adopted to fit the COVID 19 context to control for the lockdown.

as evidenced by information shared by the survivors during the follow up visits by staff and community actors. This is an indicator that the shelter’s outreach activities contributed to changes in attitudes, behaviors, and practices in the selected communities and subsequent reduction to Gender Based Violence (GBV) in survivor communities. This change was blended with other pathways in this programme’s theory of change including improved access to essential, safe, and adequate GBV services and access to psychosocial support for survivors.

Outputs

Output 1.1.1 10,000 women and girls are empowered to report cases of violence and access safety and psychosocial support at the selected shelters

723 GBV cases were reported and handled by the GBV shelters in the reporting period. 628 cases of violence against women and girls were resolved out of 723 cases reported through GBV shelters over the period. Support through the shelters enhanced survivors’ access to other support systems and services for appropriate and immediate support and intervention, including health services and psychosocial support among others. Figure 1 below illustrates further on the cases received and managed.

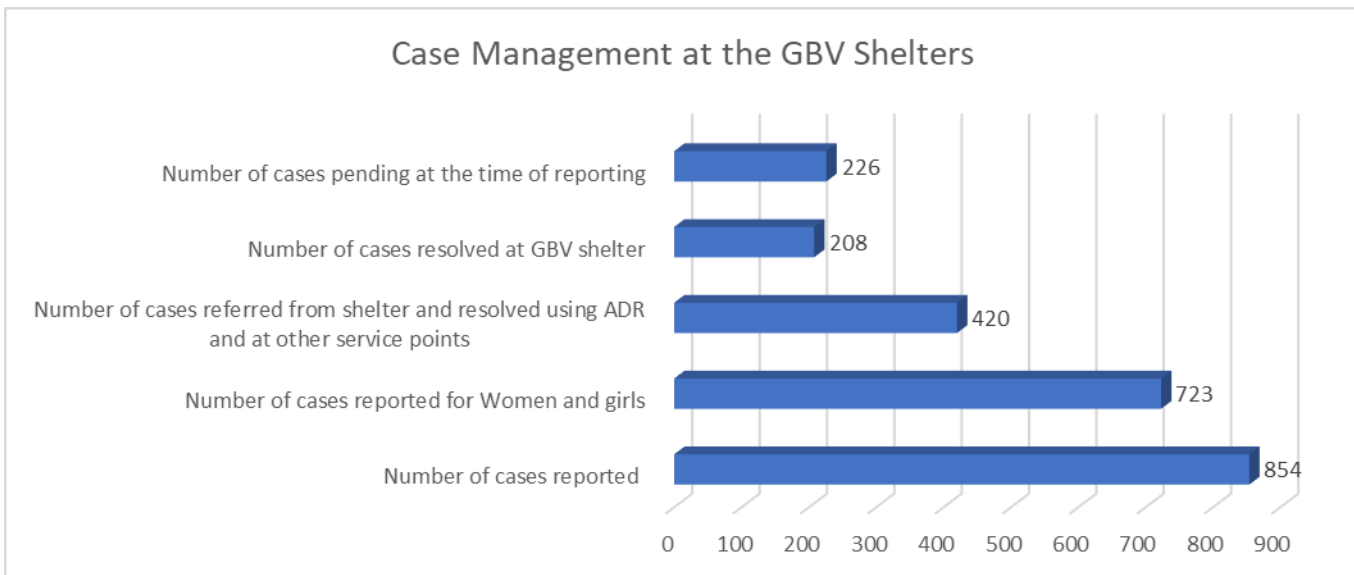


Figure 1: Case Management at the GBV Shelters. Source: Author’s compilation from Implementing partner data collected from June 2021 to August 2022

Figure 1 shows that 854 cases were registered, of which 85 percent were cases of GBV committed against women and girls. Out of the 854 cases reported to the shelter, 208 were resolved at the GBV shelters while 420 cases were referred and resolved at other service points such as ADR, police, and the courts of law.

Figure 2 below shows that 24 percent of the cases were resolved at the shelters while 49 percent were referred and resolved elsewhere (See figure 2 on the right). 267 cases of sexual and physical nature were referred to the Police and managed; accordingly, 159 cases were referred to LC1, cultural and religious leaders and male change agents, while 12 were referred for medical care at health facilities. This underscores the centrality of the GBV shelters as a response and referral point as illustrated in figure 2 below

Further to that, the MPTF support contributed to improved and expedited dispensation of justice for GBV survivors because of the improved fidelity of evidence collected. 160 cases (111 F,49M) were legally represented in the courts of law and 14 of these were successfully concluded. This was achieved through support provided to 45 police officers for evidence collection which enabled the cases to be forwarded to court, resulting in the apprehension of 65 perpetrators.

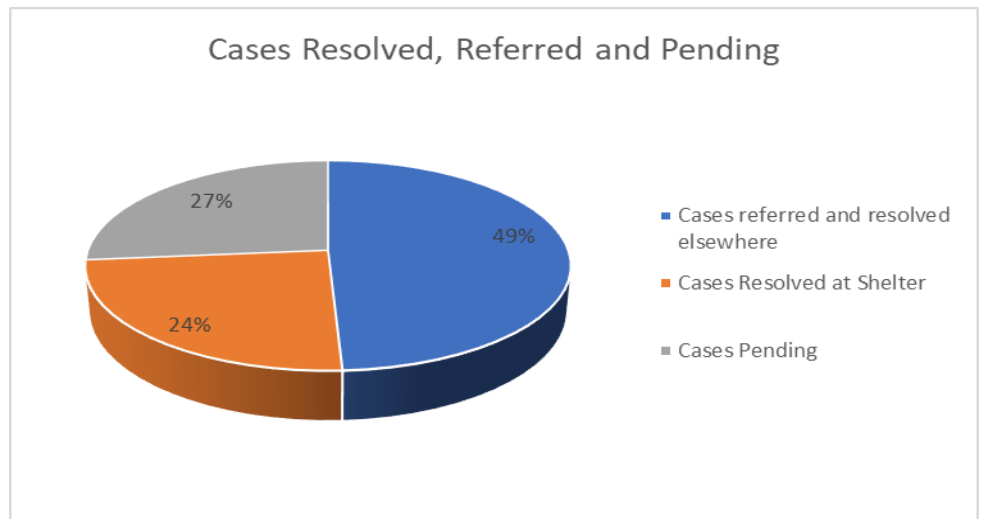


Figure 2: GBV Cases Resolved, Referred and Pending. Source: Author's compilation from Implementing partner data collected from June 2021 to August 2022

Psychosocial support has restored hope, dignity, safety, and sense of belonging to GBV survivors. In the reporting period, 854 (723 Female, 131 Male) survivors, 14 percent of whom were PWDs received

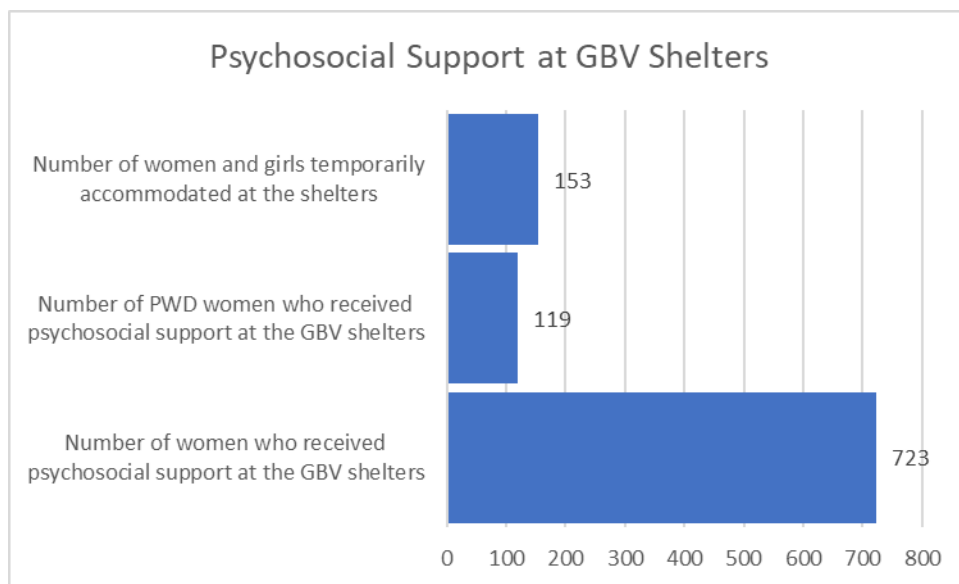


Figure 3: Psychosocial Support to GBV Survivors. Source: Author's Compilation from IP data

psychosocial support through the 3 GBV Shelters (see figure 3 below). Of the 854 survivors registered at the Shelters, 153 survivors (146 adult female; 7 young males and 19 girls) were temporarily accommodated; 120 survivors (113F, 7M) were discharged from the GBV Shelters, resettled, and reintegrated back in their communities. A follow up was conducted to 649 (487 female,162 Male) survivors and 320 (241 Female,79 Male) of them reported freedom from

follow up visits by staff and community actors.

violence as evidenced by anecdotal information shared by 261 survivors during the

Output 1.2.1 Increased utilization of multi-sectoral GBV services for 10,000 women and girls in Gulu, Moroto and Tororo

723 women and girls received coordinated multi-sectoral GBV services from the health, security, and justice sectors through support of the GBV shelter and referral pathway. The service providers in this process included the police, health care facilities, formal court, Local Council 1 system and other alternative dispute resolution mechanisms such as religious and cultural leaders. During the reporting period, 267 cases of sexual and physical nature were referred to the Police and managed; accordingly, 159 cases were referred to

LC1, cultural and religious leaders and male change agents, while 12 were referred for medical care at health facilities. 160 cases (111 F,49M) were legally represented in the courts of law which resulted in the apprehension of 65 perpetrators. 259 (232F,27M) cases were managed through ADR and mediations. Please see illustration in figure 4 below

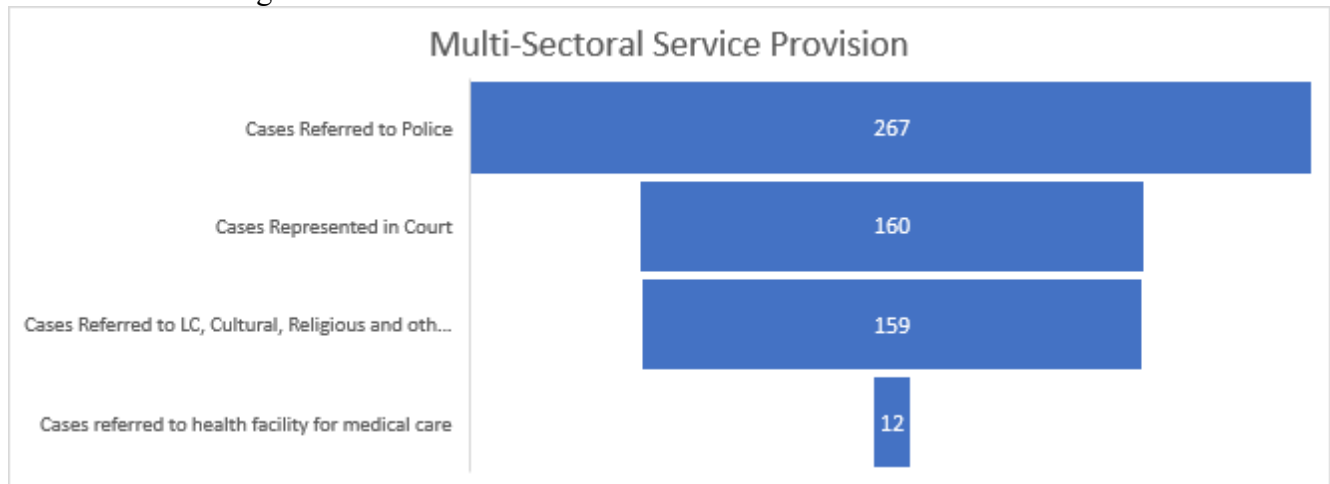


Figure 4: Cases handled across sectors: Source: Author's compilation of IP data

The MPTF support directly contributed to the above through the following

- It strengthened the capacity of the police to collect evidence to support GBV cases. Specifically, 45 police officers were facilitated to collect evidence and conduct arrests of perpetrators to facilitate justice for survivors.
- The GBV shelters supported by the programme have been the starting point for referrals and has strengthened referrals between different factors facilitated survivors to access a myriad of services/minimum package.
- Strengthened the capacity of services providers to provide PSS in a safe and professional manner. Specifically, 75 psychosocial support service providers were trained by UN Women, in partnership with Transcultural Psychosocial Organization (TPO)
- Supported 5 stakeholder coordination meetings that led to increased buy-in and renewed commitment by GBV actors towards GBV shelter interventions and survivors. This resulted in commitments by districts to allocate resources towards running the GBV shelter and strengthened the referral pathway through building synergy on the project outcomes and outputs. The stakeholders/coordination meetings also helped strengthen the referral pathway especially through building synergy on the project outcomes and outputs highlighting the role of each stakeholder in the fight against GBV. Through coordination meetings, the shelters have had cultural leaders like Ker Kwaro Acholi in Gulu participate in various concluded mediations. The Probation Officer and CDO actively took in conclusion of cases in all the shelters. Most importantly these meetings enabled stakeholders share lessons learnt, challenges and recommendations towards ending Gender-Based violence. The meetings were conducted in Gulu, Moroto and Tororo, which resulted in commitments by districts to allocate resources towards running the GBV shelter and strengthened the referral pathway.
- Cultural leaders have been engaged in conducting joint mediations at the community, some of which were successfully concluded.
- Supported the national symposium on the impact and sustainability of GBV Shelters in Uganda presented a platform during which development partners, CSOs and MDAs dialogued on the funding options for the GBV Shelters. The experience sharing by different actors broadened the thinking of stakeholders on navigating the non-traditional funding options including engaging with the private sector and philanthropic organizations as future avenues for mobilising resources for the GBV shelters.

Output 2.1.1 Women and girls enjoy greater freedom from violence and sexual exploitation in private and public spaces by disability, age, and gender

- More women and girls are empowered enough to report VAWG cases and seek support as appropriate. A follow up of programme beneficiaries was conducted to 649 (487 female,162 Male) survivors and 320 (241 Female,79 Male) of them (representing 49%) reported freedom from violence as evidenced by anecdotal information shared by the survivors during the follow up visits by staff and community actors.
- 1,721,536 women at community level are more knowledgeable of GBV, HIV/AIDS prevention, COVID-19, referral, and care seeking behaviour, resulting from daily spot messages on local radios, which reached 2,806,639 (1,721,536, females, 1,085,103 males) community members. An additional 54% of women and girls at community level (T=2,447; F-1,352, M- 1095) accessed legal advice and legal education on laws on EVAWG, succession, marriage, and children through the shelter and community mediations.
- Through the toll-free lines run by Mifumi, 171(64 male,107 female) accessed EVAWG services and received online psychosocial support and immediate referrals to the service providers for further support.
- **4 Community**-based initiatives for protecting women and girls from GBV and harmful practices have supported the delivery of project interventions. The project worked with existing structures at the community level. These include community activists, paralegal workers and women's networks who identified GBV cases at community level, reported to the local authorities at the Local Council level and the Community development Officer and linked the survivors to the GBV Shelter for first line of support as appropriate, and thereafter for other interventions including temporary sheltering and police. The structures therefore reinforce each other.
- In Unyama (Gulu) there were commitments made by male counterparts especially Boda Boda men to look out for the teenage girls vulnerable of teenage girls and advise both the girls and parents against it. In the circumstances where this would fail, they committed to the referral pathways. These champions have contributed to case identification and referral to the GBV Shelter. Most of the referrals are done by word of mouth or physically escorting the survivors to the GBV Shelter, but the shelter staff can tell by interviewing, where the client has been referred from and by whom.
- Community groups have been vital in supporting GBV Cases at grass root level but also referring GBV cases according to the referral pathway in the community. MIFUMI had 2 community support groups in Nagongera that supported in GBV response, case mediations, referrals, and community mediations. Each group has 8 women and 2 men.

Qualitative assessment

The programme benefitted from partnerships with The Ministry of Gender, Labor, and Social Development (MGLSD), the Uganda Police Force (UPF), the Judiciary, the respective District Local Governments (DLGs), Office of the Prime Minister (OPM), UNICEF, Uganda Human Rights Commission (UHRC), International Justice Mission, and Transcultural Psychosocial Organization (TPO).

MGLSD provided coordination and oversight support to implementing partners and district Local Governments in the operations of the Shelter. This ensured quality assurance and compliance with standard operating procedures. UPF supported investigation, documentation of cases, evidence collection, rescue of survivors, apprehension of perpetrators and presenting them to court. The Judiciary heard cases in an expeditious manner in line with the law. On top of assigning personnel to oversee the day to day running of

the GBV Shelters, the DLGs leveraged relief (food) support from OPM which complemented the basic needs at the GBV Shelter in Tororo and secured sanitary facilities from UNICEF for child survivors at the GBV shelter in Moroto. TPO, with support from the Women, Peace and Humanitarian Action to trained 75 psychosocial supports providers from 8 DLGs, 2 UN Agencies and 4 CSOs.

The insecurity in Karamoja subregion where the Moroto GBV shelter is located equally affected the operations of the shelter, especially the response arm at community level as actors expressed fear. Upon request, MPTF, through the UNRCO granted a three-months no cost extension to this project, with an end date of 31st August 2022. With the 3 months NCE, UN Women was able to work with the IP to repurpose funds accordingly. Three critical activities were included under the NCE: i) the national symposium on the sustainability and impact of GBV Shelters. The symposium led to a renewed commitment by Government and Development partners towards sustaining the operations of the GBV Sheltering interventions in Uganda; ii) the training of approximately 75 psychosocial support service providers from District Local Governments, CSOs and implementing partners. This is hoped to strengthen the quality of psychosocial support services provided to women and girl survivors of VAWG at different levels iii) the renovation of the GBV Shelter in Gulu in line with the principle of a safe environment for women and girls who seek support for VAWG. Furthermore, while there were some other programmatic delays due to unforeseen changes in the programme context, UN Women and the Ministry of Gender provided technical backstopping that ensured smooth implementation of the program.

ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWP**s - provide details of the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why.

	<u>Achieved</u> Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
<p>Outcome 1¹¹ Improved access for vulnerable women and girls to essential, safe, and adequate GBV services to end VAWG/GBV in Gulu, Moroto and Tororo Districts</p> <p>Indicator: 1.1a Number of women and girls receiving Psychosocial services¹ in target shelter facilities in Gulu, Moroto and Tororo</p> <p>Baseline: 8,232 Planned Target: +5,000</p>	723 women and girls	Delayed projects start up. Programme changes (re-programming) ¹²	<p>Implementing partner project reports</p> <p>Administrative records at the GBV shelter</p>
<p>Indicator: 1.1b # of reported SGBV cases receiving multi sectoral support including health, PSS, legal, safety and security</p> <p>Baseline: 8,232 Planned Target: +5,000</p>	854 (588 F,263 M)	Delayed projects start up and programme changes as reported under 1.1a	<p>Implementing partner project reports</p> <p>Administrative records at the GBV shelter</p>

¹¹ Note: Outcomes, outputs, indicators and targets should be **as outlines in the Project Document** so that you report on your **actual achievements against planned targets**. Add rows as required for Outcome 2, 3 etc.

¹² When ActionAid ended the partnership with Mifumi, there was reprogramming under the no cost extension to cover renovations at one of the shelters, training in psychosocial support and symposium on sustainability of GBV Shelters. Only Gulu GBV shelters remained fully operational.

<p>Output 1.1.1 10,000 women and girls are empowered to report cases of violence and access safety and psychosocial support at the selected</p> <p>Indicator 1.1.1.a Number of women and girls reporting cases of violence and access safety and psychosocial support at the selected shelters</p> <p>Baseline: 8,232</p> <p>Planned Target: +5,000</p>	723	Delayed project start up and programme changes as reported under 1.1a	<p>Implementing partner project reports</p> <p>Administrative records at the GBV shelter</p>
<p>Output 1.2.1 Increased utilization of multi-sectoral GBV services for 10,000 women and girls in Gulu, Moroto and Tororo</p> <p>Indicator 1.2.1a Number of beneficiaries² receiving essential and safe GBV, HIV and COVID 19 response services in targeted Shelters- Gulu, Moroto and Tororo (Disaggregated by sex, response service (legal services, counselling, mediation, first aid, accommodation etc....., age, and disability)</p> <p>Baseline: 8,232</p> <p>Planned Target: +5,000</p>	854 survivors (723 Female, 131 Males, 119 PWDs) registered at the 3 GBV	Delays in project start up due to constraints in the subcontracting process between the main IP and their subgrantee. Also, the no cost extension period was implemented only by 1 GBV shelter (Gulu) and the other 2 had closed with the ending pf partnership between AAIU and Mifumi ¹³ .	<p>Implementing partner project reports</p> <p>Administrative records at the GBV shelter</p>
<p>Outcome 2: Improved prevention of GBV, COVID 19 and HIV/AIDS through changes in attitudes, behaviors, and practices in the selected communities</p> <p>Indicator: 2.1a Number of persons reached through SGBV awareness and sensitization sessions, by disability, age, and gender</p>	2,809,086(F-1,728,888, M-1,080,198) ¹⁵ .	Community radio live stream radio talk shows and community level interfaces facilitated the wide	Implementing partner project reports (including radio average listenership)

¹³ The NCE period focused on light interventions at the Shelter and 2 national level activities (training in psychosocial support and national symposium on GBV impact and sustainability)

<p>Baseline: N/A¹⁴ Planned Target: 20,000</p> <p>Indicator: 2.1b Evidence of change in social norms, beliefs, and practices as result of women and girl’s involvement</p> <p>Baseline: 67% of men and women say it is okay for a husband to beat his wife when she does not take care of the children; 60% of men and women think it is okay for a husband to beat his wife when she fails to prepare a good meal for her husband e.g., burns the food</p> <p>Planned Target: 26.4% It is okay for a husband to beat his wife when she does not take care of the children; 16.4% of men and women think it is okay for a husband to beat his wife when she fails to prepare a good meal for her husband e.g., burns the food</p>	N/A	coverage of the messages N/A	Administrative records at the GBV shelter Survey not conducted by IP because implementation period was short ¹⁶ . However, a client satisfaction survey was conducted which established that 75% of clients were satisfied with the GBV Shelter services.
Output 2.1: Women and girls enjoy greater freedom from violence and sexual exploitation in private and public spaces by disability, age, and gender			

¹⁵ (2,806,639 (1,721,536, females, 1,085,103 males) reached through radios. An additional 2,447; F-1,352, M- 1095 were reached community mediations)

¹⁴ Baseline value was not established

¹⁶ The IP did not conduct a survey to ascertain change in norms, beliefs and practices as the actual implementation period has been short. However, a client satisfaction survey was conducted which established that 75% of clients were satisfied with the GBV Shelter services.

<p>Indicator 2.1.1.a Number of the community members aware (Knowledgeable and understand) of GBV, COVID 19 and HIV/AIDS prevention, referral and care seeking behavior in Gulu, Moroto and Tororo disaggregated by sex, age, and other vulnerabilities</p> <p>Baseline: 12,000 Planned Target: 20,000</p>	<p>2,809,086(F-1,728,888, 1,080,198)¹⁷.</p> <p>M-</p>	<p>Utilization of social media including radio talk shows and live stream on community radio</p>	<p>Implementing partner project reports (including radio average listenership)</p>
<p>Indicator 2.1.1.b Number of gender sensitive and age-appropriate IEC materials produced and disseminated to most at risk population</p> <p>Baseline: 2,000 Planned Target: 1000</p>	<p>0</p>	<p>The IP did not produce any IEC materials for dissemination to the most at-risk populations.</p>	
<p>Indicator 2.1.1.c Number of community initiatives to protect women and girls from SGBV and harmful traditional practices</p> <p>Baseline: 3 Planned Target: 10</p>	<p>3</p>	<p>3 community support groups, which include one male champions group, and 2 groups formed by women at the community level. In other locations, the IP mostly used existing community platforms such as the LC system, the community paralegals, and women's networks to provide community support</p>	<p>Implementing partner project reports</p>

¹⁷ (2,806,639 (1,721,536, females, 1,085,103 males) reached through radios. An additional 2,447; F-1,352, M- 1095 were reached community mediations)

ii) Evaluation, Best Practices and Lessons Learned

Evaluations

No other assessment was conducted except for the follow-up exercise reported under outcome 2. A description of the same here would be a duplication.

Challenges

Associated risks arising from insecurity in the Karamoja subregion further contributed to delays in project start up. While community level activities were affected, the ability of survivors to seek services at the GBV shelter was equally affected for fear of insecurity. This was later exacerbated by the food insecurity in the region. Upon request, MPTF, through the UNRCO granted a three-months no cost extension to this project, with an end date of 31st August 2022. With the 3 months NCE, UN Women was able to work with the IP to repurpose funds accordingly.

In some cases, the shelter experienced a challenge of slow rate of completion/ resolution of cases in court because of the slow judicial process which led to case backlog of GBV cases in court. The Shelter team continuously engaged judicial officers to reiterate the importance of speedy disposal of GBV cases. The programme also facilitated police officers during evidence collection and arrest of perpetrators, and this helped expedite justice processes.

There were difficulties in prosecuting some domestic violence cases because several reported cases had witnesses who were related to the suspects. This is because this violence occurred in a home or place where a woman is married. The programme put more effort on engagements with police officers on survivor-centered approaches during platforms that brings stakeholders together for experience sharing on GBV case management such as the quarterly case conferences.

Capacity and resource constraints by some government departments like the police as well as welfare and probation office that limited the quick responses during case management and therefore shifts the burden to the complainant.

Key Lessons and Best Practices

Psychosocial support (PSS) training is an essential component of EVAWG at different levels. From this project, it was observed that all service providers across the GBV pathway need to have some basic skills in PSS because most survivors require PSS before getting any other support. UN Women will continue to mobilise resources to build capacity of more frontline workers including community development officers, paralegal workers, and community activists in professional psychosocial support.

The integration of economic empowerment for women and girls at the GBV Shelters is critical. Most of the GBV cases are linked to economic circumstances. Addressing economic inequality would tackle the underlying cause. UN Women will explore such blended approaches through integration and leveraging on existing programs.

One key lesson learnt is the strategic role and influence that the District Local Governments play in sustaining the operations of the GBV shelters. In all three locations, the districts provided in kind support including foodstuff for the survivors and mobilized resources from other implementing partners and organizations to sustain basic needs that were not fully covered under the Shelter budget.

There is need for more robust interventions to deal with the surging numbers of teenage pregnancies, which are as result of defilement cases. This intervention is quickly required to safeguard against teenage mothers and uneducated generation owing child marriages that often is the fate of teenage mothers in the rural areas of Northern Uganda. An example of this can be in the form of skilling teenage mothers and opportunities for second chance education.

There is need for further capacity building of local structures and the informal referral pathways in GBV case management, since most of the cases that would ordinarily be handled at community level, end up requiring the physical involvement of a shelter staff. This often leads to case backlog of civil disputes that could be easily solved at a community level if the community structures' capacity was further enhanced.

iv) A Specific Story (Optional)

Please refer to the story below. While it contains all the key elements required, it could not be re-structured for fit without distorting its flow.

A narrow escape from child marriage: The story of Babra Adong



Figure 5: Adong doing her laundry at home: Credit: Action Aid

Adong Babra is a 17years old survivor who was staying with her maternal grandmother since childhood. Her father passed on and her mother remarried another man. Adong's uncle paid her school fees up to primary seven P.7. However, she stopped studying during the first lock down. She wanted to continue with education to secondary level, but her uncle was not in position to pay her tuition because of the high fee's charges. At this point, her mother promised to support her for a vocational training.

Adong decided to get some casual work to do while waiting to be enrolled to a vocation school. In the search for work, Babra met a lady called Grace from Awach sub –county who told her about a job of being a housekeeper with a pay of 100,000/= per month. This looked so attractive, and she accepted to travel to Kenya for that work. Since Grace had the offer for two people, Babra convinced her cousin who also allowed to travel with her.

On the 11/05/2022, Babra together with her cousin started the journey from Awach sub-county. Grace gave 60,000/=each to Babra and her cousin for transport cost and 8,000/= each for feeding on the way as they boarded the bus heading to Kampala. They travelled and reached Kampala at round mid-night where they met a gentleman who had been instructed to wait and help them board a taxi heading to Busia, which they did with his support. From Busia, another gentleman waited for them and cleared their entry at the border of Uganda to Kenya, and further helped them board the third vehicle to Kisii town in Kenya where they were welcomed by the family member (Christine) their employer.

Upon reaching the home, which is in Kisii town, work started immediately without any orientation. She was left at home to do all the house chores, look after a 6months old baby, and cook food but wait to eat till 10:30pm when all the family members were back from work. This continued for three days and on the fourth day, she asked Christine (mother of the baby) to at least consider her to be eating during the day, but Christine said, “That’s the eating routine of the family, and therefore when you are in Rome, you must behave like Romans”. After her statement, “I got disappointed and kept imagining that the worse is yet to come”, said Babra.

Adong continued working into the second week despite difficulties, she started developing general body weakness, but no medical treatment was provided even when she kept requesting to be taken to the hospital. On a Wednesday evening in the third week of her stay in Kenya, a man came to visit at home and demanded to leave with her, he said that the madam of the house (Christine) had already planned with him that Babra was coming from Uganda to be his wife. “I was demoralized completely on hearing the man’s statement about the agreement made without my consent and I came to a conclusion to leave Kenya as soon as possible”, Babra said.

When she refused to go with the man, he called Christine on phone and she came rushing home, she then ordered her to either go with the man or leave her house immediately. Following Christine’s orders, without any other choice, Babra decided to leave for Uganda on foot. She walked from Kisii town in Kenya taking her 7 days to reach Busia in Uganda. Babra walked with swollen feet, spent the nights in bushes and trading centers while begging for anything to eat throughout the journey. When she reached the border, she was stopped at the check point and when asked for her documents for clearance, there was none she could present. The officers at the boarder decided to hand her over to police who detained her at the station while her case was being investigated, after 5 days, she was transported to Gulu police station for further management.

Gulu central police station referred her to Gulu Shelter for psychosocial support and temporary accommodation as they continued their pursuit for her justice. At the shelter, she received counselling to overcome the traumatic experiences. She then got reintegrated and resettled with her family. Babra was linked to Koro Sport Outreach Ministry to be enrolled in their vocational training program where she will be doing bakery and tailoring. Further still, the perpetrator (Grace) who facilitated their movement from Awach Sub-County was charged with human trafficking and remanded to prison.

Annex 1

The Role and Impact of GBV Shelters in Uganda –
<https://www.youtube.com/embed/WXVUulzp5gg?feature=oembed>