Final Evaluation for the Project: "Psychosocial and Medical Assistance to Urban Refugee Survivors and those at Risk of Sexual and Gender Based Violence (SGBV) in Kampala, Uganda"

A REVIEW OF OVERALL ACHIEVEMENTS: OCTOBER 2018-FEBRUARY 2020

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Acronyms

ACTV	African Centre for Torture Victims
ARMP	Africa Regional Migration Programme
AVRR	Assisted Voluntary Return and Reintegration
BIA	Best Interest Assessment
BPRM	Bureau of Population, Refugees, and Migration
CRRF	Comprehensive Refugee Response Framework
DAC	Development Assistance Committee of the Economic Cooperation and Development
FGD	Focus group Discussion
GoU	Government of Uganda
HIAS	Hebrew Immigrant Aid Society
MiGoF	Migration Governance Framework
MSC	Most Significant Change
OECD	The Organization for Economic Co-operation and Development
OPM	Office of the Prime Minister
PDAEP	Pan African Development
PEP	Post Exposure Prophylaxis
PFA	Psychological First Aid
PSS	Psychosocial Support
RBA	Rights –based approach
SGBV	Sexual and Gender Based Violence
TiP	Trafficking in Persons
U-FE	Utilization Focussed Evaluation
TOC	Theory of Change
POC	Persons of Concern

LGBTI	Lesbian, gay, bisexual, transgender and intersex

Project Summary

Project Title	**Psychosocial and Medical Assistance to Urban Refugee Survivors and those at Risk of Sexual and Gender Based Violence (SGBV) in Kampala, Uganda**
Project identification:	IOM Project Code: MA.0436
Executing Organization:	International Organization for Migration (IOM)
Project Management Site and Relevant Regional Office	IOM Kampala, CO, UGANDA IOM Regional Office, Nairobi, Kenya.
Evaluation Commissioned by:	IOM Uganda; AMRP
Project Period and Overall Duration:	1 October 2018-31 March 2020
Geographical Coverage:	Five Divisions of Kampala City
Project Beneficiaries:	Women, Children, Persons with Disabilities, Older Persons at Risk, Youth, survivors of Gender based violence
Project Partner(s):	Office of the Prime Minister –Community services, UN SGBV partners, UNHCR, InterAID, Office of the Prime Minister (OPM), ARC, African Centre for Torture Victims (ACTV), Refugee Law Project, Pan African Development (PDAEP); Nakasero Hospital
Total Funding:	USD 235,000
Evaluation Date (Month, year)	January 2020
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EXECUTIVE SUMMARY

Psychosocial and Medical Assistance to Urban Refugee Survivors and those at Risk of Sexual and Gender Based Violence (SGBV) in Kampala, Uganda"

PROJECT OBJECTIVE:

"Contribute to the successful integration of refugees in Uganda through improved physical, mental and emotional well-being of refugee SGBV survivors."

DONOR: U.S Department of State, Bureau of Population, Refugees, and Migration

($235,000)

Project Location: Five Divisions of Kampala City

Target:

- **1000 refugees sensitized on SGBV**
- **150 refugee women and girls survivors of SGBV receive individual counseling**
- **100 refugee women and girls survivors of SGBV receive first-line medical assistance**

Key Project Interventions:

- Individual counseling
- Medical Assistance
- Community sensitization on SGBV
- Psychological First Aid trainings
- Best Interest Assessments
- Referral for Livelihood, medical, Protection Assistance

78% of surveyed survivors are optimistic about rebuilding life after GBV incident as measured by those who reported being able to go back to normal life with no problem, or with some minor problems [Target, 80%]

OUTCOME 1:

Kampala's urban refugee survivors of SGBV or those at heightened risk thereof have reduced stress symptoms and are assisted in healthy recovery

68 % of surveyed SGBV survivors assisted reported to have reduced stress symptoms by the end of their counselling sessions [Target 80%]

Output 1: Kampala's urban refugee survivors of SGBV or at heightened risk thereof have access to medical and psychosocial support

Indicator	Target	Achieved
# of refugees who receive individual counselling (disaggregate by gender, age)	**150**[1] Women:120 Girl: 30	**160** Male: 37 (23%) Female 123
# of refugees who attended support groups (disaggregate by gender)	***[2] 75	**208** Male: 40 Female: 168
# of refugees who receive first-line medical assistance	100 Women: 80 Girls : 20	147 Male: 11 Female: 136
# of refugees who benefit from psychological first aid (training)	**500** Male: 250 Female: 250	600[3] Male: 186 (74%) Female: 414 (160%)
# of Best Interest Assessments for refugee children survivors of SGBV or at risk	**100** Boys: 50 Girls: 50	**140** Boys: 53 (100%) Girls: 87 (174 %)

Output 2: Refugee Community members and leaders have increased awareness c SGBV concerns in the community

995 refugees (Male: 368 Female: 627) benefit from awareness raising and sensitization campaigns [target, 1000]

[1] Data was not disaggregated by girls. The age range for girls was not defined in the project
[2] No specified targets in initial proposal but included in subsequent project reports
[3] Number trained on providing psychological first AID (PFA).....the target was initially # beneficiaries that received PFA

LESSONS LEARNT & RECOMMENDATIONS

IOM

Project Design

- Contextualization of MHPSS: Re-define psychosocial support model, to transition from HIAS model to an IOM institutional model. IOM absorbed staff and mode of delivery from HIAS but there was no contextualization of tools to IOM institutional practice and guidelines. There is need for technical support from the relevant MHPSS unit.
- Design of the next phase of the project could consider a holistic approach that includes comprehensive health, livelihood and protection supports. This would ensure a two-pronged approach to MHPSS for prevention by addressing route causes; and response activities for survivors of SGBV when it occurs".
- Tailor support package to address particular needs of men, women, adolescent girls and couples who are survivors of sexual violence. Couple counseling should be considered to ensure effective healing.
- The cost-effectiveness of specialized medical services could be further analyzed to compare the cost of improving existing services at designated public hospitals and private health facilities.

Coherence and Partnerships

- There should be a strong internal synergy with other IOM programmes such as community stabilization, health, AVRR among others.
- Regarding SGBV services, there is need to increase awareness and collaboration with government facilities and other providers of HIV Post Exposure Prophylaxis (PEP) to SGBV survivors to ensure that survivors of rape receive services within the required 72 hours to minimize risk of pregnancy, HIV infection and other sexually transmitted diseases. Delays in seeking PEP services contributing to HIV infections and unwanted pregnancies among SGBV survivors.
- Increase participation in government led processes, particularly with ministry of gender and OPM to better understand government policy and guidelines and more available referral options for refugee survivors of SGBV, particularly children. This will also increase IOM's visibility as a provider of SGBV services among government officials.
- Develop/ collaborate with programmes that promote social cohesion and integration of refugees in host communities to reduce hostility and harness community support for the prevention of SGBV in refugee communities in Uganda.
- IOM to explore partnerships with Partners providing legal services such as the Uganda Association of Women Lawyers (FIDA-Uganda), Uganda Women Net Work (UWONET), and Uganda Law Society Legal Aid Project.

Advocacy

- IOM Uganda to leverage for continuation of the project as the need and demand for Psychosocial support and medical assistance is still high within the urban refugee communities.
- Advocate with relevant government agencies for increased protection of refugees in urban settings, particularly in follow up and prosecution of perpetrators of sexual violence.
- Support GoU to provide migrant sensitive services including training of government officials and provision of translation services. Ensure strong collaboration with relevant government departments in identification of needs and design of interventions in the follow up phase.

Project Oversight and Accountability

- RMU to advice on alternative modalities to expedite staff recruitment and retention as soon as project funding is confirmed/likely.
- Improve mechanisms to flag implementation delays early enough e.g. through regular update the PRIMA results and activity monitoring components as well as other monitoring tools
- Increase oversight by Chief of Mission

Knowledge Management and M&E

- There was noted lack of documentation and handover of project information when project management staff left. COM to strengthen KM systems including utilization of PRIMA that was designed to be a repository for all project related documents and key decisions, including evaluations.
- Include M&E function in future programmes to track performance, and address bottlenecks in a timely manner. Consider formative evaluation.
- Increased oversight by COM office to ensure proper handover.

PRM

- Consider continuation of funding to address the noted gaps in needs of beneficiaries.

GoU

- Sensitize staff including police and health workers on services that are sensitive to refugees and other migrants.
- Develop policies and interventions that promote social cohesion and integration of refugees and host communities to minimize tension, conflict and mistrust.

INTRODUCTION AND BACKGROUND

This is the final evaluation of the project: "Psychosocial and Medical Assistance to Urban Refugee Survivors and those at Risk of Sexual and Gender Based Violence (SGBV) in Kampala, Uganda," that was implemented from 01 October 2018 and is due to end on 31 March 2020. The evaluation shares evidence of success, lessons learned, challenges experienced during project implementation and provides recommendations for future programming. The project, funded by Bureau of Population, Refugees and Migration (BPRM) in the amount of US Dollars, 235.

The evaluation was commissioned by IOM Uganda to assess the extent to which the project has achieved intended results and document lessons learned, to inform design of a possible follow up phase. The findings will assist IOM, the government of Burundi and the humanitarian community to better implement similar interventions in the future.

This evaluation report is presented in four sections as follows: (1) Executive Summary; (2) Introduction and Background; (3) Evaluation Findings; and (4) Conclusions and Recommendations.

Project background

With over 100,000 refugees registered in Kampala and thousands others who remain unregistered, the need of these communities far outpace services available in highly populated urban areas such as Kampala, particularly so since the closure of Hebrew Immigrant Aid Society (HIAS) in January 2018; one of the primary organizations that provided protection assistance to vulnerable urban refugees and psychosocial and medical support to survivors of SGBV in Kampala before this project.

Through BPRM funding support, IOM Uganda has been facilitating continuity of health services including counseling and psychosocial support previously offered by Hebrew Immigrant Aid Society (HIAS) to urban refugee survivors of SGBV.

The main objective of the project as initially stated was contribute **to the successful integration of refugees in Uganda or third countries through improved mental and emotional well-being of refugee SGBV survivors**. However, the project's scope was revised and the focus is not on refugees that are to be resettled in third countries, unless indirectly, should assisted beneficiaries be selected for resettlement by other programmes. The project objective was expected to be achieved through one main outcome: ***Kampala's urban*** refugee ***survivors of SGBV or those at heightened risk thereof have reduced stress symptoms and are assisted in healthy recovery (achieve healthy recovery.)***

Main interventions

The project targets urban refugees who are survivors of SGBV and torture or those at heightened risk like women, men and children between ages of 3-60+ years. The main interventions include psychosocial counselling through individual counseling and psychosocial support groups, medical assistance due to health complications related to SGBV and torture inflicted, and Best Interest Assessment (BIA) of children to identify their needs, and referral for appropriate assistance.

Focused psychosocial support: An expert team of counselling psychologists provide direct psychosocial support to help refugees build resilience and coping skills. Beneficiaries are offered 8-12 sessions of

individual counseling. The sessions are designed to progressively build and strengthen the refugees' ability to cope following the model where a professional relationship between the patient and the counsellor is developed, allowing them to interact freely. Counselling helps clients understand and clarify their views on their life experiences and reach their self-determined goals by making informed choices.

Medical assistance: IOM has established a contract with Nakasero Hospital, a private health facility, which among others, provides specialized treatment and management of health complications arising from incidences sexual violence affecting both male and female survivors. IOM counselors identify beneficiaries with medical complains and refer to Nakasero hospital. The doctors at Nakasero then assess and provide relevant recommendation for first-line medical support of severe cases in line with WHO's clinical and policy guidelines on the health sector response to sexual violence. To ensure effective medical referrals for specialized medical treatment, IOM also engages with a variety of stakeholders in the health sector to include government entities, non-governmental organizations, and private organizations to identify focal persons in organizations for efficient referrals for non- SGBV related medical conditions.

Awareness raising and sensitization: IOM engages with different community members through community dialogues with women's groups and men in the communities on gender, GBV, reproductive health, HIV/AIDS to understand prevailing norms, and strengthen community engagement in preventing GBV. It does this to sensitize community members against the 'labels' that are attached to survivors and sharing information with the selected community leaders on SGBV and mental health.

Further, IOM conducts public awareness campaigns within and around the targeted refugee communities on GBV prevention, response procedures and referral pathways for survivors. IOM has identified and trained community and faith based leaders who act as liaison between IOM and the community by strengthening the identification and referral of survivors.

Psychological First Aid: Psychological First Aid (PFA) is an evidence-informed approach that is built on the concept of human resilience. PFA aims to reduce stress symptoms and assist in healthy recovery following a disruptive event, natural disaster, public health emergency, or even a personal crisis. Through the establishment of support groups, different topics are discussed, such as: self-care, SGBV and Psychological First Aid, alternative means of coping and transition for self-help groups.

Best Interest Assessments: The project counsellors using carry out interviews with refugee children and caregivers in accordance with UNHCR guidelines. They conduct Best Interest Assessments to establish the well-being of a child in a household and the specific assistance that he/she may require to ensure the protection of the rights of children.

Referral Pathways: IOM collaborates with stakeholders to refer survivors of SGBV for assistance. It makes regular referrals to different health centers, police stations, vocational institutions and national and international NGOs benefitting from the network of SGBV service providers mentioned elsewhere in this report. Most referrals are related to medical complication arising from torture (ACTV); non-SGBV health conditions (public hospitals and other NGOs), Livelihood (PADAEP), Refugee Law Project (protection) among others.

Project Theory

A project or programme theory, sometimes referred to as a project logic, logic model or "**theory of change (TOC)"** explains how an intervention or project is understood to contribute to a chain of results that lead to intended or actual impacts. The programme theory is a useful way of bringing together existing

evidence about a programme/project, and clarifying where there is agreement and disagreement about how the programme is understood to work, and where there are gaps in the evidence.[4]

To elucidate the pathway through which the activities were to eventually lead to the intended objective, the evaluator sought to trace the causal pathway from the project interventions by backward tracing of results from the project objective to activities through the review of project documents and interviews with project staff and partners. As originally designed and subsequently implemented, the objective of this project is to:

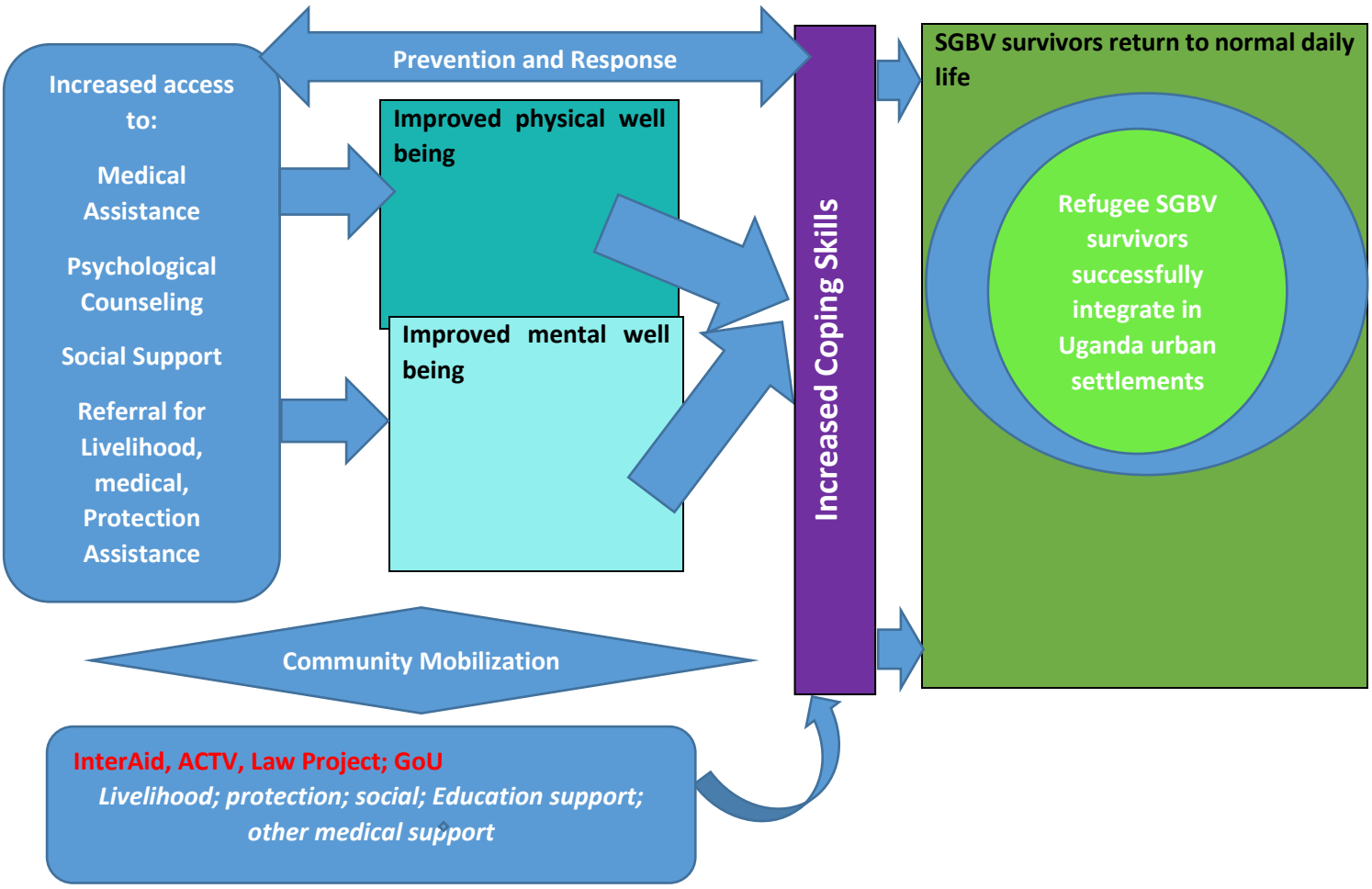
"Contribute to the successful integration of refugees in Uganda through improved physical, mental and emotional well-being of refugee SGBV survivors."

The theory of change that underpinned the project was based on the assumption that if refugee survivors of SGBV are assisted to heal from physical and emotional trauma; then they will be physically and mentally stable and therefore able to integrate in the communities of asylum. **They will be able to return to normal way of life and therefore better integrate in the community because they will have been empowered with coping skills to interact better with others; become self-reliant, and be able to meet their own livelihood needs.** Evidence shows that women who experience sexual violence globally are twice as likely to develop depression among other health conditions.[5] Depression and physical injuries are likely to reduce victim's ability to live normal life and carry out daily duties including engaging in livelihood activities to meet their own and family needs. Further, patients with such symptoms have inability to interact with others. The project worked towards achieving the project objective through a number of interrelated activities that aimed to increase the refugee survivors of SGBV and torture coping skills. Figure 1 presents the TOC in a diagram form.

It is also assumed that other partners and existing government services will complement IOM activities to reach the project objective **Figure 1: TOC**

[4] Better Evaluation. Retrieved from https://www.betterevaluation.org/en/plan/define/develop_logic_model

[5] World Health Organization, the London School of Hygiene & Tropical Medicine, and the South African Medical Research Council: Prevalence and health effects of intimate partner violence and non-partner sexual violence [Accessed 23 April 2018] Available : <http://www.who.int/reproductivehealth/publications/violence/en/index.html>


Increased access to:
Medical Assistance
Psychological Counseling
Social Support
Referral for Livelihood, medical, Protection Assistance
Prevention and Response
Improved physical well being
Improved mental well being
Increased Coping Skills
SGBV survivors return to normal daily life
Refugee SGBV survivors successfully integrate in Uganda urban settlements
Community Mobilization
InterAid, ACTV, Law Project; GoU
Livelihood; protection; social; Education support; other medical support

EVALUATION PURPOSE, SCOPE AND METHODS

2.1. Evaluation Purpose

The purpose of this evaluation is to assess overall project performance during implementation period, and document lessons learned in realizing the results. The evaluation assessed whether results were achieved and how effective and sustainable they are towards realizing outcomes and the overall impacts.

The evaluation analyzed overall project implementation and performance under the different activities, progress towards impact and sustainability, and proposes actions for future implementation of similar projects.

Details of intended users and uses of the evaluation are summarized below:

Table 1: Evaluation Intended Uses and Users (Audience)

INTENDED USERS (AUDIENCE)	INTENDED USES
Project management and senior management of IOM in Uganda.	- To provide accountability to beneficiaries, the donor and non-Government partners, such as the SGBV working group who support wellbeing of urban refugees. - Identifying lessons for organizational learning and knowledge-sharing. The results from the evaluation of this pilot project in IOM will be used for programming and management of similar future projects. - Justification of impact of the project. - Advocacy and resource mobilization by IOM and other stakeholders supporting the mental wellbeing and psychosocial support of vulnerable groups in society (including refugees). - To identify specific follow-up actions/initiatives and project development ideas
IOM Regional Office for East and Horn of Africa (EHOA),	- To document lessons learned and best practices towards meeting the regional strategy objectives
Government of Uganda	- To identify gaps to improve government policy and programming in urban settlements
Bureau of Population, Refugees and Migration (BPRM)	- To assess value for money for a set of activities funded; and - To use the findings and conclusions in consideration of future project funding approval.

2.2. Evaluation Scope

The evaluation covered the whole project period from October 2018 to January 2020 of the project "Psychosocial and Medical Assistance to Urban Refugee Survivors and those at Risk of Sexual and Gender Based Violence (SGBV) in Kampala, Uganda". All project activities were included within the scope of the project. The main areas of focus were on impact of counselling services, referrals, medical assistance and community mobilization interventions on successful recovery and coping mechanisms acquired.

2.3. Evaluation Criteria:

The evaluation will be based on the OECD-DAC evaluation criteria. The evaluation will seek to answer the following key evaluation questions:

The above will be assessed through the following questions:

Evaluation Questions

Relevance:

- How relevant is the project to the target urban refugee communities?
- How relevant is the project to other key stakeholders?
- To what extent is the project aligned with the policies and strategies of the donor and partner country?
- Was the project design based on a need's assessment and a context analysis?
- Was the design the most appropriate to meet the needs identified among the urban refugee communities?
- Were there changes in project context, how well did the project respond to changes in project context?

Efficiency:

- Were the resources and inputs converted to outputs in a timely and cost-effective manner?
- Was there collaboration and coordination within IOM activities for synergy and comprehensive programming and reporting?
- Being a pilot project in IOM, was the project management, coordination and monitoring efficient and appropriate?

Effectiveness:

- Were the planned objectives and outcomes in the project document achieved?
- What were the results achieved beyond the results matrix?
- What lessons have been learnt so far which can be applied in the similar interventions in other IOM programs, what were the challenges and solutions/actions taken?
- To what extend have partnerships been sought and established and synergies created in the delivery of assistance to SGBV survivors?

Impact:

- What positive or negative impact, either direct or indirect effects have happened?
- What difference has the project made to the urban refugee communities

Sustainability:

- To what extent will the urban refugees' communities be able to retain the positive results of the project?
- Is stakeholders' engagement likely to continue, replicated or institutionalized after external funding ceases?

Coherence and Coordination

- ✓ To what extent is the intervention compatible with or supported by national, local health sector, other actors and related sector interventions and policies?
- ✓ To what extent is the intervention linked with other IOM interventions?
- ✓ How is it consistent with relevant international norms and standards
- ✓ To what extent was coordination with other actors achieved to minimize duplication?

The evaluation mainly assed gender, as a cross-cutting issue. In terms of gender, the alignment with IOM's policy and guidance was analysed, along with the incorporation of gender analysis into project design (indicators, outputs, outcome levels) and implementation phases (methodology, methods, data collection tools).

2.5. Evaluation methodology

1. **Methodology:**

The evaluation employed an across-sectional survey approach using both quantitative and qualitative methods. The evaluation applied Utilization Focused Evaluation (UFE) and Most Significant Change (MSC) principles. The evaluation questions and methodology were prioritized jointly with IOM as the main primary user of the evaluation. Aspects of the 17 –step UFE checklist[6] were undertaken by the evaluator to facilitate use of evaluation findings.

1.1. Qualitative methods

Four methods, were used to obtain information:

a) ***Document Review***: Documents related to the programme were analysed. This included: The project proposal and donor agreement; budget; available donor reports (narrative and financial); monitoring tools (matrices, work plans, beneficiary records, clinical/counselling service statistics, activity reports etc.); and secondary literature on similar projects; government, donor, and

[6] https://www.betterevaluation.org/resource/guide/UFE_checklist

partner strategies linked to the programme; external reports, research, evaluations from the country or region that are linked to the programme. The validity of information obtained from document review has been triangulated with information obtained from key informant interviews and the Focus group discussions (FGDs) as well as observations of beneficiary behaviour.

b) ***Interviews with Key Informants***[7]: key informants from relevant government officials (OPM); Humanitarian GBV Working Group Sector, and UNHCR. IOM Uganda senior management, and project staff including doctors, nurses, counselling psychologists, child protection case workers were interviewed. Five sets of semi-structured interview guides were used for four categories of key informants – (a) IOM chief of mission and Project manager, (b) project staff, (c) GoU officials; and project partners including service providers and (d) community leaders/champions.

c) Focus group discussions with project beneficiaries who have benefitted from the programme: to assess perceptions on the satisfaction with services; improvement in health; and progress to recovery and integration in community.

d) Observation of the set-up of services and beneficiary behaviour was done.

In-depth interviews and FGD Interviews included questions to shed light on progress that has been made in terms of support to survivors towards recovery, extent of integration with host communities based on improved perceptions towards SGBV survivors, community support to survivors and general knowledge on prevention; and relevance of interventions to beneficiaries; extent to which interventions are linked to government development plans; gaps and implementation challenges.

1.2. Quantitative methods

A desk review of records for services provided such as Medical assistance, Focused psychosocial support, Psychological First Aid, Best Interest Assessments, and referrals, was done to compute statistics of numbers reached by type of service, gender, nationality and age.

To complement data from service statistics, a rapid household survey targeting beneficiaries will also be conducted to gauge satisfaction with services, assess recovery and integration in the community.

1.3. **Sampling**

The selection of respondents for key informant interviews and focus group discussions was purposive, depending on the respondents' availability, but also their role in project implementation.

Household survey participants were selected from the list of 395 project beneficiaries who received individual counselling, attended support groups and received medical assistance. A total of **78**[8]

[7] See Annex for list of persons interviewed

[8] Assuming 95% confidence, and a margin of error of 10 (confidence interval)

beneficiaries, were selected through systematic random sampling. The sample size for each beneficiary group was stratified by gender.

Data analysis

a) Qualitative

Qualitative data coding was undertaken by the evaluator. Once data collection was completed, the information was classified according to thematic rubric aligned to the evaluation purpose and criteria. Using N-Vivo, the evaluator first coded data by assigning relevant text segments of sentences/phrases or key words to associated codes. Once the initial coding was completed, a second coding iteration was done to construct a coding scheme of the main themes from the first level screening of emergent themes.

b) Quantitative

Once the data was cleaned, analysis was done on outcomes of interest. Data analysis was mainly descriptive, but also provided comparative analysis of outcomes of interest mainly by gender.

Limitations

This section describes some of the limitations of the evaluation in terms of timing and data collection that affects the validity of conclusions about the project impacts.

Table 3: Limitation

	Limitations	How these limitations will be addressed
1.	The main limitation of the evaluation was the short timeline for data collection.	The evaluator maximized on qualitative data from few FGDs representing main categories of beneficiaries (men, women, and teenage girls), and case workers who represent all refugee communities and triangulated with quantitative information to arrive at reasonable conclusions on project impact.
2.	The nature of the project which provided medical assistance and psychosocial support means majority of beneficiaries have experienced trauma. It is possible that some may not have achieved full recovery, and not willing to respond or participate in interviews. There is a likelihood of only those who have fully recovered agreeing to participate.	The evaluator ensured that selection of respondents from beneficiary population is representative, informed consent was secured, and questions were asked using a trauma-informed approach.
3.	Language is likely to be a barrier.	Translators will be enlisted to assist the evaluator especially for interviews with beneficiaries.
4.	High expectations that interview would lead to resettlement	The purpose of the interviews was well clarified and data analysis factored in the influence of this expectation on responses provided

EVALUATION FINDINGS

This section describes the evaluation findings based on the OECD-DAC evaluation criteria of: relevance, effectiveness, efficiency, sustainability, coherence and impact. It also looks at mainstreaming of gender as a key cross-cutting issue.

Relevance

To what extent is the project design in line with and beneficiary identified needs and priorities?

Finding 1: The evaluation found good evidence of selected intervention's alignment with project beneficiary needs. The evaluation determined this by assessing: the project's relevance to urban refugee survivors of SGBV, and those at risk of SGBV needs; information on needs assessment prior to project implementation; and gender mainstreaming at project design.

The evaluation established that the project was designed to carry on a provision of Mental Health and Psychosocial services previously implemented by HIAS, which closed offices in January 2018. Although HIAS provided a multi-layered project encompassing a wider scope with both livelihood support and psychosocial support (individual, couple, family and group counselling, support groups); the current project focusses on individual counselling for refugees survivors of SGBV and torture; Best Interest Assessments for Children; Medical assistance for survivors of sexual violence; and psychological first aid training for refugees and community dialogues.

The selection of activities was mainly driven by the need for IOM to pilot psychosocial support (PSS) services for survivors of SGBV with an aim to strengthen its expertize, and be able to expand the then rudimentary counselling services to other IOM areas such as the Assisted Voluntary Return and Reintegration (AVRR) programmes, Trafficking in Persons (TiP) and community stabilization among others. As reported by a key informant: "*This has been a pilot to take lessons in order to develop a PSS project portfolio.*[9]"

Interviewed beneficiaries reported to have experienced physical assault, rape, emotional violation witnessing sexual violence against their spouses, children and family members, torture or even death of a family member. Even though there was no clear evidence of a needs assessment prior to the design and implementation of the project, the evaluation noted that the project was designed to adequately address health complications related to SGBV, and related emotional trauma based on interviews with beneficiaries, counsellors, medical staff and a review of records.

To what extent is the project design in line with national, regional and global frameworks and priorities?

Finding 2: There is excellent evidence of the project's alignment with government, IOM and other relevant global priorities

The project and its results are still in line with the government of Uganda's refugee integration policy. Uganda policy allows equal access to health and other services by refugees as host communities. The government health facilities offer medical care that includes post-rape care for survivors of sexual

[9] *Key Informant, IOM Uganda Senior Management*

violence. The Uganda healthcare system is already overwhelmed and available services are inadequate to cater for needs of patients –both nationals and refugees. Patients are sometimes asked to buy prescription drugs or pay for investigations. For instance Survivors of SGBV are expected to pay for specialized treatment of complications resulting from sexual violence. In addition, survivors of SGBV and victims of torture are seldom offered focussed counselling services to promote healing at these facilities. This project therefore assisted in filling a gap to access to services by refugees.

The project is in line with the Agenda 2030 objective of inclusion for all. Further, it responds to SDG 5 to "Achieve gender equality and empower all women and girls," particularly SDG target 5.2 to 'Eliminate all forms of violence against women and girls,' SDG Target 5.3 to 'Eliminate all harmful practices, such as child, early and forced marriage, and female genital mutilation,' SDG Target 16.1, to ' Significantly reduce all forms of violence and related death rates everywhere,' and SDG Target 16.2 to ' End abuse, exploitation, trafficking and all forms of violence against children.'

The project contributed to IOM's global Migration Governance Framework's (MiGoF) principle one on adherence to international standards and the fulfilment of migrants' rights, as well as the first objective to advance the socioeconomic wellbeing of migrants and society.

In addition, this project is aligned to IOM Uganda's vision to diversify the resettlement portfolio, by particularly piloting psychosocial support (PSS) to survivors of SGBV with an aim to strengthen its expertize and expand services to other IOM areas such as the Assisted Voluntary Return and Reintegration (AVRR) programmes, Trafficking in Persons (TiP) and community stabilization among others based on lessons learned. It responds to GoU Comprehensive Refugee Response Framework (CRRF) commitments; and UNHCR Uganda SGBV mainstreaming strategy 2016-2020 which is currently being updated.

The evaluation noted substantial involvement of government and key stakeholders at project inception. This includes the SGBV working group and key officials from the Office of the Prime Minister (OPM), who were briefed on the project objective and activities at inception. The evaluation could not however establish to what extent the project was aligned to the Ministry of gender policies and strategies. The relevant ministry officials could not be reached for more information. There was some interaction with Office of The Prime Minister (OPM) in design and implementation of the project. It is not clear whether or not the key stakeholders provided any input into the project design as the relevant official from OPM who was involved was not available for interview.

As designed, to what extent were interventions adequate to achieve the project objective?

Finding 3: The evaluation found adequate evidence on sufficiency of selected interventions to address needs of Refugee survivors of SGBV.

The project provided medical assistance, psychological counseling, trained community leaders as first line responders to provide psychological first aid and refer survivors to appropriate services; as well as engagement of community members at large for prevention. If these response and prevention interventions are fully provided to survivors, they are likely to lead to the project outcome and contribute to the project objective. Referrals to and partnership with other service providers for economic and livelihood support, legal aid and protection, life skills empowerment, and treatment for non-SGBV related health conditions were included in the design to address components not provided by the project, but

key to successful integration. The evaluation established that IOM was the only organization providing holistic case management of SGBV survivors from beginning to the end. Through sub-contracting Nakasero Hospital, the project has managed all identified SGBV cases with medical complications. These are commonly gynecological, psychiatric, psychological, orthopedic complications, and those cases requiring physiotherapy.

However, the evaluation noted the overwhelming needs for protection, especially for adolescent girls, perceived security threats for refugees particularly from Burundi and Rwanda, and lack of sustainable livelihoods. As originally designed, the project does not address non-SGBV related medical conditions, injuries related to torture, livelihood support, legal aid among others. It included a referral mechanism with government health facilities, the police, other partners such as InterAid Uganda, African Centre for Treatment and Rehabilitation of Torture Victims (ACTV), the police and Refugee Law Project to address such needs. Most of the referrals however have been incomplete and needs, particularly for protection and livelihood have been unattended to. The high number of cases have overwhelmed the capacity of partners. **An integrated package including livelihood and protection would have addressed this gap**

We refer to African Centre for Torture Victims (ACTV) for specialized care. Some have bullets still logged, limiting their mobility, they cannot look for income. We do not have medical support for other ailments such as cancer, high blood pressure, diabetes, those who require physiotherapy, we refer to InterAID and national hospitals[10].

Focus on refugee women and girls as survivors of SGBV at project design, has not adequately addressed needs of male survivors of SGBV and torture. In the project design, men were left out in counseling and medical assistance targets. For instance, although the project provides counseling to men survivors of torture, the absence of medical assistance including assistive gadgets and surgery for related complications and disability has made the support ineffective to a considerable extent. Further, male survivors of rape are stigmatized by health workers and thought as being Lesbian, gay, bisexual, transgender and intersex (LGBTI) persons. One Key informant noted that LGBTI persons on the other hand are also sexually abused, but have hardly been considered in SGBV programming.

The evaluation also noted a high prevalence of intimate partner violence and Child marriage for girls by some refugee communities that is not addressed by the project. Although these are forms of gender-based violence, with potential to result into physical, and emotional trauma and even sexual violence.

Finally, the evaluation noted that counselling of children was discontinued because of lack of IOM policy on counselling of children survivors of SGBV. The project has been unable to refer the affected children for further assistance as staff are not aware of facilities in the country that offer therapy to affected children.

Effectiveness

To what extent were the planned objectives and outcomes achieved? To what extent have beneficiary needs been addressed?

[10] Key informant, Project staff

Finding 1: The evaluation found good evidence of the projects effectiveness, in regards to planned results.

The evaluation noted considerable progress towards the project objective and outcome. About 78 **%** of surveyed SGBV survivors reported being optimistic about rebuilding life after SGBV incident, which was measured as those reporting being able to go back to normal life. The evaluation determined that majority of beneficiaries are able to go back to normal life after the project support. According to surveyed beneficiaries, 18 % reported being able to go back to normal life with no problem and 60 % with only minor problems. Only 6% and 16% said they were not able to go back to normal life due to some problems or insurmountable problems respectively as shown below:

Figure 4: Able to go back to normal life

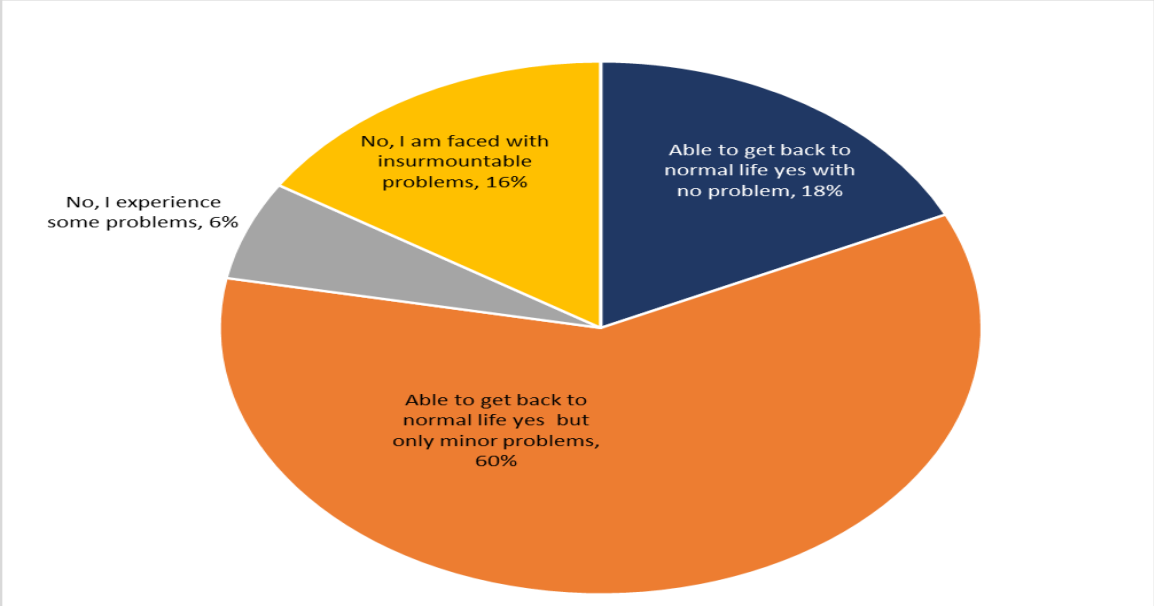


Table 1: Indicator reference sheet

Indicator	Project Indicator Targets	2020 evaluation Achievements
Psychosocial support Project		
Overall Objective: The project will contribute to the Successful integration of refugees in Uganda or third countries through improved mental and emotional well-being of refugee SGBV survivors		
% of GBV survivors who report being optimistic about rebuilding life after GBV incident	80%	78%[11]
Outcome 1: Kampala's urban refugee survivors of SGBV or those at heightened risk thereof have reduced stress symptoms and are assisted in healthy recovery		
% of SGBV survivors assisted reported by counsellors to have reduced stress symptoms by the end of their counselling sessions	80%	68%

[11] Measured as those reporting able to go back to normal life with no problem, or with some minor problems

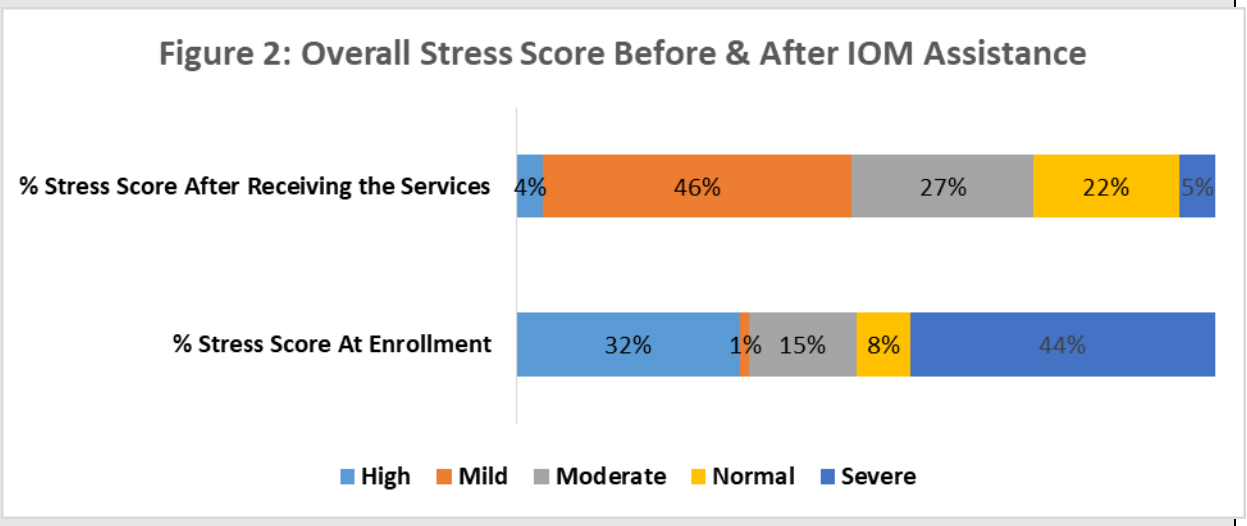
Effectiveness Matrix

Outcome 1: Kampala's urban refugee survivors of SGBV or those at heightened risk thereof have reduced stress symptoms and are assisted in healthy recovery.

Target: 80% of SGBV survivors assisted reported by counsellors to have reduced stress symptoms by the end of their counselling sessions.

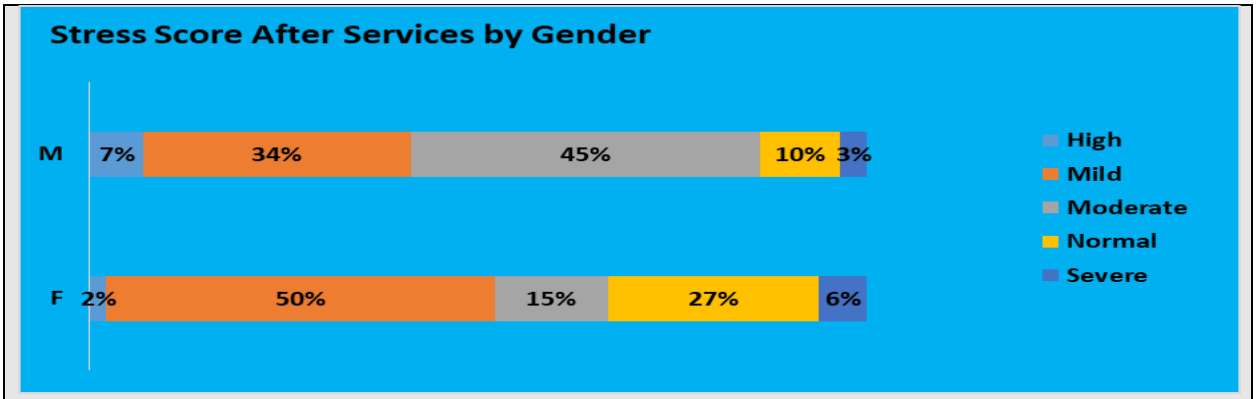
This outcome was achieved to a considerable extent. The evaluation noted good progress towards recovery among surveyed beneficiaries. Of beneficiaries surveyed, **68%** against the planned target of 80% reported experiencing normal to mild stress symptoms after assistance compared to **91%** who reported that they experienced severe stress symptoms before the project's assistance. As explained elsewhere in the report, factors such as lack of support for non-SGBV related health conditions and livelihood support were concerns raised by beneficiaries as hindering recovery.

Recovery was assessed by determining beneficiaries' stress levels in relation to symptoms associated with sexual violence and torture experience; beneficiary reported/provider reported recovery from physical injury; and perception of mental and physical recovery from beneficiaries, community members and service providers at the time of this evaluation as compared to the time before the project was initiated. The main variables assessed included: Stress state score index, ability to go back to normal living, health status and satisfaction with services provided using the stress state inventory scores (See Annex) and a tailored questionnaire.



Male beneficiaries who experienced rape however scored poorer than female beneficiaries. About **55%** of surveyed men still expressed moderate to severe stress symptoms after IOM's assistance compared to **23%** of women. Men expressed concerns related to sexual relationships with their spouses and prolonged healing from injuries arising from sexual abuse, and inability to be providers to their families as affecting their recovery.

Figure 3: Stress Score After Services by Gender



Counselling

The project provided counseling through individual counseling and support groups; psychological First AID through trained community volunteers, and medical assistance through referrals for assessment and management at Nakasero Hospital. A total of **1,115** refugee survivors of SGBV or at risk of SGBV and torture survivors have benefitted from the project by end of January **2020** exceeding the project target of 850 targeted to receive counseling, medical assistance, PFA training, and BIAs.

The interaction between counselors and beneficiaries has enabled them to cope. Individual interviews with beneficiaries, focus group discussions with male, female and teen survivors and Key informants confirmed the success of the project:

"Group counselling helps a lot. If you are in a group and hear another person's experience, you realize you are not alone. In our group, a woman's daughter got a child as a result of rape, during group counselling, she changed her mind about rejecting the child, and took the daughter back to school.[12]"

Medical Assistance

We were not discriminated at Nakasero Hospital; it is a highly specialized hospital with interpreters who understand our language. They examine you and do all investigations. And you get all medication. You are treated well you feel like a small boss.[13]

Key respondents noted that not all health facilities offer services that are friendly to refugee SGBV survivors, therefore refugees are not free to express themselves like they do at Nakasero hospital. When those that require special procedures, go to these facilities they are shy to narrate to staff on what exactly happened, whereas this is different at Nakasero hospital where the doctors and other staff have been trained through the IOM project to offer sensitive services. The hospital has provided medical assistance to 147 refugee SGBV survivors through the project.

A review of records and interviews with medical staff at Nakasero hospital where beneficiaries are referred confirmed that majority of beneficiaries with injuries arising from sexual abuse recovered completely after undergoing treatment. However, this is not the case for beneficiaries with other medical conditions especially those from torture that were referred to other partners for support, for

[12] Respondent, women FGD
[13] Respondent, Congolese Women FGD

reasons explained above and below. The main missing link is still in legal aid, investigations and successful prosecutions of perpetrators of sexual abuse. There is a perception by beneficiaries that the system does not take refugee cases seriously and perpetrators from host community are easily let off the hook and cases dropped.

Best Interest Assessment (BIAS)

The project has conducted BIAS for 140 (53 male and 87 female) child beneficiaries. Of those assessed, 40 are undergoing individual counseling. Some have been referred to other organizations for psychiatric or medical assistance. According to a key respondent, about 60% of the needs are mostly addressed. Those that have been unattended to include: Needs not addressed include education support, malnutrition, rent (parental stressors); unwanted pregnancies as a result of SGBV; dignity kits (sanitary pads); challenges with child labour; health (Pneumonia, cancer, diabetes). Medical cases are referred but parents have to use their own money which they don't have. As mentioned in the next section and elsewhere in the report.

Referrals for further assistance.

According to project staff, beneficiaries were referred to other service providers for assistance with services not provided under the current project. As mentioned elsewhere in the report, this included medical assistance for non-SGBV related health conditions, livelihood support, and food legal aid among others. Apart from referrals to ACTV for torture survivors, the rest of the referrals were verbal. There was no documentation for referrals, therefore, the evaluation could not determine to what extent they were complete. Beneficiary respondents and project staff reported that referrals were rarely successful for reasons ranging from lack of refugee papers to unavailability or cost of services. As reported by respondents:

> *"You could go to government hospital and get some medicines, but not others. For chronic conditions, you have to go to UNHCR for approval"*[14].
>
> *"If you are not a fully registered refugee, there are no services you can get. Some UNHCR partners will not support you if you are still an asylum seeker."*

In addition, a feedback mechanism is not in place. The project does not receive feedback from organizations they refer but mostly from patients themselves. *"I haven't received feedback that they have been assisted fully. A lot of the treatment is costly. Most of these facilities do not have the medicines"*[15].

[14] Respondent, case workers FGD
[15] Key informant, project staff

Expected Results	Achievements
Output 1.1: Kampala's urban refugee survivors of SGBV or at heightened risk thereof have access to medical and psychosocial support.	**This output was achieved.** The following chart shows access to IOM services against planned targets. Although the project targets focused on women and girls, male beneficiaries were also served.

Table 4: Total beneficiaries served against planned targets

Indicator	Target	Achieved
# of refugees who receive individual counselling (disaggregate by gender, age)	**150** Women:120 Girl: [16]30	**160** Male: 37 (23%) Female 123
# of refugees who attended support groups (disaggregate by gender)	***[17] 75	**208** Male: 40 Female: 168
# of refugees who receive first-line medical assistance	100 Women: 80 Girls : 20	147 Male: 11 Female: 136
# of refugees who benefit from awareness raising and sensitization campaigns	**1000** Male: 500 Female 500	**995** Male: 368 Female: 627
# of refugees who benefit from psychological first aid (training)	**500** Male: 250 Female: 250	600[18] Male: 186 (74%) Female: 414 (160%)
# of Best Interest Assessments [19] Best Interest Determinations for refugee children survivors of SGBV or at risk	**100** Boys: 50 Girls: 50	**140** Boys: 53 (100%) Girls: 87 (174 %)

Beneficiaries were from Congolese, Burundian, Rwandese, Somali, South Sudanese, Eritrean, and Ethiopian communities. Congolese were always the largest community served in each service category.

A total of over 160 refugee survivors of SGBV, torture and other forms of violence received individual counselling surpassing the project target of 150. Of these 77% were female. About 147 (11 male, 136 female) received first-line medical assistance, and 600 (186 male and 414 female) from psychological first aid training. About 208 participated in support groups

[16] Data was note disaggregated by girls. The age range for girls was not defined in the project
[17] No targets in initial proposal but included in subsequent project reports
[18] Number trained on providing psychological first AID…..the target was of beneficiaries that received PFA
[19] Only BIA were done because BID is done for determining fostering

(40 male, and 168 female). A total of **78** torture survivors by gender received counseling services as shown below. Majority were men (**51).**

Table 5: Survivors of torture served

Nationality	Male	Female	Total
Rwandese	**3**	**1**	**4**
Congolese	**11**	**5**	**16**
Somali	**4**	**1**	**5**
Sudanese	**0**	**5**	**5**
South Sudanese	**1**	**1**	**2**
Ethiopian	**15**	**6**	**21**
Eritrean	**3**	**5**	**8**
Burundian	**14**	**3**	**17**
Total	**51**	**27**	**78**

The project also conducted Best interest assessments (BIAs) for 140 children (53 male and 87 male) below 18 years exceeding the planned target of 100 as shown below:

Nationality	Male	Female	Total
Rwandese	0	4	4
Congolese	30	58	88
Somali	7	1	8
Sudanese	2	6	8
South Sudanese	5	4	9
Ethiopian	3	1	4
Burundian	6	13	19
Total	53	87	140

The use of trusted local community structures such as the faith based organizations and the leaders, facilitated mobilization and sensitization of the communities about the psychosocial services availed by IOM and interpretation during implementation.

The project activities were undertaken in community spaces provided by people they are familiar with and trust. This facilitated easy acceptance and trust building. The community spaces were easy to access and located

	within proximity to majority of the beneficiaries. The use of mixed approaches of individual and group counselling enabled participation of survivors to open up and get equipped with skills on how to overcome trauma and bad thoughts and memories, and focus on rebuilding life after hurtful or terrifying events. 140 Best Interest Assessments and Best Interest Determinations for refugee children survivors of SGBV or at risk carried out during the project implementation period.
Kampala's urban refugee survivors of SGBV or at heightened risk thereof are referred under the resettlement program following adequate medical and psychosocial support	This output was revised **as advised by the donor to:** ***"Kampala's urban refugee survivors of SGBV or at heightened risk thereof are highlighted to InterAid for their consideration, following adequate medical and psychosocial support[20]."(Indicator: # of vulnerable cases highlighted)*** The main planned activity was: "Vulnerabilities and cases of protection needs are highlighted to InterAid for their consideration." **The output as subsequently revised was not achieved.** The evaluator did not find any evidence of implementation of planned activities or referrals from interviews with InterAID and IOM staff. There was no explanation of why activities were not implemented. There was however no budget allocated to the activity. Interviews with IOM resettlement departments showed that none of the beneficiaries of this project have benefitted from resettlement, also owing to reduction in number of caseloads allocated to Uganda by US government.
Output 1.2: Refugee Community members and leaders have increased awareness of SGBV concerns in the community	**This output was achieved.** More than 900 against a target of 1000 (Male: 368, Female: 627), refugees benefited from awareness raising and sensitization campaigns as shown in table 4 above. This output was not in the original results matrix, but was deduced from the implied TOC and according to planned project activities and achieved results as shown in table 4 above. It was a critical output that enabled achievement of output 1. It was assessed by determining the number of refugees reached by awareness campaigns but also qualitatively, perceptions towards SGBV survivors. The evaluation established that community dialogues were held with refugee community members. The objective of these dialogues was to understand the context of sexual and gender-based violence and mental health among urban refugees, challenges in reducing these risks by analyzing how violence manifests differently at different institutional

[20] 2019 IOM Interim Quarter four Report to Bureau of Population, Refugees and Migration

	levels, the implications of different types of violence, unique to each community. The dialogues took place in refugee community spaces in Kabalagala, Makindye, Nakulabye and Kisenyi. The IOM counselling psychologists used these 2 approaches in the GBV sensitization sessions: a) Ecological Model was one of the approaches the counselors used and was key in enabling participants analyze four spaces where risks of violence can be increased including at the household, individual, society and community levels. This enabled participants to understand that violence is not limited to a particular space but that rather any space increases risks of violence. b) Social relations approach that seeks to analyze gender inequalities in power, resource distribution and utilization and division of labour that may foster violence in any space was also utilized and together with the participants the counsellors did identify the triggers of violence in any institution and what could be the sanctions if one acted out of the normal. The evaluator established through FGDs and key informant interviews that it was through such forums that refugee community members began to open up and began to seek services and refugee community leaders began referring survivors of SGBV

Factors leading to achievement/Non-achievement of Results

The project activities have enabled the project to build rapport with the community. Working through case workers, community leaders and mostly religious leaders and representatives of refugee communities, the project has been able to reached target beneficiaries.

The project has experienced and competent staff that have inspired confidence and trust among beneficiaries, while managing beneficiary expectations, which has helped clients meet their goals. As noted by a beneficiary:

> *I was also a victim of rape in 2016. In 2019, my mother forced me to come for counselling. After the incident you hate yourself, you want to commit suicide, you start fearing people especially men. A lot happens. The counsellor would not judge you – She let you be yourself, speak about what is hurting you*[21].

Coordination with other actors and a good relationship for provision of complimentary services has facilitated achievement of project results. Key partners are ACTV who receive cases of torture from IOM, InterAid who refer cases for medical assistance and psychological case management, JRS for livelihood

[21] Respondent, teen FGD.

package for the first 3 months for refugees, and vocational training. The main gap in referrals especially to JRS has been lack of transport for refugees to attend sessions. In addition, JRS only takes a limited number of beneficiaries per year, and does not train on all relevant life skills: only hair dressing, tailoring, and bakery. Not all refugee communities find what they like.

The project has not been able to meet the overwhelming demand for psychosocial support. IOM is the only partner that is providing a complete package that includes referral for specialized medical assistance. The two counselors have not been able to meet the demand for community sensitization and provision of counseling services.

The evaluation noted that the overwhelming needs for protection, especially for adolescents and lack of sustainable livelihoods were hampering progress towards the project objective to "**contribute to the successful integration of refugees in Uganda through improved mental and emotional well-being of refugee SGBV survivors**." Some of the surveyed beneficiaries still exhibited some stress symptoms and expressed inability to go back to normal day to day life, and therefore unable to integrate well into host communities in urban settlements of Uganda. This was attributed to extreme poverty leading to inability to meet basic needs such as food, rent, and school fees for children or medical care. These are coupled with hostility from host communities, security concerns, and heightened incidence of sexual violence particularly targeted at adolescents and young women by perpetrators from both host community and refugee population. These factors were seen to prolong the healing process, but also create a vicious cycle of vulnerability to repeat sexual abuse[22].

> *"Counselling helped us to live well at home, but you lack food, your child has no food, school fees, so that is a big problem[23].*

> *"We were counselled last year. We felt better, but now we are still young, not going to school, so that stresses us more." [24]*

The evaluation noted that majority of refugees who experience SGBV in Uganda do not know the steps to follow to seek immediate rape health services. Even though community sensitization is done continuously, the average reporting period to police or a health facility is 2 weeks to one month. Most therefore miss the critical post-exposure prophylaxis leading to young women getting pregnant or HIV positive. This is due partly due to of lack of trust, *"so they go to a counselor first skipping other steps, for police they need evidence, and survivors may not be comfortable". Some may fear for community members and immediate family members to know"*[25]. Key respondents also attributed this to intimidation by perpetrators who threaten victims against reporting them to the police. In addition, there is a big challenge addressing SGBV if abuse happens in Uganda, respondents felt the response from police is poor. In many cases, either the perpetrator is unknown or not found or suspect released for lack of evidence. When they reach police, they are asked

[22] Sexual abuse is unwanted sexual activity, with perpetrators using force, making threats or taking advantage of victims not able to give consent (adapted from American Psychological Association definition).
[23] Respondent, women FGD
[24] Respondent, teen FGD
[25] Respondent, project staff

to pay. There is a general perception that refugee survivors of SGBV when it occurs in Uganda are not taken seriously and perpetrators were let off the hook easily.

Thirdly, the distance to services such as individual counseling, support group and PFA training and lack of transport to attend sessions has led to some beneficiaries dropping out. Some beneficiaries were noted to skip sessions to seek for livelihoods. Given IOM's resettlement work, the evaluation noted the unrealistic expectations from beneficiaries who have not really settled down to engage in meaningful livelihood with expectations that they are likely to be considered for resettlement.

Efficiency

Finding 1: The project could have been more efficient in the first phase of the project. This was established by assessing extent to which allocated financial and human resources were sufficient, timeliness of implementation and project management efficiency.

Being a pilot project, and new to IOM, there were delays in project start-up due to delays in getting all required staff on board. This affected achievement of targets and utilization of funds within the initial planned project duration resulting in a no-cost extension. This was resolved during the no-cost extension period. Funds have been well utilized and most planned targets surpassed**.** However, tracking of output and outcomes, budgets, accountability and oversight could have been improved in the entire project duration.

To what extent were appropriate resources (human/financial) allocated to the project, and in a timely manner?

The project has been considerably understaffed due to hiring delays and budget constraints. Staff contracts could have been clear to provide staff stability. The departure of key personnel during the period of temporary closure of the project affected the project's momentum. Funds could have been disbursed in good time for project activities.

Establishment of clearer processes for medical clearance of cases to be referred to Nakasero hospital from the outset could have improved implementation efficiency.

Were outputs delivered in a timely manner as represented in the projects work plan?

The evaluation noted that due to the delayed hiring process, the project experienced a slow start during the last quarter of 2018, with only one staff on board. This partly contributed to a no- cost extension in 2019, requested to meet project targets. Services were discontinued for 3 months in 2019 awaiting approval of the no-cost extension affecting access to services by beneficiaries. The new project management team has worked to ensure completion of pending activities. Currently, the project burn rate is at **81%** as per prism data.

Did the project coordinate with other similar interventions to increase synergies and/or to avoid duplications?

As explained in the coherence and effectiveness sections, membership in the SGBV working group has enabled IOM to understand other partners' activities but also inform them of the project activities. This

has facilitated better identification of who is doing what and enabled IOM to fill the main gaps in services that are not provided by other partners and prevent duplication.

***Was the project implemented in the most efficient way compared to alternative* means of implementation?**

As designed, the community outreach model for delivery of psychosocial services is quite innovative. However, the long staff travel time from the office to the field daily affects efficiency as the staff are only able to serve a limited number of beneficiaries in a day. Static services in designated locations based on refugee population could be explored to address this challenge.

As a pilot project, IOM Mental Health Unit could have provided monitoring and technical assistance to project staff including tools to guide staff, who were mostly new to IOM. The project staff work with survivors of trauma. Staff have managed to establish a mechanism to support each other. There project can do more to support a mechanism of debriefing for counselors to minimize burn-out**.**

It would be beneficial to also compare cost-effectiveness of implementation of medical assistance model in certain government facilities or within existing IOM medical services.

How efficient was the overall project management?

The project has tailored tools to capture project data. These include: counselling logs, termination reports and session logs, group session logs, including participant logs, termination reports and session logs; counselling and medical logs – including termination reports and session logs; and psychological First Aid training logs; and awareness and sensitization activity reports. A database and system to consolidate data from these different sources and analysis to inform decisions could have been beneficial. Close monitoring and documentation would have been important to collect lessons learnt for contextualization and scale up of services. Output, outcomes and budget monitoring and oversight could have been improved in the entire project duration.

Good collaboration with community structures has led to use of community spaces, mainly churches for counseling. Key respondents noted their lack of safety, privacy and reliability as they were not always available. Occasionally, sessions have to be canceled when churches require them for their own activities. Lack of static facilities for IOM affects contact with beneficiaries, some of who may require consultations regularly for mental health support.

Finally, the evaluation also noted gaps in field staff working arrangement. The project has two counselors doing: community mobilization, Individual counselling sessions; support group which often leads to high burn out rate. The absence of a field office necessitates daily movement to the field and back to the office on the same day which is physically and mentally draining. Staff have to rush to beat traffic jam, and handle clients at the same time.

Impact

The evaluation found good evidence of the project's impact. This was determined by assessing: overall impacts, perceptions of improved integration of SGBV survivors in the community; improved general

public knowledge and attitudes towards SGBV survivors and perception improvement in identification, referral and management of SGBV cases as well as overall perceptions of contribution of project activities to impacts. The story below highlights some of the project's impacts:

Change Story: Men of Hope Male Support Group

During political unrest, our villages were attacked by different rebel groups, we witnessed young girls and women being raped, houses being burnt, people being killed, vast displacement of people, youth being kidnapped and forced to join rebel groups which also happened to some of us. When rebels captured some towns that were raided, we were caught up in the middle of the conflict and were forced to also join them of which for some of us, our role was to carry ammunition for the different rebel groups, forced to commit atrocities which are unbearable for the sake of keeping our own lives. On gun point, we were forced to rape our mothers, daughters, some of us with sons were forced to witness as they raped their own sisters and failure to do so would result into one being tortured in various ways like being buried alive, being beaten severely.

The conditions were unbearable since we were in captivity and closely being monitored by the people who captured us. We would work for them as slaves as they were our masters since during captivity there are hardly any avenues available for escape. We were also raped by fellow men during the war period as a way of intimidation. Consequently, we sustained a lot of physical injury, medical and psychological challenges.

Subsequently because of all these atrocities committed against us and some which we were forced to commit, we started presenting with medical challenges as a result of rape and torture, phobia for men in uniform 'police or soldiers', anger and bitterness, low self-esteem, sexual dysfunction, separation from family members, irritability, suicidal tendencies and hopelessness all of which manifested during captivity and post-conflict. For those of us who managed to escape from captivity after sometime, because prevailing conditions were still not favourable, we then through different transportation modes and routes decided to flee to seek asylum in Uganda.

Upon reaching Uganda, it was extremely difficult to adjust to a normal way of life because we had to start a new life with no known relatives to assist us integrate. Language barrier was a hindrance to this coupled with no or irregular sources of income. It was upon this that we started attending community dialogues organized by IOM and that is when we got to hear about SGBV cases and how survivors can be assisted. It was of course difficult at first for some of us to seek assistance because of the stereotypes around male rape so we kept quiet for a while. Not so far from this, there was a general misconception by the community that men who have been raped are Lesbian, gay, bisexual, transgender and intersex (LGBTI) persons which was a huge protection risk for us but this was fortunately addressed during community dialogues organized by IOM staff sensitizing participants that men too are vulnerable to SGBV and do get raped as well hence the negative community perceptions toward us was readjusted.

However, after the realization that safe spaces had been established for such assistance to be offered, we then got in touch with the community case workers who then linked us to the IOM staff offering psychosocial support.

Actions taken and progress made

Prior joining the support group, majority of us did not know each other or the different backgrounds and based on our previous experiences, it was initially difficult for some of us to adjust and share our ordeal. The group initially comprised 4 members but as trust was built, more members joined and by the end of our sessions, we were 22 group members and as such came up with a support group name called Men of Hope. We benefitted greatly from counselling and medical care.

During support group sessions, we talked a lot about trauma and stress management, relaxation exercises, anger management, forgiveness, challenging negative thoughts and communication to enhance or restore communication among family members.

We were also profiled for medical assistance of which all group members benefitted from treatment received at Nakasero hospital and are on recovery process.

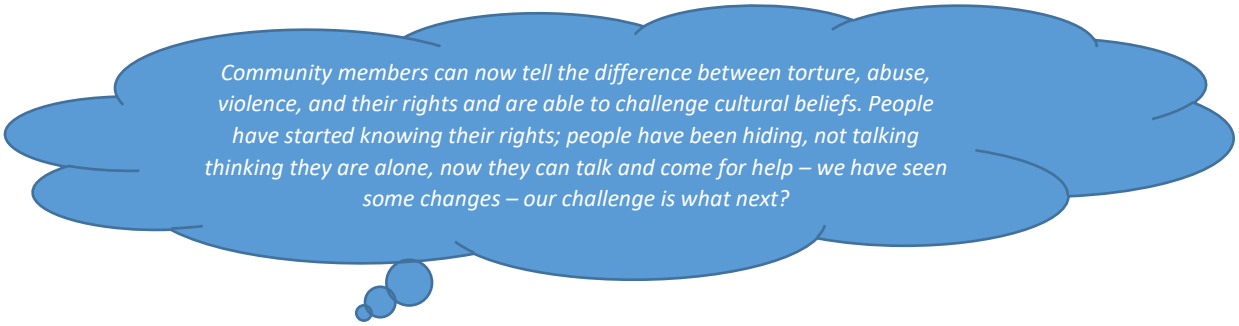
After 8 support group sessions however, we noted decreased phobia for the men in uniform whom initially we could not approach and gained more trust in them, our self-esteem improved, communication lines with family members and our partners greatly improved as prior counselling it was difficult for us to express our emotions and thoughts, relationships between our children and us improved especially those who witnessed us being raped, improved sexual relations and integration by learning the local languages so that it is easier for us to gain access to employment opportunities. Further to this, the group now has a connectivity network through a WhatsApp group and report that even after the support group sessions, they still meet and touch base on how each of them is fairing in life.

Some of us are now more confident to talk about male rape and encourage others to seek support especially counselling because it does not make them less of a man in case they seek support and this has shaped the attitude of some communities and individuals regarding male survivors of rape.

Much as livelihood is still a big challenge, we note improved mental, behavioural and attitudinal wellbeing and for some of us who have been fortunate to get gainful employment, improved levels of concentration have also been noted.

What positive and/or negative changes have occurred as a result of the project?

Finding 1: The project has been successful in assisting beneficiaries to recover from physical and emotional trauma associated with SGBV experience; and to go back to normal life. It has increased awareness and therefore demand for services among members of the refugee community in Kampala. Although this is positive impact, the demand for services has overwhelmed the project. As noted by a respondent[26]:



Some beneficiary respondents reported that they are now being treated better by family members. The training of community members to offer psychological first aid has had a multiplier effect.

[26] Respondent, case workers FGD

The project has raised IOM's visibility and increased understanding of IOM's mandate in the community and among partners. It has changed the perception of IOM as a resettlement service provider although some beneficiaries still have increased expectations of IOM assisting them to be resettled in third countries. Beneficiaries and partners are highly satisfied with IOM Psychosocial and specialized medical services as demonstrated by the number of referrals of survivors by both partner agencies and community members to the project.

What would have happened in the absence of this project? What has been the added value of the project?

Finding 2: The evaluation found excellent evidence on the added value of this project. Firstly, it is the only project providing comprehensive SGBV psychosocial case management from start to the end. In addition, the most added value noted by SGBV survivors and partner key informants is the medical assistance particularly the specialized treatment which is only provided by IOM. All the SGBV partners have been making referrals to IOM for medical assistance.

Beyond building IOM's capacity in SGBV psychosocial support, the evaluation noted improvement in health workers capacity in offering migrant sensitive health services. Health workers in Nakasero hospital acknowledged increased experience dealing with refugees: "*We have a different perception of them. The staff attitude towards handling refugees has changed. There has been a lot of learning*."[27] The evaluation noted that effective medical management also had a positive impact on the mental well-being of SGBV survivors.

Coherence

There was adequate evidence of coherence with stakeholders' strategies and programmes. This was determined by assessing coordination with government and other partners, as well as coordination with other IOM's projects for synergy and to minimize duplication.

The evaluation noted a gap in the collaboration with government led processes on SGBV led by the ministry of gender. There is limited participation in national SGBV processes such as the national SGBV working group for UN, civil society and government partners.

Further, although a referral network has been established as mentioned above, **the project could have leveraged on synergies with other existing IOM projects for increased internal coherence, expertise and resources by collaboration with migration health and other community stabilization projects**.

How relevant is the project to other key stakeholders?

a. **To what extent is the project aligned with the policies and strategies of the donor, government and partner country?**

As reported in the relevance section, this project is aligned with GoU policy on refugee integration. It aligns well to the 2016-2020 UNHCR Uganda 5-year Interagency SGBV Strategy of Uganda, which is currently under revision.

[27] Key respondent, Nakasero hospital

It would have been beneficial to familiarize more with the SGBV policy and engage with the government structures for SGBV referral and management, including sharing of IOM data with the government and UNHCR GBV information management system

b. To what extent were stakeholders consulted and involved in the implementation of activities, thereby improving ownership, synergies, accountability and effectiveness?

IOM's membership to the SGBV working group and referrals to and from partner organizations has facilitated complementarity, harmonization and co-ordination with others, thus avoiding duplication of effort. As reported by a key informant, IOM's greatest added value has been the support for specialized medical assistance. The SGBV working group comprises non-governmental, UN and Civil society partners providing SGBV services to refugees. Actors that IOM work closely with as mentioned before are: UNHCR (chair of working group), InterAID (Refer to IOM), ACTV (Counter-referral, torture survivors), Refugee Law Project (Protection), Pan African Development (PDAEP) (IOM refers for adult literacy while they refer SGBV cases, and JRS for health, livelihood, life skills, vocational classes. The project's coordination with MILDMAY Uganda to provide specialized HIV/AIDS support and ART drug adherence education to SGBV survivors who contracted HIV as a result is a perfect example of complementarity of IOM SGBV services with other service providers.

As reported in a different section of this report, the SGBV working group members were briefed on project design and have continuously received updates on project progress.

There is a gap in internal synergy, as the project could have coordinated more with other IOM projects. As a pilot projects, coordination with other projects would have helped in contextualizing the project to IOM internal operations, but also benefitting from synergies with existing projects. For instance, an IOM project that is ending at the same time has been providing livelihood support to refugees in the same project locations, which could have also benefitted beneficiaries of this project.

c. What were coordination mechanisms with relevant stakeholders to achieve results?

The SGBV working group, chaired by UNHCR was established as the main coordination mechanism through which SGBV partners agreed on implementation. As a member, IOM has participated by also convening SGBV working group meetings.

Sustainability

The evaluation found adequate evidence on sustainability of the project. This was assessed by looking at availability of complementary services by IOM and other stakeholders; Government interventions/plans to continue project gains; community structures to sustain gains; National migration policy and health policy and strategy that embeds SGBV services for refugees**.**

To what extent will project gains be sustained to continue contributing to project objective? What mechanisms are available to ensure continuation of benefits?

Finding 1: Existing partners in the SGBV working group such as InterAID also receive SGBV cases and refer for follow up to government facilities for further management. This is expected to continue. The evaluation established that UNHCR will continue working through its implementing partners to provide

case management for SGBV survivors. However, there is no evidence on continuation of specialized treatment for complications arising from SGBV and existence of concrete psychosocial case management by any of the existing partners. As noted by a key informant: "There are *87000 Persons of Concern(POC)leaving in urban settings, if this project ended, management of cases will suffer-there will be a gap, it will leave many cases very vulnerable who will go to government services which cannot handle the big case load…."*[28]

Do the target groups have any plans to continue making use of the services/products produced by the project?

Finding 2: The evaluation noted several initiatives that are likely to ensure continuation of some but not all project benefits. The project has provided a series of PFA trainings to community representatives of refugee communities and case workers. With these basic skills, the representatives are able to provide the initial psychosocial support and make referrals to survivors of sexual and gender based violence. This is a resources in the community that is expected to remain in the community even when the project ends. As noted in a case worker FGD: "*Even without the project, we will continue doing our work, but our skills need upgrading especially in counseling."*[29]

The evaluation also noted existence of strong social networks among refugee communities themselves in which members support each other economically and socially to address emergencies. These are likely to a small extent continue to assist survivors to access services. The project established psychosocial support groups. Each group had several sessions with a counselor. Although the counseling sessions ended, most support groups are still active and members have been encouraged to identify joint activities to keep them together. Furthermore, the evaluation found evidence of willingness of some beneficiaries of the project to introduce and refer other SGBV survivors to access services.

It is expected that those who have received both individual and group counseling have developed coping abilities, especially for those who have gone through 8 sessions consistently; but those who have attended less may not cope better if the project ended, but also depending on background and counseling goals they had set. If the current funding ends, most of the projects benefits are unlikely to last. The lack of livelihood support to beneficiaries is the greatest challenge to sustaining the mental well-being and prevention of violence especially among adolescents and young women. The evaluation found evidence of negative economic coping mechanisms for refugee girls and women such as working in vulnerable environments that expose them to risk of sexual violence and engaging in transactional sex for survival. The evaluation noted high prevalence of sexual abuse of girls in schools and in the community but parents who are mostly poor are compromised by the perpetrators who pay them into silence. Education support and protection will minimize their vulnerability to sexual abuse.

To what extent has the SGBV prevention and management for refugee hosting communities been embedded in institutional structures (migration health policies, strategies and programmes) that are likely to survive beyond the life of the project?

[28] Key informant, IOM partner
[29] Respondent, case workers FGD

Finding 3: The existence of a government policy that promotes equal access of services by refugees as host communities is a good starting point. The SGBV government policy is also a good entry point for promotion and continued advocacy for provision of SGBV services to refugees and other migrants.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Effectiveness

The project has been successful in achieving it planned outcome and has made considerable progress towards achieving its objective. As a pilot project, it has proven success in addressing the mental and psychosocial concerns of survivors of SGBV and torture by alleviating the emotional and physical trauma. These are immediate needs of SGBV survivors that prevent them from leading a normal life and integrating in society. It has been the only project of its kind providing comprehensive case management of refugees in Uganda from the start until they are exited from the project having received counseling and as applicable, specialized medical treatment for complications arising from the SGBV incident.

IOM Uganda has through this project created a niche, established expertise and a model for mental health and psychosocial services that can be replicated elsewhere to benefit beneficiaries in other project such as AVRR, counter trafficking, migration health, resettlement programmes in Uganda and globally. Lessons learned from design and implementation will inform the package of services required for similar projects to be successful in future.

For instance integration of protection including legal aid for refugees and livelihood support, as well as strong gender analysis, and strategic partnerships are key lessons for a successful SGBV project.

Relevance

The project responds to IOM and other global, regional and national priorities related to SGBV. Its results will continue to be relevant in line with Agenda 2030 objectives and targets on GBV, IOM's global Migration Governance Framework's (MiGoF) principle one on adherence to international standards and the fulfilment of migrants' rights, as well as the first objective to advance the socioeconomic wellbeing of migrants and society; IOM Uganda's vision, UNHCR Uganda Strategy for SGBV and GoU Comprehensive Refugee Response Framework (CRRF) commitments.

Efficiency

The project could have been more efficient, particularly in the first phase. Key lessons learned include need to establish alternative approaches to expedite staff recruitment, and improve allocation and use of resources on time particularly for a project with short timelines.

Sustainability

The project still has a long way to achieve sustainability. However, some of the established community Initiatives are likely to sustain some of the gains. These include support groups and Psychological First AID training of representatives of refugee communities are seen to provide basic skills, which will continue to

benefit survivors of sexual and gender based violence. This is a resources in the community that is expected to remain in the community even when the project ends.

The acquired coping abilities from counseling are also likely to enable the benefits to last. However, new cases of SGBV are unlikely to benefit. There is need for scale up of protection services particularly for adolescents and young women. Education support and protection will minimize their vulnerability to sexual abuse.

Although government and partners have policies and services to provide SGBV services, these are insufficient to take up the gap left if this project ends. **Most of the available services do not provide in-depth psychosocial case management and specialized treatment of refugee SGBV survivors.**

Impact

The project has been successful in assisting beneficiaries to recover from physical and emotional trauma associated with SGBV experience and return to normal life. The project has increased awareness and therefore demand for services among members of the refugee community in Kampala. Although this is positive impact, the demand for services has overwhelmed the project.

The project has raised IOM's visibility and increased understanding of IOM's mandate in the community and among partners. It has changed the perception of IOM as a resettlement service provider. Beneficiaries and partners are highly satisfied with IOM Psychosocial and specialized medical services as demonstrated by the number of referrals of survivors by both partner agencies and community members to the project.

However, successful integration of survivors in urban settlements in Uganda is still a long way, due to high levels of poverty, protection, and other non-SGBV health conditions, legal support for victims and high expectation among beneficiaries for resettlement to third countries.

Coherence

The project achieved coherence with government and other partner strategies and initiatives to a considerable extent. IOM's membership to the SGBV working group and referrals to partner organizations has facilitated complementarity, harmonization and co-ordination with others, thus avoiding duplication of effort. IOM's greatest added value has been the support for specialized medical assistance and innovative community psychosocial counseling.There need to work with other IOM projects for increased internal synergy and coherence.

Recommendations

IOM

Project Design

- Contextualization of MHPSS: Re-define psychosocial support model, to transition from HIAS model to an IOM institutional model. Develop policy for counseling children. IOM absorbed staff and mode of delivery from HIAS but there was no contextualization of tools to IOM institutional practice and guidelines. There is need for technical support from the relevant MHPSS unit.

- Design of the next phase of the project could consider a holistic approach that includes comprehensive health, livelihood and protection. This would ensure a two-pronged approach to MHPSS through prevention by addressing route causes; and response activities for survivors of SGBV when it occurs".
- Consider a baseline assessment for the follow up phase to define actual needs, magnitude of the gaps for better programming. Involve beneficiaries in prioritization of needs.
- Tailor support package to address particular needs of men, women, children, adolescent girls and couples who are survivors of sexual violence. Couple counseling should be considered to ensure effective healing. Gender analysis and programming in context of SGBV should consider LGBTI.
- The cost-effectiveness of specialized medical services could be further be analyzed to compare the cost of improving services at designated public hospitals and private health facilities. The cost savings could be utilized to serve more beneficiaries or address additional medical needs.

Coherence and Partnerships

- There should be a strong internal synergy with other IOM programmes such as community stabilization, health, AVRR among others.
- Regarding SGBV services, there is need to increase awareness and collaboration with government facilities and other providers of HIV Post Exposure Prophylaxis (PEP) to SGBV survivors to ensure that survivors of rape receive services within the required 72 hours to minimize risk of pregnancy, HIV infection and other sexually transmitted diseases.
- Increase participation in government led processes, particularly with ministry of gender and OPM to better understand government policy and guidelines and more available referral options for refugee survivors of SGBV, particularly children. This will also increase IOM's visibility as a provider of SGBV services among government officials
- Develop/ collaborate with programmes that promote social cohesion and integration of refugees in host communities to reduce hostility and harness community support for the prevention of SGBV in refugee communities.
- Strengthen referral system with other health service providers, including documentation.
- IOM to explore partnerships with Partners providing legal services such as the Uganda Association of Women Lawyers (FIDA-Uganda), Uganda Women Net Work (UWONET), and Uganda Law Society Legal Aid Project.

Advocacy

- IOM Uganda to leverage for continuation of the project as the need and demand for Psychosocial support and medical assistance is still high within the urban refugee communities.
- Advocate with relevant government agencies for increased protection of refugees in urban settings, particularly in follow up and prosecution of perpetrators of sexual violence.

- Support GoU to provide migrant sensitive services including training of government officials and provision of translation services. Ensure strong collaboration with relevant government departments in identification of needs and design of interventions in the follow up phase.

Project Oversight and Accountability

- RMU to advice on alternative modalities to expedite staff recruitment and retention as soon as project funding is confirmed/likely.
- Improve mechanisms to flag implementation delays early enough e.g. through regular update the PRIMA results and activity monitoring components as well as other monitoring tools.
- Increase oversight by Chief of Mission.

Knowledge Management and M&E

- There was noted lack of documentation and handover of project information when project management staff left. CO to strengthen KM systems including utilization of PRIMA that was designed to be a repository for all project related documents and key decisions, including evaluations.
- Include M&E function in future programmes to track performance, and address bottlenecks in a timely manner. M&E staff to support consistent activity, output and outcome monitoring to track progress against set targets over the project period and/or project staff support to conduct M&E in their role
- Increased oversight by Management to ensure proper handover and project management.

PRM

- Consider continuation of funding to address the noted gaps in needs of beneficiaries.

GoU

- Sensitize staff including police and health workers on services that are sensitive to refugees and other migrants.
- Develop policies and interventions that promote social cohesion and integration of refugees and host communities to minimize tension, conflict and mistrust.

ANNEXES

Key questions for Interviews

Governmental Officials:

Government officials' interviews focused on the following:

a) Extent to which the project's interventions have contributed to GoU priorities for addressing needs of SGBV survivors;
b) Underlying project TOC;
c) Government's perception of project achievements;
d) Any interventions the government has initiated to sustain project gains;
e) Sustainability/connectedness of the project to government initiatives for refugee population health and SGBV services.
f) Coherence and coordination with other government and partner initiatives

Chief of Mission and PM

a) Extent to which project design and implementation was relevant and effective;
b) Efficiency of project management in managing resources and addressing challenges;
c) Determine the extent to which project interventions contributed to migration long term integration of refugees in community/country of asylum;
d) Underlying TOC;
e) Lessons learnt.

Project Staff

Project staff interview will focus on the following:

a) Their understanding of what the project did and its linkage to results;
b) The lump sum achievements the project realized;
c) How effective the project interventions were in bringing about results;
d) Implementation slippage/challenges experienced and how they were addressed;
e) Strengths and weaknesses in coordination and project partnerships;
f) Whether the project gains are likely to continue;
g) What are the negative unintended outcomes of the programme?
h) The project's efficiency.

Project beneficiaries

a) Assess extent of impact of project to beneficiaries;
b) Assess features of the project that contributed to the project's outcomes if any;
c) Beneficiaries' satisfaction with project services;
d) Assess extent to which outcomes are or are not wide -spread in intervention communities;

e) Assess whether project gains are continuing, and extent of progress towards recovery and integration

List of persons interviewed

	Name	Sex	Institution	Methods
1.	NGUESSAN Konan Romaric	Male	Deputy Head Operations for west, Central and the Great Lakes of Africa (Africa Regional Migration Programme)	Face-to-face interview
2.	DE BONA Erika	Female	Acting Chief of Mission	Face-to-face interview
3.	ALIMO Florence	Female	Project Coordinator	Face-to-face interview
4.	Annette Were	Female	PSU	Face-to-face interview
5.		Female	Former project Coordinator	Questionnaire
6.	Caroline Abwola	Female	Project Staff	Face-to-face interview
7.	Mary Ajot	Female	Resettlement Assistant	Face-to-face interview
8.	Hussein	Female	PSU	Face-to-face interview
9.		Male	MHD	Face-to-face interview
10.		Male	Nakasero Hospital	Face-to-face interview
11.		Male	Nakasero Hospital	Face-to-face interview
12.	Douglas Asiimwe	Male	OPM	Face-to face Interview
13.	Case Workers	6 males 6 females		FGD
14.	Male Beneficiaries	12	Kavalaga	FGD
15.	Female Beneficiaries	24	Two groups	FGD
16.	Female Adolescent beneficiaries	12		FGD
17.	Project Officer	Female	InterAid	Face-to-face interview
18.	Beneficiaries	F- 49,M-29		Individual Interviews

List of documents reviewed

- Project Proposal;
- Quarterly donor reports ;
- No-cost extension request letters;
- IOM MIGOF and Regional Strategy
- Budget document
- Interim financial reports
- Government development plans
- IOM Uganda strategic plans
- Monitoring tools (result matrices, work plans, activity reports, training reports;
- Beneficiary registration records
- Clinical/counselling service statistics
- UNHCR 5 Year SGBV Strategy

Evaluation Matrix

Criteria	Key Evaluation Question	Sub-questions	Indicators	Sources of data	Data collection tools
Relevance	What is the underlying theory of change?	How reasonable are hypothesis and assumptions? What did the project intend to achieve? How did the programme work/what interventions were put in place to lead to this achievement? Were they modified in the course of the project and why?	-Definitions and assumptions of intervention indicators	-Project document -Project stakeholders	-Document review -KII with project stakeholders
		What is the result chain? How and why did project interventions lead to project results?	-Extent to which result chain is logical-cause effect: linkages between inputs, outputs and outcomes	-Project document -Project stakeholders	-Document review -KII with project stakeholders
		Missing assumptions: Are there other factors not considered before that have contributed to achievement/failure to achieve the results?	-Contextual and capacity factors	-Project document -Project stakeholders	-Document review -KII with project stakeholders
	To what extent is the project design in line with beneficiary-identified needs and priorities?	a. How relevant is the project to the target urban refugee communities? b. Was the project design based on a need's	-Perception on: Alignment with GOU strategies and policies/programmes on SGBV	-Policy/strategy documents -IOM Uganda strategy -RO strategy -MIGOF-Regional/Global Frameworks	-Document review -Interview with government representatives, Uganda COM/PM

		assessment and a context analysis? c. Is the project aligned to relevant regional and global frameworks? d. Have gender considerations been properly integrated into the project design and implementation?	-Alignment with IOM and other national/regional/global related frameworks		
	As designed, were interventions adequate to achieve the project objective?	Was the design the most appropriate to meet the needs identified among the urban refugee communities?	- Perceptions on extent of response to identified needs	-Stakeholders -Project beneficiaries	-KII -FGD
	Were there changes in project context, how well did the project respond to changes in project context?		-Role/inclusiveness of counterparts in design -Extent of mainstreaming of gender	-GOU representative -Project beneficiaries	-KII -FGD
Effectiveness	To what extent did the project achieve expected results?	To what extend was the project objective achieved?	-Number beneficiaries/government officials satisfied with services _ Perception of progress to recovery	-Household survey of beneficiaries -Focus group discussions with beneficiaries, host communities, stakeholders, IOM staff	-Document review - Beneficiary survey -KII -FGDs
	Did the outputs lead to intended outcomes?	Were planned outcomes realized?	-Physical and mental well-being status -Level of satisfaction with services	-Project document - KII -Government officials	-Document review -Interview with government representatives

		What evidence exists to demonstrate improvement in mental and physical health?	-Stakeholders input		-Observation
		What factors have contributed to achievement/failure to achieve planned results? To what extent has the project adapted or was able to adapt to changing external conditions in order to ensure project outcomes?	External/internal influence to results		
		What are the main lessons learned from the design and implementation of the project	-Perceptions of best practices -perceptions of what does not work in facilitating improved labour migration management.	- Project stakeholders - Project staff	Interview with government representatives
Efficiency	How Cost-effective was the project	To what extent were appropriate resources (human/financial) allocated to the project, and in a timely manner? Were resources provided under the project well managed and utilized as planned? Were the project expenditures made as planned? Were outputs delivered in a timely manner as represented in the projects work plan? Are the costs proportionate to the results achieved?	-Human, financial and technical resources -Burn rates -Project management efficiency	-Financial reports -Narrative reports -Project Manager	-KII with project manager and staff -Document review

		Did the project coordinate with other similar interventions to increase synergies and/or to avoid duplications? Was the project implemented in the most efficient way compared to alternative means of implementation?			
	How efficient was the overall project management	Have the management and decision-making structures been effective to ensure efficient and timely project implementation?	Perceived strengths and weaknesses in PM structures	PM. Project staff	KII
Sustainability	To what extent will project gains be sustained to continue contributing to project objective?	What mechanisms are available to ensure continuation of benefits?	-Perceptions of sustainability -# officials trained carrying out services - availability of complementary services(IOM, other stakeholders)	- Project document -Project stakeholders -Government documents -Staff	-Document review -Interview with government representatives staff
		Do the target groups have any plans to continue making use of the services/products produced by the project?	-Government interventions/plans to continue project gains -community structures to sustain gains	Project document -Project stakeholders -Government documents -Staff	Document review -Interview with government representatives staff
		To what extent has the SGBV prevention and management for refugee hosting communities been embedded in institutional structures (migration health policies, strategies and	- National migration policy and health policy and strategy	- Project document -Project stakeholders - Government documents -Staff	-Document review -Interview with government representatives staff

		programmes) that are likely to survive beyond the life of the project?			
Impact	What positive and/or negative changes have occurred as a result of the project?	*What changes, positive or negative, intended or unintended occurred as a result of this project?*	-Perception of improved use of services - Improved general public knowledge - Reduction of cases of violence	-Project document, -Project stakeholders - field visit reports	-Document review -Interview with government representatives -observation
	What would have happened in the absence of this project?	*Would results have occurred without this project? What has been the added value of the project to migration management in Uganda?* *What benefits have migrants derived from the project?*	-Perceptions of contribution of project activities to impacts	Project stakeholders	Interview with government representatives
Coherence	How relevant is the project to other key stakeholders?	a. To what extent is the project aligned with the policies and strategies of the donor and partner country? b. To what extent were stakeholders consulted and involved in the implementation of activities, thereby improving ownership, synergies, accountability and effectiveness? c. What were coordination mechanisms with relevant stakeholders to achieve results?			