

END OF LEAP II PROGRAMME EVALUATION CONSOLIDATED REPORT



Project Title:	Prevention of COVID-19 infections among women and girls displaced into IDP and refugee camps in ESAR
Project Number:	00130967
Donor Reference:	00141
Project Duration:	12 Months [April 2022 to March 2023]
Reporting Period:	March- October 2022
Country(ies) Covered:	Somalia, Uganda
Donor(s)/Fund(s):	Government of Japan Supplementary Budget 2022 – 2023
Responsible Parties:	UN Women East and Southern Africa Regional Office, Uganda, and Somalia Country Offices
UN Women Strategic Areas:	UN Women -SP 0.4.d: Number of women accessing information, goods, resources and/or services through UNW supported platforms and programs in humanitarian and development settings

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October 02, 2023

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Acronyms

AGDM	Age, Diversity and Gender Mainstreaming
COVID 19	Coronavirus Disease of 2019
CRRF	Comprehensive Refugee Response Framework
CRRF	Comprehensive Refugee Response Framework
CSO	Civil Society Organization
DRR	Disaster Risk Reduction
EFA	English For Adults
ESARO	Eastern and Southern Africa Regional Office
FGS	Federal Government of Somalia
GBV	Gender Based Violence
IDPs	Internally Displaced Persons
IPs	Implementing Partners
KII	Key Informant Interview
LEAP	Leadership, Access, Empowerment and Protection
M&E	Monitoring and Evaluation
MHPSS	Mental Health and Psychosocial Support
OPM	Office of the Prime Minister
PPE	Personal Protective Equipment
ProDoc	Proposal Document
RDCs	Resident District Commissioners
RO	Regional Office
RRF	Recovery and Resilience Framework
SDG	Sustainable Development Goals
ToC	Theory of Change
ToR	Terms of Reference
TPO	Transcultural and Psychosocial Organization
TPO	Transcultural Psychosocial Organization
UNDP	United Nations Development Program
UNHCR	United Nations High Commission for Refugees
UNSDCF	United Nations Sustainable Development Cooperation Framework
VHTs	Village Health Teams
VSLA	Village Savings and Loans Associations
WHO	World Health Organization
WLO	Women-led Organization

Executive Summary

Introduction

This consolidated report is a product of an end of project evaluation under the Leadership, Empowerment, Access, and Protection (LEAP II) programme implemented in Uganda and Somalia. The specific project evaluated was titled: *Prevention of COVID-19 infections among women and girls displaced into IDP and refugee camps in ESAR*, implemented for 12 months (April 2022 to March 2023) and was funded by the Government of Japan. In this regard, each respective country conducted independent end of project evaluations through national individual consultants upon which the regional team lead consolidated the two country reports into one. In addition, the regional team lead was responsible in to conducting an evaluation of the UN Women ESAR regional component pertaining of the project.

In Uganda, the project was designed to respond to the immediate lifesaving and emergency needs of direct beneficiaries in Kyegegwa, Yumbe and Adjumani refugee hosting districts. The project was targeted to indirectly benefit refugees and host community women, men, girls, and boys. On the other hand, in Somalia, the project was designed to promote COVID-19 prevention and mitigation measures, targeting women and girls in IDP and refugee camps. To enhance leadership skills of IDP women and girls, develop their capacities for promoting gender responsive COVID-19 prevention and recovery support among crisis affected women in Mogadishu, Baidoa, Kismayo and Garowe.

The regional component which was implemented and coordinated by the UN Women East and Southern Africa Regional Office, had four main deliverables including: 1) Provision of technical support and quality assurance to the country offices, facilitating south-to-south learning visits between different countries. 2) Facilitating in-depth capacity building to the country office on LEAP programming and reporting modalities and procedures. 3) comprehensive documentation of best practices and impacts of LEAP programming. 4) and support the leadership and participation of women COVID-19 interventions and capacity building of women's and youth organizations on leadership and participation in COVID-19 related interventions.

Purpose and Objectives of the Evaluation

The overall purpose for the end of the programme evaluation was that, in line with the programme requirements and the UN Women evaluation policy, an end of programme evaluation was to be conducted to assess the performance of the programme, demonstrate accountability, and enhance learning. This included an assessment of the programme's achievements against the set objectives, identify and document lessons learnt (including design issues, lessons and best practices that could be scaled or replicated), and assess how the programme contributed to gender equality and economic empowerment of refugee women.

The overall objectives of the evaluation in the two countries included an assessment of the relevance, effectiveness, efficiency, and sustainability of the project using the OECD DAC criteria. The intended audiences of this evaluation report are the key stakeholders both internal and external to the UN Women, these stakeholders include: Relevant staff in target ministries/local government/government institutions, and participating CSOs, target beneficiary communities/groups, members of community leadership structures, relevant staff in participating UN-agencies, staff of implementing partners, sector leads in the participating UN-agencies and refugee response coordination, UN Agencies technical working groups, UNACs and development partners.

Evaluation Methodology

The evaluation method adopted a mixed methods approach where a combination of qualitative and quantitative methods was used. In Uganda both the quantitative and qualitative methods were characterized by a structured questionnaire, focus group discussion and key informant interviews. In Somalia, the qualitative approach was mainly executed through use of focus group discussions and key informant interviews. Both evaluations employed participatory evaluation methods and desk reviews especially on programme documents and relevant reports. The evaluation approach for the regional component was informed by the appreciation of the fact that the respective countries (Uganda and Somalia) would have their own independent evaluation processes and reports. Thus, the regional component evaluation methodology was mainly qualitative in nature characterized by a descriptive evaluation design. In this

regard, the specific data collection methods for the regional component included: desk reviews, semi structured interviews, and documents synthesis method.

Evaluation Criteria

The evaluation adopted the OECD-DAC criteria which focused on the themes of relevance, efficiency and effectiveness, coherence, sustainability and integration of gender and human rights into programming as the key cross cutting themes. It is important to note that owing to the scope of this program (that spanned one year) there wasn't much focus on assessing the impact as an evaluation criterion. More details about the specific evaluation questions per evaluation criteria are found in Annex 13.2.

Summary of Evaluation Findings

a) Relevance

- The evaluation established that the project was relevant to the targeted beneficiaries including those who had been displaced by conflict and affected by drought in urban areas.
- The project was found to have addressed the needs of the vulnerable groups: including the addressing the needs of the communities at risk from COVID-19. It also addressed gender-based violence as well having been instrumental in the empowerment of women to assert their rights to justice and pandemic prevention measures and contributed to SDG 5; 'Achieve gender equality and empower all women and girls' and SDG 8; 'Promote sustained, inclusive, and sustainable economic growth, full productive employment, and decent work for all.
- The evaluation established that the interventions were relevant to UN Women's mandate to contribute to women's engagement in humanitarian, peace, and security efforts in target locations in alignment with international commitments and standards as well as national policies, strategies and frameworks for humanitarian response and gender equality. The LEAP 2022 programme also contributed to several relevant strategic frameworks both internal and external in the humanitarian sector.
- Based on their participation in the pandemic response at the local level, the implementing partners were chosen rightly, and this was instrumental in the success of LEAP II programme. The programme also worked with relevant line Government ministries and together with other collaborations at different levels, worked to improve project ownership and the much-needed public support of the programme.
- There was active participation and involvement of stakeholders in the implementation of the project. The target communities in the respective countries were engaged through participatory consultative forums and use of community human resources such as the community hygiene promoters.
- The project addressed gender inequalities, through leadership training and increased level of awareness on the harmful cultural practices aimed at enhancing the capacity to advocate for women's rights.

b) Effectiveness

- The project was found to have been effective to a greater extent in terms of meeting the expected objectives and key results. The project's achievements as summarized in programme results achievement table (Annex 13.1) which shows that in both countries the results and outcome and output results were above 50% with some exceeding targets by 50%.
- The overall project goal target was to strengthen the protection, leadership, and empowerment of over 15,760 vulnerable women, men and youth affected by COVID- 19 in IDP and refugee camp of Uganda and Somalia. This target was exceeded by far (115%), whereby a total of 18,127 [F:16,763; M: 1,364] vulnerable women, men and youth affected by COVID-19 and forcibly displaced into IDP and refugee camps) participating in project's protection, leadership, and

empowerment activities were reached directly. An additional 25,7511 [F:16,416; M:9,335] community members in Somalia and Uganda were reached indirectly through door-to-door outreach initiatives, and social media. On the flip side, the only result that was not achieved as planned was on the targeted vaccination of women and girls in Uganda. This was due to the fact that the project was implemented when cases of COVID-19 had significantly reduced which impacted on the need for PCR tests. Besides, the project in Somalia indirectly reached 951,862 community members through social media and radio programs.

- The project was credited to having promoted social inclusion for women and made it possible for them to take part in events like community gatherings, mediation procedures, and meetings for resolving disputes.
- The effectiveness of the project was attributed to several factors, key among them, the coordination at the different levels and the management structures set up by UN Women RO coupled with the capacity of the implementing partners to deliver the projects. On the flip side, the main factors hindering the achievement of project results related to the limited project timeframe, the recurrent nature of drought and the patriarchal nature of the country.
- In Uganda, the target of enhancing the capacity of Women in leadership, by the end of the project held 52% of leadership positions in the refugee settlements. This contributed to a reduction in gender-based violence while in Somalia, about eight in every ten (76%) beneficiaries (vulnerable women, men and youth affected by COVID-19 and forcibly displaced into IDP and refugee camps) reported improved perception of protection, leadership, and empowerment.
- In Uganda, at the ICT training centers, the project was able to provide computer literacy training and 10 computers the community would continue to access for training. In addition, training centers were powered by solar systems provided by the project- aware of the challenge of power outages.

Note: The detailed achievements analysis per indicator for the respective countries are found in annex 13.1.

c) Efficiency

- The project in both countries was found to have been implemented efficiently regarding the utilization of funds as per the set budget. The overall budget was reported to have been sufficient for the general scope of work foreseen by the ProDoc and the set targets as per its results framework. However, efficiency in terms of timeliness of the disbursement of the funds to the implementing partners (IPs) missed the mark as there were delays in both countries. This resulted in some IPs pre financing some activities and a rush to implement the activities in the last quarter. A common attributable factor to the delays in the two countries was an internal challenge within the UN Quantum system and the launch of the new Strategic Note (2022-2025) in Uganda which coincided with the project design and implementation phase.
- Despite the challenges related to the delays in implementation and the delays in the disbursement of funds, the project implemented in the two countries utilized the funds as per the implementation work plan and in a cost-effective manner. Collaboration with other UN agencies also enhanced efficiency in the implementation of the project which was achieved through networking and information sharing among which ensured that duplication of resources was avoided. In addition, timely response in the field was facilitated by the engagement of local community resource persons such as the engagement of Village Health Teams (VHTs) for enhanced responsive efficiency in managing COVID-19 and in Somalia, the engagement of community hygiene promoters and Village Relief Committees (VRCs).
- The project in the two countries was managed by the regional office with country level management led by dedicated country program manager and program specialist. The 100% level of effort of both the program specialist in supporting the implementation, monitoring, and reporting contributed to

¹ Somalia - 15,751 (F:9,916; M: 5,835) community members reached indirectly through door-to-door outreaches, and social media (Twitter, Facebook/Instagram) and radio programs. 30% of the beneficiaries 4,725 (F: 2,375; M: 2,350) were reached through social media.
Uganda 10,000 (F: 6500; M:3500)

efficiency in terms of timely technical support and quality assurance to the implementation team. In addition, the rigor of the reporting systems and regular spot checks at regional and country office levels as well as monitoring visits contributed greatly to the project's efficiency.

- Efficiency in terms of adopting feasible alternatives that could deliver similar results within the given resources was demonstrated profoundly in Uganda. This was demonstrated during the period of fuel crisis whereby the price of fuel increased by 38% and the IPs innovatively, went for the solar power option which was cost effective and was an effective mitigation measure for power outages especially in the preservation of vaccines.

d) Coherence

- The programme's interventions were found to have been compatible with the other interventions in the respective countries and the sector of focus.
- The programme was implemented in alignment with the international development frameworks and country priorities such as the TICAD7 priorities -Japan's contributions for Africa, the national development plans, and UN Women country specific strategic notes.
- The close collaboration and sharing of information with other UN agencies and other development organizations in the respective target areas ensured there was no duplication of efforts and that there was coherence of the programme both internally and externally.

e) Sustainability

- Sustainability as reflected by the extent to which the net benefits of the intervention were likely to continue after the intervention, was manifested in both countries. The most common strategy which was deemed promising was the capacity building component. The Regional Office (RO) capacity building initiative to the implementing partners and especially the Women Led Organizations (WLOs) and other stakeholders was a key ingredient in the sustainability agenda.
- The utilization of the existing local coordination structures such as camp management committees and strengthening male engagement for gender equality and addressing negative social norms worked in enhancing sustainability of the project in both countries. In Somalia, for instance, majority of the beneficiaries at 84%, were confident that the changes made by the project would be sustained after the project had ended due to the inclusive approach to addressing the gender equality issue.
- The other aspect of the project which promoted sustainability was the decentralization of services where the project implementation was decentralized at district/members state level thus enhancing the sense of accountability and ownership by all the implementing partners. This was coupled with mainstreaming the program activities within the District Development Plans in both Uganda and Somalia.

f) Some project interventions were deemed to continue especially in the health components due to the involvement of the local leadership structures. The routine immunization activities, procurement and distribution of PPEs, COVID-19 vaccination, training of hygiene promoters would be sustained beyond the life of the program; ; Office of the RDC and District Health Teams would remain responsible in coordinating and promoting vaccination and provision of PPEs even after the program had come to an end and the provision of the start capital to beneficiaries under the economic recovery and sustainable livelihoods component.

g) Integration of Gender, Human Rights, and Inclusion

- The project design included gender-responsive programming components which benefited the IPs' capacity to ensure the gender mainstreaming of future programmes. There was evidence that women's capacity to participate in decision-making and access to protection mechanisms had improved especially in Somalia. Gender equality was mainstreamed right from the project design which was anchored on strengthening women's capacity in the fight against the prevention of the

pandemic and harmful cultural practices including GBV and educating victims on the referral pathways.

- As a result of the project, more women were involved in leadership as demonstrated in Uganda, whereby women were involved in chairing the district COVID-19 task force in Adjumani district. Also, the project enhanced co-existence and inclusion between the refugees and the people in the host communities. Trained women leaders became champions of community mobilization, awareness creating and agents of change. In addition, majority at 84% of refugees and 79% of respondents in host communities reported that the project had a positive effect in empowering the vulnerable groups.
- In Somalia, the outreach campaigns were used as one of the avenues of integrating gender equality and creating awareness on human rights including the campaigns and messaging guided by the numerous normative frameworks. Further, 88% of the interviewed beneficiaries reported the project helped them improve their knowledge on human rights specifically FGM, early marriage, and other GBV issues.
- The human rights-based approach was applied across all level project implementation. The UN Women team closely worked and collaborated with the implementing partners. In this regard, UN rights-based principles were adhered to in the implementation of the program activities and the provision of psychosocial support to those affected by COVID-19 as well as victims of domestic violence. Training of local leaders in peacemaking strategies was key in integrating the human rights agenda in the project with the aim of building resilient peaceful co-existence.
- Inclusion in the project was mainly ensured through the participatory approach to implementation including transparency and accountability in the beneficiary selection process. A beneficiary selection criterion was put in place which ensured all categories of vulnerability including for persons with disability were identified and targeted. For instance, in Uganda, the survey conducted as part of the evaluation established that among the 455 sampled respondents in the three districts (Yumbe, Kyegegwa and Adjumani) 21.5% of them reported having at least one form of disability.

Regional Office Component Findings

The regional component which was implemented and coordinated by the UN Women East and Southern Africa Regional Office was found to have been effective in realizing the planned deliverables. The RO was effective in the provision of the technical and quality assurance support before and during the programme implementation and in this regard the country offices appreciated the role of the RO in the realization of the programme objectives. Lessons learned from the previous programme (LEAP I) were integrated to a greater extent and as planned, RO facilitated the documentation of best practices and impact of the programme in both Uganda and Somalia.

The Monitoring and Evaluation support to the country offices was executed to a greater extent as well through the regular visits and check ins by the regional programme management staff in liaison with the country programme management specialist. The capacity building component coordinated by the RO was very successful and yielded the intended results. The capacity building component was one of the opportunities upon which the programme could enhance sustainability and long-lasting stakeholder involvement.

Challenges Faced During Implementation

A cross cutting challenge encountered in both countries was the issue of delayed implementation associated with delayed disbursements. Regarding the intervention challenges faced in the respective countries, In Somalia, the issue of entrenched retrogressive cultural practices and beliefs was an impediment in the implementation of interventions related to GBV and gender equality especially exacerbated by the negative perception on the position of women in the society and lack of tracking mechanisms for GBV cases. In Uganda, the key challenges faced included transport and logistical impediments experienced by some implementing partners, some partners being understaffed and court overload issues which affected the timeliness in access to legal services.

Lessons Learned

Table 1: Lessons Learned Summary

Somalia	Uganda
<ul style="list-style-type: none"> • The engagement of local hygiene promoters from the community produced the desired result. • Engagement with local WLOs was instrumental in the success of the project. • The social integration approach was appropriate as it facilitated the social integration of IDPs and host communities. • Interventions which promote equal opportunities to all including women are precursors to addressing gender inequalities. • Having a contingency plan is essential to tackle unprecedented eventualities. • Door to door sensitization strategy is effective in awareness raising. • The involvement of the local community in the implementation of the project was a key ingredient in the success and sustainability of the project. 	<ul style="list-style-type: none"> • The engagement of local partners with long standing expertise in the respective thematic areas is key in facilitating effective and efficient project implementation. • Collaboration with the relevant Government agencies is key in addressing some of the project interventions. • Involvement of local leaders was key very effective in countering myths and misconceptions about COVID-19. • The involvement of men is key in advancing women empowerment. • In the quest of enhancing efficiency, timeliness in the disbursement of funds is a key determining factor. • The consortium delivery mode in implementation is effective and worked well was the most suited in an emergency response context.

Conclusion

The project was relevant and responded to the needs of the targeted beneficiaries in Uganda and Somalia. The RO component was also effective delivering the expected output the role played in relation to country offices was effective. Although the impact of the project could not be established through an end of project evaluation, the results recorded at output and outcomes level were a clear indication that the project would have positive long-term effects in the long term. The use of the local implementing partners coupled with collaboration and coordination with line Government ministries in the respective countries was an effective strategy which worked to produce the expected results.

The efficiency of the project was mostly affected by lack of timeliness especially through delayed disbursement of funds to the implementing partners and roll out of implementation. A key ingredient in the sustainability agenda also was that the project had a significant influence on GBV and COVID-19 behavior modification, as people impacted by displacement continued to be aware of COVID-19 and gender equality after the initiative had concluded.

The experience of IPs and their necessary skills, knowledge, and capacities were key determinants of project sustainability and the application of lessons learned from LEAP I programme was very instrumental to the success of LEAP II. Also, the identification and engagement of local resource persons in project implementation was effective in promoting project ownership and the sustainability agenda. This is coupled with the regional component capacity building initiative which went a long way in enhancing the capacity of internal UN Women staff and Women Led Organizations.

Recommendations

Table 2: Recommendations Summary

Somalia	Uganda	Regional (Cross Cutting)
<ul style="list-style-type: none"> • Engagement of local universities and media 	<ul style="list-style-type: none"> • Future programs should emphasize timely 	<ul style="list-style-type: none"> • The need to factor in the length of internal

<p>could benefit both target groups (refugee/IDP and the host communities on a large scale.</p> <ul style="list-style-type: none"> • Incorporation of entrepreneurship training and livelihood component in future projects. • Technical capacity building and training to be executed at the inception phase of the project so that knowledge and skills acquired could be applied throughout the project's life span. 	<p>disbursement of funds to ensure efficiency in and time appropriateness.</p> <ul style="list-style-type: none"> • Incorporation of business start-up kits will be key in empowering beneficiaries to improve their livelihoods. • The need for a clear exit and handover strategy to the formal government structures notably adult learning and computer skilling was necessary for sustainability. 	<p>operational processes in the planning and implementation of short-term projects.</p> <ul style="list-style-type: none"> • The need for programme dedicated M&E budget and personnel for effective monitoring, evaluation and learning processes. • The need for M&E and communication units to work synergistically. • The need for more inclusion in targeting with special focus on special interest groups. • The need for a risk mitigation and management strategy for short term project as part of the project design and conceptualization • Baseline data/information is necessary for all new projects.
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I Programme Context and Background

I.1 Regional Context

In December 2019, the world was faced with the COVID-19 pandemic. Whilst Eastern Africa was spared the brunt of COVID-19 cases in comparison to other regions in the Global South, its health systems still felt the strain of the fast-moving and unpredictable virus. But it was the socioeconomic impacts that would reveal the greatest vulnerabilities. Income inequality and unemployment were exacerbated by quarantine measures and a sudden drop-in economic activity. The region's growing youth population was hit particularly hard, with increased mental health needs, a rise in gender-based violence and a loss of income-earning opportunities.

The impact of the COVID- 19 pandemic in the region was also exacerbated by other underlying factors which included weak health care systems such as hospital capacities, inadequate personnel, and equipment to facilitate testing and vaccination. The health care system was already overburdened by existing diseases including malaria, cholera, HIV and AIDS, Tuberculosis, among others. According to WHO, "Africa bears "more than 24% of the global burden of disease but has access to only 3% of health workers and less than 1% of the world's financial resources".

I.2 Somalia Country Context

Since it first emerged at the start of 2020 as a global health crisis, COVID-19 had spread to nearly every country in the world. Defined as the greatest challenge the world has faced in decades, the pandemic had disrupted entire nations' social, economic, and political lives. This came in the backdrop of the fact that, over the past two decades, Somalia had experienced a raging civil war, a rise in violent extremism, and a devastating humanitarian crisis, which led to the collapse of institutional and bureaucratic infrastructure and has greatly damaged social cohesion and unity. Growing at an average of 2.5 percent per year from 2012 until 2019, the country's economy had been exposed to, and suffered from, multiple shocks.

Natural disasters and catastrophes that struck the country included recurrent floods and droughts and, in recent years, also locust infestations. These plights were exacerbated by insufficient infrastructure and equipment, limited skills and capacities of public services and institutions to provide solutions in preventing, mitigating, and responding to crises, and weaknesses or outright gaps in the public financial management system.

Since the spring of 2020, the country's fragility had been further compounded by the COVID-19 pandemic, which had claimed a large death toll and, other than that, also heavily impacted negatively on economic growth, food security, employment, remittances, and fiscal revenue. By 2019, it was estimated that more than 5.2 million people in Somalia, mostly pastoralists and agro-pastoralists, were in urgent need of humanitarian assistance given the multiple shocks they had been exposed to over recent years if not decades and which had been steadily eroding their resilience and coping mechanisms (livestock and other assets). By 2021, over 60% (5.9 million) people in need of humanitarian assistance in Somalia, were experiencing food insecurity. In 2020, humanitarian agencies projected that the number of people in need would likely rise to 7.7 million in 2022 which meant that during the LEAP implementation period, the country-wide trends were still moving upwards due to sequent failed rainy seasons.

To curb the spread of the pandemic, the Somalia government put in place prevention measures including the establishment of COVID-19 response committees and an incident management system; border closures; suspension of local and international flights; movement restrictions; and suspensions of services including education. It also restricted mass gatherings and advised social distancing and curfews, which were eased for the holy month of Ramadan. The Ministry of Health and Human Services' 'National Preparedness and Response Plan for Corona Virus Disease, March-August 2020' appealed to international support. The plan had 10 pillars, none of which focused on, or included, risk mitigation of the gendered impacts of the pandemic or ensured women's and girls' rights. Only two pillars made a reference to gender-related or women- and girl-specific needs, namely lifesaving maternal and neonatal services in the health pillar and gender-based violence (GBV) referral mechanisms in the Psychosocial Care pillar.

1.3 Uganda Country Context

Uganda registered its first case of COVID-19 on 21st March 2020. According to the Ministry of Health, Uganda officially recorded a total of 170,775 cases of coronavirus infection and 3,632 deaths since the start of the pandemic in 2020. While the Government of Uganda responded swiftly to implementing Standard Operating Procedures (SOPs) to limit the spread of COVID-19 and implemented measures that included travel restrictions, nonetheless Ugandans and refugees inclusive experienced the impact of COVID-19. The impact of COVID-19 in Uganda was mainly two-fold: disruption in the way of life and in the supply chains and an increase in protection related risks. COVID-19 restrictions affected business activities and led to closure of places of employment. This led to laying off of workers and consequently a slump in private incomes earned from wages and profits. The pandemic disrupted trade, travel, and commerce as a result of cancelled commercial flights and reduced shipping and cargo services. The disruption of the way of life and supply chains lead increase in income poverty, reduction in food security and a general slump in economic activity.

According to a study carried out by the International Growth Center (IGC) on the gender disparities in the impact of COVID-19, 75% of female business owners had to increase the time they spent caring for household members compared to the corresponding rate of 68% for males. In addition, COVID-19 disproportionately affected women more than men. Women who reported the negative impacts of reduced number of meals, reduced quality of food consumed (due to inability to afford higher quality meals as a result of reduced incomes), reduced incomes higher than those of men.

Hosting about 1.5 million refugees, Uganda is largest refugee hosting country in Africa. Most of these refugees are from South Sudan, the Democratic Republic of Congo, Burundi and Somalia. Between October 2020 and March 2021, there were two Uganda Refugee High Frequency Phone Surveys (URHFPS) conducted by UNHCR, the World Bank and the Uganda Bureau of Statistics. These surveys showed that COVID-19 pandemic had disproportionately, and negatively affected refugees compared to Uganda nationals. The poverty rate among refugees was projected to be around 55% higher than the pre-covid

level of 44%. Employment rates fell among refugee respondents from 43% in October 2020 to 32% in March in 2021.

In refugee settlements, due to the consequences of COVID-19, women and girls were exposed to new risks – including sexual exploitation and early pregnancy, as well as limited or no access to education when schools were closed, and a rise in cases of mental ill-health. As the pandemic raged on so were the incidences of domestic gender-based violence – mostly adversely affecting women and girls more in relation to their male counterparts.

1.4 Programme Description

1.4.1 Somalia Project Description

The LEAP 2022 project in Somalia contributed to the UN Women Somalia Strategic Note which supports Women's Leadership, Empowerment, Access & Protection in Crisis Response (LEAP) program approaches to address multiple humanitarian crisis due to recurrent droughts, armed conflicts, floods, and COVID-19 on women's livelihoods. This project was to leverage implementation and continuity of the ongoing LEAP project in Somalia contributing to SDG 5; 'Achieve gender equality and empower all women and girls' and SDG 8; 'Promote sustained, inclusive, and sustainable economic growth, full productive employment, and decent work for all. The programme was to promote COVID-19 prevention and mitigation measures, targeting women and girls in IDP and refugee camps. It enhanced leadership skills of IDP women and girls, developed their capacities for promoting gender responsive COVID-19 prevention and recovery support among crisis affected women in Mogadishu, Baidoa, Kismayo and Garowe. The project was to directly reach over 9,400 beneficiaries (IDPs women and girls) and benefit an additional 10,000 indirectly.

The project was closely aligned with the Somalia National Development Plan 9, 2020-2024 (NDP); the 2030 Agenda for Sustainable Development, UN Sustainable Development Cooperation Framework 2021-2025 (UNSCF), which represented the commitment of the Federal Government of Somalia and the United Nations to partner in achieving peace, stability, and prosperity for all Somalis. The UNSCF four overarching strategic priorities are: 1) Inclusive Politics and Reconciliation, 2) Security and Rule of Law, 3) Economic Development, and 4) Social Development. It also supported institutionalization of the triple nexus (humanitarian, development, and peace) interlinkages through which it will integrate its inclusive peacebuilding, development, and resilience ambitions to help address the chronic vulnerability and structural impediments to sustainable development in Somalia. Lastly, it supported the 2020 Humanitarian Response Plan whose priorities include protection, recovery and resilience and the Recovery and Resilience Framework (RRF).

1.4.2 Uganda Project Description

This LEAP 2022 project in Uganda was designed in line with the national development priorities and goals such as the National Vision 2040, the National Development Plan III, Local Government & District Development Plans III, which had a strong focus on empowering women economically and on prevention of violence against women; and National Action Plan III on UNSCR; the Uganda Gender Policy (2007 - 2017) Priority Areas. The project also aligned with the focus of refugees across the three United Nations Sustainable Development Cooperation Framework (UNSCDF) pillars on Transformative and Inclusive Governance: Shared Prosperity in a Healthy Environment, and Human Wellbeing and Resilience. In Uganda, the project targeted to solve immediate lifesaving and emergency needs of 6,360 (30 percent hosts) as direct beneficiaries in Kyegegwa, Yumbe and Adjumani refugee hosting districts. The project was targeted to indirectly benefit 10,000 (5,000 female and 5,000 male) refugees and host community women, men, girls and boys. The aim was to ensure that refugee women and girls were protected from the impacts of the emergency refugee crisis, and COVID-19 through the provision of gender-responsive COVID-19 services, protection and, enhancing women's leadership, capacity development and peaceful co-existence for better recovery and resilience.

The project was to support the implementation of the Comprehensive Refugee Response Framework (CRRF) and the Global Compact on Refugees (2018) objectives and further development of an integrated and development-led approach to refugees hosting areas supporting both refugee and host populations.

The project was to strengthen the Humanitarian-Development-Peace nexus through efforts to reduce risk and vulnerability and serve as advancement for the achievement of the Sustainable Development Goals (SDGs); specifically, SDG 5; gender equality; SDG 4; 'Quality education'; SDG 10; 'Reduced inequalities'; and SDG 16; 'peace, justice, and strong institutions. The project was to complement the UNHCR, UNDP and UNFPA projects funded by JSB that seek to support COVID-19 response and protection for women, men, boys, and girls in Uganda.

Uganda's Action Plan on implementation of the CRRF (2021-2022) was premised on principles of gender equality and women's empowerment and recognized that the needs of refugee & host communities' women, men, boys, and girls are different and specific, and as such require to be identified and addressed, through enhanced Age, Diversity and Gender Mainstreaming (AGDM) analysis. Through the CRRF, Uganda has rolled out the: Education Response Plan (2018) a Health Sector Response Plan (2019); The Water/Environment Sector Response Plan; all of which aim at ensuring that refugees are integrated into local government planning and budgeting. UN Women through its ongoing interventions, including the LEAP 2022 would support implementation of these sector response plans in a gender responsive manner.

The project was also contributing to the implementation of Uganda's National CoronaVirus Disease (COVID-19) Preparedness and Response Plan (June 2020) specifically the pillars on coordination; community engagement and protection; continuity of essential services; and risk communication and social mobilization.

1.4.3 Strategy and Partnerships

In Uganda the project was designed in collaboration with UN sister agencies; UNHCR, UNDP and UNFPA on selection of target districts, prioritization of activities according to sector needs identified through the interagency working group and office of the Prime Minister; agreed division of labour and complementarity of joint service delivery through the interagency standardized referral pathways for COVID-19 and SGBV survivors. On MHPSS and legal aid services, UN Women was to operate in districts and zones/blocks where UNHCR was not implementing with the JSB funds. UN Women targeted the most vulnerable, most excluded women and girls affected by social impacts of COVID-19 while UNHCR, UNDP and UNFPA will target other affected sectors of the population.

UN Women collaborated with UNHCR and UNFPA on the selection of the existing women empowerment centers that were equipped with solar and ICT equipment. Regular updates, and mutual referrals were made between UNHCR, UNFPA, and UNDP through interagency coordination working groups on SGBV/ protection, PSEA and cash working group. UN Women used the strong ongoing partnerships with local women organizations to ensure awareness raising on COVID-19 for women and girls; as well as promote safety for women and girls during COVID-19 testing and vaccination.

Partnerships were strengthened with the Refugee Law project on implementation of legal aid, leadership and literacy and numeracy activities; Transcultural Psychosocial Organization (TPO) on Mental Health and Psychosocial Support (MHPSS); continued with Makerere RANLab on mobile phone innovations; ("PULIDA-WO APP", Centers 4 Her' App and UNYPA-SRHR Mobile App). Additionally, UN Women partnered with Tsuji Plastics Co. and NEC technologies to equip the Women Empowerment Hubs with Solar electricity, provide solar lanterns for women survivors, and provide SGBV services.

In Somalia the project adopted a strategy of harnessing the respective strengths of multi-sectoral, multi-level partnerships to accelerate transformative change for crises affected women. UN Women collaborated with the Ministry of Women and Human Rights Development and the Ministry of Health at the Federal Government of Somalia (FGS) and Federal Member states (FMS) levels, and Local Civil Society Organizations and the community to ensure that women and girls' COVID-19 prevention and resilience was enhanced through provision of quality essential tools and awareness raising. The office also worked with ACCEPT International - a Japanese NGO operating in Somalia as an implementing partner to support the leadership skills of women and girls in leading on the COVID-19 prevention initiatives.

UN Women Somalia partnered with the World Health Organization (WHO), the Ministry of Women and Human Rights Development (Mohd) and the Ministry of Health at the Federal and relevant FMSs level in smooth implementation of the project linking to ongoing initiatives and provision of safe and quality

COVID-19 prevention and response services. The project also partnered with women’s groups including youth, those living with disability and traditional leaders in promoting the effective participation and skill building of women beneficiaries.

1.4.4 Implementation and Management Arrangements

In Uganda, the overall management of the project was led by the UN Women Country Representative. Technical supervision and day-to-day management of the project was undertaken by the Programme Management Specialist in the respective countries. Technical support to implementation of the project was done by the Programme Analysts and Programme Officers, with the Finance Associate handling the financial aspects of the project.

Similarly, in Somalia, the overall management of the project was led by the UN Women Somalia Office Country Programme Manager while the day-to-day management and technical support to implementation of the project was done by the Programme Specialist with regular monitoring and reporting through the M&R specialist. The finance associate coordinated the financial aspects of the project. The regional office provided oversight and technical support to ensure that the programme was being implemented in a timely manner.

Below is a summary of the key positions and the role played in implementing the programme:

Table 3: Project Key Positions

Uganda	Staff position	Responsibility in the project
	Programme Management Specialist	Direct Programme Management, Budget Management and participation in national level humanitarian programme coordination mechanisms and partnership management
	Finance Analyst	Financial Management for the Programme, liquidation, and advances for implementing partners
	National UN Volunteer - Programme Officer	Technical support to implementing partners in project implementation
	International United Nations Volunteer (Japan)- Program Analyst	Administrative support to project within UN Women and with implementing partners
	Driver	Facilitate field visits to project district sites to support project implementation, monitoring and evaluation
Somalia	Country Programme Manager	Overall Leadership and Oversight of the Program (UNW funded)
	National Programme Specialist (LEAP)	Project Implementation Support (project funded)
	Monitoring and Reporting Specialist	To monitor and report of project activities (Project funded)
	Finance Associate	To manage the financial aspects of the project (UNW funded)
ESARO	Regional Humanitarian Specialist	To provide oversight support in the implementation of the project in both countries (UNW funded)
	Regional Project Advisor	To provide quality assurance, coordinate, and support implementation (Project funded)

	National United Nations Volunteers	To provide administrative support towards effective delivery of the project (Project funded)
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I.4.5 Monitoring, Evaluation and Learning

Monitoring of the project progress was carried out jointly by UN Women and its partners and focused on inclusive accountability and learning (i.e., towards the donor, government agencies, development partners, civil society project beneficiaries and primary stakeholders) and followed Human Rights-Based Approach guidelines. The monitoring also included a learning purpose with the aim of documentation of success stories, promising practices and ensuring that the project informs improvement at both the technical (ongoing project implementation) and strategic (design of similar programmes) levels.

UN Women organized joint field missions with the Embassy of Japan in Uganda and Somalia where possible to visit key project sites and interact with project actors. Programme reporting was done in line with the JSB guidelines and standards in the two countries. UN Women and its implementing partners organized quarterly review meetings as an integral part of project management and monitoring. The Embassy of Japan in Uganda was invited to participate in the quarterly review meetings as needed, whereas Somalia made periodic update meetings with the Japan embassy based in Kenya.

Internally, the regional office coordinated regular meetings with the country offices to track implementation, progress and report any foreseeable challenges that needed to be addressed. All monitoring and reporting were undertaken in accordance with UN Women corporate standards as agreed with the Government of Japan. Both narrative and financial reports were prepared and submitted to the donor, in accordance with agreed timelines.

I.4.6 Evidence and Knowledge Management

The project in Uganda was to conduct a baseline and end-line perception study of safety and security in refugee settlements. This was to be disseminated to stakeholders to inform planning and programming for women and girls' safety, protection, and promotion of peaceful co-existence. Best practices, human impact success stories were identified, documented, and shared widely for learning and advocacy purposes.

Similarly, Somalia was to deepen learning through participation and capacity strengthening of national and local women's organizations in humanitarian-development work. Additionally, the project approach to learning also informed improvement at both the technical (ongoing project implementation) and strategic (design of similar projects levels. The challenges identified were communicated in a timely manner to all parties. Following the completion of the project, an end project evaluation was to be conducted to assess the impact of the project against the goals and document key lessons for possible replication and upscaling.

The regional office also undertook a comprehensive documentation of best practices and impacts of LEAP programming, focusing on South Sudan, Somalia, and Uganda as well as key learning points from both the beneficiaries including implementing partners perspectives. A documentary was developed as a key resource to showcase the impact of the LEAP programming approaches in the region.

I.4.7 Sustainability and Exit Strategy

The envisaged project was built on a sustainability model where the capacities of local women and district local governments institutions would be further strengthened to participate in gender responsive COVID-19 prevention, response, and service provision for IDPs, refugees and vulnerable women. UN Women in Uganda and Somalia, employed key strategies that have previously generated tangible results, as well as those recommended through stakeholder consultations to improve sustainability such as:

- a) Capacity development of women and women led organizations, government, and humanitarian stakeholders.
- b) Building a supportive system for women leaders, refugees,-and host communities
- c) Investment in gender transformative approaches i.e., ICT training for women,
- d) Utilizing existing coordination structures such as camp management committees

- e) Strengthening male engagement for gender equality and addressing negative social norms
- f) Partnership with the private sector companies.

1.4.8 Alignment with Japan’s Priorities

The project in Uganda and Somalia was aligned with TICAD7 priorities -Japan’s contributions for Africa in particular, the Pillars on Society (Achieving Human Security and the SDGs) and Peace and Stability (with focus on addressing the needs and priorities of IDPs and refugees). It is also aligned with the concept of Human Security that advances the nation and community building through skills acquisition for human capital development and protection of individuals. By investing in this project, Japan and UN Women ensures that women and girls in these countries will live in dignity and free from fear and viability in the labor market.

1.4.9 Visibility for Japanese Contributions

UN Women engaged with the local embassies in each target country, sharing information and updates regarding the project. Knowledge products including newsletter, videos were produced and shared with the donors and other humanitarian stakeholders. Circumstances permitting, a donor field trip was to be organized in each of the project sites in Uganda to amplify the impact of Japan’s support. Also, UN Women Somalia partnered with local media houses, online platforms to project events and key forums. Knowledge products and materials acknowledged the support provided by the Government of Japan.

1.4.10 UN Coordination Levy

The project aimed to address urgent humanitarian needs of some of the most vulnerable women and girls who had fled conflict, other disasters and were in IDP and refugee camps, and the surrounding hosting communities in Uganda and Somalia. This population had been highly impacted by COVID-19 due to inadequate access to vaccination, testing and other prevention and response measures. Due to this, the project was exempted from the 1% UN Coordination Levy.

1.4.11 The Regional Office Component

The Regional Office (RO) was expected to provide technical support and quality assurance to country offices with funding from Japan supplementary funding to ensure effective implementation of the project. This included supporting the Country Offices to set up project management structures, periodic monitoring and evaluation visits, quality and timely reports and regular meetings to assess progress and address implementation challenges.

Additionally, the RO sought to deepen the impact of the LEAP programming approach even beyond the two countries implementing this project by facilitating south-to-south learning visits between different countries. For instance, Uganda had emerged as a center for potential learning where countries such as South Sudan, Burundi and Somalia would benefit.

The regional office was also to undertake a comprehensive documentation of best practices and impacts of LEAP programming focusing on South Sudan, Somalia, and Uganda as well as key learning points from both the beneficiaries as well as the implementing partners perspectives. A documentary was to be developed as a key resource to showcase the impact of the LEAP programming approaches in the region.

The regional office was to facilitate in-depth capacity building to the country office on LEAP programming and reporting modalities and procedures to ensure that high quality reports were prepared and submitted. To support the leadership and participation of women COVID-19 interventions, a capacity building of women’s and youth organizations on leadership and participation in COVID-19 related interventions were to be carried out.

1.4.12 Programme Budget Summary

Table 4: Project Budget Summary

OUTCOMES	OUTPUTS	BUDGET (USD)
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Outcome 1	Output 1.1	310,000
	Output 1.2	295,000
	Output 1.3	25,000
	Output 1.4	80,000
	Total Outcome 1:	710,000
Outcome 2	Output 2.1	150,000
	Output 2.2	225,000
	Total Outcome 2:	375,000
Outcome 3	Output 3.1	105,000
	Total Outcome 3:	105,000
Project Management (staff Costs)		390,226
Total Programs Costs		1, 190, 000
Communication & visibility (2 percent)		33,400
Monitoring, Evaluation & Travel (3 percent)		73,193
Operations (4 percent)		34,000
Total Programmes & Operations		1,720,819
Admin Costs (8 percent)		131,032
Grand Total		1,851,851

2.0 Evaluation Purpose and Objectives

The purpose of this independent end-term evaluation was to assess the programme achievements against the set objectives, identify and document lessons learnt (including design issues, lessons and best practices that could be up-scaled or replicated), and assess how the program contributed to strengthening the protection, leadership and empowerment of over 15,760 vulnerable women, men and youth affected by COVID-19 in IDP and refugee camps of Uganda and Somalia.

It is a priority for UN Women that this end line program evaluation will be gender-responsive and will actively support the achievement of gender equality and women's empowerment, with emphasis on UN Women key areas central to supporting women and girls' empowerment in humanitarian action: Leadership and participation, Protection and safety, and Economic well-being.

The overall objectives of the evaluation in the two countries included:

- Assess the relevance of LEAP intervention in addressing the needs of COVID-19 prevention and mitigation measures.
- Assess the effectiveness and efficiency of UN Women's approach for achievement of results, as defined in the logical framework.
- Analyze how the human rights approach and gender equality principles were integrated in LEAP and humanitarian action programming.
- Identify and validate lessons learned, promising practices and innovations of work supported by LEAP Program within the context of the aid effectiveness agenda.
- Assess the inter-connectedness and sustainability of UN Women's initiatives on increasing leadership, protection and economic opportunities for refugee women and analyze possible weaknesses, in order to improve next steps for scale-up programming.

- Provide actionable recommendations with respect to the strategy, and overall approach to UN Women’s programming in humanitarian settings.

The primary intended users of this evaluation include:

- UN Women management
- Relevant staff in target ministries, local government/government institutions, and CSOs
- Target beneficiary communities/groups
- Members of community leadership structures
- Other UN agencies
- Development partners

Primary intended uses of this evaluation are:

1. Learning and improved decision-making to support scale up of the LEAP programming approach.
2. Feedback, participation, and accountability to affected communities.
3. Accountability for the development effectiveness of LEAP to donors and other stakeholders.
4. Capacity development and mobilization of national stakeholders to advance gender equality, protection, and empowerment of women.

3.0 Evaluation Criteria and Methodology

The evaluation adopted the OECD-DAC criteria with focus on the themes of relevance, efficiency, and effectiveness, as well as coherence as well as an additional criterion on gender equality and human rights. Owing to the scope of this program (that spanned one year) there was not much focus on tracing impact and sustainability themes of OECD-DAC. The evaluation used the Theory-Based Evaluation approach to assess the LEAP II programme characterized by use of mixed methods. The intervention logic as summarized in the result framework was the key point of reference since the programme did not an explicit Theory of Change and therefore the evaluation was focused on assessing how the programme results at output and outcome level were achieved and subjecting them to the evaluation criteria.

3.1 Somalia Evaluation Methodology

The evaluation methodology used in Somalia was mainly qualitative characterized by desk reviews, focus group discussions and key informant interviews. The qualitative approach was preferred given the context, accessibility issue and security situation in the country which did not favour the use of quantitative household surveys. Through a participatory approach, where substantive consultations were made with all project stakeholders both internal and external to get insights on the project achievements, challenges, and their perceptions.

Data Collection Methods

A. Desk Review

The evaluators reviewed project documents and UN Women evaluation guidelines. The documents reviewed are annexed in the report and the full list of documents is presented in the bibliography.

B. Key Informant Interviews

The evaluation team conducted key informant interviews (KIIs) with key stakeholders, including beneficiaries of the LEAP project in Southwest, Puntland, Banadir and Juba land, implementation partners (NAPAD and SWDC), UN Women staff Somalia office, ministries of women and Ministries of Health (Federal and State Level).

C. Focus Group Discussions

FGDs were conducted with key project stakeholders at community level. These FGDs explored the impact of the project and achievement of project activities based on key project outputs, as well as gather feedback on the project’s approach and activities to inform key lessons learned. Each FGD comprised an average of 8 participants sampled purposively to ensure a variety of participants according to their gender, age groups and participated activities are reached who engaged with key aspects of the project.

Sampling Method and Sample Size

A. Key Informant Interview Sample Size

The sampling method for the Key Informant Interview was purposive which was informed by the qualitative nature of the evaluation whereby 20 Key informants from the key project stakeholders were interviewed as presented in Table 1.

Table 1: Somalia Key Informant Interviews Sampling

Key Informant	Number Interviewed
1. UN Women staff (Somalia)	1
2. NAPAD Project staff	4
3. SWDC Project staff	4
4. Officials from Ministries of Women	3
5. Officials from Ministry of Health	3
6. Community Members targeted in awareness raising sessions	5
Total	20

Similarly, the sampling method for the Focus Group Discussions was purposive which was informed by the qualitative nature of the evaluation. A total of 8 FGDs were conducted and each FGD consisted of 8 participants (64 persons in total) as presented in Table 2.

Table 2: Focus Group Discussion Sample Size

Participant Type	Number of FGDs
1. Women leaders trained to enhance leadership, equal representation of women in decision-making and how-to refer cases to formal justice system in all target project areas	2
2. Women Provided with material assistance (dignity kits)	2
3. Participants on Community conversations / dialogues led by community opinion leaders	2
4. Trainees on training of trainers (ToTs) workshops on GBV prevention and response using IASC GBV in emergency guidelines	2
Total	8

Data Analysis

Content analysis method was used to analyze data collected for this evaluation. In this regard, data was recorded, transcribed, and coded to identify recurrent themes from opinions and experiences expressed during the KIIs and FDGs. Data analysis entailed making notes of the transcripts, categorizing contents, and linking categories to summarize findings into themes. This information was used and interpreted in view of the evaluation objectives to make a conclusion about whether the intervention achieved its intended results, documented lessons learned, best practices and made recommendations.

3.2 Uganda Evaluation Methodology

Data Collection Methods

The evaluation utilized a mixture of quantitative and qualitative methods to respond to the evaluation questions. The data collection method included the following:

A. Review of Secondary Data

This included review of the relevant project documents which included project reports, progress reports of implementing partners, monitoring reports and the annual consolidated report for both Uganda and Somalia at the end of the project.

B. Key informant Interviews

Key informant interviews were held with 33 stakeholders drawn from the three district authorities in Yumbe, Kyegegwa and Adjumani. The respondent in the KIIs included Implementing partners, District Authority officials as well as with UN Women Team and Office of the Prime Minister officials.

C. Focus Group Discussion (FGD)

FDS were organized for the project beneficiaries who were not part of the quantitative surveys in the two targeted districts. They were conducted in a participatory manner guided by an FGD guide whereby the notes recorded during the discussions were transcribed and key themes that also were to triangulate the findings in the quantitative survey.

D. Survey Method

This was characterized using semi-structured questionnaires. The questionnaire was digitalized and administered using the ODK open-source data collection software which was administered by the evaluator by interviewing the sample respondents.

Sampling Method and Size

Simple random sampling was used to identify beneficiaries in the quantitative survey method targeting the key beneficiaries of the project including refugees who benefited from the different components of the project. The survey was administered to a total 455 beneficiaries as indicated in Table 3 below which also summarizes the demographic characteristics of the project beneficiaries who participated in the survey, including gender, age, residence status, marital status, education, among others.

Purposive sampling technique used to select respondents the key informants based on the stakeholder analysis that was conducted during the inception phase. Regarding the Focus Group Discussions, there were 2 FGDs conducted who constituted 12 female and 6 male refugees who benefited from the project in the two districts of Adjumani and Kyegegwa.

Table 3: Survey Respondents Distribution in Uganda

Respondent Characteristics	Male		Female		Overall	
	Count	%	Count	%	Count	%
1. Location/District						
Kyegegwa	62	57.4	91	26.2	153	33.6
Yumbe	38	35.2	114	32.9	152	33.4
Adjumani	8	7.4	142	40.9	150	33.0
2. Beneficiary Category						
Host	36	33.3	86	24.8	122	26.8
Refugee	72	66.7	261	75.2	333	73.2
3. Age Group						
Youth (12-24)	34	31.5	146	42.1	180	39.6
Non-Youth (≥25)	74	68.5	201	57.9	275	60.4
Disability Status						
PWD	33	30.6	65	18.7	98	21.5
Non PWD	75	69.4	282	81.3	357	78.5

Overall	108	100	347	100.0	455	100
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Data Analysis

Data were analyzed using quantitative and qualitative methods. Quantitative data were analyzed using descriptive statistics to meet the objectives of the evaluation. Thematic coding was used to analyze qualitative data ensuring that this addresses the key evaluation questions and objectives. Notes from the interviews were transcribed and complemented by synthesized survey data from sample of beneficiaries.

3.3 Regional Office Component Evaluation Methodology

The approach for evaluating the RO component was based on the understanding that the respective countries (Uganda and Somalia) had their own independent evaluation processes and reports. This was made clear during the inception meetings, whereby it was clarified that the role of the Regional Team Lead was to consolidate the country level reports and conduct the evaluation of the regional component of the LEAP programme.

In view of the above, desk reviews were one of the main methods especially in the key project documents including the ProDoc, results framework and the bi-annual report. The other key method was the; semi structured interviews which were used to interview the relevant UN Women Regional Office staff and other stakeholders such as representatives from women-led organizations who were involved in the implementation and management of the LEAP programme. The administration of the interviews was done virtually. To consolidate the two country reports, the Regional Team Lead used synthesis method to review and distill the findings and package it in a summarized manner without losing the content and the spirit of the respective reports.

3.4 Methodology Limitations and Mitigation

Insecurity and Inaccessibility: The insecurity and inaccessibility of some of project sites in Somalia limited the application of the survey method level in data collection. This limitation was mitigated using focus group discussions and key informant interviews with stakeholders as opposed to household level surveys. The meetings were organized in close collaboration with the community and local administration to ensure that the venue and timings did not pose security risks to the evaluators and the respondents as well.

Lack of Baseline Information: The absence of baseline data before the start of the project was an impediment assessment of effectiveness and assessment of project performance. The baseline figures would have served as reliable benchmarks especially in making judgements on the results achieved at outcome and output level by providing an objective ex- ante and post- ante comparison. Nevertheless, the internal progress reports including the mid-term report were helpful in completing the Programme Results Achievement Table (see annex 13.1).

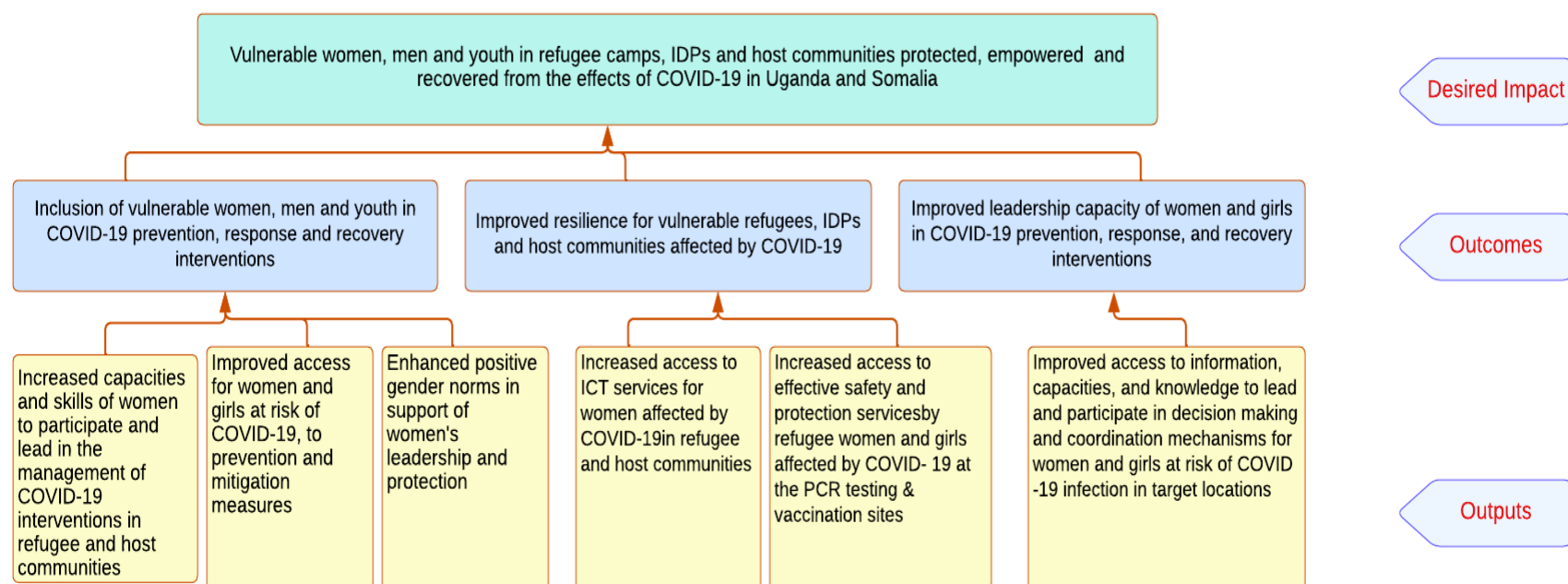
Inconsistency of Presentation: Since the country level evaluations were conducted by two independent consultants, their distinct writing style, approach to the evaluation, presentation and judgment meant two distinct reports. This presented a challenge in terms of synthesis process and consolidating the two, while keeping an eye not to lose any factual content and originality of the respective evaluators. As a mitigation measure, the regional team lead tried as much as possible to extract the key information in the respective reports and developed a standard outline and flow of the consolidated report.

Limited Comparative Analysis: The divergent methodological approaches and presentations by the evaluation consultants in the two respective countries presented a challenge in the process of synthesis and deducing a comparative analysis on the evaluation findings. The mitigation strategy in this process, was to structure the consolidated report per country and synthesis of the common findings as per the evaluation criteria without pursuing the comparative analysis approach.

4.0 Reconstructed Theory of Change

As per the project documents reviewed and the evaluability assessment reports, the project did not have a Theory of Change (ToC) when it was designed. However, the anticipated results were summarized into Results and Resource Framework (RRF) with outcome and output level results and indicators. The reconstructed ToC presented in Figure 1 which is a combination of the evaluation findings from Uganda and Somalia, is based on the achieved outputs in the respective countries and the emerging outcomes which would ultimately lead to the desired impact. As indicated under the applicable evaluation criteria, it was not feasible to assess the impact by the end of the 1-year period and therefore the desired impact as indicated is based on assumption and the causal logic of the long-term desired effect of the LEAP II programme.

Figure 1: Reconstructed Theory of Change



5 SECTION A: Country Level Findings

This section presents the key findings from the country level evaluations as documented in the submitted evaluation reports. The flow of the findings is presented in line with the evaluation criteria as per the OECD DAC criteria and as stipulated by the TORs. The evaluation criteria included in this report as per the country level reports include relevance, effectiveness, efficiency, sustainability, and how cross cutting issues were integrated into the project. Impact as an evaluation criterion was not applicable bearing in mind that it was a 1-year project and therefore tracking of the long-term effects of the project may be done later.

5.1 Relevance

Relevance according to the OECD DAC criteria is used to evaluate the extent to which the intervention objectives and design respond to beneficiaries, global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change. The sections below summarize the findings from the country evaluation reports in this regard.

5.1.1 Somalia

Finding 5.1.1.1: The project was to have been relevant and to have addressed needs of vulnerable groups and addressed gender inequalities.

The LEAP project in Somalia was found to have been relevant to the targeted beneficiaries including those who had been displaced by conflict and drought in urban areas, particularly in Baidoa, Kismayo, Banadir, and Garowe. In this regard, the project was considered by the beneficiaries to have been timely, at the time when it was needed and thus reconfirming that the project was relevant to their needs. The project addressed the needs of communities at risk from COVID-19 and gender-based crimes including rape and FGM, which have escalated because of the epidemic.

The project was instrumental in the empowerment of women to assert their rights to justice and pandemic prevention measures, such as sanitation and thus enabling them to play crucial roles in the existing community structures. In addition, the project leveraged implementation and continuity of the LEAP I pilot project in Somalia contributing to SDG 5; 'Achieve gender equality and empower all women and girls' and SDG 8; 'Promote sustained, inclusive, and sustainable economic growth, full productive employment, and decent work for all. The project addressed gender inequalities, through leadership training and increased level of awareness on the harmful cultural practices which was deemed to enhance the capacity to advocate for women's rights.

Finding 5.1.1.2: The project was found to have been aligned with the UN Women's mandate, national and international development frameworks.

The LEAP II interventions in Somali, were aligned and relevant to UN Women's mandate of contributing to women's engagement in humanitarian, peace, and security efforts in target locations in alignment with international commitments and standards as well as national policies, strategies and frameworks for humanitarian response and gender equality. The project also contributed to several relevant strategic frameworks both internal and external in the humanitarian sector. These included: the UN Women Somalia Strategic Note, contributed to SDG 5; 'Achieve gender equality and empower all women and girls' and SDG 8; 'Promote sustained, inclusive and sustainable economic growth, full productive employment and decent work for all, 2020 Humanitarian Response Plan, the Recovery and Resilience Framework (RRF) and WHO strategic preparedness and response plan (SPRP) designed to guide countries in the transition from COVID-19 pandemic emergence phase to sustainable comprehensive management of the pandemic

The project was also aligned to the Somalia National Development Plan 9, 2020-2024 (NDP) and to the Ministry of Women and human rights development objective regarding the eradication of GBV and the promotion of women's economic and political empowerment and the Ministry of Health to prevent and respond to the COVID-19 pandemic.

Finding 5.1.1.3: The project implementation approach was participatory and promoted local ownership by involving key stakeholders.

It was established that the implementing partners were selected in a participatory manner and their engagement in pandemic response at the local level was felt by the target groups. The partners included civil society organizations (CSOs), particularly women-led organizations (WLOs), who oversaw coordinating efforts to provide vital and life-saving assistance to crisis-affected women and girls. The project also worked with relevant line Government ministries such as the Ministry of Health Ministry in the implementation of the project. The close collaboration with the government at the regional and federal levels improved ownership and the much-needed public support of the project.

It was established that the project involved the primary beneficiaries by organizing consultative meetings, community dialogue sessions, and community-based trainings. The Ministries of Health and the Ministry of Women and Human Rights Development were among the key Government agencies engaged throughout the project's life cycle. In addition, community hygiene promoters selected from the target villages, Village Relief Committees (VRCs) and diverse community leaders participated in the design and implementation of the project.

5.1.2 Uganda

Finding 5.1.2.1: The project interventions were found to have been relevant and responded to the identified needs of women and girls in refugee settlements and their host communities.

Through the primary survey conducted on the beneficiaries, 96% of the respondents affirmed that the project was relevant and addressed their needs. The project interventions which were found to have been relevant included, the English for Adults (EFA) training, and computer literacy project for Refugees and members of host communities who were challenged due to low levels of literacy and communication. From Focus Group Discussion (FGDs) conducted, most women and girls reported that LEAP II was among the first interventions they ever experienced that offered English for Adults (EFA) training, computer, and financial literacy training. ICT literacy supported women to engage in digital marketing - by advertising their products on social media platforms. On the other hand, women utilized ICT training and digital skills to adopt designs off the websites to enhance the quality and style of their own production. Also, the business skills training came in handy, as it worked to empower women and girls recover from the adverse effects on COVID-19 on their sources of livelihood. Thus, this component of the project was relevant to the needs of women and girls and by narrowing the livelihoods gap. For instance, in Adjumani, there was an increase in the number of Village Savings and Loans Associations (VSLAs) which boosted the start of business ventures mainly in food vending and merchandising.

In addition, the project design was based on the lessons learned and situational analysis conducted, and results generated from LEAP I. Thus, the project responded to the needs of the vulnerable (refugees and their host communities) who were deemed most at risk and in an emergency setting.

Finding 5.1.2.2: The COVID-19 vaccination roll out was timely and helped to mitigate the adverse effects of the pandemic.

The vaccination campaign was roll out at a time when the COVID-19 pandemic had entered a second wave at a time when only 19% of the targeted community had been vaccinated, hence the roll-out of the mass vaccination campaign was so timely and relevant. The psychosocial support component targeting mainly the refugees originating from DRC and South Sudan with various traumatic experiences was

relevant and went a long way to help them manage and recover from the trauma and the mental health challenges.

In the quest of integrating stakeholder participation, the project worked with local leaders, community mobilizers and Village Health Teams (VHTs) and supported Government authorities to undertake a mass vaccination campaign through provision of information in community meetings and on FM Radios. This helped to increase vaccination coverage from 19% to 55% for only the short time that intervention was implemented.

Finding 5.1.2.3: The project improved the access to legal services was found to have been relevant to the needs of beneficiaries most of whom could not afford any form of legal advice and representation.

As the COVID-19 took its toll so did the cases of gender-based violence, school drop-out and teenage pregnancies. The rise in gender-based violence created a need to support women to take up leadership roles and speak out against this vice. The legal component served by the Refugee Law Project was highly relevant to the needs of beneficiaries most of whom could not afford any form of legal advice and representation. For women to assume leadership roles, it was important to learn public speaking skills. So imparting skills such as writing, reading, listening and information on human dignity and rights was highly relevant in creating this empowerment.

5.2 Effectiveness

Effectiveness according to the OECD DAC criteria is used to evaluate the extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups. The sections below summarize the findings from the country evaluation reports in this regard.

5.2.1 Somalia

Finding 5.2.1.1: The project in Somalia exceeded its end-of-project goal target by 50%.

14,055 out of the targeted 9,400 community members (vulnerable women, men and youth affected by COVID-19 and forcibly displaced into IDP and refugee camps) were reached by the project's protection, leadership, and empowerment activities. In Somalia, the target was exceeded because of new influx into the IDP camps due to the recurring droughts and increased insecurity due to Al-Shabaab insurgency. Besides, the project indirectly reached 951,862 community members through social media and radio programs. Effective coordination at the different levels and the regular follow-up by UN Women coupled with the capacity of the implementing partners to deliver the project were the main contributing factors to the achievement. The detailed achievements for Somalia per indicator at outcome and output level are presented in Annex 13.1.

The experience of IPs and their necessary skills, knowledge and capacities needed to deliver the project and the integration of inclusive approaches in implementation which benefited the whole community were the main contributing factors to successful project implementation. On the flip side, the main factors hindering the achievement of project results related to the limited project timeframe, the recurrent nature of drought and the patriarchal nature of the country.

Finding 5.2.1.2: It was established that the project was instrumental in the improvement of perception on protection, leadership, and empowerment of women and girls in a highly patriarchal society.

About eight in every ten (76%) beneficiaries (vulnerable women, men and youth affected by COVID-19 and forcibly displaced into IDP and refugee camps) reported improved perception of protection, leadership, and empowerment. The project was credited to having promoted social inclusion for women and made it possible for them to take part in events like community gatherings, mediation procedures, and meetings for resolving disputes. According to them, women were no longer referred to as the "kitchen

objects”, but rather as human beings with dignity. They were also seen as human beings with dignity rather than as “sex objects”. In essence this achievement demonstrates that women and girls had gained lasting leadership capacities and were able to participate in decision-making.

Finding 5.2.1.3: The LEAP project contributed to encouraging stakeholders to collaborate and collectively leverage each other’s expertise for the benefit of women and girls in the target locations.

The implementing partners worked closely with the Ministries Women and Human Right Development and Ministry of Health in their outreach activities as the project required a partnership between entities that have experience in the areas of development, recovery, resilience, and humanitarian support. The engagement and coordination with the government was effective throughout the project’s life cycle and according to the officials interviewed, they ensured a role during oversight as well as an in implementation ensuring an appropriate selection of beneficiaries to maximise the reach of the project in catering to the needs of the most vulnerable and underserved members of the community. However, officials from the ministry of women in Jubaland mentioned that coordination with and between the NGOs could be enhanced. UN Women needs to ensure effective coordination among the partners and with the government to ensure accountability.

Finding 5.2.1.4: The project contributed to behavioral change in practices in sanitation and hygiene and improved management of GBV cases.

Preventative hygiene measures, such as washing hands regularly, have become an integral part of people’s daily routines. This was attained as a result of the community awareness sessions which targeted the community in a way that enabled them to proactively protect themselves against infections. Communication via Radio, flyers, and door-to-door awareness campaigns were used to spread COVID-19 awareness among the project’s target beneficiaries. Women’s empowerment was accomplished through community conversation facilitation, awareness campaigns, and capacity-building training.

The project was also crucial to some degree of behavioural change with regard to GBV and COVID-19, as evidenced by the communities affected by displacement continuing knowledge of COVID-19 and gender equality after the project’s conclusion. Today, some of the most vulnerable populations may assert and use their rights. Additionally, there were more referral of GBV cases as compared to when the project was not there.

5.2.2 Uganda

Finding 5.2.2.1: The project in Uganda exceeded its end-of-project goal target by 19%.

The project in Uganda as well exceeded the target at goal level, whereby the number of community members (vulnerable women, men and youth affected by COVID-19 and forcibly displaced into IDP and refugee camps) participating in project’s protection, leadership and empowerment activities reached was 7,574 against a target of 6,360 which translated into 119% achievement. The detailed achievements for Uganda per indicator at outcome and output level are presented in Annex 13.1.

The outcome target on vulnerable women, men and youth to lead and participate in COVID-19 prevention, response and recovery interventions in Uganda and Somalia was met and exceeded slightly (103%). However, regarding the Number of women and girls vaccinated against COVID-19 in Uganda the target that had been set of 1500 was not met since the project was implemented when cases of COVID-19 had significantly reduced which impacted on the need for PCR tests. However, due to other emerging epidemics like Ebola, the district local governments purchased and distributed assorted medical items that enabled health workers to safely offer services to the community.

The key contributing factors to the achievement of the results included the role played by the District COVID-19 Task forces, chaired by the Resident District Commissioners (RDCs), and working with OPM in refugee settlement, and host communities in creating an enforceable environment and the routine

monitoring of the project by District Teams working jointly with teams of implementing partners. Also, the achievement in the access to legal justice was attributable to decentralization of mobile courts in Yumbe which led to increased legal access and inclusion of more vulnerable women, girls, and women leaders.

Finding 5.2.2.2: The project contributed to improved capacity of women in leadership which saw 52% of leadership positions in the refugee settlements being held by women.

The women’s improved participation in leadership in the refugee camps contributed to a reduction in gender-based violence cases and reduction of gender inequalities that existed before. The program extended training for women and girls in financial literacy and basic business skills which enabled some of them to start businesses within a refugee settlement. As part of the program some women were given start-up kits to set up VSLAs in as much as this was to a limited scale. A few that sustained VSLAs obtained small grants to start up small businesses and access macro loans at a low interest rate. In addition, the program provided creation of social groups (peer-to-peer groups) where women and girls were able to freely share experiences, interact and through these socialization groups were able to overcome challenges.

At the ICT training centers, the program was able to provide computer literacy training and 10 computers the community would continue to access for training. In addition, training centers were powered by solar systems provided by the program- aware of the challenge of power outages. English for Adults (EFA) was part of the adult literacy program. It helped to improve the communication skills in a community where refugees are unable to communicate in their diverse local dialects.

Finding 5.2.2.3: The project promoted positive gender norms in support of women’s leadership and protection from violence and access to COVID-19 awareness and sensitization measures in Uganda.

The survey conducted on 455 respondents (108 male,347 female) established that 79.1% of respondents appreciated that the program promoted positive gender norms and 93.34% indicating the project to have increased the access to COVID-19 awareness and services and 90.3% reported increased access to effective safety and protection services at the PCR testing and vaccination sites. However, only 35.4% mentioned that it has increased access to ICT skills and services. This was mainly because training was extremely limited to make an immediate impact.

5.3 Efficiency

Efficiency according to the OECD DAC criteria is used to evaluate the extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. The sections below summarize the findings from the country evaluation reports in this regard.

5.3.1 Somalia

Finding 5.3.1.1: 71% of the project’s budget went to direct implementation costs.

As presented in Table, the Somalia project overall budget was spent on the planted items, with 71% of the project’s budget going to direct implementation costs. The budget was found to have been sufficient for the general scope of work foreseen by the ProDoc and in the achievement of the set targets.

Table 4:Somalia Project budget and expenditure report

Activity/Item	Budget USD	%	Actual	%
National Project Specialist	54,408.00	10%	TBC	TBC
M % E and Reporting Specialist	50,148.00	9%	TBC	TBC

Monitoring, Evaluation & Travel (3 percent - 5000, 7600)	12,600.00	2%	TBC	TBC
Communication & visibility (2 percent)	8,400.00	2%	TBC	TBC
1.2.1: Awareness raising and education on COVID-19 prevention and mitigation for 6,000 women in the IDP settings in Mogadishu, Kismayo, Baidoa and Garowe.	135,000.00	24%	135,000.00	24%
1.2.3: Ensure PCR testing and vaccination sites in refugee and IDP camps are safe, and women and girls are protected from sexual violence through awareness raising, effective monitoring and timely support by the government and other stakeholders.	40,000.00	7%	40,000.00	7%
Distribution of COVID-19 prevention and mitigation tools; 2,800 Rapid PCR test kits and 2,000 aprons for women IDPs in Mogadishu, Kismayo, Baidoa and Garowe.	120,000.00	21%	120,000.00	21%
3.1.1: Strengthen the capacity of 300 women in Mogadishu, Kismayo, Baidoa and Garowe on participation, decision making in COVID-19 preparedness planning, response and recovery	40,000.00	7%	40,000.00	7%
3.1.2: Conduct 2 training of trainers (ToT) workshops on GBV prevention and response using IASC GBV in emergency guidelines for 300 women and girls from key stakeholders involved in COVID-19 response in target locations	25,000.00	4%	25,000.00	4%
3.1.3: Partner with community-based radios, women and youth organizations, religious and community leaders to create awareness, share information on the prevention and management of COVID-19 to 10,000 men and women	25,000.00	4%	25,000.00	4%
3.1.4: Assess COVID-19 preparedness and response plans to identify how gender is being mainstreamed, gaps and opportunities to strengthen the integration of gender in these key frameworks to ensure effective prevention of COVID 19.	15,000.00	3%	15,000.00	3%
Indirect support cost	34,270.00	6%	TBC	
	559,826.00	100%		71%

Finding 5.3.1.2: There was delayed implementation of some activities due to late fund disbursements.

There were delays in the disbursement which resulted in delayed implementation of some activities by the IPs. In some cases, the IPs had to pre-finance considerable portions of their operational budget under the project and claim afterwards since the funds were released on tranches. One of the factors responsible for the delay in disbursement of funds was an internal challenge within the UN Quantum system. Some activities were implemented towards the end of the project, for instance it was reported that a two-day training on results-based monitoring and reporting was conducted for the IPs towards the end of the project implementation period.

Despite these challenges, the project funds were utilized as per the implementation work plan and in a cost-effective manner. The use of the local implementing partners also helped to reach the intended beneficiaries cost effectively through engaging the Women Led Organizations that are the frontline responders in the humanitarian crisis, leading efforts to deliver essential and lifesaving support to crisis-affected communities in hard-to-reach areas.

Finding 5.3.1.3: The project management structures were responsive and provided the support efficiently.

The overall project was managed by the regional office with country level management led by a dedicated country program manager and program specialist with 100% level of effort to support the implementation, monitoring, and reporting. The recruitment of a Monitoring and Reporting consultant was key in improving the efficiency of the project through provision of technical support in the integration of gender-sensitive monitoring and reporting mechanisms as well as strengthening the capacity of partners in reporting and M&E of the project.

The regular follow up and field visits and spot checks by the UNWOMEN RO staff also helped to fast track the response and faster resolution of challenges that were encountered. Besides, the project developed a coordination platform with other UN agencies and contributed to the United Nations Country Team (UNCT) work plan and reporting and information-sharing on the Covid-19 pandemic at the country level.

5.3.2 Uganda

Finding 5.3.2.1: Overall, the program delivered value for money as all the targeted program activities were successfully implemented and the targets were achieved.

Overall, the program delivered the key set results and targets as per the result framework. Regarding the project expenditure rates, it should be noted that the information provided regarding the finance is only an expenditure report and not a spend rate analysis (budget vs expenditure). Nevertheless, from the interviews conducted with the relevant project staff, it was pointed out that the allocated budget had been spent accordingly.

Table 5:Uganda Project Expenditure Report

Outputs and Outcomes	Description of activities	Amount (US\$)
Output 1.1: 3,000 Refugee and host community women have increased capacities & skills to participate and lead in the management of COVID-19 interventions within refugee and IDP camps in Uganda.	I.1.1: Support to 3 District Local Government COVID-19 task force teams (Adjumani, Kyegegwa and Yumbe LGs)	95,000
	I.1.2: Support to 3 local women organizations to support the awareness creation and mobilization of women	80,000
	I.1.3: Equipment and facilitation of 500 health workers and Village health team members	15,000
	I.1.4: Training provided on transformative leadership skills trainings including virtual classes.	80,000
	I.1.5: Provide Solar lanterns to 500 women learners and refugee leaders, as well as SGBV survivors.	25,000
	I.1.6: COVID-19 safety and security study in refugee settlements	15,000
Subtotal Output 1.1		310,000

Output 1.3: 1,530 benefited from initiatives promoting positive gender norms in support of women's leadership and protection from violence and access to COVID-19 awareness and sensitization measures in Uganda	1.3.1: Civic Education on COVID- 19 conducted in communities targeting 500 women and 500 men in the targeted districts	10,000
	1.3.2: Distribution of COVID-19 knowledge and information materials	5,000
	1.3.3: Awareness raising through community-based dialogues on teen pregnancy, child marriage and SGBV.	10,000
Sub total output 1.3		25,000
Output 2.1: Increased access to ICT skills and service, through existing women empowerment centers in Uganda	2.1.1: ICT equipment, including computers, and internet services in partnership with NEC Africa (Pty) Ltd provided to COVID-19 affected women and youth	120,000
	2.1.2: 500 women trained in the use of ICT skills	30,000
Sub-totals 2.1		150,000
Output 2.2: 1,330 refugee women and girls affected by COVID-19 have increased access to effective safety & protection services at the PCR testing and vaccinations sites in Uganda.		100,000
	2.2.2: Provision of legal aid services	100,000
	2.2.3: Provision of capacity building in gender and human rights responsive GBV and SRH services.	5,000
	2.2.4: Provide smart phones, airtime and bicycles to 30 women support groups,	20,000
Subtotal output 2.2		225,000
Total Project Costs		290,620
GRAND TOTAL		1,000,620

Finding 5.3.2.2: There was delayed implementation of some activities due to late fund disbursements.

Similarly, in terms of timeliness, the program was originally designed to end in December 2022. However, due to some unforeseen challenges like delayed release of funds in time, the project implementation started late, and the program end date was extended to March 2023. Delays to implement the project, overall, affected its efficiency to an extent. Despite this delay, the project stakeholders worked together with the implementing partners to seamlessly deliver the project, notwithstanding the limited implementation window of only three months.

Finding 5.3.2.3: Some implementing partners face logistical challenges which affected efficiency to an extent.

It was established that in the process of field implementation, some IPs faced transport and logistical challenges due to limited transport facilities (vehicles and motorbikes) coupled with the increase in operational costs due to the unprecedented hike in fuel prices. Furthermore, inefficiency was also experienced in access to legal services due to the workload. For instance, the Refugee Law Project had lean staff to attend to the overwhelming demand for the services. This led to court overload and thus court cases could not be heard in a timely manner coupled with the fact no funds were allocated to facilitate special court sessions. Despite this, the IPs went the extra mile to engage their staff for extra hours, utilized community contacts and structures to deliver and meet the targets.

Finding 5.3.2.4: The project had proper project management structures and there was timely coordination with relevant stakeholders and project monitoring activities.

In as much as time was limited, the rigor of the reporting systems (using templates that were provided) contributed greatly to program's efficiency. Collaborations with the Office of the Prime Minister (OPM) and with other UN agencies also enhanced efficiency. For instance, UNHCR put in place a toll-free line where callers would report potential cases of COVID-19 and incidences of crime within the settlement and the host communities. In Addition, there was collaboration, networking and information sharing among implementing partners which ensured that duplication of resources and capacities was avoided. Some of the key partners included: Peace Winds Japan, TPO, Refugee Law Project, OPM, and Overcomers (CoACT Sub-grantee) who had substantial competence, capacity and presence in the refugee settlements and host communities.

Finding 5.3.2.5: There was timely Follow up and response which led to enhanced responsive efficiency in managing COVID-19.

The use of Village Health Teams (VHTs) enhanced responsive efficiency in managing COVID-19 by contract-tracing, case identification, making referrals for testing and treatment at various health centers. They also acted as health agents in the community to sensitize masses about COVID-19 and adherence to SOPs and vaccination campaigns.

Finding 5.3.2.6: Implementing partners adopted innovative alternatives which led to project efficiency by utilizing solar power options.

The program was implemented at a time of a fuel crisis in the country caused the length clearance of fuel tracks at the Uganda Kenya border. Prices of fuel and especially for diesel in some places rose by 38% (UGX 4,995 for UGX 6,900) between November 2022 and April 2023. Innovatively, the implementing partners used solar power options which were cost effective and were an effective mitigation measure for power outages especially in the preservation of vaccines.

5.4 Coherence

Coherence according to the OECD DAC criteria is used to evaluate the compatibility of the intervention with other interventions in a country, sector or institution.

5.4.1 Somalia

Finding 7.4.1.1: It was established that the Somalia project was aligned to several national and international development frameworks.

The alignment with national and international frameworks meant that there was less duplication of efforts, and the interventions was interconnected. In this regard, the project was aligned to the UN Sustainable Development Cooperation Framework 2021- 2025 (UNSCF), which represented the commitment of the Federal Government of Somalia and the United Nations to partner in achieving peace, stability, and prosperity for all Somalis.

Finding 5.4.1.2: The programme was focused to respond to the UNSCF strategic priorities and 2020 Humanitarian Response

The strategic UNSCF strategic priorities included: 1) Inclusive Politics and Reconciliation, 2) Security and Rule of Law, 3) Economic Development, and 4) Social Development. It also supported the institutionalization of the triple nexus (humanitarian, development, and peace) interlinkages through which it would integrate its inclusive peacebuilding, development, and resilience ambitions to help address the chronic vulnerability and structural impediments to sustainable development in Somalia. Also, the project

was designed to respond to the 2020 Humanitarian Response Plan whose priorities which included protection, recovery and resilience and the Recovery and Resilience Framework (RRF).

Finding 5.4.1.3: The project responded to the local priorities including the Somalia National Development Plan 9, 2020-2024 (NDP) and the 2030 Agenda for Sustainable Development.

The project was aligned to the Somalia National Development Plan 9, 2020-2024 (NDP); the 2030 Agenda for Sustainable Development. The project also contributed to the UN Women Somalia Strategic Note which supported Women's Leadership, Empowerment, Access & Protection in Crisis Response (LEAP) program approaches to address multiple humanitarian crisis due to recurrent droughts, armed conflicts, floods, and COVID-19 on women's livelihoods. It was implemented to leverage on the implementation and continuity of the LEAP I which was a pilot project in Somalia contributing to SDG 5; 'Achieve gender equality and empower all women and girls' and SDG 8; 'Promote sustained, inclusive, and sustainable economic growth, full productive employment, and decent work for all.

Finding 5.4.1.4: The project was found to have been consistent with the interventions of other actors in the same field and in the same context.

The project was implemented in collaboration and coordination with the relevant stakeholders both within and without. This consistency ensured that there was complementarity, harmonisation and coordination which ensure meant that the project was adding value while avoiding duplication of efforts. To realise effective collaboration, the project adopted a strategy of harnessing the respective strengths of multi-sectoral, multi-level partnerships to accelerate transformative change for crises affected women. Collaboration and coordination were done with key stakeholders such as Ministry of Women and Human Rights Development and the Ministry of Health at the Federal Government of Somalia (FGS) and Federal Member states (FMS) levels, and Local Civil Society Organizations and the community.

5.4.2 Uganda

Finding 5.4.2.1: The project in Uganda and Somalia was aligned with TICAD7 priorities - Japan's contributions for Africa, Uganda's Comprehensive Refugee Response Framework and UN Women Strategic Note 2020-2025.

It was established that project in Uganda was aligned with TICAD7 priorities -Japan's contributions for Africa in particular, the Pillars on Society (Achieving Human Security and the SDGs) and Peace and Stability (with focus on addressing the needs and priorities of IDPs and refugees). It is also aligned with the concept of Human Security that advances the nation and community building through skills acquisition for human capital development and protection of individuals. The project was also coherent in its focus with emergence response frameworks including Uganda's Comprehensive Refugee Response Framework (CRRF and the framework chaired jointly by UNHCR, and the Office of the Prime Minister) at the national level and the UN Women Strategic Note 2020-2025.

Finding 5.4.2.3: The project was designed to respond to the local priorities which included the support to the implementation of Local Government Development Plans (LGDPs).

The project was designed to support the implementation of Local Government Development Plans (LGDPs) (as aligned to the third National Development Plans (NDP III) for FY 2020-2025 – which were already in existence). One of the aspects to the implementation of LGDPs was to make them COVID-19 responsive. LEAP II came at a point when districts were experiencing the second wave of the pandemic making the intervention coherent to the problem context at the time.

Finding 5.4.2.4: There was effective stakeholder coordination during project implementation which also contributed to project ownership and stakeholder support.

The stakeholder coordination was evidence right from the commencement of the project, for instance, during the launch of the project, various stakeholders of different cadres attended with representative

from national, district and community level. This enhanced project ownership and were able to appreciate their role in the project as well adopting the holistic model that put consortium partners into a well-coordinated focus each with specific roles but roles that were complementary. Some of the key stakeholders engaged to ensure seamless implementation of the project included: the Office of the Prime Minister (OPM), other UN Agencies and the local implementing partners (COACT, Refugee Law Project, RIDE Africa Yumbe GBV Prevention Network, Overcomers Women Activists, and the respective Local Governments).

Finding 5.4.2.5: UN Women leveraged its mandate to advance the rights of women and girls in ways that other UN agencies could not deliver.

Through the dedicated women leadership trainings, supporting local women rights organizations, use of women champions in amplifying COVID-19 messages and rising up against gender-based violence, UN Women demonstrated that its capability to execute its mandate effectively. For instance, at the launch of the project, all key stakeholders were mobilized to participate in relevant meetings right from national, to district and community levels and this aroused the much-needed support for the project. The project adopted a holistic model that put consortium partners into a well-coordinated partnership each with specific and complementary roles. Working with Implementing partners who were very conversant with working with refugees and host communities also gave the organization a comparative advantage in relation to other UN entities especially in its focus on resilience of women and girls in an emergency context.

5.5 Sustainability

Sustainability according to the OECD DAC criteria is used to evaluate the extent to which the net benefits of the intervention continue or are likely to continue.

5.5.1 Somalia

Finding 5.5.1.1: The project was built on a sustainability model where the capacities of local women and district local governments institutions were further strengthened to participate in gender responsive COVID-19 prevention, response, and service provision for IDPs, refugees and vulnerable women.

One of the key strategies employed to promote sustainability of the project in Somalia was the capacity building component. The sustainability model was premised on strengthening the capacity of local women and local governments institutions to participate in gender responsive COVID-19 prevention, response, and service provision for IDPs, refugees and vulnerable women. In addition, the capacity building for the Women Led Organizations and building a supportive system for women leaders, refugees, and host communities, utilizing existing coordination structures such as camp management committees, and strengthening male engagement for gender equality and addressing negative social norms worked in enhancing sustainability of the project.

Finding 5.5.1.2: Sustainability of advocacy activities was possible especially regarding promotion of women rights through the established community structures.

The project was successful in the spread of information on COVID-19 and advocating against harmful cultural norms by use of local hygiene promoters from the displaced communities to conduct door-to-door sessions and the already-existing IDP committees as the greatest forum for advocacy and community communication. The voluntary COVID-19 and women's empowerment awareness initiatives continued because of community ownership and leadership and the awareness created and provision of the dignity kits and PPEs, the training as well as other outreach activities will have a positive long-term effect on the lives of the target population.

5.5.2 Uganda

Finding 5.5.2.1: The project implementation was decentralized at district level, and this contributed to a high sense of accountability and ownership by all the implementing partners.

The project implementation was decentralized at district level, and this contributed to a high sense of accountability and ownership by all the implementing partners. It also created program activities sustainability mechanisms, by mainstreaming the program activities within the District Development Plans and it is worth noting that some project activities had been taken over by like-minded partners such as AMREF.

Finding 5.5.2.2: The project enhanced sustainability through the promotion of local leadership structures whereby the Implementing partners worked closely with the District Health Officers (DHOs)

This working partnership enhanced opportunities for integration and sustainability of project interventions, although this could have been well elaborated in a clearly spelt out exit strategy for the project. At the inception meeting of the project, implementing partners signed MoUs with the district leadership, OPM and UN Women as well as UNHCR. These meetings provided guidance on specific locations where the interventions would be made. The project implementation was district led—and this enthused a sense of accountability by all the implementing partners. The district led programming also ensured that program activities were implemented smoothly, created program activities sustainability mechanisms – by mainstreaming the program activities within the District Development Plan—and other partners like AMREF has taken over the program activities.

The routine immunization activities and Covid 19 vaccinations would be sustained beyond the life of the project and use the projects coordination strategy as a reference for other responses to other pandemics like Ebola and Hepatitis-B outbreaks. This will be made possible due to the role played by the Office of the RDC and District Health Teams who remained responsible in coordinating and promoting vaccination and provision of PPEs even after the project. However, it was reported that the project did not have an exit and hand over strategy that would have stipulated how the project would be managed after the end and the specific roles of the stakeholders.

5.6 Integration of Gender Equality, Human Rights, and Inclusion

5.6.1 Somalia

Finding 7.6.1.1: The project design included gender-responsive programming components which benefited the IPs' capacity to ensure the gender mainstreaming of future projects.

Gender equality was mainstreamed right from the project design which was anchored on strengthening women's capacity in the fight against the prevention of the pandemic and harmful cultural practices including GBV and educating victims on the referral pathways. The project's conception and execution substantially included gender and human rights concepts which were consistent with the normative frameworks on GEWE and human rights, such as the Beijing Platform for Action, CEDAW, and UNSCR 1,325.

The outreach campaigns were used as one of the avenues of integrating gender equality and creating awareness on human rights. It was established that majority of beneficiaries believed the project had successfully contributed to addressing gender inequalities in the community and that the campaigns were instrumental in educating the community members on gender issues like human rights, FGM and GBV. These outreaches and the messaging were guided by the numerous normative frameworks on GEWE and human rights, such as the Beijing Platform for Action, CEDAW, and UNSCR 1,325.

Finding 5.6.1.2: Human rights integration was realized through the outreach campaigns which enlightened the community members on gender issues like human rights, FGM and GBV.

By strengthening women's capacity in the fight against the prevention of the pandemic and harmful cultural practices including GBV and educating victims on the referral pathways, the project contributed to mainstreaming human rights and contributed to gender responsive stabilization and recovery of conflict affected displaced women and men in target locations. The FGD respondents confirmed that the project helped them improve their knowledge on human rights specifically FGM, early marriage, and other GBV issues, as such, 88% of the respondents reported that the project activities helped them understand harmful cultural practices. On the other hand, 51% of the FGD participants mentioned that the project improved the community's capacity to overcome gender inequalities.

5.6.2 Uganda

Finding 5.6.2.1: Gender equality and inclusion was integrated into the project at the design implementation phases especially through the involvement of women in leadership.

Gender equality and equity was exhibited by involvement of women in leadership roles. For instance, in Adjumani, the district decided that out of the 7 meetings that were held by the district COVID-19 Task force; 3 were to be chaired by a woman leader and 4 were chaired by the Resident District Commissioner. In addition, through the training in leadership 52% of the leadership had been taken up by women Adjumani. Also, the project enhanced co-existence and inclusion between the refugee settlement and the people in the host communities during the COVID-19 period and there was unity of purpose demonstrated by the prevention and mitigation of COVID-19 within the camp and in the host community.

To cement the effect of the project in empowering the vulnerable, the survey results on how beneficiaries felt regarding freedom of expression and their voices being heard, 84% of refugees as well as 79% of respondents in host communities responded in the affirmative. The women leaders were also instrumental in increasing awareness and demand of Covid 19 vaccination and its uptake among fellow women and girls who had been more hesitant than their male counterparts. Women leaders because of the leadership training they received became champions of community mobilization, awareness creating and agents of change.

Finding 5.6.2.2: Inclusion in the project was enhanced adoption of a criteria by the implementing partners for ensuring that beneficiaries were selected in ways that allowed equal participation of everyone including persons with disabilities.

The beneficiary selection criteria by the implementing partners ensured that the vulnerable and minorities were included. As such persons with disability were factored in data collection processes which would enable the partners to obtain feedback on all beneficiaries indicating various forms of disability. In the conduct of interviews, the evaluation was focused to obtain views from PWDs. During the evaluation, from the sampled respondents 21.5% of the respondents reported having at least one form of disability, clear evidence that they were part of the beneficiaries.

Finding 5.6.2.3: The human rights-based approach was applied across all level programme implementation.

The UN Women team closely worked and collaborated with the implementing partner to ensure that the UN rights-based principles were adhered to in the implementation of the program activities. Also, the programme offered psychosocial support to those affected by COVID-19 as well as victims of domestic violence to ensure that their rights were upheld. As part of enhancement of human rights, the programme supported the training of the local council leaders in peace making modules to support communities to build resilient peaceful co-existence mechanisms within their settlements.

6.0 Challenges Faced During Implementation

6.1 Cross Cutting Challenges

Challenge 8.1.1: Delay in implementation: In general, the challenges faced in the implementation of the project in both countries, were related to the issue of delayed implementation and which was connected also to the untimeliness in the disbursement of funds. In Uganda, this challenge was exacerbated by the coinciding of the project design and implementation phase with the launch of the UN Women new Strategic Note (SN) and the expiration of the call for Partners in 202.

6.2 Somalia Specific Challenges

Challenge 6.2.1 Entrenched retrogressive culture and beliefs: Country specific challenges faced during the project implementation in Somalia included the entrenched retrogressive cultural beliefs and practices. This was pronounced mainly in the way the society was socialized and perceived the role and position of women in the society. In this regard, the cultural beliefs and practices regarding GBV and the position of women in the society prevented IDPs from seeking support or reporting incidents of GBV. For instance, some communities viewed GBV as a private matter that should be resolved within the family. This made it challenging to raise awareness about GBV and encourage reporting of the same in the media. At some point during the awareness campaigns, religious leaders in Baidoa advocated the radio to stop broadcasting the issues touching on GBV and how they were to be addressed.

Challenge 6.2.2 GBV case tracking: Related to the above, was the lack proper tracking mechanism of GBV cases/incidences in Somalia. Lack of GBV referral pathways and improper case tracking within the IDPs setup made it difficult for survivors to receive the necessary support and response. According to UNFPA, there had been widespread GBV cases in Somalia during the COVID-19 pandemic and most of the cases may have gone unreported.

6.3 Uganda Specific Challenges

Challenge 6.3.1 Transport and logistical: Some Implementing Partners faced transport and logistical challenges due to limitation of transport means (vehicles and motorcycles). The souring of fuel prices also was a challenge affecting the implementation of the project activities in some remote areas such as in Kyegegwa, whereby the project sites (training and vaccination centers) were distant from the settlements which posed a challenge of access for some beneficiaries.

Challenge 6.3.2 Understaffed partners: Some of the implementing partners had lean staff. For instance, the Refugee Law Project had just 2 staff in Adjumani considering the overwhelming demand for legal services. The staff were overwhelmed at some point and resulted in working overtime to be able to deliver the project target and demand for services.

Challenge 6.3.3 Court overload: Under the legal component, there was a challenge of court overload to attend to all the court cases and thus cases would not be handled in a timely manner. This was coupled with the fact that there were no funds allocated to facilitate special court sessions which would have worked to lessen the workload.

7.0 Lessons Learned

This project was built on successes and lessons learnt from the implementation of the LEAP I (2021-2022) project in Somalia and Uganda'. The lessons learned from both countries are presented in tabular form below for ease of comparison.

7.1 Somalia

Lesson 7.1.1 The use local hygiene promoters was an effective strategy in community level interventions: The engagement hygiene promoters from the community produced the desired trust which was useful in enabling healthy interactions with the community effectively even after the working hours.

Lesson 7.1.2 Partnering with local Women-Led Organizations is instrumental: Partnering with the local WLOs with grassroots experience in the thematic areas of gender and health issues was instrumental in the successful implementation of the project.

Lesson 7.1.3 Social integration of IDPs, returnees and the host community was an effective strategy: Targeting IDPs, returnees and the host community (who are always living in the same settlement) in project activities facilitated the social integration of IDPs and host community. This contributed to creating a cohesive network and promoted social cohesion including sharing insights and learning from one another.

Lesson 7.1.4 Access to opportunities is a determinant in gender equality: Interventions which promote equal opportunities to all including women are precursors to addressing gender inequalities. It is the lack of opportunities, resources and capacity that aggravates and widens existing gender gaps. Intervention such as training of women on business skills played a crucial role in this regard. In addition, the project employed women to implement the project's activities while receiving a monthly incentive; in turn, this empowered vulnerable women, girls, and youth affected by COVID-19 in the IDPs in Somalia and decreased their families' food insecurity and unemployment rate.

Lesson 7.1.5 A contingency plan is essential during project design: Somalia's urban areas (specially Mogadishu) witnessed new influx displaced by the recurring drought as well as clashes between Al-Shabaab and the government forces. The new displacement stretched the meager resources available in the IDP camps that were already congested and therefore contingency planning and resource allocation is necessary at the project design. Targeted IDPs commonly lacked resources such as food, water, and healthcare, which made it difficult to prioritize prevention measures for COVID-19 and GBV. The level of poverty and the overcrowding of the IDP camps may prove sanitation and hygiene promotions ineffective.

Lesson 7.1.6 Door to door sensitization is effective in awareness raising and outreach: The practice of community door to door awareness raising sessions potentially qualifies as a best practice. Further proof is needed, though, to ascertain whether these sessions helped communities to no longer commit harmful traditional practices (FGM, childhood marriages etc.)

Lesson 7.1.7 Stakeholder participation is paramount for the success of any project: The involvement of the local community in the implementation of the project paid off as it helped build trust and improve access to services. Also, the project's success was attributable to a great extent to the collaboration and coordination between different stakeholders including government line ministries, camp leaders, community members, women groups, women activists, and other stakeholders.

7.2 Uganda

Lesson 7.2.1 Local partners are key to effective implementation: The identification and engagement of local partners with long standing expertise in the respective thematic areas is key in facilitating effective and efficient project implementation.

Lesson 7.2.2 Collaboration with government agencies is key to the success of any project: Collaboration with the relevant Government agencies is key in addressing some of the project interventions, especially in the health sector. The management of the Ebola outbreak that broke out during the implementation of the project required such collaboration and coordination with other partners.

Lesson 7.2.3 Involvement of local leaders in who are influential in the project target areas in key: Heightened awareness creation, information and experience sharing proved very effective in

countering myths and misconceptions about COVID-19. The intervention was made much easier by working with local leaders who were influential in the project target areas.

Lesson 7.2.4 Involvement of men is gender empowerment intervention is imperative: Male involvement is key in advancing women empowerment. Men could also be involved in various interventions aimed to achieve justice for women facing Gender-based violence. They are influential and are good champions of women empowerment once their mind is transformed through awareness creation, exposure and training.

Lesson 7.2.5 Timely fund allocation to projects is a key determinant of success: Based on the feedback from the IPs and the timeliness of the project implementation, timely allocation of project funds is key and proper planning and timing should be factored at project design. This will go a long way in enhancing efficiency.

Lesson 7.2.6 A consortium delivery model works best: This approach was effective and worked well under this program and suited an emergency response scenario. Each partner in this case has designated roles that they play (stemming from their areas of expertise) and hence creating efficiency in delivery and avoidance of duplication.

8.0 Conclusion

8.1 Somalia

Conclusion 8.1.1: The project in Somalia was successful as evidenced by the high percentage of achievements against the set targets at goal level as well at outcome and output level. Together with the implementing partners and the high stakeholder involvement, the UN Women County Team steered the project to produce the expected results within the constraints that prevailed at the time of implementation. The coronavirus disease 2019 (COVID-19) pandemic had a huge effect on adolescents' health and learning and key among the stakeholder that contributed to the success of the project included: The Ministries of Health, Women and Human Right Development, Community hygiene promoters, village relief committees and community leaders.

Conclusion 8.1.2: The project contributed to gender equality by empowering women through leadership training and increased awareness on harmful cultural practices. The effort pushed individuals to get Covid-19 vaccines and started to practice good sanitation and hygiene to prevent the spread of the pandemic.

Conclusion 8.1.3: The project was relevant to the needs of the target population was very timey especially to the displaced communities in urban areas like Baidoa, Kismayo, Banadir, and Garowe, who were at risk from COVID-19 and gender-based crimes. In this regard, the initiative was crucial in influencing the community's attitudes and behaviors regarding Covid-19 and its protocol, helping them comprehend the issues brought on by Covid19 and how they might be avoided.

Conclusion 8.1.4: The project had a significant influence on GBV and COVID-19 behavior modification, as people impacted by displacement continued to be aware of COVID-19 and gender equality after the initiative had concluded. The experience of IPs and their necessary skills, knowledge, and capacities were the main contributing factors to successful project implementation. In addition, the door-to-door community awareness campaigns, radio awareness campaigns, community dialogues, the creation and distribution of the GBV bucket guidebook, and capacity building for the affected communities played a significant role in awareness and reporting of GBV cases and change of men's attitude towards women.

Conclusion 8.1.5: Gender-based violence is a multidimensional problem rooted in gender inequality, harmful cultural norms, and power abuse. Women are now a leading force in disaster risk reduction and emergency response, including health services.

Conclusion 8.1.6: The project promoted inclusion especially for women and which enhanced their capacity to participate in leadership as they were able to actively participate in events like community gatherings, mediation procedures, and meetings for resolving disputes. However, a section of the community members felt that the project was partially inclusive since it was targeting mostly women.

Conclusion 8.1.7: One of the hindering factors to the attainment of gender equality was the unequal access to economic opportunities. Thus, the enablement of equal access to opportunities to women contributes to addressing gender inequalities as lack of resources and capacity aggravates and widens existing gaps. According to key informants, lack of business skills and knowledge was a big challenge for women therefore, the entrepreneurship trainings would help them to acquire necessary relevant skills in terms of leadership and management, conflict resolution, tolerance in business, how to assess business opportunities and reintegration.

8.2 Uganda

Conclusion 8.2.1: Overall, the project designed as an emergency response to address the challenges occasioned by the COVID-19 pandemic. It was therefore appropriate to the needs of women and girls in the refugee settlement and host communities. The design was also aligned to the national COVID-19 response and included district and community leadership among the stakeholders. The program design considered lessons learned from previous LEAP projects and leveraged on the competence of locally based Implementing partners who had the expertise in implementing in humanitarian settings.

Conclusion 8.2.2: The focus on working in the COVID-19 within a lens of women and girls' empowerment gave UN women a comparative advantage in relation to other UN and other agencies who were working in the similar recovery context. More so, LEAP II sought to sustain work with already existing implementing partners whose work was in line with the focus of UN Women in emergency women empowerment programming.

Conclusion 8.2.3: Despite the delayed start, the project leveraged on the experience of the implementing partners and strong coordination and managed to achieve the targets within the project period. Delays occasioned by late disbursement of funds impact on effectiveness of project delivery. Trainings like ICT skills that needed to be sequenced over a period get impacted as they are implemented in a short time.

Conclusion 8.2.4: There was no exit strategy was required to guide on how the terminate the intervention and hand-over the program to the Local Government or other partners. Sustainability of women supported interventions requires a strong aspect of male involvement. Men right from a young age, should be more involved, trained and educated to appreciate the importance of upholding the rights of women and girls.

Conclusion 8.2.5: The guidance provided by UN Women offered to IPs was key in embedment of gender, human rights and disability inclusion in the project interventions. Leadership training based on rights-based approach created a cohort of women champions whose voices alternated hitherto negative myths about COVID-19 and inspired more vaccinations. It was critical to embed gender and human rights right from design of the project, among reporting requirements in the formats sent out to implementing partners. In so doing the program ensured inclusivity of disability and gender in programming

9.0 Country Level Recommendations

9.1 Somalia

Table 6:Country level recommendations-Somalia

Recommendation	Linkage	Priority Level	Targeted User
Recommendation 9.1.1 Engagement of local universities and media in the campaign against GBV and gender inequality: One potential strategy for expanded outreach, is the engagement of local universities to highlight harmful cultural habits through theater/drama and plays that are broadcast on television touching on GBV and early and forced marriage issues. This approach could have benefited both target groups (refugee/IDP and the host communities). Nevertheless, there would be a need to understand how the approach would be received by the community by conducting a perception survey prior to the roll out.	Conclusion 8.1.4: Finding 5.2.1.2:	Medium	UN Women Regional Office Country Office
Recommendation 9.1.2 Incorporation entrepreneurship trainings and livelihood component: The coronavirus disease 2019 (COVID-19) pandemic has had a huge effect on adolescents' health and learning. Health promotion strategies should be valued, and entrepreneurship trainings was a potential approach in this direction. Similarly, since the Covid-19 pandemic affected livelihoods and especially for the vulnerable groups such as the IDPs. Most of the IDPs worked as laborers in the main cities and this was affected negatively by the pandemic. It is therefore recommended that similar projects in future should include a livelihood component with initiatives such as income-generating activities or business start-up kits for women.	Conclusion 8.1.7:	Medium	UN Women Regional Office Country Office
Recommendation 9.1.3 There is need for timely capacity building Initiatives for the implementing partners: It was reported that a two-day training on results-based monitoring and reporting was conducted for the IPs towards the end of the project implementation period. Though the training was relevant and applicable, it would have been more effective if executed at the inception phase of the project so that knowledge and skills acquired could be applied throughout the project's life span.	Finding 5.3.1.2:	Medium	UN Women Regional Office

9.2 Uganda

Table 7:Country Level Recommendations-Uganda

Recommendation	Linkage	Priority Level	Targeted User
Recommendation 9.2.1 Timely disbursement of funds is needed for improved efficiency: It is recommended that future programs should emphasize timely disbursement of funds to ensure efficiency in and time appropriateness in delivery of results given	Conclusion 8.2.3: Finding 5.3.2.2:	High	UN Women Country Office

that the project was implemented in an emergency and humanitarian setting which calls for rapid response			
<p>Recommendation 9.2.2 Clear exit and hand over strategy: While at the onset the project was launched with presence of all stakeholders (including Local Government leaders and OPM), it remained unclear how interventions would be carried on after its lifespan. It is therefore recommended that as a similar project, in the future, commences, it ought to bring on board all the key stakeholders and clearly identify options for sustainability and the program's exit strategy should be documented. For sustainability, it would be ideal if key aspects of the program were handed over to Local Government and entrenched in the formal government structures – notably adult learning and computer skilling. This could help in the performance of other public functions way after the project life span.</p>	Conclusion 8.2.4:	High	UN Women Country Office

10.0 SECTION B: Regional Office Component Findings

10.1 Introduction

Southern Africa Regional Office implemented and coordinated by the UN Women East and Southern Africa Regional Office, had four main deliverables as contained in the ProDoc. These deliverables included: 1) Provision of technical support and quality assurance to the country offices, facilitating south-to-south learning visits between different countries. 2) Facilitating in-depth capacity building to the country office on LEAP programming and reporting modalities and procedures. 3) Comprehensive documentation of best practices and impacts of LEAP programming. 4) and support the leadership and participation of women COVID-19 interventions and capacity building of women's and youth organizations on leadership and participation in COVID-19 related interventions.

10.2 Evaluation Findings

10.2.1 Technical Support and Quality Assurance

Finding 10.2.1: The RO provided adequate technical support to the country programmes.

The evaluation sought to establish the extent to which the RO provided technical support and quality assurance to country offices with funding from Japan supplementary funding. In this regard, it was established that there was adequate support given by the RO to the country offices (Uganda and Somalia) to set up project management structures. This support included coordinating the program design processes and identification of the staffing needs for project. The regional office staff supported in the recruitment of some positions for the Somalia country programme (Uganda did not recruit new staff). The support also included reviewing Terms of References (ToRs), development of concept notes/proposals, reviewing of budgets and some of the RO staff being part of Regional Partner Assessment Committee. Quality assurance was also key in making sure the programme had the relevant and qualified staff to implement the programme and submission of winning funding proposals.

Finding 10.2.2: The RO provided effective communication support to the country programmes.

In terms of communication, the RO communication staff provided the necessary technical support in editing and reviewing of documentaries, success stories, photographs and publishing communicated related products on the UNWOMEN website and other relevant information portals. This support enabled the country programme results and impact to be disseminated and with the relevant audience including the donor community and the public. This kept UNWOMEN ESAR projects/programme known and contributed to an increased funding base.

Finding 10.2.3: The RO played an effective liaison role with external parties.

The RO also served as the liaison office between the country programmes and the donor and facilitated the project details to be uploaded in the RMS. The technical support to the country teams was regular with monthly and weekly check-in meetings organized by the regional programme management team. During these meetings, programme progress updates were presented and challenges that would have curtailed the implementation of the programme were discussed and the appropriate solutions expedited. This technical support contributed towards the realization of the project targets despite the challenges faced and interviews with the respective country managers indicated that the support from RO was satisfactory.

10.2.2 Integration of Lesson Learned and Documentation

Finding 10.2.2.1: The RO Facilitated South to South Learning an integration of LEAP I lesson learned into LEAP II programme.

The RO was expected to put in place mechanisms to facilitate documentation and application of lessons learned from LEAP I and facilitating south to south learning between the countries that were

implementing or had implemented the LEAP programme. Cross-country learning was organized virtually for the countries that had received funding from the Government of Japan. The participating countries included: Mozambique, Zimbabwe, Burundi, Uganda, Somalia, and South Sudan. The physical meeting had been planned to be held physically in Uganda, but the outbreak of Ebola in Uganda towards the end of the project led to change of the meeting mode. In addition, there was a physical meeting for the Humanitarian Community of Practice in Nairobi which took place in November 2022.

The integration of LEAP I lessons learned into LEAP II was done at the start of the new programme (LEAP II). This was done through an initial meeting which was held with the stakeholders facilitated by a checklist which contained the essentials and lessons of programming. One of the key lessons which was picked from LEAP I, was the need for close monitoring and technical support to the country offices and a check on quality of reports. This led to the introduction of the training on result-based reporting for the programme staff and implementing staff as well the adoption of close monitoring of the country programmes and coordinated by the Regional Office.

Finding 10.2.2.2: The RO facilitated documentation of best practices and outcome of the LEAP programme.

A documentary titled “*Evidence-Based Knowledge Management on Gender Integration in COVID-19 Mitigation, Response Strategies and Plans in East and Southern Africa*” titled featuring best practices on integration of gender was developed featuring both Uganda and Somalia. Additionally, the RO featured South Sudan and Kenya where similar interventions were undertaken. The documentary has been published on the UN Women YouTube page and will also be disseminated to a wider audience through the HQ communications team. It can be viewed - <https://youtu.be/ZfpeAswKAdo> .

The documentary captured the best practices and outcome of the LEAP programme as well as key learning points from both the beneficiaries as well as the implementing partners perspectives. This will go along in not only demonstrating the performance of the programme, but also become a source of reference for future programmes.

10.2.3 Monitoring, Evaluation and Reporting Support

Finding 10.2.3.1: The RO provided monitoring and evaluation guidelines to country teams.

The RO facilitated continuous monitoring of the programme to ensure the implementation was according to the work plan and budget. Guided by the UNWOMEN Monitoring and Evaluation guidelines and standards, the RO team developed an M&E matrix, a tracking tool at output and activity level which was instrumental in tracking and reporting of results as well providing data that was used in the progress reporting. However, it was established that the programme did not have baseline data collected before the implementation of the programme in the respective countries.

Finding 10.2.3.2: Even though there were monitoring, and evaluation activities conducted there was no dedicated M&E Budget for LEAP II Programme

The programme utilized the services of the regional monitoring and evaluation specialist who oversaw all the UNWOMEN programmes in the region. At country level, M&E was supported by existing staff in Uganda while Somalia which recruited an M&E specialist towards the end of the project. In addition, there was a dedicated budget for M&E activities, that was utilized to conduct monitoring visits and M&E related activities.

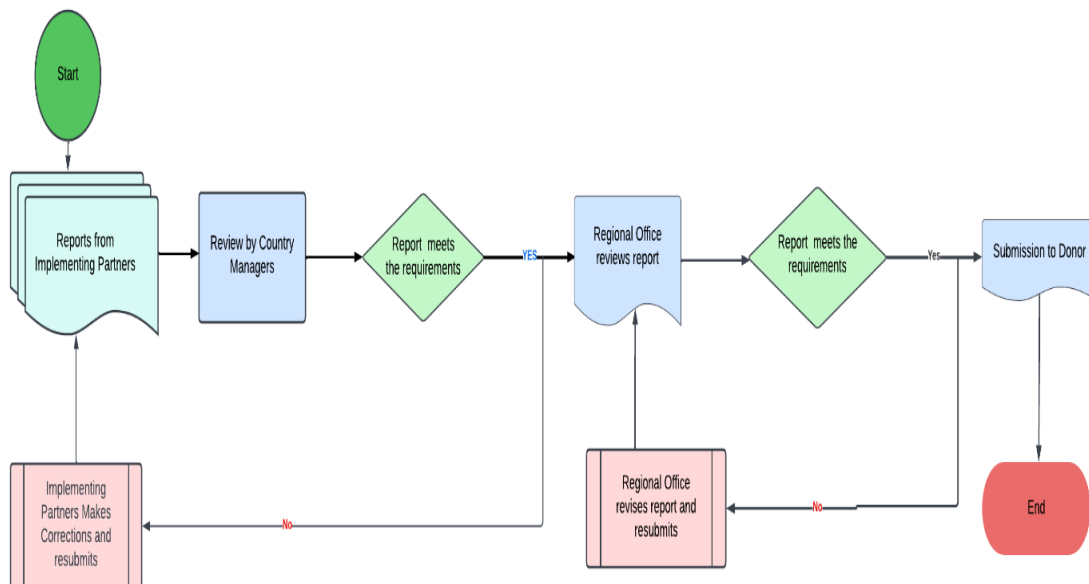
Finding 10.2.3.3: There were monitoring mechanisms and reporting structures in place, although there was no risk prevention and mitigation strategy in place.

The regular virtual meeting between the RO and the Country level programme staff were used also as avenues of monitoring the progress of the programme. These meetings were at first held once every 2 months, then the frequency was increased to weekly towards the end of the programme. The reporting process was structured to facilitate decision making and updates on the performance of the programme. Through the Implementing Partners, reports were generated based on the partner agreements and the agreed upon reporting schedules. Quality assurance of the reports was done

through provision of standardized reporting templates, timely sharing of feedback on the reports and trainings on results-based monitoring and reporting. However, it was established that the LEAP II did not have a risk prevention and mitigation strategy which would have been monitored and updated during the programme implementation and during the end of programme evaluation.

The reporting process is summarized in figure 1, which illustrates the flow of the reports the right from the Implementing Partners to the donor.

Figure 1: Reporting Flow



10.2.4 Capacity Building and Supporting Leadership and Participation of women.

Finding 10.2.4.1: Capacity building was done for women led organizations and other stakeholders as planned.

In the quest of building a sustainability model of the LEAP programme, capacity building of local women and district local governments was implemented. The capacity building component was done through relevant trainings aimed at further strengthening the capacity of women and Women Led Organizations (WLOs) to participate in gender responsive COVID-19 prevention, response, and service provision for IDPs, refugees and vulnerable women. A total of 24 WLOs were trained during a 3-day in-person workshop.

Finding 10.2.4.2: The mapping and capacity building led to improved capacity of women led organizations, though much is needed to enhance inclusion in targeting.

As a precursor to the capacity building, mapping of the women led, and youth organizations engaged in COVID-19 and other humanitarian interventions in East and Southern Africa Region was done. The output of this mapping process was that the priority areas of capacity-building were identified including fundraising and resource mobilization, skills in emergency response, psychological first aid and psychosocial support, humanitarian advocacy, and capacity building, as well as gender issues (protection from GBV and sexual exploitation and abuse and women's economic empowerment). Also, programme design and development, reinforcing staff capacities in COVID-19 prevention and management and capacity building and digital skills were identified as one of training needs.

Even though UNWOMEN has made significant strides in the actualization of the inclusion agenda in programming, there is still need for more focus especially on special interest groups in all initiatives. These groups include Persons with Disability (PWD) and refugee-led organizations in the target

countries or areas of operation. To effectively achieve this, there is a need to have a comprehensive mapping process which will generate disaggregated data on target groups and potential organizations. A criterion would be developed on how the inclusion agenda would be implemented in each respective programme component.

Finding 10.2.4.3: The capacity building initiatives had a positive ripple effect.

The trainings as reported by the interviewed representatives of the WLOs included effective advocacy, women empowerment, humanitarian architecture, proposal writing and gender assessment. One of the outcomes of these training was the improved capacity of the benefiting organizations to submit winning proposals and concept notes which increased their funding and support base. In addition, the evaluation established that the trainings targeting the WLOs were effective in terms of knowledge transfer. In this regard, the training had a trickledown effect whereby the trained leaders of the respective organizations also trained other staff within their organization and some of them trained other external individuals. For instance, the executive of Women Initiative for Development Organization (WIDO) in South Sudan used the knowledge acquired and trained other 40 women working in other projects.

In Uganda, the capacity building trainings offered to the Overcomers Women Activities, a local NGO which is a grantee partner of COACT, went a long way in enabling them to form a network of Women Led Organizations in Adjumani which is now part of the National Women Network also supported by UNWOMEN.

Finding 10.2.4.4: The capacity building initiative led to increased awareness on inclusion.

Through UNWOMEN capacity building initiative which led to more awareness on inclusive development, the WLOs began to involve other stakeholders in the programme activities including men and religious leaders which contributed significantly to the promotion of ownership and sustainability of the programme interventions. Similarly, for Girl Child Africa Foundation in South Sudan, the role of UNWOMEN ESAR RO in promoting participation and leadership of women was highly appreciated. The UNWOMEN was credited for having been very instrumental in the formation of national wide women led network which has provided a platform for women to voice their concerns and advocate for their inclusion, and protection of the human rights. However,

Finding 10.2.4.5: The tailored training led to improved result-oriented monitoring and reporting practices in UNWOMEN country programme staff and its Implementing Partners.

The other capacity building initiative in response to the identified capacity needs was a training conducted on Result Oriented Monitoring and Reporting. This was executed through training workshops whose participants included the UNWOMEN country programme staff and its Implementing Partners (IPs) in Uganda and Somalia.

The training touched on key thematic areas including the following:

- a) Strategic Level Monitoring, Evaluation and Learning
- b) Monitoring, Evaluation and Learning in the context of Emergencies.
- c) Theory of Change (ToC) at Activity Level
- d) Impactful Human-Interest Stories
- e) Basic concepts on Monitoring and Reporting directly useful for the LEAP programme.
- f) Exercises on Monitoring of Outputs
- g) Exercises on Reporting on Outcomes

One of the notable outcomes of the training as reported by the interviewed RO staff, was that there was significant improvement in the quality and timeliness of progress reports. This included the reports shared by both the implementing partners and country programme teams after the training. It should be noted that, the improvement in monitoring and reporting capacity is a key ingredient in sustainability since the knowledge transferred would be useful even after the end of the project.

11.0 Conclusion

Conclusion 11.3.1: The role of the UNWOMEN ESARO in supporting the country offices/programmes was very effective in providing the necessary technical support, quality assurance, setting up project management structures and operational support. Thus, it can be concluded that, one of the major contributing factors to the successful implementation of LEAP II programme was the facilitative role played by the RO. The RO also supported the country programmes by ensuring that there were supportive structures, systems, resource allocation and liaison between the country programmes and the donors. This support was appreciated by the country offices and was credited to have ensured realization of the programme objectives.

Conclusion 11.3.2: The integration of lessons learned from the previous programme (LEAP I) was instrumental in the adoption of best practices and replication of programming components that had worked in the new programme (LEAP II). This was evidenced by among other key best practices the focus on capacity building including tailored trainings on result-based monitoring and reporting to the key stakeholders and the need for close monitoring and check ins with the country programmes.

Conclusion 11.3.3: The Monitoring and Evaluation support to the country offices was executed to a greater extent, and enhanced by dedicated resources (human, time, and funds) for the programme. Closely, related to this, was the realization that the communications and M&E functions were intertwined.

Conclusion 11.3.4: The capacity building component coordinated by the RO was very successful and yielded the intended results. The component was one of the key strategies that the LEAP II programme could enhance sustainability and stakeholder involvement. The capacity building done to the WLOs was deemed to continue bearing fruits and have influence even after the end of the programme through advocacy efforts and championing of the rights of women and girls coordinated by the women led networks both at local and national levels.

12.0 Regional Office Component Recommendations

Table 8: Regional Office Component Recommendations

Recommendation	Linkage	Priority Level	Targeted User
Recommendation 12.4.1 The need to timely roll out of new Projects: In planning and implementation of short-term projects, the length of internal operational processes should be factored. For instance, the roll out of new projects/programmes should be well timed not to coincide with the launch of new strategic notes. The new strategic notes involve identification of partners and new partnership agreements accompanied with other associated operational processes and this takes approximately six months to conclude. As indicated in the country level findings, the launch of the new Strategic Note (2022-2025) in Uganda was largely responsible for the delay of LEAP II programme implementation.	Challenge 6.1.1:	High	UN Women Regional Office Management
Recommendation 12.4.2 The need for dedicated M&E budget: In quest of enhancing close and effective monitoring, evaluation and learning processes, there is need to have programme dedicated M&E personnel where possible. This should be done while considering programme scope, budget, and intensity of M&E processes as per the UNWOMEN M&E guidelines. The human resource allocation should also be accompanied by an adequate budget for M&E. A rule of thumb in	Finding 10.2.3.2	High	UN Women Regional Office Management

allocation is that the M&E budget should be 5-10% of the overall budget programme implementation budget.			
Recommendation 12.4.3 Enhanced inclusion in targeting: To effectively achieve this, there is a need to have a comprehensive mapping process which will generate disaggregated data on target groups and potential organizations. A criterion would be developed on how the inclusion agenda would be implemented in each respective programme component.	Finding 10.2.4.2:	Medium	UN Women Regional Office Management
Recommendation 12.4.4 Risk mitigation and management strategy: It is recommended that, for short term projects, there should be a risk mitigation and management strategy as part of the project design and conceptualization. This strategy will be instrumental to enable the management to prepare for and lessen the effects of threats and risk before, during and after the project implementation.	Finding 10.2.3.3:	High	UN Women Regional Office Management
Recommendation 12.4.5 Baseline data/information is necessary for all new projects: It is recommended that all new programmes/projects have baseline studies to establish the benchmarks and provide an objective reference point upon which the achievement of the results can be based by comparing the situation before and after the project. In humanitarian contexts baselines can be conducted during the initial intervention roll out by use of real time data collection tools to fast track the process. Use of retrospective studies can also be a remedy in the establishment of baseline data/information.	Finding 10.2.3.1	High	UN Women Regional Office Management

13.0 Annexes

Annex 13.1: Programme Results Achievement Table

Result level	Indicator	End of Project Target	Actual Performance to date	% of End of Project Target achieved	Reasons for deviation +/-10% of the expected Performance
GOAL: To strengthen the protection, leadership and empowerment of over 15,760 vulnerable women, men and youth affected by COVID-19 in IDP and refugee camp of Uganda and Somalia.	No. of community members (vulnerable women, men and youth affected by COVID-19 and forcibly displaced into IDP and refugee camps) participating in project's protection, leadership, and empowerment activities	Total: 15,760 Uganda: 6,360 Somalia: 9,400	Total: 18,127 Uganda: 10,692 Somalia: 7,435 Female: 16,763 Male: 1,364	Total: 115% Uganda: 168% Somalia: 79%	The overall goal was met. In Uganda it was exceeded because mobile courts increased access to legal representation. In addition, there were more women receiving leadership training in Uganda due to inclusion of women leaders as well as the targeted vulnerable women and girls. The moderate under-performance in Somalia was due to non-procurement of 2,800 PCR kits in Somalia- a decision taken in consultation with WHO
OUTCOME 1: 13,330 (Uganda 4,530: Somalia 8,800) vulnerable women, men and youth lead and participate in COVID-19 prevention, response and recovery interventions in Uganda and Somalia	No. of vulnerable women, men and youth leading and participating in COVID-19 prevention, response and recovery interventions	Total: 13,330 Uganda: 4,530 Somalia: 8,800	Total: 11,273 Uganda: 4,713 Somalia: 6,560 Male: 1,319 Female: 9,956	Total: 85% Uganda: 104% Somalia: 75%	This was due to non-procurement of 2,800 PCR kits in Somalia. A decision taken in consultation with WHO
Output 1.1: 3,000 Refugee and host community women have increased capacities & skills to participate and lead in the management of COVID-19 interventions within refugee and IDP camps in Uganda	No. of Refugee and host community women provided with adequate capacities & skills to participate and lead in the management of COVID-19 interventions within refugee and IDP camps in Uganda	Total: 3,000 Uganda: 3,000	Total: 1,639 Uganda: 1,639 Females: 1,639	Total: 55% Uganda: 55% Females: 55%	The underperformance is because given the passage of time and the decreased infection rates in Uganda, 1,500 women and girls targeted for vaccination against COVID-19 were not vaccinated
	No. of women and girls vaccinated against COVID-19 in Uganda	Total: 1,500 Female: 1,500 Uganda: 1,500	Total: 0 Female: 0 Uganda: 0	Total: 0% Female: 0% Uganda: 0%	COVID-19 cases had significantly reduced which negated the need for PCR tests. However, due to the outbreak of Ebola, the district local governments purchased and distributed assorted medical items that enabled health workers to safely offer services to the community.
	No. of health workers & Village Health Team members equipped (with PPEs and other COVID-19 preventive materials including MHPSS services) and	Total: 500 Uganda: 500	Total: 550 Uganda: 550 Females: 550	Total: 110% Uganda: 110% Females: 110%	Assorted PPEs and other COVID-19 preventive materials were distributed to 550 health workers and VHTs

	facilitated to enable them effectively work with women during PCR tests or COVID-19 vaccination exercises in Uganda				
	No. of refugee and host community women provided with literacy, numeracy and transformative leadership skills (through virtual training sessions) to enable them to participate in the COVID-19 response in Uganda	Total: 500 Female: 500	Total: 588 Female: 588	Total: 118% Female: 118%	The over achievement is a result of the combined mobilization strategies and the role of women led organizations in demystifying the myths around COVID-19 which enabled more women to understand participate in response activities
	No. of women learners and refugee leaders, as well as SGBV survivors provided with Solar lanterns to increase their access to COVID-19 prevention services in Uganda	Total: 500 Female: 500 Uganda: 500	Total: 501 Female: 501 Uganda: 501	Total: 100% Female: 100% Uganda: 100%	Target was achieved
Output 1.2: Women and girls at risk of COVID-19, access and benefit from relevant prevention and mitigation measures targeting 8,800 women and girls in Somalia.	No. of women reached through awareness raising and education on COVID-19 prevention & mitigation in IDP settings in Mogadishu, Kismayo, Baidoa Garowe.	Total: 6,000 Female: 6,000 Somalia: 6,000	Total: 6,560 Female: 6,560 Somalia: 6,560	Total: 109% Female: 109% Somalia: 109%	Target was achieved
	No. of COVID-19 Rapid PCR test kits distributed for women IDPs in Mogadishu, Kismayo, Baidoa and Garowe	Total=2,800 Female=2,800 Somalia=2,800	Total=0 Female=0 Somalia=0	Total=0% Female=0% Somalia=0%	In consultation with WHO and line ministries, assorted items were procured – ref to the annexed list
Output 1.3: 1,530 benefit from initiatives promoting positive gender norms in support of women's leadership and protection from violence and access to COVID-19 awareness and sensitization measures in Uganda.	Number of community members reached with Civic Education to promote women's leadership rights and access to COVID -19 interventions in targeted districts UG	Total: 1,530 Male: 1030 Female: 500 Uganda: 1,530	Total: 3,074 Male: 1,319 Female: 1,757 Uganda: 3,074	Total: 201% Male: 128% Female: 351% Uganda: 201%	Collaboration with the 3 women led organizations, the district local governments and media i.e., radio expanded the reach on awareness creation.
	Number of women and girls with awareness and information on COVID-19 interventions/services	Total: 500 Female: 500 Uganda: 500	Total: 1,757 Female: 1,757 Uganda: 1,757	Total: 351% Female: 351% Uganda: 351%	Collaboration with the 3 women led organizations, the district local governments and media i.e., radio expanded the reach on awareness creation.
	Number of men/boys champions (traditional, religious, Refugee Welfare Council members, and local leaders) provided with COVID-19 knowledge and information materials through training and routine project activities in UG	Total: 30 Male: 30 Uganda: 30	Total: 30 Male: 30 Uganda: 30	Total: 100% Male: 100% Uganda: 100%	Target was achieved

	Number of, men, boys, engaged as male champions in COVID -19 interventions	Total: 500 Male: 500 Uganda: 500	Total: 500 Male: 500 Uganda: 500	Total:100% Male: 100% Uganda: 100%	Target was achieved
	Number of men and boys' champions participating in community-based dialogues focusing on increasing knowledge on prevention and response to COVID-19, and to address negative gender norms that contribute to increased teen pregnancy, child marriage and SGBV for refugee and host community women and girls	Total: 500 Male: 500 Uganda: 500	Total: 787 Male: 787 Uganda: 787	Total: 157% Male: 157% Uganda: 157%	The high numbers of men in Kyegegwa is because the event was being held for the first time and communities were eager to attend.
Output 1.4 Evidence and knowledge products generated to support COVID-19 mitigation and response interventions in ESA	Evidence-based knowledge management documentary on gender integration in COVID-19 mitigation, response strategies and plans in ESA is in place?	Total: 1	Total: 1	100%	The documentary featuring Uganda, Somalia, Kenya, and South Sudan was developed.
	Number of women & women led organizations and youths whose capacity, on leadership and participation in COVID-19 mitigation and response measures, has been built in ESA	Total: 20	Total: 24	120%	Training was conducted for 24 participants drawn from Somalia, Ethiopia, Kenya, Zimbabwe, Uganda, Malawi, Sudan, South Sudan, and Burundi representing an equal number of women and youth led organizations.
OUTCOME 2: Positive coping mechanisms improved for 1,830 vulnerable refugees, IDPs and host communities' women and girls most affected by COVID-19 crisis in Uganda	Number of vulnerable refugees, IDPs and host communities' women and girls most affected by COVID-19 crisis with improved coping mechanism as a result of the project in Uganda	Total: 1,830 Uganda: 1,830 Female: 1,830	Total: 5,949 Uganda: 5,949 Female: 5,312 Male: 637	Total: 325% Uganda: 325% Female: 325%	High performance is attributed to the increased number receiving Legal representation because of introduction of mobile courts
Output 2.1: 500 women in refugee & host communities most affected by COVID- 19 have increased access to ICT skills and services through existing women empowerment centers in UG	Number of women trained in use of ICT skills such as zoom and online business marketing to enable their continued access to SRHR, SGBV, online literacy/numeracy classes, & COVID-19 related information & services in UG	Total: 500 Female: 500 Uganda: 500	Total: 501 Female: 501 Uganda: 501	Total: 100% Female: 100% Uganda: 100%	Target was achieved
Output 2.2: 1,330 refugee women and girls affected by COVID- 19 have increased access to effective safety and protection services at the PCR testing & vaccination sites in Uganda	Number of SGBV women & girls' survivors provided with mental health and psychosocial support (MHPSS) services (incl telephonic and virtual psychosocial counselling) to mitigate the impacts of COVID-19 on refugee and host communities	Total: 500 Female: 500 Uganda: 500	Total: 3,779 Female: 3,159 Male: 620 Uganda: 3,779	Total: 95% Female: 632% Uganda: 632%	Target was achieved

	Number of women and girl GBV survivors affected by COVID-19 provided with legal aid services	Total: 500 Female: 500 Uganda: 500	Total: 1,450 Female: 1,450 Uganda: 1,450	Total: 290% Female: 290% Uganda: 290%	High achievement because of the mobile court sessions in Yumbe which made it easy to handle matters expeditiously
	Number of peers and health workers trained/mentored in gender and human rights responsive GBV and SRH services specifically targeting adolescent girls and young women 15-24yrs at the risk of teen pregnancy, child marriage & sexual GBV during COVID-19 containment measures in Uganda.	Total: 30 Female: 30 Uganda: 30	Total: 57 Female: 57 Uganda: 57 Female: 40 Male: 17	Total: 190% Female: 190% Uganda: 190%	There were more available health workers for training
	Number of COVID-19 affected women and girls, and SGBV survivors provided with quality services and referrals (MPHSS, legal aid, PSEA and SRH services) as a result of project's logistical and communication support to women support groups, paralegals, volunteer psychosocial counsellors &UG police	Total: 300 Female: 300 Uganda: 300	Total: 162 Female: 162 Uganda: 162	Total: 54% Female: 54% Uganda: 54%	Implementation was seriously delayed because the UN Women new Strategic Note (SN) had expired and Call for Partners in 2021 needed time to complete and an outbreak of the Ebola Virus Disease [EVD] in September 2022. The 57 duty bearers were supposed to be monitored and supported to reach out to 300 women but owing to late commencement of the activities, by the time the project ended, they had only reached 162.
OUTCOME 3: Improved leadership of 600 women and girls in COVID-19 prevention, response and recovery interventions in Somalia	Number women and girls provided with leadership skills in COVID-19 prevention, response and recovery interventions in Somalia.	Total: 600 Female: 600 Somalia: 600	Total: 875 Female: 875 Somalia: 875	Total: 146% Female: 146% Somalia: 146%	Target was achieved because of additional 217 female community leaders reached through leadership training
Output 3.1: 600 (10,000 indirect) women and girls at risk of COVID -19 infection in target locations have improved access to information, capacities, and knowledge to lead and participate in decision making and coordination mechanisms	Number of men, women and girls reached indirectly with COVID-19 information	Total: 10,000 Somalia: 10,000	Total: 15,751 Female: 9,916 Male: 5,835 Somalia: 15,751	Total: 157% Somalia: 157%	Indirect target was achieved.
	Number of women whose capacity on participation, and decision making in COVID-19 preparedness planning, response and recovery has been strengthened in Mogadishu, Kismayo, Baidoa and Garowe.	Total: 300 Female: 300 Somalia: 300	Total: 575 Female: 575 Somalia: 575	Total: 192% Female: 192% Somalia: 192%	The target was exceeded due to added funds to activity derived from Sept salary savings. These included 358 women and girls trained, community dialogue sessions (105 female community leaders), and 112 women leaders
	Number women and girls trained as trainers (ToT) on GBV prevention and response using IASC GBV in emergency guidelines	Total: 300 Female: 300 Somalia: 300	Total: 300 Female: 300 Somalia: 300	Total: 100% Female: 100% Somalia: 100%	Target was achieved

Annexes 13.2: Reports, Data Collection Tools, and Terms of Reference

Document Type	Title	Attachment link
Somalia Country End of Programme Evaluation Report	Somalia_Final LEAP II_End of Programme Evaluation Report_24092023	 E:\Consultancy\UN WOMEN\LEAP Projec
Uganda Country End of Programme Evaluation Report	Uganda_Final LEAP II_End of Programme Evaluation Report_24092023	 E:\Consultancy\UN WOMEN\LEAP Projec
Regional Evaluation ToR	Regional Team Lead ToR- LEAP II End of Programme Evaluation	 E:\Consultancy\UN WOMEN\LEAP Projec
Uganda Evaluation ToR	Uganda_ Country Evaluation ToR	 E:\Consultancy\UN WOMEN\LEAP Projec
Somalia Evaluation Tor	Somalia _Country Evaluation ToR	 E:\Consultancy\UN WOMEN\LEAP Projec
Data Collection Tools	Annexes-Data Collection Tools	 E:\Consultancy\UN WOMEN\LEAP Projec
Overall Evaluation Matrix	Annexes-Data Collection Tools	 Annex-Overall Evaluation Matrix.doc
Regional Office Component Evaluation Matrix	Regional Office Component Evaluation Matrix	 Regional Office Component Evaluatio
Uganda and Somalia Evaluability Assessment Reports	Evaluability Assessment Reports	 Evaluability Assessment Reports.d
List of Stakeholders Interviewed in Uganda, Somalia and regional office component	List of Stakeholders Interviewed	 List of Stakeholders Interviewed.docx

Annex 13.3 Bibliography

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UN Women supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to ensure that the standards are effectively implemented and truly benefit women and girls worldwide. It works globally to make the vision of the Sustainable Development Goals a reality for women and girls and stands behind women's equal participation in all aspects of life, focusing on four strategic priorities: Women lead, participate in and benefit equally from governance systems; Women have income security, decent work and economic autonomy; All women and girls live a life free from all forms of violence; Women and girls contribute to and have greater influence in building sustainable peace and resilience, and benefit equally from the prevention of natural disasters and conflicts and humanitarian action. UN Women also coordinates and promotes the UN system's work in advancing gender equality.



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