

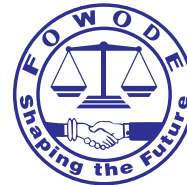


Gender Transformation & Empowerment

ORGANISATIONAL CAPACITY ASSESSMENT DISSEMINATION AND STRATEGIC PLANNING MEETING REPORT



GOU/UNFPA
7th Country Programme



ORGANISATIONAL CAPACITY ASSESSMENT

DISSEMINATION AND STRATEGIC PLANNING MEETING REPORT

2011

Table of Contents

Acknowledgement.....	iv
Acronyms.....	v
Foreword.....	1
PART 1	2
Background and Introduction.....	2
Methodology.....	2
Development and orientation of the Assessment team on Organizational Assessment Tools.....	2
Pretesting the OCAT and Presentation of the OCAT.....	3
Verification of the Findings.....	3
PART 2	4
Findings.....	4
A. Organizational Capacity Assessment.....	4
1). Governance.....	4
Administrative Procedures.....	6
Human Resources Development.....	7
Sectoral Expertise.....	8
Stakeholder commitment/ownership.....	8
Marketing and awareness building.....	9
Inter-NGO collaboration.....	9
Government Collaboration.....	10
Organizational Sustainability.....	11
Financial Sustainability.....	11
Resource base Sustainability.....	11

B. Needs assessment on Knowledge levels on GBV and Reproductive Rights.....	12
Nature of cases handled.....	16
How GBV is addressed.....	17
Referral system.....	18
PART 3	20
Challenges, Recommendations and Conclusion.....	20
Recommendations.....	20
Recommendations for Capacity Building.....	20
Recommendations for Sustainability.....	21
General Recommendations.....	21
Conclusion.....	22
Annex 1: List of CSOs sampled per district.....	23
Annex 2: List of the documents used for reference and cross checking for this	
Assessment.....	29
Annex 3: Referral forms used by some of the organizations.....	29
Strategic Planning Component.....	30
CBO/CSO Sub Group Leadership Structure.....	30
Priority issues towards reducing GBV and advancing RR.....	31
The Oyam CBO/CSO subgroup Secretariat.....	31
The Kanungu CBO/CSO Secretariat.....	33
The Yumbe CBO/CSO Secretariat.....	34
Most affected Sub counties.....	38
Proposed Strategies 2012.....	38

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Acronyms

ACFODE:	Action for Development
AFARD:	Agency for Accelerated Regional Development
ASB:	Arbeits Samaritier Bund (ASB),
BDP:	Batwa Development Programme
CAWODISA:	Children and Wives of Disable Soldiers' Association
CEDOVIP:	Centre for Domestic Violence Prevention
CPAP:	Country Programme Action Plan
CSOs:	Civil Society Organizations
DEPCOT:	Development Path for Community Transformation
EU:	European Union
FOWODE:	Forum for Women in Democracy
GBV:	Gender Based Violence
GOU:	Government of Uganda
KMO:	Kica Mar Organization
M&E:	Monitoring and Evaluation
MRC:	Mubende Rehabilitation Centre
MUDINET:	Mubende District People Living with HIV/AIDS Network
NKU:	Needy Kids Uganda,
OCAT:	Organizational Capacity Assessment Tool
OVCs:	Orphans and other Vulnerable Children

RHU: Reproductive Health Uganda
RR: Reproductive Rights
SHI: Safe Harbor International
UNFPA: United Nations Population Fund
UNICEF: United Nations Children's Emergency Fund
UOBDU: United Organization for Batwa Development in Uganda
UWONET: Uganda Women's Network
WIDCCOM: Women in Development Concerns Coalition Mubende
YUTAFORD: Yumbe Teachers Activists for Development

Foreword

UWONET carried out a capacity needs assessment and dissemination/ validation meeting in the 8 districts of Kanungu, Mubende, Oyam, Katakwi, Yumbe, Moroto, Kaabong, Kotido where the GOU/UNFPA 7th Country Programme is being implemented.

The objectives of the organizational capacity assessment included:

- Establish organizational strengths and weaknesses of the CSO sub groups in the programme district.
- Establish training, technical and other appropriate interventions which will strengthen the overall functioning of the CSO subgroups in order to advance gender and rights.
- To establish CSO knowledge levels on gender based violence and reproductive rights.
- To identify gaps and recommendations for an improved performance of GBV service delivery and referral systems.
- To build consensus among the CBO's on the report for ownership

The report captures the organizational development findings from the organizational capacity assessment, highlights, strengths and capacity needs and gaps, the CSO knowledge levels on GBV and challenges.

The report further unpacks the different training areas which participants recommended. The CBO organizational capacity needs assessment revealed that there is need to scale up the level of knowledge and awareness on GBV prevention and advancing Reproductive Rights.

UWONET hopes that the issues highlighted in this report will inform a greater part of programming by UNFPA and its partners, the CBOs and other stakeholders.

PART 1

Background and Introduction

UWONET together with two of its members (ACFODE, FOWODE) who are also subgrantees under the 7th Country Programme are implementing the 7th GOU/UNFPA Country Programme under the Gender Component in 8 selected districts. One of the outputs in the CPAP under the gender component is strengthening public and civil society sectors capacity for GBV prevention and management. In order to advance this, UWONET conducted trainings for district based alliances in GBV prevention in the first year of the project implementation as a means of complementing the districts based alliances and also hold duty bearers accountable for effective service delivery.

To strengthen coordination, understanding and build local partnership and local activism, UWONET with the local communities in the respective districts conducted a mapping of CSO groups in the districts. The main purpose of the exercise was to assess the organizational capacity in regard to GBV prevention and advancing reproductive rights. The assessment was done using the Organizational Capacity Assessment Tool (OCAT) prior developed and pretested.

Methodology

Development and orientation of the Assessment team on Organizational Assessment Tools

Two assessment tools were developed and administered to the CSOs/CBOs representatives in the 8 districts. One of the tools aimed at establishing the functionality and effectiveness (Governance and Management) of the CSOs/CBOs while the second tool was designed to ascertain the knowledge levels of the CSO/ CBOs on Gender Based Violence and Reproductive Rights for effective intervention and response.

Pretesting the OCAT and Presentation of the OCAT

The assessment tools were administered to the participating CSO/ CBOs in the 8 districts. Recommendations from the pre-testing were incorporated and used to sample community based organizations. The tool was used as a whole to:

- a) Serve as a diagnostic instrument to determine the stage of organizational maturity and the specific changes needed to strengthen an NGO/CBO's development to advance gender and reproductive rights.
- b) Establish a baseline measure of the existing structure and capability of an NGO/CBO for social mobilization and advocacy.
- c) Monitor and evaluate progress toward the organizational development objectives of an NGO/CBO
- d) Serve as a means to educate NGO/CBO staff about the components and attributes of an effective NGO/CBO for realization of the CPAP's objectives.
- e) Create a strong and shared commitment to change within the NGO/CBO.
- f) Assess training needs of the staff of an NGO/CBO and provide a framework for a training curriculum to enhance their work in advocating for gender and rights.
- g) Complement financial audits and programme impact reports to provide a comprehensive evaluation of the viability or potential for growth of an NGO/CBO.
- h) Obtain a rapid assessment or 'snapshot' of the NGO/CBO by administering selective questions.
- i) Serve as a basis on which to design improved systems and procedures.

Verification of the Findings

On conclusion of the administering of the tools, five organizations from each of the programme districts were sampled. The criteria for the selection was based on the data reviewed in the OCAT tools on who was directly implementing GBV prevention and response interventions.

PART 2

Findings

Area of focus of sampled organizations

The areas of focus for the participating organizations varied and included HIV/AIDS, Reproductive Health, GBV, OVCs, Governance, Food Security, Education, IGAs, Women's rights, psycho social support, FGM, Peace and Conflict Management, Youths, and Legal Assistance. Many of these organizations operate at the district level although they extend to the community/ villages.

A. Organizational Development Capacity Assessment

The report presents findings on the organizational development of the CBOs assessed. Seven elements of organizational effectiveness were checked which included governance, management practices, human resources, financial resources, service delivery, external relations and sustainability.

1) Governance

This element provides leadership and direction to an organization. The aspects assessed included availability of a Board, Mission, organizational vision and proof of Legal status.

Board: Most of the participating organizations revealed that they have a board which provides overall policy direction and oversight. This was evidenced from the governance structures that were pinned on the notice board and also from discussions the assessment team had with the various organizations during the verification process. Boards were given different names in the various organizations for instance Board of Directors, Executive Committee, Board of Governors and Board of Trustees. The governance structure for FBOs was quite different from that of CBOs since with the FBOs, it is attached to the diocese.

Mission/ Vision

98% of the CSOs have clearly articulated missions and visions as referred to in the different documents like the constitutions, strategic plans, annual work plans and brochures.

Legal status; 95% of the CSOs reported being registered according to relevant legislations (ordinances and by-laws). Evidence was the registration certificates. However, a good number of CBOs in Karamoja region were informal groups not registered with the relevant authority. About 70% of the CSOs reported having benefitted from the best financial and legal status permissible under local law and had attracted funding from both national and international sources.

Management practices; These are mechanisms intended to co-ordinate the activities and facilitate processes within an organization. The aspects assessed included organizational structure and culture, planning, personnel, programme development, administrative procedures, risk management, information systems and reporting. The findings are discussed below.

Organizational structure and culture; About 62% of the CSOs have organizational structures with clearly defined lines of authority and responsibility where the Secretariat plays a coordination role. Less than 40% have management policies to ensure regular audits of organizational development.

Planning; About 35% of the CSOs have implementation plans that reflect a strategic plan. This was evidenced from their strategic plans, project documents and work plans.

Personnel; Most of the organizations had no human resource management policy, lacked clear selection criteria for staff and recruitment procedures. This was revealed discussions with staff of the different organizations. With exception of CAWODISA, SHI, Shalom Reconciliation Ministry, KADP, KaDDAN, KDDS, KCV, and TPO where staff is deployed according to job descriptions, in other organizations, there are no job descriptions.

Programme development; About 50% of the CSOs involve stakeholders and staff in programme design, planning, implementation, routine supervision, monitoring and evaluation. This was verified through the interaction of the assessment team with the staff.

Administrative Procedures

Most of the organizations had no administrative procedures and manuals.

Risk management

All the CSOs assessed have no systems in place to minimize organizational abuses. A few that had the inventories, did not have regular audits.

Information systems

There was no clear system used to collect, report and analyze data in the organizations and no personnel to manage information systems. This was revealed by staff during discussions with the assessment team.

Programme reporting; 50% of the CSOs have the ability to produce appropriate reports. They produce activity reports, monthly reports and annual reports. However, there were no evaluation reports seen. Few of the CSOs like WIDCCOM, KADP, KDDS, Shalom Reconciliation Ministry, AFARD, T.P.O and St. Monica Women's Group have publications like fliers and brochures to disseminate.

Planning; Some of the organizations have implementation plans that reflect a strategic plan. This was evidenced by strategic plans, project documents, work plans and discussions with the staff. There is flexibility to adjust plans as a result of the monitoring process. This was evidenced from the discussion the assessment team had with staff.

Human resource: This element consists of Management, staff, members, volunteers, communities, funders and board members who have the skills, motivation and opportunity to contribute to an organization. The aspects of human resource assessed included human resources management and work organization and are presented below.

Human resources development

About 90% of the CSOs have no human resources development planning and there is no personnel policy in place. Most organizations had no job descriptions for their staff.

Work organization; 50% of the CSOs revealed that they hold staff meetings monthly and this was evidenced from the minutes of meetings. They also revealed that they work as a team. This was revealed during discussions held between staff and the assessment team. The mechanisms in place for decision making, conflict resolution and communication include holding meetings, adhering to the constitution which is the supreme law of the organization, and referring cases to the disciplinary committee.

Financial resources: These are resources required to purchase goods and services needed to conduct an organization's affairs, record and account for financial transactions and monitor and report on its financial status. It involves adequate resources and necessary cash flow, a diverse resource base and long-term plans for meeting resource needs. The aspects assessed included accounting, budgeting, stock control and diversification of income base.

Accounting ; About 50% of the CSOs have financial procedures as well as financial reporting systems which are adhered to. They Report and make accountabilities as per donor requirements.

Budgeting; 50% of the CSOs have annual financial projections available in form of annual budgets, work plans and quarterly work plans. The Secretariat and the management team control the budgets. This was evidenced by cash flow statements in some of the organizations.

Stock control; Most of the sampled CSOs did not have elaborate stock control systems in place while a few had inventory books. The assessment team was not able to establish whether procurement systems are in place and are being used in the various organizations. Most of the organizations do not carry out internal audits but undertake external annual audits.

Diversification of income base; Many of the funders are international and this is especially so with Karamoja region. However, a few of them are able to raise some money through membership fees. Those dealing in IGAs such as weaving, bakery, coffee nurseries and brick laying usually sell the products and get more money to run organizational activities. This is especially so for CAWODISA, MUDINET+ and Ride for a Woman. Many of the organizations do not have an income diversification strategy. This was revealed to the team during discussions with staff.

Service delivery; this encompasses programmes and services carried out by NGO/CBOs that are appropriate, cost-effective and of high quality. The aspects assessed included sectoral expertise, stake holder commitment and ownership, marketing and awareness building.

Sectoral expertise

60% of the CSOs have relevant sectoral expertise. For instance there is advocacy for key issues i.e. HIV/AIDS, food security, OVCs, education, legal assistance, psycho social support, GBV, and good governance. This was evidenced from the discussions with staff and also from the activity reports. Through advocacy strategies like needs assessment, the field visits, project reviews, consultative meetings with different stakeholders and the participatory impact assessment tool, some of the organizations that are well established are able to adapt programmes and service delivery to changing needs of stakeholders. Some of the organizations developed action plans for their advocacy work and they ensure that programming and implementing activities is so timely and usually the implementers usually follow the action plan developed so as not to render their activities irrelevant.

Stakeholder commitment/ownership

In most of the organizations Programme priorities are based on actual needs and services are based on availability of funds, urgency of the issues and needs of the beneficiaries. These are defined in collaboration with stakeholders. 65% of the CSOs are able to identify key stakeholders and believe in networking with the various stakeholders such as their members, target group, local government, Development partners, other NGOs including CBOs and Networks, government institutions like Ministries. Also, relevant stakeholders are recognized as partners. For instance the beneficiaries are involved in problem identification, prioritization, implementation, planning, monitoring and evaluation

However, there was no efficiency, cost effectiveness and timeliness in the programmes implementation. This was attributed to conflict of interest about areas of operation, skeleton staff, and delayed disbursement of funds. There are also high expectations from the target group and hence limited voluntarism. It was revealed that some duty bearers look at advocacy as interference and are sometimes hesitant to collaborate. The community monitors are not adequately facilitated and equipped in terms of skills and equipments. Some organizations undertake trainings for community volunteers and it is these that monitor the progress of the project. In so doing there is ownership of the project by the local community

Marketing and awareness building

Few of the CSOs actively market their programmes to stakeholders. This is done through drama, and dissemination of information about project activities. Also, some of the organizations actively educate and build awareness among the community through sensitization and radio talk shows. This was evidenced from annual reports and brochures. For many of the organizations, they cannot disseminate information regarding their activities. This is attributed to limited funds which cannot allow production of IEC materials.

External relations; The interaction between an organization and other development partners in the context in which it carries out its activities, which ensure that it is noting and responding appropriately to the social, political, ecological, economic and other forces and events around it. The assessed aspects included stakeholder relations, inter NGO collaboration, government collaboration, funder collaboration, public relations and media.

Stake holder relations; About 47% of the CSOs are appreciated as credible by stakeholders based on what they do in advocacy both at the district and sub county level.

Some organizations provide essential services like counseling, capacity building for their members they are seen as valuable sources by stakeholders. Some of the organizations offer these services to the community and the community is appreciative. This was evidenced in an interview with community members in one of the districts.

Inter-NGO collaboration

Few of the CSOs network with national and international NGOs such as NACWOLA, DENIVA, Uganda Debt Network, Minority Rights Group, Red Cross and Youth Link.

Many of the CSOs play a role in promoting coalitions/networks since they are members of coalitions and networks e.g. Mubende District Coalition on Reproductive Health, Oyam Advocacy Coalition on Reproductive Health, NGO/CBO forum, Katakwi District Development Network, and Riamraim Civil Society Network. However, a major challenge in these networks/ coalitions is that they are financially constrained and as such cannot effectively engage in very many activities.

Government Collaboration

Few of the CSOs are able to engage policy makers in dialogues depending on the issues at hand. Given the fact that many of the CSOs are still growing, they have not undertaken any efforts to engage policy makers in dialogues especially about issues that may be affecting the community. For instance in Kaboong, there were many groups which are not legally recognized and these confessed that they fear to engage government in dialogues since they may meet a lot of resistance from government.

Funder collaboration; Over 95% of the CSOs do not have diversified contacts within the funding community. They have a few contacts and it is these that fund them.

Public relations; About 57% of the CSOs engage in public relations through advocacy for relevant policy changes. Also, radio talk shows and dialogues are conducted. All relevant information in form of brochures and other advocacy materials are disseminated to the various stakeholders.

Media; Few of the organizations have interactions with the media. However, there is need to further strengthen their collaboration with the media.

Sustainability; The long-term continuation of an organization, programme or project. Sustainability strategies identify and measure the extent to which local partners of an NGO/CBO will continue to pursue and support the objectives after a project is concluded and involves the continuation of programmes, institutions and funding. The assessment team assessed programme/benefit sustainability, organizational sustainability, financial sustainability, and resource base sustainability.

Programme/benefit sustainability; The community supports the programmes because they are involved right from the start. Members are involved in implementation and monitoring. However, their skills in monitoring need to be sharpened further.

In some of the organizations, there are developed systems for the continuation of the programs like building of the human capital, the use of participatory methods to achieve a high sense of ownership and responsibility thus promotion of local level skills transfer. In order to ensure sustainability of projects by the community, the community is empowered to carry out tasks like monitoring and tracking of budget performances for the continuation of projects. However, in many organizations, there seems to be no programme sustainability mechanisms. Staff confessed that for some projects, the moment funding ceases, the project also ceases. They have not empowered the community to continuation of the projects.

Organizational Sustainability

The CSOs have linkages with national and international NGOs. These are able to fund some of their activities. The CSOs are aware of legislation affecting the NGO sector.

Some of the Organizations are members of different networks at national level. This is a sign that the organizations are actively engaged in development arena through advocacy work. Some of the organizations are membership organizations and belong to NGO networks e.g. NGO Forum, Riamraim Civil Society Network and DENIVA. This was evidenced through AGM registration, membership records and discussions with staff. Within such networks and given the fact that they are membership organizations, they are able to internally sustain themselves. However, though most of the organizations share information, there is lack of an information sharing strategy. There is need for organizations to be proactive.

Financial Sustainability

Many of the organizations do not have the ability to access diversified resources from donors. They get off support for specific projects.

Proposals have been written, which have attracted the current funding which the organizations use to implement their programme activities. Since many of them have no other fundraising strategy, the funding is not sufficient.

Resource Base Sustainability

Organizations raise local resources through membership fees, proposal writing and for some through income generating activities such as brick laying, handicrafts, junior farm field schools, coffee nurseries and bakery. Apart from these, there are no other resource diversification plans.

B) Needs assessment on Knowledge levels of GBV and Reproductive Rights

Needs assessment questionnaires were developed and administered in the 8 project districts. This section presents the findings from the needs assessment on Knowledge levels on GBV and RR.

District	Nature of cases	How GBV is handled
Mubende	Defilement, emotional violence due to AIDS, domestic violence, economic violence.	Promoting safety of victims, promoting safety of victims, provision of treatment and care, shelter provision, and linking survivors to peer support groups.
Kanungu	Domestic violence, defilement, rape, child negligence, sexual harassment, incest.	Social and material support, GBV education and sensitization, shelter provision, promoting safety of victims, counseling, referrals for treatment and care, summoning offenders to police and taking offenders to courts of law.
Yumbe	Rape, emotional violence, defilement, child neglect, early marriage	PEP, GBV sensitization and education, counseling, referrals for treatment and care, provision of treatment special sessions to families of survivors, social and material support

Referral System	Skills to enhance GBV	Challenges faced in addressing GV
To the reception centre which is funded by a development partner. Note: While the assessment team had gone to centre, they met a 10 year old girls who had been defiled by two men. She was undergoing treatment and since there is a legal officer at the centre, the case was taken to court.	Fundraising, counseling skills, GBV M&E skills, life skills	Corrupt police, long distance to the reception centre, stigma, lack of funds, poor transport, ignorance of the community about GBV, low levels of awareness on GBV by the victims, un co-operative leaders, dependency of the victims on to the offenders, lack of skilled personnel.
Refer to police.	Counseling, referral system, GBV M&E skills	Transport, inadequate knowledge and skills in handling GBV, financial constraints, delayed response from the police, bribery, some cases are not reported.

District	Nature of cases	How GBV is handled	
Oyam	Rape, defilement, economic violence, domestic violence.	Promoting safety of victims, counseling, referrals for treatment and care, provision of social and material support	
Katakwi	Defilement, early marriages, domestic violence, emotional violence, economic violence	Shelter provision, GBV sensitization and education, referrals for treatment and care, linking survivors to peer support organizations, special sessions to address families of survivors, promoting safety of the victims gender policy development.	
Moroto	Defilement, FGM, forced marriages, domestic violence, rape.	GBV sensitization and education, linking survivors to peer support organizations, counseling, taking offenders to courts of law, summoning offenders to police, referrals for treatment and care, GBV policy development.	

Referral System	Skills to enhance GBV	Challenges faced in addressing GV
They refer to police but even then the referral system is not strong enough because the police is said to be negligent.	Capacity building, counseling, fundraising skills.	Limited funding, limited knowledge on GBV, negligence by police, poor transport, limited GBV skilled personnel
Reporting to police where police form 3 is issued. Client then goes to a health unit after that ASF/ FIDA reports the case to court and also provides legal assistance. Note: In Katakwi, it was noted that when survivors go to police to record a statement, they are given a police form 3 which they are told to photocopy. Being that photocopying is expensive (400/=) and some of the people cannot afford to pay, they desist from going to police. Some of the villages do not have electricity and so the survivors have to walk a long distance to access photocopying services.	Counseling skills, proposal development skills for GBV projects, advocacy, and referrals.	Lack of knowledge and materials on GBV, limited funding, lack of referral forms in some organizations, negligence and bribery of police, threats to the victims, community's unwillingness to report cases of GBV, settling cases out of court, access of police form 3.
Refer to police. however when police fails to act fast, the council of elders decides the fate of the offender and in most cases the person is hacked to death by his relatives.	Counseling, TOT skills.	Cultural practices i.e. FGM, fear by the community to report cases of GBV, fear for witnesses to testify in court, financial constraints, inadequate staff capacities, transport problem, stigma, hard to reach areas due to poor roads, inadequate knowledge on GBV.

District	Nature of cases	How GBV is handled
Kotido	Rape, defilement, domestic violence, emotional violence	PEP, social and material support, GBV policy development, taking offenders to courts of law, referrals for treatment and care, safety of victims, GBV sensitization and education.
Kaboong	Defilement, rape, early and forced marriages, sexual harassment.	GBV sensitization and education, promoting safety of the survivor, counseling, taking offenders to courts of law, referrals for treatment and care, social and material support.

Over 75% of the CSOs reported having been addressing GBV for over three years and the reasons that prompted them to undertake GBV interventions include high prevalence of GBV due to development of camps as a result of the LRA insurgency (in war affected areas), the fact that GBV retards development, family breakages, HIV discordant couples fighting over the right to sex, stigma and discrimination, increasing domestic violence, among others.

Nature of cases handled

The nature of cases handled includes family neglect, property grabbing, defilement, rape, forced marriages, FGM (for some CBOs in Moroto), denial of the right to education for girls, domestic violence and emotional violence.

Referral System	Skills to enhance GBV	Challenges faced in addressing GV
Refer to CFPU and probation office. Following the traditional law, the council of elders sits and comes up with solutions of eliminating the offender.	Psycho- social support skills, capacity building	Lack of knowledge on GBV, hostility in the community, insufficient funds, reporting by the community is very low, inadequate human resource personnel, corruption by the police.
Survivors are referred to probation officer, who then refers them to Police where they record a statement and are given police form 3, they are then rushed to a health unit. Where tradition is attached, the council of elders decides on the fate of the offender because he is considered a disgrace to society.	Counseling of survivors.	Inadequate information/knowledge on GBV, ignorance by the community, transport of survivors to police and health centres, cultural practices, limited funding.

How GBV is addressed

Gender Based Violence is mainly addressed through GBV sensitization and education, counseling, referrals for treatment and care, special sessions to address families of survivors, promoting safety of victims through provision of shelter, taking offenders to courts of law, linking survivors to peer support organizations, summoning offenders to police and provision of material and social support.

Much as many of the organizations undertake activities on GBV, for many of them, their GBV prevention activities are not budgeted for because they lack funds. Very few organizations have their activities planned, scheduled, budgeted for and monitored. These include UHRC-CMCC, TPO, KaDDAN, Family Life Survival, Katakwi Children's Voice, COU-TEDDO, ASF/FIDA-U in Katakwi district, Kaboong Moslem Women's Group, Dodoth Friends of Charity, War Child-UK Kaboong, Dodoth Agro Pastoralist Development Organization in Kaboong.

In some of the organizations where GBV activities are planned, scheduled and budgeted for, the responsible unit staff has undergone training on handling of GBV related issues. Training sessions were facilitated by different organizations such as TERREWODE, and Gender Resource Centre.

However, these are very few and for majority of the organizations they have not undergone any training. There is therefore need to train staff in order to build their capacity in handling GBV. For those who have undergone training, the topics covered include; GBV and reproductive health, GBV in Schools, domestic violence, psycho social support for GBV survivors, case management, care and support for the victims, human rights and legal frameworks in relation to GBV.

However, results show that many of the participating organizations know very little about GBV and RR although they reported having received some training.

Referral system

The referral system is not formal in many of the districts. While the survivor is supposed to report to police first, open a police case and acquire a police form 3 is the first step, this is not followed in many of the districts. In Mubende for example, in event of GBV, the survivors is first taken to the reception centre which is being funded by a development partner. Even when the survivors first go to police, they are referred back to the reception centre. This is not ideal because in most cases justice may not be served.

In Katakwi, the survivors' first report to police where a case is opened and are then given police form 3. From police, they are taken to the health centre. Having undergone treatment, the case is then taken to court with the help of ASF/FIDA-U.

In Karamoja region, when GBV occurs especially defilement and rape, under the customary practices, the offender is killed immediately. This is done to deter others from committing a similar crime. The fate of the offender is usually agreed upon by the council of elders.

In Kanungu, Yumbe and Oyam, the survivors are quickly rushed to hospital. Asked why they do not follow the formal pathways, they responded that the police are not so vigilant in handling cases of GBV. In most cases, even when there is evidence and the offender is arrested, he is let free. They attributed this to the corruption within the police. Various scenarios in each of the districts were narrated to the assessment team. This however, does not exclude the other districts. Some of the organizations have referral forms that they use in referring clients to other points of service. These are attached in the annexure.

PART 3

Challenges, Recommendations and Conclusion

- Lack of awareness/ ignorance of the community about gender and women's rights
- Women's reluctance to report GBV related cases
- Limited participation and lack of support from men
- Poor follow up on GBV by L.Cs and police
- Inadequate facilitation for the police and Local council officials.
- Lack of willingness by witnesses to testify in court.
- Cultural beliefs which give men more power over women
- Inadequate funds to implement GBV programmes
- Settling cases out of court
- Lack of a strong coalition on GBV
- Absence of Police Form 111
- Long distance to the police station and health centers to report cases of GBV and get the necessary services
- Transfer of trained police officers

Recommendations

Recommendations for capacity building

- Build capacity of CSOs to form a strong coalition on GBV in the districts.
- Resource mobilization training including proposal writing
- Skills in GBV programme development, implementation and monitoring and Evaluation realizing that GBV is a critical issue which remains a big challenge as it affects all the thematic areas under which the CSOs work.

- Development of key policies for example financial policy, human resource management; i.e. staff job descriptions, management plans and appraisal tools
- Development of communication/ media strategy
- Training in advocacy, fundraising

Recommendations for sustainability

- Establish change agent structures within communities
- Strengthen referral pathways
- Regular community dialogues on GBV critical issues for communities to be aware and vibrant in reporting, addressing and responding to GBV concerns
- Networking and collaboration with GBV actors for an amplified voice.

Topics for training

- Referral system and process
- Understanding GBV (forms, causes and effects) and Management
- Counseling of GBV survivors
- IGA and life skills.
- Fundraising skills, Networking and collaboration skills for advocacy on issues around GBV
- Legal frameworks in handling GBV i.e the Domestic Violence Act 2010
- Linkage between GBV and development.
- Monitoring and evaluation tools development
- Understanding the roles of different stakeholders in GBV prevention.
- Policy development for effectiveness at organizational level

General Recommendations

- a) More sensitization/ awareness about GBV and RR through community dialogues/meetings and trainings.
- b) Formation of women groups and supporting them financially. This was particularly raised in Katakwi because there is no women based CBO in the district.
- c) Forming a strong GBV coalition in each of the project districts
- d) Provision of relevant literature and IEC materials on GBV and RR.

Conclusion

The Organisational Capacity Assessment(OCA) was a great opportunity for the participating CSOs to assess themselves and establish their capacity gaps so that they would be trained in order to build their capacities and also contribute to organizational development. The assessment reveals that there is still a lot that needs to be done in as far as increasing the knowledge levels of CSOs on GBV so that they can together with the district based alliances ensure GBV prevention and advancement of R.R. Involvement of CBOs is of great importance if efforts to reduce GBV are to yield results.

Annex 1: List of CSOs Sampled per District

District	Organization	Focus
Mubende	Alinyikira PHA Women's Development Group	Women's rights, HIV/AIDS, IGAs
	Kyosimboonanya Development initiative	IGAs, Women's rights
	Mubende Reproductive Health Coalition	GBV, HIV/AIDS prevention
	Mubende District NGO/CBO Forum	Governance and economic empowerment
	Kasambya Development and Care Foundation	OVCs, HIV/AIDS, skills development
	JCRC/ Mubende RRH	HIV/AIDS
	Kasaana Child Development Centre	OVCs, education, children's rights
	Tusuubira Dembe Women's Development Group	Women's rights, IGAs
	St. Thomas Child Development Centre	Children's rights and education
	Women in Development Concerns Coalition Mubende	GBV, psycho social support, legal assistance
	Mubende Rehabilitation Centre	Soldiers with disabilities
	Family Development Organization (FADO)	IGAs, GBV, HIV/AIDS, Maternal and Child health
	Kugumikiriza CBO	IGAs
	Local Skills Development Network	Skills development, GBV, RH
	Mubende District People Living with HIV/ AIDS Network (MUDINET+)	HIV/AIDS, GBV and youths in schools, RH, Human rights
	Children and Wives of Disable Soldiers' Association (CAWODISA)	Disabled soldiers, GBV, PHAs
	Kasanda Cornerstone Foundation (KCF)	OVCs, HIV/AIDS, GBV
	Mubende Paralegal Initiative	Legal assistance

District	Organization	Focus
Kanungu	Batwa Development Programme	Minority rights, GBV and OVCs
	Buhoma- Mukono Community Development Association	Environment conservation
	Uganda Wildlife Authority	Wild life conservation
	Ride for a Woman	Women's rights and economic empowerment
	United Organization for Batwa Development in Uganda	GBV and minority rights
	Kanungu District NGO/CBO forum	Governance and human rights
	Kinkizi Integrated Rural Development Programme	GBV, OVCs, IGAs, Women's rights
	Caritas Social Services and Development	Education, women's rights, OVCs, economic empowerment
Yumbe	Yumbe Safe Motherhood	Women's reproductive rights, HIV/AIDS, maternal health
	Women's reproductive rights, HIV/AIDS, maternal health	Education for OVCs and psychosocial support
	Uganda Red Cross Society (Yumbe)	Peace and human rights
	Queen of Heaven Women's Group	GBV, Reproductive health Adult literacy, and economic empowerment through drama

District	Organization	Focus
Yumbe	Here is Life	Domestic violence and HIV/AIDS
	Needy Kids Uganda	OVCs, HIV/AIDS, Water and sanitation.
	Agency for Accelerated Regional Development (AFARD)	Agriculture and economic empowerment
	Safe Harbor International	Reproductive rights
	Yumbe Teachers Activists for Development (YUTAFORD)	OVCs and GBV in schools
	Odokibo Agricultural Training Centre	Women's economic empowerment
	Yumbe NGO/CBO forum.	Governance and human rights
Oyam	Oyam Advocacy Coalition for Reproductive Health	HIV/AIDS and reproductive health
	Health Alert Uganda	GBV, HIV/AIDS, and children
	Oyam district Forum for People Living with HIV/AIDS.	HIV/AIDS and GBV
	Development Path for Community Transformation (DEPCOT)	GBV, OVCs, human rights
	Kica Mar Organization (KMO)	GBV and HIV/AIDS
	Kamdini HIV/AIDS Prevention Network	GBV and HIV/AIDS
	Oyam Landmine and Small Arms Survivors Association	Economic empowerment, peace and conflict management
	ASB Oyam	Human rights

District	Organization	Focus
Oyam	Fight to Improve Community Health (FICH)	Health rights and HIV/AIDS
	GBV, children and women	
	The Apac Anti Coalition (TAAC)	Corruption prevention
Katakwi	Transcultural Psychosocial Organization (TPO)	GBV and Counseling
	Katakwi District Development Actors Network (KaDDAN)	GBV, food security, OVCs, human rights and governance
	Katakwi Children's Voice (KCV)	Children and psychosocial support
	Katakwi Agency for Resettlement and Development	Food security and environment conservation
	ASF/FIDA-U	Legal assistance
	Kapujan Sub county Development Association (KASDA).	IGAs and GBV
	Family Life Survival (FLS)	GBV and OVCs
	Toroma Partnership Project (TPP)	Food security and IGAs
	COU-TEDDO	Agriculture, environment, governance, food security, GBV and IGAs
	Ngariam Sub County Development Association (NSDA)	GBV, IGAs and agriculture
	UHRC CMCC	Human rights and GBV
	Katakwi People Living with HIV/AIDS (KEPLWA)	HIV/AIDs and GBV
	Katakwi Youth Development Forum (KYDF)	Youths, HIV/AIDS and IGAs
	Katakwi Integrated Development Organization (KIDO)	Human rights and IGAs

District	Organization	Focus
Moroto	Karamoja Women Umbrella Group (KAWOU)	Women's rights and economic empowerment
	Karamoja Agro-Pastoral Development Programme (KADP)	Poverty eradication, food security, FGM prevention, governance
	ASB Karamoja	Human rights (Child Protection)
	Moroto Network of AIDS Support Organization (MONASO)	HIV/AIDS
	Karamoja Women Craft Association (KWCA).	Livelihoods and women's rights
	Restless Development	Youths
	The Tunga Rural Cross Border Development Initiative (TOBARI)	Peace and security
	Karamoja Initiative for Sustainable Peace (KISP)	Peace and security
	Moroto Women's Save Life (MWSL)	OVCs and women's rights
	Matheniko Development Forum (MADEFO)	Food security
	Karamoja Traditional Healers and Health Associates Systems Project (KATHES)	FGM and maternal health
	Riamraim Civil Society Network	GBV, human rights, food security, governance, peace and conflict management
	Widows Action for Rural Development in Karamoja(WARDO)	Women's rights and IGAs
	Action for Poverty Reduction and Livestock modernization in Karamoja (ARELIMOK)	Food security, IGAs and environment conservation
	KIDEP (PAG) Pentecostal Assemblies of God	Youths and children, human rights

District	Organization	Focus
Kotido	ASB Kotido	human rights, (Child Protection)
	Warriors Squad Foundation (WSF)	GBV, HIV, Peace building and human rights, good governance, livelihoods
	Caritas Kotido	Human rights, adult literacy education, Peace and conflict resolution
	Uganda Joint Christian Council (UJCC)	Governance, education, human rights
	Shalom Reconciliation Ministry	Child Protection and psychosocial support
	Uganda Red Cross Society	Human rights
	Karamoja Dioceses Development Services (KDDS)	GBV, reproductive health, maternal health, food security and livelihoods
	Nakere Women's Group	Women's economic empowerment and food security
Kaboong	St. Joseph Disability Centre	IGAs, GBV and human rights
	St. Monica Women's Group	Skills development, women's rights
	Mothers Union	IGAs
	Atoswoma Women's Group	Skills development
	Kaboong Moslem Women's Group.	IGAs, women's rights, OVCs and education
	Karamoja Dioceses Development Services (KDDS)	GBV, reproductive health, maternal health, food security and livelihoods
	War child- Kaboong	Peace, livelihoods, OVCs
	Dodoth Agro Pastoralist Development Organization (DADO)	Food security and livelihoods.

Annex 2: List of the documents you used for reference and cross checking as part of this assessment.

- Constitutions
- Brochures
- Annual Financial reports
- Annual Progressive reports
- Strategic plan
- Minutes of meetings
- Rules of Procedure
- Activity Reports
- Monitoring Reports
- Project Proposals
- Baseline Survey report conducted on the social and economic situation of Kanungu by Kanungu NGO/CBO forum
- Certificates of Registration

Annex 3: Referral forms used by some of the organizations

WIDCCOM in Mubende

TPO in Katakwi

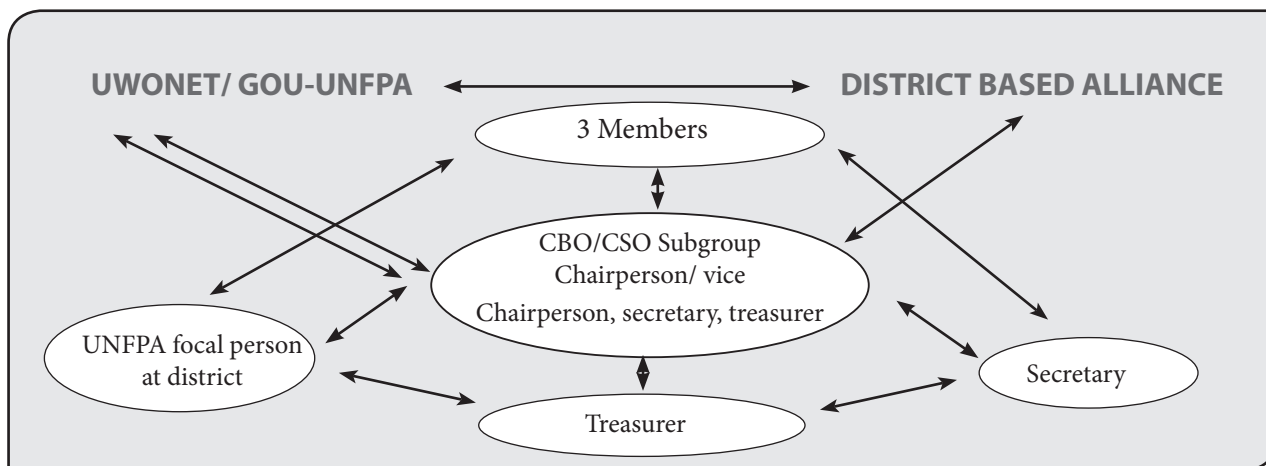
Strategic Planning Component:

A strategic planning meeting was conducted in each of the implementation districts (Kaboong, Kotido, Moroto, Katakwi, Yumbe, Oyam, Mubende and Kanungu) under the GOU/UNFPA 7th Country Programme for ownership by the community groups based at the district.

The report highlights the NGO Alliance/ CSO-CBO Subgroup secretariat structure that was formed in each of the districts which comprises of a core team of 8 members (Organizations) to steer and provide leadership and guidance to the community groups. The report also details the priority / Key GBV concerns unique to the particular community.

For evidence based lobby and to strengthen and clearly articulate the community concerns for national level advocacy, Uganda Women's Network (UWONET) a national level advocacy organization together with the community based organization subgroups are committed to contributing towards reduction of GBV in the community and advancing reproductive rights through a community based approach of community dialogues and public dialogues

CBO/CSO Sub Group leadership Structure



Priority issues towards reducing GBV and advancing RR

Participants prioritised a number of issues/ concerns that are pertinent and perpetrate gender based violence and escalate abuse of women's reproductive rights within the communities. The key concerns identified will inform the work plans and focus for the CBO/CSO subgroups on the community approach towards addressing GBV.

District: Oyam

The six priority issues for Oyam district for the year 2011 include:

1. Family Planning/ Reproduction health issues. They noted there was urgent need to engage with the communities to raise awareness of the importance of Family planning and reproductive health issues for women.
2. Child Neglect. Many child are neglected and the men who are mainly the bread winners would rather drink alcohol than promote the rights to education for the children.
3. Early Marriages. The prevalence rates are very high and there was need to dialogue with the communities.
4. Domestic Violence. This was identified as one of the most common forms of violence that are experienced in the district.
5. HIV/AIDS- Prevention of Mother to Child Transmission.
6. Girl Child Education

The Oyam CBO/CSO subgroup Secretariat:

Position	Person Responsible	Organization and Contact
Chair Person	Charles	KICMAR (0392945628)
Vice Chair Person	Patrick Esigu	ASB (0758740028)
Treasurer	Akello Sylvia	DEPCOT (0782013696)
Secretary	Connie Atto	COARH (0782618158)
Member 1	Robert	AVCOH (0782760867)
Member 2	Amos	KAPH (0772976191)
Member 3	Geoffrey	OISSA (0782227232)
UNFPA contact person	John Mark/ Christopher	Oyam District Local Government

District: Kanungu

Kanungu district developed six key priority issues for the subgroup to contribute to reducing which include;

1. Property grabbing especially for women widows and children. The widows are not aware of the legislative frameworks that protect their rights to land. Due to this vulnerable position, the men grab their property on death of the husband.
2. Defilement leading to early marriages and unwanted pregnancies
3. Abusive language causing emotional torture
4. Denial of sexual rights
5. Fighting with dangerous instruments/ battering of women
6. Child labour

The subgroup further brain stormed on what needed to be done in 2012 to address GBV in specific subcounties

Kambuga S/C	Kihihi T/C	Rugyeyo S/C	Kanungu T/C	Long term strategies
Arrange for special groups trainings and sensitization	Community sensitization about GBV	Sensitization workshops, seminars	Community sensitization through workshops, drama and radio talk shows	Establishment of a community centre at the parish level where GBV issues can be addressed
Sensitization through institutions like churches, schools, and mosques	Human rights empowerment	Radio talk shows	Poverty alleviation programmes	Training of resource persons at the parish level to address GBV issues
Change agents to be good examples	Advocacy groups	Human rights commission should be empowered to do their work.	Training other actors like the local councilors	Translate laws on GBV in Rukiga
Community sensitization on human rights through radio talk shows and drama		Training of more change agents	Formulate by-laws targeting GBV	Provide financial support for GBV activities

The Kanungu CBO/CSO Secretariat

Position	Person responsible	Organization and contact
Chair Person	Rev. Enos	KIRDP (0772355531)
Vice Chair Person	Kabagambe Eunice	0782484769
Treasurer	Akandinda Elizabeth	0774150327
Secretary	Mubangizi Evans	0777402702
Member 1	Busingye Christine	0751861628
Member 2	Naboth Tito	0777167241
Member 3	Edison Rwatangabo	0772694381
UNFPA contact person	Jackson/ Christopher Namara	Kanungu district local government

District: Yumbe

Critical issues in Yumbe district that were identified for advocacy were:

1. Domestic violence. This is one of the biggest forms of violence that is manifested against the women. One of the contributing factors is the cultural and religious views that subjects women to subordination and vulnerability to the men
2. Family neglect. Many children and women are abandoned by their husbands since the district is predominantly moslem which religion recognizes polygamy.
3. Defilement.
4. Early marriages. Many girls are married off at an early age depriving them of their childhood and their rights to education leading to high school dropout rates in school.
5. School dropouts
6. Male involvement in RH issues. Need to bring men on board in advancing women's reproductive health issues.

The Yumbe CBO/CSO Secretariat

Position	Person responsible	Organization and contact
Chair Person	Yada Hamid	LABE (0777274978)
Vice Chair Person	Namatovu	Safe Harbour International
Treasurer	Abaru Beatrice	Safe Motherhood (0782781946)
Secretary	EwudopaJackilne	Queen of Heaven (0782341623)
Member 1	Alich Deck	YUTAFORD (0782577902)
Member 2	AshemeadMukuuma	NKU (0782103637)
UNFPA contact person	Austin Andemani	YDLG (0712035005)

Mubende district

Critical issues

1. Maternal mortality/morbidity
2. Diseases-Need for dialogues on stigma against HIV
3. Property grabbing
4. Child neglect
5. Economic violence against children
6. Alcohol and drug abuse
7. Reproductive rights:women are denied/ spacing of children and yet fertility rate is very high.
8. Transsexual
9. Human trafficking
10. 16 days of activism-violence against health rights.

Position	Person responsible	Organization and contact
Chair Person	Evelyn	CAWODISA
Vice Chair Person	Kinene Vincent	Kasanda Cornerstone Foundation
Treasurer	Kasambya	kabuleeta Patrick
Secretary	Dr.Lucy	FADO

Position	Person responsible	Organization and contact
Member 1	Lenny Kebirungi	Widdccom
Member 2	Nicholas	Mudinet
UNFPA contact person	Maria Ndagire	MDLG(0772617274)

Katakwi district

Critical issues

1. Defilement and early marriages Human rights advocacy for PHA's
2. Domestic violence
3. Dialogue with grassroot women
4. GBV linkage to food security
5. Defilement and early marriages Human rights advocacy for PHA's
6. Domestic violence
7. Dialogue with grassroot women
8. GBV linkage to food security

Position	Person responsible	Organization and Contact
Chair Person	Betty Angiro	Katakwi District Development Actors Network 0782388881
Vice Chair Person	Emoruoit Silver	Katakwi children's Voice, 0782369946, 0712636438
Treasurer	Egabu Peter	Katakwi Agency for Development, 0772997918 0702999470
Secretary	Omoding Joseph	Living Hope Center
Member 1	Abido Esther	TEDO, 0773350800
Member 2	Emulit Patrick	TPO, 0784677411
Member 3	Paul Moko	Family Life Survival
UNFPA contact person	Damali	KDLG(0772576203)

Kotido district

Position	Person Responsible	Organization and Contact
Chair Person	Alfred Etyang	Worrior Squad Foundation, 0777703270
Vice Chair Person	Rose Akidi Amondong	KDDS, 0772902855
Treasurer	Rainbow Mike	Shalom, 0312899502
Secretary	Elizabeth Asalo	BRAC, 0775636931
Member 1	Orono Micheal	Caritas, 0782751409
Member 2	Ismail Lomwa	ASB, 0774 138388
Member 3	Margaret Napoyo	Makerere Women's Group, 0774451462
UNFPA contact person	Lilly Nanchan	Kotido district Local Government

Critical issues

1. Domestic Violence Sensitisation- Target group- women, Youth , ECD: subcounty- Paryagara
2. Early Marriages- Target group- elders, local leaders; Subcty- Nakapelmoru
3. Peace and Conflict and GBV: Target – youth, girls, fortune tellers, elders: subcty- Kachewri and Nyengeri
4. Hiv/Aids and its linkage to Gender: Target- Religigious leaders and local leaders: subcty- Nakapelmoru and Town council

Moroto district

Position	Person Responsible	Organization and Contact
Chair Person	Kuskus Michael	KAWO 0779227116
Vice Chair Person	Tino Irene	Human Rights
Treasurer	Atyang Stella	KATHES 0772019096
Secretary	LokiruAlaskas	ARELIMOK 0772019096
Member 1	Lokwang John	MADEFO 0772361970
Member 2	NangiroSaum	KADP 0782717820
Member 3	Lotyang Francis	Moroto district
UNFPA contact person	Lolem Maggie	DCDO (Moroto district local government)

Critical issues

1. FGM- Taapacsubcounty
2. Early Marriages- a lot of child labour- Rupacsubcounty
3. Denial of property ownership rights
4. Rape

Kaboong district

Position	Person responsible	Organization and Contact
Chair Person	District Khadi	Kaabong district
Vice Chair Person	Christine Longa	Kaabong district
Treasurer	Anna Lokut	Kaabong district
Secretary	Denis Okwir	Kaabong district
Member 1	Pr. Luke	Kaabong district
Member 2	Lucy	Kaabong district
Member 3	Ibrahim Mohammed	Kaabong district
UNFPA contact person	Christie Achii	KDLG

Critical issues

1. Rape
2. Denial of basic needs(especially education)
3. Threats to violence
4. Wife battering
5. Women not being involved in decision making

Most affected Sub counties

- Kaboong TC
- Kamian
- Sidok
- Kalapata

Proposed Strategies 2011

- Sensitise communities on GBV/awareness raising
- Engage elders, religious leaders, communities on the importance reporting GBV cases
- Hold community dialogues with opinion leaders on prevention of GBV
- Strengthen the capacity of stakeholders such as religious leaders, LCs etc to respond to GBV Integrate GBV prevention into their existing work

2012

- Conducting training on GBV
- Strengthen activism for GBV prevention in the communities
- Lobbying and advocacy for funds to extend services to the survivors of GBV
- Build/strengthen own coalition (Capacity building on the DV Act)
- Popularize the DV Act 2010 among stakeholders and duty bearers
- Exchange visits with the partner organisations or groups

CONTACTS

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