



The Republic of Uganda



Irish Aid

Government of Ireland
Rialtas na hÉireann

Government of Uganda – Irish Aid Joint Programme to address GBV in Busoga Region



**END
gender
based
violence**

Safe Homes. Safe Communities

Annual Report, Year III (FY 2012/2013)

August, 2013



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Executive Summary

The GoU-Irish Aid Joint Programme to address GBV in Busoga region (2010/11-2014/15) has been implemented since December 2010 hence a third year of implementation (FY 2012/13) has been completed. The Ministry of Gender, Labour and Social Development coordinates the Programme which is implemented in partnership with 8 District Local Governments, 2 Civil Society Partners: Uganda Women's Network (UWONET) and the Center for Domestic Violence Prevention (CEDOVIP), and a Private Sector firm - Mystic Multimedia. This report presents progress of planned activities, challenges faced during the implementation of third year and recommendations for action.

Overall, there is continued progress towards achieving the Programme objectives with regard to prevention and response to Gender Based Violence. Activities conducted and outputs achieved are highlighted under each Result Area as indicated below:

Result Area One: Coordination of GBV Prevention and Response at District and National level

- Functional GBV coordination mechanism at the district and national level meeting regularly to discuss GBV issues and share information on their interventions
- The Draft GBV Policy is in place with input from Busoga region
- Coordinated implementation of the Joint Programme through meetings of Partner Agencies and joint reviews
- Good practice of Joint Programme community activism model shared at 57th CSW in New York in March 2013

Result Area Two: Enhanced Capacity among the duty bearers

- 8 Functional and Operational GBV networks in the programme districts



- GBV Networks are advocating and lobbying district leadership for support and action on key GBV emerging issues
- Regular networking among the duty bearers, CSO networks and community members in the Busoga region.
- Increased support for GBV response and prevention from communities and district leadership.
- Increased demand for services and improved service delivery at the over 40 police posts equipped with stationary and the revised Police Form 3.
- Improvement in case/data management and records at various referral points including police stations and health facilities.

Result Area Three: Communities mobilized to prevent and respond to GBV with a particular focus on men's involvement as agents of change

- Local leadership participates in mobilization of communities and support community groups using skills from SASA training. GBV response and prevention messages are part of speeches on local gatherings
- Local leadership and communities have realized their roles in the implementation of the Domestic Violence Act and thus enabling community groups to scale up GBV prevention
- Renewed relationships, self esteem and respect from communities for the CAs who work together with Local Councils and Village Health Teams. This has inspired many people to join and expand the activism within communities
- There is increased openness about GBV and increased collaboration between local leadership and duty bearers, for example, 750 cases were referred to the duty bearers.
- Some husbands and wives to CAs have joined their spouses in initiating community dialogues to create awareness on GBV

Result Area Four: Information on GBV in the Busoga Sub-region generated and disseminated for policy, programming and advocacy

- Districts have taken up the responsibility to collect and electronically organise GBV data.

Despite the successes registered, the Programme faced a number of challenges. The biggest challenge during year III has been suspension of funding for Result Area One and Four and this has affected the implementation of planned activities at national and district levels.

Other challenges include:

- There were delays by some districts to disburse funds to the CDOs at the sub-county level to implement the 16 days of activism campaign against GBV. This affected activities implementation in the districts of Bugiri, Kaliro and Jinja.
- Kamuli district does not have a resident high court judge and thus all the cases are referred to Jinja High court. This has led to a backlog of cases in Jinja and a number of cases are pending in court. It has also deterred some survivors from following up on cases since it takes years.
- Data collection on GBV cases is ongoing. However there are cases that have been recorded but not entered into the system due to logistical challenges particularly lack of internet access and transport to collect filled forms from the sub-counties.
- Monitoring and support to the work of CAs by CDOs is inadequate as witnessed in their laxity to engage in the activities of Community Activists at community levels.
- There is late submission of reports and accountabilities by some districts. In the case of Jinja, funds for FY 2013 were not disbursed hence there was limited implementation of SASA work by CDOs.

- Limited understanding and appreciation of the Domestic Violence Act 2010 and its regulations and other instruments that address GBV at National, Regional and International level. This is common among the police who, despite being trained are frequently transferred.
- Deep rooted socio-cultural local beliefs that give men more power and make women and girls vulnerable and submissive continue to persist. Women are still not treated as equal partners in a family. In some instances, women are afraid to lose their families and have at times withdrawn cases against their husbands.
- Ministry of Gender, Labour and Social Development and Mystic Multi-media did not receive funding for FY 2012/2013 due to the suspension of funding to government by Irish Aid.

Emerging issues

District GBV networks have highlighted a number of issues that include:

- Increased school dropout rates,
- Early marriages and defilement;
- Poor school grades/results and high failure rates.
- Need for a research to investigate causes and possible remedies to the issues.

Some of the actions to address challenges include:

- Continuous engagement between the Ministry of Gender, Labour and Social Development and Irish Aid as well as implementing partners to identify a workable modality that will ensure continuity of Programme activities to support coordination and M&E activities for the Joint programme
- The Ministry will organize a meeting between the partners and Jinja district Programme Focal person to discuss the challenges of accountability and agree on the way forward.



- CEDOVIP will continuously conduct the on-site mentoring activities and follow up with email and telephone calls to reach out to CDOs to enable them gain more skills to monitor and engage with the CAs.
- CEDOVIP will intensify onsite mentoring for CDOs to help strengthen their skills to support Community activists
- The Ministry will endeavor to strengthen the Monitoring and evaluation function at district level in order to improve data collection and support implementation process.
- The Ministry of Gender and Irish Aid will discuss and agree on the interim modality for funding in order to sustain Programme implementation.

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List of Abbreviations

CA	Community Activist
CAO	Chief Administrative Officer
CDO	Community Development Officer
CEDOVIP	Center for Domestic Violence Prevention
CFPO	Child and Family Protection Officer
CFPU	Child and Family Protection Unit
CRB	Criminal Record Book
CSOs	Civil Society Organisation
DCDO	District Community Development Officer
DPC	District Police Commander
DVA	Domestic Violence Act
GBV	Gender Based Violence
GoU	Government of Uganda
HW	Health Workers
IRCU	Inter-religious Council of Uganda
JLOS	Justice, Law and Order Sector
LC	Local Council
MAG	Male Action Group
MGLSD	Ministry of Gender, Labour and Social Development
NDP	National Development Plan
NGOs	Non-Governmental Organisations
PEP	Post-Exposure Prophylaxis
PF3	Police Form
PSWO	Probation and Social Welfare Office
RDC	Resident District Commissioner
SGBV	Sexual Gender Based Violence
TOT	Training of Trainers
UNSCR	United Nations Security Council Resolution
UWONET	Uganda Women's Network

1. Introduction and Background

1.1 Introduction

This report documents the activities, outputs and the progress made during Year III (FY 2012/13) of implementation under the Joint Programme to address GBV in Busoga Region. Under the GoU-Irish Aid Joint Programme, the Ministry of Gender, Labour and Social Development is responsible for coordination of the implementation process by District Local Governments and other partners: Uganda Women's Network (UWONET), Center for Domestic Violence Prevention (CEDOVIP) and Mystic Multimedia. The report comprises harmonized Programme activities from all the implementing partners. The activities are laid out in the Programme annual work plan from July 2012 to end of June 2013.

During Year Three (FY 2012/2013), the Programme consolidated previous achievements through various engagements with duty bearers, service providers, civil society networks in the region, leadership from the district local governments and the community through community activists.

1.2 Background

The GoU-Irish Aid Joint Programme is one of the initiatives to contribute to attainment of the NDP goals through reducing vulnerability to Gender Based Violence with a focus on Busoga Region covering districts of Bugiri, Buyende Jinja, Iganga, Kaliro, Kamuli, Mayuge, and Namutumba.

The Program is being implemented within the framework of the Gender Based Violence prevention and response strategies that have been integrated in the main development framework of the Government of Uganda. The National Development Plan (2010/11 – 2014/15) seeks to address GBV as a strategy for promoting gender equality and women's empowerment. The implementation also contributes to the achievement of the goals of the National Gender Policy (2007), implementation of the Domestic Violence Act (2010) and its Regulations, the National Action Plan on



UN SCR 1325, 1820 and the Goma Declaration. The Programme also contributes to other efforts within the Ministry, the civil society and the United Nations Systems such as the Joint Programme on GBV and the UN Joint Program on Gender Equality.

1.2.1 Programme Goal

The Programme was designed to contribute to improved quality of life and enjoyment of rights for all. The main purpose is reducing vulnerability to gender based violence in the community particularly among girls and women in Busoga region.

1.2.2 Programme objectives

1. To strengthen coordination among key actors at national and local government level for effective prevention and response to GBV.
2. To build capacity of duty bearers in Local Governments in Busoga Sub region to prevent and respond to Gender Based violence
3. To mobilize communities with a particular focus on men's involvement as agents of change to prevent and respond to GBV
4. To generate and disseminate information on GBV in the Busoga Sub-region for policy, programming and advocacy.

1.3 Report objectives

The objectives of the report are:

- To present the status and progress on implementation of GoU-Irish Aid Joint programme during the third year of implementation
- To highlight and discuss achievements and challenges/gaps during the reporting period;

- To make recommendations and suggest way forward for implementation in the remaining Programme period.

2. Programme Performance for Year II (July 2012-June 2013)

2.1 Introduction

The Programme implementation results presented in this report are based on the approved Work Plan for the 3rd year of Programme implementation. By June 2013, all planned activities under Result Area 2 (by UWONET) and Result Area 3 (by CEDOVIP) had been implemented. Ministry of Gender, Labour and Social Development and Mystic Multi-media did not receive funds for FY 2012/2013 due to suspension of funding to Government of Uganda by Irish Aid. Activities implemented under for Result Areas 1 and 3 were those whose process had been initiated in Year II and were carried forward to Year III. In addition, districts collected GBV statistics using forms that were previously provided and summarized charts are included in this report. The planned ones were not implemented due to suspension of funding.

The status of implementation is presented according to each of the Result Areas (as per Programme objectives) highlighting key out puts and where possible, the resulting outcome.

2.2 Summary of implementation of Year III Activities

Activities	Outputs	Outcomes	Time frame
Result Area One: Strengthened coordination among key actors at national and local government level for effective prevention and response to GBV¹			
1.1 Development of the Programme Annual Report FY2011/2012	The Programme Annual Report was harmonised	- Programme outputs for Year II, emerging issues and challenges were synthesized together to inform the work plan for Year III. - Emerging issues critical for Programme success were incorporated in the Joint Work Plan for FY 2012/2013	July-August 2012
1.2 Conduct the Joint Annual Planning Meeting	A 2-day annual planning meeting was held attended by district planners, CAOs and DCDOs from the Programme districts	A harmonised work plan with activities of partners and districts clearly laid out	23 rd to 24 th October, 2012
1.3 Conduct Quarterly Monitoring and support supervision in the Programme District	One monitoring and support supervision visit conducted by National team working with district members	A number of issues were raised and recommendations were made towards improving quality of programme implementation and collection of GBV data	6 th – 10 th November 2012
1.4 Development and submission of the Programme annual work plan and budget (FY 2012/2013)	The work plan and budget were developed.	The annual report emerging issues were incorporated in the work plan	
1.5 Consultative meeting on GBV Draft Policy and guidelines for establishment of GBV safety shelters	A one-day consultative meeting was held in Jinja	Busoga region input to the GBV Policy and guidelines for establishing and management of GBV safety shelters was obtained	February 2013
Result Area 2: Enhanced capacity of duty bearers in Local Governments in Busoga Sub region to prevent and respond to Gender Based violence			
2.1 Facilitating formation of district women networks)	Conducted a two (2) day mentorship training for 5 civil society organizations in each of the programme districts	85 members of civil society organizations (48 females and 37 males) were mentored on advocacy, networking and coalition building. The mentorship training aimed to facilitate establishment of district women's networks on	

¹ Activities implemented under Objective One and Four continued from Year II. The activities in the year III work plan have not been implemented

Activities	Outputs	Outcomes	Time frame
		GBV prevention and response • 8 GBV networks are existent, Functional and operational in the Programme districts • GBV networks identified district priority advocacy issues which would inform their 2013 agenda.	
2.2 Monitoring and support supervision	• UWONET undertook 2 monitoring visits in the program districts with a focus on one of the referral points at district level (police).	• Police officers effectively record statements of offenders; file records of cases received and write statements; record and preserve criminal records daily which was not the case before • The revised Police Form 3 availability has minimized the practice of asking survivors to photocopy the forms which previously deterred some survivors from following up on the justice system • There is an increase in the number of cases reported and recorded at the station, this may be because communities are aware the forms are free and have new hope since even a clinical officer can now examine and testify in court.	
2.3 Duty Bearers Forum	• A total of 8 duty bearers' forums/ citizen's platforms conducted in each of the districts. • A total of 447 stakeholders (270males and 177 females) who represented the district leadership, the community, and district heads of department, CDO's CSO GBV network members and the Community Activists	• The event provided a platform for sharing with various stakeholders, community members and decision makers on GBV prevention and response. • There is increased understanding and awareness of GBV in Busoga. The targeted stakeholders connected with the issue at once. Many had personal experience with Gender Based Violence and they spoke movingly of the hardship it had brought them, their families and communities.	8 th - 15 th May 2013

Activities	Outputs	Outcomes	Time frame
	attended the forum meetings.	Political and technical district support for GBV prevention and response registered. Such as the district Chairperson in Kaliro committed to raising their GBV issues in the council meeting for discussion.	
2.4 Equip police posts and L.C's with stationary and police case management books i.e station Diary (a case is first recorded in a station diary at the front desk of post and stations	- One press conference to address emerging issues and hand over stationary and case management books conducted. 32 station diaries, 6,400 pens, 160 box files, 16 boxes of paper clips, 128 punching machines, 32 staplers, 4800 police file covers, 128 customized LC record books, 40 cartons of reams of paper, 32 boxes of staple wires and 30,000 copies of the amended PF3 and 3A delivered to over 40 police posts.	- Police equipped with materials to effectively record and document the case management process at the police and LC Level. - Improved reporting and case management documentation at the LC level among the 64 LC's targeted under the Programme. - Improved confidence in the access to justice system with the police issuing PF3 and 3A free of charge to survivors.	19th April 2013
2.5 Facilitate quarterly data collection on GBV among service provider (referrals, case management and challenges being faced at the different service point	75% of the police stations in the district sharing quarterly data on GBV reported cases to police - A total of 32 local councilors documenting case management of GBV - One monitoring tool to facilitate data collection at health facilities developed.	- Reports/ data on GBV cases from some of the target districts received to inform national level planning and programming. (between January and June, child related 216 GBV cases were received at 6 health facilities)(52 were male and 164 were female) - Kaliro police station received a total of 36 cases of defilement in the months of April, May and June with 30% action taken for the reported cases. The 70% are still under investigation and tracing for the suspect. - Bugiri reported 31 GBV related cases which had been handled by the Child and Family	26 April-June

Activities	Outputs	Outcomes	Time frame
		protection Unit. Majority of the cases were reported by cohabiting partners.	
2.6 Facilitate the functionality of women groups/CSO's safety clubs at the village level (support coordinating institutions)-handbook will also be developed as a reference tools	• A total of 16 coordination meetings were conducted by the CSO GBV networks in Busoga region. • 1000 copies of the Handbook for CSO's/NGO's as a guide for managing GBV developed and translated.(500 – English, 500- Luganda)	• At least 80% of the GBV CSO Networks have integrated and incorporated GBV prevention and response initiatives into their own programming. • Action plans developed. • Success stories and best practices documented.	April- June
2.7 Support supervision, mentoring and monitoring of the duty bearers and the district women networks- NGO's/CBO's	• One mentoring and support visit for 91 representatives (43 females and 48 males)was conducted for each of the districts which targeted the CSO GBV networks and the duty bearers as per the DVA		16th – 21 st June
2.8 Organization and participation in the Women's Week	• 8 representatives of the district local governments (District Community Development Officers) participated in the event	• The event provided a platform for sharing with women across the country on key issues that affect or are unique to the various regions and forge a way forward.	October 2012
Result Area Three: Communities mobilized to prevent and respond to GBV with a particular focus on men's involvement as agents of change			
3.1 Learning center visits to Kampala	• One learning center visit conducted with 8 DCDOs and 32 CAs	• 2 DCDOs, 6 CDOs representing their DCDOs and 32 CAs increased knowledge on: cycle of GBV, victim blaming, and the concept of activism against GBV. • CAs strengthened skills to facilitate discussions to enable community members question GBV	Aug-12

Activities	Outputs	Outcomes	Time frame
3.2 Equip CDOs on SASA! Application (Support Phase)	34 (6 DCDOs, 25 CDOs and 3 partners from WACHAA and Anti-Domestic Violence prevention attended the training	Local leadership mobilise communities and support community groups using skills from the support phase training especially on their roles in the Implementation of the Domestic Violence Act and motivating community groups to scale up GBV prevention	
3.4 Mentoring of CDOs for GBV activism	15 participants (10 CDOs and 5 Probation and Social Welfare Officers participated in Learning Center visits to CEDOVIP	Community groups and individuals work together to address GBV using knowledge from the learning centre visits	
	8 DCDOs and 32 Community activists from the 8 Programme Districts participated in the learning center visits at CEDOVIP	DCDOs utilize the knowledge and skills to mentor and supervise CDOs who in turn conduct CAs monthly trainings, and support CAs/CAGs activities	
3.5 Printing & distribution of I.E.C SASA! materials	23,566 colorful communication materials printed and distributed that included; 1,500 t-shirts, 1,973 instead of violence info-sheets, 4,000 power posters, 6,000 16 days posters, 1,336 16 days stickers, and 25 Ludo game boards, 3,000 ludo game guideline fliers, 4,000 Community conversation cards, painted 32 murals at health centers and sub-county headquarters in the 32 sub-counties and 1,500 SASA! Cards.	GBV prevention has become an issue of public attention	July-December 2012
3.6 Provide funds to implement GBV Action Plans for FY 2012/13	A total of 84,540,000/= (eighty four million five hundred forty thousand shillings only) was disbursed	- CDOs monitor the implementation of CA activities - There is increased Community action against	July-December 2012

Activities	Outputs	Outcomes	Time frame
	to the eight districts; to facilitate the implementation of SASA! Activities	GBV	
3.7 On site skills development for CDOs/ACDOs in each district	8 DCDOs and 32 CDOs were supported to train the 192 CAs.	- Clarification of the roles of different stake holders such as the RDC's, CAOs and district chairpersons strengthened implementation of the program. - There is increased advocacy and Gender Based Violence is now addressed publicly by leaders on various forums - GBV is now addressed as a public health and development concern that they have an obligation to address it. - Increased participation of district leadership in monitoring the expenditure of funds for GBV response and prevention activities	July – Dec 2012
3.8 Conduct 16 days of activism campaign & CAs community outreach activities	- The SASA! Team (CDOs and CAs) conducted 4 parish level activities in each sub-county totaling up to 128 activities within the region. - The specific activities included; launching of the purple ribbon, public events, power poster discussions and displaying, door to door discussions and relationship building meetings with duty bearers.	- Over 72,000 community members increased knowledge on GBV, consequences of GBV and its connection with HIV - There are renewed relationships, self esteem and respect from community among the CAs. This is expected to inspire many people to join and expand the activism within communities - There is increased openness about GBV and increased collaboration with duty bearers e.g. 750 cases were referred to the duty bearers. - Some Husbands and wives to CAs joined their spouses in initiating community dialogues to create awareness on GBV	27th November-8th December 2012
Result Area Four: Information on GBV in the Busoga Sub-region generated and disseminated for policy, programming and advocacy			
4.1 Management of the GBV database system	An online database was set up and is in use by Programme Districts	A total of 152 cases have been recorded through the online database system	Continuous

Activities	Outputs	Outcomes	Time frame
4.2 Development of the GBV Policy Brief	A Policy brief on Gender Based Violence in the Education Sector has been developed and is in the final stage	Various GBV issues in the education sector have been highlighted.	Nov – Dec 2012
4.3 Collect statistics on GBV cases reported through CDOs to districts	Analysed statistics from various districts	- Trends of GBV incidents and occurrences in the Programme districts - There has been noted increase in reporting GBV cases. By December 2012, 152 cases had been recorded and this increased to over 1448 cases received by June 2013	July – 2012 to June 2013

3 Detailed implementation of Year III activities

This section provides a detailed analysis of the implementation of year III (FY2012/13) activities. This analysis takes into consideration of various activities conducted both in the field and at national level. It also includes some of the emerging issues from the implementation, challenges and gaps as well as some of the strategies to ensure that Programme implementation improves.

3.1 Strengthened coordination among key actors

Under Objective One and Four, activities in Year III work plan activities were not implemented. The Ministry however undertook to complete activities carried from Year II. These were:

Validation of the Baseline Survey report which involved national and district level partners who had participated in the survey and collection data. The Report was validated and finalized.

Development of the Policy Brief on GBV in the Education Sector that was done by a technical team of GBV and education specialists. A series of consultations were made and key issues for policy attention are outlined in the GBV Policy Brief. Recommendations to respond to the gaps identified included:

- The Ministry circular and the Guidelines should be explicit on prohibition of all corporal punishment and other cruel or degrading forms of punishment, in the home and all other settings where adults have authority over children. Punishment should be clear.
- The government should conduct awareness-raising campaigns to ensure that alternative forms of discipline are used, in a manner consistent with child's human dignity and in conformity with the Convention of the Committee on the Rights of the Child.
- There is need to develop comprehensive package for protecting children from school related gender-based violence. This pack-age should include

legislation that addresses all forms of physical, sexual, and psychological violence, injury, or abuse, including corporal punishment, bullying, traditional harmful practices, minimum age of consent and marriage, commercial sexual exploitation of children, and child labour.

- Teacher training should include tools for pre-venting and responding to gender-based violence in schools. These aspects will better enable teachers to identify and respond to gender-based violence in their schools.
- The Ministry of Education should provide guidelines to schools detailing the appropriate response to student allegations of gender based violence by teachers, fellow students, or community members. Guidelines should be publicly available, widely distributed, and incorporate:
 - o procedures through which students can make confidential complaints
 - o mechanisms for prompt and appropriate disciplinary action, including due process protections for alleged perpetrators
 - o procedures for referral to the criminal justice system, if criminal conduct occurred
 - o procedures for referral to medical, legal, and counseling support services for victims, if needed

Annual planning meeting for FY 2012/13: This meeting was conducted to harmonise JP work plan for FY 2012/2013. Participants of this meeting included; MGLSD, UWONET, CEDOVIP, Mystic multimedia, Inter-Religious Council of Uganda, Irish Aid and District officials from the 8 Programme Districts. Each district was represented by; ACAO, DCDO and the District Planner. The outcome of the meeting was a harmonised Annual Work Plan.

District stakeholder consultations on the Draft National GBV Policy: The purpose of the consultative meeting was to create awareness about the content of the Draft Gender Based Violence Policy indicating the content, guiding principles,

priority issues to be addressed, Monitoring and Evaluation mechanisms and the Policy outcome indicators.



Participants during the Draft GBV Policy consultative workshop on 22nd February 2013

3.2 Capacity of duty bearers enhanced to prevent and respond to GBV

Over 90% of the activities for the year have been implemented and are indicated in detail below:

Formation of district women networks

UWONET conducted two-day mentorship training for 5 civil society organizations in each of the programme districts. A total of 85 members of civil society

organizations (48 females and 37 males) were mentored on advocacy, networking and coalition building. The mentorship training led to the establishment of district women's networks on GBV prevention and response. It also fostered shared learning and joint development of action plans by the targeted CSO/NGO networks for GBV prevention and response. 8 GBV networks are existent, Functional and operational with at least one network in each district.

The District network's (coalition of civil society organizations) are advancing GBV prevention and response in the district through influencing positive change in attitudes, actions and policies. They are also providing counseling and referrals to community members and survivors.

The case study below elaborates how excessive alcoholism nearly destroyed a family and the intervention of the GBV Network in Bugiri.

Case story of the work of GBV Networks

Ojambo Wilberforce a resident of Nsavu village, Mayuge parish, Budhaya sub-county threatened to kill his wife after a long misunderstanding. The cause of the problem was that while under the influence of alcohol, the man uttered statements to the effect that he was going to deny his wife conjugal rights for 20 years as a punishment and would violently abuse her. He on various occasions endeavored to chase her out of the home and prepared his panga in case the wife insisted to stay. He also hired out the piece of land the woman was cultivating on so that the lady could leave although she stayed on. He eventually advertised the land for sale. His drinking problem affected his decisions and the whole family. The matter was referred to the local council 1 who summoned both parties while offering counseling services. The LC's and the GBV Network (KIWODA) referred the case to be referred to Police where he was retained for two days. For the two days he was retained family and clan members observed that there was some discipline because he did not drink alcohol. In his sober state, he was pleaded, cried, repented and asking for forgiveness for whatever went wrong and promised not to do it again but reconcile with his wife, never again to rent or sell off the land which would otherwise benefit the entire family. He was released, and has proved to be a changed person sharing his ordeal with community members.



Ojambo shares his experience with fellow men.

Reports from the LC show that Ojambo is a reformed man and respects people. His wife and family are very happy and have not reported any incidences. He stopped his habit of selling property and abusing her and has reduced on his alcohol consumption.

The Community Activists and the GBV networks are a great help to the community as documented in the story below; “My name is Sarah (Not real name) and I am 8 years old. Last year a man from our community defiled me. He told me not to tell anyone otherwise his spirit would find me and strangle me. It was very painful and I was bleeding but kept quiet.” Sarah’s mother narrates;

“I noticed that Sarah (Not real name) was limping and when I examined her, I found parts of blood and drops of pus around her private parts and took her to the hospital. She had severe damages and was diagnosed with syphilis but she didn’t respond to the treatment. Since I had heard about the Community activists and GBV Network services at KOEDHC, I visited the

Community Activists of my village and the GBV Network who referred us to police. They also have supported and counseled Sarah and our family to deal with the trauma.”

The districts GBV networks developed district priority advocacy issues which are informing their 2013 agenda as detailed below.

- Iganga, Kamuli, Buyende and Kaliro identified defilement as a key concern in the districts. The districts highlighted some contributing factors to this issue as; the high level of poverty, ignorance of the laws on defilement, and limited information and child neglect. For example, the Kaliro October- December Police Crime report showed that the Kaliro defilement rate is at 37.7%.
- Bugiri and Kamuli identified the high primary school dropout rates for the girl child as the most critical issue. This issue was identified because of the alarming dropout rates before completion of primary seven leaving examinations. The dropout rates have negatively resulted into early and teenage pregnancies which have health implications and have led to maternal and child mortality rates.
- Namutumba and Jinja identified early marriages as the main issue. They noted that early marriages is closely linked to the high rate of defilement cases in the district and further noted that it was the most common form of violence against girls in their community. Namutumba GBV network expressed their dissatisfaction at how defilement cases are treated. One member noted; ***“Once a girl is defiled, her parents financially negotiate with the perpetrator and settle the matter outside court.”***
- Mayuge GBV network identified the need for men to champion and spearhead GBV prevention and response (male involvement) as a key advocacy issue. They acknowledged that men hold a lot of power in the community; they are the decision makers and in many cases the perpetrators. Involving men in the fight against GBV is a strategy to reduce the numbers of abuses by them and influences their thinking and action.

The District GBV networks which comprise of at least 5 civil society organizations in each district identified one organization to coordinate the GBV network and its advocacy initiatives. The coordinating organization would also act as the link between district level and national level (UWONET) to share information and key emerging issues from the district which require national level action. The coordinating organizations consolidate efforts for a unified voice to enhance coordination, advocacy and networking of partners.

Duty bearers' forum

One duty bearers' forum/ citizen's platforms was conducted in each of the 8 districts. A total of 447 stakeholders (270 males and 177 females) who represented the district leadership, the community, and district heads of department, CDO's, CSO/GBV network members and the Community Activists attended the forum meetings.

The event provided a platform for sharing with various stakeholders, community members and decision makers on GBV prevention and response in each district.



Buyende Town Council Mayor and a Community Activist unpack the informal referral pathway on GBV during the citizen's platform

The platform increased understanding and awareness of GBV in Busoga among the various stakeholders. The targeted stakeholders connected with the issue at once. Many had personal experience with Gender Based Violence and they spoke movingly of the hardship it had brought them, their families and communities. Political and technical district support for GBV prevention and response was registered. For example the district Chairperson in Kaliro committed to raising their GBV issues in the council meeting for discussion.

During the forums, the information and reports shared led to the realization that; the District networks and the CA's are;

- identified as referral points
- receiving a number of cases related to GBV because of the confidence built among the community and referrals made for criminal cases.
- There is improved coordination and networking among the community, the police, health and the district officials. The community activists in Nakalama further noted that this has resulted into reduced cases of violence.

The forums also allowed for the Heads of Departments, district leadership and the police to clarify on their roles and issues that were raised by the community.

PEP: The DHO in Jinja noted that communities did not understand the procedures for administering PEP which is after the victim's status has been ascertained.

Health Center II: The DHO also clarified that the health center II were set up as outreach centers and they don't operate over the weekend

Inadequate health personnel: it was reported that some health facilities such as Budaya HC in Bugiri had no health worker and a VHT had been manning the health facilities since September 2012. The district officials in Bugiri committed to no longer recruiting nursing assistants. The leadership noted that the district had

been operating at 62% but had recently recruited 73 health workers and that TASO promised to recruit more health workers to beef up the health personnel for quality service delivery.

Police Form 3: The DPC in Iganga noted that an arrangement between the police and health had been reached to ensure that survivors were not charged for the medical examination. He and all the other DPC's applauded the UWONET intervention through the programme of supporting the sector with the PF3 and 3A. The DPC's committed to undertaking disciplinary measures for any officer who was reported to have charged fees for PF3 or who was bribed to hide a file.

Equipping Police posts and LC's with stationary: One press conference to hand over stationary and Case Management books were conducted in Iganga district which targeted stakeholders from the 8 implementing districts. A total of 32 station diaries, 6,400 pens, 160 box files, 16 boxes of paper clips, 128 punching machines, 32 staplers, 4800 police file covers, 128 customized LC record books, 40 cartons of reams of paper, 32 boxes of staple wires and 30,000 copies of the amended PF3 and 3A among others were delivered to facilitate at least 40 police posts and 64 LC 1's.



Hon. Rukia Nakadama Isanga handing over stationery to the District Police Commander during the press conference held in Iganga District as AIGP Asuman Mugenyi looks on

There are numerous successes that the initiative has caused such as;

- Increased reporting to the police since the forms at police are free of charge which has encouraged reporting. Availability of the Police Form 3 and 3A at no charge has aided a good working relationship between the police and the community members;
- Improved documentation of the case management process at the LC level among the 64 LC's targeted under the Programme
- Improved confidence in the access to justice system with the police issuing PF3 and 3A free of charge to survivors. Access to the Police Form 3 and 3A has facilitated access to justice by the victims who previously could not afford to pay for photocopying of the forms.

Facilitate data collection on GBV among service providers: UWONET engaged with some of the duty bearers in the 8 target districts at the police, health and

LC level through meetings to facilitate GBV data collection. MOUs were signed to facilitate the process and at least 34 LC's, 5 district health officers (Jinja, Iganga, Kamuli, Kaliro, and Namutumba) and 6 police representatives (Jinja, Iganga, Kaliro, Namutumba, Bugiri, and Buyende) have commenced on GBV data collection in their districts.



Laureen Karayi (Programme Officer – UWONET) reviews the GBV case recording procedures and guidelines with the Local Council I Chairpersons in Namutumba District

At least 75% of the police stations in the district have shared the district quarterly data on GBV reported cases to police. Kaliro police station received a total of 36 cases of defilement for the months of April, May and June; the reports show that 30% action has been taken for the reported cases with at least 70% still under investigation and or tracing for the suspect. Bugiri reported 31 GBV related cases which had been handled by the Child and Family protection Unit. Majority of the cases were reported by cohabiting partners which shows that violence which occurs among cohabiting partners is reported.

At least 10% of the targeted health workers have shared data on GBV. In Iganga district which is documenting GBV data from at least 6 health facilities reported that between the months of January and June, 216 GBV child related cases were received (52 were male and 164 were female).

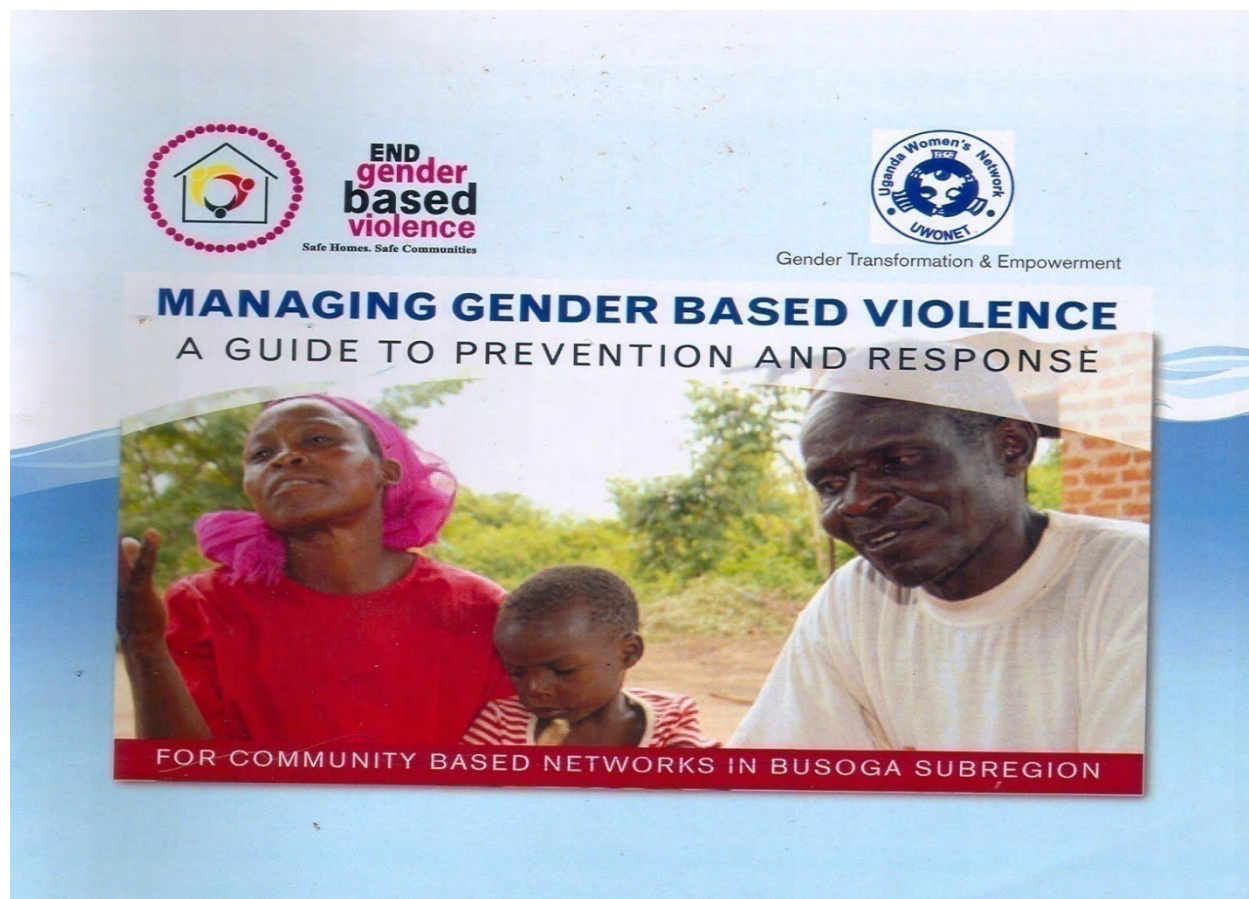
Facilitate the functionality of women groups: Realizing the limited coordination of different actors engaged in GBV prevention and response at the district level, UWONET facilitated establishment of networks of NGO/CBO actors to consolidate efforts and have a unified voice. It was intended to enhance coordination; advocacy and networking of partners. A total of 16 coordination meetings were conducted by the GBV networks in Busoga region to assess the implementation of action plans for shared learning and experience sharing.

At least 80% of the GBV CSO Networks have integrated and incorporated GBV prevention and response initiatives into their own programming for sustainability of the programme beyond 2015.

UWONET has also developed a total of 1000 copies of a handbook for CSO/NGO's as a guide to management of GBV as a reference material during sensitization and information sharing to community members of GBV prevention and response. The handbook has also been translated into Luganda. (500 – English, 500- Luganda). The handbook will be disseminated in the fourth year of Implementation.

Success stories and best practices documented which highlight improved transparency at the household level, increased reporting of cases due to rights awareness among the community members, increased enrollment of children at the schools among others.

'Parents no longer opt for their children to take up jobs as house helps in the city. As a result of sensitization on education and GBV, parents in Iganga are now encouraging and insisting that their children (girls and boys) attend school. Parents in Iganga now testify that educating the girl child will ensure that she will not be dependent on her husband or is not abused in her marriage. Parents in Iganga are also positive that the district will develop fast when their children are educated and skilled to work in the district in the future,' a participant from Iganga narrated.



A guide to prevention and response for Community Based Networks in Busoga Region

Monitoring and Evaluation

UWONET undertook one monitoring visit in each of the program districts which focused on one of the referral points at district level (police). It aimed to establish the relevance of the assorted stationary and the revised police forms which the programme provided to 32 police posts. The support to the police was an emerging issue which the police highlighted was affecting effective recording of cases and thus affecting GBV response.

The OC in Bugiri district said:

"The revised forms were provided at a time when we did not have them. We were still using the old forms because the new forms had not yet been disseminated at district level. In 2012 the station received 199 cases of defilement, 7 cases of rape and 219 cases of physical assault and the forms provided by UWONET were provided to those who reported free of charge as they were referred to the hospital for examination."

The Kamuli OC station who was acting as the DPC during the monitoring visit applauded the programme for supporting the station. The support enabled the officers effectively record statements of offenders; file records of cases received and write statements; record and preserve criminal records daily which was not the case before. The OC further noted that the revised Police Form 3 availability has eradicated the bad practice of requesting the survivors to photocopy the forms which previously deterred some survivors from following up on the justice system. "From the time the support was provided in June, there is an increase in the number of cases reported and recorded at the station, this may be because communities are aware the forms are free and have new hope since even a clinical officer can now examine and testify in court.

Engagement with DLGs on establishment and management of GBV shelters

GBV shelters are important response mechanisms for GBV in Uganda. In 2011, during the International Conference for the Great Lakes Region (ICGLR), Uganda committed to supporting the establishment and up scaling of GBV shelters. This commitment was made after the realization that there was a gap in the service delivery component. The gap was also highlighted by Ms Nasianga a police officer from the Child and Family Protection Unit in Bugiri district.

"I work at the main police station with women and children who are victims of GBV. My biggest challenge is that I always keep abused children at my home since the station does not have where to keep them. I live in a one housed room with my husband and children. In 2011 I received a child of less than 4yrs who was being violated by the father who used to smoke opium. The child had not been fed or given a bath for months. The father was arrested but there was no home to keep the child hence I kept the child for three months and later sought assistance from World Vision."

In response the Joint Programme under UWONET conducted a total of 3 district level meetings with sampled district leaders and the DCDO in the 3 districts of Kamuli, Iganga and Namutumba. The districts were excited about the possibility of establishment of temporary refuge centers/ GBV shelters and committed political will and support for the approach. 2 district local governments (Kamuli and Namutumba) have allocated land for construction of the GBV shelters and this indicates district commitment towards GBV response.

3.3 Mobilization of Communities to prevent and respond to GBV

Equip CDOs on application of SASA model

34 participants who included 6 District Community Development Officers (DCDOs), 25 Community Development Officers (CDOs) and 3 partners from WAACHA-Iganga and Anti-domestic violence coalition-Jinja participated in the four days training. The team strengthened knowledge and skills on:

- The need to work jointly with various stakeholders so as to prevent GBV.
- How to support people in crisis, people trying to change and those speaking out against Gender Based violence.
- The contents of DV Act and its regulations and their roles in implementing the Act
- Marriage and Divorce Bill
- Defined ways in which to keep CAs motivated to scale up activism against Gender Based Violence.

The Support phase helps people to connect with each other and start in small and safe ways to begin changing norms that perpetuate Gender Based Violence. The Support phase emphasizes coming together as activists with a shared belief in new community norms—the ones that support mutual respect

and shared power between women and me. Each of the district teams drew action plans that prioritized: DCDOs mentoring and supervising CDOs, conducting CAs monthly trainings, and CAs/CAGs activities.

Mentoring of CDOs for GBV activism/CDOs Learning Center visits to CEDOVIP

15 participants who included: 10 CDOs, 5 probation officers from Bugiri, Buyende, Iganga, Kaliro, Kamuli and Mayuge districts were engaged. They built and strengthened their knowledge and skills on:

- Exploring feelings of powerlessness and who in communities is encouraged to use more power over others.
- How power imbalances between men and women shape people's lives and experiences to perpetuate violence.
- The contents of Domestic Violence Act and its regulations and the D/CDOs roles in implementing the Act
- Marriage and Divorce Bill
- Personal reflections through experience sharing, critical thinking and public dialogue about how the imbalance of power in relationships, families and the community affects us all and how change can benefit us all.

The engagement enabled participants to address the myths and stereotypes they had about human rights, women and Gender Based Violence. The team felt motivated and drew action plans that focused on inspiring CAs to create activism to prevent GBV. Key priorities included: strengthening relationships between CAs and duty bearers to strengthen the referral path way, ongoing mentoring of CAs to mobilize communities to prevent and respond to GBV.

Learning center visit for selected CAs and DCDOs at the center

8 D/CDOs and 32 CAs from 32 sub-counties from the 8 districts (Bugiri, Buyende, Iganga, Jinja, Kamuli, Kaliro, Mayuge and Namutumba) were engaged. They strengthened knowledge and skills on:

- How to support survivors of violence
- The cycle of violence and how to break the pattern of violence
- Handling and managing cases of violence against women and HIV
- The meaning of activism-putting ideas into action
- Personal reflections through experience sharing, critical thinking and public dialogue about how the imbalance of power in relationships, families and the community affects us all and benefits of change

The team committed to share their learning experiences with other team members in the districts, taking forward and strengthening SASA! Work within their districts and sub-counties. Key areas of work were: conducting CAs monthly trainings, DCDOs holding check in meetings with sub-county CDOs and on site monitoring support to CAs' community activities as they implement raising awareness activities on GBV, Men's use of power over women and the community's silence about it as the root cause of GBV and the benefits of preventing GBV within their communities.

Facilitate implementation of sub county GBV action plans

CEDOVIP supported the teams to review GBV prevention districts/sub-county action plans and budgets for the 2012/13 financial year. A total of 24,791,000/= (Twenty four million seven hundred ninety one thousand shillings only) was disbursed to 7 districts (Bugiri, Buyende, Iganga, Kaliro, Kamuli, Mayuge and Namutumba) to implement activities that included; CAs monthly skills building sessions, working with community action groups, CDOs' support to CAs' activities to raise awareness on Gender Based Violence, men's use of power over women

and the community's silence about it as the root cause of GBV, and the benefits of preventing GBV.

On site skills development for CDOs/ACDOs in each district

CEDOVIP's on-site skills development for the CDOs and CAs enabled the team to take forward GBV prevention work to higher levels. The structured technical assistance to CDOs was tailored to their specific contexts. The technical assistance is comprised of the following components:

Meetings with the districts' leaderships;

The meetings mainly done by the DCDOs updated the district leadership on the progress of the GOU-Irish Aid joint program on GBV in the respective districts. The engagement encouraged the district leadership to provide regular support to the program in terms of releasing the program funds on time and following up to ensure efficient use of these funds and prioritizing GBV prevention and response activities in their planning and budgeting processes.

A case in point is the Bugiri district executive committee that passed a resolution stating that before any monies are released towards GBV JP activities the executive must first sit review accountabilities, reports and action plans provided by the JP team.



Check-in meetings with the DCDOs and the CDOs in Bugiri

8 meetings with 37 D/CDOs from 8 districts reviewed the successes and lessons learned from the activities and defined ways in which to overcome challenges encountered. Some of the key successes were: increased reporting of cases of GBV from two cases received by a CDO in a month to 10 cases of GBV per CDO in a month which is a sign of breaking silence on GBV by community members and survivors seeking support, increased ownership of the program by the CAs and political leadership which is seen through their speaking out against GBV and public support to the work. Setting of targets for the next period of work, increased on site support visits made by CDOs to CAs work, DCDOs monthly supervision meetings to CDOs to guide implementation of the program and conducting monthly CAs skills building sessions to strengthen CAs skills and knowledge on GBV prevention issues.

Monthly skills building sessions with 168 CAs

These are sessions organized and conducted by CDOs at sub-county levels on a monthly basis to strengthen CAs' knowledge and skills to take lead in preventing GBV in their communities. CAs strengthened their skills and knowledge on; power dynamics in intimate relationships which helped them to understand feelings of powerlessness in intimate relationships, the types of GBV and its linkage to control and power, CAs also examined their own fears and hesitancy

in addressing the connection between violence against women and HIV/AIDS and gained tips to address the connection between GBV and HIV. In addition, the SASA! team further reported that SASA! Work has enabled community members to trust CAs as resource persons. Furthermore, CDOs showed progress in facilitating SASA! Modules in a manner that makes CAs deepen their understanding of GBV issues and inspiring activism to prevent GBV.

On-site monitory support visits to 52 community activities by CAs

CEDOVIP staff and CDOs supported 52 community dialogues and meetings where CAs used the power posters, community posters, 16 days posters and ludo board games to generate discussions among community members to understand what GBV is and its connection with HIV, the consequences of GBV and HIV, men's use of power over women as the root cause of GBV and HIV, what everyone can do to prevent GBV and HIV using small means like talking to a friend, neighbors or workmate about GBV and HIV and the benefits of non-violent behaviours. The activities were conducted with the community action groups' meetings, during market days and busy trading centers in the villages of Naluwerere-Bugiri, Immeri-Buyende, and Bulumwaki-Iganga to mention but a few.

Printing & distribution of I.E.C SASA! Materials

Materials containing messages on GBV and HIV/AIDS that included; 4000 Posters, 1600 SASA! Cards, 2000 info-sheets, 30 ludo boards, with ideas to be an activist and what everyone can do to prevent GBV were distributed to the CDOs and CAs and are used as tools to engage community members. The materials are displayed in the communities i.e. at shops in trading centers, video halls, schools, health centers to mention but a few continue to expose community members to GBV prevention ideas. Many community members continue to use them to initiate dialogues amongst their peers. In addition,

CEDOVIP is yet to print and distribute the register books and referral cards for the CDOs and CAs to enable them document cases of GBV in their communities.

3825 Community dialogues/meetings held using posters and ludo games

The power posters and the community posters consist of pictures of life experiences of men, women and young girls in their social interactions. Well as power poster shows the different forms of GBV and how they put women at a risk of HIV.



CAs Discussing Community Power Posters in Balawoli sub-county, Kamuli District

The community poster stimulated dialogue on the benefits of violence free relationships. CAs engaged community members on GBV and HIV and misuse

of power in the villages of Muwayo-Bugiri, Namusita-Buyende, Bukaye-Iganga, Buwaiswa-Mayuge and Kavule-Namutumba.

Discussions enabled community members to reflect on positive use of power as we see in this quote below:

“this discussion has made me realize that I have been so violent to my wife not even allowing her to make decisions on issues of developing our home, it’s never too late for me to change my behavior towards her” male community member in Gadumire, Kaliro District.

Some members noted that the pictures in the community poster portrayed the opposite of what is happening in the community like men not being supportive to their partners, having multiple sexual partners, and not providing for their families which provoked people to talk about sharing roles and responsibilities in a relationship. Some men in Namugongo trading center urged that it is possible for men to do house hold chores because it is a sign of respect and support to each other, but there are things men find hard to do because of societal expectations and therefore they need to address this attitude.

Ludo Games facilitate Dialogues for Partner Violence Prevention

Ludo game is a board game where players take turns to throw a die. A player must first throw a six to be able to move from the starting area. In each subsequent turn the player moves a piece forward 1 to 6 squares as indicated by the die. Boards branded with SASA! Ideas of love, happiness and respect are used in this regard, for one to start the game questions like:

- what actions show that you respect your partners?,
- what are the three things you will do to make your relationship happier?,
- what actions show that you are faithful to your partner?
- what are the three things you will do to treat your partner fairly?

When one is over taken or bounced back they must answer the following questions; share four actions that show lack of respect for your partner, that make couples unhappy, what are the consequences of being unfaithful to your partner and share actions that indicate that one is not treating their partner fairly. The ludo game dialogues engaged mostly male youth in the villages of wanyama-Jinja, Mandwa-Kamuli, Central ward-Namutumba, Bwole-Bugiri to mention but a few. The discussions about what each person can do to prevent GBV helped to demystify what some community members thought was ok for men to use more power over women in intimate relationships.

Approximately 3825 community dialogues were conducted and facilitated by CAs reaching 16637 community members (9492 women, 9820 men and 6541 youth).

Participation in partner forums and conferences

CEDOVIP participated in a number of partners' engagements which included; UWONET duty bearer's press conference in Iganga and coordination meeting on the UNNSCR 1325, MGLSD meeting to debrief on the CSW and GBV shelter policy guidelines validation meeting, meeting with IRCU to strengthen partnership on GBV prevention work in Busoga sub-region, FOWODE-CSBAG dialogue and press conference on the national budget, dialogue on the Marriage and Divorce Bill organized by Institute for Social Development. CEDOVIP ensured that the discourse strengthened the partners' ability to use a feminist analysis when dealing with issues of GBV and HIV.

In addition, CEDOVIP participated in the Commission on the Status of Women (CSW) 2012 meeting in New York-USA on the theme: elimination of all forms of violence against women and girls. CEDOVIP made several show cased SASA! Work with communities in Kampala and Busoga district local governments with a theme: Harnessing community activism and particularly using men as agents of violence prevention.

Success indicators in community mobilization and GBV awareness

- CAs are now looked at as agents of change or resource persons not only on issues of GBV and HIV prevention but also holding duty bearers accountable to deliver services towards preventing and responding to GBV. In addition, CAs are also seen as referral points within their communities on issues of GBV and HIV.
- Engagement of a wider spectrum of stake holders in community activities by CAs has scaled up activism where we see community members (both men and women) speaking out against GBV and HIV and at the same

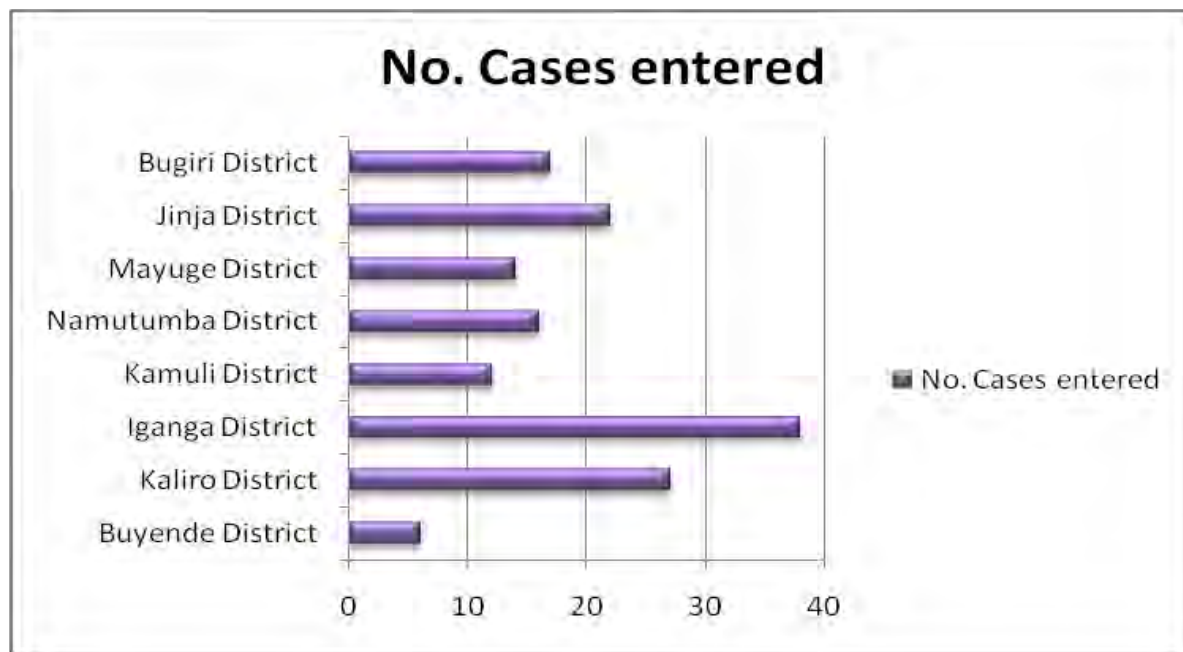
time taking care to avoid victim blame as they provide support to survivors of violence.

- CAs activism has inspired community members to recognize that GBV negatively affects them and are now joining CAs to take forward activism by reaching out to other community members with messages on GBV prevention through their different social interaction spaces such as churches and mosques.
- Many community members are steadily beginning to play a watch dog role in their communities by reaching out to those experiencing GBV and reporting cases to the CAs, CDOs, Police and LCs in the districts of Mayuge, Buyende, Bugiri and Kamuli.
- Many community action groups' members are proactive about mobilizing their peers and neighbors to speak out against GBV and HIV. They do this through organizing dialogues, displaying communication materials in key strategic places such as worship centers and trading centers as seen in Buwaya-Mayuge, Buluguyi-Bugiri, and Balawoli-Kamuli, Nakalama-Iganga, Namutumba s/c-Namutumba to mention but a few.
- CDOs are now familiar with the SASA! Tool kit and are using it to effectively implement the GBV JP within their sub-counties. The team also showed progressive analytical skills around GBV prevention with a lot of conviction on the issues
- The team recognizes that SASA! Approach has increased their understanding and analysis of issues around GBV and HIV. The team further states that SASA! Work has increased their visibility and trust from the community members and this has enhanced the effectiveness of other pieces of their work.
- A big number of CDOs and CAs feel proud of the program some have publicly shared personal benefits from the program i.e. improved communication with their spouses, decision making, received support from their spouses, and respect from community. This has greatly inspired many people to join the work of CAs and expand the activism within communities.
- CAs actively followed up duty bearers on cases of GBV referred to their offices. This has made duty bearers to become more accountable to the

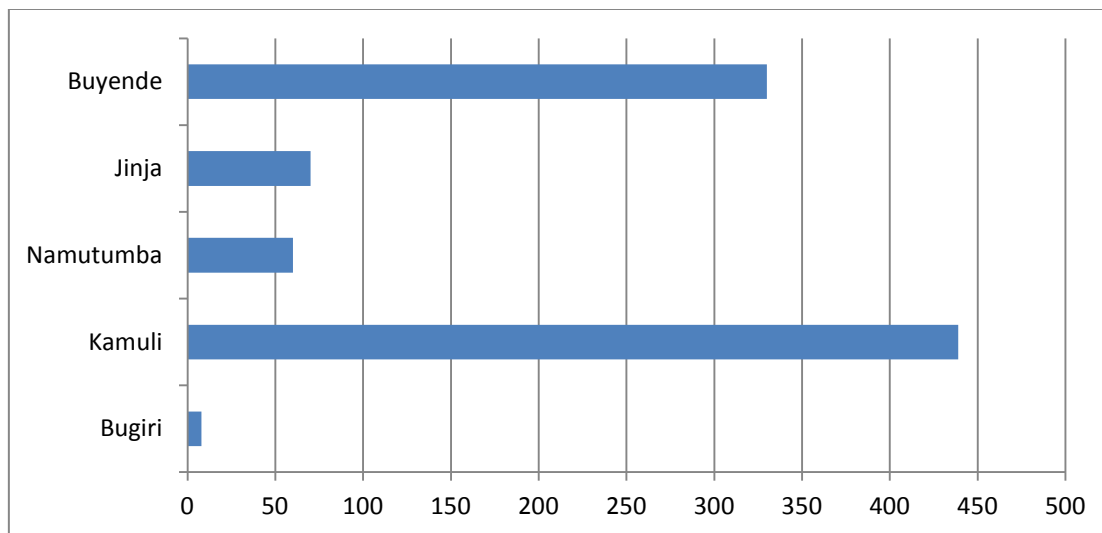
communities when it comes to issues of GBV. This is witnessed in Iganga municipality, Bugiri town council, Buyende s/c to mention but a few.

3.4 Information collected and disseminated for Policy and Programming

Districts had received funding for GBV coordination meetings and data collection for the FY 2011/2012 and therefore continued to work until the resources were exhausted. For example, after training on district data entrants on data entry using the online database, collected forms from various sub-counties were serialized and entered in the system. By December 2012, 152 cases had been entered and there was increasing hope that with the database in full use, data entry would be more regular. The chart below shows how districts had performed in data entry by the middle of Year III.

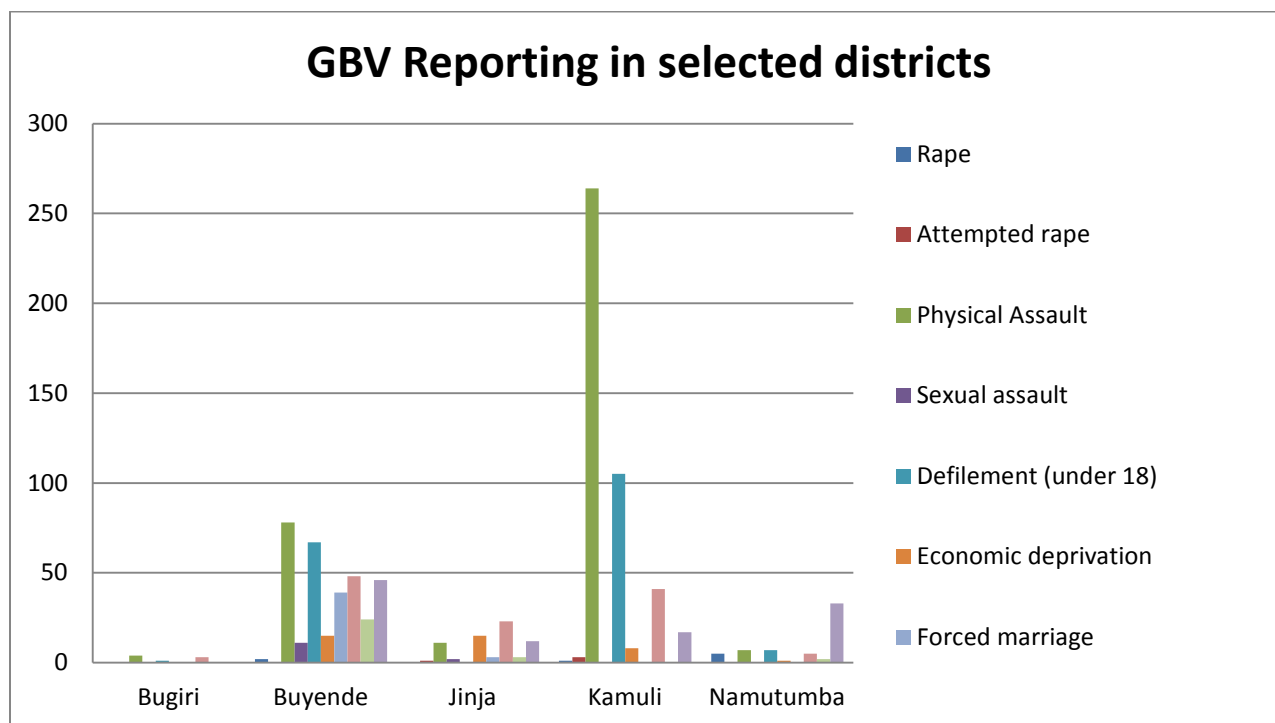


From December 2012 onwards, some districts continued to collect data but this has not been uploaded into the online system. There has been noted increase in reporting GBV cases. By December 2012, 152 cases had been recorded and this increased to over 1448 cases received by June 2013.



District performance in data collection and collected data

The charts below illustrate some of the statistics of GBV cases reported through CDOs to districts

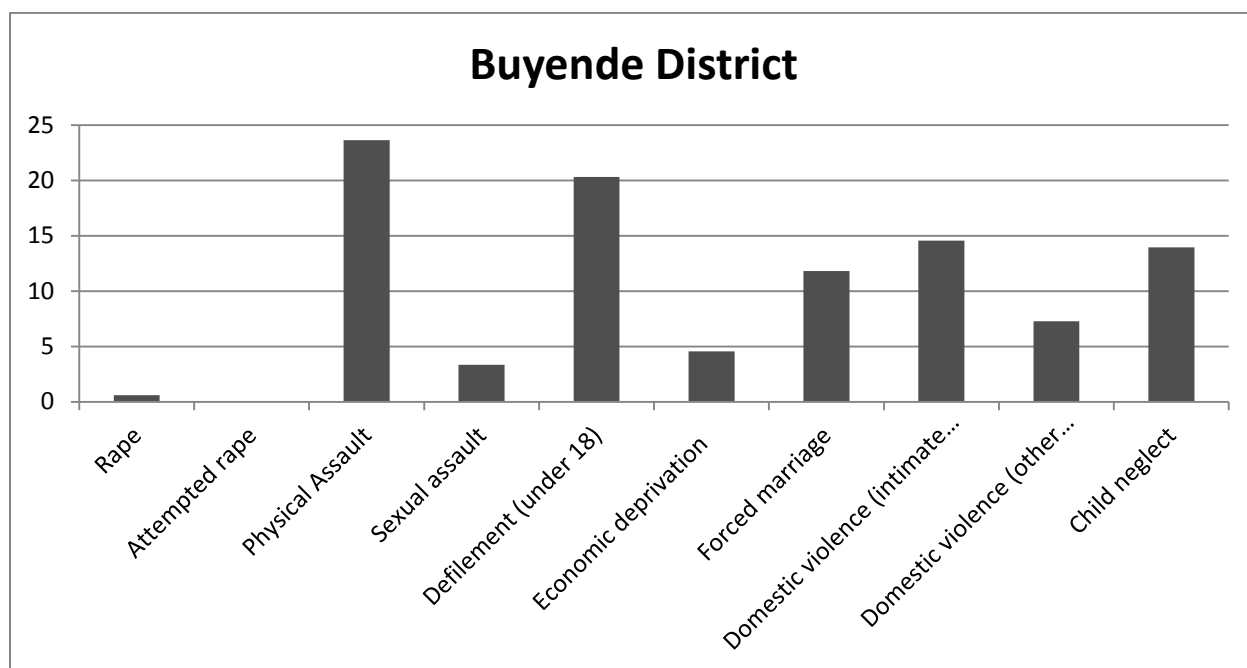


By reporting time, districts of Iganga, Mayuge and Kaliro had not submitted the statistics. What is clear from the chart is that there is increased reporting of GBV

cases with adequate documentation, they can be followed up. Increased reporting also reflects the survivors' ability and willingness to report than before.

Further analysis indicates that Physical Assault is the most prevalent form of Gender Based Violence and this is further reflected in Police statistics collected during the data collection exercise in Year II and recently by Uganda Women's Network. Kamuli for example registered 264 cases of Physical Assault out of 439 compared to 41 cases of Intimate partner Domestic violence cases. Second to Physical Assault is Defilement where 105 cases were reported in Kamuli.

The similar trend is in Buyende where the highest number of cases reported was Physical Assault followed by defilement. The chart below illustrates statistics from Buyende from December 2012 to May 2013.



These statistics present part of the picture about GBV in Busoga region. It is clear that GBV reporting has increased over time and there is need to support districts and service providers to respond accordingly. It also shows that Domestic



Violence among those in intimate relationships, Defilement and Early marriages remain high, next to Physical Assault.

4. Implementation Challenges, gaps and strategies

4.1 Challenges and gaps

The biggest challenge encountered in the implementation of year III is the suspension of funding which affected the implementation of activities planned for under Objective One and Four. The scheduled implementation of activities of Ministry and the districts have not been undertaken. For instance, districts have not received funds for GBV coordination meetings, collection of GBV data from sub-counties and their work plans have not implemented. The efforts to ensure GBV work becomes part of district work planning and budgeting process will become stifled because GBV will no longer be regularly discussed among a cross section of stakeholders.

- There were delays by some districts to disburse funds to the CDOs to implement 16 days of activism activities on time which affected activities implementation. The affected districts were; Bugiri, Kaliro and Jinja.
- One of the challenges identified was that Kamuli district does not have a resident high court and thus all the cases are referred to Jinja High court. This has led to a backlog of cases in Jinja and explains why a number of cases are pending in court. It has also deterred some survivors from following up on cases since it takes years.
- In terms of GBV data collection, there are still cases that have been recorded but have not been entered into the system due to logistical challenges including internet and transport to collect filled forms from the sub-counties.
- There are some CDOs from Jinja, Iganga, Kaliro and Namutumba districts who have been slow with limited skills to provide the much needed monitory support to CAs' work; this is seen in their laxity to engage in the CAs community activities. CEDOVIP will through onsite mentoring deliberately

reach out to the specific CDOs to help them strengthen their skills and engagement with CAs and constant follow up through email and telephone conversations.

- Late submission of reports and accountabilities by some districts such as Jinja has made them miss out on financial disbursements and this has contributed to the delayed implementation of SASA! activities by CDOs.
- Lack of funding from MGLSD towards coordination activities created some laxity among the district leadership and DCDOs to fully coordinate the GOU-Irish Aid Joint Program. As such many pieces of the work such as the media activities have remained unimplemented. This caused a general delay in the implementation of the Joint Programme.
- Joint Annual Work planning and discussion of the Annual Report may not be possible and this has implications for the implementation of the remaining years.

4.2 Strategies for addressing identified challenges and gaps

- The Programme Team has been involved in a series of Joint meetings there are hopes that a workable modality will be agreed and adopted to ensure that activities under Objective One and Four are implemented.
- On the follow up of cases and lack of a resident judge in Kamuli, Uganda Women's Network will take up efforts to address this challenge with the Justice Law and Order Sector during the fourth year of implementation.
- The Project partnership and the district local governments will continue to work together to further define the modalities of disbursing funds to the CDOs through their district local government structures as well as encourage timely accountability.



- The Programme proposes incorporation of legislative framework and counseling skills as part of the induction course for all Police Officers (especially CFPU). The Joint programme welcomes JLOS Committed support in the Strategic Investment Plan to build its service delivery in criminal justice through developing Guidelines for Prosecution of Sexual and Gender-based crimes.