



Gender Transformation & Empowerment

GENDER BASED VIOLENCE CAPACITY ASSESSMENT REPORT

FOR BUSOGA DISTRICTS

Jinja, Iganga, Kamuli, Mayuge, Buyende,
Kaliro, Namutumba, Bugiri



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ABBREVIATIONS

AIP;	Assistant inspector of police
CDO;	Community Development Officer
CSO;	Civil Society Organization
DPC;	District police commander
DVACT;	Domestic violence ACT
FGD;	Focus Group Discussions
GBV;	Gender Based Violence
HIV;	Human Immune Deficiency Virus
ISAC	Inter agency standing committees
JP;	Joint Program
KII;	Key informant interview
L C;	Local Councilor
MGLSD;	Ministry of Gender Labor and Social Development
NGO;	Non Governmental Organization
SGBV;	Sexual and Gender Based Violence
SGT;	Sergeant
SOV;	Survivor of Violence
STI;	Sexually Transmitted Infection
UWONET;	Uganda Women's Network
VAW;	Violence against Women

EXECUTIVE SUMMARY

Gender based violence (GBV) in Uganda is perceived as a national problem and of growing concern because of its linkage to the spread of HIV and STI's, unwanted pregnancies, high mother to child HIV transmissions, traumatic incidences which impact on the dignity of the victims and productivity in general. In Uganda GBV prevention and response strategies have been integrated in the main development frame works to address GBV as a core strategy to achieve the National developed Plan of promoting gender equality and women's empowerment.

A study done by Ministry of Gender Labor and Social development (MGLSD -2009) indicated a gap in service provision in other areas of the country including abusing which established the highest incidence of sexual violence cases against women in Uganda as 53% (Uganda Demographic Health Survey 2006) because of these findings as JP program to address GBV in the eight districts of Busoga has been proposed to respond to the situation in context.

The JP program goal is to contribute to improved quality of life and enjoyment of all rights.

Objectively the program aims at building capacity of duty bearers (as defined by the DV act 2009) in local governments in Busoga region to prevent and respond to GBV.

Study aimed at: assessing the current levels of knowledge, skills and attitudes about Gender based violence among GBV duty bearers in the targeted Joint Program area.

The findings of this report are based on a qualitative gender-based violence needs assessment conducted in Uganda particularly in 8 districts of busoga region (Kamuli, Bugiri, Mayuge, Jinja, Iganga, Buyende, Namutumba, and Kaliro). Methods used in data collection include key informant interviews, literature review and focus group interviews. The study looked at the existing

knowledge and gaps among duty bearers and institutional capacity to address gender based violence in the selected busoga region. (Jinja, Iganga, Kaliro, Mayuge, Buyende, Namutumba, Bugiri, Kamuli and Mayuge districts)

Findings show that there is 91.9 % knowledge gap of basic information about gender based violence among health officers, 63.9% among Community development officers, 56.3% among police officers and 88.8% among local councilors

The senior clinical officer Iganga health centre 3 suggested that

“more comprehensive training is needed and the number of health personnel equipped to identify and respond to cases of gender-based violence should also be increased. Such training should be integrated into existing reproductive health training modules to ensure that services for survivors are seen as part of comprehensive sexual and reproductive health services”.

The study highlighted recommendations from various groups interviewed and the following knowledge gaps were recommended for duty bearers training

- Knowledge about the concept “Gender Based Violence”
- Gender based violence and its relation to Human Rights
- Roles of the different duty bearers in handling gender based
- Survivors
- Communication skills
- Referring and networking the survivors to support groups

One doctor stressed that “gender-based violence should be integrated in the existing refresher trainings for medical practitioners so that survivors of gender based violence can be ably supported at the health centers” (Kamuli hospital clinical officer)

The study recommended that UWONET should reach health centers beyond the program target (health center 4) and train health officers in health center 3 and 2 since most of the GBV cases are handled at that level. It was also observed that local council 2 courts are not as active as local council one court.

Conclusively, respondents indicated readiness and eagerness to participate in developmental programs that will be implemented in their districts.

INTRODUCTION

This assessment document adopts the inclusive terminology employed by the World Health Organization, which defines **Gender based violence** as “any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (gender) differences between males and females” (IASC, 2005).

Gender Based Violence denies women and men security, the right to enjoy fundamental freedoms and forces them into subordinate positions to their counter parts. A district, sub county, and individuals affected in these cases cannot reach their full potential as long as gender based violence preventers have inadequate capacities to handle gender based violence cases (UNFPA/ MGLSD report on gender based violence 2008).

Causes of Gender based violence

GBV is inextricably linked to the identity crisis faced by men who feel their traditional roles disrupted by an inability to look after their families. This crisis often translates into the abuse of alcohol women and girls.

Also important, is the fact that men and boys violate due to masculinity. Men and boys not only feel pressured by their male peers to express their masculinity through acts of violence against women but also against other boys or men as is often the case with gang violence.

Situational analysis of GBV in Uganda

Gender Based Violence (GBV) in its various forms is endemic in Ugandan communities, cutting across class, race, age, religion and national boundaries. The impact of gender-based violence resonates in all areas of health and social programming: survivors of Gender based violence experience increased rates of morbidity and mortality in Uganda. Violence has been shown to exacerbate HIV transmission among other health conditions (USAID report country report on GBV 2006).

While girls are the most visible survivors of gender based violence, they are far from being the only ones who suffer from the consequences, children of both sexes constitute the majority of abuse survivors and adult men and the handicapped are minority groups who are often neglected in research and interventions (gender based violence sub-Saharan findings-USAID report 2010).

Numerous studies within Uganda give evidence that high rate of GBV experienced with in Uganda are experienced by women with in homes (40-50%). The Uganda demographic and health survey (UDHS) provides data and information on the prevalence of GBV in Uganda. UDHS 2006 survey stipulates that 48% of married women age 15-49 have experienced physical violence from their intimate partners. 50% of these are women.

Despite the governments' effort to initiate GBV prevention and response strategies most of the initiatives and funds have been focusing on the northern region of Uganda as per the map up study done by MGLSD (2009). These findings indicated a gap of 53% in service provision in other areas of Uganda most especially busoga region.

BACKGROUND

The Joint Program is a 5 year collaborative action program has been initiated and will be implemented by the MGLSD, District Local Government, Civil Society Organizations (CEDOVIP and UWONET) and a private sector Multi Media Firm with each playing a unique role

The Joint program will contribute to the achievement of National Development Plan goals and provide the much needed data for reporting on UNSCR 1325 and 1820 and the goma declaration. The program will seek to strengthen the coordination mechanism on GBV through the national GBV reference group, support local government actors to understand and respond to GBV, create a database for information and program me management while providing regular consistent and clear messaging to the general population.

Joint Program goal

To contribute to improved quality of life and enjoyment of rights for all

The main purpose is to reduce vulnerability to GBV in the community particularly among girls and women in busoga region.

Joint Program 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 government in busoga sub region to prevent and respond to gender based violence
3. To mobilize communities with in 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 busoga sub region for policy, programming and advocacy .

This capacity assessment exercise responds to the objective 2 with the intension of identifying the duty bearer's capacity in addressing gender based violence.

What is capacity assessment in this context?

This assessment exercise looked out for the following capacities among duty bearers

Individual competencies Duty bearers' level of knowledge, skills in the area of technical and managerial abilities that may require to fulfill the task of preventing and responding to Gender based violence

Collective capabilities That focused on the duty bearers' ability/willingness to respond to GBV survivors carry out tasks and build relationships with other duty bearers

Systematic capacity that looked out for the duty bearers ability of the make referrals to other duty bearers that respond and prevent gender based violence

Brief contextual background of the duty bearers desired capacity

Government of Uganda (GoU) has put in place policies and legislative framework which provide an enabling environment for survivors of gender based violence

In 2009 Ugandan Parliament passed the Domestic Violence ACT that mandates duty bearers' with the responsibility of preventing and responding to gender based violence as follows:

What should health care workers do to assist survivors of gender based violence?

The ACT provides minimum treatment for survivors of gender based violence at health center 4 up to hospital level. The following is required of a clinical officer to address the survivors of gender based violence

- * Offer presumptive treatment for STIs
- * Provision of Post-exposure prophylaxis for HIV where appropriate(PEP)
- * Provision of emergency contraception pills
- * Care of wounds if the survivor has been injured
- * Supportive counseling and trauma management

- * Discuss safety issues and make a safety plan with the survivor
- * Make referrals with or without survivor's consent to other service providers like police, NGO's and CSO's
- * Collect minimum forensic evidence for legal redress in case evidence can be processed
- * Provide compassionate and confidential treatment including, treatment of life-threatening complications and referral if appropriate

While as Health center 2 and 3 are mandated to offer

- * Supportive Counseling
- * Referring the survivors to health center 4
- * Care of wounds and dressing the survivors
- * Make referrals with or without survivor's consent to other services

What should local council courts do to assist survivors of gender based violence?

According to the DV ACT 2009 Local courts 2 are mandated to:

- * To take all domestic violence cases urgently and listened to them within less than 48 hours after the complaint has been raised
- * Make a record and proceed for a hearing as per the local councilor ACT 2006
- * Caution the perpetrator
- * Make the perpetrator to apologize to the victim
- * Counseling the victim
- * Offer community service punishments to the perpetrator
- * A fine not exceeding 25 currency point can be given to the perpetrator
- * Compensation and reconciliation with the survivor and the perpetrator
- * Where the perpetrator is abusing the second or repeated offender the local councilor court makes a written order to the magistrates court
- * Where the nature and degree of offence warrants involvement of the police and the court the same principle of magistrates' court is applied
- * The same applies when a perpetrator is likely to inflict harm on victim again
- * When there are children involved a written order is made to the probation and social welfare officer so that he makes inquiries and takes any necessary action

What should police officers do to assist survivors of gender based violence?

The DV ACT mandates Police officers to:

- * Effectively listen to the survivor when a complaint is made
- * Record the a statement by the survivor or survivor's representative
- * Show empathy to the survivors of GBV
- * Where the survivor is in need of medical attention or examination, the survivor should be referred to the health center or hospital for medical treatment
- * Assist the survivor by giving advise on obtaining shelter
- * Whether or not survivor indicates interest in taking the matter to court, she should be advised on the importance of collecting evidences
- * In case of a physical harm ensure that the victim under goes medical examination and treatment
- * Investigation should be carried out by the crime and investigation section of the police station and an Investigating Police Officer.
- * Advise the survivor on the right to apply for the relief and to lodge a criminal complaint
- * Offer shelter where there is need for immediate accommodation
- * Counsel the survivor's
- * Reconcile the 2 parties if the matter requires that kind of action

What should community development workers do to assist survivors of gender based violence?

The DV ACT 2009 looks at CDO'S as community supporting group as it mandates them to

- * Offer counseling to the survivors of gender Based Violence
- * Listen to the complaint and reconcile the 2 parties were need avails
- * Refer the survivor to the police for further investigation
- * Advise the survivor to seek for legal support
- * Refer the survivor to the health center or hospital for medical support

The government of Uganda has tried to address the problem of GBV by conforming to and protecting the human rights of persons, especially women and children which expressively prohibit sexual and gender based violence in the society. Basing on the reviewed roles and responsibilities of duty bearers as described in the DV ACT 2009, the subsequent chapters informs us of the current situation and existing knowledge among interviewed duty bearers.

DESCRIPTION OF THE STUDY DESIGN

Busoga region was selected because of the high prevalence rate (53%) of sexual gender based violence in this region. (UDHS study 2006).

The study purposely selected duty bearers categorized into police officers health officers, Community development officers and Local councilor court officers'. This target group was selected because of being the first contact point for survivors of gender based violence as per the guidelines and laws of Uganda (Domestic violence Act 2010, Local government act 2006, IASC guidelines for GBV interventions 2005).

The assessment was made at a sub county level, 4-6 sub counties were randomly selected in each district making a total of 45 sub counties sampled out of 58 sub counties in the targeted districts of Kamuli, Buyende, Jinja, Iganga, Kaliro, Namutumba, Bugiri and Mayuge **(as indicated in annex 2)**

The study established the type of services offered, gender based violence knowledge that exists among the target study population, how victims and survivors of GBV are supported, services given to the survivors of GBV, Staff that address gender based violence in the particular sections, their levels of education, training capacity to address gender based violence and support required for the duty bearers to effectively respond to survivors of gender based violence in Busoga region.

METHODOLOGY

During the assessment exercise 345 were interviewed, 209 were KII respondents while as 136 were FGD respondents. Of the 209 KII respondents, 189 represented the main actors involved in addressing gender-based violence programming, coordination and service provision at the district, sub county, parish and village level (**see annex for more details**)

Data collection methods

Primary data was collected through key informant interviews and review of the literature. Four to six sub counties were sampled in each district and the selection criteria for the sampled sub counties focused on:

- * One urban sub county which was represented at the district town council level
- * Peri Urban 2-3 sub counties were selected at this level and these were randomly selected basing on their proximity to the district towns /cities
- * Rural 2-3 sub counties were selected basing on the geographical coverage and distance to the district town council

Key informant interviews

A total of 209 were conducted, these were considered to be contact persons of gender based violence in Kamuli, Buyende, Jinja, Iganga, Kaliro, Namutumba, Mayuge and Bugiri districts. (See annex 2 for more information)

The key informant interview guide had a set of 21 questions of these, 6 questions required an agreement or disagreement with the asked question while as the remaining 15 required an explanation. The responses were analyzed in form of frequencies and percentages.

The key informant interviews included questions about each individual's current gender-based violence Knowledge levels, practices and attitude, assessment of gender based violence training opportunities, partnership mechanisms in place and their perceptions on the nature of training they would need to effectively prevent and support survivors of gender-based violence.

Focus group discussions (FGDs)

These were conducted to seek for opinions, attitude and knowledge on prevention of gender based violence. Participants included secondary contact persons in preventing gender based violence plus some few beneficiaries of the services. FGD's comprised of target audience sub-groups of 7-10 people making a total number of 136 people engaged in focus group discussions.

52 were men while as 84 were women. 16 FGDs were conducted in all the target districts and 2 FGD's were sampled in every district. Selection of FGD groups was based at the sub county and village level. FGD groups were recruited on a basis of men and women ranging from 22-45 years old, married and unmarried with ability to communicate in Lusoga, Luganda or English, secondary preventers of gender based violence were workmates with the targeted GBV preventers. **(annex 3)**

The focus group tool focused on the institutional capacity to address GBV and looked out for the available gender based violence capacity building programs, plans, and activities.

Literature review

GBV records at the national level and district level were reviewed and some of the reviewed documents include the National Development Plan, District plans, District work plans and Gender and development implementation plans, GBV Situational Analysis report (UNFIEM 2010), Uganda gender policies of 2006, Domestic violence act 2010, Local government act 2006, District police reports on GBV, Uganda constitution (1995) "Domestic violence in rural Uganda" evidence from the community based study by Michael A. Koenig, Tom Lutalo, Feng Zha, Fred Nalugoda, Fred Wabwire-Mangen, Noah Kiwanuka, Jennifer Wagman, David Serwadda, Maria Wawer & Ron Gray, ULRC (2006) a study report on Domestic Violence "Kampala" Brawley, (2005) Attitudes and practices of Ugandan Men regarding Issues of Gender and Actions critical to the health of a family

FINDINGS AND DISCUSSIONS

A total of 209 individual interviews (96 police officers, 54 health officers, 29 CDO's and 30 Local councilor officers) from 45 sub counties in eight districts were interviewed. 136 people were registered from the focus group discussions making a total number of 345 people interviewed during the capacity assessment exercise. The socio-demographic characteristics of respondents shown in Table 2.1 are analyzed with a basis on only Key informant interview since the guide required providing most of the demographic data unlike the guide for the FGD groups.

Demographic characteristics of respondents

The fig 1 shows 57.8% of the total number of key informant interviewees were men while as 42.2 were women. This indicates that men are more involved in addressing gender based violence prevention than women in the targeted operational districts of busoga region.

Representation of respondents by sex

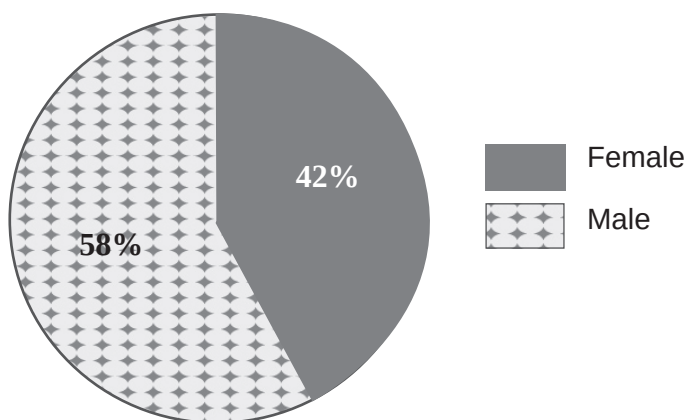
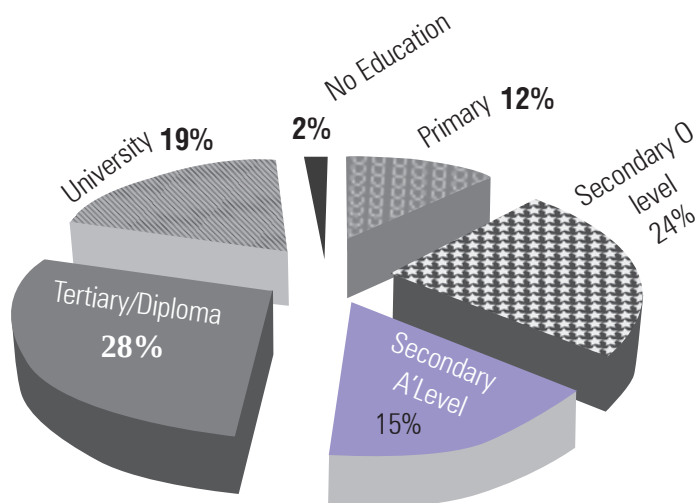


Fig 2: shows the education level of various duty bearers' education level. Majority's education level ranged from O'level to tertiary institute. Although Majority of the local councilors revealed that the highest education they have ever attained was primary, while as the police officers, ranged from O'level

to tertiary institute, yet for the biggest number of Community Development Officers were degree holders. This is because CDO's employment qualification level is at degree level while as Local councilors can be elected in office by the people even if they have never attended school. This figure shows that the biggest number of GBV preventers and protectors can read and hear basic English therefore a need for translation of IEC materials into a local language most preferably Luganda is important.

Education Level of the interviewed duty bearers



This figure further highlights the importance of structured training sessions so that trainees level of understanding are at the same level.

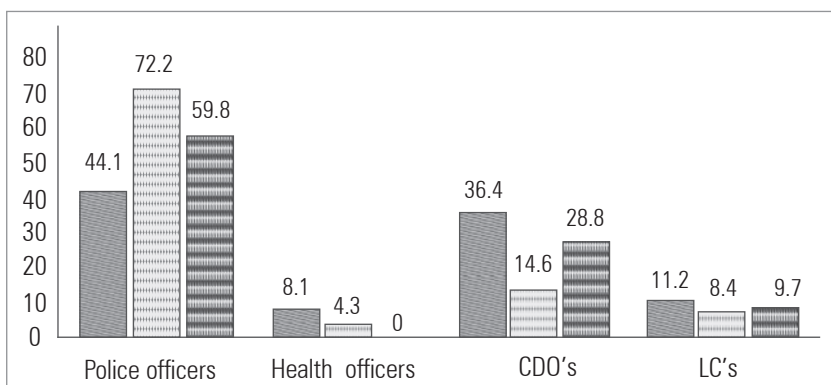
Current status of knowledge, attitudes and practices on GBV

This section provides the summary of the Key informants' information level on gender based violence and also high lights the gap in terms of percentages. Analysis of this section was mainly based on the basic knowledge about GBV definition, laws and procedures that duty bearers use to address gender based violence.

Fig 3: Knowledge and attitude towards gender based violence

Fig 3 shows that only 44.1 % police officers had basic knowledge about GBV, while as health officers were only 8.1 %, CDO's 36.4%, and 11.2% for Local councilors. The table further illustrates that only 4.3 % knew ways of addressing GBV survivors among health officers, while as 14.6% among the CDO's and 8.4% among the Local councilors. This indicates that most of the duty lack the basic knowledge about gender based violence therefore cannot effectively respond to the survivors of gender based violence.

Content required to address gender based violence



It was also sighted that many cases handled by the health officers are not properly handled due to lack of enough knowledge to address the survivors of gender based violence.

Police officers had knowledge about domestic violence but they didn't have basic knowledge about the concept gender based violence. Most of them defined gender based violence as domestic violence or sexual abuse.

Though the biggest number of duty bearers believed that interventions like counseling were important for the survivors of gender based violence most of them lacked technical competence to counsel the survivors of gender based violence.

Health facilities lack sufficiently qualified staff to adequately detect, confidentially treat and manage survivors of gender based violence. The assessment further showed that most of the victims of gender based violence are responded to by the nursing assistant or aids yet most of these lack sufficient knowledge and skills to handle gender based violence. This shows that there is need to build the duty bearers knowledge in responding to the survivors of gender based violence.

Capacity assessment further showed that health workers had limited ability and knowledge to identify and manage gender-based violence cases and did not feel confident to deal with gender-based violence cases in spite of training in medicine.

Content required to address gender based violence

This section provides the summary of the Key informants' information level on gender based violence and also high lights the gap in terms of percentages. Analysis of this section was mainly based on the basic knowledge about GBV definition, laws and procedures that duty bearers use to address gender based violence.

Fig 4: Content required to address gender based violence

This figure provides the summary of the content required by the duty bearers to effectively support the survivors of gender based violence. The figure shows that 96.1% need training in human rights issues in order to be effective in addressing GBV survivors, while as 92.8% need information on gender based violence, forms, causes and effects.

This indicates that many duty bearers opt to learn more about human rights in relation to gender based violence, GBV forms, causes and effects, roles and responsibilities of duty bearers in addressing GBV and others. The identified topics strongly emphasis the need to strengthen on the duty bearers' capacities to address gender based violence

Fig 4: Content required to address gender based violence

Variable	Number of respondents
Human rights that address GBV	201
Counseling skills	106
Gender bases violence definition, forms , causes and effects	194
Referring GBV duty bearers	49
Communication skills	74
Roles and responsibilities of duty bearers in addressing GBV	147
Domestic violence prevention	175
Guidelines on GBV	64
Facilitation skills	69
Advocacy and mobilization skills	58
Knowledge on land rights	23
Knowledge on succession laws and will making	31
Children rights	59
A clear understanding of the domestic violence act	79

According to the O.C Mazuba parish in Magada Sub County Namutumba district “we handle gender based violence cases as presented to us, there are no protocols or guidelines that we specifically follow while addressing survivors of gender based violence in this parish”. However there are police laws that we follow while arresting the culprits. Such statements indicate that guidelines and laws that govern gender based violence prevention and protection are not well known to the duty bearers”.

Institutional capacity to address GBV

Fig 5 shows that capacity of duty bearers to handle gender based violence. Findings show that 19 police officers had got a chance to participate in a GBV training unlike health officers and Local councilors that had only 2 people that attended training. The table further shows that 45 police officers were knowledgeable of the number of staff in charge of handling GBV cases in the district unlike the health officers and Local councilors that never mentioned that there were no particular staff in charge of handling Gender based violence cases in their areas of operation.

Fig 5: Institutional Capacity to address GBV

Variable	Number of respondents			
	Police	Health officers	CDO	LC
Staff that are trained to attended GBV survivors	19	2	5	2
Staff employed to specifically address GBV in a district	45	-	3	-
Presence of gender based violence projects /programs at the duty bearers' area of operation	24	2	5	-

Findings further showed that, "GBV is addressed in the narrative portion of some documents in most districts but the implementation plans were very weak. The assessment further confirmed that "GBV is not consistently addressed in the district planning documents, it is not included in the list of overall priorities, nor is it addressed across multiple sectors. It is, however, usually discussed under the cross-cutting gender section or security/ law enforcement sections.

Out of the 49 health centers visited only 3 health facilities had at least one staff member who had received gender-based violence training from Nongovernmental organizations

One doctor said that the only GBV training they have ever had merely sensitized them but never went into the details of GBV. He suggested that the training should be extended to cover wider cadres of health workers. (Medical doctor Iganga Hospital)

Such statements indicate that training in gender based violence will increase the duty bearers' confidence skills to treat or counsel survivors of gender based violence.

Local councilor officer sighted that "they address GBV cases basing on how they have always addressed the cases 10 years back". Local councilor 1 chairman Imanyiro sub county-Bufulubi parish-Kisule village 1 is quoted to have said

"We have a lot of domestic related cases in our village most especially now days that we have a lot of land wrangles. We always call the local councilor committee members to settle the problems among the families; we handle the cases according to our experience as elders in this village".

This indicates that reference is not made to any of the existing policies or current Ugandan laws governing the acts of gender based violence thus survivors might not be getting the best services at the local councilor level yet local councilor courts receive the biggest percentage of GBV cases and most of the cases are resolved at that level.

Systems capacity to address GBV

Focus group results showed that most of the police officers collaborate well with local councilor one courts and health officers of all health centers for medication of GBV survivors. Almost all interviewees recommended a good network between local councilor one and police officers in responding and preventing gender based violence. It is noted that most local councilor officers refer the perpetrators to the police for law enforcement and the police collaborates with the local councilor courts to investigate and make arrests of the perpetrators. More so the police also collaborate with the health officers at level 4 to make examinations and write medical reports that can be used for evidence during the local council/ magistrate court's proceedings.

Non-governmental organization like PLAN Uganda were sighted as one of the organizations was survivors are referred for social support and economic support.

More to the above, research showed that little emphasis is placed on addressing GBV as a public health issue and all the 8 districts had no budgets for addressing gender based violence capacity building in the 2009-2010 financial year.

Suggestions about the training

This section shows the suggestions made on the number of days that the training can cover and the category of people that should attend the training. Fig 6 shows that 49.2% suggested that the training should take 5 days so that they can learn much about gender based violence and Human rights that address gender based violence. Many respondents preferred to attend the training with Police officers, Local councilor 1 officers, health workers, Church leaders and community Opinion leaders since these are the people that address gender based violence with in the communities as shown below:

Fig 6: suggestions about the training

Variable	Number of respondents
Suggested Category of people that can attend the training	
Church leaders/ religious leaders	27
Cultural leaders	11
Local councilor officers at local level one	63
Police officers	86
Health workers	57
VHT's	24
Prison OC's	9
CDO	19
Sub county chief	21
Community Opinion leaders	25
No response	
Suggested number of days a training can take	
2 days	16
3 days	34
5 days	103
7 day s	41
No response	

Findings further showed that, “GBV is addressed in the narrative portion of some documents in most districts but the implementation plans were very weak. The assessment further confirmed that “GBV is not consistently addressed in the district planning documents, it is not included in the list of overall priorities, nor is it addressed across multiple sectors. It is, however, usually discussed under the cross-cutting gender section or security/ law enforcement sections.

Out of the 49 health centers visited only 3 health facilities had at least one staff member who had received gender-based violence training from Nongovernmental organizations



RECOMMENDATIONS AND CONCLUSIONS

Recommendations to UWONET

- Have community counselors like VHTs so that GBV survivors can be counseled directly from their villages than walking long distances to go to the health centers where health counselors are.
- There is need to facilitate duty bearers with IEC materials so that they can effectively support the duty bearers as they sensitize the communities and survivors of gender based violence in their communities.
- Suggestions were made to support duty bearers to make learning visits to other districts so that duty bearers can learn from other stake holders' experiences on how they handle Gender Based Violence cases in their areas of operation.
- Continuous refresher courses for the people that handle GBV cases are required so that duty bearers are encouraged and motivated to respond to the survivors of gender based violence.
There is need for financial support so that duty bearers can be able to effectively sensitize and train the communities about prevention of gender based violence.
- UWONET should work hand in hand with the government so that the officers in charge of addressing gender based violence can have private rooms where they can handle GBV cases from.

There is need to avail health workers with GBV manuals / handbooks so that they can always refer to the guidelines while handling GBV cases

Recommendations to UWONET

- UWONET was requested to support the police officers by fueling their motor bicycles to support transportation of officers to the communities so that sensitization and follow up of survivors of gender based violence can be effectively done.
- Provide training centers with information about gender based violence so that the communities can learn more about their roles in protecting their peers against violence.
- Support the local councilor committees with guiding posters that can be used while training and sensitizing people in the community
- UWONET should cover sub counties that Plan international is not covering. Plan is only in 4 sub counties in Kamuli district and it is only these sub counties benefiting from GBV services offered by plan.
- The project should mainly target local councilor 1's because most cases remain at their levels and at times they are the major perpetrators of violence because they protect the communities so much even when there people who do wrong they will protect the voters more than one person who might not be his/her voter.
- A GBV booklet should be developed specifically for traditional healers since they are one of the major perpetrators of GBV in this community.
- A GBV community program should target both duty bearers and the community members so that every person becomes responsible at preventing gender based violence.

Recommendations to UWONET

- There is need to Integrate gender based programs into the hospital settings and assign particular staff to specifically handle GBV programs so that survivors can always be helped even when the clinical officers and enrolled nurses are not around.
- Startup community center that addresses gender based violence so that officers that handle gender based violence have a collective center where they can find the officers that address gender based violence.
- Start the trainings as early as possible because people need to be really helped most especially now that there are lot of land wrangles among communities.
- Translate the DV act in Lusoga so that duty bearers that never went to school can easily read and understand the DV act.
- UWONET needs to utilize the strong LC one structure in addressing gender based, though a lot of training and sensitization is needed for this structure since they promote GBV in their villages on a basis of not annoying the people who elect them to power .
- There is need to increase on the number of health officers trained to handle and rape cases because the trained personnel's like doctors and clinical officers rarely attend to the survivors of gender based violence at the health centers

CONCLUSIONS

Conclusively, findings revealed that GBV survivors access and uptake medical services at health center 3 and 2 , although these health centers are not eligible to offer the whole package of Sexual gender based violence as per the ministry of health policies and guidelines (2009-2010) . This calls for a need to target Health centers beyond health center 4 that is recommended by the government

Although the DV ACT identifies Local council 2 courts as one of the major preventers of gender based violence findings show that Local councilor one courts are more active than local council 2 and most cases forwarded to the police are from local councilor one. It is therefore important for UWONET to rescale and target local council one officer's since they are the actual preventers of gender based violence at the grass root level

The respondents indicated readiness and eagerness to participate in developmental programs that will be implemented in their districts however emphasis was made on involvement of the staff that primarily handle Gender Based violence survivors in the training than involving duty bearers as per the local government structure yet they really render services to the survivors of gender based violence

The analysis of health officers shows that they are willing to receive GBV survivors, but they are not prepared to give survivors quality care because of the insufficient Human resource and training in psychological management of GBV survivors

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APPENDICIES

Annex 1: - Study districts and sub counties

District	Sub Counties sampled	Catergory
Kamuli	1. Kamuli town councilor	Urban
	2. Nabwigulu	Rural
	3. Mbulamuti	Peri urban
	4. Kitayungwa	Peri urban
	5. Bulopa	Rural
Buyende	1. Buyende town councilor	Urban
	2. Kidera	Rural
	3. Nkondo	Rural
	4. Bugaya	Peri Urban
Jinja	1. Jinja town councilor	Urban
	2. Buwenge	Peri Urban
	3. Butagaya	Rural
	4. Budondo	Peri Uran
	5. Mafubira	Peri urban
	6. Kakira	Peri urban
Iganga	1. Iganga town councilor	Urban
	2. Nawandala	Rural
	3. Bulamagi	Peri Urban
	4. Nakigo	Peri Urban
	5. Nakalama	Peri Urban
	6. Nambale	Rural

District	Sub Counties sampled	Catergory
Kaliro	1. Kaliro town councilor	Urban
	2. Gadumire	Rural
	3. Nawaikoke	Rural
	4. Bumanya	Peri Urban
	5. Namugongo	Peri Urban
	6. Namwiwa	Rural
Namutumba	1. Namutumba town councilor	Urban
	2. Ivukula	Rural
	3. Magada	Peri Urban
	4. Kibale	Rural
	5. Nsinze	Peri urban
	6. Bulange	Rural
Mayuge	1. Mayuge town councilor	Urban
	2. Kityerera	Rural
	3. Kigandalo	Rural
	4. Imanyiro	Peri urban
	5. Buwaya	Rural
	6. Malongo	Rural
Bugiri	1. Bugiri town councilor	Urban
	2. Kapyanga	Peri Urban
	3. Nankoma	Rural
	4. Muterere	Rural
	5. Buwunga	Peri Urban
	6. Buleesa	Rural

Annex 2: Category of key informants

Probation and social welfare officers,		8
District police commanders		3
Community liaison officers		7
Family and child welfare protection officers,		12
Minor Criminal investigation officers,		19
OC police post		34
Women police constables)		3
Assistant inspector of police		6
Sagents (SGT)		4
Local councilors		
LC 1	Chairman	7
	Vice chairman	3
	Women sec	5
	Member	2
LC 2	Chairman	5
LC 3	Chairman	8
Community development officers		
CDO's		25
Women in development officer		3
District Public relations officer		1
Health officers		
Medical social workers,		5
Senior medical officers		2
Doctors		7
Enrolled comprehensive nurses		5
senior nursing officers,		13
senior clinical officers		9
Medical Superintendent		3
Nursing Assistant		7
Enrolled Midwife		3
Total		209

Annex 3: - focus groups Categories

Variable	Villages	Number of respondents
SGT- sergeants, minor crime investigation officer,	Namugongo sub county-Kaliro	10
Sergeant, women police constable, crime investigation officers	Nawaikoke A-Kaliro	11
Local councilor 1 chairman , members on the local councilor one committee ,	Kidera-Bulopa	7
Nursing assistant, women police constable, enrolled comprehensive nurse,	Kinambogo-Buyende	9
Medical police officer , entomological assistant, nursing officer	Kamuli hospital	10
Local councilor 1 vice chairman , members on the local councilor one committee ,	Kitayunjwa 2-Kamuli	8
Local councilor 1 chairman , members on the local councilor one committee	Mpumudde-Jinja	9
Public relations officer, Parish chiefs, local councilor 3 members ,	Bugembe-Jinja	14
Local councilor 1 chairman , members on the local councilor one committee	Ivukula-Namutumba	5
Oc Prisons, Sargents, and AIPs , criminal investigation officer	Magada-Namutumba	7
Parish chiefs, District community development officer, child and family protection officers	Namukonge-Bugiri	6

Variable	Villages	Number of respondents
Local councilor 1 chairman , members on the local councilor one committee	Kitumba-Bugiri	10
District community development officer, child and family protection officers, OC prisons	Bukalenzi-Mayuge	6
Local councilor 1 chairman , members on the local councilor one committee ,	Kasugu-Mayuge	8
Chief administrative officer , district planner district gender and development officers District communication advisors,	Makutu-Iganga	7
Oc Prisons, Sargents, and AIPs , criminal investigation officer	Busowobi-Iganga	6
	Total	136

Annex 4:**Capacity needs assessment tools****Key Informant Interview tool**

Tool to review the current status of knowledge about Gender based violence among Duty bearers in selected (Jinja, Iganga, Kamuli, Mayuge, Bugiri, Kaliro, Buyende, Namutumba) Busoga region.

Interview guide**Background information**

Name of respondent.....

Gender.....

Title.....

Physical Address (location, etc)

Name of research assistant

Purpose

The purpose of this tool is:

1. To obtain information on gender based violence Knowledge (current performance).
2. To identify gaps and possible solutions for an improved performance of the duty bearers

In-depth interviews (interviews) with GBV personals (probation officers, child and family protection units , community liaison officers local councilor 1 and 3 court officers, Health center 4 in charges and district community development officers).

INTERVIEW GUIDE FOR THE DUTY BEARER

Category of interviewed group/ person

Please tick the appropriate

- 1) Police
- 2) Health officers
- 3) Community development officer
- 4) Local councilor

1

2

3

SN.	Question	Yes	No	Current performance	Desired performance
1.	Have you ever heard of the term gender based violence				
2.	How would you define the term gender based violence				
3.	How many people are employed to address gender based violence in this unit				
4.	What are their levels of education(specify the range)				
5.	Do some of these people participate in training others				
6.	If yes which topics do they facilitate				

SN.	Question	Yes	No	Current performance	Desired performance
7.	Do you have specific programs/ projects that aim at addressing GBV				
8.	If yes , what are some of these programs(please probe)				
9.	Explain the steps you go through while handling gender based violence victims/cases court				
10.	Do you have guidelines/ rules that you follow while handling survivors of gender based violence (probe further and also ask for some paper work)				
11.	Do you have enough knowledge and skills to handle or treat the survivors of gender based violence				
12.	If no, what skills and knowledge do you need				

SN.	Question	Yes	No	Current performance	Desired performance
14.	Have you ever attended a training about Gender based violence				
15.	Was the training on a monthly basis, weekly , days , quarterly or yearly (please specify the duration)				
16.	Who conducted this training				
17.	When was that training conducted				
18.	What were some of the topics covered in this training				
19.	If you were selected to attend training about gender based violence. what topics should be included in the training session				

SN.	Question	Yes	No	Current performance	Desired performance
20.	What advise would you give to an organization that intends to conduct a gender based violence training workshop with your institute				
21.	Please recommend on:				
	Number of days you would be Willing to attend a training				
	Category of people that should attend the training				
22.	Any other comments (Probe if there is anything else they would like to talk about in line with Gender based violence)				

THE END-

Thank you very much for your time in answering these questions

Duration of the interview:

Quality of responses:.....

(Very reliable; Reliable; fairly reliable; unreliable; not reliable at all)

FOCUS GROUP TOOL

Focus group guide

Introduction:

UWONET together with the government of Uganda is committed to tackling the various forms of gender inequalities including GBV prevention and response strategies which have been integrated in the main development frame work. The process of implementing the Gender based violence prevention project in Busoga region is challenged to undertake a capacity assessment exercise of all actors in the prevention of gender based violence in Busoga region in order to provide comprehensive information on the providers of gender based violence services in the targeted Busoga

UWONET continues to appreciate and values your time and efforts rendered in responding to these questions and will endeavour to share the information generated with your organization at an appropriate time.

Please tick, highlight or fill in as appropriate to all questions below.

Section A: Profile of Organization

1. Name of organization / Institution

.....

2. District of location

.....

3. Kind/Type of institution/Organization tick which ever applies

a. Government-Ministry/Department/Agency

☐

b. Civil society Organization/Non-Governmental/CBO/FBO

☐

c. Community

☐

d. Others (specify)

☐

e. Size of workforce/number of people handling GBV cases

1-5 5-10 10-15 15-20 Over 20

4. Area of focus or core mandate of your organization / Institution

.....

.....

5. Level of operation

a. National b. District c. Community/village

6. Description of category of workers/employees of your institution/ organization; Tick whatever is appropriate,

a. Professional Male b. Gender Female c. Occupation d. Skilled e. Semi-skilled f. Casual workers

g. Other specify

.....

Section B: Gender based violence Interventions

1. Do you address gender based violence in your institution/organization?

Yes

No

If "NO" please explain giving reasons why?

.....

.....

.....

If "YES"

2. For how long has your organization/institution been addressing gender based violence

.....

.....

.....

3. What are some of the reasons that prompted your institute to address gender based violence cases?

.....

.....

.....

4. How does your organization address gender based violence? (Tick as many as appropriate.

- | | |
|--|----------------------|
| a. Gender based violence policy development | <input type="text"/> |
| b. Gender based violence sensitization and education | <input type="text"/> |
| c. Promoting safety to the victim | <input type="text"/> |
| d. Shelter provision (Male/ female) | <input type="text"/> |
| e. Counseling | <input type="text"/> |
| f. Taking the offenders to courts of law | <input type="text"/> |
| g. Provision of Treatment and care to the survivors | <input type="text"/> |
| h. Summoning the offenders to the police | <input type="text"/> |
| i. Referrals for treatment and care | <input type="text"/> |

- j. Special sessions to address to families of the survivors
- k. Social and material support
- l. Pre-exposure prophylaxis
- m. Linking the survivors to peer support groups/Organizations
- n. Others (specify)

.....

.....

5. Are your gender based violence services also extended to those districts that are not directly in your scope of work

Yes

No

6. If yes, please mention these areas

.....

.....

7. Are your Gender based violence prevention activities planned and scheduled, budgeted for and monitored?

Yes

No

8. Did the responsible unit staff get training on handling Gender based violence related issues?

Yes

No

9. In reference to the gender based violence related activities mentioned earlier, what has limited your organization/unit from implementing those that you are not implementing?

.....

.....

.....

10. Which organizations/institutions do you collaborate with to offer gender based violence prevention services?

.....

.....

.....

11. Describe/mention the nature of collaboration or partnership? E.g. on awareness creation, medication, law enforcement, funding opportunities?

.....

.....

.....

12. For any Gender based violence cases that you can't handle, How do you refer the Victims?

.....

.....

.....

13. Supposing you refer victims to other points of service how do you follow them up to find out if they have been given the necessary

.....

.....

.....

14. How are you're gender based violence prevention activities funded in this unit/ institute/ Organization?

.....

.....

.....

15. List some of the challenges/limitations your institute faces in addressing GBV cases:

.....

.....

.....

Name and contact address of respondents:

.....

(ii) Name and contact address of people in charge of addressing Gender based violence.

.....

.....

.....

Thank you for taking your time to respond to these questions.

Structural assessment tool

GBV structural and document review guidelines for Police officers, CDO's, Local councilor 2 and 3 courts, Health centres

Please look out for the following / review some documents to assess the following and make comments

Name of institute	Definition	Performance
Health centre 4/3/2 units		
Health care protocols	Written protocols established for each type of GBV occurring at the health centre	
Staff training tools	GBV training curriculum for health care staff developed and in use.	
Staff qualifications/ training	Health staff that have ever attended GBV trainings	

Health centre 4/3/2 units		
Use of health protocols	GBV cases receiving services in accordance with established health centre protocols and guidelines	
Timely, appropriate post rape care	Number of GBV cases receiving basic set of health services (i.e. must be defined) within 3 days of incident / Number of reported rape incidents	
IEC materials displayed at the health centre	Posters, leaflets, flyers, calendars and books advocating for a society free of against gender based violence	
Police unit		
Position of cases	GBV cases reported to the police (nature)	
Police training, capacity building tools	GBV training curriculum for police developed and in use.	
	Police procedures or guidelines for handling GBV cases at the police station	
	guidelines distributed to police officers and commanders about GBV	
Police interview procedures	Police unit with private interview space in use for GBV and other sensitive cases	
Use of police protocols	GBV cases receiving services in accordance with established protocols and guidelines	

Health centre 4/3/2 units		
IEC materials displayed	Posters, leaflets, flyers, calendars and books advocating for a society free of against gender based violence	
Local councilor 2 , 3 and 1 courts		
Proportion of cases in local councilor courts	Nature of GBV cases brought to traditional court (check the documents to find out this)	
Training curriculum	GBV training curriculum for Local councilor 2 courts developed and in use.	
IEC Materials	Posters, leaflets, flyers, calendars and books advocating for a society free of against gender based violence	
Community development section		
Proportion of cases at the CDO's level	Nature of GBV cases brought to the CDO	
	GBV training curriculum for Community Development Officers developed and in use.	
Environment	Private interview space in use for GBV and other sensitive cases	
IEC Materials	Posters, leaflets, flyers, calendars and books advocating for a society free of against gender based violence	

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