



Gender Transformation & Empowerment

GENDER BASED VIOLENCE SERVICE PROVISION

UWONET

Uganda Women's Network

2016

A CASE OF MANAGING SAFE SHELTERS

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Introduction

This publication has been developed with support from the GoU–Irish Aid Joint Programme. The booklet was developed to share the programmes' experiences with running and managing two GBV shelters in Busoga Region. The booklet provides an overview of the GoU–Irish Aid Joint programme of current magnitude of GBV in Busoga Region. It also documents best practices, approaches and strategies in case management to change the situation. It shares the experience of personnel, running and experiences of providing holistic services to survivors of VAW/GBV.

It documents the cost in terms of time and emotional support that personnel provides to give services to VAW/GBV survivors. This booklet was inspired by providing holistic services to GBV/VAW survivors and the impact created in the community.

It is our hope as UWONET, that this booklet informs programming and holistic service provision to GBV survivors through shelter management in Uganda and beyond.



Background

Demographic Health Surveys show that Gender Based Violence is a fast growing epidemic in Uganda. While over 70 % of women worldwide face violence within homes, in the society and communities, many women remain in these abusive or violent relationships because it is a very difficult decision for majority increasing women's vulnerability. In Uganda, Gender based violence in the form of physical, sexual and psychological abuse is prevalent in the country.

The UDHS 2011 indicates, that 28% of the women have ever experienced sexual violence. 43% of women have ever experienced physical violence at the hands of their husband or partner, 26% have ever experienced sexual violence, and 43 percent have experienced emotional violence. Overall, about three

in five of ever-married women (60%) have experienced any kind of violence (physical, sexual or emotional) by a husband or other intimate partner. Physical violence among women aged 15-49 is 56.1% while sexual violence is at 27.7% (UDHS 2011).

In response to the alarming incidences of gender based violence, GOU has integrated prevention and response strategies in the main development framework of Government namely the National Development Plan (NDP II), the social development sector plan among others. The Uganda Gender Policy (UGP) 2007 provides a strategic framework that guides the implementation of gender focused interventions to combat gender based violence. The UGP priority area on gender and rights commits Government and other actors to develop and implement interventions to combat

gender based violence in all its forms and at all levels.

In Busoga Region, the Government of Uganda (GoU) through the Ministry of Gender, Labour and Social Development (MoGLSD), in partnership with Uganda Women's Network (UWONET) and Centre for Domestic Violence and Prevention (CEDOVIP) and eight local governments with support from IRISH AID rolled out a Joint Programme to address Gender Based Violence (GBV) in the Busoga Sub-region. This sub region comprises eight districts namely Bugiri, Buyende Jinja, Iganga, Kaliro, Kamuli, Mayuge, and Namutumba. The programme was launched in November 2010 and has effectively been implemented for the last 6 years.

Programme Implementation

The programme focused on the Busoga region based on findings established by the Uganda Demographic Health Survey 2006, indicating that the region registered the highest incidence of sexual violence in the country. The programme has created impact in the region; some of which include:

Awareness of GBV and its manifestations has increased

Over 9 out of 10 adults in Busoga region are aware of Gender Based Violence. According to the a recent finding (2016), Joint Programme Evaluation, over 95 percent (males) and 96 per cent (females) in Busoga region are aware of what constitutes Gender Based Violence compared to 88 per cent (males) and 90 percent (females) in 2011. As a result of interventions by the Joint Programme to address GBV in Busoga region (2011-2015) there has been an awareness increase of 7.8% among males and 6.7 percent among females.

Attitude towards wife beating in Busoga region

Acceptability of wife beating was at 15% in 2011 and reduced to 12.5% 2014¹. This has reduced further to 9% in 2016 according to the evaluation report. Men are increasingly appreciating that wife beating is not acceptable². More men in 2016 than in 2011 are against wife beating and say it should not be justified in any circumstances. At national level, findings show a declining trend in the percentage of women who find wife beating acceptable when compared to the results of the UDHS 2011 Report where 74.1% women and 50.8% men accepted wife beating for one reason or the other.

There are still traces of tolerance to violence of any forms other than physical assault. Survey findings indicate that majority (77 percent males and 75 percent of females) believe that a woman should tolerate violence of any form in order to



keep her family. This is a general belief in communities that women should withstand any abuse for the sake of their families, especially for the children.

Help seeking behavior in formal GBV service institutions increased

In occurrence of GBV, more women (65.8%) than men (55.8%) seek help from formal channels of legal redress of Gender Based Violence³. Due to the Programme interventions, there has been a significant shift from approaching traditional institutions for traditional justice to the institutionalized justice system. For example in 2011, 52 percent (males) and 48 percent (females) preferred traditional justice compared to current

35 percent (males) and 42 percent (females). There has been noted increase in reporting GBV cases. By December 2012, 152 cases had been recorded through the online database and this increased to over 1448 cases received by June



1 End of Programme Evaluation Report, 3rd August 2016
2 ibid

2013. By August 2016 over 5216 cases had been reported to formal authorities indicating a 34 per cent increase since 2012.

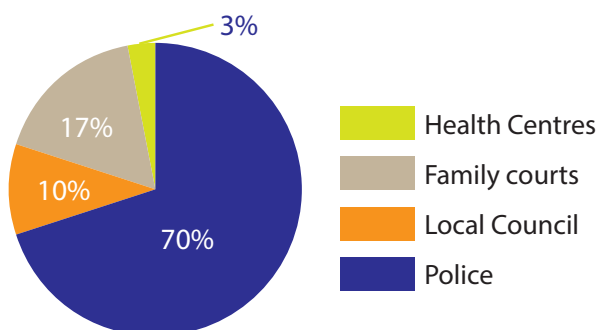
Tolerance of Gender Based Violence reduced

Over 7 out of 10 people cannot tolerate occurrence of Gender Based Violence. Data indicates that 77 percent (males) and 74 percent (females) are willing to report any occurrence of Gender based violence in any form. This reduction in social tolerance has been due to Joint Programme interventions that have helped raise peoples' awareness on the negative consequences of keeping silent about GBV and ultimately reduce women and girls' vulnerability to GBV in the region.

More women and girls seeking help from various institutions on GBV in Programme areas

Between 2011 and 2013, there was a 5% increase in GBV cases (from 9004 to 9477) reported in authorities. Service centre statistics

By December 2012, 152 cases had been recorded through the online database and this increased to over 1448 cases received by June 2013. By August 2016 over 5216 cases had been reported to formal authorities indicating a 34 per cent increase since 2012.



(2012) are as follows: Police 70.0%, Local Councils (10.0%), Family courts (17.0%) Health Centres (3.0%)⁴.

Emotional violence no longer silent but most commonly reported

Both Police and National Gender Based Violence database statistics indicate that emotional violence is highly reported (73 per cent). Most violence reported in service points is associated with an emotional effect. Verbal abuse (87.7% of Males, 85.9% of Females); physical violence (75.8% of Males, 67.7% of Females); and Neglect by Spouse (70.8% of Males, 71.7% of Females).

However, during implementation, the GBV Joint programme partners realized that protection for women and girls was not guaranteed after a case had been reported. Police officers, affirmed that survivors often slept at their homes or on the corridors of the Police posts in fear of returning home to the perpetrators family. These issues experienced informed advocacy that influenced the Kampala Declaration in 2011. During a regional meeting on SGBV, the limited comprehensive mechanism for assisting victims/ Survivors including temporal shelters as safe spaces that provide prevention, intervention, emotional

support, and treatment services to physically, emotionally and sexually abused women and girls was discussed. Resultantly, His Excellency the President of Uganda in December 2011 at the 4th Ordinary Summit and Special Session on Sexual and Gender Based Violence under the theme *“United to prevent, end impunity and provide support to the victims of SGBV”*, committed to provide support to survivors of SGBV through fast tracking the establishment and scaling up *“Recovery Centers”*. This commitment was domesticated in 2014, through the GBV shelter guidelines which sets out a minimum service package for survivors in need of these services. Some of the minimum service package provided includes comprehensive medical, psychosocial, forensic, and judicial/prosecution services absolutely free of charge.

The Joint Programme domesticated the commitment made through establishing a mechanism to support survivors of SGBV in accessing immediate **Safe Spaces**, commonly known as **Women's**



3 ibid
4 ibid

Safe Shelter, where a wide range of services are being provided and these include; **prevention intervention, emotional support, and treatment services to physically, emotionally and sexually abused women and girls, and neglected children.** Establishment of Safe shelters was based on the concept of integrated and coordinated multi-sectoral and inter-agency network for the management of survivors of Gender Based Violence to serve survivors of violence in identification and diagnosis, therapeutic and medical care, counseling and emotional support, multi-level crisis intervention, legal and court activities as well as provision of temporary shelter.

Two **GBV Crisis Management Centres** which are more commonly known as GBV Advisory centres, were successfully launched in the districts of Kamuli and Namutumba in 2014 and 2015 respectively. Today, over **five thousand** cases have been processed and accorded support services through these *GBV Crisis Management Centres*.

Ending Gender Based Violence - The Safe Shelter Approach

The GBV joint programme in Busoga runs two GBV Crisis Management Centres which are based in the districts of Kamuli and Namutumba. The shelter are run by UWONET.

Kamuli has a population of **486,319 people** and **93,834 households** while Namutumba has a population of **252,557 people** and **45,919 households**.

Each centre has two main components, namely; the **GBV Advisory centre** and the **Women's safe shelter**.

The advisory center has a legal officer, social worker, administrator, and volunteers with a legal background or in a relevant social science.

The **Women's Safe Shelter** which acts as a temporary centre for refuge where temporary relief and safety is provided to survivors, especially those who have no extended linkage

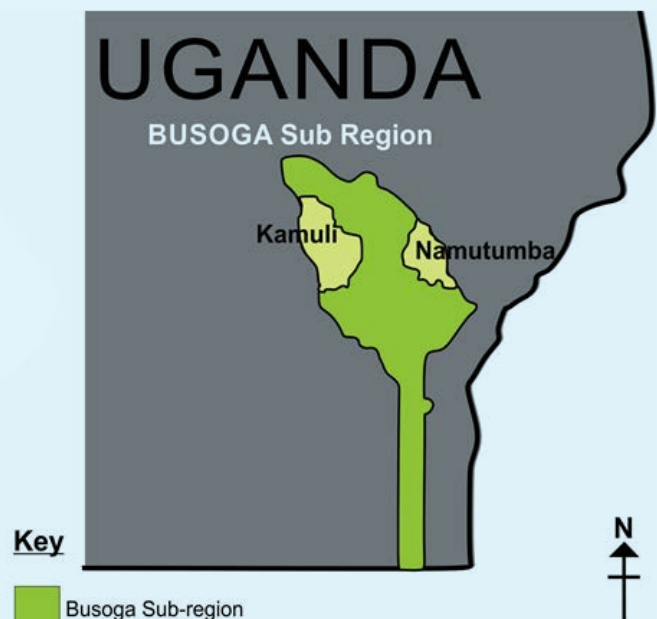
to families where violence has occurred or to survivors afraid to return home for possibility of eminent danger.

The shelter also supports GBV survivors who live in communities where there are no immediate referral services and emergency responses where an admission criteria is followed before admission. This criteria is provided by the GBV shelter guidelines. Every day, presents new opportunities, and challenges.

A successfully run shelter and advisory, has a a core team of 6 to 9 persons at one given moment. It is an intensive operation and so human resource support which creates the necessity for volunteer support is quite helpful.



Map showing the UWONET districts of intervention



Overview of a Women's GBV (Safe) Shelter

A Women's Safe Shelter is a place of temporary protection and support for women escaping domestic violence and intimate partner violence of all forms. These forms of aggression include physical aggression or assault (hitting, kicking, biting, shoving, restraining, slapping, throwing objects, battery), or threats thereof; sexual abuse; controlling or domineering, intimidation, stalking, passive/covert abuse (e.g. neglect) and economic deprivation. It can also mean endangerment, criminal coercion, kidnapping, unlawful imprisonment, trespassing, and harassment. They are referred to as such because, women experience violence at a much higher rate than men. And men are more likely to find alternative places to stay compared to women, for instance with friends.

Today, women's safe shelters have been established in more than forty-five countries around the world. They are supported with non-profit funds and in some cases subsidized by government

resources. In Uganda, besides Kamuli and Namutumba, there are nine other women's safe shelters in active service. These are located in Kwen, Lira, Gulu, Kampala, Masaka, Mubende, Mbarara, Tororo and Pallisa. In Uganda all the shelters are civil society managed

At the Kamuli and Namutumba shelters, one of the most important activity is psycho-social therapy, which is carried out at registration of a case and during the stay of a survivor's stay in the shelter. Individuals are helped through a variety of other services including Counseling and legal guidance to help women and their children. They are also supported with life survival skills which are intended to help them be self-reliant and break the dependency syndrome which perpetuates violence. Skills such as vegetable growing for household income, making handcrafts, basic book keeping, and creative cooking among others have improved the economic, social and political lives of women and girls.

A Shelter must be equipped to provide a minimum package for survivors including sundries, bedding and feeding. Survivors

often arrive at the shelter with no clothing owing to the circumstances by which they left their homes. Shelters must make provision for emergency clothing; they are entitled to three meals a day. In case of sickness, provisions are made for treatment which will include the children as well. Survivors are expected to participate in ensuring their personal and general hygiene. They have controlled access to Television and educational videos. These are educational aids used to demonstrate to survivors real life experiences.

Admission to the women's safe shelter is highly restricted to women and children in GBV crisis situations, with express permission of the district probations office. Survivors are required to adhere to shelter rules and regulations which are enforced by the matrons. During admission, survivors are subjected to checks for items that could be harmful; any sharp or metallic objects; personal communication items like cell phones are withdrawn and returned at the time of departure.

Strictly, men are not allowed into the shelter as a measure of isolating women from the men who predominantly are perpetrators to avoid possible reoccurrence of trauma in admitted survivors. visitors to the shelter are restricted to protect survivors from possible stigmatization and to enhance the recovery process which can best be achieved with guided seclusion. Overall, the Ministry of Gender Labour and Social Development has provided GBV shelter guidelines for the management and operation of GBV shelters summed up as follows:

a) Eligibility:

- ✱ Only female survivors and their children below ten years of age shall be provided temporary accommodation at the shelter
- ✱ Mothers who are breast feeding shall be admitted with their babies
- ✱ Men and boys above ten years of age shall neither be accommodated or allowed access to the GBV shelter but

“If a man is found guilty of wrongfully lifting even a finger against his wife, the Busiki culture had very clear guidelines and principles of reprimanding such a man”. Prince Nabongho



will be given psychosocial support at the reception area.

- ✱ Female survivors with disability shall be admitted to the shelter

b) Survivor code of conduct:

Shelter management shall develop and display a code of conduct for shelter residents. Violation of any provision of the code of conduct will lead to possible discharge from the GBV shelter. The code of conduct shall include but not be limited to the following;

- ✱ The survivor must not publicly disclose their place of residence at the GBV shelter
- ✱ Alcohol and drugs are prohibited at the GBV shelter
- ✱ The survivor shall not spend the night away from the shelter unless agreed with the management
- ✱ A survivor will not engage in any act of theft, violence, or destruction of any property or item in the shelter.
- ✱ An adult survivor shall participate in household chores in the GBV shelter.

c) Duration of stay:

- ✱ The Duration of stay in the GBV shelter shall be determined by the shelter management. Management shall do everything possible to refer or and resettle the victim as soon as possible to minimize the victim's duration of stay at the shelter.

d) Accessibility:

- ✱ In line with the principles of safety, security and privacy of the survivor, access to the GBV shelter shall be restricted.
- ✱ Visitors shall have access to the reception area and or designated section of the GBV shelter while under close monitoring by persons in-charge.
- ✱ The Management of the GBV shelter shall regulate the number of visitors that each survivor can receive.
- ✱ A survivor can be admitted to the GBV shelter at any time of day or night.

GBV prevention and Response Mechanisms

The GBV programme employed two main approaches that have been tried and tested in addressing social norms, attitudes around GBV and service provision. **Prevention Mechanism:** These are services offered with the intention of curbing GBV.



Community Outreach/ dialogue:

- Community dialogue is an approach to Community Development that emphasizes the various voices in the community and how articulation of

these voices can result into social change. It recognizes that dialogue is useful and the best way to tackle a community issue (need/conflict or opportunity/asset) through creation of a space for community voices, in order to make better decisions for community action.

- This approach builds consensus for problem-solving at all levels of society. Dialogue enhances the ability to make informed decisions for a healthy community
- Helps the target communities understand what GBV is, its effects and impact on the family and community as a whole.
- Strengthens the referral Pathway by explaining who the duty bearers are where they can be found and what their roll is. How has this approach created impact

Mobile legal aid and counseling clinics:

Community legal clinics offer a variety of services to such as: legal representation in courts and tribunals, legal advice, public legal education, referrals to other social assistance programs, community organization and development, and





brief services, where representation is inappropriate or unavailable.

The GBV programme has also employed a multi sectorial approach through partnership with health and JLOS sectors for a more coordinated holistic approach.

Community radio program:

GBV Community education is also carried out using radio to create awareness among a wider geographical coverage and listenership.

- i. The Response Mechanism:** This refers to services that are offered in the aftermath of the violence
- ii. Front Desk support:** In the aftermath of violence, survivors report their cases to a front desk support officer, who opens a file. This officer prepares an advise slip that is received by either the counseling unit or the legal unit or a referral to Police in the event that the nature of the case requires immediate medical attention and or examination for example in defilement, rape and grievous harm. A survivor referred is escorted by a social worker or legal officer to the referred service point.

iii. Referral: This is in particular to cases with evidence of physical violence. After they have been processed at the Advisory Centre, they will need to officially lodge in a complaint with the Police Form three (Pf3) and get forensic clearance from a designated health worker.

iv. Counseling Unit: Counseling is a type of talking therapy that allows a person to talk about their problems and feelings in a confidential and dependable environment.

v. A counselor: is a facilitator into the decision making process. In the aftermath of a violent experience, survivors require an integrative approach that will best fit their individual circumstance. The client-based approach is applied. Here, Survivors are taken through the various options; helping them to understand the pros and cons and arriving at a suitable course of action that they can own up. According to the international standards of counseling, survivors must make their own decision on the course of action to take. UWONET does not decide for survivors on the course of action.

vi. Legal advice and court representation: The Legal department is responsible for recording statements, providing legal advice and counsel, legal aid provision, community mediation, watching brief in criminal matters, making and following up on referrals, drafting summons, drafting legal memorandum among others. Survivors of GBV whose cases require court representation are able to benefit from the legal aid component. Each advisory center is managed by a legal officer supported by a legal assistant or legal volunteer. Legal assistants and legal volunteers must possess a bachelors of Laws degree. The legal department at the advisory center handles all the civil cases and refers cases of a criminal nature to the Directorate of Public Prosecutions whose mandate is provided under A.120(3) of the constitution of Uganda which include;

- a.** To direct the police to investigate any information of a criminal nature.
- b.** To institute criminal proceedings against any person or authority in any court other than a court martial.
- c.** To take over and continue any criminal proceedings instituted by any person or authority.
- d.** To discontinue at any stage before judgment any criminal proceedings.

vii. “Hand-held”/ psycho-social support: Survivors of GBV who seek assistance at the GBV Advisory centre are most times in a disoriented state of mind and have little or no idea of the referral pathway. They are accompanied through this process by a team member from the Advisory centre in getting priority attention along the referral pathway, expediting the process of gathering evidence and supporting duty bearers including the Police to warrant a successful prosecution within the legally mandated timeframe. This is referred to as “Hand-held support”.

“Hand-held” support is an approach that enables the GBV advisory staff “hold the hand of a survivor”. This means a survivor is escorted to the nearest referral point such as the health facility, police station, or the temporary shelter. Basic necessities such as clothing, footwear, are also provided to the sheltered survivors. This promotes confidence building among the survivors in the advisory centre staff and often enables them open up, a strategic tool in solving GBV cases.

viii. Mediation: has been one of the most successfully utilized tool in the GBV response and prevention campaign. Carried out at the Advisory centre and in communities, this approach is instrumental in helping community leaders, clan elders, family members and neighbors to gain knowledge on the laws and policies related to women’s rights including women’s land and property rights. There are indications that this information has successfully been applied.

ix. Shelter Services: GBV shelters act as a temporary refuge Center intended to provide temporary relief and safety to survivors especially those who have no extended linkage of families where violence has occurred or survivors are afraid to return home for possibility of eminent danger. The shelter also supports GBV survivors who live in communities where there are no immediate referral services and emergency response. GBV shelter managers also have to address emerging issues as they arise such as accommodating pregnant survivors, survivors with children, survivors who are HIV positive, survivors with medical conditions among others. These emerging issues pose both financial and specialized skills/ support.

UWONET’s experience with managing shelters has shown that there are exceptional circumstances as stated above that have influenced the admission of survivors for a period longer than the stipulated two weeks of the GBV shelter guidelines.

Besides counseling and legal guidance, individuals are also supported in helping them choose how to move on with life with the support of a variety of other services which include life survival and economic empowerment skills education.

x. Coordination Committees:

Coordination committees were established through the GOU-Irish Aid joint programme to strengthen the multi sectoral response approach that government has rolled out country wide. The Coordination committee which is chaired by the Chief Administrative Officer. Its permanent membership comprises of the chief Administrative Officer, the District Community Development Officer and the Probations Officer. Other members who sit in on a needs basis include the departments of police, health and Education. This committee convenes on a seats monthly basis to review duty bearer performance along the referral pathway and identify up-coming issues that require immediate attention.

The coordination committee has been instrumental in ironing out stumbling blocks, for example supporting survivors in getting timely attention in the health department free of charge; harmonizing the process of reporting cases so as to avoid duplication and enhancing joint stakeholder efforts in enabling survivors quickly access redress.

xi. GBV Shelter Steering Committees:

The GBV shelter Steering Committee is a subcommittee of the GBV

Coordination Committee. It meets on a quarterly basis. This committee was instituted at programme inception to discuss broader issues concerning the management and maintenance of the Shelter and provide technical guidance, and support.

This committee is chaired by the Chief Administrative Officer and it is made up of the following members:

- i. UWONET Field Office coordinator
- ii. All Heads of Department at the district headquarters,
- iii. Local council 5 chairperson (represents political arm of the district),
- iv. The Resident District Commissioner,
- v. Secretary Gender,
- vi. Police (Sexual & Gender Based Violence Desk, Child & Family Protection Unit, Criminal Investigations, District Police Commander),
- vii. Non State Actors are represented by civil society organizations like Action Aid International Uganda and the National Association of Women Living with Aids (NACWOLA),
- viii. Heads of Religious Affiliations in the district,
- ix. Judiciary represented by District Magistrate

So far the Steering committee has among other things;

- i. Enable Local governments in the target area to begin to appreciate GBV as a key development concern;
- ii. Enabled target districts start to integrate GBV activities in district planning and Budgeting processes;
- iii. Encouraged local governments in the target districts to make financial commitment towards sustainability of the women’s safe shelters in Kamuli and Namutumba districts



An Overview of the GBV situation prior to the GBV joint programme intervention.

There was a very high prevalence and yet such little awareness about GBV and the associated ills. People thought that GBV was related only to beating. According to statistical information of the Uganda Demographic Health Survey (UDHS) 2006, Busoga registered the highest incidence of sexual violence in the country. This however, is only symptomatic of the greater GBV pandemic that underlies the communities of Busoga. The magnitude was such that it was very quick for perpetrators to commit acts of assault, acts of murder or for survivors to commit suicide.

At the crux of it is the unannounced preconception that a woman is a tool; for as long as it can be of use then maximize its utility. And most unbearably, even the women themselves appear to condone this bizarre state of mind. This is best demonstrated by how little value is

attached to the girl children. They are the ones whose education needs are least addressed, disposed off to men in their prime teen ages and only for a token.

In the communities of Busoga, polygamy is the way of life. An accomplished family man is one who has in the least, two wives. To the women however, children would come along as symbolism for commitment while for the men, a fulfillment of their sexual contentment conducted in plain sight, for as long as he so wished. But if it is an issue of having multiple wives, polygamy is widely practiced in the rest of Uganda and many other African settings. Why is the problem more rampant in Busoga and yet there doesn't seem to be such a drastic difference in ways of living?

This is suggestive of a peculiar behavioral pattern. Take for an example sexual violence cases of men who forced

objects into the body of their wife as a form of deriving sexual pleasure but also as a form of punishment. By the time one woman spoke out, her body was completely shuttered by a husband who used his fist. In another scenario, a man repeatedly forced his wife into having sexual intercourse, the time and place did not matter; in the compound in the full view of neighbors or passersby. "Sometimes I would be seated with the children having a meal in the common room and he would have his way in the face of the children", says one bewildered woman. According to Mr. Luwanga the DCDO Namutumba, what is even more troubling is that this characteristic attitude of mind is at the core of the upbringing of children. In many families therefore, children grow up observing such violent actions meted out at women and carry them on into adult life.

The notion that a man ought to have absolute power in the home has accorded men the prerogative to evict and inflict



Does culture permit a man to beat a woman?

The idea that socialization of young men could be one of the most important contributors to the persistence of GBV in the communities of Busoga. Prince Nabongho of the Busiki Kingdom, a custodian of culture was very precise in his response. “Culture does NOT approve of a man committing such acts of cruelty”. *“If a man is found guilty of wrongfully lifting even a finger against his wife, the Busiki culture had very clear guidelines and principles of reprimanding such a man”*. Prince Nabongho said that a well groomed Musiki man is an extremely humble man. He however, regrets that contemporary lifestyle is spiteful culture and so increasingly eroding traditional practices. Good social norms and values are no longer being passed on from one generation to another and the uncontrolled sexuality has resulted into socio-economically unviable family units. This too, is contributing to the prevalence of GBV in these communities

According to Samuel Lwanga, the District Community Development Officer Namutumba, the GBV remains prevalent even after six years into the implementation of the Joint GBV program. He observes that while recovery is a gradual process, there is remarkable difference, silence on GBV has been broken and more people are aware of the impact of GBV and are speaking out.

Julian Naluwooza, a Social Worker at the Namutumba’s GBV Advisory Centre agrees with the district community development officer. The programme has improved the lives of the beneficiary communities. She however observes, that there is still a great need for knowledge and information among communities and duty bearers.

violence on women. For a region like Busoga, Polygamy is prevalent, with violence occasionally meted on the older wife. The new wife often, does not seem to be bothered in the least for so long as the spate of violence is going the other way. She will later become the survivor because he may eventually marry a 3rd wife and the cycle of violence is repeated.

There was a growing institutionalization of GBV. At community level, elders, clan or area local council leaders who convened to hear a matter of violation wound up negotiating some form of settlement only for the perpetrator to get away with it. It was an uphill task getting the LC-1 leaders and local leaders including political leaders to appreciate that criminal cases such as defilement cannot be mediated or even negotiated upon. And that time is of the essence to ensure evidence is collected and preserved, and treatment is obtained.

And then at the service provision level requiring the police form three (PF3) for purposes of gathering evidence. While a directive in 2012 from the MOH provides that all government facilities must complete the form free of charge, this directive remains largely unimplemented. Between 5000 and up to the tune of UGX 20,000 per form was being solicited illegally. The larger majority of GBV survivors live below the poverty line and are not able to afford the fee being levied. It was such a decadent situation. It is also sad for many survivors who are asked to return to their husbands (sometimes the perpetrator) to ask for the medical examination fee. Only one or two cases out of ten would see the light of day. Such are the circumstances that justify the importance of having a GBV advisory center or shelter to support these cases.

What it means to manage a GBV Advisory Centre; Experiences & Lessons Learnt

Managing a GBV advisory center and shelter involves selflessness, dedication, team work, resilience, courage, empathy, confidence and knowledge. Delivery of quality support to GBV survivors is a round-the-clock affair. UWONET employs two matrons and two security guards who rotate 12 hour shifts to meet this demand. Any individual who is looking for a 9 to 5 job is unlikely to fit in this space. In the words of one team member, it requires individual and collective determination, a lot of analysis and creativity, and patience to succeed with every individual case.

What does it take to render service in the GBV Crisis management Centre?

The voices of the UWONET staff will provide a more vivid illustration.

Ivan Sajjabi a driver at one of the advisory centers observes that his job is not a 9 to 5 one. on several occasions he has had to carry out his duties at very odd times, because GBV occurs at anytime and manifests itself in different ways. *“My most profound memory is of an expecting survivor who had been sheltered at a time when she was nearly due for delivery”* I was called up at about 2:30am by the matron on duty and asked to take her to hospital because she was in labor. *“At hospital I had to quickly find a stretcher, and single handedly carry her out of the vehicle to the maternity section where a midwife was on duty. And until the midwife shouted at me for her mama kit, is when I realized she was picked up with only her clothes on”*. I heard the midwife shout. “You man!” I believe she only fell short saying you stupid man. “you have brought us your wife without anything, do you want us to use your shirt to deliver the baby. Where is the mama kit?” No amount of explanation could help at the time.

So I rushed off to look for a mama kit. by this time of the night Kamuli town was dead quiet so I didn't even think for a moment to go to a shop or call the matron, whom I was sure did not have mama kits, otherwise, she would have provided them. I simply drove home and begged my wife to assist with a pair of bed sheets. My wife was quick to understand the situation and so she got me sheets which I quickly delivered to the hospital”. Every GBV advisory center and shelter must procure mama kits.

Rachael Nyemera–Programme/Administration Assistant: –Namutumba



With experience in human resource and administration, I easily qualified for the position of programme and administrative assistant. Little did I know that this did not only involve receiving helpline calls, managing logistics and administration but also receiving clients and opening files. It involved listening to walk in clients to assess which department the file would be forwarded to. Witnessing women and children in blood stained clothes, with swollen faces from what was obviously a fresh assault and dried tears narrating their ordeal, was in the beginning very difficult for me. For those who suffered emotional pain, it could clearly be seen that they exhibited trauma symptoms. I often contemplated my decision to work at the GBV advisory center. I often wondered why violence occurred in domestic spheres with someone you love. I however stayed on because the support and services offered to the GBV survivors provided hope and, justice. Witnessing that survivors were able to pull through their ordeals; success change cases in the lives of couples that had been supported at the centre, gave me joy, courage determination and passion to stay and carry on with the mission.

Rachael recalls the support from her colleagues, the duty bearers and friends who counselled her at her lowest moment. The UWONET Post trauma sessions for the staff also provided the much required relief to her sleepless and troubled nights. I believe there is hope for the possibility of eradicating the GBV vice from these communities.

Hellene Aliwayatwa: GBV Advisory Centre Administrator–Kamuli



The Kamuli advisory center has gained the confidence of the public and with increased awareness about GBV, the workload is huge. “In executing my duties at the centre, I am always multi-tasking between receiving, managing clients who are streaming through and ensuring that the centre's operations are running smoothly”.

A typical day for a programme and administrative assistant starts at 8:00am, sometimes with a loud bang at the gate or a frantic wail. That will be a clear indicator of an extremely troubled client. At the reception, it is a characteristic service provision model where Hellene must ensure

that clients' needs are addressed on a case by case basis, with express attention. "These are people in distress seeking exclusive attention and so the first priority is giving them hope", says Hellen.

I am also responsible for internal administrative duties for the GBV Advisory Centre including recurrent managerial demands like office procurements, organizing requirements for outreach activities; among others. I have to also manage client calls on the telephone hotline requiring urgent support

One of my challenges arise during field activities which require some of the key officers, while clients are not scheduled on those dates, there are some walk-in clients who may need urgent support. I have also had to step in. Fortunately, there was no need for legal redress and the clients opted for counseling and mediation; the first one was on a matter of child neglect and the other was on a matter of denied access to economic resources in the home. Client cooperation was instrumental in enabling me successfully conclude both cases.

Julian Naluwooza: Social Worker/ Counselor– Namutumba



"Barely two months into my posting, I fell off a motorcycle *"bod-boda"* and fractured my leg. We were following up a case of a woman whose land was being grabbed by relatives.

I thought I had experienced all the risks with the job. With 4 colleagues, returning from a radio programme in the neighboring district, our vehicle was attached by highway robbers. We cannot establish if the attach was deliberate and related to the work we do or a mere coincidence. Namutumba, the district I work in does not have any radio stations, and we have to travel over 15 kilometers to the next districts to utilize the radio platforms to educate the community about GBV response and prevention.

"I have also been stalked by a perpetrator who threatened to kill me because I was instrumental in supporting his wife's criminal case in court. Every time I think about these incidences, it makes me even stronger knowing that a great difference is being made in the lives of many

survivors", says Julian.

We got into Namutumba knowing that the GBV prevalence was high based on the already known statistics and survey information. But it was only when we got on the ground that we began to appreciate the magnitude of the problem. The stakeholders that were already active in the district looked up to us to supplement their efforts. I remember them referring to us as the messiah".

From then on, all the GBV related issues that reached the district headquarters were quickly directed to the Uwonet GBV Advisory Centre. *"Traffic"* at the centre is what we nicknamed it. Even cases that required immediate Police intervention were first sent to the GBV Advisory Centre to process before any attempt could be made at doing anything about it. And for the first time, it dawned on us that we were faced with a much bigger problem than what we had anticipated.

The situation was even worse when we went into the communities. Survivors came from near and far, the project sub counties and neighboring districts. Silence is broken. There is a growing understanding of GBV and the different forms it takes, including practices and actions that were not considered GBV cases, like denial of conjugal rights, of economic resources, child neglect because the people thought that GBV was related only to beating. But compared to the time when we had just began the intervention there are indicators that the GBV situation is beginning to improve, seeing how cases unveil and with the level of increased awareness among the populace about GBV and its ills".

Harriet Nabirye: Matron Kamuli



Harriet is a Licensed teacher and a social worker. She has been a matron at the Kamuli GBV shelter since 2014. Today, Harriet speaks out about GBV with charisma, herself a survivor of a bitter GBV experience. *"She recalls her experience. For thirteen years we worked hard to build a home and we were blessed with five beautiful children"*. The memory of her children is so strong that she cannot help letting the tears out. "He became extremely violent and beat me so much because he had found himself another woman and wanted me out of the home we built together. I on the other hand was scared by the idea of abandoning my babies.

People in the community got concerned and intervened, advising him to find himself and his new wife another place. That is when he said that his religion (Seventh Day Adventist) did not permit it.

“In the last violent incident, I was carried away unconscious. I was then advised to report to the Child and Family Protection Unit (police), from where I was referred to the GBV Advisory centre. That is how and when my journey at UWONET began”.

Harriet understands only too well what traumatized GBV survivors go through and how best to help them recollect themselves. During my time at the shelter, I have learnt that the most direct route to fast tracking the recovery of survivors who are coming from extreme situations of abuse, is to offer them hope, care and love that can be equated to caring for a baby. Because they are deeply traumatized, their attitude to life becomes quite childish. During the night, I often have to leave my bed to go and sit by their side to comfort them. They become very choosy about what they should or should not do or what they want to eat or drink and yet we have to make do with very limited resources at the shelter. I use my experience to provide support and care for survivors. When they leave the shelter with a ray of hope and a smile, then I know I did a great job.

Nabugoda Ellen Tracy: Shelter matron - Namutumba



As a matron at the Gender Based Violence shelter, my work is to supervise the overall day to day running of the shelter, and ensure that survivors benefit from wholesome counseling. **Intensive counseling** is part and parcel of life at the shelter. Engaging clients with ideas that they are comfortable with, like farming for generating income, and gaining survival skills is a very useful tool. Sometimes I go an extra mile to doing little things at my own cost like prepare and sharing a delicious meal. This motivates them and helps to make them feel special and creates a friendly environment. This is crucial for their recovery.

The shelter is so demanding, so I have learnt that to successfully manage cases of psychologically distressed women, teenagers and children who come to the shelter, requires **determination**, and **creativity; Alertness;**

Patience: clients are sometimes violent and abusive because of the trauma that they have been subjected to. It takes lot to understand them and find out how to help them recover. The approach is peculiar to each client.

I have also learnt the skill of objectivity when handling survivors at the shelter. Seeing and feeling that they are being cared for equally, is the key to have open interactions. And if there is a special case, it is important that they are informed about it. This helps enhance cohesion in the shelter. It draws them closer and gives them hope, a sense of belonging; it encourages them to get more involved and to participate in the shelter activities, like shelter hygiene, group discussions, gardening, cooking. I recall having a survivor who had very poor home economics skills and in the counseling session it emerged as the principle cause of the severe beatings she got from her husband. I would like to conclude by appreciating the team spirit exhibited by of colleagues at the GBV crisis management centre. It has made my work easier.

Legal Officer:

The legal officer provides legal advice to persons seeking support at the GBV Advisory Centre. She is the chief mediator and will represent clients whose matter require court proceedings; As counsel, she takes lead in community GBV legal aid and counseling clinics. She coordinates activities of the Uganda women's network within the district; carries out administrative roles and provide leadership at the GBV Advisory Centre. At the GBV Advisory Centre, the legal officer interacts with clients that have been received so as to assess for the nature of assistance that the client will need and help to determine what course of action is to take for the individual case; is it legal, social, a land or an economic violence matter? Do they need sheltering, medical attention or is it a criminal matter that will require immediate referral to police?

At the Advisory Centre, the day always starts at 08:30am with a queue of people and for as long as people need support, her day does not end. There are incidences when survivors come in for support at the time when the team should be winding down for the day. If there are indications of immediate danger, the team will proceed with service provision sometimes going, late into the night. However, given the nature of work, *“we ought to be mindful of our personal safety”*, says Harriet Namukenge the legal assistant at Namutumba GBV Advisory Centre. *“We have to be aware of perpetrators who may have intentions to do us harm because they had at one time or another been put away for GBV offenses that they may have committed”*.

Harriet Namukenge: Legal Assistant Namutumba



The buildup of a case that requires legal representation at court is one of the most demanding processes in providing services at the GBV advisory center. For each case, it is important to provide hand-held support to a client during the gathering of evidence which is a prerequisite to having a case sanctioned for immediate presentation at court for hearing. This process may last a few days or take several months. Take an example of the case of a woman whom we commonly refer to as *“the Tanzanian woman”*. It took us six months to build up this case, and had it closed nearly nine months later in Court.

And then came the shock of the client going on to beg the magistrate to have pity on her husband and for him to be released. We all were stunned, including the magistrate by this woman’s actions and for me it was the first time I experienced professional embarrassment. The magistrate stood the case over and advised that further discussions are held with the client to avoid case backlog.

The other difficulty that we have to go through is the inconsistency of the local grade two magistrates court in Namutumba. *“What do you expect when the magistrate reports on duty at 05:30pm to preside over cases at 06:00pm?”* This magistrate has to preside over seven other courts. The court at the district is usually the last attended court. In the meantime witnesses who are coming from far off distances have been urged to be early and they have to sit and wait all day. When court adjourns very late, the people have to start trekking home at very odd hours. The GBV Advisory Centre is usually the last resort for most clients, having failed to see justice being served from other institutions of intervention. Clients vest all their hope for redress in the GBV Advisory Centre and so we cannot afford to have them giving up and simply abandoning the case. We then have to put in more resources to start looking for them and to follow the case through to its logical conclusion.

Sandra Namudiba: Legal Officer–Kamuli



Sandra has a more contemporary perspective to the GBV service provision process at the Kamuli GBV crisis management Centre as Legal officer, having only recently assumed responsibility as the new legal officer.

My personal observation is that for the women of Kamuli their whole world revolves around the man and their children and that there’s nothing more to life. Women address their husbands as *“Mukama wange”*, which directly translates as *“My Lord”*. It is extremely saddening to get the sense that for these women the torment to which they are constantly subjected is part and parcel of life’s package.

“I often hear people say that the Basoga are lazy people. In the short time that I have had here I have observed that it is the men who are lazy. However, the women are very hard working but the men steal from women. So however hard they work, their efforts will never be seen because the men will take away from them and squander all the proceeds often times plunged into personal pleasures, key among which is getting themselves another woman. It is disgusting!”

My initial attitude was that I sought after and I successfully landed a job. But the experience has thrust at me the challenge to do more. As a strategy of curbing GBV, it is a personal goal to see that we effectively reach out to school going children, to prevent early marriages; guide the girls career wise and tell the boys to want better than being a wife beater when they come of age.

Eric Joel Kasiko: Volunteer, Psycho Social Department–Namutumba



By the end of September 2016, Eric will have made two years and two months volunteering at the Namutumba GBV advisory Centre.

During counseling we use the client-based approach in helping a client own the decisions they make. by taking them through the pros and cons of the various options. We do not decide for them.

Many a time clients come here and are not able to trace the root cause of their problems. So in probing we help them to make a mental recount of the genesis. This is very useful in the mediation processes because then they’re able to learn from past mistakes and have a preventive measure.

Profound experience in dealing with people in GBV trouble:

There are scenarios when we invite a respondent; the first, second and then a third time and they decline to respond. We write to the respondent through the area Local council chairman of the village from which the client resides requesting the chairman to come along. Eventually they will come but with so much arrogance. Such fellows abuse the conducive atmosphere we accord them at the GBV Advisory Centre. Sometimes when they are being a bit unruly, we call in on police support. A man soon becomes apologetic and starts to confess all his evils even before he is asked anything. On the flipside, there are respondents who respond as soon as they receive the summon and admit their mistake. This simplifies the mediation process.

A typical tough day:

“It can really be hectic”, says Eric. There maybe up to three mediations scheduled for the day and then we get a stream of first time clients walking in who must be received and attended to. And mediations are by nature not activities that can or should even be rushed. This will take up the first half of the day and then we go on to hold a community outreach. Sometimes we plan internally on who must be part of the community mediation and outreach, but this does not reduce the workload.

What would the situation be without the GBV advisory centre and shelter?

For the community there would be nowhere to turn to. They openly tell us how they have no trust in the police to handle any problem. For anything to work, money must first be paid but when they come to UWONET, all the services are free. And for the other stakeholders, the presence of this facility has been extremely useful in supporting their work. For instance many of them have had their capacities built and are now able to better perform at their professional duties.

Why have you persisted doing this volunteer ship?

For me every day is a learning experience. I also have the passion to help the less advantaged people. Being at the advisory centre has helped me to know how to handle these situations.



Samuel Luwanga,
District Community Development Officer (DCDO),
Namutumba

Stakeholder Perspectives

“Before the safe shelter facilities came to be for us in Namutumba, I was deeply troubled by the experiences of GBV that were brought to my attention”, says Samuel Luwanga, District Community Development Officer (DCDO), Namutumba. At the time, the burden was real and government was not ready to set-up temporary sheltering services.

Every service that is rendered at the safe shelter can only be clearly understood if quantified in financial terms; ranging from the accommodation, to feeding or treatment of a survivor. If there is an unresolved conflict in a homestead, there will be no productivity in this home? Will the children be able to go to school? With

children growing up in such situation of violence, what kind of citizens will we have in future as a nation? Aggregating the sum total of such an expenditure or loss maybe the only way of expressing the importance of the safe shelters intervention. The approach of safe shelters is coming in to involve many neutral actors and to find lasting solutions to the persistent GBV problems in our homes, and promote cohesion among the people. It will most definitely help change mindsets in the society.



ASP Kagooda of the Kamuli Child and Family Protection Unit - Kamuli

ASP Kagooda of the Kamuli Child and Family Protection Unit observes that with increased awareness about GBV and better understanding of the referral pathway, there is increased reporting of cases. And so to maintain the quality of service being provided, with the incredible workload at the advisory center, he proposes the need to consider increasing personnel, but this involves huge financial costs.

The **Probations Officer Kamuli Joshua Mbozi** agrees that existence of the Shelter steering committee has been a great innovation to the programme in ensuring there is a structure on the ground providing technical support and guidance.



**ASP Sarah Nayiga:
Former CFPU
Namutumba during a
community outreach
activity**

ASP Sarah Nayiga: CFPU Namutumba The CFPU officer Namutumba Police for the last 10 years describes how GBV was managed before the GBV advisory centre was established.

People have been experiencing GBV but there were totally unaware of the gravity of GBV offenses. The only avenue for redress was the traditional way and through the area Local council one chairpersons where the approach always ended with a plea for the afflicted person, 99% of whom are women, to forgive the perpetrator. This was only fueling the situation because after all, no amount of reprimand will affect the perpetrator.

Time and again I was forced to bring women and children to my house; care of new babies born to mentally ill and take on the burden of their welfare, amidst my personal welfare struggles; As I retire from duty I have to come home with them and then when I reporting for duty I had take them along with me, that was the situation. And so I was one of the most joyful persons when the shelter finally came, you cannot imagine the relief for me.”

As a woman in uniform but also as mother, what does it take to manage issues of GBV?

“First all, if I were the one, how would I wish for someone to support and provide the necessary help. You have put yourself in the shoes of the suffering person. There has to be a strong element of compassion in providing support to a person in need. Before UWONET and the shelter came, I had to sacrifice”, she says.

Esther: Probations Officer

Your office is one of the least funded and yet you keep going. What is your motivation?

The contemporary networks and enabling partnerships that we have in the district and beyond are today the most inspiring for me. The good working relations between the probations department and the GBV advisory centre has enabled the effective utilization of the limited resources in the responding process; strengthening of the referral pathway and the improved capacity of stakeholders. Nowadays, the different local government departments no longer look at one another as co-wives in a home; struggling to curve out territorial or resources control but rather we focus on the provision of service where is it most needed and we are realizing success through concerted and multi sectoral effort. The establishment of the of GBV advisory centre has greatly enhanced the GBV response in the region.



A case of Women's Land & property rights:



A couple in Buyende with a family of thirteen children had lived happily for several years. Through thick and thin, the couple worked hard to accumulate considerable property among which are land and a well stocked shop.

Suddenly, the man decided he no longer wanted his long time partner who is the mother of his children at the shop. In his opinion, the shop was his sole property; the woman and children had nothing to do with it. The violence escalated and culminated in the eventual eviction of his long time partner along with six children who were still dependants. It turned out that this man had found himself another woman. This new woman had now assumed partnership and was now actively involved in the business.

Having nowhere else to go, she sought support at the Advisory centre. Together with the children, she was taken in at the GBV shelter where they were accommodated. For more than a two week period, the entire family had three meals a day, clothing because the children did not have time to pick up clothes at the time of eviction; medical and psycho-social support for their mother who was experiencing the effects of beating, and the children came in while they were quite sickly. For them to get effective treatment, the Advisory centre needed to procure medication from private health facilities, treatment that could not sought at the government health centre.

The perpetrator was several times summoned to the Advisory Centre but he did not respond. This was a difficult case and so the advisory Centre sought the support of child and family protection unit, who travelled to the location in the company of the district police commander. The new woman was then ordered to vacate the home on grounds of criminal trespass and had the survivor and her children re-instated in their home.

A community dialogue involving residents of the village was convened. This gathering was instrumental in gathering evidence and witnesses to support the case on one hand, and on the other educated the populace on the law regarding women's land and property rights; that there are consequences for such erroneous attitudes and actions.



Rovina in a jovial mood, relaxes after a long day in the garden

A Woman's Land Rights: ROVINA

60 year old Rovina narrowly survived death at the hands of her own nephews. They wanted her dead so that they could take over her portion of land which they would sell off for a quick buck".

How did GBV Advisory Centre help you?

First, I am living here peacefully without any trouble. Secondly, my mother had just died at the time when the GBV Advisory centre came in to support me. I was able to travel for the burial of my late mother; the intervention helped to strengthen family relations with the children. These days they come by more often to see me. All is well with the land, I do not have anyone bothering me.

But as you can see I am quite advanced in age. I worry a lot about this property; to whom do I leave it, in the event that I am not here anymore? So I would like to once again come over to UWONET, to be supported in drawing up a WILL.



Matron Olive makes a spot visit to Rachael's shop, a beneficiary of economic empowerment

Please tell us why you are in such a jovial mood today?

"Being a single child I grew up quite lonely and as you can see now, I am all by myself", says Rovina. "So it is good for me to have people visiting me. But, it is even more gratifying every time I receive guests from the GBV advisory centre. It is by the love of God that the people at the centre are mindful of my well being".

As an elder with a background to this kind of experience, what message would you like to share?

Today, there is very little parental guidance being offered to children. As such the younger generation are less respectful of people around them. I would like to urge parents to revive the collective community spirit for common good.

Rachael Namuwaya: Economic Empowerment

Why did you have to visit the GBV Advisory centre, How were you supported?

My marriage had broken down, I had to pick up the pieces and move on with life. So I visited the GBV advisory centre to seek support.

How were you supported?

I got some training on how to run a small business and with that knowledge I was able to start up this shop. I learnt some hand crafts; making bangles, necklaces and simple hand bags using beads which have sold quite well. The income from here is helping in many ways; I able to send the children to school and to take care of basic household needs.

What are some of your future plans?

My primary target is to buy land on which to build a house for us. But for now I have to work hard to send these children to school.

Polygamy and women's economic rights:

Aishya sought sheltering support services at a time when the father to her six children passed away. IN an earlier situation, Aishya had reported to the GBV advisory centre the case of failure to provide by her husband. This case was successfully mediated and resolved. Being the second wife in a polygamous arrangement, Aishya could no longer be tolerated in the home by the first wife. With the support of in-laws who obviously had not forgiven and forgotten the earlier action against their brother, she was thrown out of the home. Once again the GBV Advisory centre, stepped in and successfully mediated the case. It took the Advisory centre eight weeks to successfully mediate and resettle this survivor and her six children to their home.

Women's Health: The Case of incest & family violence–Butende in Kitayumba sub–county

A woman who had been severely traumatized by the excesses of emotional and physical violence from her husband and older daughter. Bua also an account of failure to provide for her and the children. This mother had been tipped off by a neighbor about a possible love affair under her own roof between her biological daughter and her husband who is also the biological father to this daughter. This is a classic and complex case of incest.

Further revelations into the case indicated that the two older daughters of the home who were of age, were at their own free will intimately involved with their own father. The elder daughter however had eventually found herself a husband and was now out of the home. As for the younger daughter who was still at home, the affair had blossomed with a baby coming along. The younger daughter had become the mistress of the home and her mother relegated to the position of a domestic worker, no longer worthy of nucleus family treatment. The mother of the home was the subject of constant heckle and mistreatment handed down at her by father and daughter. Worse still, her husband frequently beat her. There were times when she could not find food due to lack of necessary resources, she and the other children were forced to go hungry.

All this was happening and the poor mother had absolutely no idea of what was going on until the tip off. At first, she was in denial. She needed evidence. One evening she told her husband that she needed an early start with garden work. At dawn of the following day, the mother of the home left the house but only to return in a short while and caught her husband and daughter in the act.

At the advisory, the two sisters vehemently denied the allegation. But they were witnessed shunning their mother, throwing ugly insults at her for having had their father arrested. They vowed to bail him out and indeed they succeeded in getting him out of custody. The advisory centre swung into action, had him arrested presented at court and sentenced for incest.

This mother was on the verge of losing her sanity. She had to be sheltered for intensive psycho-social therapy. She was able to recover and was resettled home.

Babirye Jennet



Babirye talks about house renovations progress



Babirye tends to her goats

and it is up to me to see how to best utilize the money.

What kind of problems did you experience for which you had to report the matter to the GBV centre?

We had misunderstandings in the home and my husband was so violent with me that he even threatened to kill and he even threw me out of the home. That is when a village mate advised me to come to UWONET.

What was the cause of this harshness, why did he want to kill you?

My husband found works in the city, Kampala. While there he got involved with another woman and that is when the violence began. He stopped providing for the home, the children were out of school and whenever I got sick, he could not provide any medical support. Whenever he came home he beat me up and the children would be in a state of fear and run off to the LC-1's home where they would stay until he is gone. When the chairman realised that this was getting out of hand and to advert possibility of murder, he referred me to the GBV Advisory centre for further support.

What was done for you?

I was warmly received by the women at UWONET. The chairman had given me a letter and it was on the basis of this letter that my husband was summoned. My husband responded and went to the Advisory centre, coming all the way from Kampala. When he first reported he was quite arrogant and rather insulting but after he was talked to, he calmed down. Then a mediation session was held and we were both counseled. There was a drastic change in attitude thereafter

Are you now a happy woman?

With a broad smile, Jennet could not conceal her joy. "Yes I am happy, and I am truly grateful to this women's organization for all that they did for me and the children. May they be blessed"

What are the things that make you happy today?

"The house was falling apart but as you will witness the renovations are progressing well. We will soon have a more decent roof over our heads".

I was living in constant fear for my life. He was so violent that soon as he set foot in the community the entire neighborhood would be aware of his presence. But now we are living a more normal life, the violence has stopped and the children are now back in school. He often sends financial support averagely about hundred thousand shillings a month

I use the money to do things like having the gardens cultivated, I am now able to rear a few goats, things that he never would let me do.

Do you feel that your husband now respects and treats you as wife?

Yes he does. I recall that during counseling that was an issue was strongly emphasized. He now speaks to me in a good tone. He often calls me on phone and when he does, he addresses more humanely. But before the intervention, the entire neighborhood were privy to whatever he had to say. He constantly shouted at me.

Does he fulfill his conjugal obligations?

My observation is that, he is a man who loves to enjoy himself and for that reason I have no doubt in my mind that he has many female friends with whom he spends his time. He seldom comes home but when he does, yes he fulfills his conjugal obligations.

Janat

Thirty year old Janat is a mother of five from Nawansaso sub-county. "For all the time I was with Janat at the shelter she was constantly sobbing", Matron Harriet recalls. *"It is really nice to see and hear her giggle with laughter. I think she has indeed healed from that traumatic experience"*.

What kind of problems did you experience for which you had to report the matter to the GBV centre?

My husband got himself another woman and brought her home. But the situation became difficult for me when they started to recklessly have intercourse at a time when my first born who is now in primary seven is still awake doing her class work. The walls of the house are half built so there would be no privacy whatsoever or respect for the rest of us. I decided that every time they started the intercourse sessions, I would move and sit outside the house to give them time and space. Then he started to lock me out of the house for the rest of night and eventually I got thrown out of the home. I had nowhere to go so I took the children with me and headed straight to the Kamuli GBV Advisory Centre.



Janat looking quite happy holding her youngest child

For how long did you stay at the shelter?

At the end of the first two weeks, I came home in the company of some UWONET staff. A community dialogue was held but the matter was not solved so we returned to the shelter and stayed for another week. Another was convened and this time was resolved that my husband finds his new wife another place to stay and so I and the children were able to get back home.

So what is the situation today?

After the intervention, he began providing for all the basic domestic needs. The children were able to return to school but he would never spend the night with us. One day I sat him down and said to him, *"if you cannot fulfill your conjugal obligations then I will have no option but to go back and file another complaint because you have not left any man here to carry on with your duty."* Only then did he start to conform.

Are you now a happy woman?

Things may never be same again but it is so much better under the circumstances. *"Yes I indeed I am a much more happier person"*, she giggles "And I am so grateful for all the support.

Girl-child education: The case of 9 year Lilly (pseudo name):



Little Lilly looks through her homework book

In August 2015, nine year old Lilly's case of aggravated defilement was reported to police. And even though the PF3 was filed, nothing more had been done to help the little girl who at the time was living with her grandmother. Her plight was brought to the attention of the GBV Advisory Centre by a local journalist who had picked up the story. Talking to Lilly the social worker deduced that little Lilly was suffering from the after effects of the assault and she needed further medical attention. At the health facility, fresh medical examinations had to be carried out to rule out possibility of pregnancy and HIV infection. And although she was not pregnant and also HIV free, Lilly's condition was severe. Her body was completely shattered and her fragile uterus had been affected. She needed to be repaired. Her parents were not even aware about her condition. All these medical services could not be obtained from the government Health Centre IV. The Advisory Centre had to take up the initiative and pay for private health facility for Lilly's extra medical requirements so as to ensure her well being.

Lilly was abused by a very close relative, her maternal uncle was still at large and in the community. A family friend was brewing. Relatives were up in arms against Lilly's parents for taking the matter to police. ***"How can you report your own relatives?"*** They said. They wanted the matter to be settled internally. So little Lilly was caught up in the middle and she was now experiencing a lot of trauma and stigmatization given that the extended family were living in the vicinity of one another. At school, teachers carelessly and openly discussed little Lilly and now her fellow pupils began to address her by what had befallen her.

But this time, the GBV shelter was fully functional and so little Lilly was withdrawn from the community by the authority of the probations officer and sheltered. At the GBV shelter, she needed continuous psychotherapy and treatment for the severe abdominal pain that she was experiencing. She also needed to be on a special diet so as to expedite her recovery.

At police, there was no progress on the case. The UWONET GBV Advisory Centre had to step in to facilitate the process of investigations. However, when the perpetrator learnt that investigations were being carried out, he went into hiding and for a while the case stalled. Little Lilly was sheltered for a month and when she was feeling well again she was resettled with relatives in the neighboring district of Iganga. A new school was found by the social worker, who had admission processed. Little Lilly was then able to resume her studies peacefully and normally.

After a long while, little Lilly's relatives thought that the matter had been put to rest. The extended family decided to carry out a cleansing ceremony which required that both perpetrator and the aggrieved party be present. Since little Lilly's parents wanted justice to be serviced, they had to play along with the greater family's need for cleansing, and give the perpetrator confidence to return from his hide out. The date and time were set for sometime in June 2016. The ceremony was to be performed at night and that is when the perpetrator was finally apprehended. The case file had long been sanctioned by the resident state attorney and so the perpetrator



Little Lilly's mother and father

was immediately presented at court. He is on remand pending a High court session ruling. Aggravated defilement is a capital offence which calls for a minimum jail term of seven years.

Today little Lilly is attending school regularly and living a normal life with her parents. Speaking to her parents, they find solace in seeing that justice is being done. They are still worried about Lilly's health and what awaits her in the future because little Lilly still experiences occasional pain. Her mother says that Lilly is an active sports girl. But whenever she strains herself physically, the pains that re-occur are quite severe. Lilly's parents are seeking an appoint with a gynecologist specialist to have her case reviewed.

Little Lilly's case is one among so many other such cases that have taken the Advisory Centre a whole year to handle. Several unforeseen expenditures have to be taken into consideration. And so it takes more than just offering shelter for survivors; patience, commitment, compassion.

Such court cases normally run over a long period of time, requiring continuous follow-up. Namutumba district has no high court facility and so the aggrieved party has to travel to and fro the nearest high court which sits in Iganga district headquarters. Many survivors cannot afford to and therefore will not be able to cope with these requirements. And so for the successful outcomes, the GBV Advisory Centre has to take on the burden of facilitating the survivors and witnesses with transport requirements and so many other related processes, like physically being in court with them. It takes a lot of patience.

Women's Health–Case of assault: “the Tanzanian woman”

A man in Bulagala village in Sinze sub-county beat up his wife. She run to the LC-1 chairman who then helped her get to the Namutumba police station where she reported the case and a file was opened. She was then referred to the GBV Advisory Centre by the then Child and Family protection Unit Officer, ASP Sarah. She had been severely beaten and had extensive injuries and so she had to be sheltered. But by this time, the Namutumba GBV safe shelter had not yet been commissioned. She was taken to Kamuli GBV safe shelter where she continued to get treatment.

Meanwhile the man had been arrested and released on police bond and then he immediately went into hiding only to emerge after several months later. Eventually we got tipped off by the community and at had him arrested one morning, at 04:00am. The file had already been sanctioned so we were able to move quickly to present him in court and remanded. With all the evidence in place, the client decided to press charges and a hearing date was scheduled. At court, she presented herself so well that everyone in court, including the magistrate were bewildered by the systematic account of violence. And by this time she was heavy and due to deliver.

But in a sudden twist of events and just before the magistrate could deliver the verdict, the survivor decided that her husband had been remanded long enough, had learnt his lesson and that he should be pardoned and released so that they could both return home. Court went up into an uproar of disgust! The magistrate stood the case over, advised further consultations with the client.

“We all were stunned by the survivor’s dramatic turn”, says Harriet the Legal assistant who was handling the case. “For six months we worked round the clock to provide the best possible and to make our case; full board accommodation which included three meals a day and clothing; medical care for the extensive injuries she sustained but also crucial to saving her pregnancy and antenatal care; We had to incur transport expenses to support the investigations, arrest and the court processes. And then at the eleventh hour, she simply drowns the case”.

As psycho-social and legal support, the clients actions were an indication for possible reunion of the couple and so the GBV Advisory team requested for the case to stay to give us time to establish what exactly it is that client wanted. And then she went into labor while still at the shelter.

At the health centre her prolonged labor became a complication which had to be referred to hospital. *“I had to suspend all that I was doing had to rush her to Iganga hospital”,* says Julian the social worker. She was observed for a while and when it did not happen the nursing sister who handled the admission advised me to get in touch with doctor who was at the time out of hospital.

The doctor responds and comes over, examines her and recommends that she be taken into theatre right way for a cesarean operation so as to save the baby. However, hospital policy is that theatre fees must first be cleared before the patient can be wheeled in. I was served with a demand note of three hundred thousand. I was completely stuck at this point. We had long overrun our admin budget and I was already spending from my own pocket. When I approached the doctor to request for a reduction on theatre fees, people who were listening in were in awe. One woman came over to me and said, *“if I were you I would pay up the three hundred thousand without a blink of an eye. In this hospital a cesarean patient will only be attended to if four to five hundred thousand shillings is not paid up front”.* Little did I know how much favour I had been granted by the doctor. There were other patients

who had long been in waiting to see this very doctor and were in such gratitude that he came at my call.

Once more I went back to the doctor to ask for a reduction in fees. ***“He turned to me and asked, But you woman what is wrong with you, do you want your sister to die?”*** I then went on to explain the genesis of this whole situation and how I was only a social worker from UWONET trying to save the life of a mother and a baby and that I or the shelter did not have the resources to cater for this service. All I am asking is for the cost to be subsidized, I could pick from my bag for goodness sake. ***“So you are the people of the shelter? Where is the husband?”***, he asked. On remand, I replied. That is when I noticed this doctor’s compassion swing into action. He then asked me to find one hundred thousand shillings that will cater for the necessary drugs and started right away to give instructions for the operation. I withdrew some money from my personal savings, paid up and the survivor was immediately rushed to theatre.

As the team leader at the time, I had to think outside the box and innovatively provide leadership on the matter. Calling head office would only cause unnecessary

delays and yet we were faced with an emergency. The time for another obligation was fast coming up. Confident that the situation was under control, left matron Tracey at the hospital and travelled to Jinja for a GBV radio education programme. I returned to the hospital after the talk show and was glad to find a happy healthy mother and baby.

The I called the survivor’s LC-1 chairman and updated him on the current situation. I needed him to get to the survivor’s husband to come and assume his role and he indeed responded. It was interesting to see the transformation that this once violent man had undergone. He had become a very caring man and we could feel a sense of renewed love in the couple. We returned to Namutumba but had matron continue to make monitoring visits to hospital. At a later date, the perpetrator shared in a testimony what he experienced. He could not believe that he could sleep on the hospital floor for his wife’s sake.

Since the case had not yet been closed, we had the matron take the survivor and her new born baby back to the shelter. In her state, she still required further medical attention. We approached the midwife from Namutumba Health Centre and for

over a fortnight, she dedicated at least half an hour of her time to provide medical support and monitoring the survivor. In addition to putting her on a special diet, the survivor had come to the shelter completely unprepared for the baby. So all the necessities for the baby had to be provided at the shelter. She was very happy.

The process to formally conclude this case was initiated with a series of counseling sessions at the shelter. It was clear that the survivor now wanted to return to her husband. We proceeded with the couple counseling in which they both came to terms with each other’s mistakes and agreed to resume normal family life. A return date was set and the survivor and her baby were taken back home. They were officially received by the village leadership, witnessed by the entire village. One final unannounced monitoring visit was made and all was well. The file was sent to the Resident State Attorney for advice who recommended that the survivor makes an additional statement. And so the couple came to the Advisory Centre to perform this final task and the case closed.

Conclusion

These voices offer an account of providing services to survivors of GBV/VAW. We have learnt over time that understanding and humility is paramount in offering services to survivor of GBV/VAW. Working with all stakeholders in a coordinated approach is key in ensuring that survivors get prompt services including medical and access to justice among others.

With support from:



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