



Gender Transformation & Empowerment



EXPERIENCES AND LESSONS IN REDUCING VULNERABILITY OF WOMEN AND GIRLS TO GENDER BASED VIOLENCE (GBV) IN BUSOGA REGION

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Abbreviations

BCC	Behavior Change Communication
CEDOVIP	Center for Domestic Violence Prevention
CFPU	Child and Family Protection Unit
CSOs	Civil Society Organizations
CBOs	Community Based Organizations
CDOs	Community Development Officers
CID	Criminal Investigations Department
DV	Domestic Violence
DVA	Domestic Violence Act
FGM	Female Genital Mutilation
GBV	Gender Based Violence
ICGLR	International Convention on the Great Lakes Region
JLOS	Justice, Law and Order Sector
LC	Local Councilors
MGLSD	Ministry of Gender, Labour and social Development
MOH	Ministry of Health
NDP	National Development Plan
NGOs	Non-Governmental Organizations
PRDP	Peace Recovery and Development Plan
SGBV	Sexual Gender Based Violence
SASA	Start Awareness Support Action
UDHS	Uganda Demographic and Household Survey
UWONET	Uganda Women's network
WHO	World Health Organization

Background

Gender Based Violence (GBV) is an umbrella term used to describe any harmful act that is perpetuated against a person's will on the basis of unequal relations between women and men as well as abuse of power.

Gender Based Violence manifests in a number of forms such as; battering, intimate partner violence (including marital rape, sexual violence, and dowry/bride price-related violence), feticide, sexual abuse of female children in the household, honor crimes which is a felony by family or community members in belief that the victim has brought dishonor or shame to the family and community for example; refusing to enter an arranged marriage or being in a relationship that is disapproved by their relatives, early marriage, forced marriage, female genital mutilation (FGM)/cutting and other traditional practices harmful to women, sexual harassment, intimidation at work and in school, commercial sexual exploitation, trafficking of girls and women among others. Violence can be categorized in the forms of economic, physical, psychological, emotional and sexual. These are attributed to a number of factors including culture, subordination of women, economic and political factors that increase women and children to vulnerability. GBV in particular, sexual and physical violence is widespread in Uganda and is mainly committed against women and girls¹.

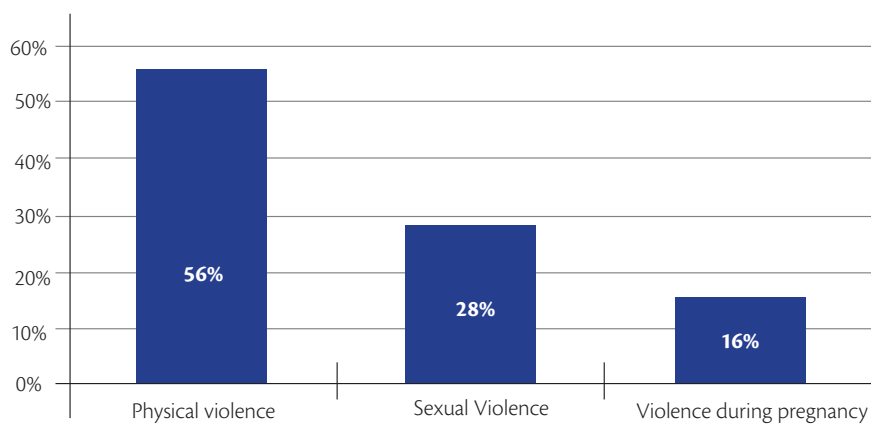
The Uganda Demographic and Household Survey (UDHS2011) indicates that 56% of women aged between 15 and 49 have suffered physical violence, 28% of women have suffered sexual violence, Overall, 6 in 10 ever-married women between the age 15-49 report having experienced any kind of violence while 16% have experienced violence during pregnancy.

According to Uganda Police Force (December 2011), GBV statistics are rated at 58% in West Nile, 58% in Northern Uganda, 60% in Karamoja, 56% in Western Uganda, 24% in Central Uganda, 54% of Internally Displaced People, 41% in Kampala Region and 74% in Eastern Uganda. Despite interventions in ensuring reduction of Gender based violence, Eastern Uganda still remains with the highest cases on Gender Based Violence in the country.

The causes of such violence in Uganda are rooted in the unequal power relations between men and women, unequal rights to control resources within the home, biased legal framework that favors men, and patrilineal customary norms such as payment of bride price that create a sense of ownership of women by husbands (Hague, et al., 2009; Kaye et al., 2005).

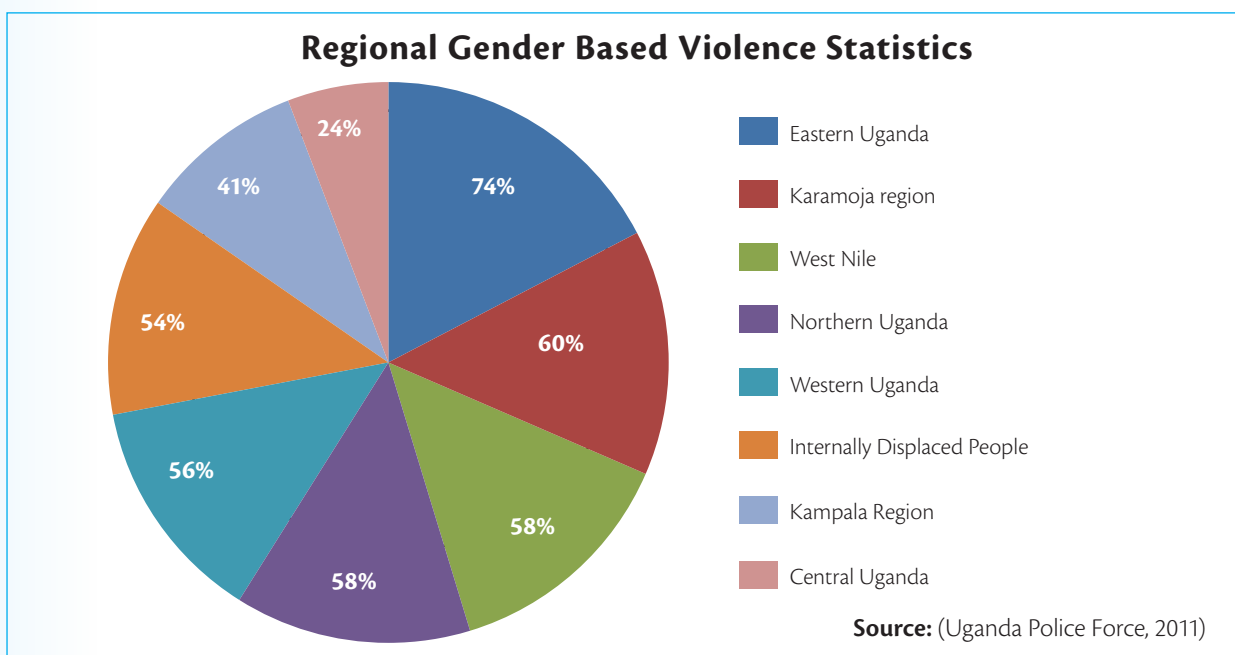
In Uganda like many countries, Domestic Violence (DV) mainly affects women; indeed, women are four times more likely to become victims of DV than men (UBoS and ORC Macro International, 2007). The impacts of domestic violence range from: physical harm, emotional stress to psychological dysfunction. DV can have long term negative consequences. For instance, persons exposed to violence during childhood suffer a number of effects and these may range from poor: health, social interaction and their education attainment (Day et al., 2005). A study by the World Health Organization (WHO) found that children raised in households where domestic violence occurred are more likely to have behavioral problems, drop out of school early, and experience juvenile delinquency (WHO/LSHTM, 2010).

National Statistical data on Gender Based Violence



Source: Uganda Demographic and Household Survey (UDHS 2011)

¹ <http://gbvguide.org/intro/about-this-guide/defining-gender-based-violence>



National Interventions

In recognition that Gender Based Violence (GBV) has an immense impact on the social-economic development of a country, GBV prevention and response strategies have been integrated in the main development framework documents of Government of Uganda namely; the National Development Plan (NDP) and the Peace Recovery and Development Plan (PRDP) for Northern Uganda. The NDP seeks to address GBV as a core strategy to achieve the NDP goal of promoting gender equality and women's empowerment.

National and district level responses to GBV have been guided by a multi-sectoral approach, involving Government (MGLSD, Ministry of Health (MOH), Justice, Law and Order Sector (JLOS) and District Local Government), Civil Society Organizations, Humanitarian and development partners. Government and national organizations have adopted a wide variety of measures to address GBV, including legal and policy reform.

Some of the policy reforms that Government has made include the enactment of laws and action plans against gender violence and discrimination such as the Domestic Violence Act, 2010, the Anti-Trafficking in Persons Act, the National Action Plan on UNSCR 1325, 1820, the Goma Declaration, the recent amendments to the Police Form 3 and 3A which seeks to bring access to justice closer to the communities through allowing clinical officers and midwives to examine survivors of SGBV, the MOH circular on management of GBV survivors in referral hospitals and district hospitals. Other national responses include public education campaigns, and support for shelters /crisis centers mainly managed by Civil Society Organizations (CSOs).

The service delivery gap (urgent need for a comprehensive response mechanism of survivors of GBV) was incorporated in the International Convention on the Great Lakes Region (ICGLR) Kampala Declaration as a priority for member states 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 victims/survivors of SGBV through fast tracking the establishment and scaling up "Recovery Centers" that provide comprehensive services of free medical, psychosocial, forensic, judicial/prosecution services.

In 2009, the MGLSD conducted a mapping exercise aimed at establishing the presence of actors (Local Government, Non-Governmental Organizations (NGOs) and Community Based Organizations (CBOs) responding to Gender Based Violence through service delivery. The exercise established that GBV service delivery coverage in some parts of the country is less than 5 percent. Worst still, in 2006, the Uganda Demographic Health Survey (UDHS) revealed that Busoga region had the highest incidences of sexual violence cases among women at 53%.

In an attempt to respond to the need to combat GBV in the Busoga region, the Government of Uganda with support from Irish Aid is implementing a five year joint programme (2010-2015) on addressing GBV in 8 districts of Busoga sub-region. The programme is implemented by Ministry of Gender, Labour and social Development (MGLSD), 8 District Local Governments, Civil Society Organizations i.e. Uganda Women's network (UWONET), Center for Domestic Violence Prevention (CEDOVIP) and a Private sector multimedia firm.

Introduction

The GOU/Irish Aid Joint Programme, whose goal is to contribute to improved quality of life and enjoyment of rights for all by reducing vulnerability to GBV in the community, intended to achieve a comprehensive and integrated approach to addressing GBV in Busoga region in line with the national policy and legal framework. This was also to ensure that all stakeholders participate effectively and jointly in the prevention and response to GBV, support for survivors, ensure that gaps and constraints in addressing GBV were tackled and requisite interventions were developed.

Programme Strategies

Progress has been made in attaining the objectives in a bid to prevent and respond to GBV in the Busoga region. The preventive strategy striving for knowledge, organizing, attitudinal and behavior change through targeted activities have been central to the Joint Programme. The framework of the joint programme is built on the following strategies:

Behavior Change Communication (BCC)

Behavior Change Communication is a process of any intervention with individuals and communities to develop communication strategies and to promote positive behaviors which are appropriate to their settings. This in turn provides a supportive environment which will enable people to initiate and sustain positive and desirable behavior outcome.

Mystic multimedia a Joint Programme Partner has generated and disseminated GBV information in the region for district and National level policy, programming, advocacy and establishment of a GBV database for the programme. Publicity of the programme has been expanded through various media activities and this has enormously contributed to visibility of programme initiatives in the region and nationally.

3600 radio adverts and talk shows have been aired on FM stations, IEC materials such as placards and billboards to increase awareness about the Joint Programme and GBV were developed. Trainings for media practitioners in an effort to equip them with necessary knowledge and skills on GBV were conducted. As a way of reaching a bigger population, Mystic Multimedia developed 100 posters that were pinned on taxis to and from Busoga with GBV awareness and prevention messages.



Photo 1: Artwork of the Taxi Posters

Reports from the field: “There is increased awareness about the joint programme and GBV. This has been through mass sensitization and awareness Creation. This has been revealed from the population response about the programme through the calls during radio talk shows, testimonies in meetings as well as posters on taxis and billboards that were raised with Gender Based Violence messages.” Bugiri District Gender Officer

“There is increased Advocacy and Communication. This strategy has empowered citizens to speak up and draw public attention to the issue of Gender Based Violence, effectively communicate and advocate for legal and policy reforms that are necessary to address Gender Based Violence. This has been through community dialogues to create awareness and mobilizing communities for various Gender Based Violence activities. Furthermore, through radio adverts and talk shows, it cited the nature and extents of the problem, vulnerable situation and groups, causes and effects and possible solutions or preventive measures. Male Involvement in the programme has been of great support in declaring publically against violence against women.” Nakalama Sub County Community Development Officer



Photo 2: Artwork of the Taxi Posters

Coordination

Coordination is the act of organizing, making different people or things work together to fulfill desired goals in an organization or programme. As part of the Joint Programme, the Ministry of Gender, Labour and Social Development (MGLSD) under result area 1, has strengthened coordination among key actors in order to harness a harmonized approach to implementation of the programme.

Through the MGLSD, a number of actions have been taken which include: Partnership building sessions conducted by the different Joint Programme partners in all the 8 districts; GBV coordination meetings at the district level; planning and review of meetings for programme partners; GBV reference group meetings held at national level; monitoring and support supervision visits to the districts were steered.

This deliberate effort to coordinate the programme initiatives has enhanced collaboration and coordination to respond to GBV at the local government level, increased participation in and appreciation of joint programme work at the district and GBV coordination meetings are part of the activities on the schedule of district work plans. In response to the efforts, some districts have budgeted for GBV response activities in the community based services department annual work plans.

Report from the field: “Coordination among duty bearers and service providers has greatly improved. This has been evidenced when referring GBV cases for instance the Probation Officer and Social Welfare Officer refer GBV cases to child and Family protection at the nearest police station. This strategy has also enhanced Collaborative Management, built partnerships and Networking which has strengthened and harmonized relations and effective information-sharing among the main implementing agencies and stakeholders. For instance there has been formation of women district Networks which have been coordinating activities at the district level. In order for a strategy to be effective and sustainable it is essential to work with women and their networks for prevention and response to Gender Based Violence.” Namutumba District Community Development Officer.

Capacity Development

The term Capacity Development is a conceptual approach to development that focuses on understanding the obstacles that inhibit people, communities, governments, international organizations and non-governmental organizations from realizing their developmental goals while enhancing the abilities that will allow them to achieve measurable and sustainable results.

Using the Capacity Development strategy, UWONET has implemented activities to enhance the capacities of duty bearers in 8 District Local Governments of Busoga sub-region to prevent and respond to GBV. In order to have an effective Capacity development process, a GBV capacity needs assessment for duty bearers to determine their levels of knowledge in handling GBV cases in the region was conducted. Through the training conducted for the duty bearers, it has enhanced their knowledge on GBV response and management as well as improved networking among the different district stakeholders.



Photo 3: Capacity Building Session for Police Officers

Capacity Analysis of GBV Duty Bearers

The Domestic Violence Act (DVA) was enacted in 2010 and the Police Form 3 and 3A amended in 2012, however, awareness of the content and provisions of the DVA and police forms is not adequate even among the key duty bearers. Consequently, there is limited appreciation of the impacts of domestic violence and GBV in general among the duty bearers across the country.

In 2010, UWONET conducted a GBV Capacity needs assessment for Police, Health Center IV workers, Probations Officers, Community Development Officers LC II Courts and LCI Chairpersons with an aim of determining their level of knowledge and skills in handling GBV concerns. The assessment also focused on technical capacity, systems responsiveness, and timeliness and referral systems.

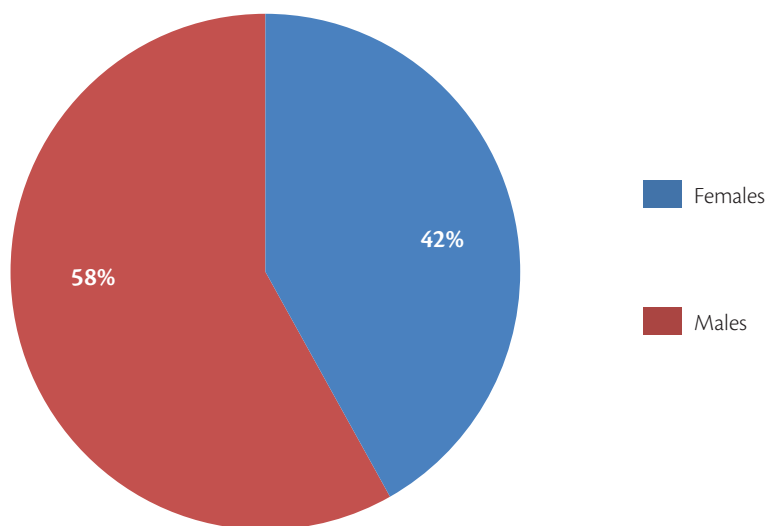


Photo 4: Training of Police Officers

At individual level, assessment was made to determine the stakeholder's knowledge levels on gender, attitudes, motivation and understanding of their roles in relation to human security issues, the national policy and legal framework on GBV. At collective and systemic level, assessment was made of the functionality of the Justice Law and Order Sector (JLOS) and Health system at Sub County, parish and district level.

The assessment of duty bearers was conducted in form of key informant interviews and focus group discussions. Below are the key findings from the needs assessment:

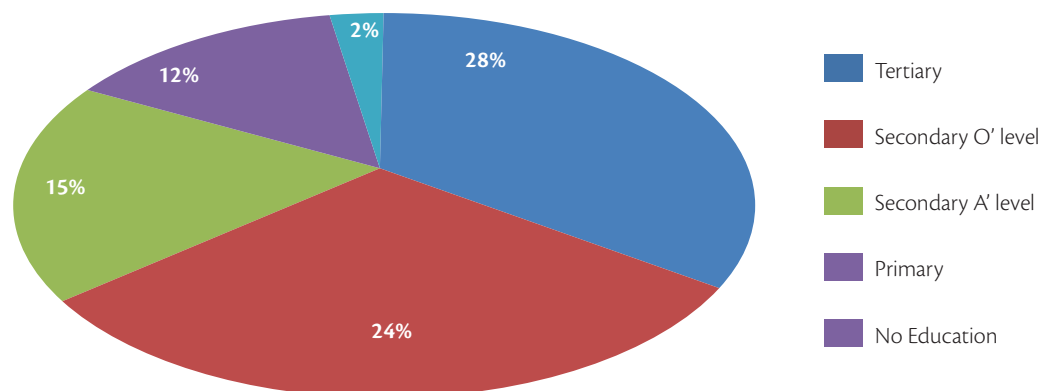
Representation of Respondents by Sex



Statistical data on Findings (Source: Capacity Needs Assessment Report (2011))

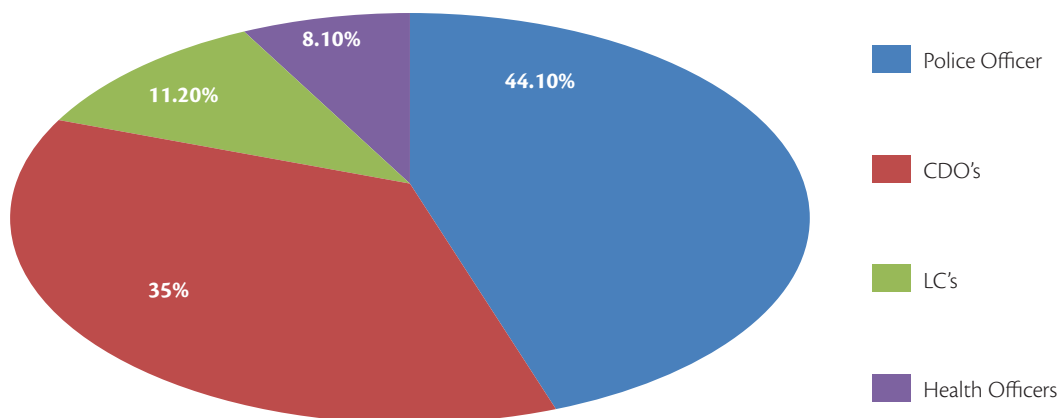
The chart shows 57% of key informant interviews were men compared to 42.2% women. This indicates that more men were involved in addressing gender based violence in the programme area of operation.

Level of Education of duty bearers



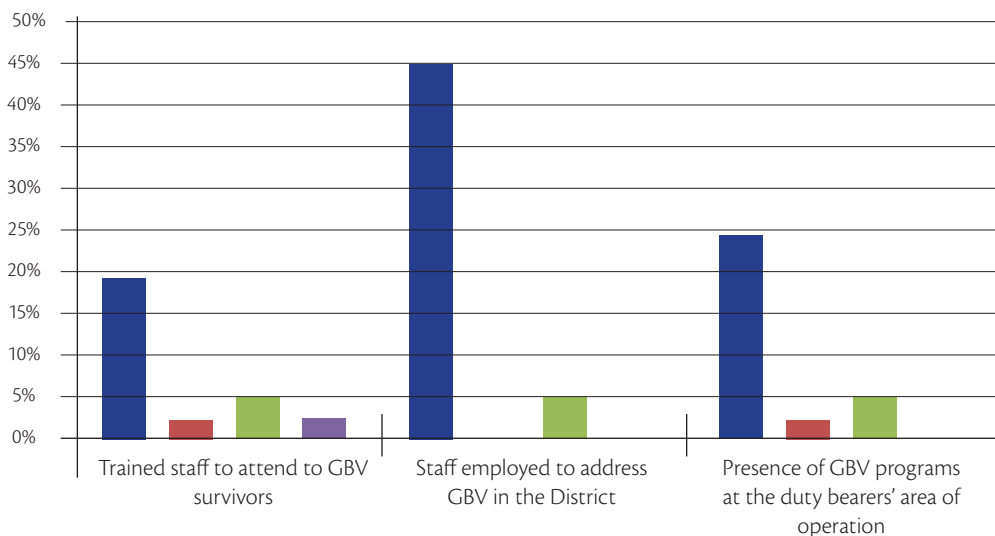
Tertiary, with a small number who stopped at Primary seven. Only 2% had never attended to school. The findings indicated that training materials for sensitization should be simple and preferably translated to the local language for the duty bearers who cannot read nor understand English.

Knowledge and Attitudes towards GBV



This figure indicates that 44.1% of police officers, 8.1% of health officers, 36.4% of CDO's and 11.2% of local councilor had basic knowledge about GBV. This shows that most duty bearers had limited knowledge about GBV which limits their effective response to the survivors.

Institutional capacity to handle GBV



Findings in the graph indicate that Police as an institution has the highest number of programs to address GBV as well as employed and trained staff. The graph further indicates that the Local Council institution had the least trained staff yet not employed to address GBV and no programmes in their areas of operation.

TESTIMONIES CAPTURED

Some of the voices captured during the mapping include;

"The only GBV workshop I have ever had merely sensitized us but never went into the details of GBV. I suggested that the training should be extended to cover wider cadres of health workers" a doctor from Iganga Hospital.

"We handle GBV cases as presented to us, there are no protocols or guidelines that we specifically follow while addressing survivors of GBV in this parish. However there are police laws that we follow while arresting the culprits." O.C Mazuba parish in Magada sub-county, Namutumba district



Photo 5: Group Work Session during a capacity building session

Report from the field: “There is enhancement of capacities through skills transfer and integration on handling GBV in the routine work as government workers. Under the programme strategy capacity development, the trainings that were conducted contained information about where cases of GBV are reported and what specific role the different duty bearers play in handling survivors of GBV. There is high community participation which has enhanced overall programme sustainability through direct engagement at local community levels by involving traditional leaders, men, women, boys and girls in addressing GBV. The approach is based on the premise that problem identification and opportunities to solve them are better identified with and by the people affected.” O. C Station Kamuli District Police

“A handbook for duty bearers on handling GBV cases and survivors was developed to ensure that gaps identified and the capacity needed to prevent and mitigate the effects of GBV is enhanced. The handbook is also a sustainability mechanism which the duty bearers will refer to after the GBV trainings. The handbook has been translated into Lusoga to ease use by the duty bearers especially Local councils and other stake holders to prevent and manage GBV.” District Community Development Officer in Jinja District.

“In a bid to impart knowledge, trainings on GBV Skills development and knowledge building for CFPU officers, CID officers, health workers, CDOs LC II Courts, Gender officers, Probation and welfare officers was conducted in each of the programme districts from 32 sub-counties. The training aimed at equipping the duty bearers with skills and knowledge to effectively address, handle and respond to GBV cases and survivors.” Police Officer in Kaliro District.

“Current models for encouraging health workers and other duty bearers to detect and address gender-based violence have evolved largely in the community, and have focused primarily on acquiring the knowledge, skills and attitudes necessary to engage this issue in the health care setting.” Clinical Officer at Mayuge Health Centre.

“A GBV referral pathway guide that contained information about where cases of GBV are reported was developed. This was geared towards identifying key actors at different levels to ensure that there is increased collaboration of stakeholders in GBV prevention and response as well as avoid duplication of roles. Furthermore, the GBV referral pathway was to ensure that the best actions and aspects are assessed while determining where to refer a case to and what needed to be done for survivors at each point of the referral path.” Local Councilor in Buyende District.



Photo 6: Capacity Building and Reflection session for Local Councilors, Police Officers and Community Development Officers

The SASA! Approach

SASA! is a Kiswahili word, meaning **now**. Start Awareness Support Action (SASA!) is a community mobilization approach developed by Raising Voices - a non-profit organization working toward the prevention of violence against women and children. The SASA! approach focuses on unpacking power dynamics to ensure women and men prevent violence against women and HIV infection.



Photo 7: A community member reading a SASA! poster

Under result area 3, Center for Domestic Violence Prevention (CEDOVIP) aimed at influencing change in attitudes and behaviors that perpetuate violence against women with a particular focus on its connection with HIV/AIDS. The SASA! Approach was adopted by the Joint Programme as a best practice in community mobilization. The modal inspires individuals and communities to use their power to promote justice and equity for both men and women.

Drawing from the activities carried out, this approach has imparted knowledge and skills to District Community Development Officers on how to use the SASA! approach. Currently, prominent men have come out to speak on violence against women and also encouraged community members to get involved in the GBV prevention and response activities.



Photo 8: A community Activist explaining a power poster to community members

Reports from the field: For example Local council V Chairperson of Buyende district has provided information on violence against women and HIV prevention in the community.

Community activists have become the nearest contact points for GBV issues at the community levels thus increasing reporting of cases and quick responses to GBV cases.

Experiences of GBV Duty Bearers

Community Paralegals Save a Child from Abuse

On 30th October 2013, Salongo Ziwa a Community Child Protection Agent in Namaganda Parish, Bukosia zone, Kitayunjwa Sub County, Kamuli District followed up a reported case of child abuse at the home of Mr. Kamadhi Salimu and Miss Naigaga Aishanat in his parish. It had been reported that their son Sharifu was being abused at home. While Salongo Ziwa carried out his investigations it was established that Sharifu's biological mother had divorced and his father Mr. Kamadhi Salimu remarried Miss Naigaga Aishanat.

Salongo Ziwa further learnt that Sharifu's step mother Aishanat was torturing him by not giving him food and hiding him in a room while tied up for a period of 2 weeks. In addition she burnt his hands and legs. Further still, when he was not tied up in the room, Aishanat refused Sharifu to attend school.

Following his investigations, Salongo Ziwa reported the matter to the office Kamuli Community Based Paralegals Association, who came in and rescued the abused boy. The Paralegals filed a case of child abuse at Naminage police post. This led to the arrest of both parents at the police post. Together with the Paralegals, we took Sharifu to a nearby health clinic and where he was examined and a report confirmed that he had been tied up and burnt. Sharifu explained that his stepmother tortured him because she believed that he had taken UGX 500 without the consent of his parents.

While at police the 27 year old Aishanat Naigaga made a statement confessing that her husband – Salimu had been unfaithful with other women outside their marital home. Out of anger she tortured his son. It was after his wife's confession that Salimu realized the torture his son had been going through. He then made an apology to his son for not paying his

parental role to look after his wellbeing.

The case was then forwarded to Kamuli Central Police Station and the paralegals followed it up until court hearing at Kamuli Grade I Magistrate Court. During the hearing of the case, Aishanat Naigaga apologized for her behavior and all the mistakes she made and pledged not to do it again. Aishanat Naigaga was sentenced by the Grade I Magistrate Kamuli Court and imprisoned for 2 years in Kamuli prisons. Salimu - the father of Sharifu thanked paralegals for the legal sensitization carried out from which he learnt the rights of the children including the roles and responsibilities of a parent in the family as stated in the Children's Act 2010.

Compiled by: Kamuli District Civil Society GBV Network hosted by Kamuli Community Paralegal Association (Stanley - Paralegal Secretary, Tel: 0775059842)

Community Policing Raises the Locals Alert Levels

In 2012, James married Anita and started to live together. Anita had a child from her previous relationship that she came with to the marriage. To her shock after 2 years, James started to pester her to take back her child to the biological father. James gave her an ultimatum on returning the child if she wanted to remain married to him.

On fateful day, Anita's child urinated on the bed and James blamed her for letting the child dirty his 'white bed sheets'. He then removed the child from Anita

and took the child to the bushes. The neighbors and residents of the village after hearing the quarrel quickly followed him to the bushes and found James burying the child alive.

The community members rushed to the child's rescue and removed the child from the ground. James was taken, reported and arrested at the Police outpost in Buyende District.

The child was taken to Kamuli General Hospital but unfortunately passed on.

James has been charged with murder at Buyende Central Police Station. Investigations have been carried out and the case has been forwarded for prosecutions at the Chief Magistrates' Court in Jinja where the proceedings are ongoing.

Had the community members not been vigilant James would not have been caught. Now justice is being served for the loss of Anita's child.

GBV in Homes is another Disaster Causing Poverty and Under Development

Here lives a couple who stayed together for over three years, Soka a residence of Bulimba, a village, Nabweyo parish in Kibaale sub – county wanted to sell off the pig reared for some time together with his wife and use the money for his own benefits yet the wife wanted him to buy iron sheets to construct a better permanent shelter.

The husband reacted so emotionally about his wife's idea and resorted to

chasing her away from home but the wife was so bitter about the decision the husband had made and that made her recall for a meeting she ever attended with NACWOLA about HIV/AIDS, SHR, GBV. Being aware of NACWOLA's structures on ground she went and reported the case to a paralegal and a model man in Bulimba village in Nabweyo parish.

This meeting was held but the husband refused to reconcile with the wife reason

he was not convinced and he left. The team paralegal and a model man planned for another meeting after two weeks which took place and the couple reconciled and finally the husband bought iron sheets.

Compiled by: Namutumba District Civil Society GBV Network hosted by NACWOLA

Networking With Fellow Duty Bearers for a Strengthened GBV Referral Pathway

In February 2014, together with the District Probations and Social Accountability Welfare Officer were successfully able to recover two female juveniles from Kiyunge Local Council I in Buyende Sub County. The two young girls had been suffering at the hands of their father. It

was established that the girls were not attending school and had picked up social vices of alcoholism. They learnt such vices from their father and grandmother. In partnership, with the District Probations Officer I managed to secure care orders to their mother. The two young girls have

now been returned to their mother. They started attending school at Wesumire primary school and are living happier lives.

Compiled by: Balabye Ismael - CFPU CPS Buyende District

Mukyala Deborah a 19 year old woman was assaulted by her sister's husband whom she lives with in Ituuko Village, Namutumba District. Deborah's brother in law accused her of stealing petty items from the neighbors and not looking after the family goats that destroyed their cassava gardens. Based on these accusations her battered Deborah living her body swollen and did not take her for medical care.

After a few days Deborah gathered the energy and courage to attend school where examinations were on going. During the exam she could hardly write due to the pain she was undergoing and her hands were still swollen. Her class teacher was concerned and forwarded the matter

to the school administration where she was escorted to Namutumba Health Centre III for medication examination and treatment.

The attending health worker notified the CDO of the incident and the case was forwarded to the CFPU office. A police case file was opened and Deborah's brother in law appeared in court. The judge cautioned him. The judge also gave an order for Deborah to be returned to the home of her parents in Buyende District. Deborah is now settled back with her family.

Thanks to our established networks, my office received information of a man who had been defiling his daughters in Buyanja B – Kidera Sub County, Buyende District.

It was shared that he started defiling his daughter after separating with his wife. It was also learnt that when he defiled his first daughter, the matter was handled customarily at clan level. The family members had agreed to cover up the matter and generally his vice. After this tip, I coordinated with the Ntala Police Post who apprehended him and forwarded the man to Buyende Central Police Station. While carrying out further investigations it was established that he had impregnated his own daughter. He was charged and presented in court. He has since been remanded waiting for appearance at high court for further proceedings.

Compiled by: Balabye Ismael - CFPU CPS Buyende District

Mediation as a Means towards Reconciliation

Sheik Badiru Woirra is a traditional herbalist (witch doctor) and resident of Nakalama Central. The Sheik is married to a woman who has four children outside their marriage. One Thursday, Mrs Woirra lost a friend. As she prepared for burial a young woman was brought to her husband for traditional herbal treatment. Mrs. Woirra left her home as her husband was mixing herbal medicine for the young woman.

When Mrs. Woirra returned home after the burial she started to hear rumors from the neighbours that her husband had had sex with the young woman. She confronted him and a quarrel started. She then picked up a stone and stoned the Shiek.

Mr. Woirra took refuge at the home of the area Community Activist (CA). He reported to the CA that his wife had become wild and was seeking his assistance to resolve the matter.

The CA contacted the Sub County Community Development Officer (CDO) to ensure that the matter is resolved amicably between the two parties. A meeting was organized between the couple, CA, CDO and police officers at the police station. Both parties aired out their grievances. Forgiveness was sought and the couple was reconciled.

Compiled by: Wakabi Deo, Community Development Officer – Nakalama Sub County, Iganga District

Voices of the Local Councilors / Community Activists

Waliwo omwami gwe bayita Mwoda Awali alina omukyala we Naigaga na bana naye enyumba yabwe yali ya subi nga tebasulamu nabana. Naye yali eyagala ku gwa kati omukyala natema emiti nazimba enyumba endala nabana be nga ayagala kuda mu nyumba empya kati omusajja bweyakomawo okuva owo mukyala omulala nasanga nyumba waka endala nayombesa omukyala era namukuba nga muvunana kuzimba nyumba wakawe.

Naye omukyala kwe kujja ku L.C.I endifukulya netugendayo naye singa bali tebansomesezako ku bya community activist nail musalila omusango nti gusinze omukyala. Naye kati nkimanyi bulungi nti obutabanguko bukolebwa basajja okubutusa ku bakyala era buli kukyala ewange bukendede obutabanguko kati bawangana ebiteibwa mu maka gabwe bulungi.

There was a man called Mwoda Awali who lived with his wife Nai-gaga and their children. They lived in a grass thatched house/ hut that wanted to fall down and the wife plus her children constructed a new house when the husband had gone to stay with his second wife. When the husband came back and found a new house in his land, he quarreled to his wife and beat her for having built in his land.

The wife then reported to the L.C.I office in Ndifukulya and went back with her to settle the case. If I was not trained as a community activist, I would have blamed the woman but now I know violence at home is majorly caused by men and now in my village violence has reduced by married partners giving respect to each other.

Complied by: Katebe Kalume - Community Activist and Local Council I Chairperson - Kapyanga Sub County, Bugiri District

Waliwo Maka ago Musajja Mwami Isabirye Asirafu owe Ndifakulya alina omukyala we Nabirye yalima omukyele na funa ensawo tanu naziteka munyumba nga alindako beyi elinye ko. Naye yalitaliwo nga genze mutawuni omusajja we najja ne bodaboda natwala omukyele gwe nagutunda era teyamuwa sente. Omukyala najja ewange ku L.C.I nambula netugendayo naye yomusajja era twamusanga nga wali netutula musonga era netuzimaliliza bulungi omusajja nakiriza okusasula sente naye ekyatuyamba kuba nze nail nasomako ku bya SASA.

Okuwumbawumba ku musango omusada n' omukazi musobola okuba mu mukwano mumaka nga wazila butabanguko singa muwangana ekitibwa buli omu yebuza ku munne.

I Katebe Kalume, a community activist from Bugiri district

Police Form 3 Used To Collect Evidence for Prosecutions

Amusugut Evelyn aged 20 years is a peasant resident of Buwofu Village in Namukonge parish, Kapyanga Sub – country where is she married to Okwi Robert who is aged 28 years. Evelyn was physically assaulted and battered by her husband. She then reported the case and received a referral letter from the Local Council I Chairperson to the Police.

Kapyanga Sub County. There was one household headed by Mr. Isabirye Asirafu and his wife Nabirye from Ndifakulya. The wife grew rice and she harvested 5 bags which she kept/ stored in their house waiting for the prices to increase. But her husband came with a boda boda and sold all the rice when the wife had gone to the town. The husband never gave the wife any single coin that later went to the L.C I to report the case. With the knowledge I had got from the training about SASA, I and the woman went to her house where we found the husband and talked about the issue which was later resolved by the husband accepting to pay back the wife's money.

In conclusion, regarding the case, married partners can be happily married when there are no cases of gender based violence if there is respect for one another.

Complied by: Katebe Kalume - Community Activist and Local Council I Chairperson - Kapyanga Sub County, Bugiri District

She was received at the police station and Police Form 3 was issued. At Bugiri Hospital Evelyn was examined and the form completed. The Police then arrested Robert and was presented in Court. The Police Form 3 report was presented during the court proceedings and served as key evidence. Robert pleaded guilty and has since been sentenced to 2 years imprisonment where he is currently serving his time.

Complied by: Taaka Florence – Police Officer, Bugiri District

In Namunkanga village Namutumba town council, Namutumba District lived Patrick an engineer by profession. Unfortunately Patrick lost his job and stayed at home for several years. During this time he started to engage in social vices such as alcoholism. While drunk he became a nuisance at home and was violent with his wife and children. He abused the rights of his wife – Diana who is a teacher by profession – on different levels physically, economically and emotionally.

Time to time Patrick would sell off produce meant for consumption and use the money for buy alcohol with his fellow drunkards. When Diana confronted him about the misuse of family funds, Patrick

would get defensive and starting fighting with her. Diana started to lose interest in her husband including her conjugal obligations. Patrick then ordered her out of their home. Diana reported the case to the police where Patrick was summoned and both parties were counseled. Patrick promised to reform after the mediation meetings.

After one week, Diana filed another complaint against Patrick sighting that he had become violent to his son accusing him of taking his wife's attention and love. He assaulted his son and also set ablaze his belongings. He made threats to his son to cut him to pieces and also gave him an

ultimatum to move away with his mother back to Diana's parents' home.

The case filed was opened and investigate. Patrick had become nearly insane, more violent and unapologetic. The family decided that the father be admitted at Butabika hospital for treatment. On recommendation of the clinical officer in Namutumba Health Centre III Patrick was admitted to Butabika hospital where he spent six months and was on treatment and counseling. After being discharged from Butabika hospital, Patrick is now a responsible man who drinks responsibly and the family is now peaceful together.

Compiled by WIGT Bayiga. S - CFPU Namutumba

Couple Strikes a New Lease of Life for Kibaale Community

Human rights is a complex situation and more to that, it is a volatile issue. Communities in the Eastern Uganda are steadily beginning to understand and relate their situations to Human Rights. For well over 6 Organizations key among them, NACWOLA have been supporting communities on diverse aspects of Human Rights. Currently, GBV is its main focus.

In sustained fight against GBV and HIV, NACWOLA has supported men and women. Mr and Mrs Musoke George are key among the couples who have benefited and shared their learning with others through dialogue meetings. Through these meetings, couples voluntarily share their experiences on GBV in their marriage particularly on their domestic quarrels and fights and how they overcame them. This gives other couples opportunities to relate their own situations.

The Musoke family was counseled by paralegals who sustained regular support

to the husband who in turn begun visiting the counselor's home any time they had a misunderstanding. Over time the couple was able to overcome GBV. Eunice and George shared with the community during the dialogue meeting that the key things that made their marriage to succeed in the midst of GBV were; sharing their challenges with the right people, taking and applying advice from the counselor and being patient and accommodative to each other.

In the early 2014, this couple was confirmed as a model couple on matters of overcoming GBV which in turn became a platform to empower others. During a radio talk show to contextualize GBV issues in Namutumba and based on the callers to the show, it became evident that the problem is wide spread but the couple equally measured up in terms of giving advice based on their experiences. However, it also became clear that despite women being the major victims of GBV,

offspring's also get affected. While in university, the couple's son was dropped out of university due to his Musoke negating his responsibilities. This led to the son's drop out of university.

On the flipside, the couple's understandings, first hand experiences and community sharing of GBV issues led to commitment by the radio station management to provide scholarship focusing tuition whereby the parents will cover the other costs.

Little did I know that sharing my experiences and collaborating with NACWOLA would lead to a happy marriage as well as support for my son to have prospects of graduating from university narrated Mrs. Musoke Eunice jubilantly.

Compiled by: Namutumba District Civil Society GBV Network hosted by NACWOLA

Challenges at the Different Levels

Gender Based Violence is still a challenge compounded by economic status, culture and religion. These challenges include;

Health care systems

- The limited information and access to services has made Gender Based Violence response coordination inadequate at the sub-county level and this has threatened the effectiveness of referrals. The fact that at the sub-county level Gender Based Violence cases are high, local councils, police, health workers, religious workers and CDOs have not enhanced synergies of their potential to bring about significant change in addressing Gender Based Violence.
- Some of the duty bearers were not aware of most of the legal framework in place addressing Gender Based Violence, a gap that has been existent in the referral pathway thus one training could not have addressed a number of their expectations.

Informal justice system at Community level

- Even if the victim wins the trial and the perpetrator is sent to jail, she will still fear that after his release he will attempt to revenge himself or his friends upon her for having him convicted; thus fear of revenge impedes the reporting of Gender Based Violence cases.
- The victims are discouraged from reporting to the police or LC court because of the costs involved. For instance due to lack of resources, the police demands a fee to transport the perpetrators and also for photocopying the police Form 3 and 3A and the LC courts demand a nonrefundable fee for ones case to be heard. But because of the levels of poverty in the community the cases are thus not reported and are instead solved traditionally.
- The community regards rape as an abomination that needs traditional rituals to purify and cleanse the rape victim. The survivors can't report cases because it's regarded as a disgrace to the family and community. Other abominable cases include defilement, child molestation and marital rape. Few of these cases are reported to the police/local leaders especially if it involves soldiers because most of them compensate the parents of the victims an agreed fee hence the case being dropped.

Case management at police level

- There is an overwhelming distrust of the authorities and the police by the local community who are conservative and prefer to settle the cases of GBV themselves, like defilement, rape without the involvement of the police or local authorities. This distrust is as a result of the level of corruption and nepotism associated with the police and local authorities.
- The low number of health workers, police and law enforcement personnel versus a high population in the community makes it tedious in case management.
- In addition, some of these duty bearers are ignorant of their roles and duties in the community and of laws and policies on Gender Based Violence thus unaware of how to handle Gender Based Violence issues, which greatly impede the reporting of Gender Based Violence cases, as they are not competent and well equipped to deal with such issues. This is as a result of regular transfers of police and health workers to different locations.
- Harsh investigations of Gender Based Violence cases cause further psychological and sometimes even social injuries to the victims. Court negotiations last a number of months during which the victim's name and all of the details of her personal life is made public, causing her repeated social damage, so to avoid this lack of confidentiality, the victims don't report the cases.
- High expectation of the communities beyond what the programme can offer. For instance the beneficiaries of the joint programme expect to get sitting allowances. This was noted especially when conducting community driven action plans that are supposed to address Gender Based Violence.
- Service providers continue to register the challenge of inadequate resources and facilities to handle Gender Based Violence survivors. For example, the Police officers might charge Gender Based Violence survivors for payment of fuel as well as photocopying Police form 3 and 3A in order to address the issue at hand.
- It is noted that there are high rates of turnover among the trained staff at the districts. This was noted more common particularly among the police officers and health workers who are deployed to other areas after the trainings. This calls for more training for newly appointed staff which is not sustainable in the long run.

Conclusion

In conclusion, it is important to note that UWONET's participation in the joint programme has been suitable in the time when the issues of GBV were rampant in Busoga sub-region as reported in the UDHS study in 2006. To this end, the community has been enthusiastic about the programme since it laid firm foundation for them to address GBV in the region.

What are the Practical Options?

In the move to address some challenges, specific recommendations were made in relation to the programme;

- Advocacy for inclusion of Gender Based Violence prevention, response activities in the district development plans and budget allocations of each district as way of ensuring sustainability in regards to GBV response.
- Improved linkages with other partners for instance the Inter- religious council of Uganda (IRCU) that target faith based organizations and institutions in the region.
- The partners in the programme need to conduct door-to-door visits with Gender Based Violence prevention and response messages targeting at least 100 homes.
- Institutions which receive complaints and reports of GBV must be properly, extensively and repeatedly trained covering wide range of issues on GBV.
- Health units play key roles in health emergency management, their operations should be strengthened by recruiting more qualified staff and available personnel are trained in emergency care of GBV cases.
- Counseling services need to be strengthened for victims and their family members. Counseling services should be carried out at individual, family, and community level. This will improve acceptability and integration of victims within their respective families and societies.
- The Justice Law and Order Sector (JLOS) to mainstream GBV in the institution's operations for example integrating GBV/VAW in the training curriculum as a means of promoting gender sensitivity.
- Resourcing of the CIID Sexual Offences department at Police
- Government to invest in safety shelters for GBV/VAW survivors by strengthening the framework and institutionalizing it in government line agencies
- Government to strengthen community activism as a means to change societal attitudes and norms
- Policies towards Gender Based Violence issues need strengthening within departments at district level.

Photo Gallery



Photo 9: Hon. Rebecca Kadaga - Speaker of Parliament and Hon. Salmu Musumba commission Bicycles for Community Activists



Photo 10: Hon. Rebecca Kadaga hands over a bicycle to a community activist in Kamuli District



Photo 11: Hon. Rukia Nakadama commissions bicycles for Community Activists in Mayuge District



Photo 12: Community Activists lead a march during Women's Day with placards calling for a violence free nation



Photo 13: Hon. Rebecca Kadaga visiting the UWONET exhibition stall during Women's Day Commemoration event



Photo 14: Beneficiaries of the programme



Photo 15: Male community members discussing power dynamics



Photo 16: Richard Makumbi - Programme Officer at CEDOVIP engaging with male community members on power dynamics and GBV



Photo 16: Beneficiaries of the programme



Photo 17: Beneficiaries of the programme



Photo 18: Community Activist leading community meeting on power dynamics



Photo 19: Hon. Rukia Nakadama handing over assorted stationery to police officers in Busoga region



Photo 20: AIGP Asuman Mugenyi handing over case management material to police in Busoga region



Photo 21: Rita Aciro Lakor - Executive Director UWONET during the handover ceremony of case management material to Police in Busoga region



Photo 22: Reflection sessions among duty bearers



Photo 23: Reflection sessions among duty bearers



Photo 24: Mayuge District GBV Network makes a presentation on their role in addressing GBV



Photo 25: Hon. Rukia Nakadama interacting with Local Councilors during a citizens platform in Mayuge district'



Photo 26: Left - Laureen Karayi - Programme Coordinator at UWONET explains to Local Councilors how to use the record books. Right - Local Councilor explains a poster on the informal GBV referral pathway



Photo 27: UWONET site supervision visit with Police Officers by the Executive Director and Programme Coordinator

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