



Gender Transformation & Empowerment

STOPPING GENDER BASED VIOLENCE with Budgets

**Assessment of Katakwi,
Oyam and Kanungu Districts Sufficient Allocations
Budgets**



Ministry of Gender, Labour and
Social Development (MGLSD)



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STOPPING GENDER BASED VIOLENCE with Budgets

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CBOs	Community Based Organizations
CDO	Community Development Officer
CPC	Child Protection Committee
CPU	Child Protection Unit
FAL	Functional Adult Literacy
FCPUs	Family and Children Protection Units
FGDs	Focus Group Discussions
FY	Financial Year
GBV	Gender Based Violence
GoU	Government of Uganda
HC	Health Centre
HIV	Human Immune Virus
KCM	Kirima Community Members
KII	Key Inform ate Interviews
LCs	Local Community
LG	Local Government
NDP	National Development Plan
NGOs	Non Governmental Organizations
RCM	Rugyeyo Community Members
S/C	Sub-County
TOR	Terms of Reference
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations for Population Activities
UWONET	Uganda Women's Network

1.0

EXECUTIVE SUMMARY

Although both women and men experience violence in Uganda, women are more likely to suffer every form of violence examined in the UDHS and to experience it more frequently¹. The National Development Plan (NDP) has identified Gender inequality as a key binding constraint to socio-economic development in Uganda. It is noted in the NDP that 59% of ever-married women aged 15 to 49 have experienced some form of physical and/or sexual violence.

The Plan also emphasizes that levels of sexual and gender-based violence are unacceptably high in Uganda, with 40% of women compared to 11% of men having experienced sexual violence in their lifetime (MOH 2006). Moreover, access to justice for survivors of violence is considered extremely weak, as are prevention and treatment services. It is particularly worrisome that the first sexual encounter of 25% of girls is associated with the use of force (UDHS 2005/2006).

The government of Uganda has undertaken some steps to address these abuses by drafting laws to prohibit violence against women and girls, including legislation on Domestic Violence, Sexual Offences and Trafficking in Persons and Anti Female Genital Mutilation Act. Despite these government efforts, without resource commitment and budgets to address gender based violence, these efforts will be fruitless.

Uganda Women's Network (UWONET) an advocacy and lobby Network in collaboration with three of its members; Center for Domestic Violence Prevention, Action for Development and Forum for Women in Democracy under the 7th GOU/UNFPA country programme has undertaken a study whose overall objective is to establish the extent to which Kanungu, Katakwi and Oyam Districts budgets have responded to Gender Based Violence Initiatives. A similar study was conducted in the districts of Mubende, Moroto, Kabooy, Kotido, Yumbe.

¹ Uganda: Key Findings from the 2006 UDHS: A Gender Perspective

Local structures that support GBV.

It was found out that community lead initiatives are very successful in addressing GBV. In the three districts where this study was conducted, best practices such as GBV alliances in Oyam and Katakwi have done tremendous work in preventing and addressing GBV. These community structures are not expensive, they act as counsellors and provide right information to the survivors of GBV especially where to seek justice and health services.

However these community structures are not spread out. They cover only a few sub- counties. In Kanungu they operate in only three (3) sub - counties out of thirteen (13) and their activities are limited. Lack of financial resources has also affected their level of work. They work on a volunteer basis and they are now overwhelmed with work. There is need to re-examine the structure of this community and institutionalise them within the district structures.

The community approach in Kanungu needs to be mentioned in a special way.

This is called the “Small Men Action Group” (SMAG), it supports GBV initiatives in the district. One unique feature about this community approach is that it uses men in the fight against GBV in the district. We found out that since most of the offenders of GBV in the district are men, it was easier for men to talk to their fellow men about GBV. There was general appreciation among the community interviewed that SMAG was a better option than police. In fact one of the key informants called it a “local court.”

One of the biggest challenges SMAG is facing is that sometimes it has over stepped its mandate. One of the community members said that sometimes they arbitrate rape cases or defilement cases. This was not confirmed but because of the way communities have found it very expensive to report such cases to police, it can be possible. In this case it is important to disseminate information especially the Domestic Violence Act which provides for the responsible institutions in such cases.

Budget Allocations

One of the emerging issues in this study is that budgets can make a positive difference in the fight against GBV. The level of awareness about GBV has increased in all the districts. This is because in all the districts the study covered, there were resources allocated for GBV awareness campaigns such as radio talk shows and public dialogues.

We also realised that local governments depend heavily on central government transfers. For all the districts under the study, their local revenue was below 2% share of the total revenue sources.

This greatly affected the districts' ability to set local priorities. For example, a district cannot put up a shelter for GBV victims because it cannot raise its own local revenues. Districts should look at alternative means of raising revenue.

Community based services where Gender Unit and Probation Offices are located got a minimal share of the district budget. For example in Katakwi district the CDO got only 1.6% of the district FY 2010/11 budget, in Kanungu it was allocated 2% of the district budget FY2010/11.

Worse still funding for the Community Based Services was from external support. Specifically, funding for Katakwi, Oyam and Kanungu was from UNFPA.

There is a high possibility that that after UNFPA the GBV work in these districts may come to an end. There is need for government intervention in scrapping the examination fees that survivors pay after a gender based violence abuse. Majority of the survivors are poor and cannot afford monies to photocopy police form III, let alone pay doctor's fees; hence shy away from going to the hospitals or health centres for medical examination. This is one of the causes why reported cases are being thrown out of court for lack of evidence to retain the offender(s) in prisons.

There is need for clear and long term funding commitment to GBV initiatives by government. Since government through the NDP has identified gender inequality as a constraint to national development, it is critical that GBV should be attended to immediately. It's a health and development issue in the country.

2.0

INTRODUCTION AND BACKGROUND

Gender-based violence has gained prominence around the world as a grave violation of human and legal rights. But it is equally important that it be recognized, and addressed, as a prime barrier to reproductive health—a barrier that prevents women, families, and countries from achieving their full potential². Gender-based violence is violence involving men and women, in which the female is usually the victim, due to unequal power relationships between men and women.

Often viewed as a protection or legal rights issue, it is equally important that GBV be recognized as a public health concern. Gender-based violence (GBV) can pervade the entire life cycle of a woman—beginning with selective abortion of a female fetus to female genital cutting to domestic partner violence. GBV is usually perpetrated by men against women and girls, and it can take many forms: sexual abuse, physical violence, emotional or psychological abuse, verbal abuse, or beatings during pregnancy. GBV jeopardizes a woman's health and well-being and detracts her reproductive health³.

Gender-based violence (GBV) is a grave reality in the lives of many people most especially women in Uganda. It is a serious human rights and public health issue which results from gender norms, social and economic inequities that give privilege to men over women. There is a mounting recognition in Uganda of gender discrimination and gender equity in different facets of life. This awakening includes a growing acknowledgement of how prevalent gender-based violence is, the ways and extent to which it harms not only women and girls but also men and boys and furthermore, the country's developing economy and health and social welfare systems.

According to a 2009 World Bank publication, “The Costs of Violence”, most estimates on the cost to society of GBV have focused on domestic violence⁴. Some of the direct costs include treatment and support for abused women, and bringing perpetrators to trial. The indirect costs include days of work lost (by both the abused and the abuser), as well as the emotional cost in human pain and suffering by the victims, and impacts on other family members, especially children.

² Population Reference Bureau 2010: Gender-Based Violence: Impediment to Reproductive Health

³ <http://www.igwg.org/priorityareas/violence.aspx>

⁴ World Bank, The Costs of Violence, Washington, DC: 2009.

Women and children who are the most affected are subjected to different forms of gender-based violence, including FGM (which is still practiced in some parts of the country) battery/ assault; defilement; rape (including marital rape; which increase the risk of gynaecological problems and women's vulnerability to sexually transmitted infections and HIV/AIDS.

Table 1: Prevalence of SBGV in Uganda

Experience	Average	Urban	Rural	
Experience of Physical violence		60%	54%	61%
Experience of Sexual violence		39%	31%	41%
Experience of Violence during pregnancy		16%	7%	17%

Source: 2006 Demographic and Health Survey, Uganda

2.1 Background to the study

The GOU/UNFPA Country Programme Action Plan (2010- 2014) under the leadership of government addresses the current mounting challenges of rapid population growth. It calls for social mobilization and championing of leadership in various fora to advocate for population and reproductive health issues and rights firmly in the public domain supported with the necessary policy and institutional backing.

The Country Programme Action Plan provides support for the key priority interventions in Population and Development; Reproductive Health and Gender Equality and Equity. The delivery of the programme will utilize the national, sectoral and decentralized channels to achieve the programme results.

UWONET is one of the implementing partners under the Gender Component which links up primarily with objective 4 of the National Development Plan (NDP); increasing access to quality social services and enhancing human capital development. The component also links to the United Nations Development Assistance Framework (UNDAF) under Outcome 3, which states that: Vulnerable populations in Uganda, especially in the north, have increased access to and use sustainable and quality basic social services by 2014.

The goal of the plan is to advance gender equality and empower women and adolescent girls to exercise their human rights, particularly their reproductive rights, and live free of discrimination and violence. The outcome of the Gender Component is individuals and communities especially the most vulnerable are empowered to demand comprehensive packages of social services.

The government of Uganda has undertaken some steps to address these challenges by drafting laws to prohibit violence against women and girls, including legislation on Domestic Violence, Sexual Offences and Trafficking in Persons and Anti Female Genital Mutilation Act.

Despite government efforts, without resource commitment and budgets to address gender based violence, these efforts will be fruitless. One of UWONET's activities and which is the main purpose of this assignment is to analyze district budgets and plans in regard to GBV resource allocation for the financial year June 2010/2011 in Kanungu, Oyam and Katakwi districts for national and district level policy advocacy. It is from the above background that UWONET commissioned a study whose overall objective is to establish the extent to which Kanungu, Katakwi and Oyam Districts budgets have responded to Gender Based Violence Initiatives.

2.1.1 Specific objectives of the study

- * Determine the structures for preventing and responding to GBV.
- * Assess the extent to which government commits resources towards GBV initiatives in the selected districts.
- * Identify strategies to assist the existing structures.

2.2 METHODOLOGY

2.2.1 Study design

The study adopted and employed both quantitative and qualitative methods of data collection and analysis. Structured questionnaires for District Gender Officers, Police officers in charge of Family and Child Protection Units (FCPU), the probation officers and the health personnel were used.

These acted as Key informants because of the role they play in planning and budgeting processes but more importantly in implementing government policies in Gender Based Violence. The key informants also had specialised knowledge about GBV and could help the research team understand the local government governance system that can affect GBV prevention.

Focus Group Discussions (FGDs) were also organised. These constituted individual women and men who are either affected by GBV or know about it in one way or another. The FGDs also provided practical suggestions on factors that promote GBV and measures that can be put in place to prevent it.

2.2.2 Data collection methods.

A major part of the review was the collection of qualitative data (primary data) generated from a participatory social inquiry process which started on the 25th May to June, 2011.

A large part of the data was collected in FGDs. A total of 7 FGDs, 22 Key informants and 4 story tellers⁵ were met and interviewed in the three districts under the study. The table below has details on where the data was collected and method of collecting the data.

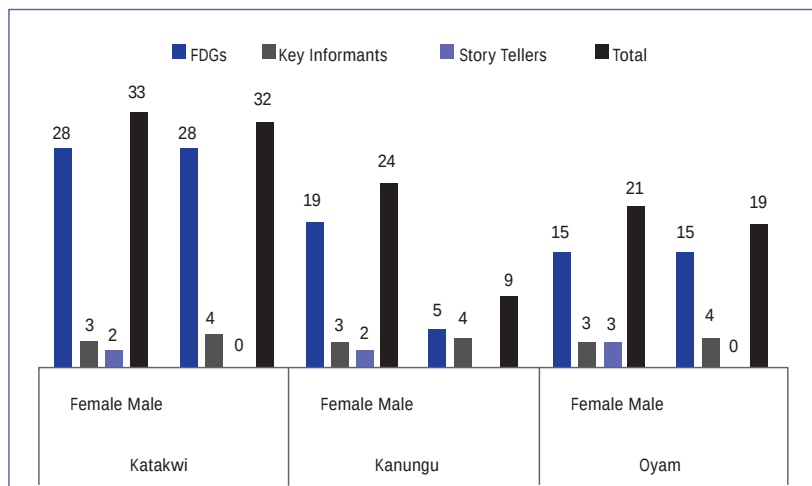
Table 2: Showing number of FGDs and Key informants interviewed.

No	District	FGDs	Key Informants	Story Tellers
	Katakwi	3	7	2
	Kanungu	2	7	2
	Oyam	2	8	0
	Total	7	22	4

⁵These were community members who were part of the FGDs but were met alone to give testimonies about GBV in their areas/community.

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In total 138 respondents were met during the study, of these 56% were women. In Katakwi 33 women were met compared to 32 men, in Kanungu 24 women were met compared to 9 men and in Oyam 21 women were met compared to 19 men. The table below shows the details



Quantitative data (secondary data) was generated by reviewing working documents and some data from the district. Some of the documents reviewed included;

- * National Budget Frame work Paper FY 2010/11-14
- * Background to the Budget June 2010
- * Katakwi District Budget FY 2010/11
- * Katakwi District Development Plan
- * Kanungu District Budget FY 2010/11
- * Kanungu District Development Plan
- * Oyam District Budget FY 2010/11
- * Oyam District Development Plan

Story interviews: these interviews aimed at eliciting stories about GBV as perceived by the narrator. They gave an inside and practical story about prevention and mitigation of GBV.

These stories are testimonies of how GBV manifests its self and how it can be solved. An important feature of the story collection exercise was the interview preamble in which ethics were highly observed. Consent was sought to use the stories for publishing or any other activity within the organization.

Where the participant consented to use story without their name, descriptions like 'community member' were used. Where the name of the story teller appears on the story, consent for use and publishing was granted.

2.2.3 Scope of the study

The study was conducted in the districts of Katakwi, Kanungu and Oyam and their key institutions of health, Police, Planning and Community Development office. The study also covered two sub counties in Kanungu and Katakwi districts and it's where the FGDs were conducted.

These include in Magoro and Usuk sub-counties in Katakwi district, Kirima and Ruyeyo sub-counties in Kanungu District. For Oyam District, men and women were selected from the Gender Reference Committee and the Child Protection Committee (CPC) for focus group discussions and/or testimonies. In addition the representatives in the districts were selected for interviews.

2.2.4 Sampling techniques

Major consideration in the selection of the sub-counties for the research study was that they had the most vulnerable community and UNFPA has GBV projects there. The main intention was to find out whether there are any resources allocated to address GBV and if there was any improvements in prevention and addressing GBV.

A purposeful sampling technique (Patton 1990) was used to select the parishes and villages visited. Areas where communities were most vulnerable were visited for the reason that reliable information about the GBV achievements and key issues could only be generated from those who have experienced the interventions.

2.3 Limitations of the Research

While every effort was made to minimize bias in this review, it must be recognized that there are always limitations. In this review, the limitations included;

- * The time allocated for field work coupled with the long distance did not make a detailed research possible.
- * Interpretations made by the researcher are inevitably influenced by individual opinions and experiences.
- * The researcher was not able to access all the documents as identified which was limiting in terms of triangulation of findings. For Instance Budget documents are a basis for this study were very difficult to access.
- * In some case respondent did not want to expose their experiences and GBV victims because of cultural beliefs

3.0 FINDINGS OF THE STUDY.

3.1 Situation of Gender Based Violence

Gender-based violence (GBV) is a pervasive human rights issue with public health consequences⁶. Around the world, at least one in every three women has been beaten, coerced into sex, or otherwise abused⁷. GBV results in many negative consequences for women's emotional and physical health, it affects children and undermines the economic well-being of societies. The growing body of evidence on violence and Gender-based violence (GBV) is a pervasive human rights issue with public health consequences.

The growing body of evidence on violence and HIV/AIDS continues to confirm that violence is a lead factor in the feminization⁸ of the global AIDS epidemic and the disproportionately higher rates of HIV-infection among women and girls—who now represent at least half of those infected worldwide and about 60% of those infected in sub-Saharan Africa^{9 10 11}.

School-related GBV is also being increasingly documented as a widespread barrier to girls being able to attain equal education¹².

Most Ugandans have experienced interpersonal violence in their lives, whether physical, sexual, or emotional.

Violence can be gender-based and is commonly directed against women. Gender-based violence is an obvious violation of human rights, with serious consequences for women's health and well-being.

⁶UNFPA. The State of the World Population 2000. Lives Together, Worlds Apart. Men and Women in a Time of Change. UNFPA: New York, 2000. [Available at <http://www.unfpa.org/swp/2000/english/>].

⁷Heise L., M Ellsberg, and M. Gottemoller. Ending Violence Against Women. Population Reports, 27(4), 1999. [Available at <http://www.infoforhealth.org/pr/I11edsum.shtml>].

⁸Jewkes RK, Dunkle KL, Nduna M, et al. Factors associated with HIV sero-status in young rural South African women: connections between intimate partner violence and HIV. International Journal of Epidemiology 2006;35:1461–1468. [Available at <http://ije.oxfordjournals.org/cgi/>]

⁹Dunkle KL, Jewkes RK, Brown HC, et al. Gender-based Violence, Relationship Power and Risk of Prevalent HIV-infection among Women attending Antenatal Clinics in Soweto, South Africa. Lancet 2004;363:1415–21.

¹⁰Gupta GR. The Feminization of the AIDS Epidemic: Causes and Needed Responses. Presentation at the XVI International AIDS Conference, Toronto, Aug 14, 2006. [Available at <http://www.icrw.org/docs/speeches/8-14-06-toronto-feminizationofaids.pdf>].

¹¹UNAIDS and WHO. Intimate Partner Violence and HIV/AIDS. Information Bulletin Series, Number 1. [Available at <http://www.who.int/gender/violence/en/vawinformationbrief.pdf>].

¹²Kim JH, McGehee Bailey S. Unsafe Schools: A Literature Review of School-Related Gender-Based Violence in Developing Countries. USAID: 2003. [Available at: http://www.usaid.gov/our_work/cross-cutting_programs/wid/pubs/unsafe_schools_literature_review.pdf]

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Although both women and men experience violence in Uganda, women are more likely to suffer every form of violence examined in the UDHS and to experience it more frequently¹³.

The National Development Plan (NDP) has identified Gender inequality as a key binding constraint to socio-economic development in Uganda. It is noted in the NDP that 59% of ever-married women aged 15 to 49 have experienced some form of physical and/or sexual violence. Through the National Development Plan, government recognizes that critical gender inequalities remain, the outcomes of which contribute towards stalling progress on many MDGs and overall national development¹⁴.

Many of these gender inequalities are magnified in post conflict areas of the north.

The Plan also emphasizes that levels of sexual and gender-based violence are unacceptably high in Uganda, with 40% of women compared to 11% of men having experienced sexual violence in their lifetime (MOH 2006). Moreover, access to justice for victims of violence is considered extremely weak, as are prevention and treatment services. It is particularly worrisome that the first sexual encounter of 25% of girls is associated with the use of force (UDHS 2005/2006).

In Kanungu for instance, Women are more affected than men when it comes to GBV. Table 3 shows that more females are complainants of child neglect, denial of access to property and domestic violence. Cases of GBV are being reported at the police.

Table 3: Cases handled by Probation Office by sex and complainant and defendant(Jul. – Sept. 2010)

Nature of GBV Case	Number and sex of Complainant		Number and Sex of defendant	
	Female	Male	Female	Male
Child neglect and denial of custody	25	3	3	25
Denial of access to property	9	1	1	9
Domestic Violence(Fighting and beating)	14	0	0	14
Denial of pregnancy	5	N/A	N/A	5
Total	53	4	4	53

Source: Kanungu Probation Officer

¹³Uganda: Key Findings from the 2006 UDHS: A Gender Perspective

¹⁴Uganda MDG Report 2010 pg 19

It was noted that the probation officer is not well facilitated to handle GBV cases especially when he/she is required to go and probe defilement cases, child neglect and access to property (land) in the sub-counties. These cases are very common in the community and yet he/she is not facilitated with fuel to move to these areas.

He/she was also further challenged with the cultural attitudes of the community especially when faced with the issue of dealing with land ownership; the society believes that a woman is not supposed to own land even when she is in position to buy it.

Defilement is the most common case reported at the Police Station, followed by child neglect and the least being rape cases, specifically these account for a smaller percentage compared to those which are not actually reported on as indicated in the table below.

Table 4: Cases Reported to Kanungu District Police Station between Jan-June 2010

Cases	Jan	Feb	Mar	Apr	May	Jun	Total			
Defilement	9	9	9	10	16	7	9	60		
Rape	-	2	1	1	1	2	7			
	2	2	1	2	4	1	12			

Source: Kanungu Police Station

When most of these cases are reported especially rape there is supposed to be an immediate examination of the victim by the medical doctor, but there is one doctor in the whole of Kanungu district who is always overwhelmed and some of the cases come from the village and considering the geographical location of Kanungu some victims are not able to make it to town when the evidence still exists and the money to cover the medical expenses is too high for the victims to bear. So most victims choose not to report the cases. However during the FGDs people said that the police also takes long to handle the cases reported to them.

It was later found out through an interview with the police officer in charge of Child and Family Protection Unit that the police does not have a budget to handle GBV cases. Few of the cases handled are those in the area of police location or when the victim is able to transport the officer to the area where the offence occurred. According to a community member, “it’s very expensive to lodge a rape case with police...money ...money all the time...money for fuel, forms and examination....we do not have this kind of money in our villages”

According to the police officer interviewed, the Police is understaffed (two officers to handle all the cases in the District) and they even lack facilitation especially for women who come to them when they have been beaten by their husbands.

“At times I sleep with these victims in my small house especially when a woman refuses to go back home in the fear of what her husband will do to her”....Key Informant

The above scenario was the same in Oyam and Katakwi. It was noted in Katakwi that the some officers are not adequately funded for instance where a victim of GBV reports a case to the police, they fail to arrest the culprits because of lack of fuel to transport them to the field. Inadequate funding makes the police to ask for some facilitation from the victim and when he or she fails to facilitate the police, the case ends up not being handled.

The inadequate number of staff to handle GBV cases in Hospitals was also another challenge identified in Katakwi District.

This is manifested by the officers that were interviewed. They claimed to have few staff to handle cases of GBV. For example one of the Health officers at Katakwi H/C 1V said:

The same situation applies to the police where one of the police officers in charge of children and family protection unit of Katakwi police station narrated:

“.....we have only 5 staff available but in actual sense we need like 10 staff to handle these cases”.

To affirm this, the Police Officer acknowledges receiving training in GBV however the problem is personnel.

From the key informant interviews and the FGD's, it was very clear that in Oyam district, alcoholism is one of the major contributing factor towards Gender Based Violence, cultural norms and values still play a big role in undermining women and thus making the woman and child more vulnerable to violence, greed for dowry has led to early and child marriages and poverty among others. On a secondary note, the low knowledge levels on the availability of legal framework have further increased women's vulnerability to gender based violence.

3.2 Local Structures to Handle GBV Cases.

Kanungu, Oyam and Katakwi Districts have been supported by UNFPA together with its implementing partners to put in place interventions that can prevent and eliminate GBV. Among the key intervention put in place are structures at community levels that can deal with GBV. The following are some of the examples;

3.2.1 The GBV Alliance in Oyam District:

This commonly referred to as the Gender Reference Group at the district level and anti- violence clubs at the sub-county level. The members that comprise of the existing structures are volunteers and have the mandate in the communities to handle some domestic disputes i.e that require counselling, for the cases of capital nature, cases are referred to the police.

The members of the anti-violence clubs noted that they had been trained on an in-depth understanding of GBV between January – March 2011. They further acknowledged they had been trained on understanding gender and GBV to adequately address and handle the GBV cases reported to them in the communities.

The constraint faced by the antiviolence clubs is that they are six (6) persons per parish and the parishes are very big to reach everywhere. The second main challenge is unavailability of cheap transportation thus hampering their work.

3.2.2 The Child Protection Committees in Oyam District:

Another structure that exists in Oyam district to address violence is the Child Protection Committee (CPC), a voluntary team in the community to protect children from violence.

The committee was met by the researcher and captured the fact that many violence cases are of domestic nature and range from child neglect, to domestic assault and child abuse i.e denial of rights to education, child assault, and early marriages.

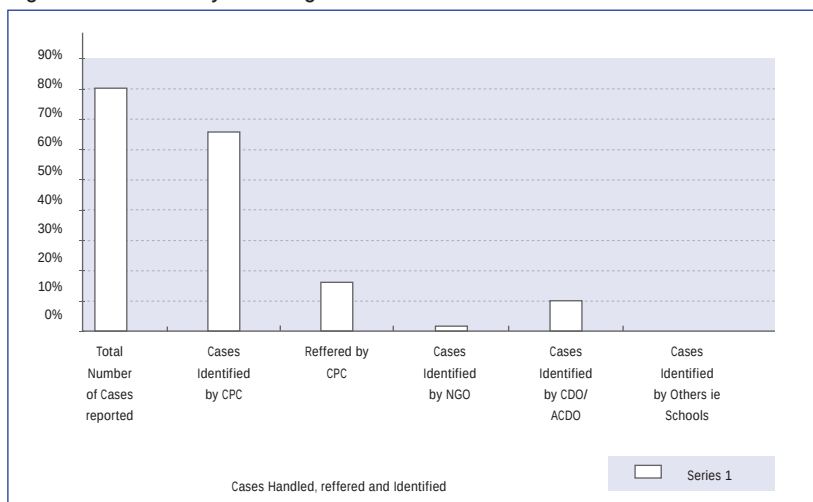
The respondents of the child protection committee with concern noted that there is no resource allocation by government towards their interventions. They are few in number per Sub County as was the case with the anti violence clubs- they are approximately 12- 15 members considering a sub county comprising of 118 villages or more, citing the example of ICEME Sub County that they operate in.

The CPC has also been able to track child abuses in their areas of operation. This is a best practice however lack of resources continue to hamper their efforts to prevent children from violence. The Figure below is an example of the work of the CPC.

A case of District to Education and intent of early Marriage

Last Year, in Awio Parish, a girl got division one and was admitted to secondary school. Her father insisted she needed to get married. The mother with support from the child protection committee talked to the head teacher who provided sponsorship for one year, however the father of the girl broke the wife's leg for this. The girl has finally gone to school

Figure 2CPC Monthly Tracking of Cases June 2010



Source: Otwal sub county Child Protection Monthly Tracking and Reporting Tool: June 2010.

Figure 2 clearly shows that the existing GBV structures in place i.e. the child and family protection committee are strategies in place to combat the endemic of GBV however there is limited or no resources allocated to the sustainability and maintenance of the committee, a challenge that needs to be addressed and strategies and structure need to be supported by government. These structures are being run by volunteers and there is not much follow up for result.

3.2.3 Small Men Action Groups (SMAG) in Kanungu.

According to the CDO, with support of UNFPA & partners SMAG have been formed in 5 sub counties out of 11 sub counties in Kanungu Districts. The CDO's majorly work with these action groups is to build their capacity in understanding GBV. The SMAGs are a group of Male models in the district and at sub county level. These groups mobilize their fellow men and sensitize them on issues of gender based violence through radio talk shows. The SMAGs have also acted as mediators in gender based violence cases.

They have been accepted by the communities because they have been seen as the cheaper means of handling gender based violence. One key informant said that they acted as local courts in communities in regard to settling domestic matters.

However according to the CDO, the SMAGs should not handle cases of defilement, he said that “the cases of rape and defilement should be handled immediately by the police officers; the law should also be effected and victims should report the cases to the police”

3.2.4 Katakwi District GBV Alliance

Katakwi district has successfully operationalised a community based outreach approach to preventing and eliminating GBV. There is a GBV alliance at the district level and three other GBV alliances at the Sub county level (Soromo, Usuk and Ogogoja GBV alliances).

The district GBV Alliance is fora where all stakeholders in Katakwi district meet to deliberate and debate about GBV. This is a coordinating body that oversees how other GBV Alliances at the sub county level are operating, they provided guidance and training and follow up those cases of GBV that have not been handled or referred to by the Sub county GBV alliances.

On the other hand, the sub county GBV alliances are the foot soldiers according to one informant. They conduct community sensitisation on GBV and also act as counsellors to GBV victims. They provide information on where to seek remedies and visit homes where they suspect that there is a victim of GBV. According to the gender officer Katakwi district, the GBV alliances are “our eyes at community level”.

There is indeed a very big change on the part of GBV as many people have or know where to run to without any hesitation. We were also informed that the Alliances at sub county level are run by volunteers who were trained by UWONET in GBV response and prevention. We also noted that the alliances were supported by the district to count some of the outreach program.

Although this was considered to be inadequate, it was a good start.

3.3 DISTRICT GENDER BUDGET ANALYSIS.

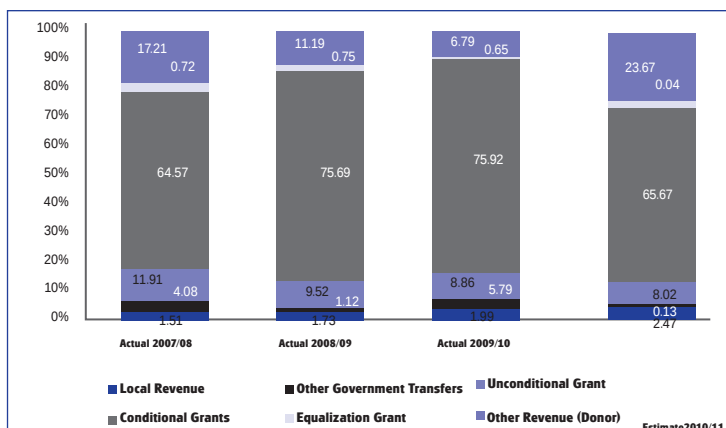
3.3.1 Where is the money for GBV initiatives in Katakwi District?

Katakwi District regained its district status in 1997 through an Act of Parliament. Its earlier status as North Teso District was cancelled in the 1970s. The District was carved out of Soroti District in 1997 and in July 2005 Amuria district was carved out of Katakwi district. It has a population of 169,814 of which 51% are women¹⁵.

3.3.1.1 Sources of Revenues

Katakwi district like all other districts in Uganda relies heavily on external support from donors and government. According to the DDP in FY local generated revenue constitute less than two percent of the total revenue in the district.

Figure 3: Katakwi district Percentage share of revenue sources FY 2007/08-2010/11



Source: Authors calculation based on Katakwi DDP 2011/2012 - 2015/2016

¹⁵ Note: the population figures are based on projections from final census results, 2002 (UBOS)

STOPPING GENDER BASED VIOLENCE WITH BUDGETS

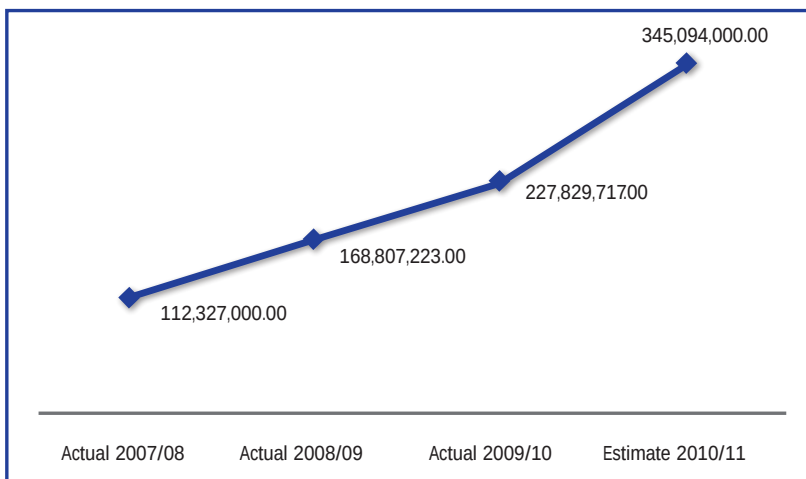
The information in Figure 3 shows that the district relies heavily on central government transfers. This has serious implications on the district ability to set its own local priorities.

The above information shows that Katakwi district cannot in any way make its own development priorities and therefore, gender based violence which could be a district concern cannot be handled by the district. In fact the Gender Based Violence initiatives in the district were funded by donor sources.

It is the recommendation of this study that districts such as Katakwi should improve their revenue bases in order to tackle local priorities such GBV. Figure 4 shows that the district Local Revenue collection has been increasing, although this is a commendation, it's still far very short of making Katakwi district raise its own resources for its own local priorities.

According to sources from the district, its from local revenues where community development can be financed, however due to limited local revenues collection even when they budget for the gender department they raise less than what is budgeted for.

Figure 4: Katakwi District Local Revenue performance



Source: Katakwi District Budget FY 2010/11

3.3.3.2 Expenditure Analysis

Katakwi district has an approved budget of 13,989,954,050 for FY 2010/11, of this 1.6% is reserved for community service department under which the gender department is located.

Figure 5: Katakwi Sectoral allocations 11 and %age share FY 2010/

Department/Sector	Est. 2010/2011	%age share
Mgt/Support Services:	3,671,914,385	26.25
Finance:	48,942,446	0.35
Council and Boards:	302,652,978	2.16
Production & Marketing:	1,155,156,739	8.26
Health:	2,003,627,773	14.32
Education and Sports:	4,536,795,867	32.43
Tech. Services & Works:	1,976,778,814	14.13
Natural Resources	18,129,703	0.13
Community Based Services:	224,394,953	1.60
Planning	41,844,830	0.30
Audit	12,315,562	0.09
Grand Total	13,989,954,050	100.00

Source: Katakwi District Budget FY 2010/11

Further analysis of the community based services budget revealed that the gender unit was allocated 128,020,000 out of the 224.394.953; this funding was from UNFPA.

According to the gender officer without UNFPA gender unit would be without a budget. It was later found out that GBV activities under the gender unit are entirely funded by UNFPA. The commitment of the district to finance gender equality and GBV in particular is still a big question to answer.

3.3.3.3 Gender Specific GBV activities.

Under the Gender unit, GBV activities can clearly be seen in the budget. Some of the GBV specific activities in Katakwi district budget are reflected in the table below

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Table 5: GBV activities in Katakwi District Budget

ACTIVITY	AMOUNT	FUNDER
Identify and mobilize core level and review their capacities level and review their capacities and needs.	1,632,000	UNFPA/MGLSD
Build capacity of identified alliances in GBV prevention	9,790,000	MGLSD/UNFPA
Set up anti-violence clubs at community level	735,000	MGLSD/UNFPA
Document & promote positive cultural and religious values for GBV prevention and response in the district	2,128,000	UNFPA/MGLSD
Popularize recently passed legislation e.g. DV, trafficking in persons act and support implementation of recently passed legislations.	4,193,000	MGLSD/UNFPA
Document and disseminate the stories of young girls on benefits of early marriage & abandonment.	1,383,000	MGLSD/UNFPA
Build capacity of lower local governments & other stakeholders and district in gender and rights.	8,208,000	MGLSD/UNFPA
Support alliances to conceptualize and apply the tools & frameworks develop alliances and equipping them.	1,632,000	MGLSD/UNFPA
Conduct home visits and follow up of cases	1,632,000	MGLSD/UNFPA

Source: Katakwi District LG work plan for FY 2010/2011

According to the table above, the district of Katakwi allocates funds to different activities aimed at curbing GBV and also making them aware of the issues on GBV. However on a sad note, allocation towards police which enforces the laws and apprehends suspects was not seen in the Katakwi district budget.

It was found out that the district does not budget for the police and that due to limited funding allocations for activities such as communication costs, fuel for the field could not be afforded. Our recommendation here is that the gender unit should look at means of supporting the district to elimination and prevention of GBV.

According to Magoro S/C budget, priorities on GBV interventions shows that Gender budgets on GBV are put into consideration in order to handle cases arising from Gender. These priorities include Mobilization of women to join FAL classes, reducing domestic violence by community sensitization, mobilizations of the communities to educate the girl child, organizing women into income generating groups, sensitizing the community on children's rights, linking other staff, stakeholders, NGOs /CBOs to gender programmes, involving women at stages of action planning, lobbying support for women specific programmes.

It is worth noting that, the priorities mentioned really look too good to address GBV.

Taking a look at the Sub- County budget of Magoro, since FY 2009/2010-2010/2011 the amount allocated has remained the same amounting to 300,000/=. In addition to this, the current prices for every single commodity have gone high and the planners of Magoro S/C have over looked the GBV allocation of funds.

It cannot go without mention that, there is a slim increment on the budget allocation estimates for FY 2011/2012 totalling to 321,000/= and 322,470/= for FY 2012/2013 respectively. Though there seems to be a change in the monies allocated to GBV the question arises: Can this amount really sustain the GBV activities throughout the FY?

We consider this as a limp service to GBV issues in the sub county. Much as we appreciate that resources are limited, better ways must be sought to increase the tax base and soliciting of funds.

3.3.2 Where is the money for GBV initiatives in Kanungu District?

In 1974, when Kanungu District was created it became part of Rukungiri District. In July 2001, it achieved district Status.

The District comprises of 13 sub-counties and 4 town councils; Kanungu, Kambuga, Botogota and Kihhi Town Councils with 57 Parishes and 16 wards and 515 villages.

The population size of Kanungu district has been steadily increasing over time since 1980.

Population for Kanungu district has increased from 118,658 in 1980 to 160,708 in 1991 and then 204,732 in 2002 and 241,800 in 2010 according to census results respectively. The district contributes 0.8 percent of the total population in the whole country

3.3.2.1 Sources of Revenues for Kanungu District

Kanungu district has three major sources of revenue, the local revenue, central government transfers and donors. Like most districts in Uganda its local revenue contributes less than one percent of the total revenue sources. In FY 2010/11, Kanungu district estimated to collect 12,806,414,000/= details in table 6 below

Table 6: Kanungu District Sources of Revenue FY 2010/11

Revenue Source	Amount ('000 Ushs)	%ntage
Locally Raised Revenues	116,188	0.27
Central Government Transfers	12,107,610	94.54
Donor Funding	548,418	4.28
Other Government Transfers e.g. LRDP	34,198	0.27
Total	12,806,414	100

Source: Kanungu District Budget FY 2010/11

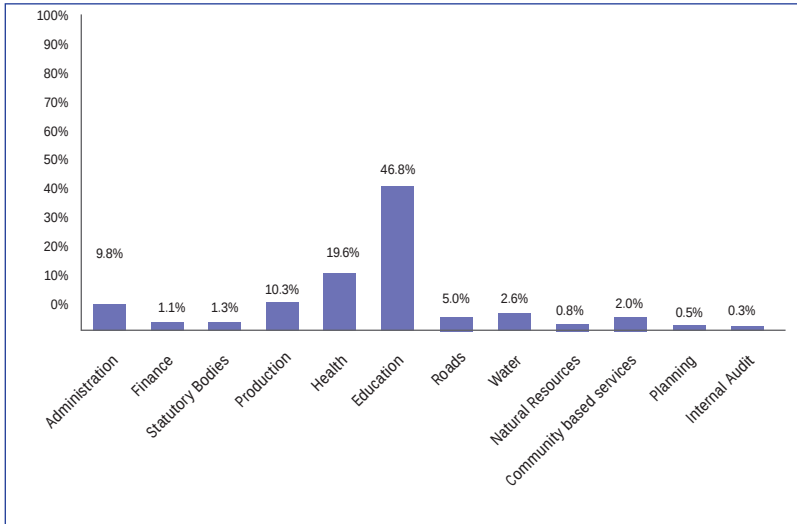
It is imperative to note that the district looks at other sources of revenues apart from government sources. Like we discussed in the case of Katakwi district, high dependency on external support deprives local governments from setting their own local priorities. Issues such as GBV which could be a serious constraint to the district development cannot be addressed because it's not a priority of the external funder.

3.3.2.2 Expenditure analysis

Kanungu District has an approved budget of Ug shs 12,816,802,000 for the FY 2010/11 with education taking the lion's share of 46.8%. The Community Based Services under which the gender unit is located was allocated Ug shs 255,639,000 which is only 2% of the entire district budget.

Without supporting the gender machinery of the district adequately, gender mainstreaming suffers and GBV in particular is perpetuated. Figure6 shows the details

Figure 6: Kanungu District Budget Allocations FY 2010/11



Source: Kanungu District Budget FY 2010/11

An interaction with district officials revealed that even though the gender unit is not adequately supported, gender issues have been mainstreaming all other activities of the district.

It was mentioned that the health department in particular has been trained on how to handle GBV victims and therefore GBV should be taken care of. They further argue that by encouraging girls to be educated and not get married at an early age, it was an important milestone of having an empowered generation in the future.

Whereas this is true, the question on mainstreaming gender in others activities has its own shortcomings. One of the disadvantages is that gender will be handled last in any activities. Without a special attention it can easily be forgotten. The need for specific budget line and attention to gender inequality and GBV in particular must be emphasised

3.3.2.3 Gender Specific GBV activities.

Like Katakwi district, Kanungu district has got specific intervention for eliminating and preventing gender based violence, however these interventions are only in 5 sub-counties this is because of limited resources that are available. The table below provides a few of the activities

Figure 7: Allocation of funds on GBV in Kanungu district

Activity	Target	Cost	Responsible person	Source
Identify and mobilize alliances at district and sub county level and review their capacity and needs	1 day of 90 participants	1,452,000	DCDO	UNFPA
Hold dialogue sessions for GBV prevention and management for coalition members	12 dialogue sessions	5,880,000	DCDO	
Mobilize and form male action groups (SMAGS) in 2 new sub counties for GBV prevention and management, RH and P&D by S-County CDWs and H.As	10 SMAGs	780,000	SCDW	UNFPA
Popularize recently passed legislation	4 workshops	7,746,000	DCDO	UNFPA
Carryout 16 days of activism	1	1,866,000	SCDO	UNFPA
Conduct drama community outreach campaigns on GBV	5 Campaigns	2,220,000	SCDW	UNFPA
Conduct radio talk shows on GBV	2 Talk shows	1,242,000	DCDO	UNFPA
Carryout Annual Gender Forum	1 Forum	3,873,000	DCDO	UNFPA
Develop district gender and reproductive rights profile	2 workshops of 40 participants	5,033,000	DCDO	UNFPA
Holding component meetings	4 meetings	680,000	DCDO	UNFPA
Hold 3 gender reference group meetings	3 meetings	5,673,000	DCDO	UNFPA
Coordination and administration (vehicle service, tyres and battery)		3,000,000	DCDO	UNFPA
Total		39,145,000		

Source: Kanungu Local Government quarterly work plan (July-September 2010)quarter 3

The above table shows what type of activities are being implemented to eliminate GBV in the district. Key to fight GBV is support to the community outreach activities. This was allocated Ug shs 780,000/= for mobilising and formation of SMAGs in 2 sub-counties.

This activity is very important both in terms of sustainability but also in making community appreciate the ills of GBV. It is our conclusion from this study that GBV is only supported by the donors in Kanungu district and at the expiry of this project, one wonders whether the GBV activism will continue. In our analysis we did not see any district attempt on its own to support GBV work.

3.3.3 Where is the money for GBV initiatives in Oyam District?

Oyam was formed in 2006 carved out of the then Apac district. Oyam district has got a projected population of 353700¹⁶ of which women constitute 51%. The district has one county Oyam and 11 rural sub-counties and one town council. 67% of the population living in Oyam are under the poverty line.

3.3.3.3 Gender Specific GBV activities.

According to the gender office, the gender activities in the district budget are almost none existence. Even when budgeted for , funds may never be released because of lo local revenue collection. The support from the gender activities is mainly from donors. In 2010/11 budget, the gender office received support from UNFPA to specifically handle GBV prevention and management.

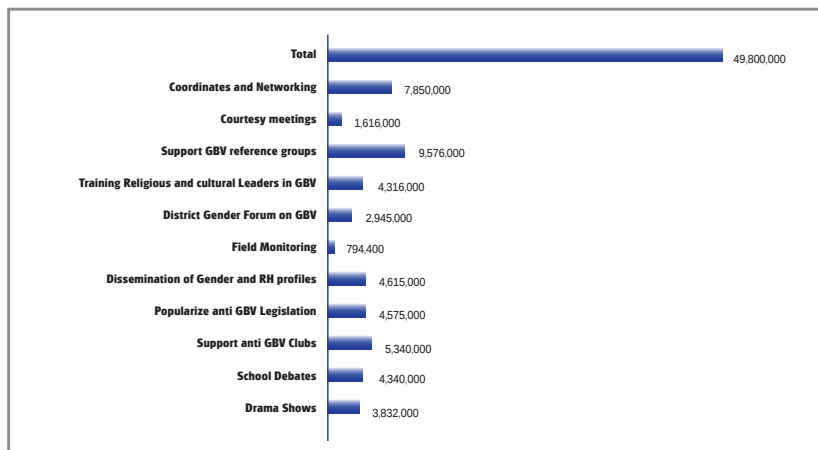
A total of Ug shs 49,800,000/ was budgeted for GBV prevention and management activities in Oyama district.

This money helped in supporting GBV reference groups and the anti GBV clubs in the district. It should be noted that community approach has been heavily invested in when it comes to GBV prevention. Approximately 30% of the GBV budget has been dedicated to community out reaches.

Popularising the GBV legislations such as the Domestic Violence and the anti FGM Act among communities is a welcomed idea.

¹⁶Oyam DDP 2010/13

Figure 8: Oyam district Anti GBV activities Budget GY 2010/11



Source: Planning Unit

Traditional Leaders are influential in most rural communities in Uganda and play a key role in advocating and driving social mobilisation initiatives that address HIV and AIDS and sexual gender-based violence. Traditional Leaders preside over customary law courts that exercise power and which maintain order in communities at grassroots level.

For the Religious leaders they reach thousands of their followers and command lots of respect. It is therefore important to recognise that Oyam district budgeted for the training of religious and cultural leaders in GBV prevention and management is needed. These leaders once they are aware they will contribute greatly in preventing GBV.

4.0

CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

1. Inadequate funding for the gender office has resulted in fewer areas to be covered when implementing GBV activities. In all districts under study only a few sub-counties were selected.
2. Inadequate training and capacity to handle GBV cases by the local council courts and police. This is most common with the LCs who lacks capacity to handle GBV issues. Understanding how to handle GBV victims is crucial in eliminating and fighting GBV itself. The police should be trained not to treat GBV as a domestic issue.
3. Laws are not adequately disseminated to the community. It was found out that the level of awareness about the laws that govern GBV was very low. Although people were aware about GBV as an issue, they did not know that there were law in place.
4. GBV victims continue to be traumatised and lack access to counselling services, police or medical help. Instead the victims suffer in silence because they cannot go beyond the barriers that exist if one is to access justice. GBV is still saintly killing communities. Defilement is an issue that can still be settled between the offender and the victim's parents and/or guardians.
5. All districts under study relied heavily on external support to fund GBV activities. Specifically UNFPA has funded these districts. It is our conclusion that without UNFPA, GBV in the districts under the study cannot support GBV activities
6. Failure of some clients to go by the advice given to them by the health officers, probation and police officers, Parents of victims of defilement or rape at times accept to be bribed by the offenders.
7. Lack of motivation for SMAGs, they lack funding. Community members said that SMAGs do a lot of work without proper facilitation. This echoed in all the districts about their respective community outreach groups. The community outreach strategy needs to be facilitated by the districts to work effectively in dealing with GBV.
8. It should also be noted that in all districts under the study, there were funds (though not enough) specifically allocated for eliminating and preventing GBV. This is a good practice and it should be encouraged.

4.2 Recommendations

a) There is need to upscale the awareness campaign about GBV. The Community Development Officers in Oyam expressed the need for the community to understand the concepts of gender and the consequences of GBV. The department recommended civic and religious leaders to be brought on board and GBV addressed as a collective responsibility. This was also echoed by other CDOs in Kanungu and Katakwi districts.

b) There is need for government intervention in scrapping or heavily subsidising the examination fees that survivors pay after a gender based violence abuse. Majority of the survivors are poor and cannot afford monies to photocopy police form 3, let alone pay doctor's fees.

The victims hence shy away from going to the hospitals or health centers for medical examination. This is one of the causes of the cases being thrown out of the courts for lack of evidence to retain the offenders in prisons.

c) There is need for government implementation of laws and policies against violence. The Domestic Violence Act was passed by Parliament in November of 2009, it was assented to in March 2010, however to date, guidelines for its operationalization have not yet been developed.

d) The community needs to be sensitized on the roles of the duty bearers and the procedures followed by the duty bearers at each of the GBV referral points. There was limited understanding of the judicial system hence close to no follow up of cases by the GBV survivors after police/ state prosecution have opened a file in the courts of law. Many survivors have abandoned cases at the level due to the too many adjournments which they do not understand.

e) There is need to strengthen the existing structures on the ground i.e the child protection committees, the GBV alliances among others. i.e equipped with counselling skills, refresher trainings on gender based violence, etc. There is need for community driven initiatives that can sustain themselves even when the project ends.

f) There is need for clear and long term funding commitment to GBV initiatives by government. Since government through the NDP has identified Gender inequality as a constraint to national development. It is critical that GBV should be attended to immediately. It's a health and development issue in the country.

ANNEXES

1. LIST OF PERSONS INTERVIEWED IN KANUNGU

NO	NAME	SEX
1.	Atuhaire Innocent	M
2.	Turyamureeba Stephen	M
3.	Tugiramasiko Miriam	F
4.	Ndizeye Ezra	M
5.	Kinene Maclean	F
6.	Kabugho B Elizah	M
7.	Kyomuhendo Judith	F
8.	Twengyeirwe Onesmas	M
9.	Kemigisha Emily	F
10.	Sharon Tiyeitu	F
11.	Turyatunga Honest	M
12.	Kyasiimre Christine	F
13.	Glorious mugabi	F
14.	Muhwezi Evas	F
15.	Katusiime Judith	F
16.	Monday Caleb	F
17.	Kabangira Lemegio	F
18.	Noredah Rwamacume	F
19.	Mbabweire Angello	F
20.	Juma katerega	M
21.	Ninsiima Patience	F
22.	Akampurira Prize	F

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23.	Kukundakwe Apollo	M
24.	Tugumenawe Frank	M
25.	Kyarimpa Steadia	F
26.	Turihiria victoria	F

2. LIST OF PEOPLE INTERVIEWED IN KATAKWI

28.	Amodoi Stephen	M
29.	Ibore Beatrice	F
30.	Okure Sam	M
31.	Adong Stella	F
32.	Atim Magadalina	F
33.	Etukoit Robert	M
34.	Iyarakit Jane	F
35.	Iburat John	M
36.	Inyaat Grace	F
37.	Engobet John P	M
38.	Iluk Maculet	F
39.	Oboo John	M
40.	Moko Paul	M
41.	Okello Richard	M
42.	Ogom Simon	M
43.	Onyait Charles	M
44.	Elingat Peter	M
45.	Olupot Gabriel	M
46.	Icedan James	M
47.	Omacar James	M

48.	Omar Denis	M
49.	Osia Paulo	M
50.	Ingurat Joseph	M
51.	Okiror Robert	M
52.	Ayet Joy	F
53.	Alipo Sisilia	F
54.	Nabwire Margret	F
55.	Imalingat Susan	F
56.	Icumar Hellen	F
57.	Asio Jesca	F
58.	Olaki John	F
59.	Ikinyang Josephine	F
60.	Akiteng Benadeta	F
61.	Okot Peter	M
62.	Adeke Catherine	F
63.	Ikunet Immaculate	F
64.	Okwi Jorem	M
65.	Akello Caroline	F
66.	Acanit Mary	F
67.	Odic joyce	F
68.	Sanzabutu	F
69.	Adion Jane	F
70.	Guto Teddy	F
71.	Adeke Calementia	F
72.	Alupo Christine	F
73.	Opuko .C	M

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74.	Imaat Joseph	M
75.	Alungat Maculate	F
76.	Amuron. M	F
77.	Ogola .R	M
78.	Okwere. E	M
79.	Foligo	M
80.	Oguron V	M
81.	Okiria Stephen	M
82.	Okiror Fubert	M
83.	Ogwang Simon Peter	M
84.	Ikulumet A.F	F

3. LIST OF PEOPLE INTERVIEWED IN OYAM

85.	Rose Odyeny	F
86.	Odana Sam	M
87.	Akwany Dorcas	M
88.	Mary Ogwal	F
89.	Rose Ocira	F
90.	Richard Okello	M
91.	Annah Acana	F
92.	Bua Wilbert	M
93.	Ogwal Tom	M
94.	Okello Goerge	M
95.	Agwang Asu	M
96.	Akullu Molly	F
97.	Obua Simon	M
98.	Akello Pheobe	F

99.	Peter Obua	M
100.	Jennifer Oter	F
101.	Okullu Godfrey	M
102.	Okello Bony	M
103.	Apili Collin	F
104.	Ajuko Phoebe	F
105.	Okurera Bosco	M
106.	Okelo Ejebio	M
107.	Santa Okelo	F
108.	Middy Ocen	M
109.	Mary Apili	F
110.	Grace Okello	F
111.	Polly Bito	F
112.	Atim Mary	F
113.	Omony Anthony	M

4.LIST OF KEY INFORMANTS IN KANUNGU

NO	NAME	TITLE	CONTACT
1	Atuhaire Innocent	District Planner	atuhairainocent@yahoo.com 0772 472 568
2	Turyamneeba Stephen	District Gender officer	
3	Tugiramasiko Miriam	Secretary	
4	Ndizeye Ezra	Senior probation and social welfare officer	ndizeyembaru@yahoo.co.uk 0772 856 251
5	Kinene Macreen	Community Development officer - Rugyeyo s/county	0776 706 000
6	Kabugho B Elizah	Police officer in Charge of the Family unit	0756 460 141/0785 460 141
7	Kymuhendo Judith	Nursing officer(Kirima s/ county	0703 867060/0772 356 143

5.LIST OF KEY INFORMANTS IN KATAKWI

NO	NAME	TITLE	CONTACT
1	Asekenye Damali	Senior Gender Officer/ Ag DCDO	0772576203 damsek@yahoo.com
2	Asero Jennifer	Nursing Officer	0782032391
3	Anyait Caroline	Police Officer in charge CFPU	0775450427
4	Dr Katawera Andrew	Senior Medical Officer	0782398203 kkitalea@yahoo.co.uk
5	Ikulot Margaret	Councilor Magoro S/C / Community Based Services	0782607387
6	Imalingat Bosco	Health Worker	0787186802

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17. Oyam District Development Plan



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