



**CEWIGO**  
MAKING POLICIES  
WORK *for* WOMEN

CENTRE FOR WOMEN IN GOVERNANCE

# DEEPENING ADVOCACY ON WOMEN PEACE AND SECURITY



## A CSO MONITORING REPORT

Monitoring the Implementation  
of the National Action Plan for UNSCR 1325 & 1820  
and the Goma Declaration in Uganda



**OCTOBER, 2017**



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# **ABOUT CEWIGO**

## **Centre for Women in Governance**

Centre for Women in Governance (CEWIGO) is a non-partisan, non-governmental organization established in 2006 in Uganda. CEWIGO is committed to the promotion of effective and equal participation of women and men in all spheres and at all levels of decision-making. It envisions a world that cherishes good governance where women and men equally participate and benefit from public decision making.

With funding from DGF, CEWIGO has for the past 18 months been implementing an advocacy project for deepening commitments for Women, Peace, and Security in Uganda.

The Project sought to deepen advocacy on commitments for Women, Peace and Security through 5 Ministries/Sectors/arm of government and 5 local governments (Lira, Dokolo, Gulu, Kasese and Bushenyi). Therefore, this research builds on interventions by CEWIGO both from the above project and previous project entitled “deepening the understanding and application of UNSCR 1325 in Uganda” that ended in June 2016. Project participants included local government officials (women, men, and youth), representatives from national ministries/sectors, 15 members of the Uganda 1325 coalition coordinated by CEWIGO, cultural and religious leaders and grassroots men and women. The project methodology majorly included advocacy training, peace committees planning and advocacy meetings, sub-county level conflict resolution initiatives, media campaigns and multi-stakeholder dialogue on Women, Peace, and Security.

## Authors, Consultants and Researchers

**Authors:** Center for Women in Governance (CEWIGO)

**Consultants:** Henry Owora (Lead Consultant) and Rev Christopher Babiiha (Associate Consultant)

**Researchers:** Noreen Nampewo, Edith Nakiggude, Susan Nkinzi, Faith Amanyana, Rehema Muhindo, Stephania Muhindo, Francis Okello, Geoffrey Oyat, Dinah Akallo, Rose Mary Nakafeero, Joshua Ocen, Daphine Karungi, Audrey Asasira & Leodina Aero  
Data Entrant: Justine Najore

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**Bonnie Kiconco Mutungi**  
**Executive Director**

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## ACRONYMS

<b>CAO</b>	Chief Administrative Officer
<b>CBO</b>	Community Based Organization
<b>CEWIGO</b>	Center for Women in Governance
<b>CFPU</b>	Child and Family Protection Unit
<b>CID</b>	Criminal Investigations Department
<b>CSO</b>	Civil Society Organization
<b>DCDO</b>	District Community Development Officer
<b>DDR</b>	Disarmament, Demobilization and Reintegration
<b>DEC</b>	District Executive Committee
<b>DHO</b>	District Health Officer
<b>DLG</b>	District Local Government
<b>DPC</b>	District Police Commissioner
<b>DPP</b>	Director of Public Prosecution
<b>DRC</b>	Democratic Republic of Congo
<b>DVA</b>	Domestic Violence Act
<b>FGD</b>	Focus Group Discussion
<b>FGM</b>	Female Genital Mutilation
<b>FY</b>	Financial Year
<b>GBV</b>	Gender Based Violence
<b>GoU</b>	Government of Uganda
<b>HC</b>	Health Center
<b>ICGLR</b>	International Conference on the Great Lakes Region
<b>IGAs</b>	Income Generating Activities
<b>JLOS</b>	Justice Law and Order Sector
<b>MCG</b>	Member Coalition Group
<b>MGLSD</b>	Ministry of Gender, Labor and Social Development
<b>MoFPED</b>	Ministry of Finance, Planning and Economic Development



<b>MoH</b>	Ministry of Health
<b>MoIA</b>	Ministry of Internal Affairs
<b>MP</b>	Member of Parliament
<b>NCDP</b>	National Community Development Policy
<b>NGBVD</b>	National Gender Based Violence Database
<b>NGO</b>	Non-governmental Organization
<b>PEP</b>	Post Exposure Prophylaxis
<b>PF3</b>	Police Form 3
<b>PMTCT</b>	Prevention of Mother to Child HIV Transmission
<b>PRDP</b>	Peace, Recovery and Development Plan (for northern Uganda)
<b>SACCOs</b>	Savings and Credit Cooperatives
<b>ULRC</b>	Uganda Law Review Commission
<b>UN</b>	United Nations
<b>UNSCR</b>	United Nations Security Council Resolution
<b>UPDF</b>	Uganda People's Defense Forces

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# EXECUTIVE SUMMARY

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The primary purpose of this monitoring study was to review the progress made by Uganda in the implementation of the 2011-2015 NAP for UNSCR 1325, 1820 and the Goma declaration. The production of a comprehensive progress monitoring report pointing out the actual progress made in realizing each performance indicator of Uganda NAP and documenting lessons learned during the implementation processes was also upheld as another important deliverable of the study.

The study mainly used both qualitative and quantitative approach. The methods of data collection were documentary review, in-depth interviews with key informants, case studies and focus group discussions. A total of 204 stakeholders were interviewed, 150 respondents participating in FGDs (15 per group, 2 groups per district) and 19 documents reviewed. In order to ensure quality and data reliability, a number of measures were taken, including the use of the participatory approach, triangulation of methods and selection of knowledgeable informants.

The broad key finding is that Uganda has registered practical achievements in relation to implementation of the resolutions. More specifically, the review study detected the following:

## Legal and Policy Framework

It was generally noted that Uganda has made unprecedented progress to improve legal and policy environment in relation to enacting laws and policy making on GBV gender equality and women's empowerment through various laws, policies and mechanisms that the government has so far put in place. Most of these progresses originate from the 1995 (amended) gender sensitive Constitution and localized implementation of Uganda National Action on UNSCR on 1325, 1820 and the Goma Declaration. To effectively implement Uganda NAP, it was noticed that Uganda has put in place an impressive legal and policy environment for prevention of GBV. The most noticeable laws and policies include the 2010 Female Genital Mutilation (FGM) act, the 2010 Domestic Violence (DV) Act, 2009 Marriage and Divorce Bill, the 2010 National Women's Council (amendment) act, the 2016 Elimination of Gender Based Violence (GBV) Policy and the 2007 National Gender Policy (amended).

The research team confirmed that there are institutional legal frameworks that advance the rights of the women, including the National Gender Policy and the National Women Council. Several capacity building activities have been and are still carried out to sensitize the masses on GBV laws/regulations and this is mostly done through the implementation of Uganda National Action Plan on UNSCR on 1325, 1820 and the Goma Declaration.

## Improved Access to Health Facilities, Medical Treatment and Psychosocial Services for GBV Survivors

Changes have been pointed out in the study with more medical workers being trained in GBV management, specific attention to facilitate and support GBV survivors is still wanting. It is to this effect that government ministries should consider establishing specific funding and departments in medical centers to build capacity to handle cases within the shortest time.

Women in Leadership and Decision Making Competition for space and position has presented women with several hurdles to manage to hold vital political and administrative positions. Whereas this has been the case, strides have been made in closing this gap. More women have been placed in several key positions as greater emphasis has been about balancing the gender equation. However, experience, competence and education has been an area of concern in ensuring that women attain certain positions as it also has an impact on the voice of the women in decision making.

## Elimination of GBV in Society

This has been a progressive movement as awareness of GBV has become even more pronounced in the society. Communities have witnessed knowledge, attitudes and practices relating to GBV gain momentum. Men have been at the forefront as champions, GBV taskforces have been established, Women empowerment programs have gained attention as Women led Saccos have revolutionized the socio-economic status of families. Through NGOs, CSOs and Government Agencies funding has been pushed to ensure that GBV is eliminated from the society. The current

policy frameworks have been implemented through the NAP that have ensured that while the survivors are protected, the persecutors are prosecuted. Against this however is the need to ensure that systems are in place to tackle the GBV issue high handedly as some men are still able to bride their way in to freedom after committing crime.

## Budget Allocation for Implementation

Funding across all government agencies has been an ongoing cry for many programs, including GBV activities. Limited funding to create more awareness through existing forums like the media or translation of the laws in to local languages is still a challenge. Health Units are also inadequately supported as demands in such centers has become very high. Prioritizing GBV has therefore been a challenge to the GBV actors as cuts in the budgets have not spared either the gender or the health sectors. Other areas of concern are in the compensation of GBV survivors as mentioned in NAP implementation. Inadequate funding still remains a challenge as priority has changed to empowering the survivors to live a better life. Therefore, more funding specific to GBV through the support of NGOs & CSOs projects would demonstrate a need to provide credible support towards the welfare of the survivors.

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## 1.0. BACKGROUND OF THE STUDY

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Uganda's National Action Plan (NAP) for Implementation of United Nations Security Council Resolution (UNSCR) 1325, 1820 and the Goma declaration (2011–2016) guides Uganda's commitments to promote and implement the objectives of UNSCR 1325, 1820 and Goma declaration in its programme-support activities, diplomatic advocacy and policy-making across the interrelated areas of Women, peace, security and development. The implementation of Uganda's second NAP ended in 2016/17 fiscal and the preparation of the next Uganda's NAP is underway. Therefore, this report presents the findings of a final review of the implementation of the second NAP which was carried out between August and October 2017.

### 1.1. Introduction

When efforts to build peace, provide security and development are not effective on the ground, it is often because the gender dimensions of conflict have been overlooked. Gender-based violence and inequalities are present in Uganda from the household to the national level, and are often exacerbated by violent conflict. In Uganda, there is growing evidence that promoting women participation in governance and advocating gender equality in peace, security and development is therefore critical to effective responses to bring about enduring peace and social stability. Although policies are in place for gender mainstreaming in peace, security and development, many gaps in practical

implementation remain. Therefore, this report lays out findings from the progress assessment study on the implementation of the Uganda Action Plan on UNSCR 1325 & 1820 and the Goma Declaration. The report provides practical recommendations backed by examples of how the Government of Uganda and other stakeholders can more effectively implement Uganda Action Plan on UNSCR 1325 & 1820 and the Goma Declaration.

### 1.2. Context of the Progress Monitoring Study

A number of mechanisms to monitor and evaluate the delivery of Uganda's NAP for the implementation of UNSCR 1325 & 1820 and the Goma Declaration have been established since 2011. A Monitoring Coalition Group (MCG) was established and currently has 15 members. These include representatives from relevant government departments, units and agencies with responsibility for the implementation of assigned NAP actions (sometimes referred to as implementing bodies or departments); representatives of Civil Society Organizations (CSOs) from international development organizations and women's organizations engaged in advocacy at national and local levels; academics with expertise on issues relevant to UNSCR 1325, 1820 and the Goma declaration. The MCG is coordinated by CEWIGO, an independent appointee and purely non-governmental. CEWIGO, has a key role in supporting the Monitoring

Coalition Group, and for independent review processes and routine progress monitoring. Current monitoring mechanisms include quarterly review meetings of the MCG to oversee progress on implementation; a results framework table to indicate progress on delivery of assigned actions by MCG member NGOs, government agencies and independent review and evaluation through the annual research studies on the implementation of UNSCR 1325, 1820 and the Goma declaration and production of CSO Monitoring Reports for each annual research study.

The latest annual progress monitoring review was undertaken in November 2015 by independent consultants who examined the second implementation phase of the NAP in 2014/15 fiscal year. The CSO Monitoring Progress Report was published in November 2015 and provides a comprehensive and in-depth assessment of progress against a number of performance indicator<sup>1</sup>.

### 1.3. Purpose, Scope, and Objectives of this Monitoring study

#### 1.3.1. Purpose

As part of building on the learning from the previous Study, this 2016/17 monitoring study will update the findings of the 2015/2016 Progress Monitoring Report and maybe helpful in the review of the implementation processes that will inform the delivery and implementation

of the next NAP. Therefore, the purpose of this monitoring study was to examine the progress made by the Government of Uganda and with the continued support of DGF and CEWIGO in the implementation of Uganda NAP on UNSCR 1325, 1820 and the Goma declaration and to also establish lessons learned and challenges faced by various actors involved in the NAP implementation processes.

#### 1.3.2. Scope and Audience of the Study

The content scope of this study focused on 5 priority areas and their respective indicators as outlined in the Uganda NAP on UNSCR 1325 & 1820 and the Goma Declaration and the geographical scope was particularly limited to five (5) districts of Uganda namely Lira, Dokolo, Gulu, Kasese and Bushenyi and five (5) Government Ministries namely Ministry of Gender, Labour and Social Development (MGLSD), Ministry of Internal Affairs (MIA), Justice, Law and Order Sector (JLOS), Parliament and Ministry of Health (MOH) at national level.

The 2008-2011 and 2011-2015 Uganda NAP for the UNSCR 1325 outlines a number of district, government and CSOs stakeholders who were expected to play different, but complementary roles in its implementation. The audience of the progress monitoring study was primarily composed of these stakeholders. Relevant ministries and government agencies and appropriate NGOs were consulted during the study. Particular attention was paid to those members of the NAP Steering Committees at both national and district level.

1 The CSO Progress Monitoring Report (2015) on Implementation of Uganda's NAP on UNSCR 1325, 1820 and Goma declaration, available at CEWIGO. i.e. The Progress Monitoring Report provided a detailed baseline information against which progress on the implementation of Uganda NAP can be measured.

### 1.3.3. Objectives

The objectives of the study were to:

- a) To monitor progress that Uganda has made in the last 2 years on the implementation the National Action Plan on UNSCR 1325 & 1820 and the Goma Declaration.
- b) Study the priority areas of the Uganda National Action Plan on UN Security Council resolutions 1325 & 1820 and the Goma Declaration in relation to the five (5) districts and ministries of the Government of Uganda.
- c) Identify lessons learnt and provide recommendations and strategies for guiding the full and future implementation of Uganda NAP on UNSCR 1325 & 1820 and the Goma Declaration.

## 1.4. Overview of Uganda NAP on UNSCR 1325 & 1820 and the Goma Declaration

In December 2008, Uganda developed a National Action Plan (NAP) on UNSCR 1325, 1820 and the Goma Declaration and in 2011, it was revised to improve monitoring and performance on implementation. The NAP establishes the overall implementation framework of the three instruments and assigns different roles and responsibilities to various stakeholders including government ministries, local governments, departments and Civil Society Organizations (CSOs). The NAP has 5 priority areas and a number of indicators for each priority area. The priority areas include;

- a) Legal and policy framework.
- b) Improved access to health services,

medical treatment and psychosocial services for GBV victims.

- c) Women in leadership and decision making.
- d) Prevention of GBV in society and
- e) Budgetary allocations for implementation of UNSCR 1325 and 1820 and the Goma Declaration.

### 1.4.1. UNSCR 1325

The UNSCR 1325 is a legal framework that protects and focuses on women, peace and security. This framework was adopted overwhelmingly by the UN Security Council on 31st October 2000, after recalling resolutions 1261 (1999), 1265 (1999), 1296 (2000), and 1314 (2000). The resolution acknowledged the disproportionate and unique impact of armed conflict on women and girls. It calls for the adoption of a gender perspective to consider the special needs of women and girls during conflict, repatriation and resettlement, rehabilitation, reintegration, and post-conflict reconstruction<sup>2</sup>. The UN Security Council Resolution 1325 seeks to increase representation of women at all decision-making levels in national, regional and international institutions and mechanisms for the prevention, management, and resolution of conflict.

### 1.4.2. UNSCR 1820

Adopted on June 19<sup>th</sup>, 2008, the UNSCR 1820<sup>3</sup> seeks to condemn the use of sexual violence as a tool of war, and declares that

2 "Security Council, unanimously adopting resolution 1325 (2000), calls for broad participation of women in peace-building post-conflict reconstruction". *United Nations. 31st October 2000.*

3 Adopted by the United Nations Security Council at its 5916th meeting, on 19 June 2008, Reaffirming its commitment to the continuing and full implementation of resolution 1325 (2000), 1612 (2005) and 1674 (2006).

“rape and other forms of sexual violence can constitute war crimes, crimes against humanity or a constitutive act with respect to genocide”. The resolution further seeks to exclude the perpetrators of rape and other forms of sexual violence from amnesty in the context of conflict resolution processes. The UNSCR 1820 therefore demands of parties involved in armed conflict to immediately take appropriate measures to protect civilians, including women and girls from all forms of sexual violence, it calls upon Governments to prosecute persons responsible for such acts and ensure that all victims of sexual violence have equal protection under the law and equal access to justice.

### 1.4.3. The Goma Declaration

After the passing of UN Resolution 1325, many countries and regions developed context-specific measures to advance the rights of women and offer appropriate remedies. In June 2008, member states of the International Conference of the Great Lakes Region, together with civil society organizations, religious and cultural leaders and UN agencies, passed the Goma Declaration which seeks to eradicate all forms of gender-based violence, in particular sexual violence, by calling upon member states to take appropriate measures for empowerment and equal representation of women and girls<sup>4</sup>.

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<sup>4</sup> The Goma Declaration on Eradicating Sexual Violence and Ending Impunity in the Great Lakes Region was adopted by participants from different government ministries and departments of the Member States of the International Conference on the Great Lakes Region (ICGLR) together with civil society organizations, religious and traditional leaders, international nongovernmental organizations, development partners and the United Nations (UN) agencies on 18th June 2008 at IHUSI Hotel, Goma.

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## 2.0. METHODOLOGY OF THE STUDY

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The study design of methodology was cross sectional in nature adopting both qualitative and quantitative methods of data collection and this was so because the approach allowed large-scale measurement of ideas, beliefs, and attitudes that helped uncover stakeholder's experience ensuing from implementation of the Uganda action plan on UNSCR 1325 & 1820 and the Goma declaration.

### 2.1. Methods of data Collection

#### 2.1.1. Documentary Review

Documentary Review included a review of district and national policy instruments and reports relating to national implementation of UNSCR 1325, 1820 and the Goma declaration. Also, the following documents among others were reviewed in government ministries and districts by the Research Assistants in order to establish their existence and content.

- a) 2015 CSO monitoring report on the implementation of Uganda NAP on UNSCR 1325, 1820 and the Goma declaration in Lira, Dokolo, Gulu, Kasese and Bushenyi districts.
- b) Annual Reports for the Ministry of Gender, Labour and Social Development (MGLSD), Ministry of Internal Affairs (MIA), Justice, Law and Order Sector (JLOS), Parliament and Ministry of Health (MOH).
- c) GoU National Action Plan on UNSCR 1325, 1820 and the Goma declaration.
- d) GoU Monitoring and Evaluation Plan for the National Action Plan on UNSCR 1325, 1820 and the Goma declaration.
- e) District Annual Plans and Fiscal Budgets (2014/15 – 2016/17).
- f) Quarterly and Annual Progress and Financial Reports for CEWIGO and her Implementing Partners in Lira, Dokolo, Gulu, Kasese and Bushenyi districts.
- g) CSO Monitoring Report - Monitoring the Implementation of the National Action Plan for UNSCR 1325 & 1820 and the Goma Declaration in Uganda.
- h) CEWIGO Quarterly Review and Coordination Meetings' reports on the implementation of Uganda NAP on UNSCR 1325, 1820 and the Goma declaration in Lira, Dokolo, Gulu, Kasese and Bushenyi districts.
- i) The United Nations Security Council Resolution 1325
- j) The United Nations Security Council Resolution 1820
- k) The Goma Declaration on Eradicating Sexual Violence and Ending Impunity in the Great Lakes Region 2008
- l) The Convention on the Elimination



of All Forms of Discrimination Against Women (CEDAW) adopted in 1979 Report

- m) The UN Millennium Development Goals Report
- n) The African Charter on Human and Peoples' Rights (1981) Report
- o) The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, commonly known as the Maputo Protocol Report
- p) The Maputo Protocol of the African Union, brochure produced by GTZ for the German Federal Ministry for Economic Cooperation and Development
- q) Uganda Police Force (2014) Annual Crime and Traffic/ Road Safety Report 2013 (Kampala: Uganda Police Force)
- r) Ministry of Gender, Labour and Social Development, Ministerial Policy Statement (2017/2018)
- s) National Budget Framework Paper FY 2017/18 – FY 2021/22 Ministry of Finance, Planning and Economic Development, March 2017

### **2.1.2. Key Informants In-depth Interviews at district and National Level**

In-depth interviews were conducted by key informants for 10 and 50 respondents both national and district level respectively so as to obtain varied and comparable data with regard to the implementation

of Uganda NAP on UNSCR 1325 & 1820 and the Goma declaration. The research assistants collected data from the interviews using both interview guides and structured questionnaires focusing on particular indicators within the contextual implementation of Uganda NAP on UNSCR 1325 & 1820 and the Goma declaration.

### **2.1.3. Focus Group Discussions**

In every district, the Research Assistants conducted at least two focus group discussions selected as “Women Only” and “Women & Men” in each district. The researchers solicited views at the district level for both men and women and the GBV taskforce while at local level, the researchers solicited views from women in the community who included either the GBV survivors or the community stakeholders. The study gathered as much relevant data as possible from the local level women leaders at district and sub-county level including those in politics, in the public service (District Probation Officers and Community Development Officers), Religious Leaders, Leaders’ of Women’s CBOs, District Child and Family Protection unit of Police, Women Teachers, Senior Nursing Officers & Administrators, In-charges & Nursing Officers of Health Center II/III/IV, Staff of Police Posts in various sub counties and a few selected Village Local Council Chairpersons.

The study respondents, especially the local level women leaders, were thought very ideal, reliable and representative because they are the primary beneficiaries amongst all stakeholders of Uganda NAP on UNSCR 1325 & 1820 and the Goma declaration. More so, local level women leaders are the most fundamental stakeholders responsible

for pressing steady implementation of Uganda NAP on UNSCR 1325 & 1820 and the Goma declaration.

Therefore, such qualitative information helped bridge the data collection gaps associated by quantitative methods. The discussions and insights of the FGDs sought to address the objectives of the study from an expert and collective perspective. The major output of the FGDs was a consensus on controversial issues while also showing the general position of a particular category of respondents in relation to the matters under discussion.

#### **2.1.4. Questioning**

Using a questionnaire, the study collected more useful data from the beneficiaries of the implementation activities of the NAP. The questions were tailored to capturing information relevant to the localization process, perceptions and knowledge that grassroot people had about the 5 priority areas. The study thus collected this data from 134 Community Members who included beneficiaries, community and opinion leaders as well as from 10 survivors.

#### **2.1.5. Case Studies**

The research assistants identified case studies that formed the focal point of the study and these were primarily used to provide an in-depth, specific and holistic analysis of a particular case because of the case study uniqueness of the situation before, during and after the implementation of Uganda NAP activities. Thus, the use of cross sectional study design data collection strategy was found helpful in addressing the inherent weakness in each individual data collection strategy.

## **2.2. Data collection Procedure and Quality Assurance Measures**

To ensure quality control for data collection, the following tasks were carried out. The review team designed study instruments to capture both quantitative and qualitative data. The tools were pre-tested for clarity, completeness and comprehension before the main data collection begins. CEWIGO identified 10 Research assistants fluent in the key languages spoken in the study sites i.e. Rukonjo, Langi, Runyankole and English and were thereafter trained by the consulting team prior to data collection exercise of the research study. During the training, clear explanation of the study objectives and interviewing techniques and recording of responses were comprehensively demonstrated to them.

The consulting team supervised the data collection process including holding daily field review meetings to capture emerging issues and insights in relation to concerns of the study as well as identifying areas for further enquiry.

Field editing of responses captured was done on the spot after the interview to ensure that all questions have been asked and all responses properly entered.

Before data entry, the Data Entry Clerk was guided by the Consulting team to check all responses submitted from each district and consistency checks were undertaken. After data entry, the consulting team performed a quick check of the following;

- Missing respondents based on serial numbers
- Range checks on non-numerical variables

## 2.3. Analysis and Interpretation of Data

### 2.3.1. Qualitative data

Qualitative data was analyzed on the basis of the pertinent themes as presented on the developed checklist of the key informant interviews, focus group discussions, and some questions in the FGD interview guide.

### 2.3.2. Quantitative data

After fieldwork, quantitative data was analyzed for socio-economic and demographic characteristics such as age, educational level, sex; job type, among others). Correlation and regression analysis was conducted to enable relationships among study variables and study sites. The analysis process also included; editing and coding all research instruments administered.

team relied on existing relevant documents and even undertook more interviews to fill the gap where possible.

NAP stakeholders find themselves implementing activities related to the UNSCR 1325 without knowing it and establishing the link between what they do in relation to Uganda NAP for the UNSCR 1325, 1820 and the Goma declaration was not easy.

It was also noted that most of the targeted beneficiaries were not well conversant with either legislative matters or budgetary allocation issues regarding the implementation of the NAP. The implementers would have to translate these documents to local languages for effective sensitization to be carried which wasn't the case.

## 2.4. Ethical Considerations

During data collection, consent was sought from all respondents after explaining to them the purpose of the review monitoring study and assurance of confidentiality and that their participation or non-participation in the evaluation was in any way not related to their position or benefits accruing from the services supported by CEWIGO.

## 2.5. Limitations and Mitigation Strategies

It was noted that a good number of NAP stakeholders in Uganda have no clear and updated statistical documentation of activities as specified in the NAP monitoring and evaluation framework. The consulting

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### 3.0. FINDINGS: PROGRESS ON THE IMPLEMENTATION OF UGANDA NAP (2011-2016) ON UNSCR 1325, 1820 AND THE GOMA DECLARATION

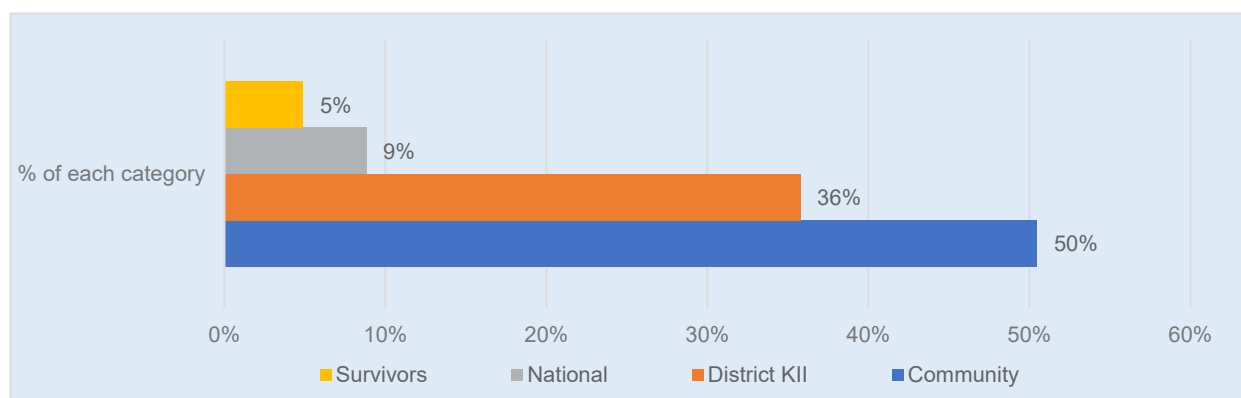
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This chapter presents the findings on progress made in the implementation of Uganda NAP on UNSCR 1325, 1820 and the Goma declaration. The structure of this section of the report is widely dictated by the NAP priority areas and their particular indicators.

#### 3.1. Socio-demographic and educational background - Quantitative findings

As shown in charts 1,3,5, this section provides findings on the socio-demographic profiling information of the respondents using data from all the quantitative questionnaires.

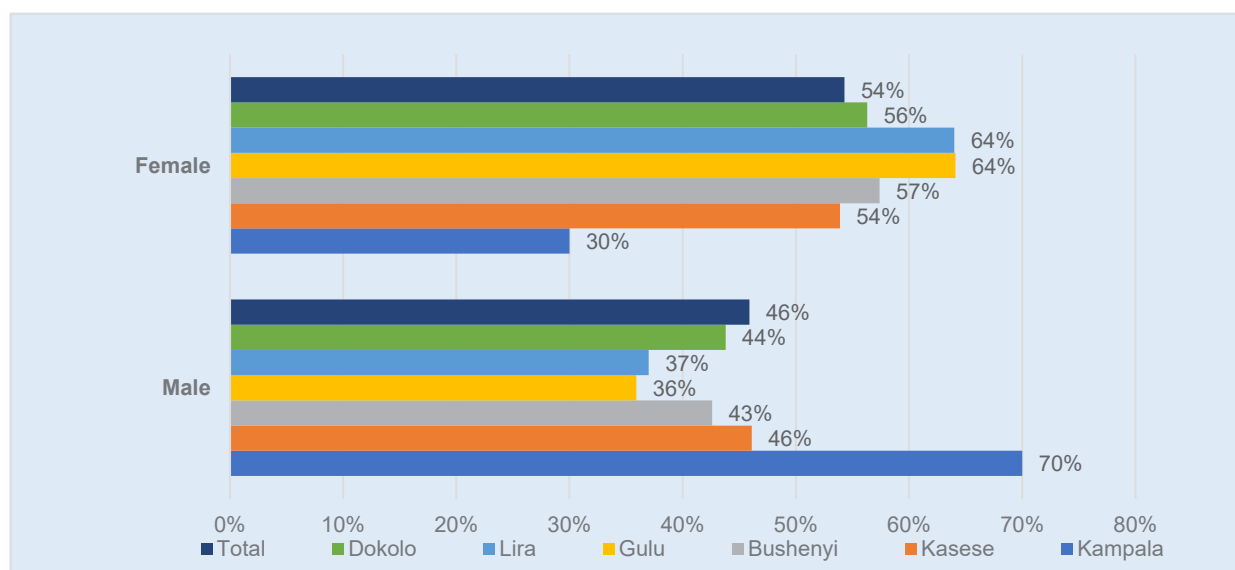
**Chart 1: Distribution of Participants by Category**



**Source:** Primary Data from the Field

The category of respondents was considered a key variable in the research. To help measure progress on implementation of NAP, categorization of the participants was very pertinent in a sense that it aided the generation of specific data sets of the research. The research results displayed in chart 1 above revealed that the grass root communities and key informants at district level constituted the highest (91%) proportion of the total participants of the research.

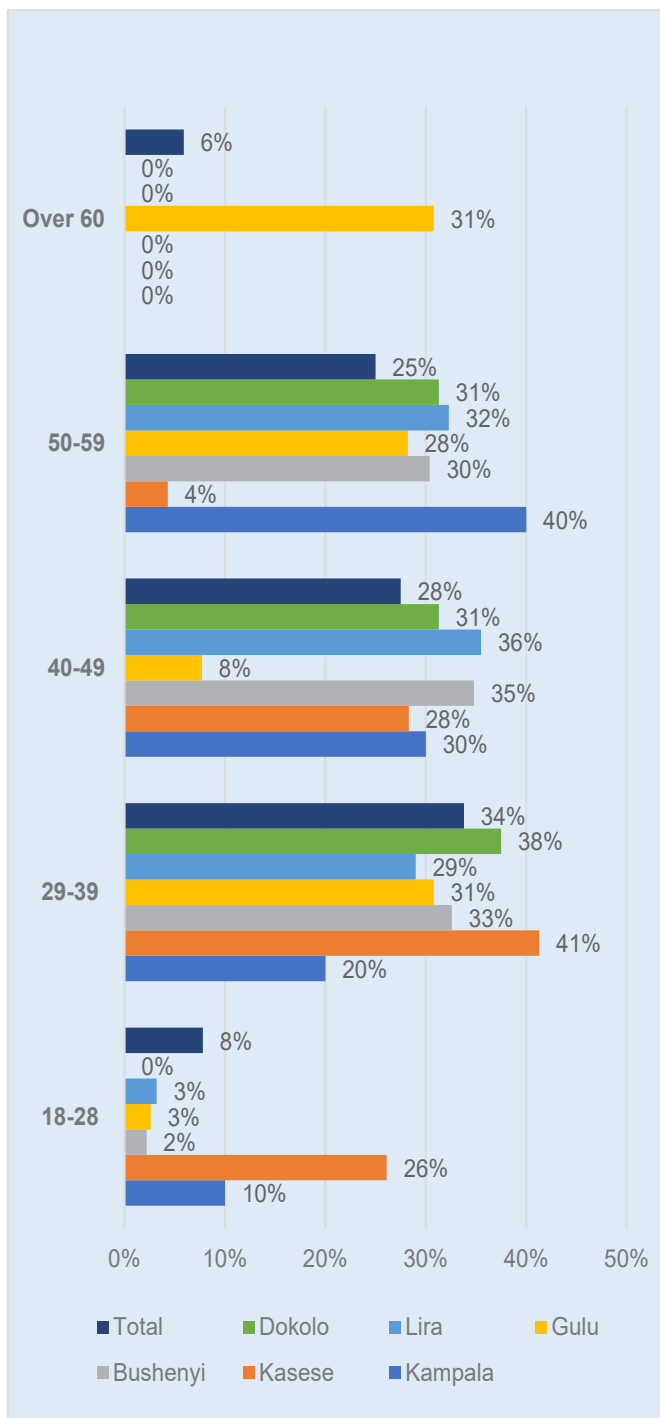
**Chart 2: Distribution of Participants by sex**



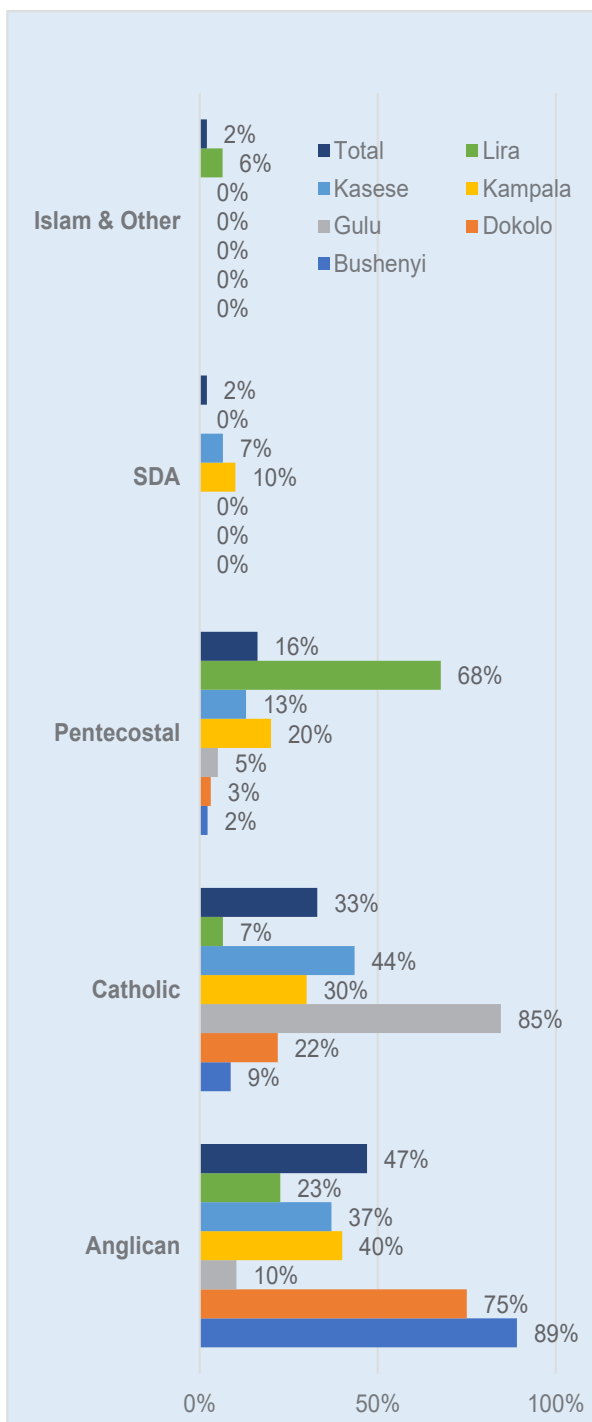
**Source:** Primary Data from the Field

Also presented in chart 2 above, the overall proportion of women stands slightly higher (54%) than that of men (46%). By the time of interviews and administration of research questionnaires, efforts were made to include 50% of male and 50% of female respondents in the sample, but found ourselves with slightly dominant female respondents.

**Chart 3: Distribution of Participants by age group**



**Chart 4: Distribution of Participants by religion**



The research covered the female and male population aged between 18 and over 60 years. The results of chart 3 analysis reveal, cumulatively more than a half of respondents (58%) are over 40 years old. The participants' age of the remaining nearly half (42%) is comprised between 18-40.

Like other demographic variables described above, religion of respondent is relevant information in gender based violence related study as beliefs, attitudes and practices of religious differ from one religion to another. Polygamy is one of the practices that is linked to both religion and gender based violence. Chart 4 above shows the religions of respondents. The Christian religion is highly represented in the sample with 98% of respondents asserting that they are Christian. Other religions like Slam, traditional and those with no religion were

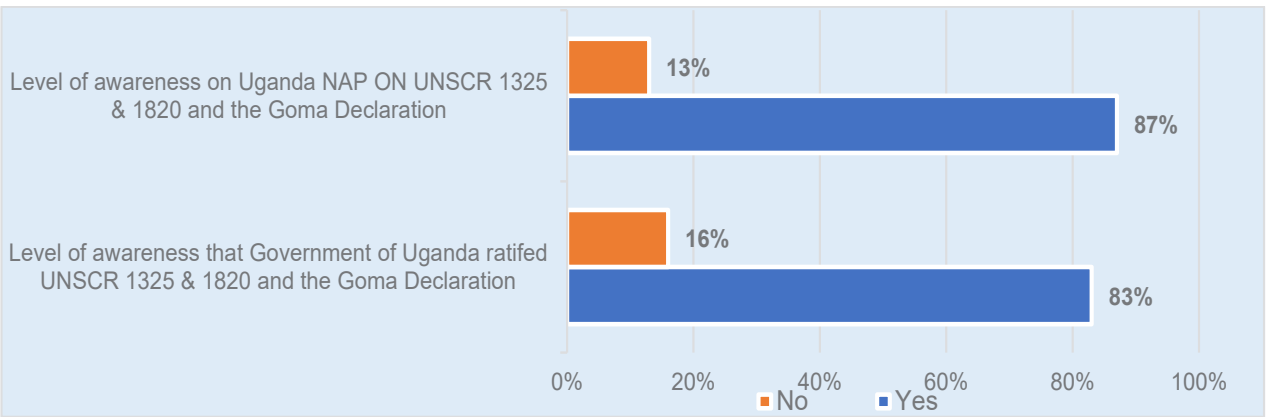
extremely less represented (only 2%) in the sample.

### 3.2. Priority Area 1: Legal and Policy Framework

**Findings on Strategic Objective 1: Improved legal and policy environment in relation to enacting laws and policy making on GBV.**

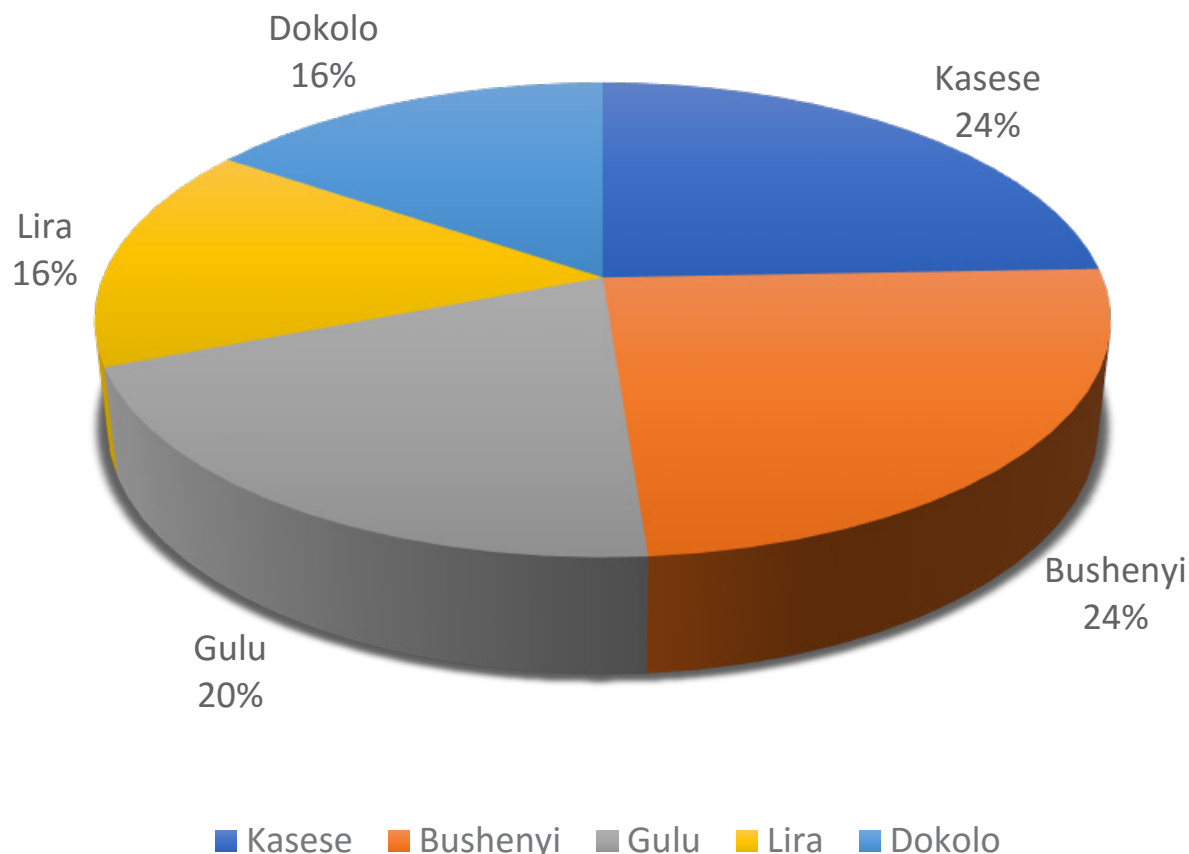
**Indicator 1.1: Laws addressing GBV issues in place and in line with the principles of UNSCR 1325 & 1820 and the Goma Declaration**

**Chart 5: Level of awareness on Uganda NAP and UNSCR 1325, 1820 and the Goma Declaration**



**Source:** Primary Data from the Field

**Chart 6: Level of Awareness of the GBV Laws by District**



**Source:** Primary Data from the Field

Awareness levels were higher in the districts of Kasese, Bushenyi and Gulu as compared to Lira and Dokolo. The study shows that there is an on-going significant effort to increase awareness of the public on Uganda NAP for the implementation of UNSCR 1325 & 1820 and the Goma Declaration. The high percentage (87%) of increased awareness of the public on Uganda NAP is a good progress indicator that there are improved linkages and a likely long-term engagement between the local authorities and central government ministries, non-governmental

organizations and international donors in striving to end gender based violence against women although men and children are no longer safe to the violence as seen in the picture below.





While GBV is still considered as a case that can be categorized amongst the other existing known cases like assault, murder, battering – Violence is still very common. Therefore, implementation of existing laws on GBV have to be fast tracked even in the local courts.

For instance, the picture shows a *child that was burnt by a Step Mother in Lira- Perpetrator was convicted by Lira Court*. Similar cases as these need strengthening of existing laws to ensure that justice prevails. Likewise considerable effort to ensure that these laws appropriately lead to the conviction of the perpetrators has been an on-going effort by the Lira CDO's Office to provide ground for inacting these laws at the local courts.

It is on this ground that the study provided credible ground for progress of the action plans at local level.

**Source:** Data Collected from Lira CDO's Office

On average, 37 of the 50 district-level respondents were aware and knowledgeable of the existence of Ugandan laws combating GBV in line with the UNSCR 1325, 1820 and the Goma declaration; however, a smaller number (18 out of 50) knew the specific elements of the laws tackling GBV issues. The majority (60%) of grassroots community level stakeholders could not state the specific elements of the laws addressing GBV issues as enacted by the parliament of Uganda.

The research findings from the in-depth interviews with key informants and grassroots community stakeholders generally noted that knowledge of the existence of

laws did not always translate into thorough awareness of the specific content of the laws:

“I don't know about the Domestic Violence Act (2010) in detail. I have to look that up in the book....Though I am part of the District NAP Steering Committee, I do work on the GBV issue and so I am expected to know certain elements of the act in detail.” - Kasese District

## **Documentary Review findings on Regulations, Policy and Guidance Documents**

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*Number, title and description of relevant official regulation, policy and guidance documents that contain reference to Uganda NAP on Women, Peace and Security agenda or resolutions 1325, 1820 and the Goma declaration.*

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The research team learned that Uganda is a signatory to several international and regional instruments for promoting gender equality and women's empowerment and these were found unlimited to the following;

- i. The United Nations Security Council Resolution 1325,
- ii. The United Nations Security Council Resolution 1820.
- iii. The Goma Declaration on Eradicating Sexual Violence and Ending Impunity in the Great Lakes Region 2008,
- iv. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) adopted in 1979.

It was observed that the Government of Uganda has since then taken various measures to protect and promote women's rights as it was established that affirmative action is now provided for in the constitution to rectify historical imbalances that did not favor women's effective

participation in decision-making processes, even in the home. At parliamentary level, there is a provision for woman Member of Parliament from each district, while the Local Government Act (1997) provides for women councilors to be at least one third of the total number of councilors at all levels from village to the district.

The list of relevant laws and key official policy and guidance documents relating to the implementation of Uganda NAP on the UNSCR 1325, 1820 and the Goma declaration, including titles and descriptions is as enumerated in below.

### **List and description of reviewed relevant laws and key official policy and guidance documents**

1. **United Nations Security Council Resolution (S/RES/1325) on women and peace and security adopted on 31 October 2000.** *"Security Council resolution 1325 (2000) stresses the importance of women's equal and full participation as active agents in the prevention and resolution of conflicts, peace-building and peacekeeping.*
2. **United Nations Security Council Resolution 1820 Adopted by the Security Council at its 5916th meeting, on 19 June 2008.** *Security Council Resolution 1820 reinforces Resolution 1325 and highlights that sexual violence in conflict constitutes a war crime and demands parties to armed conflict to immediately take appropriate measures to protect civilians from sexual violence, including training troops and enforcing disciplinary measures".*

3. **The Goma Declaration on Eradicating Sexual Violence and Ending Impunity** in the Great Lakes Region adopted in Goma on 18<sup>th</sup> June 2008. “The declaration is determined to work with and influence our respective governments and organizations to contribute to the eradication of all forms of gender-based violence, in particular sexual violence, and to take appropriate measures for empowerment and equal representation of women and girls.
4. The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) adopted in 1979 by the United Nations General Assembly. *“It is described as an international bill of rights for women, it was instituted on 3 September 1981 and has been ratified by 189 states and Uganda inclusive.*
5. The Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa. *“The protocol is better known as the **Maputo Protocol**. The research team found out that it guarantees comprehensive rights to women including the right to take part in the political process, to social and political equality with men, improved autonomy in their reproductive health decisions, and an end to female genital mutilation<sup>5</sup>.*

As part of progress in the implementation of international treaties/protocols, it was noted that the Government of Uganda has continued to allow the civil society organizations to play a major role in achieving the objectives of the treaties/Protocols in conjunction with Government.

**Legal progress includes;** Passing of laws to support the family and community values. These include;

**The Domestic Violence Act, 2010.** The law seeks to protect victims of domestic violence and to punish perpetrators. It is not only limited to physical harm, but also economic, emotional, verbal, sexual violence and psychological abuse which has previously gone unnoticed.

**The Prevention of Female Genital Mutilation (FGM) Act 2007.** The Act criminalizes the practice of FGM, prosecution of offenders and protection of victims.

**Land (Amendment) Act.** Following this, drafting of a national Land Policy and national consultations are ongoing.

However, the research team noted that there are other critical laws that are still pending which would enable the majority of people in Uganda to attain family justice and also help in the implementation of Uganda NAP. These include;

- a) The Marriage and Divorce Bill (formerly the Domestic Relations Bill-DRB).
- b) The Sexual Offences (Amendment) Bill.
- c) The Penal Code (Amendment) Act - to take into consideration the issue of criminal adultery
- d) The Succession (Amendment) Act – to take into consideration aspects of equal inheritance between men and women.
- e) The Community Mobilization and Empowerment Bill.

It is expected that these laws will be debated and passed before the close of the 10<sup>th</sup> Parliament.

5 The Maputo Protocol of the African Union, brochure produced by GTZ for the German Federal Ministry for Economic Cooperation and Development

## **INDICATOR 1.2: Ministerial policy statements / annual work plans incorporating GBV activities in Health, JLOS and Defense**

The findings from the review of documents in relation to ministerial policy statements of Uganda demonstrated that the Constitution of the Republic of Uganda, as the country's overall legal framework because it; provides for gender balance and fair representation of marginalized groups; accords equal citizenship rights, freedom from discrimination and affirmative action in favor of women; recognizes the role of women in society and articulates specific rights for women including outlawing customs, traditions and practices that undermine the welfare, dignity and interests of women according to Article 21.

To operationalize the GBV constitutional provisions, the research team found out that the government of Uganda has made significant progress in implementing NAP because it deemed it very essential to formulate and roll out the implementation of the National gender policy in all ministries and agencies.

Additionally, the documentary review process noted that the Uganda National Gender Policy (UNGP) is the most used policy framework to guide government ministries in their constitutional effort to consider gender and equality issues in their annual work plans and ministerial statements.

The research team established that MGLSD undertakes quarterly coordination of Gender Mainstreaming at different levels of government ministries/agencies, provides technical support to sectors, local governments, and civil society

and private sector entities, develops appropriate guidelines and monitors their operationalization. The role of MGLSD was also vividly detected in their effort to provide support to focal points, such as sector gender working groups and local governments for improving their effectiveness, and coordinate the monitoring and evaluation of the policy and the integration of gender responsive in the country.

Specifically, the documentary review of the Ministry of Defense Ministerial Statements showed some significant progress in the implementation of Uganda NAP. The review observed that the ministry of defense is paying critical attention to aspects of Gender mainstreaming in the following ways;

- a) Sexual Gender Based Violence (SGBV) workshops are being consistent being conducted in all UPD operational Divisions. Additionally, the aforesaid workshops are being integrated in lectures at the Peace Support Operations (PSO) Training Centre Singo and Kaweweta Recruits Training School.
- b) Frequent visits to Somalia by the directorate of women affairs are being conducted as a strategy to particularly give morale and address specific operational needs of female soldiers.
- c) The UPDF Directorate of women affairs has also continued to ensure that key concerns affecting female combatants are taken care of. These stretch right from the point of recruitment, training, promotion, retirement and after retirement. It also pays particular attention to their welfare, discipline, guidance and counseling.
- d) Economic empowerment of soldier's

spouses has continued to be undertaken. At Uganda Military Aviation Academy (UMAA), Kabamba, the spouses were supported with a tagging machine and marker for the cows and goats project while those in Masaka Armoured Brigade were supported with materials for the bar soap making project. There has also been continued networking and partnering with different organizations such as AfriPads, NAADS, UCDA, RTI, Beads for Life and Living Business Education among others. These partnerships have helped in offering services and providing technical skills to women in different units. Further, reproductive health and sanitation talks are regularly organized for the women in barracks which has generally led to improved cleanliness. Therefore, to improve the livelihood of soldier's spouses, the research confirmed that income generating projects are being encouraged by UPDF Directorate of women affairs. In Bombo at the Land Forces Head Quarters seed beds, containing over 8000 coffee seedlings and 17,000 seedlings in Bugema barracks Mbale await to be sold to farmers with specific focus on women.

From the documentary assessment, the research team was able to review and comment on Ministerial Policy Statements' compliance with gender and equity requirements and similarly find out whether such ministries are eligible to receive the Gender and Equity Certificate of Compliance from the ministry of finance **planning and economic development to Votes that scored at least the minimum qualifying mark of 50%. Therefore, the primary guiding objective of the ministerial statements review was to establish the**

level of compliance to requirements of gender and equity in the Ministerial Policy Statements of various Vote Functions for the Financial Years 2016/2017 and 2017/2018.

### 3.3. **Priority Area 2: Improved Access to Health Facilities, Medical Treatment and Psychosocial Services for GBV Survivors**

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*Strategic Objective 3: Increased access to appropriate health services and psychosocial services to victims of GBV and increased collaboration, linkages, and joint initiatives among the various actors responding to GBV health related issues*

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Technological uptake in a number of service delivery sectors of Uganda is still alarmingly very low. This gap has had a major setback in capturing statistical evidence about accessibility by GBV survivors to existing health services, medical treatment and psychosocial services. The increasing need to support more progressive management of health information systems to create a basis for which informative decisions have to be made has been affected by other greater needs such as recruitment of skilled medical personnel in health centers, medical equipment and provision of medical care. This has also affected collaborative efforts amongst medical bodies as expected synergy that would have facilitated strong linkages and joint initiatives amongst actors struggles to be achieved.

### INDICATOR 3.1: Proportion of health care units at sub county Level 3 (HC3s) with at least two service providers trained to handle GBV cases according to MoH guidelines

**Table 1: Number of HC3s with at least 2 SPs Trained to handle GBV**

No.	District	No. of HC III				No. of HC3s with at least 2 Service Providers Trained to handle GBV Cases	% No. of HC3s with at least 2 Service Providers Trained to handle GBV Cases
		Gov't	NGO	Private	Total		
1	Kasese	20	13	7	40	0	0.0%
2	Bushenyi	8	2	0	10	10	100%
3	Gulu	13	1	0	14	14	100%
4	Lira	9	5	0	14	0	0.0%
5	Dokolo	4	0	0	4	1	25.0%

**Source:** District Data and Ministry of Health, Health Facilities Inventory, July 2012

Although previous studies indicated that there has been progressive achievement in training of service providers on GBV based on the MoH guidelines, since has mainly been done in Health Centers 2&4 as table 1 above shows that Lira & Kasese do not have such service providers that are trained to handle GBV cases at HC3s. It was estimated that about 8% & 35% were trained in 2012 and 2014 respectively. This has been strengthened by the fact that 75% of these providers were oriented in using MoH guidelines. Most of these service providers have been trained in mainly counseling GBV (40%), treating GBV survivors (40%) and trauma management (20%) an indication of significant progress in implementation of the NAP at the local level.

The study likewise shows that whereas only 45% (25/82) of the districts HC3s had had training for at least 2 service providers to handle GBV, progress in the implementation shows that there is an apparent % increase as 3 out of 5 districts as seen above. These agreed to have been trained in GBV with results showing that Ministry of Health has been at the forefront of most of the GBV trainings. For instance, in Kasese, many women at community level have been responsive in ensuring that they have access to medical treatment in the occurrence of violence.





The CEWIGO Peace Building Coordinator – Kasese District interacts with women that had sought medical attention in one of the HC3. While demand for services is still very high, limited attention to the actual needs of the women is still a challenge. The meager resources constrain the ability of these HCs to provide adequate care for GBV victims. Kasese being one of the districts with the highest number of HCs with trained providers to handle GBV cases still grapples with the challenge of shortage of medical staff, funding and capacity of these centres to accommodate the high service demand.

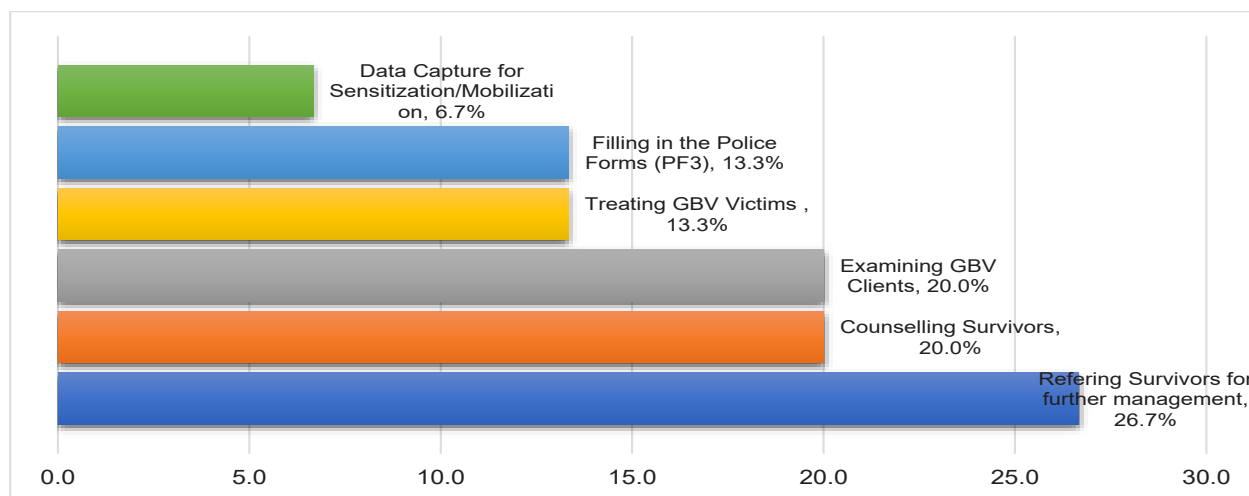
**Source:** Data Collected from a Health Centre 3 in Kasese

This however points to the fact that the involvement of only one agency in the provision of GBV training needs at the health centers (usually once a year) needs to be checked and improved especially in building capacity of health workers to improve their skill set on the management of GBV survivors.

Other important facts that confirm progress, is the element of translation of such knowledge in to practical applicability

while handling GBV cases. The statistics revealed all the trained service providers applied the knowledge acquired especially in supporting survivors by referring them for further management (26.7%), counseling and examination of GBV clients (a combined 40% response), treating victims and filling in the police forms (also combined at 26.6%) and statistical work of capturing data to be used for sensitization/mobilization (6.7%) as seen in chart 7 below.

**Chart 7: Applicability of GBV Knowledge in the last 12 Months**



**Source:** Primary Data from the Field

While the above efforts have translated into better management of GBV cases, the study also found out that applicability rates within the last 12 months were not as effective as expected. The data collected showed that only 30.8% of the trained service providers effectively applied the knowledge as the balance of 67.2% thought that there is need to improve the application of the knowledge acquired at the HC3. On the other hand, whereas the general response from the community members was that there has been a significant improvement of GBV case handling at health centers, 60% of the respondents believe that the services at the health centers are still not as effective as expected.

### **INDICATOR 3.2: Proportion of HC3, HC4 and hospitals equipped with PEP (Post Exposure Prophylaxis) Kits**

Previous studies (2013/14) had revealed that 93% of the health facilities (includes HC3 & HC4) were equipped with PEP Kits. Current statistics show a decline by 18% (from 83% to 75%) with most of the respondents attributing this decline to delays or failure by NMS to supply the kits, bureaucratic tendencies at the district, decreased funding for health facilities as well as the discrepancies in supply and demand. It is for these particular reasons that the respondents both at the community and health centers identified remedial plans that should be put in place to increase the supply of PEP Kits in both the HC3s, HC4s and the hospitals.

Effective monitoring and cohesiveness by government agencies, improved storage facilities, timely requests by the in-charge, involvement of all stakeholders in advocacy

for more kits, training staff on procurement planning and requisition, increased funding to the health centers as well as integration of GBV services in planning and budgeting of activities as a way of increasing and lobbying for adequate kits. Findings also revealed that whereas supplies of these kits were mainly done on a quarterly basis, respondents contended that supply should be prioritized according to need based on evidence provided by the office of the District Director of Health supported by GBV taskforces at the communities.

### **INDICATOR 3.3: Proportion of GBV survivors sensitized on the need to seek medical services in post conflict districts within 72 hours**

Evidence to adduce facts on sensitization was a challenge as previous studies did not provide a basis to make comparison and hence check for progress of the implementation. The study therefore found out that whereas 90% of the GBV survivors required psychosocial support, only 40% of these survivors sought for immediate medical support. Prevailing challenges such as stigma of survivors, fear to express their plight, distance to health centers amongst other factors have had an effect on several studies having sufficient data about survivors seeking for services within 72 hours.

The study also established that without proper information management systems in place, provision of timely and accurate **data on GBV cases and access to services remains a challenge. According to the findings, awareness has been key to ensuring that GBV survivors have access to medical services especially to PEP Kits. Therefore,**



tracking progress in this area required establishing community mechanisms such as registers to follow-up the survivors as the study showed that increased psychosocial support significantly increased awareness about GBV in the communities. Importantly thought is that the findings disclosed that sensitization on how to report and seek medical services (60%), where to seek such services (25%) and health education (15%) had actually improved over the years as awareness on GBV cases such as domestic violence, rape, defilement and marital rape were the most commonly known and sensitized. The study also revealed that 80% of the sensitized survivors mainly sought and accessed counselling services while the other 20% sought for treatment after referral.

### **Documentary Review findings on Improved Access to Health Facilities, Medical Treatment and Psychosocial Services for GBV Survivors**

#### *Documents supporting Improved Access to Health Facilities, Medical Treatment and Psychosocial Services for GBV Survivors and Management of GBV Cases*

The National Gender Based Violence (NGBV) policy earmarks specific responsibilities to the Uganda Police Force. In particular, the force, is responsible for: (i) providing security to GBV victims/survivors; (ii) timely apprehension of perpetrators/suspects; (iii) budget adequately for arresting

perpetrators/ suspects, investigations and detention; (iv) sensitization of communities on the implications of GBV crimes; (v) provide a toll free hotline for rapid response to GBV cases; (vi) strengthening law enforcement procedures to ensure timely access to justice; (vii) building capacity of staff for GBV programming and implementation and (vi) record and manage statistics of reported GBV cases<sup>6</sup>.

At the same time, at national level the MoGLED<sup>7</sup> identified gender and equity issues that have been considered as integral for checking progress of the NAP implementation as it considered the following gender issues related to access to health facilities: -

- (i) Mainstreaming Gender and Rights in policies, plans and programmes in sectors and Local Governments;
- (ii) Establishing and expanding comprehensive social protection programmes for vulnerable persons (victimized women inclusive);
- (iii) Strengthening the scope of social assistance grant to vulnerable groups;
- (iv) Enhancing Social Rehabilitation;
- (v) Preventing and responding to Gender Based Violence;
- (vi) Formulating a National Sexual Harassment Policy;

6 Uganda Police Force (2014) Annual Crime and Traffic/ Road Safety Report 2013 (Kampala: Uganda Police Force)

7 Ministry of Gender, Labour and Social Development, Ministerial Policy Statement (2017/2018)

- (vii) Eliminating discrimination, marginalization and ensure that all persons have equal opportunities in accessing goods and services (health services inclusive);

While the specific interventions included: -

- (i) Promoting access to social care and support services including OVC, PWDs and older persons;
- (ii) Preventing and responding to Female Genital Mutilation / Cutting (FGM);

### 3.4. Priority Area 3: Women in Leadership and Decision Making

**INDICATOR 4.1: Percentage of women in political and administrative positions disaggregated by post conflict areas (under the Peace, Recovery and Development Plan (PRDP)) and the rest of the country**

The main objective of this Priority Area 3 in the NAP is to increase women's visibility representation and participation of women in leadership and decision-making levels in national, regional and international institutions and mechanisms for the prevention, management and resolution of conflict.

**The key indicators for this priority include:**

- Key initiatives undertaken to create an enabling environment for women's involvement in peace building and democratic processes.
- Percentage of women participating in conflict resolution and peace building mechanisms and structures at district, national, regional and international levels.
- Percentage of women participating in democratic decision-making processes at national, district and local level.

**Following, are the findings of the study from the 5 project districts and at national level.**

#### **Key initiatives undertaken to create an enabling environment for women's involvement in peace building and democratic processes**

According to the National Gender Based Violence Database (NGBVD) as at 13<sup>th</sup> October 2017, the gender incidence rates of GBV in the 5 project districts (Lira, Gulu, Dokolo, Bushenyi and Kasese) were highest in Gulu at 15.62%, followed by Lira at 8.83% and lowest in Bushenyi at 0.68%. However, more research needs to be carried out about online reporting ability by all districts where the NGBVD has been established. It could be that the said districts have more access to the internet reporting than other districts which could explain why incidences are seen to be higher in Gulu and not in Bushenyi.

The NAP on GBV has contributed to peace-building for women in Uganda; however, the gender incident rates reported on the NGBVD are still far from the targeted objectives (NGBVD 13<sup>th</sup> October 2017, selected Gender Incident Rates: Sexual Assault; Female: 4,698, Male: 1,325; Sexual Assault; Female: 2,054, Male: 299). In other words, the number of women who experience gender based violence in comparison to men still remains unacceptably high.

There is need for more effort towards women empowerment and dislodging the negative influences and practices that affect the well-being and dignity of women in Uganda.

### **Percentage of women in political / administrative positions in the 5 project institutions and 5 districts**

The indicator looks at the percentage of women from the 5 project institutions and women in the 5 Local Governments of the project districts.

### **Parliament of Uganda**

The Percentage of women Members of Parliament is 34%. The composition of the Parliamentary Committees is tied to the quota system with 40% representation of women on the committees. There isn't yet any current GBV related bill that has been passed by the 10<sup>th</sup> Parliament.

**Table 2: Commissioners of Parliament, Uganda**

	Description	M	F	Total	% of women
	Commissioners of the 10 <sup>th</sup> Ugandan Parliament	5	4	9	44%

**Source:** Parliament of Uganda

The Women Commissioners of Parliament are 44%. The Parliamentary Commission has six main functions among which is a key function on budgeting and that is; To cause to be prepared in each financial year, estimates of revenue and expenditure for the next financial year. Commissioners could have an influence on resource allocation towards Women, Peace and Security, which could be exploited by lobbying them on influencing enhanced resource allocation towards women and the fight against GBV.

## Ministry of Health

**Table 3: Number and percentage of women in leadership ranks in the Ministry of Health**

Staff Rank/ Category	Women	Men	Total	% Women
Minister of Health	1	0	1	100%
Hon. State Minister for Health - General Duties	1	0	1	100%
Hon. State Minister for Health - Primary Health Care	1	0	1	100%
Permanent Secretary - Ministry of Health	1	0	1	100%
Under Secretary - Ministry of Health	0	1	1	0%
Ag. Director General Health Services	0	1	1	0%
Directors	0	2	2	0%
Commissioners - Heads of Departments	2	6	8	25%
Heads of Division	2	4	6	33%
Programme Managers	0	5	5	0%

Source: Ministry of Health website

The Ministry of Health has four of its highest-level decision makers as women at 100%, while at other levels, their numbers stand at 25% and below, with 0% at four levels out of 10 levels.

## Women in Political and Administrative positions in the 5 Local Governments

The number of women in political positions in the 5 Local Governments was approximately 43% in Bushenyi, Lira, Gulu, Kasese and Dokolo.

Table 4 below shows the representation of women in the political and administrative leadership positions in the 5 project districts.

**Table 4: Women and men in political and administrative leaders in the 5 local governments**

How many women and men are employed in the following district level of leadership												
Positions <sup>8</sup>	DEC		Speaker		D.Speaker		CPs		DSCs		LC3 CPs	
	F	M	F	M	F	M	F	M	F	M	F	M
Bushenyi	1	3	1	0	1	0	1	3	1	4	0	11
Dokolo	3	2	0	1	1	0	1	3	2	3	1	4
Gulu	2	3	0	1	0	1	2	2	2	3	1	15
Kasese	1	4	0	1	1	0	1	3	1	4	0	21
Lira	1	4	0	1	0	1	2	3	1	4	0	10

**Source:** Respondents in the 5 districts & <http://www.lcmt.org/uganda>

Outstandingly, Dokolo district registered the highest number of women on a District Executive Committee at 3 women to 2 men on the executive committee, while Bushenyi district is the only district among the 5 that had a woman speaker of the district local government council. Again, Dokolo had 1-woman LC3 chairperson, while the rest of the chairpersons were male.

Tables 5 below shows the respondents' view of women's influence in leadership and decision making in the 5 districts in 2 critical areas.

**Table 5: The importance of women in leadership and decision making in the districts**

Impactful %		How would you rate the importance of women in leadership and decision making			
		Not Impactful	Negligible	Total	
		%	%	%	
<b>District</b>	Kasese	66.7	33.3%	0.0%	100.0%
	Bushenyi	75.0	25.0%	0.0%	100.0%
	Gulu	100.0	0.0%	0.0%	100.0%
	Lira	88.9	11.1%	0.0%	100.0%
	Dokolo	100.0	0.0%	0.0%	100.0%

**Source:** Respondents in the 5 districts

The table above clearly shows that across all the 5 districts more than 65% of the respondents believe that the importance of women in leadership and decision making has equally been influential in increasing budgetary allocations to address GBV issues as well as approval of GBV related ordinances.

8 DEC: District Executive Committee, CPs: Committee Chairpersons, DSCs: District Service Commissions, HoDs: Heads of departments, HoSs: Heads of Sectors, LC3 CPs: LC3 Chairpersons, SAS: Senior Assistant Secretary, SEC: Sub County Executive Committee, SC Speaker: Sub County Speaker, DSC Speaker: Deputy Sub County Speaker.

The percentage of women at political and administrative levels at the national and at the local government level is still low, from the previous research NAP monitoring of 2015 to the current NAP monitoring.

At the local government level, the women politicians were considered by the respondents to be effective in leadership and decision-making, however, some challenges are still noted that dog their leadership. They are affected by low level of education which at times hampers their comprehension of issues for deliberation and the poor financial standing of some of the women councilors also hinders their effectiveness as leaders. For example, due to financial constraints, the women could easily get them compromised in their effectiveness, where they may simply attend council / committee meetings to get allowances but not necessarily to influence decisions.

More awareness on why women should participate in political leadership should be carried out, for women to know and understand the importance and impact of their participation. As political leaders, women are role models for other women or younger women to aspire to run for political office as well. The women politicians' success, is a success for future women leaders as well as seen in their levels of participation during the study.

Other key aspects is the need for recognition of women in critical positions of leadership and decision making which has for long been ignored. Strengthening their capacity through training and facilitated improvement in their competences is critical in raising their influence at such positions. The study points out that numbers are not sufficient

but capacity to cause influence adds more weight to the progress of women.



*Peace Building Coordinator, Kasese District carrying out an FGD for 'Only Women'*



*The Gender Officer, Bushenyi District carrying out an FGD for 'Only Women'*

Continued participatory appraisals by community women is therefore still critical to the engagements made by CSOs, GOU and other partners in the success of leveling the ground for women to have more influence in decision making. The voice of the women can therefore not be underestimated anymore as they now carry the burden of the families and society at large. There is room for more women to run for political office to narrow the gap, for example at parliamentary level that currently stands at 34%. More women can run for the

constituency seats by competing with men, besides the affirmative action seats, in order to raise the percentage of women at Parliamentary level and the same can be done at the local government level.

## **INDICATOR 4.2: Percentage of women participating in conflict resolution and peace building mechanisms and structures**

### **Women in the judiciary**

Women in the judiciary directly contribute to the implementation of Women, Peace and Security in Uganda.

**Table 6: Number and percentage of women in selected ranks in the Judiciary**

	2015				2017			
Staff Rank/ Category	Women	Men	Total	% Women	Women	Men	Total	% Women
Supreme Court Judges	3	5	8	38%	4	7	11	36%
Court of Appeal Judges	3	9	12	25%	3	11	14	21%
High Court Judges	23	30	53	43%	22	31	53	42%
Registrars / Deputy / Assistant Registrars	7	15	22	32%	20	26	46	43%
Chief Magistrates	21	25	46	46%	18	26	44	41%
Magistrates Grade 1	10	15	25	40%	92	105	197	47%

**Source:** The Judiciary: Republic of Uganda Records 2015 / September 2017

From 2015 to 2017, according to the data presented in the table above, there was an increase in the percentage of women Magistrates Grade 1 and Deputy/Assistant Registrars, while there was a decrease at all other levels.

According to the Gender Policy of the Judiciary, the Judiciary has a number of interventions to address gender-related concerns. They include improving small claims procedures, training gender champions, and encouraging judicial officers

to attend the JSI course in Gender and the law.

However, according to Kaweesa (2012), Uganda's justice system is perforated. The police are overstretched, which means that when a crime is committed, it may not be properly investigated and processed in a timely manner and neither is the Police a well-paid and motivated force meaning that it is vulnerable to all manner of interference from those accused and their accusers. This is because along the chain, the courts are also overstretched.

From the statistics in the table on women



in the judiciary, the percentage of women participating in conflict resolution and peace building mechanisms and structures is lower than 50%. The National Association of Women Judges - Uganda (NAWJU) a non-governmental organization composed of over 40 jurists focused on enforcing women's rights and increasing women's

access to the legal system has one of its objectives: To urge an increase in the number of women judges so that the judiciary more appropriately reflects an equal role for men and women in society.

#### **INDICATOR 4.3: Functionality of the women's Peace Recovery and Development**

### **Plan (PRDP) taskforce**

**Table 7: Functionality of the women's PRDP taskforce in Gulu and Lira districts**

District	No. of Meetings	Key Issues Discussed	How has the WTF influenced PRDP?	Visible benefits of functionality of women's PRDP taskforce	Challenges	Suggested Solutions
Gulu	3	<ul style="list-style-type: none"> <li>- Implication of land disputes on vulnerable</li> <li>- Implication of land disputes on vulnerable</li> <li>- Sensitization on UNSCR 1325, 1820 and the Goma Declaration</li> <li>- Monitoring GBV</li> <li>- Documentation and Reporting</li> </ul>	<ul style="list-style-type: none"> <li>- Gender sensitivity to implement participation on PMC and other structures</li> <li>- Mobilization at the grassroots level</li> </ul>	70% respondents disagreed that some members see GBV as normal	<ul style="list-style-type: none"> <li>- Low position of women leads to low self-esteem</li> <li>- Women empowerment is a cause of Domestic Violence</li> <li>- Legal processes inaccessible to some</li> <li>- Promote alternative disputes resolution mechanism</li> </ul>	<ul style="list-style-type: none"> <li>- Women work together to address women issues</li> <li>- More women to be employed in such positions</li> <li>- The law enforcement to be improved</li> <li>- Corruption in the judiciary to be reduced</li> <li>- More empowerment through capacity building</li> <li>- Trainings, awareness, campaigns and provide information</li> <li>- Dialogue between men and women</li> </ul>



Lira	4	<ul style="list-style-type: none"> <li>- GBV Issues on Protection, Prevention, Response</li> <li>- Reproductive Health Rights for women</li> <li>- Infrastructural development</li> </ul>	<ul style="list-style-type: none"> <li>- Ensures it involves and benefits women</li> <li>- Promote Girl Child Education</li> <li>- Ensure equal opportunities for all</li> </ul>	100% respondents agreed that there is an increase of reported cases	<ul style="list-style-type: none"> <li>- Legal framework clear but the implementation is a problem</li> <li>- Culturally women are accorded low status in society</li> </ul>	<ul style="list-style-type: none"> <li>- Promotion of Girl Child Education</li> <li>- Affirmative Action / Equal Opportunities Provision</li> <li>- Awareness creation and advocacy</li> <li>- Improve coordination Provide specialized skills</li> <li>- Women have adequate information on legal rights</li> <li>- Proper implementation and enforcement of framework</li> <li>- Sharing roles and responsibilities</li> </ul>
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**Source:** Respondents in the 2 districts

Table 7 above shows the responses given by the respondents on the functionality of the women's PRDP taskforce in Gulu and Lira districts. In Gulu the taskforce had held 3 meetings in the past one year, while in Lira district the taskforce had held 4 meetings. The key issues discussed included sensitization on UNSCR 1325, 1820 and the Goma declaration and GBV among others. The taskforce had influenced the PRDP through involving women and sensitization. One of the challenges affecting the PRDP implementation was lack of clear implementation of the law, while some of the suggested solutions were information sharing, advocacy and provision of specialized skills to service providers.

### 3.5. Priority Area 4: Elimination of GBV in Society

#### INDICATOR 5.1: Availability of adequate specialized personnel to prevent GBV

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*Strategic Objective 5: Build community and institutional capacity to ensure the prevention of GBV in society*

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At national level and at local government level, all the 5 institutions and 5 districts had specialized personnel to prevent GBV. They had received training on various topics presented in the table below according to the institutions and local governments.

**Table 8: Specialized training of Personnel to prevent GBV**

District	Institution	Male	Female	Total Trained	% Female Trained	Topics of Training	Services Provided
Gulu	Police	44	22	66	33%	<ul style="list-style-type: none"> <li>• Police role in handling GBV</li> <li>• Handling victims of SGBV</li> <li>• Filling PF3A and 24 A</li> <li>• Child Protection</li> </ul>	<ul style="list-style-type: none"> <li>• Training Protection</li> <li>• Inspection of Cells</li> <li>• Response and Referral</li> <li>• Issuing law books</li> </ul>
	Health	30	47	77	61.0%	<ul style="list-style-type: none"> <li>• Management of GBV Cases</li> <li>• Psychosocial Support to GBV Cases</li> <li>• Causes, Effects and Prevention of GBV</li> <li>• Referral Processes in dealing with GBV</li> <li>• GBV forms, causes, effects</li> <li>• Laws and Policies related to GBV</li> </ul>	<ul style="list-style-type: none"> <li>• Treatment</li> <li>• Counseling</li> <li>• Referral to service points</li> <li>• Psychosocial support (e.g. Counseling)</li> <li>• Legal</li> <li>• Health</li> <li>• Psychosocial</li> <li>• Protection</li> </ul>
Bushenyi	Police	20	6	26	23.1%	<ul style="list-style-type: none"> <li>• GBV Prevention</li> <li>• GBV Process</li> <li>• Counseling</li> </ul>	<ul style="list-style-type: none"> <li>• Counseling and guidance</li> <li>• Arresting</li> <li>• Handling sexually related cases</li> <li>• Handling Domestic Violence Cases</li> <li>• Reconciliation</li> <li>• Family/Child related cases</li> </ul>
	Health	13	7	20	35%	<ul style="list-style-type: none"> <li>• Gender roles in society</li> <li>• Causes of GBV</li> <li>• GBV causes and Impact</li> <li>• Interventions</li> <li>• Referral systems</li> </ul>	<ul style="list-style-type: none"> <li>• Case handling</li> <li>• Referral pathway</li> <li>• Promotion of IGAs</li> <li>• Team building of Stakeholders</li> </ul>

Lira	Health	10	20	30	67%	<ul style="list-style-type: none"> <li>• Psychosocial Support Guidelines</li> <li>• Revised GBV Guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Psychosocial support</li> <li>• Referral</li> <li>• Documentation</li> </ul>
Kasese	Judiciary	32	19	51	37%	<ul style="list-style-type: none"> <li>• GBV and protection of children</li> <li>• Human Rights</li> <li>• GBV and Gender Issues</li> </ul>	<ul style="list-style-type: none"> <li>• Legal Counseling</li> <li>• Counseling, ensuring confidentiality</li> <li>• Investigating</li> </ul>
Dokolo	Local Gov't (Mentors & Community Activists)	20	144	164	12.2%	<ul style="list-style-type: none"> <li>• Community Activism</li> <li>• Mentorship</li> </ul>	<ul style="list-style-type: none"> <li>• Counseling and guidance</li> <li>• Handling Domestic Violence Cases</li> <li>• Reconciliation</li> <li>• Team building members</li> <li>• Child protection</li> </ul>
	Judiciary	23	7	30	23.3%	<ul style="list-style-type: none"> <li>• GBV and protection of children</li> <li>• Human Rights</li> <li>• GBV and Gender Issues</li> </ul>	<ul style="list-style-type: none"> <li>• Legal Counseling</li> <li>• Counseling, ensuring confidentiality</li> <li>• Investigating</li> <li>• Child protection</li> </ul>

**Source:** Primary Data from the Districts

All the institutions and local governments had specialized training for personnel to prevent GBV in topics such as gender roles in society, GBV forms, causes, effects, laws and policies related to GBV among others.

**Table 9: Challenges faced by the service providers and how the challenges are being addressed**

	Institution	Challenges faced	How the challenges are being addressed
Gulu	Police	<ul style="list-style-type: none"> <li>• No regular training conducted</li> <li>• Transfer of officers</li> <li>• Lack of transport</li> </ul>	<ul style="list-style-type: none"> <li>• Learning on the job</li> <li>• Institutional support</li> <li>• NGO support</li> </ul>
	Health	<ul style="list-style-type: none"> <li>• The health workers fear to go to court</li> <li>• Inadequate funds to support process</li> <li>• Low income of victims</li> <li>• Backlog cases</li> <li>• Fear of going to court</li> </ul>	<ul style="list-style-type: none"> <li>• Encouraging trainers of how to testify</li> <li>• Lobby for support from other partners</li> <li>• Community sensitization</li> <li>• Enforcement of existing laws</li> <li>• Stakeholders engagement meeting</li> </ul>
Bushenyi	Police	<ul style="list-style-type: none"> <li>• Financial</li> <li>• Man power</li> <li>• Inadequate facilitation</li> <li>• Victims are not well catered for</li> <li>• Some men do not care</li> <li>• Ignorance of GBV issues</li> <li>• Cultural beliefs</li> <li>• Inadequate facilitation</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct counseling</li> <li>• Community sensitization</li> <li>• Use of / share with other departments</li> <li>• Networks with other partners</li> <li>• Discussions</li> <li>• Meeting with gender focal persons</li> <li>• Integration of GBV into other activities</li> <li>• Collaboration with other partners/ CSOs</li> </ul>
Lira	Gender	<ul style="list-style-type: none"> <li>• Inadequate capacity to manage and store the information from the communities</li> </ul>	<ul style="list-style-type: none"> <li>• Partnering with Ministry and other stakeholders to process the information</li> </ul>
Kasese	Judiciary	<ul style="list-style-type: none"> <li>• Inadequate man power / yet people take the law into their hands</li> <li>• Inadequate facilitation</li> <li>• Expensive medical services</li> <li>• Some victims are orphans and cannot afford the costs</li> </ul>	<ul style="list-style-type: none"> <li>• Empower law arms financially</li> <li>• Law breakers be punished</li> </ul>

Dokolo	Police	<ul style="list-style-type: none"> <li>• Lack of fuel to respond to GBV cases (but motor cycle and vehicle are there)</li> <li>• The trained officers some times are transferred.</li> <li>• Inadequate refresher training.</li> <li>• Corruption by some police officer (investigating officers)</li> <li>• Lack of shelter for keeping the GBV survivors</li> </ul>	<ul style="list-style-type: none"> <li>• NGO support</li> <li>• Institutional support</li> <li>• Community awareness creation.</li> <li>• Need to lobby development partners to support in erecting shelters</li> </ul>
	Health	<ul style="list-style-type: none"> <li>• Fear by health workers to testify in court</li> <li>• The case taking too long in court</li> <li>• Accepting bribes by parents of the survivors from the perpetrator</li> </ul>	<ul style="list-style-type: none"> <li>• Health workers to be train on the court procedures and processes</li> <li>• Lobby for support from NGO's</li> <li>• Sensitize the community on the dangers of corruption</li> <li>• Regular holding of roundtable meeting with the major key stakeholders to address the GBV issues</li> </ul>

**Source:** Primary Data from the Districts

According to the information in the table above, the respondents gave a number of challenges they face in providing services related to GBV. They suggested or gave ways in which the challenges are being addressed. One of the outstanding challenges was lack of adequate finances/facilitation to support the process of service provision while the remedy that stood out was to lobby for support from others or to engage other stakeholders. These challenges could be related to limited resource allocation during budgeting both at the national and local level. There more resources should be allocated towards service provision related to GBV as well as sensitization for the decision makers, on GBV.

## **INDICATOR 5.2: Number of community members trained in GBV prevention and response**

A number of community members were trained in GBV prevention and response as presented in the table below.

**Table 10: Number of Community Members Trained**

Community Groups / local government Departments	Trainers	No. of Men	No. of Women	Total	% Female
Community Based Service Department	Action Aid War Child Canada MGLSD with UNFPA Support	18	26	44	59.1%
District Community Based Services Department	Mr. Okello Francis DCDO District Planner	10	20	30	67.0%
Community Based Services	CEWIGO MGLSD	30	70	100	70.0%
Uganda Police Force (SGBV Desk)	War Child Canada MGLSD	2	2	4	66.7%
West Ankole Civil Society Forum in Bushenyi	DGF	3	3	6	50.0%
Bungatira s/c Local Government in Gulu district	UNEPI MGLSD GWED G	2	1	3	70.0%
Kasese District Local Government	CEWIGO MGLSD	25	41	66	62.0%
Child and Family Protection Unit	Police as an Institution Nsamizi Training Institute of Social Development	42	20	62	32.0%

**Source:** Primary Data from the Districts

**INDICATOR 5.3: Percentage of sub-counties with functional referral systems for sexual violence per district where GBV programmes have been initiated.**

**Table 11: No. of Sub-Counties with GBV Programmes**

District	What is the total number of sub counties with GBV programmes			What kind of referral system is in place in your Sub county on GBV?	How is information shared?
	SC <sup>9</sup>	Total SCs in the district	%		
Gulu	10	10	100%	<ul style="list-style-type: none"> <li>• Competent Personnel</li> <li>• Information Sharing</li> </ul>	<ul style="list-style-type: none"> <li>• Face to face sharing</li> <li>• Phone calls</li> <li>• CDO sharing with health workers</li> <li>• Submission of activity reports</li> <li>• Through dialogue meetings</li> <li>• Community sensitization meetings</li> </ul>
Dokolo	6	6	100%	<ul style="list-style-type: none"> <li>• Competent Personnel</li> <li>• Equipment</li> <li>• Information Sharing</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone calls</li> <li>• Radio talk shows</li> </ul>
Lira	13	13	100%	<ul style="list-style-type: none"> <li>• Competent Personnel</li> <li>• Information Sharing</li> </ul>	<ul style="list-style-type: none"> <li>• GBV Coalition meetings</li> <li>• Reports</li> </ul>

**Source:** Primary Data from the Districts

Dokolo district had the highest percentage of sub-counties with referral systems at 100% while Lira had the least at 59% of 3 districts out of the 5 districts that responded to this indicator.

<sup>9</sup> SC – Sub-county

**Table 12: Efficiency of the referral system, challenges and recommended solutions**

District	Efficiency of referral system	Reason if not efficient	Challenges faced	Recommended solution
Gulu	Very Efficient		<ul style="list-style-type: none"> <li>Survivors ask for money for treatment and PF3<sup>10</sup></li> <li>Limited knowledge on different services</li> <li>Duplication of cases</li> <li>Commitment by health workers is low</li> <li>Partners keep changing their areas of focus</li> <li>Delay of case Reporting</li> <li>Patients demand for money before filling PF3</li> <li>Corruption</li> <li>Lack of feedback and follow up</li> <li>Low response to court when called</li> </ul>	<ul style="list-style-type: none"> <li>Continued engagement with Health Centres and the District</li> <li>Regular coordination meetings</li> <li>Use of data base at the district</li> <li>Giving priority to victims of GBV</li> </ul>
Dokolo	Somewhat Efficient	Survivors taking long to report	<ul style="list-style-type: none"> <li>Inadequate knowledge on counseling</li> <li>Lack of transport</li> <li>Bad cultural practices</li> </ul>	Sensitization of the public about GBV
Lira	Efficient		<ul style="list-style-type: none"> <li>Frequent transfers of personnel especially the police</li> <li>Financial challenges</li> </ul>	Continuous trainings

**Source:** Primary Data from the Districts

<sup>10</sup> PF3 – Police Form 3



Respondents from two of the three districts mentioned that the referral system was efficient, while one district, Dokolo, during the FGD mentioned that the system was somewhat efficient due to GBV survivors taking long to report. It was however not easy to establish whether the sub-counties were connected to the NGBVD for ease of reporting cases. The NGBVD provides forms for service providers to provide information on GBV cases in selected districts.



*Participants (women only) during FGDs in Ayuto village, Dokolo district*



*FGDs for both men and women held at Dokolo Town council (Dokolo District)*

A number of challenges for the referral system were pointed out by the respondents among which were: inadequate knowledge on counseling, bad cultural practices, frequent transfer of personnel especially the police and financial challenges among others.

Respondents suggested solutions including: continued engagement with Health Centers and the District, regular coordination meetings, use of data base at the district, giving priority to victims of GBV, sensitization of the public about GBV and continuous trainings.

Based on the challenges given by the respondents, there is still need for concerted effort by all stakeholders to enhance the referral system in fight against GBV as experienced by a number of disadvantaged persons of the community.

### **3.6. Priority Area 5: Budget Allocation for Implementation**

**INDICATOR 6.1: Percentage of budgetary allocation for specific activities targeting designated GBV programs in the priority sectors (Health, Social Development and JLOS)**

The study established that there was an increased percentage in the 2017/18 budget where specific amount of money used on outputs that address gender equity is currently over Ugx. 40 billion with an aim of ensuring that there is gender and equity responsive outputs planned in the ensuring year such as the protection of the rights of women and girls through provision of LGs; develop, review and disseminate regulatory

framework on labour productivity and employment<sup>11</sup>. This includes Ugx. 11.6 billion for the empowerment, Support, Care and Protection of Vulnerable Groups Planned mechanisms.

The study also confirmed that the percentage of budgetary allocation for specific activities targeting designated GBV programmes in the priority sectors such as Health, Social Development and Judiciary as well as number of national/district technical planning committees that have been trained on GBV and Gender budgeting, amount of money that has been allocated for GBV prevention programmes increased. In response to the above, 81.2% of the respondents at national level agreed that key stakeholders like JLOS, MoH, MoIA, MGLSD, MoJCA and Police have been at

realm of influencing budgetary allocation to GBV programs.

This contradicts budgetary awareness at community level where only 14.3% admitted to have knowledge on allocation improvement. All the respondents further agreed they believe that the funding is still inadequate and thus encourages the GBV implementers to improve funding awareness and allocation through involving key community stakeholders such the local leaders, opinion leaders and the GBV taskforce (30%), advocacy and awareness campaigns to solicit for more funding (25%), seeking support and partnerships with NGOs, CSOs & CBOs (25%) and prioritization of GBV activities by government and district (20%).

**Table 13: Budgetary Allocation on GBV Activities**

	Lira	Bushenyi	Gulu	Kasese
GBV Data Collection	4,000,000	1,500,000	360,000	13,801,300
GBV Community Outreach	4,000,000	1,000,000	4,000,000	2,350,000
Training Out of School Girls in Vocational Skills	8,000,000	-	-	999,353,000
UWEP	295,049,782	150,230,000	182,000,000	303,784,500
Cultural Mainstreaming	1,000,000	-	-	19,000,000
Budget for 2017 Activities	351,974,782	1,500,000	300,000,000	69,890,166
Key Donors – GOU	321,974,782	-	-	839,371,625
Donor	30,000,000	-	-	0
Budget Estimate for 2016 – GoU	292,541,044	500,000	-	0
Donor	16,000,000			0

Source: Primary Data from the Districts

The study shows that there has been a slight increase in budgetary funding of GBV activities

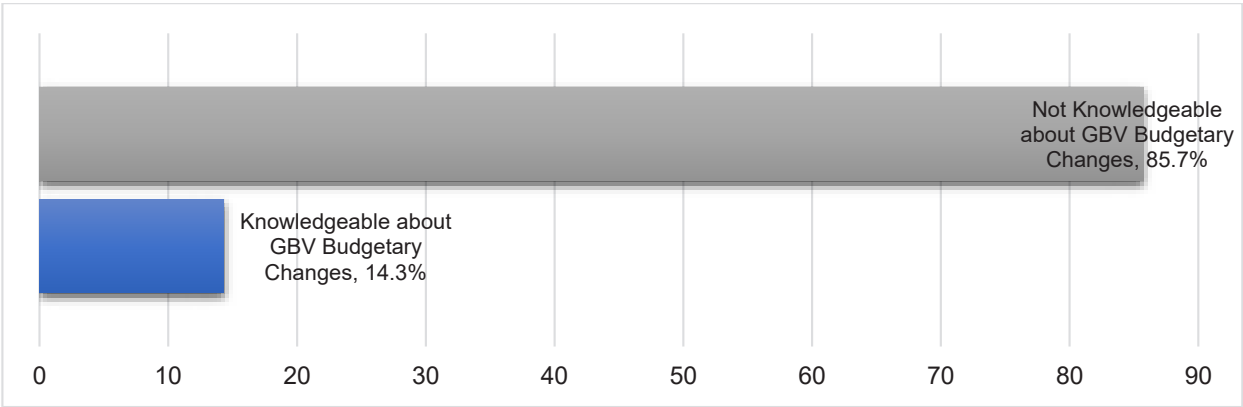
as seen in Table 13 above with most of these funds coming from the Government of Uganda. However, the funds allocated to community outreach & data collection is still very dismal as compared to the tasks available for the Gender Officers. For instance, through the MoFPED, activities such as community mobilization and empowerment with the provision of the regulatory frame works was budgeted for and carried out in the previous budget of 2016/17 where 5000 Copies of the National Community Development Policy (NCDP) were printed and disseminated to 72 District Community Development Officers (DCDOs) and Municipal Principal Community Development Officers (PCDOs) as well as passing of the draft National Policy and Action Plan on the Elimination of GBV. The increased budget allocation was for the policy to provide a framework for

comprehensive and multi sectoral action to prevent GBV and provide care and support services to GBV survivors<sup>12</sup>.

Other areas of increased funding were to support 349 women groups (targeting 4,627 women beneficiaries) with women Enterprise funds worth Shs1,708,725,080 start income generating activities. More funding was also targeted to support monitoring, technical support supervision and backstopping services at 1.187bn to facilitate more travel to LGs to monitor the implementation of the GBV Policy.

However, the significant gap in awareness about the financial allocations at national and the level of sensitization at community levels requires more attention as 85.7% of the respondents were unaware of any budgetary changes in relation to funding GBV activities as seen in chart 8 below.

**Chart 8: % Awareness about changes in Budgetary Allocation for GBV Programs**

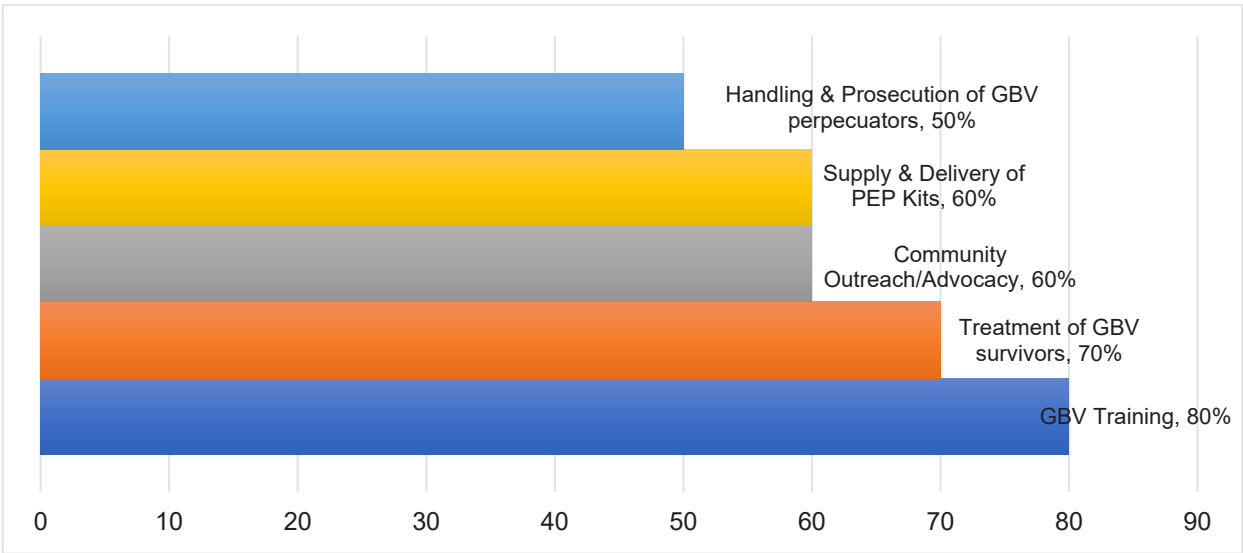


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The respondents also identified 5 key budget funding areas that they thought needed more attention if more progress is to be seen with the NAP implementation at grassroots as seen in chart 9 below. The respondents believed that future funding of GBV activities should concentrate on GBV Training Activities as stated by 80% of the respondents, treatment of GBV survivors has also become a critical component in supporting their ability to get back to normal life as supported by 70% of the respondents,

increased community outreach/advocacy as most of the grassroot population are not aware of budgetary matters concerning GBV (60% response), the need to increase the supply and delivery of PEP kits to all the health centers to increase access and support the increasing demand (60% response) and finally ensuring that the systems in place are well funded and facilitated to handle and prosecute GBV perpetrators as consented by 50% of the respondents.

**Chart 9 :GBV Priority Areas for Activity Funding**



### **INDICATOR 6.2: Amount of money allocated to reparation**

The NAP had envisaged implementing a reparation program that would support at least 1,000 survivors by the end of 2012. Reports from OPM indicated that one of the strategic objectives for PRDP3 was consolidation of peace after it had been ravaged by war for several years. In the August, 2015 report, the priority thematic areas were 1) Elimination of GBV 2)

Reintegration, reconciliation and transitional justice and 3) Dispute resolution. The programme also identified 5 possible areas of intervention and funding that included 1) Public education to address GBV 2) Support to reintegration of ex-combatants, women and children affected by conflict 3) Establishment of land courts and capacity development of JLOS institutions to address land disputes 4) Strengthening of traditional dispute resolution mechanisms and 5) Capacity building of JLOS institutions in Law

and Order and Peace Building Mechanisms<sup>13</sup> largely coordinated by OPM & MoFPED.

Findings from the study did not have explicit funding for reparation as allocations by Local Governments are dependent on availability resources as well as gaps in each of the 12 thematic areas of PRDP3. As it was in the previous studies, it was confirmed that cases of reparation were minimal rather focus has been on ensuring that compensation be made by the perpetrators for the survivors though there were no reports to confirm this.

Therefore, without stating actual allocations for reparation, PRDP focused on unifying systems that would strengthen planning and budgeting for communities through empowerment programs, increased access to soft loans to support business initiatives by the survivors and resolving land conflicts to promote peace and security. This funding as seen in Table 19 below shows that the rebirth of PRDP3 from PRDP 1&2 is aimed and improve the general economic welfare of the survivors and population at large.

**Table 14: Indicative Funding for PRDP GoU Contribution and Existing Special Projects**

Programme	FY 15/16	FY 16/17	FY 17/18	FY 18/19	FY 19/20	Total
PRDP GoU Contribution (UGX Billion)	114.3	114.3	114.3	114.3	114.3	571.3
PRDP DPs Contribution (US\$ Million)	50.0	60.0	65.0	60.0	50.0	285.0
NUSAF (US\$ Million)	25.0	25.0	25.0	25.0	30.0	130.0
Successor for KALIP/ALREP (Euro Millions)	20.0	20.0	20.0	20.0	20.0	100.0

Source: Secondary Data from OPM

## Documentary Review findings on Budget Interventions

### *Documents supporting Management of GBV and associated gender issues – FY 2016/17*

Documents reviewed by the consultants also revealed that substantial funds were directed towards the Ministry of Gender for gender issues as agreed by the respondents. Sector 10 Social Development Submitted to Parliament for the Debate of Revenue and Expenditure, March 2017 as seen in Table 15.

<sup>13</sup> Third Peace, Recovery and Development Plan for Northern Uganda (PRDP3) - Office of the Prime (2015-2020), August, 2015.

**Table 15: Off Budget Interventions/ Support Performance FY2016/17**

S/N	Donor	Area of Support	Approved Budget	Amount Received
1	DFID and Irish Aid	Social Assistance Grant for Empowerment (SAGE)	61,750,000,000	23,618,000,000
2	DVV International	Integrated Community Learning for Wealth Creation (ICOLEW)	565,200,000	477,754,400
3	Irish Aid-	Gender Based Violence (GBV)	352,248,870	356,249,389
4	UNICEF	Uganda Child Helpline (UCHL)	1,007,733,000	544,897,000
5	-do-	Integrated Early Childhood Development	750,000,000	238,810,000
5	-do-	Child Protection	208,470,929	208,470,929
7	-do-	Alternative Care	171,600,100	19,259,500
8	-do-	Nutrition & Integrated Early Childhood Development (NIECD)	878,830,500	584,440,000
9	-do-	Orphans and Other Vulnerable Children (OVC)	298,878,600	298,878,600
10	UNFPA	Regular GBV	15,030,850	15,030,850
11	-do-	Joint Programme GBV	1,129,773,490	556,411,090
12	-do-	Joint Programme FGM	155,445,660	155,445,660
13	-do-	Irish Aid-Culture &Family	36,000,000	36,000,000
14	-do-	Swedish- Culture &Family	204,144,500	204,144,500
15	-do-	Swedish-Youth & Sexual Reproductive Health	2,270,000	2,270,000
16	-do-	Regular- Youth & Sexual Reproductive Health	103,778,999	35,778,999
17	-do-	Irish Aid -Youth & Sexual Reproductive Health	98,600,000	0
18	-do-	Parkard Foundation - Youth	17,000,000	0
19	-do-	Joint Programme End Child Marriage	35,360,000	0
	Total		67,780,365,498	27,351,840,917

**Source:** Compiled from MoU between the Development Partners and the Ministry.

According to the allocations presented to the parliament, votes of Shs165.73Bn were allocated to the Sector to enable it carry out the planned activities in FY2017/18. The Shs165.73Bn was distributed as follows:

- i) *Shs151.69Bn* is for Vote 018: Ministry of Gender, Labour and Social Development of which ***Shs0.184Bn is Domestic Arrears resulting from budgeting.*** Out of *Shs0.184Bn*, ***Shs0.069Bn is Gratuity Arrears and Shs0.115Bn is Electricity and Water Arrears;***
- ii) ***Shs6.40Bn for Vote 124:*** Equal Opportunities Commission; and
- iii) ***Shs7.64Bn*** for Vote 501-850 Local Government (LGs) i.e Higher Local Governments (LC V i.e Districts and Municipalities) and Lower Local Governments (LC III i.e Sub counties and Divisions). These funds are for the Consolidated Non-Wage Recurrent Transfers for the decentralized Social Development Sector activities in the Local Government.



### 3.7. Review of Case Studies

Case Studies from Bushenyi on GBV	
Case Study 1 from Bwatongo Village	Case Study 2 from Kyeikamba Village
<p><i>Nsasira Allen 29years old Anglican, mother of three divorced. She has an education of primary level and lives in Bwatongo village, Municipality Division. She was happily married for 8 years until 4 years ago (2013) when her husband started beating and chasing away. Her husband would come home late, drunk and yet was not leaving any basic necessities at home.</i></p> <p><i>When she compiled and tried to advise him to leave his peer groups, he would beat her and chase her away. Whenever she was chased she would seek refugee from her Mother-In-Law who was always in support of the son's habits. The Mother-In-Law would always say "Let him drink. Is it your money a man can do as he pleases, it is his home after all"? With this attitude she decided to go to her father who would then invite the Son-In-Law for discussion. She left her marital home three times seeking for assistance and there was never any way forward between her and her husband. The fourth time she packed her luggage after the fight at 3.00pm in the night and ran away to her parental home without anybody accompanying her for a distance of 5kms.</i></p> <p><i>A week later her two children fell sick and was informed that they were home without any care. She went to the LC I chairman and demanded a letter to take her children to her parental home since she had made up her mind not to return to her marital home. The process took her two days to get her children. The family was denying her the children until she threatened to go to police, aware that she had medical forms that she had been assaulted. Since 2013, she has endeavored to support her children at her father's home without the husband's support. She got a president initiative on banana as a causal laborer which has provided a source of joy and income that has made her manage to care for herself and children.</i></p> <p><i>Recently the husband is trying to re-call her, he has attempted twice to apology and also went to the LC I chairperson that he wants his children back.</i></p>	<p><i>Kyomugisha Jane 29years old SDA, mother of four legally married. She has an education of primary level and lives in Kyeikamba village, Kyamuhunga Sub-County. Her life as a married woman was wonderful and had no problems with her husband or in-laws. However, 4 years ago (since 2013) things began changing for the worst.</i></p> <p><i>Her husband began sexually assaulting her, fighting and quarreling every time and accusing her of irresponsibility and that his concubines were far ahead of her. She was not allowed to work, yet the man was also not providing basic necessities at home just drinking and womanizing. She always believed that things will be fine thus never bothered to engage the police or legal section.</i></p> <p><i>The beating, quarreling and fighting was too much for her, caused her physiological torture and having realized that she was infected with an STI. She decided to leave her marital home, seek treatment and return to her family (paternal home) to find some peace and harmony.</i></p> <p><i>Intervention: One day, she was invited to a training facilitated by a para-social worker called Jean on family, child care and development. After the training she asked for her number and called her privately whereby she was able to share her situation. The para-social worker was tolerating enough and accepted to link-up with her husband and talk to him. After a couple of mediation by the para-social worker, her husband invited her back home to her children, allowed her to work (works in a Tea plantation) and look after her children. He moved out of the house to another woman however, he offers support when need arises. It has been one year since her return to her marital home.</i></p>
<p><i>Her appeal: She appeals to women to re-focus and dream big, marriage is not the end of the road. The children and her lives a more fulfilled life than when she was married.</i></p>	<p><i>Her appeal: All women should endeavor to care for their children no matter what happens, stand by your children and see to it that they receive that best in life.</i></p>



Case Studies from Dokolo	Case Studies from Dokolo
<p><b>A case of a Male Survivor</b></p> <p><i>My name is Okech George; I am 49 years old father with eight (8) children from Agula village, Adwoki Parish in Adwoki Sub-County Dokolo District. I am a peasant farmer and sometimes I ride a bicycle as Boda boda to substitute my family income. That at police station, we were advised to sort the matter through mediation since we were husband and wife for the betterment of our children.</i></p> <p><i>That all this started when my wife started accusing me of having extra-marital affairs with another woman. I got involved in domestic fight with my wife in the year 2004 when the LRA insurgency was at its peak and as a result, my wife one Atim Josephine bit with her teeth one of my index fingers resulting to its cutting off from the health unit.</i></p> <p><i>That my father in law ended up taking my wife from me since 2004 leaving me with the eight children and since then my wife has not returned leading to my children dropping out of schools and girls ending up in early child marriage and as such my elder daughter returned back home from her marital home. All my children have not completed primary seven and they have no future.</i></p> <p><i>I got involved in another marital affair and fought with my wife and am now in prison for the last three months. She went away when I was imprisoned and all my children are now married and gone.</i></p> <p><i>No one is bringing me food and life has gone bad for me. Among my children a boy and a girl engaged into sex and have produced a baby girl. Police is also looking for my son who ran away and since am not at home, I don't know what is happening now' for I can't take you there for follow up because the Police cannot allow me get out and at the same time there is no one at home.</i></p>	<p><b>A case of Gender Based Violence</b></p> <p><i>My name is Alaba Christine aged 25 years old, resident of Opoko Tedo village, Adag mon parish, Dokolo Sub County, Dokolo District. I have been married for ten years now and I have three children with my husband Etwal Francis and am pregnant now.</i></p> <p><i>We are peasant farmers and farming in small scale as our major source of family income however, my husband has a butchery he manages to supplement our income. Since marriage, I have been experiencing physical violence in my marriage being meted on me by my husband and I believe the cause of the violence could be alcoholism and playing cards for money which makes him fail to provide the necessary home requirements like footing medical bills and others. Attempts by my in laws to talk to him has failed and even the local leaders are fed up with our complaints.</i></p> <p><i>The recent violence happened on the 28<sup>th</sup> of August 2017 when he came back home at mid night very drunk and started demanding an explanation from me as to why I went for treatment at my brother's home yet he had failed to take me for treatment and I was not feeling healthy with the pregnancy.</i></p> <p><i>Even as I talk, am still hospitalized at the Health Centre IV and undergoing treatment and my wish is to see him arrested and prosecuted such that he could reform. He has never come to see me at the hospital claiming that whoever gave me treatment in the first place should bring me food and it's my in-laws bringing me all that I use in hospital. I love my children and cannot leave them, if only my husband could stop beating me regularly.</i></p>
<p><b>His Appeal:</b> <i>As much as I got entangled in to violence in my last 2 relationships, I need support from any sympathizers. My situation is not good at all. Men are equally suffering from violence and need the kind of support that have been extended to the women.</i></p>	<p><b>Her Appeal:</b> <i>As a follow-up to talk to the husband or to get more information, efforts to get him were directed proved fruitless because he goes for playing cards in almost every Centre in the village. At the same time, we were informed of him have another marital affair at some lady's place but still we could not find him there.</i></p>

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## 4.0. CONCLUSIONS AND RECOMMENDATIONS

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### 4.1. Priority Area 1: Legal and Policy Framework

The research proved that to a larger extent, the implementation of the Uganda NAP 2011-2016 was successful with regard to guaranteeing an improved legal and policy framework. The research team generally noticed significant progress in relation to Uganda's effort to enact relevant laws and policies to support the implementation of the NAP. It was confirmed that the government has ratified all relevant international instruments pertaining to the UNSCR 1325, 1820 and the Goma declaration and that all the instruments have been adapted to domestic use through the operationalization of all internal GBV laws enacted to support and localize the implementation of the NAP. Policies like the National Gender Policy and National GBV Policy are all in place and the integration of gender issues in all government ministerial policy statements and annual work plans is being done so as to boost the implementation of the NAP.

At the Community Level, the study found out that nearly 40% of the grassroots communities are still unaware of GBV laws/policies that link to a number of factors that may contribute to women's vulnerability to GBV and hinder effective responses. Therefore, the research recommends that;

- A holistic GBV laws/policy awareness-raising campaign incorporating both mass media and people-to-people outreach (such as through community credit groups, women's groups and community clubs) should be launched at grassroots

communities not only by NGOs but also government departments and agencies. While mass media can be an effective way to disseminate new information, the in-depth interviews with key informants found that almost half of both male and female respondents were not exposed to media on a regular basis, and media exposure was correlated with age, class, education, economic status, and other variables, requiring a sophisticated approach to tailoring both message and message delivery about GBV laws/policies.

- Both the government and CSOs should develop a variety of targeted outreach messages and mechanisms that effectively reach men and women within their communities, considering mass media accessibility, and taking into account high levels of illiteracy. Key messages would include: 1) the rights of all Ugandans under the specific laws related to VAW and GBV; 2) the important role family members and friends can play in preventing GBV as well as helping victims seek assistance and justice especially if they are fully knowledgeable of GBV laws and policies; 3) the kinds of assistance available, both generally and locally (e.g., the district GBV office and elimination operational fund, the police family and child protection unit, and the role of community women Rights defenders).
- All stakeholders responsible for implementing NAP should develop GBV laws/policies targeted awareness

programs for community leaders (e.g., traditional power holders such as priests, retired politicians/ village leaders) and for wider communities, emphasizing constitutional provisions, specific laws enacted and policies adopted to promote women's economic and political roles as agents of development. The messages should also promote foster a positive image of women as economic actors holding equal rights to men – constitutionally, legally, socially and culturally.

#### **4.2. Priority Area 2: Improved Access to Health Facilities, Medical Treatment and Psychosocial Services for GBV Survivors**

To this day, there are a number of unknown 'silent' cases of GBV related incidences. Survivors are still struggling to have access to health facilities, medical treatment and psychosocial services as the available services are inadequate to meet the growing demand. The shortages of supply of PEP Kits is also affecting the general perception that survivors have about the effectiveness of medical institutions as reports suggest that survivors are not satisfied with the available survivors. Increased involvement of case managers especially at community levels would be play an important role in reporting, referring and sensitizing the survivors in seeking for treatment with the recommended 72 hours. It is also important that new mechanisms to manage, register and coordinate cases would support future intervention based on statistical evidence.

Another important aspect is to ensure that there is continued training of health workers on GBV management to eliminate

delayed service delivery. Increased support from trained medical workers is important in protecting the survivors from mental distress. There is also need to constantly create awareness about existing medical services so that survivors have the confidence to access these services as well ensuring that such services are also implemented in all available HCs.

#### **4.3. Priority Area 3: Women in Leadership and Decision Making**

Women are effective in leadership and decision making, though they still face a number of challenges especially low levels of education which at times hampers comprehension of issues for deliberation. The poor financial standing of the women councilors is a factor that is easily manipulated, in the case where councilors simply attend council / committee meetings simply to get simply allowances but not necessarily to influence decisions.

It is recommended that more training be done for women local councilors throughout their tenure at the local council, especially in deliberating issues on women, peace and security in order to enhance their effectiveness.

More women can contest for the open or constituency seats at national and local level, to enhance the percentages of women in decision making and leadership, where they can influence decisions on women, peace and security.

The percentage of women in administrative positions should be increased where the positions are by appointment, or where it is by system in the public service, more women can be encouraged to work in the

public service and be guided on how to rise effectively within the ranks in order to enhance the numbers of women making decisions that affect fellow women. However, further research would have to be done, to establish whether there is a co-relation between enhanced numbers of women and their contribution to enhancing decision making on women's issues.

#### **4.4. Priority Area 4: Elimination of GBV in Society**

There are specialized personnel at national and local government level to handle GBV in the 5 institutions and the 5 districts, however they still face the challenges of inadequate finances and support to effectively carry out their work.

Referral systems / pathways exist at the local level; however, they are inadequate and need to be enhanced in order to enhance the fight against GBV in society.

It is recommended that more finances be re-allocated towards sensitization of communities, networking among stakeholders and improved referral system towards elimination of GBV in society.

#### **4.5. Priority Area 5: Budget Allocation for Implementation**

Inadequate funding to GBV programs remains a challenge to the progress of the NAP implementation. The fact that most beneficiaries have no idea about allocations towards these programs, accountability and transparency challenges have been noted during the study. Funding must therefore provide a basis for which the survivors and implementers are confident that resources

are utilized for the purposes for which they are supposed to. Therefore, the success of GBV activities is largely a product of how much the funders are able to prioritize its implementation.

Relatedly, importance should also be placed in ensuring that more funding should be directed in provision of PEP Kits, Medical Staff Training on GBV Management, Community Awareness as well as Supervision and Monitoring GBV Programming at community level. There is also need to seek more support from NGOs, CSOs and CBOs that have been more instrumental in community follow-up.

## APPENDICES

### APPENDIX 1: LIST OF RESEARCH TEAM MEMBERS

	Name	Organization
1	Susan Nkizi	Isis-Wicce
2	Amanya Faith	BDLG
3	Muhindo Rehema	KDLG
4	Muhindo Stephania	KRC
5	Noreen Nampewo	CEWIGO
6	Okello Francis	LDLG
7	Oyat Geoffrey	GWED-G
8	Dinah Akallo	UJCC
9	Rose Mary Nakafeero	Transparency Africa
10	Ocen Joshua	FAPAD
11	Daphine Karungi	Freelance Researcher
12	Audrey Asasira	Freelance Researcher
13	Leodina Aero	Freelance Researcher

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Plot 212 Nsalo Road, Off Gada Road,  
Near Old Kampala Police Station.  
P.O.Box 844, Kampala, Uganda.  
Tel: +256 414 532 382 / +256 414 696 278  
Email: [info@cewigo.org](mailto:info@cewigo.org), [cewigo@gmail.com](mailto:cewigo@gmail.com)  
Website: [www.cewigo.org](http://www.cewigo.org)



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