

STUDY REPORT ON VIOLENCE AGAINST WOMEN AND GIRLS IN AMOLATAR AND OYAM DISTRICTS



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LIST OF ABBREVIATIONS

ACFODE	: Action for Development
CBOs	: Community-Based Organisations
CDOs	: Community Development Officers
CSOs	: Civil Society Organisations
DVA	: Domestic Violence Act
GBV	: Gender- Based Violence
GoU	: Government of Uganda
LC	: Local Councils
LRA	: Lord's Resistance Army
MGLSD	: Ministry of Gender, Labour and Social Development
NGOs	: Non-Governmental Organisations
SGBV	: Sexual and Gender- Based Violence
UN	: United Nations
UPDF	: Uganda People's Defence Forces
UPF	: Uganda Police Force
UWEP	: Uganda Women's Entrepreneurship Programme

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Executive Summary

Violence against women and girls (VAW/G) is the most widespread form of abuse worldwide, and is exacerbated during armed and after situations of armed conflict. This is largely attributed to the breakdown in law and order which occurs during conflict and displacement, leading to an increase in impunity.

Northern Uganda and the Lango sub-region in particular were ravaged by armed conflict for a period of 26 years, leaving devastating effects on communities, especially women and girls. Studies indicate a strong rise in domestic violence, sex trafficking, and forced prostitution in post-conflict areas. In addition, the needs of women who are victims of GBV are either overlooked or inadequately addressed by transitional justice mechanisms, including truth commissions, war crimes hearings, and reparation schemes. It is against this background that ACFODE commissioned a study on VAW/G in the Lango sub-region with a view to getting an in-depth understanding of its patterns and the existing preventive and protection mechanism to address it. As an interested stakeholder in the fight against VAW/G, ACFODE intends to use the findings of the assessment to inform its interventions and actions in the region, and specifically in the districts of Amolatar and Oyam.

The assessment was informed by the following objectives:

1. To assess the understanding and perception of VAW/G among stakeholders in the study districts.
2. To identify the factors/causes of VAW/G in the Lango sub-region.
3. To examine the existing judicial and institutional framework handling and responding to cases of VAW/G, its strengths and weaknesses.
4. To propose effective actions to improve and strengthen interventions to mitigate and address VAW/G in the Lango sub-region.

The study employed largely qualitative methods of data collection which involved in-depth interviews with respondents selected from a cross section of people representing the survivors of GBV, judicial officers, health personnel, local government leaders and administrators as well as civil society actors involved in the fight against VAW/G. Quantitative data was collected from health centres and the High Court on the number of cases related to VAW/G.

The study revealed the following:

VAW/G is very common in the Lango sub-region and mainly takes the form of wife battering, defilement and economic violence. There is a strong link between physical violence and economic violence, whereby most of the reported cases of physical violence are a result of conflicts related to sharing family income and property. The common example cited was the failure of husbands to share financial proceeds with their wives, yet this is secured from the sale of agricultural produce to which the women contribute greatly. Another example is men renting out family land without the consent of their wives as well as not sharing the money accrued from the rental fee with the family.

Defilement ranks high among the sex-related crimes reported while rape is hardly reported, though it is believed to be quite common. That said, the reported cases of defilement do not reflect the true extent of the problem since early marriage is an acceptable practice under the Lango tradition. According to this tradition, girls are married off upon reaching puberty, which may be as young as 13 years. The cases of defilement reported are a result of the failure of the offender to take responsibility for the girl and the pregnancy.

The major causes of VAW/G include negative traditions, cultural norms and practices which condone violence against women and girls such as wife battering, forced early marriage, polygamy, widow inheritance and the denial to women and the girls of the right to inheritance, education and mobility. Other causes of VAW/G include insecure homestead settings which compromise the security of the children at night, reversed gender roles, the break-up of the social and family structure as a post-conflict phenomenon, and loss of source of livelihood.

Although the justice system and the institutional framework to handle cases of VAW/G exist, their functionality is highly compromised by various constraints. These include lack of human resource to handle SGBV cases expeditiously. For instance, there is only one resident High Court judge in charge of the eight districts that form the Lango sub-region and one only state attorney. The police are not adequately facilitated in terms of stationary and fuel to document and prosecute SGBV offenders, and they do not have safe and secure places and shelters to keep exhibits and protect victims and survivors of SGBV. Besides, some of the police officers and investigators exhibited lack of knowledge of the laws that govern the administration of cases of SGBV such as the Domestic Violence Act (DVA) 2010, exposing a big gap in the judicial process.

The local government structures that are mandated to deal with cases of VAW/G are equally under-facilitated so they cannot effectively execute their mandate. For instance, it was reported by the police that one of the major challenges that constrain the effective delivery of justice is failure of some probation and health officers to appear in court to provide their expert evidence to guide the judge's decisions.

The health centre IIs lack the proper equipment to conduct medical examinations on victims of defilement and rape. The victims are then referred to health centre IIIs and IVs, which are in most cases located far away, requiring investment in transport costs which some may not afford. Besides, some health personnel lack the knowledge and skills required to handle SGBV cases, making it difficult for the victims to get assistance in time, hence compromising the evidence.

The district stakeholders that are mandated to hold coordination forums and activities are poorly facilitated and are unable to facilitate the process. In this regard, there is no synergy and shared implementation of programmes and activities addressing cases of VAW/G.

Recommendations

The study proposes the following recommendations for consideration by ACFODE and other stakeholders with an interest in preventing VAW/G in the Lango sub-region:

Awareness creation

- Conducting an aggressive awareness creation campaign in the districts of Amolatar and Oyam focusing on different areas, including women's rights, as well as understanding the concept of SGBV and VAW/G, and the relevant laws and policies to address it and the referral pathways. A range of strategies can be adopted for creating awareness, such as open and free discussions with stakeholders, public/guest talks, talking compounds (messages), development and dissemination of materials (popular versions), music, dance and drama and through media programmes.
- Developing and printing education and information materials on the referral pathways for violence against women and girls and disseminating it to all stakeholders.

Community empowerment

- Replicating ACFODE's strategy of male gender champions in promoting women's rights in northern Uganda to promote the role of men in addressing and ending VAW/G and GBV in

Amolatar and Oyam districts.

- Establishing fatherhood clubs in the districts of Amolatar and Oyam to honour men who are role model fathers in their families and communities. The role model fathers can mentor the young boys in schools and newlyweds in the communities to be the ideal men and fathers who can fulfil their normative expectations as they become husbands and fathers.
- Replicating the social enterprise programme to equip women and young girls with knowledge and skills for economic empowerment and independence. This could be complemented by linking women and young girls to ongoing government programmes such as the Uganda Women's Entrepreneurship Programme (UWEP) and other micro-finance programmes to access financial capital for their projects.

Capacity-building

- Training and making available laws and policies relating to VAW/G to police officers and LC officials. To start with, ACFODE should make available enough copies of the DVA 2010 to every police station. This would improve the effective implementation of the Act.
- Supporting the Child and Family Protection Unit of the Uganda Police Force (UPF) by providing them with Form 3A and other related documentation, as well as cameras to enable them to perform their duties with ease but also to increase access to justice for survivors.
- Re-training all actors in the administration of the criminal justice system to appreciate and treat cases of SGBV with the seriousness they deserve. They should also be orientated about the relevant laws (e.g. trying cases involving juveniles/children in camera/chambers to avoid public exposure and humiliation, i.e. trauma, second defilement).
- Training police investigators on how to handle the chain of evidence carefully to be able to provide proper exhibits to court.
- Providing the Child and Family Protection Unit with a separate exhibit store or cupboard to keep SGBV exhibits such as soiled knickers, and other pieces of cloth to protect them from being tampered with and evidence thus compromised.

Lobbying and advocacy

- Lobbying the Ministry of Health to pay the medical personnel at health centres I to V for the examination of SGBV survivors so that they can provide free services to them.
- Lobbying the local governments to pay the allowances for the LCIII and LCI officials, provide space for the LCIII courts to operate and lock-up facilities for the proper custody of court records.
- Lobbying the LC V in Amolatar and Oyam districts to pass by-laws and ordinances on VAW/G and the control of alcohol and substance consumption at the local community level.
- Lobbying the Ministry of Health to upgrade all the health centre IIs to health centre IIIs and health centre IVs and to provide SGBV prevention services to women and girls.
- Lobbying the judiciary to recruit more judges and magistrates for the Lango sub-region to reduce the case backlog and expedite the judicial process.
- Advocate the compensation of victims/survivors of SGBV as provided by the law.
- Advocate the establishment of shelters/centres or safe spaces for victims/survivors of SGBV in Amolatar and Oyam districts focused on providing information and basic emotional support.

- Creating confidential spaces for trained VAW/G caseworkers to receive survivors at key points such as health clinics, reception or transit centres, and child- or women-friendly spaces, among others. Establishing case management systems that use appropriate intake, consent and referral forms.
- Lobbying the Lango cultural institutions to include strategies to prevent and mitigate VAW/G in their constitutional amendments, increase the number of women taking up positions of leadership in the cultural establishment and re-design homesteads to protect children from the risk of being defiled.

1.1 Introduction

Violence against women and girls (VAW/G) is the most widespread form of abuse worldwide, affecting on average one-third of all women globally in their lifetime. VAW/G undermines the mental and physical health of women and girls, violates their human rights and can have a negative impact on long-term peace and stability.¹ VAW/G is exacerbated during armed conflict and post-conflict situations. This is largely attributed to the general breakdown in law and order which occurs during conflict and displacement leading to an increase in all forms of violence. The tensions of conflict, and the frustration, powerlessness and loss of traditional male roles associated with displacement may be manifested in increased incidence of domestic violence against women. Alcohol abuse by men due to frustrations and loss of self-worth may also become more common and exacerbate violence against women. The northern Ugandan region experienced an armed conflict for more than two decades, leaving devastating effects on communities, especially women and girls. Owing to this armed conflict, the region suffered massive human rights violations, including acts of sexual and gender-based violence (Amnesty International, 2005; Isis-WICCE, 2006a).

In 2006, northern Uganda regained peace with the signing of the ceasefire agreement between the Government of the Republic of Uganda (GoU) and the rebel forces of the Lord's Resistance Army (LRA). People returned to their homes from internally displaced people's (IDP) camps and have since been working towards a return to normalcy while they grapple with the effects of the war. However, ten years after the 2006 ceasefire, SGBV remains a disturbing component of women and girls' everyday lives. Although the situation can be attributed to the legacy of internal conflict, the problem is compounded by a set of causal factors (Jacoby, 2012; Kinyanda et al., 2010; Liebling and Baker, 2010; Liebling-Kalifani et al., 2007; 2008). SGBV is integrally connected to other concerns relevant to post-conflict development and peace-building, specifically the raging HIV/AIDs epidemic, ongoing violence as a legacy of war trauma, land disputes and the socio-cultural barriers posed by traditional patriarchal social structures (Okello and Hovil, 2007). Although significant efforts have been undertaken by the government to address the effects of the war through various programmes and initiatives implemented in the region, these have largely focused on the economic empowerment of the population and their focus and strategy to address the high incidence of SGBV in the region are limited.

In this regard, ACFODE, with support from the Government of Sweden and Diakonia, is implementing a three year programme entitled Strengthening Community Participation in Local Governance and Promotion of Women and Girls' Rights in the Lango Sub-region in the districts of Amolatar and Oyam found in the Lango sub-region. The project seeks to increase citizens' participation in the democratic and governance processes, including the respect for and promotion of women and girls' rights to gender equality in Uganda in general, and in the Lango sub-region in particular. As part of the initial phases of the project, ACFODE commissioned a study on VAW/G, including child mothers in the target districts. The main objective of the assessment was to have a clearer understanding of the nature, patterns and existing mechanisms that address VAW/G to inform ACFODE's interventions. The assessment was conducted at the end of September 2016 and the beginning of October 2016.

¹ Alexander-Scott, et al. (2016). *DFID Guidance Note: Shifting Social Norms to Tackle Violence against Women and Girls (VAW/G)*. London: VAW/G Helpdesk.

1.2. Understanding the context

Northern Uganda, and the Lango sub-region in particular, was ravaged by armed conflict for a period of 26 years, with devastating effects on communities, especially women and girls. This led to severe war trauma resulting from overwhelming acts of sexual and gender-based violence (Amnesty International, 2005; Isis-WICCE, 2006a). SGBV in northern Uganda is rooted in two key components: the history of armed conflict; and the contemporary, strident sanctioning of traditional gender and patriarchal power-dynamics in a post-war society that is less community-oriented than it was before the war. The two decades of war with the associated displacement and adversity subjected the entire population to humanitarian emergency relief aid which reversed the traditional family values, cultural frameworks for monitoring social behaviour, gender roles and power relationships, claims to land and individuals' agency in pursuing economically viable livelihoods (Dolan, 2011; Finnström, 2008; OXFAM, 2007). Women's bodies were reduced to objectified weapons of war through the uncontrolled incidents of rape and defilement by both government soldiers and the rebel groups (Turshen, 2000). An environment characterised by such uncertainty, hardship, abduction, displacement and normalised violence saw the gradual erosion of community-focused motives and decisions and their replacement with individually oriented ones. After the war, this individualism further alienated the people from their community-oriented culture, and it sharpened the inequalities inherent in patriarchal systems that dictate people's access to resources. Although women were subjected to culturally constructed inequalities before the war, the war made these inequalities more pronounced by eroding the positive community structures that formerly protected women from being severely excluded from secure livelihoods (Asiimwe and Nyakoojo, 2001; Knox et al., 2007; Tumushabe, 2001). The war in northern Uganda included killing and maiming of thousands of civilians; the abduction of over 25,000 children; various forms of sexual and gender-based violence, including rape, sexual slavery and forced marriages; physical disfigurement through the cutting of facial and other body parts; gunshot and landmine injuries; destruction of livestock and property; the spread of HIV/AIDS; and the destruction of moral and social values of the community. These experiences left the entire population traumatised and in severe poverty.

Although the international community has recently begun to devote a lot of resources and attention to 'women's issues' in post-conflict reconstruction, very few have examined the broader social costs of SGBV. It seems possible that other post-conflict and development efforts may fall short and peace may not last if the lingering ghosts of sexual and gender-based violence are not exorcised (Jacoby, 2012:3).

1.3. The legal and policy framework for SGBV in Uganda

Uganda is a signatory to a number of international human rights instruments that promote the advancement and protection of the rights of women and girls. These include the Universal Declaration of Human Rights (UDHR), the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Protocol to the African Charter on Human and Peoples' Rights (ACHPR) on the Rights of Women in Africa and the African Charter on the Rights and Welfare of the Child (ACRWC), among others.

The GoU has also domesticated and translated the provisions of the international instruments in the national legal framework to address VAW/G and promote women's rights. For instance, Article 33(6) of the 1995 Constitution 'prohibits laws, customs or traditions which are against the dignity, welfare or interest of women' while the DVA 2010 and its regulations of 2011 provide for the protection and relief of victims of domestic violence; the punishment of perpetrators of domestic violence; the procedures and regulations to be followed by court in relation to the protection and compensation of the victims of domestic violence; the jurisdiction of court; the enforcement of orders made by court and empowers the Family and Children Court to handle cases of domestic violence and child abuse, including sexual abuse. The LC courts have jurisdiction to try minor cases of domestic violence of a reconciliatory nature although they are dysfunctional. The Prohibition of Female Genital Mutilation Act 2010, the Penal Code (Amendment) prohibits defilement of girls and boys; the Anti-Trafficking in Persons Act 2009, and the Equal Opportunities Commission Act in 2007. The Land Act 2010 and its amendments guarantee the right to occupancy where spousal consent is a requirement prior to any transaction on matrimonial land; and the Employment Act (2006) prohibits sexual harassment.

The International Criminal Court Act 2010 categorises rape, forced marriage and sexual slavery as war crimes chargeable in the Ugandan legal system. The law provides for a trust fund for victims to service the compensation issues, among other things. In addition, the High Court of Uganda established a War Crimes Division to try cases committed during conflict situations.

In addition, the government developed a Uganda Action Plan on UN Security Council Resolutions 1325 and 1820 and the Goma Declaration on Violence against Women and Children. The action plan defines a systematic framework for national actions and monitoring systems to assess progress and the impact of interventions at all levels. The International Conference on the Great Lakes Region (ICGLR) member countries made a commitment under the Goma Declaration to eradicate all forms of sexual violence against women and children caused during armed conflict and post-conflict situations by putting in place appropriate legal and policy frameworks.

The Ministry of Gender, Labour and Social Development (MGLSD) coordinates a Gender-Based Violence (GBV) Reference Group, composed of technical stakeholders working on issues of domestic violence. The GBV Reference Group has embarked on the development of a comprehensive multi-sectoral strategy to combat domestic violence. A process that started with a national baseline survey on GBV brought out the magnitude of the violence, a situational analysis of systems and operations responsible for building the capacity of duty bearers, the development of a code of conduct for the prosecution, legal awareness among the public and access to justice. The capacity-building targets the duty bearers involved in the prevention of domestic violence, including the police and prisons (law enforcement officers), magistrates, lawyers, line ministry officials, local government and district leaders, Members of Parliament and judges.

Despite the above achievements, the Beijing+20 review and the Progress of World's Women Report (2015-2016) acknowledged that gender-sensitive legal reform has not sufficiently translated into women and girls fully enjoying their rights and live in a violence-free environment.

At the same time, there are some important bills that address GBV but have never been passed into law. These include the Marriage and Divorce Bill (formerly the Domestic Relations Bill) that has

stalled on the shelves of Parliament for over 50 years. If passed into law, this bill would contribute to securing women's property rights during and after marriage. Similarly, the Sexual Offences Bill has not progressed to the level of presentation to Parliament, notwithstanding the persistent increase in the registered number of rape and defilement cases.

It can be argued that while Uganda has an appropriate gender-responsive legal framework to address SGBV, implementation and enforcement of these laws remain a big challenge. Consequently, more of the achievement is registered in formalised equality (adoption of laws and policies for treating women and men equally) than in substantive equality, which focuses on effective development results that reduce women's and girls' disadvantage relative to men and boys.

1.4. Why the study?

The relationship between GBV and armed conflict has received much international attention in the past decade. Despite efforts to address issues of GBV in conflict and post-conflict areas and to raise awareness of these issues, GBV continues to be a major problem. In many conflict settings throughout the world, women continue to experience gender-targeted violence, such as rape, sexual slavery and a host of other human rights abuses, as part of military campaigns and as a result of the breakdown of community norms which tend to accompany armed conflicts. Women experience violence at the hands of government actors, non-state militaries (including rebel forces and dissidents), community members and even, tragically, the peacekeeping forces that are sent to protect them and restore order. Furthermore, women remain vulnerable to violence following the end of an armed conflict. Studies indicate a strong rise in domestic violence, sex trafficking and forced prostitution in post-conflict areas. In addition, the needs of women who are victims of GBV are either overlooked or inadequately addressed by transitional justice mechanisms, including truth commissions, war crimes hearings and reparation schemes.

These realities formed the basis for undertaking the study on VAW/G in the Lango sub-region with a view to getting an in-depth understanding of its patterns and the existing preventive and protection mechanism. As an interested stakeholder in the fight against VAW/G, ACFODE intends to use the findings of the assessment to inform its interventions and actions in the region, and specifically in the districts of Amolatar and Oyam.

1.5. Study objectives

- i. To establish the most common forms of violence against women and girls in Oyam and Amolatar districts.
- ii. To assess the causes and magnitude of incidents of violence against women and girls in the project districts.
- iii. To examine the structures and mechanisms through which survivors of violence access justice.
- iv. To propose practical recommendations and actions that can be taken to improve the women's and girls' rights situation in the region.

2.0. Methodology

The study mainly employed qualitative methods, which were particularly useful for understanding the ways in which sexual and gender-based violence is perceived, responded to and/or neglected in a given society (Maxwell, 1996; Jocelyn et al., 2012). Three triangulated methods were utilised to conduct the assessment and these included:

- a) **Documentary review.** Several documents on GBV and post-conflict situations were reviewed. These included, among others, the international and national instruments on the advancement and protection of the rights of women and girls, research and policy briefs on GBV and VAW/G during and after armed conflict, government policies and guidelines on reporting, referral and response to GBV, and police and court records of GBV.
- b) **One-on-One key informant interviews (KII).** These were conducted with individuals from the study districts. These included technical personnel from institutions in the district local government that have interventions geared towards curbing violence against women and girls. These included the High Court judge of the Lango sub-region sitting at the Lira High Court circuit and other judicial officers, the police, district administration leaders, community development officers, probation and social welfare officers, education and health personnel, gender officers, and representatives of NGOs and CBOs.
- c) **Focus group discussions.** These were conducted among different segments of the community in order to capture the current practices relating to violence against women/girls and their implications for the implementation of the current law on domestic violence and other related laws. The respondents under this category included child-mothers, clan heads, village leaders, elders, local council leaders, men and women. Great effort was made to ensure that the group segments selected were representative of the society.

3.0. Definitions of Key Terms under International and National Laws

Gender-based violence (GBV): GBV is defined as ‘violence that is directed against a woman because she is a woman or that affects women disproportionately’, thereby underlining that violence against women is not something occurring to women randomly, but rather an issue affecting them because of their gender. Further, GBV is defined as including ‘acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty’ (CEDAW General Recommendation No. 19 on VAW).

GBV, in particular sexual and physical violence, is widespread in Uganda and is mainly committed against women and girls (Domestic Violence Act 2010).

Violence against Women and Girls (VAW /G): The UN Declaration on the Elimination of Violence against Women (DEVAW) adopted by the UN General Assembly in 1993 and influenced by CEDAW General Recommendation No. 19 defines VAW as ‘[a]ny act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to

women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life.’

Violent episode: An act or series of acts of violence or abuse by one perpetrator or group of perpetrators. It may involve multiple types of violence (physical, sexual, emotional, economic, socio-cultural); and may involve the repetition of violence over a period of minutes, hours or days.

Survivor: A person who has experienced violence or other abuse.

Secondary survivor: A person impacted by the experience of gender-based violence inflicted upon the survivor. It may include family members or others close to the survivor.

Perpetrator: A person, group or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against her/his will.

Intimate partner: Includes current or former spouses (legal and common law), non-marital partners (boyfriend, girlfriend, same-sex partner, dating partner). Intimate partners may or may not be cohabitating and the relationship need not involve sexual activity.

Minor: A person under the age of 18 (according to the United Nations Convention on the Rights of the Child).

Rape: Non-consensual penetration of the vagina, anus or mouth with an object or body part.

Sexual assault: Any form of unwanted sexual contact/touching that does not result in or include penetration (i.e. attempted rape). This incident type does not include rape, where penetration has occurred.

Physical assault: This includes hitting, slapping, cutting, shoving, and honour crimes of a physical nature (not resulting in death), among others.

Psychological abuse: Such as name-calling, threats of physical assault, intimidation, humiliation, forced isolation (i.e. by preventing a person from contacting their family or friends).

Economic abuse: Money withheld by an intimate partner or family member, household resources (to the detriment of the family’s well-being), prevention by one’s intimate partner to pursue livelihood activities, a widow prevented from accessing an inheritance. This category does not include people suffering from general poverty.

Forced marriage: Marriage of individuals against their will (includes ‘early marriage’).

4.0. Study Findings

4.1. Introduction

This section provides the findings of the study and is structured under different themes, including the definition, understanding of VAW/G, types of violence against women and girls, drivers or triggers of VAW/G and an assessment of the institutional mandate of key stakeholders in preventing and mitigating VAW/G.

4.1.1. Respondents' understanding and perception of VAW/G

The study sought to find out the respondents' understanding of VAW/G through the local definitions. The local definition would provide an in-depth understanding of the local knowledge and comprehension of the violent practices against women and girls in the target districts, Amolatar and Oyam. The respondents were asked to define the term VAW/G with local examples. The following were their responses:

The statement below relates to physical battering and physical fights amongst women and men, largely perpetrated by men.

This is experienced by men taking liquor/alcohol in large quantities and usually the colleagues at the drinking places advise each other on how to manage their homes, including caning and fighting your wife and children in case they fail to deliver on a directive given by the husband/man. (Ajib George, clan leader)

Below is a comment on sexual violence, including rape, forceful sex amongst couples and defilement.

In the Lango culture and in many communities, marital rape is rarely talked about. It is considered normal as women are generally considered as part of property. (Awor Cathy, Senior Gender and Cultural Officer)

Girls are defiled and women raped and it is considered normal. According to one respondent: 'At the age of 13 or 14, communities think and believe a girl is ready for sex'. In schools, girls are bullied by fellow students (child-to-child abuse) and teachers also sexually harass the girls.

Emotional violence such as torture by spouses, denial of food and extra marital affairs are also frequent. This gradually culminates in physical violence. The head of homicide and deputy CID head of Amolatar district police station reported that he received many cases of emotional violence by women and children during the community policing and awareness creation sessions on laws/policies and rights/responsibilities.

With regard to economic violence, the common occurrences cited were of women being denied proceeds from their agricultural/garden sales, with the men retaining all the money. Related to this was the use of assets and property such as land without spousal knowledge and consent.

There are instances where a man hires out the land for cultivation against the wife's will and consent. Oftentimes when a woman challenges the decision she is beaten by the husband.

(Head of Homicide and deputy CID head, also a gender equality champion, Oyam district)

VAW in the context of physical violence is a result of men engaging in extramarital affairs and when confronted by their wives, they become aggressive and defensive, resulting in physical assault. (Boniface Okello, clerk, Oyam magistrate's court)

4.1.2. Forms of violence against women and girls in the Lango sub-region

The study sought to find out the existing forms of VAW/G as understood by the respondents. This would highlight what the community considered to be a violent act based on their local interpretation and how it relates to the national and international parameters. The participants were asked to mention any form of VAW/G they knew, with relevant examples. Below were the responses:

1. **Physical violence:** This involves wife battering, caning, slapping and causing bodily harm to a woman or girl.
2. **Emotional violence:** This takes the form of using bad words which demean a girl or woman in society.
3. **Sexual violence:** This involves defilement and rape by state and non-state actors.
4. **Dowry and murder:** Women killed by their spouses in instances where they failed to pay back the dowry following a separation or divorce.
5. **Early and forced marriage:** This involves forcing young girls at the age of eight or nine years to get married.
6. **Bullying:** Always takes place at school among children.
7. **Sexual harassment,** especially by teachers, of girls at school.
8. **Economic violence:** This takes the form of denying women and girls inheritance of property, women denied the right to participate in making decisions with regard to the management of family property and income.

4.1.3. Patterns of VAW/G in the region

The study established that although VAW/G was reported to be high and very common, apart from the Oyam district magistrate's court and Anyeke health centre IV, other stakeholders (the police, CSOs, probation officers) lacked proper documentation of SGBV information. However, data from the health centre and the magistrate's court revealed the current patterns and trends on SGBV/VAW/G in the two districts as presented in Tables 1 and 2 below.

Table 1: SGBV at Anyeke Health Centre IV

MONTH /YEAR 2016	DEFILEMENT	RAPE
January	10	00
February	07	00
March	05	00
April	06	00
May	10	01
June	09	00
July	07	00
August	04	00
September	01	00
TOTAL	59	01

Source: Anyeke Health Centre IV

According to the above statistics, 59 cases of defilement and one case of rape were reported at Anyeke Health Centre IV between the months of January and September 2016.

Table 2: Selected crimes in Oyam district, 2016

CRIMES	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL
Sex-related crimes	03	04	08	04	07	03	06	06	01	42
Child-related crimes	00	00	01	03	00	00	00	02	00	06
Physical assault	17	16	11	11	06	09	03	12	05	90
Land-related cases	00	00	01	00	00	00	02	00	00	03

Source: Oyam district magistrate's court

The data in Table 2 above shows that assault (physical violence) and sex-related crimes formed the majority of the cases that were handled by the magistrate's court between the months of January and September 2016. Although the information is not disaggregated by sex, it reveals that violence is a major crime committed in Oyam district. An interview with the resident High Court judge revealed that in all the cases above, women formed the majority of the survivors of violence while men were the major perpetrators. Assault cases, which formed the majority of the cases, involved wife battering, which sometimes led to death. In a society where women are perceived to be subordinate to men, wife battering is a tool commonly used by men to assert their dominance and power over women.

Sexual violence takes the form of defilement and rape. As with assault, women and girls formed the majority of the survivors of sexual violence while men were the main perpetrators. Defilement formed the largest proportion of sex-related crimes handled by the magistrate's court while rape cases were hardly reported. A similar trend was reported at Anyeke Health Centre IV where 59 cases of defilement compared to one case of rape were recorded between the months of January and September 2016. This low number of rape cases was attributed to the fear among the survivors to report such cases since rape elicits public humiliation, ridicule and stigma for the victim. Women that have been subjected to rape are not respected in the community while others may lose their marriages as a result. According to the resident high court judge, 'Women report rape if the act was violent and it is mostly the elderly and unmarried women who would dare report.'

Economic violence is another common form of violence that was reported by most of the respondents in both districts. It was noted that agricultural production was the main economic activity in both districts, and that while women contributed greatly during the cultivation of crops, they were not consulted during the marketing and sale of the crops. Marketing of the produce was largely the man's role, who might decide to share or not to share the proceeds with his wife. According to local leaders and the police records, there was a correlation between assault and economic violence because an increase in cases of domestic violence was realised during and immediately after the harvest season in both districts. According to police officials from Anyeke police station, 'cases of domestic violence are high around the month of August after the harvesting season. This is the time when men have money, over drink and beat their wives over argument of how to share they money. Cases reduce during the season when there is nothing to sell.'

4.1.4. Characteristics of SGBV victims/survivors

Sexual violence cases constitute the biggest percentage of those committed to the High Court for hearing. Out of 40 cases handled by the court, 31 are related to defilement, hence constituting 90% of the cases. It was noted that defilement is an acceptable form of behaviour in the Lango sub-region. This is informed by the cultural definition of the age of consent, which is different from that in the statutory laws. Most of the key informants revealed that the girls that were defiled were between the ages of 14 and 16 years. Culturally, when a girl reaches puberty, she is considered as an adult and fit for marriage since she is capable of bearing children. As such, when a man sleeps with a girl who is in her puberty (13-17 years), even when she is below the constitutional age of consent (18 years), the parents of the girl find it hard to seek justice. This is coupled by the fact that the majority of the perpetrators are close family relatives such as fathers, uncles, cousins or teachers, whom the family of the girls are hesitant to report. Concern is raised when the girl becomes pregnant and the man is reluctant to take on the responsibility for the baby and the mother.

4.1.5. Characteristics of SGBV offenders

According to the High Court judge in Lira, the majority of the SGBV perpetrators were young men between 18 and 36 years. These young men were themselves the products of rape and grew up in the IDP camps without proper guidance since they lacked identity and family support. In addition, these children were exposed to sexual violence when they watched women from the IDPs being openly raped by the soldiers that were engaged in the war – both the rebels and the government forces (the UPDF) – thus making rape appear normal to them.

It was also reported that, in addition to being fatherless, some of the offenders were mentally unstable, resulting from the trauma caused by the sudden movement from the IDP camps to permanent settlements, which came with different personal and family demands that they were unable to meet. According to Lango culture, land is owned communally through the clan. Being clan-less, this group of young men have no right to land and have no survival skills, which exposes them to abject poverty and social rejection. Mental illness delays access to justice when handling The process involved in verifying the medical state of the offender before court in SGBV cases will affect the decision to prosecute the perpetrator or not.

An interview with the High Court judge revealed that, although such cases were very few, there were women who committed sexual violence by sleeping with underage boys. These women were mostly widowed and enticed young men into unlawful sexual acts in a bid to satisfy their sexual needs.

Another category of female offenders of GBV involved women that had been subjected to continuous abuse by their spouses and committed crimes in self-defence. The case below was given for illustration:

Apio was forced by her parents to marry at the age of 15 years to an HIV-positive man. She contracted the virus and passed it on to three of her four children. One day, she caught her husband defiling her young sister of 14 years. She grabbed a sharp object, stabbed and killed the man.

4.2. Drivers/triggers of VAW/G in Oyam and Amolatar districts

No single factor causes VAW/G. It is caused by a combination of drivers operating at different levels of the social ecology. These risk factors include a person's genetic predisposition, developmental history and attitudes or beliefs; their relationships and household dynamics; community factors such as social norms and levels of poverty; and macro-level factors such as religious ideologies, gender regimes, and market forces that affect realities at all the other levels. (Heise, 1998; 2011)

This section provides the drivers of VAW/G in the study districts. The information was generated from respondents based on their lived experiences and cultural context.

4.2.1. Negative cultural and traditional norms and practices

Gender-based violence was reported to be condoned by Lango culture and tradition which promotes male dominance and the subordination of women. According to tradition, men have a right to beat their wives, and have overall control over their mobility, sexuality and economic prospects. This is propagated through the socialisation process whereby several forms of SGBV are perceived to be normal and part of acceptable social behaviour. These include wife battering, polygamy, widow inheritance, the denial of inheritance rights to girls and women, women having no right to participate in decisions that relate to the management of family property and income, rape and defilement, among others. This was expressed by some respondents thus:

Physical and psychological abuse is high in the district. For instance a man can sell land without the consent of the wife and when she reports the case to the authorities, she is battered by her husband. There is a case where a woman was killed by her husband after questioning him for the money he sold from the agricultural produce. The man responded by strangling her. Such cases are quite common. (Sub-county chief, Amolatar district)

In most cases the parents find it okay to have the girl married off than reporting the case to police so the girls are forced into marriage. The issue is commonly practised though there is silence about it. Those who try and report are looked at badly by the community and regarded to be witch-hunting. (Health worker, Amolatar district)

My husband sold agricultural produce and did not share the money with me. I reported him to the clan leaders but did not receive any help. We separated, he left me with two children and he does not provide for us. (Women FGD Oyam District)

The women lose their rights to land upon the death of their husbands to their in-laws and widows have no voice to challenge this injustice. (Women FGD, Amolator District)

In order to address the above issues, there is need for interventions that promote community knowledge and appreciation of women's rights and challenge the negative stereotypes that condone discrimination against women and social abuse.

4.2.2. Psychosocial trauma

The majority (90%) of the respondents alluded to trauma and distress experienced during the war as a major factor in fuelling VAW/G. The situation is made worse by the high incidence of alcohol consumption and abuse. The study found that the majority (70 %) of the respondents cited alcohol abuse as a primary cause of violence in the study districts. It was reported that most men resorted to drinking alcohol upon return from the IDPs as a means to soothe the frustrations resulting from loss of employment. Loss of employment resulted in their inability to support their families, which is a requirement for being an 'ideal' man among the Langi. It was noted that as a result of their long stay in the IDP camps, the population got used to handouts provided by relief agencies, rendering them inactive. The system changed when the war ended and the people were resettled into their homes, putting an end to the flow of relief. Suddenly, families were expected to fend for themselves and the majority of the men were not ready to resume the roles of providing for their families.

The demands by the wife for basic necessities from the husband usually cause psychosocial distress and to express their anger and frustration caused by the inability to provide, men often respond by beating their wives. (Health worker, Oyam district)

The main reasons why people come to the health centre is not necessarily because they are sick, but the majority come because they suffer from psychological trauma (80%). This is reflected in the nature of illnesses they suffer from including stomach ulcers, headaches. Physical illnesses correlate with trauma. (Health worker, Namasale sub-county, Amolatar district)

The study found that although most of the people suffer from post-conflict trauma, there are very few trained counsellors to provide the much-needed counselling services.

4.2.3. Lack of economic agency

Most of the people, and especially the men, are not engaged in any income-generating activity. This was attributed to the high unemployment rate in the region, especially among the youth. This is coupled by the culture of dependency that was adopted by the people owing to the prolonged reliance on handouts they received during the insurgency. The study team observed that much of the land lay bare, with no evidence of any agricultural activity taking place. Most men, especially in the trading centres, were sighted playing pool and cards, watching movies and holding discussions. During the

study period, Amolatar district was reported to be experiencing famine because of poor harvests and the area Woman Member of Parliament was engaged in a campaign to collect food relief to save the people from dying of hunger.

The women were reported to have quickly settled into the new environment and taken on the role of fending for their families through agricultural production and some of them had organised themselves into groups to improve their economic status. However, this was reported to be one of the drivers of domestic violence.

Many women have joined village savings groups; however, the men follow up the women in the meetings and demand to be given the shares and savings of their wives. This has escalated into violence against women in Amolatar district. (Clan leader, Namasale sub-county, Amolatar district)

Economic and physical violence go hand in hand. Poverty is the major cause of violence. Men do not want to work; they instead resort to selling women's agricultural produce. When the women complain, they are beaten. (Health worker, Namasale sub-county, Amolatar district)

4.2.4. The mango harvest season

The findings revealed that many girls in the Lango sub-region were defiled during the mango harvest seasons. During this time, the girls usually went out to pick fruits such as mangoes and oranges and while there, they were waylaid and defiled. Information from the police suggested that many cases of defilement were reported during this season.

Defilement rates are higher between May and August during the mango season. Here mango trees grow in the bush. So when girls go to pick mangoes they are defiled, sometimes two at a go by boys and men who wait for them in the nearby bushes or trail them on their way to collect mangoes. (Justice Nabisinde, High Court judge, Lira)

4.2.5. Insecure home setting

In the Lango community, traditional homesteads are designed in such a way that adults and children sleep in separate houses (huts) because of the limited space and the need for privacy. In this regard, parents build separate huts for the children (boys and girls) as young as four to nine years. Whereas this is intended to promote privacy for the parents and provide space for the young people, it exposes the children, and especially the girls, to sexual abuse since their security is compromised. Unscrupulous men, especially those from the immediate family, take advantage of this arrangement and force their way into the girls' huts at night and defile them. The girls never report such cases because they are too young to understand what has happened while others fear to face the shame and ridicule that accompany the act. In most cases, the parents get to know when the girls become pregnant. Such cases are never reported since the culprit is not known and the parents choose to keep quiet rather than bring shame to the family. There is, therefore, need for community engagement to discuss the issue in detail and together develop strategies to address the challenge.

4.2.6. Migrants on Lake Kyoga and a weak judicial system

Interviews with the police, local council and chief magistrates in Namasale sub-county, Amolatar district revealed that the landing sites along Lake Kyoga were prone to a high incidence of VAW/G. The sub-county receives economic migrants from other parts of Uganda and neighbouring countries, including South Sudan, the Democratic Republic of Congo (DRC) and Kenya, who mainly engage in the fishing business on Bangala islands found on Lake Kyoga. However, the absence of judicial structures such as local councils, health centres, the police or courts on the islands makes it impossible to handle cases of crime, including SGBV. As a result, rape and defilement cases are frequent and continue unabated. According to the district police commander of Amolatar district, ‘the islands are communities of their own, with a high number of sex workers.’

4.2.7. Poor safety of girls

Owing to family demands, some parents, especially single mothers, travel long distances and sometimes spend as long as a week away from home in search of casual work, leaving young girls to take care of the home. This exposes them to abuse, including SGBV. In addition, because schools are few in the districts, children walk long distances to attend school and some girls are abused on their way to or from school, or are seduced by men to engage in sexual relations.

4.2.8. Exposure of sero (HIV/AIDS) status

Government policy requires that all women attending antenatal care are subjected to an HIV test to ascertain their HIV status. The main objective of this policy is to protect the unborn child from getting infected with the virus through specialised treatment. However, in cases where the women test positive and share this information with their spouses, they are often blamed as the source of infection and, in most cases, beaten and divorced.

Once the men get to know that their wives are HIV-positive they tend to become violent to their partners, causing a vicious cycle of violence against women (Health worker, Namasale health centre II)

The twin pandemics of VAW and HIV/AIDS are rooted in gender discrimination, women’s subordination, disregard for women’s human rights, and the power imbalances between women and men that exist in societies all over the world. Internal conflicts re-ignited Uganda’s HIV/AIDS epidemic and the prevalence of SGBV is fanning the flames. According to WHO (2012:1-9), Ugandan women who are HIV-positive are three times as likely to have experienced SGBV. Regardless of the circumstances under which it was contracted – whether due to rape, the husband’s infidelity or personal infidelity – it carries the same social stigma (Dagne, 2011).

4.2.9. Bride price and widow inheritance

According to Lango custom, marriage is contracted by the payment of bride price by the man to the woman’s parents. This gives the man control over the woman’s life since she becomes one of his properties and is, thus, subject to any form of treatment, including abuse. In case of separation or divorce, the woman’s family is expected to refund the bride price irrespective of how long the marriage

has lasted. The study revealed that in most cases, the woman's family is unable to refund the bride price and this is one of the reasons why women tolerate abusive relationships. Even when the husband dies, the woman is inherited by one of her in-laws or the bride price is refunded.

Widow inheritance is very common and has contributed to an increase in the spread of HIV/AIDS. They will say the man died of witchcraft. If the woman is not inherited by the in-law or someone from the same clan, her husband's family will demand back the bride price. (Health worker, Oyam district)

This practice not only denies women the right to choose their partners upon the death of their husbands but it also exposes them to contracting HIV.

4.3. Referral pathways for violence against women and girls

The study assessed the respondents' knowledge about the referral pathways on matters concerning violence against women and girls. It was found that that 80% of the non-state actors (NGOs and CBOs) did not know the referral pathways to VAW/G in Uganda yet they implemented programmes on GBV. The same applies to most of the rights holders such as the women and young girls. This partly explains why most cases of violence were either not reported and when reported, they might not be addressed to the right authority for redress.

However, state actors such as the police, courts, community development officers and health personnel had adequate knowledge and understanding of the referral pathways. This calls for interventions and actions that will raise awareness about the referral pathways of VAW/G among the rights holders in the region.

4.4. Access to justice and the institutional framework

Uganda's justice system is fairly decentralised, with institutions being available from the national level down to the village level. The idea behind this arrangement was to facilitate access to justice by all citizens. For instance, there are LC courts at village level which handle customary-related conflicts and minor domestic violence cases. The probation and gender officers from the Community Services Department in the districts provide legal counselling and referral services for family disputes and children's issues. In addition, the UPF have established Family Protection Units as well as GBV and SGBV desks at every police station to handle children- and family-related matters as well as GBV issues, while the magistrate's courts at the district and sub-county level can also handle cases of a criminal nature, including those related to SGBV.

The Domestic Violence Act, 3 (2010) provides for: the protection and relief of victims of domestic violence; the punishment of perpetrators of domestic violence; the procedures and regulations to be followed by court in relation to the protection and compensation of the victims of domestic violence; the jurisdiction of court; the enforcement of orders made by court and empowers the Family and Children Court. The LC courts have jurisdiction to try minor cases of domestic violence of reconciliatory nature.

The National Gender-Based Violence (NGBV) Policy assigns specific responsibilities to the UPF.

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) sensitisation of communities on the implications of GBV crimes; (v) providing 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) recording and managing statistics of reported GBV cases.

The above notwithstanding, the National Development Plan (NDP) reveals that women still find it a challenge to access justice as compared to men. This is mainly attributed to various factors, including high illiteracy levels, lack of awareness about their rights, restricted mobility and poverty (NDP, 2010/11–2014/15: 291).

A desk review of gender and access to justice in Uganda (March 2002: 26-27) by the Ministry of Gender, Labour and Social Development lists the balance sheet on barriers to accessing justice by men and women that include gender-neutral and gender-biased laws, gender-insensitive operations of court and judicial systems, and societal perceptions which condone GBV.

The following section provides the findings of the assessment with regard to the performance of the justice and law sector (JLOS) with regard to the prevention and addressing the issues and cases of VAW/G.

4.4.1. The police

The UPF is mandated by the 1995 Constitution to protect all citizens, including women and children. It is, therefore, the mandate of police officers to promote, respect, prevent and reduce violence against women and girls. The UPF's Criminal Intelligence and Investigative Directorate (CIID) and the police established a department and a gender desk respectively to handle sexual and GBV cases. The study team visited the district police headquarters of the two districts and other police stations in the sub-countries. The study team found that in the districts of Amolatar and Oyam the police faced several challenges while delivering their services. These included the following: lack of Forms 3, 24, 28A, and 28C (forms which are required when handling cases of SGBV); no photocopying machine; lack of knowledge about the existence and possession of a copy of the Domestic Violence Act 2010; lack of transport and fuel for the department handling GBV cases; and lack of counselling rooms and shelters for GBV survivors.

In addition to the above, the police stations in the districts did not have space to keep exhibits of cases involving VAW/G and this led to some exhibits getting lost, leading to the collapse of cases during prosecution. The stations had more male officers than women and this made handling of VAW/G cases a challenge. The police stations lacked cameras to capture evidence and the few officers who had been trained in VAW and GBV prevention and mitigation had been transferred to other police stations.

It was reported that that many cases of defilement were negotiated by the parties concerned at the expense of the survivor and this had frustrated the prosecution of perpetrators of defilement and early marriages in the two districts. Although police officers used the community policing programme every month to empower communities with information to mitigate and prevent VAW/G, owing to the high

turnover, those that had been trained for this purpose had been transferred to other districts around the country.

4.4.2. Courts of law

Interviews with judicial officers from the Lira High Court and the magistrate's courts in the two districts (Amolatar and Oyam) indicated that cases of VAW/G handled included defilement, rape, land trespass/conflicts, assault, child neglect, murder, attempted murder, and bodily harm resulting from extramarital affairs. However, one major challenge that the courts experienced was lack of transport for witnesses to attend court proceedings of capital offences at the Lira High Court. As a result, the majority of witnesses lost interest in the cases and court had no option but to release the accused/perpetrators. However, efforts were being made by the High Court in Lira to handle issues of sexual violence against children in camera or in the judge's chambers.

The judicial officers observed that many families prefer to settle cases out of court after realisation of the gravity of the offence.

Getting justice for SGBV case is a drop in the ocean. Very few cases find their way in the criminal justice system and few cases are settled to their logical conclusion. There is always pressure from the family to settle out of court upon realising that the offender might get a big sentence if convicted. (High Court judge, Lira)

In other cases, lack of resources to meet the costs involved in processing the evidence and in facilitating both the survivors and witnesses to attend court sessions, which may be lengthy, compromises the process.

The expenses involved in investigating a SGBV case are a lot – medical tests (20,000 shillings), facilitating police to pick up the accused, transport to court...sometimes they give up. (High Court judge, Lira)

In most cases, the parents find it okay to have the girl married off than reporting the case to police... To them this is better than going to court and incurring more expenses in terms of time and money. (CDO, Oyam)

The defiled girl is stigmatised, laughed at, called a prostitute, becomes a laughing stock in the family, parents are considered as failures. The solution is to arrange marriage and hand over the girl to the defiler because they find reporting the case to police cumbersome with no results, because of no follow-up. (Women FGD, Oyam)

It was also noted that most of the survivors (women and girls) agreed to settle out of court in order to avoid the intimidation and pressure from their families and those of the accused to save the perpetrators from prosecution.

In Oyam district, the magistrate's court was found to have no resident state attorney and this had slowed the operations of the court. At the time of the study the resident state attorney had been transferred to another duty station, creating a big gap in the prosecution process.

4.4.3. Health facilities

Health facilities play a major role in addressing cases of SGBV by providing medical attention to those that have suffered bodily harm and injury as a result of the abuse and carrying out medical examinations to verify and assess the damage inflicted on the survivor of defilement and rape. The medical report is used as forensic evidence during court proceedings and informs the decision of the judge or magistrate in determining the fate of the offender. The study found that health centres III and IV and district hospitals were the institutions best equipped to handle and provide services to survivors of VAW/G, especially in cases of defilement and rape. The health centre IIs, which were nearer to the community, were not equipped to provide the first line of treatment to the victims and survivors. This necessitated travelling long distances to reach the health centres III and IV and it was in such circumstances that the evidence was compromised and lost.

Other challenges faced by survivors of VAW/G in search of medical attention included long queues at the health centres and the negative attitude by some health care providers. This was attributed to lack of training of the health care providers on how to handle cases of SGBV. Owing to ignorance, shame and the fear of getting pregnant and contracting HIV, some survivors resorted to self-medication by taking PEP and ARVs without prescriptions from the medical personnel. It was also revealed that because of lack of awareness, most of the survivors first reported the cases to the police and not the health centre. Yet if the survivor is not referred immediately, the forensic evidence is destroyed while the delay also compromises the success of PEP and ARVs in preventing pregnancy and HIV transmission. According to a health worker in Amolatar district, 'the majority come after tampering with the evidence – most start with the legal and come to health later and only 30% of these have the forensic evidence intact.'

The study also found that the police Form 3A, which the medical personnel require to fill in the results of the medical examination in cases of SGBV, was obtained at a fee. This discouraged the victims and survivors of violence from seeking medical attention. Furthermore, the Ministry of Finance, through partnership with the Ministry of Gender, Labour and Social Development (MGLSD), is required to pay US\$ 25,000 for every SGBV case examined by a medical officer but none of the medical personnel was aware of this arrangement.

4.4.4. Probation and welfare officers, community development officers and gender officers

The MGLSD is the national machinery for gender equality and women's empowerment. It is charged with the responsibility to mainstream gender into national development plans, sector ministries, local government, investment plans as well as into the UN Agencies Country Cooperation Framework. The ministry has a technical link to the local government level and has the responsibility to provide overall technical and policy guidance to district departments of social services and social development.

The local government Department of Social Services and Social Development is run by technical personnel, including the probation and welfare officers, community development officers and the gender officer. These officers are charged with a number of responsibilities, among which is implementing programmes and activities that protect women and girls against violence. The study found that the probation officers and the CDOs are among the officers that the community, and especially women,

report to when faced with family-related cases such as domestic violence and child abuse. They are also expected to conduct community awareness activities that promote women and children's rights, support legal proceedings by providing relevant information to court in cases under their jurisdiction, as well as organise and chair district forums that coordinate the activities of stakeholders in the district.

The study found that the district officers were faced with a number of challenges that constrain their performance. These included lack of funds to facilitate follow-up activities such as counselling the survivors, attending court proceedings, conducting community awareness sessions and district coordination meetings, and limited knowledge of the DVA, among others.

4.4.5. Civil society

Civil society organisations in the region play a complementary role in addressing challenges in the community. Interactions with representatives of the NGOs and CBOs in the region revealed that they run activities to address VAW/G, including counselling, mediation between and reconciliation of parties to a conflict, awareness creation on how to prevent and mitigate VAW/G, referring survivors to the police for further support, sharing information and networking with other stakeholders engaged in VAW/G through district coordination activities.

However, it was found that some of the officials had limited knowledge of SGBV and the relevant policies and laws to address it. As one respondent commented when asked about whether he referred to the DVA while handling cases of SGBV, 'I have not heard about or used the DVA. This is the first time I am hearing about it.' (Amolator District)

They also lacked the capacity to provide legal aid services or shelters to survivors of VAW/G. For instance in Oyam district, survivors who needed shelter services were referred to Lira district where Action Aid International runs a SGBV shelter. It was also established that the majority of NGOs and CBOs did not attend the district coordination meetings for Orphans and vulnerable Children (OVC) or anything related to VAW/G and as such missed out on the opportunity to influence decisions made in the local government spaces.

4.4.6. Cultural institutions

According to the cultural leaders, the Lango cultural institution has a structure that deals with matters of VAW/G and the survivors are free to report the matters to the sub-county clan leader. In the event that one is not satisfied with the judgment, the matter is referred to the clan head. The clan leaders acknowledged receiving many cases of VAW/G – at least two cases per week. The punishment given by the clan courts ranged from corporal punishment if the matter was considered to be light to payment of seven head of cattle if the spouse was battered and died in the course of the conflict. Though commendable, the study also found that all cultural leaders were men with no training on SGBV. Their judgments and decisions were based on the cultural norms and practices which were largely patriarchal and might not offer the kind of redress that promotes the principles of women's rights and gender equality. The study found that the Lango Cultural Foundation was in the process of amending its constitution and this was an opportunity for stakeholders such as ACFODE to engender the cultural constitution.

Record-keeping was a challenge for the clan leaders who adjudicated matters of violence against women and children. It was, therefore, difficult to obtain records of the cases of VAW/G handled by the clans. This calls for engagement by stakeholders such as ACFODE to build the capacity of the clan leaders to record and document cases of VAW/G.

4.4.7. Local Councils I and III

According to the Domestic Violence Act 2010, the LCI court is the first court of instance in minor matters related to domestic violence. The respondents interviewed reported that once cases of VAW/G were reported to the court, the court registered the case in an exercise book and in the adjudication of the case took place immediately and judgement was passed depending on the facts adduced. If the parties were not satisfied with the judgement, they were allowed to appeal to the LCIII court. However, the LCIII court sat once a week and handled several cases, including dowry, land grabbing and child neglect. One of the success stories shared with the assessment team was about ‘a childless widow whose land was grabbed from her by her co-wife’s son upon the death of their husband. When she reported this matter to the court, the LCIII chairman of Agwingiri sub-county ruled in her favour’.

The cabin used to keep records and SGBV exhibits for the LCIII court was not lockable

In another incident, the LCIII court received a case where ‘a brother to the deceased had confiscated cows from the widow. The court ruled that the cows be handed back to the widow and advised the deceased’s brother to work and purchase his own animals’. Parties that are not satisfied with the ruling are advised to appeal to a higher court. While the LC courts provide immediate attention and redress in cases of VAW/G because of their accessibility, they face a number of challenges that undermine their effectiveness. These include lack of proper lockable cabins to keep the court records and exhibits, an aspect that is very important while cases are being handled, especially those related to VAW/G. The LCI and III officials lacked knowledge of the laws that relate to VAW/G. In addition, in Amolatar district, the LCIII officials were supposed to be paid an allowance of US\$ 10,000 per sitting but for the previous five years this had not happened. In addition, the court lacked funds to purchase stationery, with the court officials meeting the costs using their own private funds. This limited access to justice for women and girls. The LCIII court’s other challenge was that some members of the community, especially the men, did not honour court summonses and judgments, and ‘they keep repeating the same offence’.

4.4.8. Conclusion

VAW/G remains a big challenge in the Lango sub-region, with physical and sexual violence ranking highest. There are various factors responsible for VAW/G in the region, including negative cultural and traditional norms and practices that discriminates against women and girls, lack of awareness and appreciation of women’s rights, post-conflict dynamics such as the breakdown of social and family structures that promote fairness and justice, reversed gender roles and poverty. This is exacerbated by a weak and under-facilitated judicial system and an institutional framework which compromises the process of securing justice for the survivors of SGBV.

5.0. Recommendations

The study proposes the following recommendations for consideration by ACFODE and other stakeholders with an interest in preventing VAW/G in the Lango sub-region:

Awareness creation

- Conducting an aggressive awareness creation campaign in the districts of Amolatar and Oyam focusing on various areas, including women's rights, understanding SGBV and VAW/G, the relevant laws and policies to address it and the referral pathways. A range of strategies can be adopted for creating awareness such as open and free discussions with stakeholders, public/guest talks, talking compounds (messages), music, dance and drama and through media programmes.
- Developing and printing education and information materials for the referral pathways and popular versions of the relevant laws relating to violence against women and girls and disseminating them to different stakeholders.

Community empowerment

- Replicating ACFODE's strategy of male gender champions in promoting women's rights in northern Uganda to promote the role of men in addressing VAW/G and GBV in Amolatar and Oyam districts.
- Establishing fatherhood clubs in the districts of Amolatar and Oyam to honour men who are role models as responsible fathers in their families and communities. The role model fathers can mentor the young boys in schools and communities to be the ideal men and fathers so that they can fulfil their normative expectations as they become husbands and fathers.
- Replicating the social enterprise programme to equip women and young girls with knowledge and skills for economic empowerment and the independence of women. This could be complemented by linking women and young girls to ongoing government programmes such as Uganda Women's Entrepreneurship Programme (UWEP) to access financial capital for their projects.

Capacity-building

- Training and making available laws and polices relating to VAW&G to police officers and LC officials. As a starting point, ACFODE can provide copies of the Domestic Violence Act 2010 to every police station.
- Supporting the police probation and welfare officers by providing them with Form 3A and other related documentation, as well as cameras to enable them to perform their duties with ease.
- Re-training all actors in the administration of criminal justice system to appreciate and take

cases of SGBV seriously and orientating about the relevant laws (e.g. trying cases involving juveniles/children in camera/chambers to avoid public exposure and humiliation, i.e. trauma, second defilement)

- Training police investigators in how to handle the chain of evidence carefully to be able to provide proper exhibits to court.
- Providing the Police Probation and Welfare Office with a separate exhibit store or cupboard to keep SGBV exhibits such as soiled knickers and other pieces of cloth to protect them from being tampered with, thus compromising evidence.

Lobbying and advocacy

- Lobbying the Ministry of Health to pay the medical personnel for examination of SGBV survivors so that they provide free services to them.
- Lobbying the local governments to pay the allowances for the LCIII and LCI, provide space for the LCIII courts to operate and lock up all their court records.
- Lobbying the LCV in Amolatar and Oyam districts to pass by-laws and ordinances on VAW/G and the control of alcohol and substance consumption at the local community level.
- Lobbying the Ministry of Health to upgrade all the health centre IIs to health centre IIIs and health centre IVs and to provide SGBV prevention services to women and girls.
- Lobbying the judiciary to recruit more judges and magistrates for the Lango sub-region to reduce the case backlog and expedite the judicial process.
- Advocating the compensation of survivors of SGBV as provided by the law.
- Advocating the establishment of shelters/centres or safe spaces of victims/survivors of SGBV in Amolatar and Oyam districts focused on providing information and basic emotional support.
- Creating confidential spaces for trained VAW/G caseworkers to receive survivors at key points such as health clinics, reception or transit centres, child- or women-friendly spaces etc.
- Establishing case management systems that use appropriate intake, consent and referral forms.
- Lobbying the Lango cultural institutions to include strategies to prevent and mitigate VAW/G in their constitutional amendments, increase the number of women taking up positions of leadership in the cultural establishment and re-designing homesteads to protect the children from defilers.

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Annex 2: Guiding Questions for District Authorities

District Authorities Structured Interview Guide (Probation Officers, Community Development Officers (CDOs) and Gender Officers)

(As the interviewer, introduce yourself, explain the objectives of the interview and request the respondent's consent to be interviewed. Note the respondent's name, position and job title; describe his or her duties; and enter the institution's name and location and the date of the interview.)

Date of interview: _____

Name of the institution/agency: _____

Name of person interviewed and contact details if they will provide them: _____

Their position in the institution/agency: _____

1. What does violence against women and girls (if they don't know try asking: What does gender-based violence mean to you?) (If the respondent does not seem to know ask: What kinds of incidents of sexual violence or domestic violence between intimate partners do you hear about?)
2. What types of VAW&G do you think are most prevalent in this community?
 - a) What types of cases of VAW&G or gender-based violence are you involved in as a DA? (If they list something other than sexual violence, ask them what the most frequent type of violence against women and girls that they handle is.)
 - b) How often (if ever) do you see VAW&G, sexual violence cases or other forms of gender-based violence?
 - c) How many per week or month?
 - d) How often (if ever) do you see domestic violence cases? How many per week or month?

Appendix 3: Interview Guide for the Police Officers

Police Interview Guide (police officers in charge of GBV or VAW&G desks and child and family affairs)

(As the interviewer, introduce yourself, explain the objectives of the interview and request the respondent's consent to be interviewed. Note the respondent's name and job title; describe his or her duties; and enter the institution's name and location and the date of the interview.)

Date of interview: _____

Name of the institution/agency: _____

Name of person interviewed and contact details if they will provide them: _____

Their position in the institution/agency: _____

1. What do the words violence against women and girls (VAW&G) mean to you? (If the respondent does not seem to know what GBV is, ask: What about sexual violence or domestic violence? to see if they encounter these things.)
2. What types of cases of VAW&G do you handle? (If the respondent lists something other than sexual violence, ask him/her what is the most frequent type of violence against women and girls that he/she handles?)
3. How often do you handle sexual violence cases? How many per week or month?
4. How often do you handle domestic violence cases? How many per week or month?
5. From what individuals or organisations do you typically receive cases of sexual violence?
(PROBE: victims/survivors, family members, health professionals etc.)
Who are the main victims/survivors of sexual violence? (PROBE: Who are the main perpetrators, survivors, what are their ages, sex...?)
6. Are there places for victims/survivors of gender-based violence (or specifically sexual or domestic violence) to go to when their life is in danger? Where can you refer such clients (shelters etc.)?
7. Does your police station have the ability to transport or accompany victims/survivors for further services? If no, how do victims/survivors access the services? (PROBE: Sexual violence survivors)
8. Capacity of police station/post:
 - a) What is the physical layout, available private interview space, location/size of jail etc.?
 - b) What is the number of officers and commanders at the police station?

- c) What is the number of female officers at the police station?
 - d) What vehicles are available, fuel, state of repair, for mitigating VAW&G cases? etc.
 - e) Does the police station have forms, paper, pens, desks and files to facilitate investigation of VAW&G cases?
9. Has anyone in your institution received training in sexual violence or other forms of gender-based violence? If so, what was the training about, who received it, who provided it, and how many days did it last? Are the individuals who were trained still in their post?
- Police knowledge applicable laws (find out about):
- § Copies of current statutes in police stations/posts? (How many?)
 - § Police officers able to read and apply the laws? (How many?)
 - § Orientation and training about this location for new officers. (How many?)
 - § Training in laws, procedures or it is ongoing training?
10. Which laws are used in addressing gender-based violence and how are they enforced, and by whom?
11. What kind of documentation is required to facilitate legal proceedings and investigations?
12. What are the major challenges experienced? What is the time period that it takes to finalise a case, and why?
13. Does anyone from this institution accompany, advocate and support the victim/survivor during any meetings with the court officials? (If yes, ask the respondent to describe how this process works and who is responsible for doing this.)
14. Investigation and arrest
- § Procedures what are they, and are they written?
 - § Detention of suspects physical conditions (food, treatment, water/san etc.)
 - § Writing charges whose role is this? Police? Mmagistrate? Prosecutor?
 - § Protection of survivor and witnesses.
15. How do you document the victim's statement? Are there specific forms that you use? (Request a copy of all of the forms that they use, including referral forms). How much do the forms cost?
16. What kind of documentation is required to initiate legal proceedings and investigations (rape kit, medical affidavit)?
- How many rape kits do you keep in stock in this station?

17. Do you or others in your station ever testify in court about investigation findings, if the victim/survivor chooses legal action?

18. Are there any cases where investigating or following up on cases seems impossible? What are the challenges?
How would you describe the relationship between this police station and the closest health facility over sexual violence as well as gender-based violence? How do you work together?

19. How would you describe the relationship between this police station and NGOs over rape and defilement cases?

20. What policies or laws (national, county-level) are in place for cases of sexual violence or other forms of gender-based violence? How do you use these policies?
Are cases of sexual violence ever handled by village heads/leaders? How do they intervene in these cases?

21. Who is responsible for providing support to the victim/survivor during the legal proceedings?
(PROBE: Liaison with the police? Legal or trial proceedings? Psychosocial support? Logistical support/accommodation and food?)

22. How do you ensure the survivor's confidentiality and protection (during pre-trial, trial and post-trial)?

23. Do you ever refer survivors to other services such as counselling or health care? If yes, where are these services located? How do they provide the referral? How do you ensure that the service is provided?

24. How do you work with other service providers (NGOs, government departments, health facilities, legal, law enforcement and psychosocial (social welfare)) on the issue of VAW&G or gender-based violence?

25. What are some of the challenges that you face in responding to sexual violence or other forms of gender-based violence? How do you think these challenges could be addressed?

Annex 3: Interview Guide for LC Officials

Local Council I Court and LCIII Structured Interview Guide

(As the interviewer, introduce yourself, explain the objectives of the interview and request the respondent's consent to be interviewed. Note the respondent's name, position and job title; describe his or her duties; and enter the institution's name and location and the date of the interview.)

Date of interview: _____

Name of the institution/agency: _____

Name of person interviewed and contact details if they will provide them: _____

Their position in the institution/agency: _____

1. What do the words violence against women and girls (VAW&G) mean to you? (If the respondent does not seem to know what VAW is, ask: What about domestic violence? to see if they encounter these things.)
2. What types of cases of violence against women and girls (VAW&G) do you handle? (If they list something other than sexual violence, ask what the most frequent type of violence against women and girls that they handle is.)
3. How often (if ever) do you handle sexual violence cases? How many per week or month?
4. From what individuals or organisations do you typically receive reports of sexual violence?
(PROBE: victims/survivors, family members, health professionals etc.)
5. Is there someone in this LCI 1 who is specifically trained to work with sexual violence or other forms of gender-based violence? What kind of training did they receive, who provided it, and what did it focus on? How many days did it last?
6. How does your LCI ensure the survivor's confidentiality?
7. Can you tell me how you document the survivor's statement? Are there specific forms that you use? (Request a copy of all of the forms that they use, including referral forms.)
8. Where do you keep the case files for incidents of VAW/G?
9. What, if any, follow-up and/or referral do you provide? Where do you make referrals?

10. What policies or laws (national, district or traditional) are in place for cases of sexual violence or other forms of gender-based violence?
11. What measures does your institution have in place to protect survivors and their families?
12. How would you describe the relationship between this institution and other service providers (police, courts, health facilities)? What about the relationship between the police and the healthcare facility?
13. How would you describe the relationship between the closest police station and NGOs regarding rape and defilement cases?
14. What other structures, activities and forums (or other coordination system) is your institution involved in to address the needs of victims/survivors of sexual violence or other types of VAW/G or gender-based violence?
15. What are some of the challenges you face in responding to sexual violence or other forms of gender-based violence? How do you think these challenges could be addressed?

Annex 4: Interview Guide for CSOs

NGOs working on issues of psychosocial and legal services Structured Interview Guide

(As the interviewer, introduce yourself, explain the objectives of the interview and request the respondent's consent to be interviewed. Note the respondent's name, position and job title; describe his or her duties; and enter the institution's name and location and the date of the interview.)

Date of interview: _____

Name of the institution/agency: _____

Name of person interviewed and contact details if they will provide them: _____

Their position in the institution/agency: _____

1. What do the words violence against women and girls (VAW/G) mean to you? (If the respondent does not seem to know what VAW is, ask: What about domestic violence? to see if they encounter these things.)
2. What types of cases of violence against women and girls (VAW/G) do you handle? (If they list something other than sexual violence, ask what the most frequent type of violence against women and girls that they handle is.)
3. How often (if ever) do you handle sexual violence cases? How many per week or month?
4. From what individuals or organisations do you typically receive reports of sexual violence?
(PROBE: victims/survivors, family members, health professionals etc.)
5. Is there someone in this organisation who is specifically trained to work with sexual violence or other forms of gender-based violence? What kind of training did they receive, who provided it, and what did it focus on? How many days did it last?
6. How does your organisation ensure the survivor's confidentiality?
7. Can you tell me how you document the survivor's statement? Are there specific forms that you use? (Request a copy of all of the forms that they use, including referral forms.)
8. Where do you keep the case files for incidents of VAW/G?

9. What, if any, follow-up and/or referral do you provide? Where do you make referrals?
 10. What policies or laws (national, district or traditional) are in place for cases of sexual violence or other forms of gender-based violence?
 11. What measures does your organisation have in place to protect survivors and their families?
 12. How would you describe the relationship between this organisation and other service providers (police, courts, health facilities)? What about the relationship between the police and the health care facility?
 13. How would you describe the relationship between the closest police station and NGOs regarding rape and defilement cases?
 14. What other structures, activities and forums (or other coordination system) is your institution involved in to address the needs of victims/survivors of sexual violence or other types of VAW/G or gender-based violence?
 15. What are some of the challenges you face in responding to sexual violence or other forms of gender-based violence? How do you think these challenges could be addressed?
1. What do the words violence against women and girls (VAW/G) mean to you? (If the respondent does not seem to know what GBV is, ask: What about sexual violence or domestic violence? to see if they encounter these things.)
 2. What types of cases of violence against women and girls (VAW/G) do you handle? (If the respondent lists something other than sexual violence, ask him/her what is the most frequent type of violence against women and girls that he/she handles?)
 3. How often do you handle sexual violence cases? How many per week or month?
 4. How often do you handle domestic violence cases? How many per week or month?
 5. From what individuals or organisations do you typically receive reports of sexual violence?
(PROBE: victims/survivors, family members, health professionals, etc.)
Who are the main victims/survivors of sexual violence? (PROBE: Who are the main perpetrators, survivors, what are their ages, sex...?)
 6. What legal facilities or personnel exist for victims/survivors of sexual violence or other forms of gender-based violence and punish perpetrators? (e.g. court, local/traditional or civil authorities)

7. Has anyone in your institution received training in sexual violence or other forms of gender-based violence? If so, what was the training about, who received it, who provided it, and how many days did it last? Are the individuals who were trained still in their post?
8. What services do you provide to victims/survivors of sexual violence or other forms of gender-based violence? (Try to get the respondent to be as specific as possible, e.g. provision of information on the court process, roles and responsibilities of different actors, time frames etc.)
9. What kind of documentation is required to facilitate legal proceedings and investigations? What are the major challenges experienced? What is the time period that it takes to finalise a case, and why?
10. What kind of documentation is required to facilitate legal proceedings and investigations? What are the major challenges experienced? What is the time period that it takes to finalise a case, and why?
11. Does anyone from this institution accompany, advocate and support the victim/survivor during any meetings with the police or court officials? (If yes, ask the respondent to describe how this process works and who is responsible for doing this.)
12. Who is responsible for providing support to the victim/survivor during the legal proceedings?
(PROBE: Liaison with the police? Legal or trial proceedings? Psychosocial support? Logistical support/accommodation and food?)
13. Which laws are used in addressing gender-based violence and how are they enforced, and by whom?
14. How do you ensure the survivor's confidentiality and protection (during pre-trial, trial and post-trial)?
15. Do you ever refer survivors to other services such as counselling or health care? If yes, where are these services located? How do they provide the referral? How do you ensure that the service is provided?
16. How do you work with other service providers (NGOs, government departments, health facilities, legal, law enforcement, and psychosocial (social welfare)) on the issue of gender-based violence?
17. What other structures, activities and forums (or other coordination system) is your institution involved in to address the needs of victims/survivors of sexual violence or other types of gender-based violence?
18. What are some of the challenges that you face in responding to sexual violence or other form of gender-based violence? How do you think these challenges could be addressed?

Annex 5: Interview Guide for Psychosocial Service Provider

Psychosocial Services Structured Interview Guide

(As the interviewer, introduce yourself, explain the objectives of the interview and request the respondent's consent to be interviewed. Note the respondent's name, position and job title; describe his or her duties; and enter the institution's name and location and the date of the interview.)

Date of interview: _____

Name of the institution/agency: _____

Name of person interviewed and contact details if they will provide them: _____

Their position in the institution/agency: _____

1. What do the words violence against women and girls (VAW/G) mean to you? (If the respondent does not seem to know what VAW is, ask: What about domestic violence? to see if they encounter these things.)
2. What types of cases of violence against women and girls (VAW/G) do you handle? (If they list something other than sexual violence, ask what the most frequent type of violence against women and girls that they handle is.)
3. How often (if ever) do you handle sexual violence cases? How many per week or month?
4. From what individuals or organisations do you typically receive reports of sexual violence?
(PROBE: victims/survivors, family members, health professionals etc.)
5. Is there someone in this organisation who is specifically trained to work with sexual violence or other forms of gender-based violence? What kind of training did they receive, who provided it, and what did it focus on? How many days did it last?
6. How does your organisation ensure the survivor's confidentiality?
7. Can you tell me how you document the survivor's statement? Are there specific forms that you use? (Request a copy of all of the forms that they use, including referral forms.)
8. Where do you keep the case files for incidents of VAW/G?

9. What, if any, follow-up and/or referral do you provide? Where do you make referrals?
10. What policies or laws (national, district or traditional) are in place for cases of sexual violence or other forms of gender-based violence?
11. What measures does your organisation have in place to protect survivors and their families?
12. How would you describe the relationship between this organisation and other service providers (police, courts, health facilities)? What about the relationship between the police and the health care facility?
13. How would you describe the relationship between the closest police station and NGOs regarding rape and defilement cases?
14. What other structures, activities and forums (or other coordination system) is your institution involved in to address the needs of victims/survivors of sexual violence or other types of VAW&G or gender-based violence?
15. What are some of the challenges you face in responding to sexual violence or other forms of gender-based violence? How do you think these challenges could be addressed?

Annex 6: Interview Guide: NGOs Not Engaged Directly in VAW

Structured Interview Guide: NGOs Not Engaged Directly in VAW

(As the interviewer, introduce yourself, explain the objectives of the interview and request the respondent's consent to be interviewed. Note the respondent's name, position and job title; describe his or her duties; and enter the institution's name and location and the date of the interview.)

Date of interview: _____

Name of the institution/agency: _____

Name of person interviewed and contact details if they will provide them: _____

Their position in the institution/agency: _____

1. What kinds of programmes is your agency implementing? Where are you implementing your programmes? (Try to get specific information on province, districts, wards etc.) If they are engaged in food distribution, water and sanitation etc., try to identify if they do anything to address gender concerns.
2. What types of GBV do you think are most prevalent in this community?
3. What do you think are the major gaps in terms of preventing and responding to gender-based violence?
4. If your staff came across a case of gender-based violence during their work, what would they do? (PROBE: victims/survivors, family members, health professionals etc.)
5. What kinds of mechanisms does your agency have in place to prevent sexual exploitation and abuse?
6. Do you know of any structures, activities and forums (or other coordination system) that exist to address the needs of victims/survivors of sexual violence or other types of gender-based violence?

Annex 7: Interview Guide for Health Service Providers

Health Services Structured Interview Guide

(As the interviewer, introduce yourself, explain the objectives of the interview and request the respondent's consent to be interviewed. Note the respondent's name, position and job title; describe his or her duties; and enter the institution's name and location and the date of the interview.)

Date of interview: _____

Name of the health care facility: _____ Level of the health care facility:

- Rural Health Facility (level 1)
- City Council Clinics (level 1)
- District (level)
- Regional (level)
- National (Level)
- Other _____

Name of person interviewed and contact details if they will provide them: _____

Their position in the health facility: _____

Service provision

1. What are the most frequent reasons given by women and girls for coming to this health facility?
2. What do the words violence against women and girls (VAW/G) mean to you?
3. Does your facility treat survivors of violence against women and girls (e.g. survivors of sexual violence)?
PROBE: What are the most common types of violence that women and girls receive services for?
PROBE: What kinds of services are provided?

4. Is post-exposure prophylaxis (PEP) provided to survivors?

If yes, ask: What PEP regimen is prescribed?

Is the full course of PEP drugs given all at once?

- Three-day starter pack, then all the remaining drugs
- All drugs given at a go
- Seven-day supply given

5. Does the survivor have to consent to getting an HIV test in order to receive PEP?

Do you obtain consent from survivors/victims or parents/guardians of child survivors prior to starting the examination or collecting evidence?

If yes, ask: How do you obtain consent? Ask them to describe the process and make sure to determine if it is written or verbal. Request a copy of the forms.

Annex 8: Interview Guide for FGDs

Key Informant Guide for Focus Group Discussions (FGDS), i.e. women, men, single mother, widows etc.

Now I want to ask you a few questions about what happens after violence takes place

1. If a young girl suffers violence (use the different forms/types that were mentioned) is he likely to tell anyone about it? Who is he likely to talk to (family members, other women, health workers, community leaders, police/security or other authorities or anyone else)?

PROBE: What might keep a girl from getting help?

2. How comfortable are girls in seeking help from service providers (PROBE: health workers, police etc...)?

3. If you were going to seek health services in this area, where would you go? (PROBE: health centre, traditional healer, faith healer.) Please describe any barriers that someone might face.

Without mentioning any names, how are girls who are affected by sexual violence treated in this community?

4. What is done to help survivors of sexual violence in this community? What community structures exist to do this? What do you think would improve the safety of girls in this community?

5. What groups are there that women, girls, men or boys can go to for support in this community?

6. How could these services be improved?

7. What do you think is the most important thing for a person to do after rape/sodomy?

8. Right now, if a person from your community wanted the perpetrator punished after rape/sodomy, would they be able to do this? Please describe any barriers that they might face?

9. What could be done to prevent violence? What role do you think young people should play in preventing the violence that we have been talking about?

Thank you. That is all of my questions for now.

Do you have anything you would like to add?

Do you have any questions for us?

Do you have any questions that you think should be asked of other groups?

As I told you in the beginning, our discussion today is meant to help us learn about the concerns that you

have for women and children in your community.

Please remember that you agreed to keep this discussion to yourself. If anyone would like to speak to me or _____ (person taking notes) in private we are happy to talk to you.

THANK YOU FOR YOUR HELP

Annex 9: Interview Guide for FGDs

Key Informant Guide for Focus Group Discussions (FGDS), i.e. single mothers, widows, women and men

1. What is violence against women and girls (VAW/G) mean?
2. In your area what are the causes of VAW/G?
3. What are the five (5) most rampant types of VAW/G problems that Ugandan women face?
4. How does VAW/G affect single women/mothers? Give reasons.
5. How does VAW/G affect widows? Give reasons.
6. How does VAW/G affect women? Give reasons.
7. How does VAW/G affect girls? Give reasons.
8. Where do you report cases of VAW/G?
9. Have the institutions that handle VAW/G been effective? If NO, what are the reasons? If YES, give reasons.
10. Give recommendations on how VAW/G can be reduced in your community and at family level.

Thank you. That is all of my questions for now. Do you have anything you would like to add? Do you have any questions for us? Do you have any questions that you think should be asked of other groups?

As I told you in the beginning, our discussion today is meant to help us learn about the concerns that you have for women and girls in your community.

Please remember that you agreed to keep this discussion to yourself. If anyone would like to speak to me or _____ (person taking notes) in private we are happy to talk to you.

Annex 10: Map of Uganda showing the districts of Amolatar and Oyam



For more information contact

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