

A REPORT ON THE PREVALENCE AND DRIVERS OF GENDER-BASED VIOLENCE IN KASESE DISTRICT, UGANDA



APRIL
2024

ABOUT **ACTV**.

The African Centre for Treatment and Rehabilitation of Torture Victims (ACTV) is a Non-Governmental Organization that was established in 1993 and is located in Uganda (East Africa). ACTV advocates against torture, treats and rehabilitates survivors of torture and violence of both Ugandans and Refugees. It is a one-stop centre that offers holistic rehabilitation services to Survivors of torture and violence.

VISION: A World free from torture.

MISSION: To advocate against torture, gender-based violence and other forms of violence and provide holistic care to survivors.

Core Values: Teamwork, Integrity, Professionalism and Compassion

ACTV STRATEGIC PILLARS.

1. **Pillar 1:** Holistic Treatment and Rehabilitation
2. **Pillar 2:** Advocacy for Torture Prevention
3. **Pillar 3:** Research and Documentation
4. **Pillar 4:** Livelihood Support
5. **Pillar 5:** Legal Aid
6. **Pillar 6:** Enhance Institutional Sustainability

Table of Contents

ACKNOWLEDGEMENT	4
LIST OF ACRONYMS	5
DEFINITION OF KEY TERMS	6
 1.0 Executive Summary.	 7
1.1. BACKGROUND & METHODOLOGY	7
1.2. KEY FINDINGS	7
1.3 RECOMMENDATIONS	9
 2.0 BACKGROUND	 11
2.1. PREVALENCE OF GBV IN UGANDA	11
2.2. PREVALENCE OF GBV IN WESTERN UGANDA	12
2.3. PREVALENCE OF GBV IN KASESE DISTRICT	12
 3.0 INTRODUCTION TO THE STUDY AND PURPOSE	 13
3.1. PURPOSE	14
3.2. SPECIFIC OBJECTIVES.....	14
3.3. STRUCTURE OF THE STUDY	14
 4.0 METHODOLOGY	 15
4.1. SCOPE	15
4.2. STUDY TOOLS AND ETHICAL CONSIDERATIONS	16
4.2.1.Study Tools	16
4.2.2.Ethical Considerations	16
 5.0 Prevalence of GBV in Kasese District.	 17
5.1. Respondents Demographics	17
5.2. Perceptions of GBV in Kasese District (Norms, beliefs, myths & Stereotypes) ..	18
5.3. Graph showing Victims of GBV in Kasese- District	19
5.4. Forms and Manifestations of GBV	20
 6.0 Root causes, Contributing factors and effects of GBV	 22
6.1. Root Causes	22
6.2. Contributing factors	22
6.3 Effects of GBV	23
 7.0 GBV VICTIM ANALYSIS	 25
7.1 Needs Analysis	25
 8.0 GBV PREVENTION AND RESPONSE MECHANISMS IN KASESE DISTRICT.....	 28
8.1 Stakeholder Analysis	28
 9.0 RECOMMENDATIONS	 35
9.1 Recommendations to enhance GBV Prevention mechanisms	35
9.2 Recommendations to enhance service delivery	35
 10.0 Expert opinion, Limitations and recommendations to the study	 36
10.1 Expert opinion.....	36
10.2 Limitations and Recommendations to the study	36
11.0 References.....	37

ACKNO

ACKNOWLEDGEMENT

The African Center for Treatment and Rehabilitation of Torture Victims (ACTV) in partnership with Danish Institute Against Torture (DIGNITY) is pleased to present this report on the Prevalence and Drivers of Gender Based Violence in Kasese District, Uganda.

First, ACTV wishes to acknowledge the tremendous contribution esteemed partner DIGNITY for enabling this study to be conducted. In a special way thank Kasese District Local Government, Judiciary, Police, Religious, Cultural, Local Government leaders and community members in the sub counties of Maliba, Bwesumbu, Nyamwamba Division and Kabatunda Town Council for actively engaging and sharing information which enriched the study.

Secondly, special appreciation also goes to the consultancy team led by Prof. Emmanuel Kasimbazi and Ms. Hajara Nakiwolo for conducting the study. In the same vein, thank the all ACTV staff and community volunteers in Kasese District for the coordination and support rendered in delivering this great piece of work.

Lastly, Thank you all for your incredible contributions and May this report guide decision making and also shape key interventions geared towards reduction of Gender Based Violence and free just environment for all to thrive.

LIST OF ACRONYMS

ACRONYM	FULL FORM
ACTV	African Center for Treatment and Rehabilitation of Torture victims
CDOs	Community Development Officers
CSOs	Civil Society Organizations
DIGINITY	Danish Institute Against Torture
GBV	Gender Based Violence
JCU	Justice Centers Uganda
JLOS	Justice Law and Order Society
NGOs	Non-Governmental Organizations
ODPP	Office of the Director of Public Prosecutions
SGBV	Sexual and Gender Based Violence
UDHS	Uganda Demographic Health Survey
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VAW	Violence against Women
VHTs	Village Health Teams

DEFINITION OF KEY TERMS

TERM	DEFINITION
Sex	Refers to biologically defined and genetically acquired differences between males and females, according to their physiology and reproductive capabilities or potentialities. It is universal and mostly unchanging, without surgery.
Gender	Refers to the economic, social, political, and cultural attributes and opportunities associated with being women and men. The social definitions of what it means to be a woman or a man vary among cultures and change over time. Gender is a sociocultural expression of particular characteristics and roles that are associated with certain groups of people with reference to their sex and sexuality.
Gender Equity	Is the process of being fair to women and men. To ensure fairness, measures must be taken to compensate for historical and social disadvantages that prevent women and men from operating on a level playing field.
Gender Equality	Is the state or condition that affords women and men equal enjoyment of human rights, socially valued goods, opportunities, and resources.
Gender Mainstreaming	Is the process of incorporating a gender perspective into policies, strategies, programs, project activities, and administrative functions, as well as into the institutional culture of an organization.
Gender Analysis	It involves collecting and analyzing sex dis-aggregated data and other qualitative and quantitative information. Organizes and interprets, in a systematic way, information about gender relations to make clear the importance of gender differences for achieving development objectives.
Gender Stereotypes	Are ideas that people have on masculinity and femininity: what men and women of all generations should be like and are capable of doing.
Gender Based Violence	Is violence derived from gender norms and roles as well as from unequal power relations between women and men. Violence is specifically targeted against a person because of his or her gender, and it affects women disproportionately. It includes, but is not limited to, physical, sexual, and psychological harm (including intimidation, suffering, coercion, and/or deprivation of liberty within the family or within the general community). It includes violence perpetuated by the state.

1.0 EXECUTIVE SUMMARY.

1.1. BACKGROUND & METHODOLOGY

BACKGROUND.

GBV is a global challenge that is triggered and exacerbated in humanitarian crises. But rape, sexual slavery, trafficking, forced and early marriage, and intimate partner violence happen everywhere, causing tremendous suffering and threatening peace and development. This demands a strengthened global response. Therefore, in developing a new strategic plan, ACTV now responds to survivors of GBV and has designed a new project with a specific outcome of strengthening safe and protective environments in Kasese district through increased knowledge on Gender Based Violence and community led awareness raising. With this in mind, it is important to carry out a study in order to explore the phenomena, structures and integrate services to GBV survivors into ACTV's rehabilitation services specifically the community model.

A descriptive research design was used for the study. This enabled systematic description of the study population, yielding of in-depth vast data which after analysis led to key findings and recommendations. In the same vein, mixed methods approach of both qualitative and quantitative was used, that allowed for triangulation of data collection methods for the study.

The study was conducted in four (4) Sub counties/ Divisions/Town Council; Maliba Sub County, Bwesumbu Sub County, Nyamwamba Division and Kirabaho- Kabatunda Town Council. From a study population of 355, using Simple random sampling and purposive sampling, a representative sample of 247 was drawn with males (85) and females (152) respondents. Data was collected using a blend of methods including Questionnaire survey which implored use of Questionnaires, Key Informant interviews which used the Interview guide, Focus group discussions and documentary review. After data collection, a thorough review, entry and analysis was conducted for both the qualitative and quantitative data. Using the SPSS (Statistical Package for the Social Sciences), findings were presented in graphs and tables which were later analyzed to provide for an in-depth quantitative analysis of the study topic. Similarly, data from qualitative tools and literature form documents was merged to give a clear picture of perspectives, and generate evidence-based recommendations.

1.2. KEY FINDINGS

- Majority of the people within communities are familiar with the term GBV, citing it as “bad and harmful acts imposed on people”. Physical violence specifically Domestic violence (wife battering), emotional and sexual violence (Teenage pregnancy, Defilement, rape and early marriages) were the most common forms of GBV. Women and girls reported to be more vulnerable and susceptible to GBV while men and boys are perceived as perpetrators.

- Majority of the respondents indicated that there was a lot of Physical and sexual Violence in the rural areas of Maliba and Bwesumbu Sub counties while emotional and economic violence was so much in the urban areas of Nyamwamba and Kabatunda involving a lot of drug abuse especially among teenage boys and men.
- Cultural practices and beliefs that are deeply rooted within communities in Kasese district were reported to play a big part in the persisted GBV prevalence. Sighted among others are; forced widow inheritance, FGM male child preference "Omutooma, expensive dowry fueling early marriages and torture. It was also reported that cases of witchcraft where men were sleeping with their daughters as a ritual to get rich in communities.
- Majority of the GBV cases are not reported to authorities - many are settled within communities and others totally concealed. Reported among others is; Fear of the attacker, GBV being considered as private matter to be handed in within the family rather than criminal, ignorance of rights and the Laws, Frustration by authorities, poverty, stigma, status owned in society and inadequate response systems and structures within communities among others.
- Economic distress causing a number of GBV cases- cited among others is; change in gender roles and responsibilities as many women reported to shoulder all the family responsibilities, child neglect, Assault/ battering due to disagreements in sharing of resources, divorce/ separations (especially where women earn more than men).
- Multiple sex partners both within men and women. This is due to the Cultural norms, need for more sexual pleasure, religious affiliations, moral decay and drug abuse especially among the teenagers, partner infidelity, economic needs. It was reported that men easily open up about having other sexual relations while women keep it as a secret from their partners. This has caused fights, lack of trust, exposure to sexually transmitted diseases and rise in HIV/AIDS.
- There is an increase in drug abuse and addiction especially among the teenagers in and out of schools in Kasese District. It was reported that there is a lot of school dropout, increase in juvenile offenders, street children and petty thieves especially in the town centers of the district.
- Men are suffering in "silence" - many respondents especially men reported to be ill-treated by their female partners, psychologically
- Violations revealed were mainly caused by: Failure to provide for family, infidelity, disputes especially on land, illnesses, drugs and alcohol abuse. Given the cultural perceptions around masculinity, men fail to report GBV cases and a few that come up to report, risk being labeled as weak and commit suicide.
- Poverty was reported to be widely spread among both men and women. 70% of the people were below the poverty line. This counts for forced and early marriages, school dropout due to lack of school fees, exposure to "sodomy vices" among young boys aged between 14-17 years (As parents are promised scholarships and victims given petty gifts) and lately young boys are reported to be recruited into terrorist groups like Allied Democratic Forces (ADF).
- Services like timely case management, free medical services, evidence management, psycho- socio- support, second chance education, financial start up kits were reported needs for GBV survivors.
- There is lack of rehabilitation and resettlement services for GBV victims. These are not availed by the judicial system but also the different service providers.
- Persons with Disabilities especially the young girls are at risk of GBV as they are

reported disadvantaged, discriminated and deprived of their human rights within homes. It was reported that some children are hidden within homes and fail to access education, others are defiled, raped and take it as “chance to have sexual intercourse” for the dumb and deaf, community and duty bearers have not been trained in sign language hence fail to communicate and address their needs.

- Actors were reported to be working in silos. Maliba Sub County was indicated to have many organizations working towards working on GBV, However, it still recorded high numbers of GBV cases. Therefore the need to have harmonized interventions and actively engage the local stakeholders in designing and implementation of interventions. It was noted by the district officials that “impact of the different interventions are not visible on the ground”

1.3 RECOMMENDATIONS

- Have a study on the link between torture and Gender based violence
- Economic empowerment of GBV survivors especially with sustainable life skills.
- Invest more in mindset change initiatives, as GBV roots in cultural beliefs and perceptions deemed to be normal way of life.
- Provision of psycho-social support to GBV survivors but also integrate psycho-social therapy in service delivery.
- Target teenagers in behavioral change and information sharing
- Put up holding centers (remand homes) for juveniles near Uganda Police prisons for ease of daily welfare especially feeding, be brought to appear in courts and reduce delay for justice of juveniles.
- Support the functionality of regional remand centers.
- Need for functional systems especially community structures to handle some GBV cases within communities as proceedings in court tend to be traumatizing for some victims.
- Strengthen child help line for reporting of cases and also quick referral.
- Train and equip para social workers among other key community members on GBV prevention and response.
- Actively engage persons with disabilities in all the interventions
- Popularizing of existing laws and policies but also enforcement to reduce on connivance.
- Deliberate active involvement of men and boys in the fight against GBV but also in the design and implementation of GBV interventions.
- Actors to engage local leaders and key stakeholders while designing and selecting key intervention areas and approaches. This will allow for discussion of priority interventions and addressing specific gender needs of targeted beneficiaries
- Provide a special fund to help GBV survivors to handle and manage GBV cases.
- Organize regular coordination meeting with key actors for harmonization of intervention and sharing of good practices.
- Capacity skills training of CDOs, probation officers, Local council officers, cultural, religious, HVTs, Para social workers, parish chiefs among others

- Focus more on preventive mechanism rather than response mechanisms.
- Support the “go back to school campaign” for GBV survivors.
- Consideration of hard to reach areas especially with the mountainous terrain.
- Training of the police family division unit on psycho-social support of GBV survivors.
- Empower ACTV community Volunteers with information and skills to identify and respond and refer GBV cases right from communities. Develop and disseminate simplified referral pathways in local language for the community leaders and volunteers to ease their response to GBV
- Organize GBV symposiums within Secondary schools as a way of targeted teenagers who are vulnerable to GBV.
- Probe into Digital violence as reported to be a new form of violence

SAMUEL HERBERT NSUBUGA

CHIEF EXECUTIVE OFFICER

2.0 BACKGROUND

2.1. PREVALENCE OF GBV IN UGANDA

The GBV Policy Brief (2020)^[1] indicates lifetime prevalence of GBV in Uganda is estimated at 49.9%, which is way above the average in Africa and worldwide, making Uganda one of the most dangerous places in the world for women.

According to UNFPA Report (2021)^[2] GBV cases reduced from 85,101 in 2017 to 79,888 in 2018, a drop of 6.1 percent. The number of GBV cases increased consistently from 79,888 in 2018 to 82,401 in 2019 (3.1% increase) then by 9.8 percent from 82,401 in 2019 to 90,489 in 2020. 7,541 GBV cases every month and 251 every day in 2020, up from 6,867 cases every month and 228 cases daily in 2019, and 48,650 GBV cases from January to June 2021, about 1142 cases monthly and 38 daily.

The UDHS (2022)^[3] indicated that teenage pregnancy remained at 24% whereas sexual violence was recorded at 16% and 11% in the 12 months before the survey by a current partner. The Rapid Gender Assessment surveys (2020)^[4] conducted by UN Women on the socioeconomic impacts of COVID-19 in Uganda, showed 46% of women reported that they had experienced a form of VAW since COVID-19. According to the Annual Police crime Report (2022)^[5] a total of 1,623 cases of Rape were reported to Police in 2022 compared to 1,486 cases reported in 2021, giving an increase of 9.2%. Despite existing Laws, policies and different stakeholder's interventions aimed at combating violence against women and girls, there is a weak enforcement and discriminatory social norms that are deeply rooted to communities that has since hindered realization of many targeted efforts towards prevention and reduction of GBV in Uganda.

GBV REDUCED

85,101 IN 2017

79,888 IN 2018



GBV CASE INCREASED

79,888 IN 2018

82,401 IN 2019



TEENAGE PREGNANCY

24%



RAPE CASES BY POLICE

1,623 TO 1,486

IN 2022 & 2021 RESPECTIVELY



LIFETIME
PREVALENCE OF
GBV IN UGANDA

49.9%



2.2. PREVALENCE OF GBV IN WESTERN UGANDA

The Western Region of Uganda is one of four regions in the country of as of Uganda's 2014 census, the Western region's population was 8,874,862. The region has total area of 5,340 km, 10,577,900 (Population projection 2020), 206.0 km population density, 5,225,800 (Males), 5,352,000 (Female), 8,327,200 (Rural) and 2,250,700 (Urban)^[6]

According to UDHS (2016)^[7] Ankole registered the highest percent in emotional violence at 48.6%. The Uganda Police report (2022)^[5], indicated that Ntugamo District registered the highest number of cases of Murder by Assault in 2022 (43 cases), followed by Kyenjojo with 30 cases, Mubende with 26 cases, Kagadi and Kyegegwa with 24 cases, and Rukungiri with 23 cases. Additionally, the Albertine region registered the highest number of cases of Aggravated Defilement (244 cases) and Rwenzori West with 228 cases.

2.3. PREVALENCE OF GBV IN KASESE DISTRICT

Violence erupted on 26 November 2016 in the town of Kasese, the capital of the Ugandan Kingdom of Rwenzururu, when Ugandan police raided the government offices of the Rwenzururu kingdom. The Ugandan government gave an official death toll of 103 in March 2017. However, Human Rights Watch estimated that at least 156 people had been killed in the clashes^[8]. Additionally the district has been vulnerable to terrorist attacks including the recent attack on Lhubiriha Secondary School, where the authorities recovered the bodies of 41 people, including 38 students, who were burnt shot or hacked to death near the border with Congo.

Gender Based Violence And Sexual Reproductive Health Rights Survey (2020)^[9] indicates that; Physical violence among women and girls age 10-59 is highest in Hima Town Council at 34% and lowest in Kitholhu Sub County at 4%. Sexual violence among women and girls age 10-59 years is highest in Maliba Sub County at 38% and lowest in Central Division at less than 2%. Child marriages among girls age 12-17 is highest in Bwesumbu Sub County at 10% and lowest in Maliba, Kyarumba, Ihandiro Sub Counties and Kisinga Town council at less than 1%.

The report further indicates that; Prevalence of physical, Sexual or Psychological violence among ever-married women and girls age 15-59 in the previous 12 months decreases with age and is highest among age 15-19 at 26%.

Report from the Child and family protection department, Kasese District on child abuse related cases from January to October 2023 indicated a total of 233 Child abuse related cases as follows;

DATA FROM CHLD ABUSE RELATED CASES, KASESE DISTRICT ¹											
CASE	J	F	M	A	M	J	J	A	S	O	TOTAL
PHYSICAL	6	3	6	9	11	9	16	6	10	5	81
EMOTIONAL	8	6	13	11	17	11	14	8	12	7	107
ECONOMIC	6	4	11	3	5	2	2	6		3	42
SEXUAL	0	1	0	0	2	0	0	0	0	0	3
Total											233

Child and Family protection department, Kasese (Jan-Oct 2023)

The report further indicates that only 6 cases are in court, 12 at the Resident state attorney and 103 under inquiry.

The in charge, child and family protection unit, Kasese district expressed her concern over the low rate of GBV cases' reporting, delay in referral of cases from the communities to the central police and lack of training of her staff to manage psychological challenges emerging from the increasing number of emotional violence in the communities. She affirmed that;

"Me and my staff would do better, we have a lot of problems and cases to handle, people come here when they have lost hope and it's our duty to restore hope and peace in families, but we are incapacitated, we don't even have the basic training on offering psychological support to victims forwarded to us"

3.0 INTRODUCTION TO THE STUDY AND PURPOSE

Kasese district ranks third country wide in cases of GBV after Wakiso and Kampala compared to the National prevalence of over 25%. In 2020, there was a peak of GBV cases during Covid 19 lockdown with cases of defilement, spouse bartering, teenage pregnancies, rape among other cases. Records show that a total of 354,736 teenage pregnancies were registered countrywide in 2020 and 196,499 in the first six months of 2021^[5]

With support from DIGNITY, ACTV completed a 2-year community model project in Kasese district and one of the key emerging issues from the project was GBV. Thereafter, in developing a new strategic plan, ACTV now responds to survivors of GBV and has designed a new project with a specific outcome of strengthening safe and protective environments in Kasese district through increased knowledge on GBV and community

¹ Extracted from a Report from the Child and family protection department - Kasese District on child abuse related cases from January to October 2023.

led awareness raising.

This study therefore, serves to intensely understand and explore the phenomena (GBV), its prevalence, and drivers, the specific needs for survivors and existing prevention and response mechanisms to GBV.

3.1. PURPOSE

To investigate the prevalence and drivers of Gender Based Violence in Kasese district.

3.2. SPECIFIC OBJECTIVES

- To establish the prevalence of Gender Based Violence in Kasese District.
 - To assess the specific needs for survivors of GBV in Kasese District.
- To determine the prevention and response mechanisms to GBV in Kasese District.

3.3. STRUCTURE OF THE STUDY

A descriptive design was used for the study. This enabled description of facts and unique features of the study population, frequencies in which events occur and yielded vast, in-depth data to draw recommendations. This section comprises of the scope, data collection tools and ethical considerations. It further gives an in-depth insight into the findings including; Prevalence of GBV (perceptions, forms, root causes and trends), GBV victim analysis, prevention mechanisms, response mechanisms, key recommendations and conclusions.

4.0 METHODOLOGY

4.1. SCOPE

The study was conducted in Kasese district (Maliba sub county, Bwesumbu Sub County, Kabatunda Kirabaho Town Council and Nyamwamba Division). The total population in the district is 702,029 people, 338,796(48.3%) Male and 363,233(51.7%) Female. 529,976 (75.5%) live in the Rural areas and 172,053(24.5%) live in urban areas. It is bordered by Bundibungyo district to the north, Bunyangabo District to the North east, Kamwenge district to the south east, Rubirizi District to the south and DRC to the west. Population Projects from the District Population and Housing Census 2014, indicate total population; Bwesumbu (38,041), Nyamwamba (39,534), Maliba (58,161) and Kabatunda Town Council (16,500)^[8].

This study was conducted in Two (2) Months targeted GBV survivors, community leaders including cultural, religious, Local Council and women; Key players involved in the GBV case management such as community development officers, Probation officers, District CID, In-charge SGBV, In-charge CFPD, District Health Officer, Resident State Attorney and Chief Magistrate and non- Governmental organizations in Kasese District.

A study population of 355 was targeted and a representative sample of 247 respondents was drawn to include 85 males and 152 females from the areas under the study. However, on data collection the response rate was averagely at 84%. With 85% (189 out of 222), for GBV Survivors, community members and leaders; 80% for Government official and NGOs (20 out of 25).

IN KASESE DISTRICT TOTAL POPULATION IS

702,029



338,796 (48.3%)



363,233 (51.7%)



**GBV SURVIVORS COMMUNITY
MEMBERS & LEADERS:**

80%



SETTLEMENT

529,976 (75.5%)

**LIVE IN RURAL
AREAS**



172,053 (24.5%)

**LIVE IN RURAL
URBAN AREAS**



4.2. STUDY TOOLS AND ETHICAL CONSIDERATIONS

4.2.1. Study Tools

The study used key informant Interviews, Focus group discussions, Questionnaire survey and documentary review as methods of data collection. These were carefully administered to the different respondents and these efficiently collected both primary and secondary data required to inform the study.

Interview guides were used to collect data from key respondents including Government Officials(Resident State Attorney, Police, CDOs, Probation officers, District CID, In-charge SGBV,) and Community Leaders (Cultural leaders, Religious leaders Women Councils Leaders, Local Councils), religious, cultural, LCs). Semi structured questionnaires were administered on the selected sample of community members within the targets areas of study. FGD guides were also used to guide discussions among the GBV survivors. Lastly, document review checklist was used to collect secondary data from different documents that informed the study.

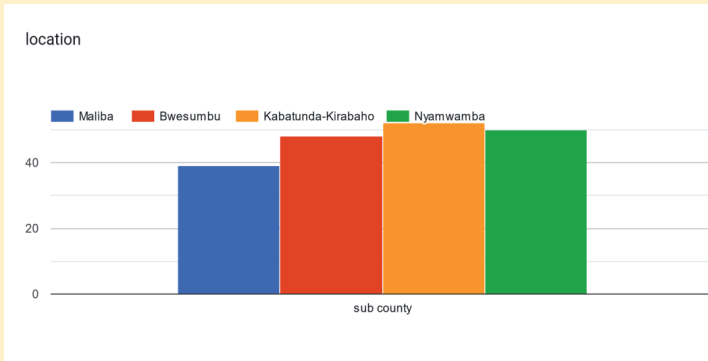
4.2.2. Ethical Considerations

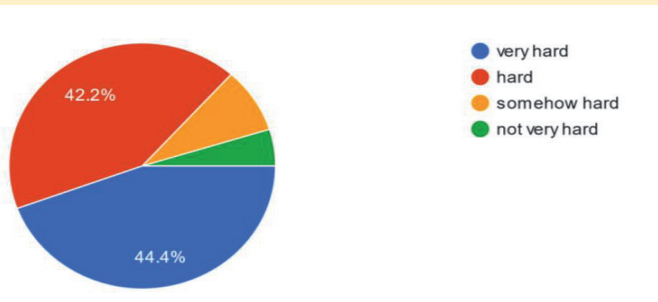
The study was cognizant of the key research ethics and these were adhered to including; privacy of all respondents, informed consent and voluntary participation in the study, safety especially among the GBV survivors, nondiscrimination and gender inclusiveness and confidentiality of respondents.

Additionally, measures to mitigate trauma among GBV survivors was also put in place and these included; Identification of trigger topics before engaging survivors through pretesting of data collection tools; Development of precise and direct questions to ease responses, Prioritized consent and confidentiality among respondents, Created relaxed safe spaces for the survivors, use of trained Community Development Officers and volunteers with skills on trauma identification and psychological first aid as research assistant and in the extreme trauma cases, the team had a psychologist, however extreme cases never occurred during data collection.

5.0 PREVALENCE OF GBV IN KASESE DISTRICT.

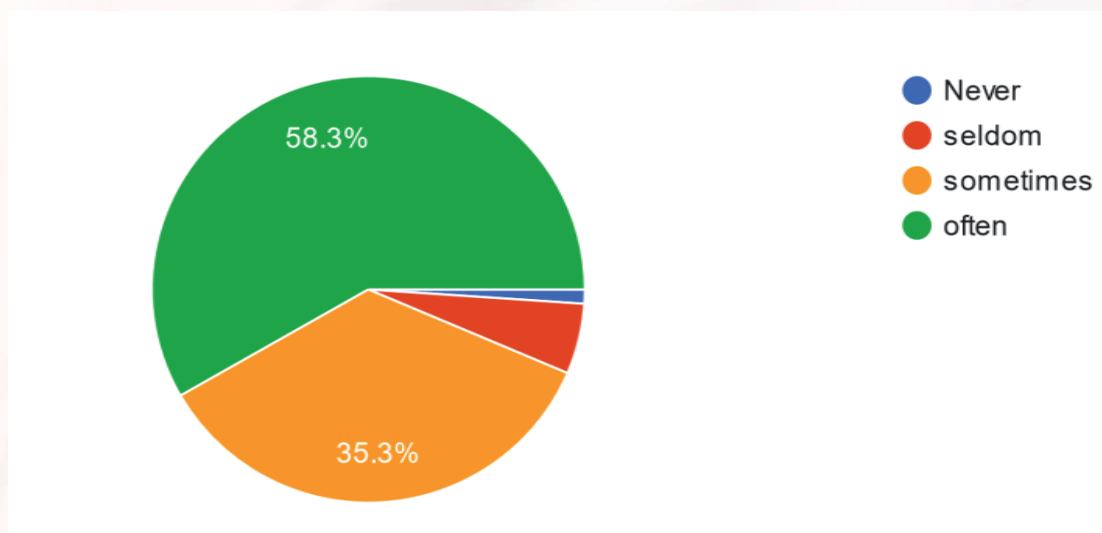
5.1. Respondents Demographics

DEMOGRAPHIC FACTOR	PARTICULARS										
Location	<p>The study was conducted within Maliba Sub county, Bwesumbu sub county, Kabatunda- Kirabaho Town Council and Nyamwamba Division in Kasese district. In terms of responses among community members, there were 39 (Maliba sub county), 48 (Bwesumbu sub county), 52 (Kabatunda- Kirabaho), and 50 (Nyamwamba Division).</p>  <table border="1"> <caption>Respondents by Sub County</caption> <thead> <tr> <th>Sub County</th> <th>Number of Respondents</th> </tr> </thead> <tbody> <tr> <td>Maliba</td> <td>39</td> </tr> <tr> <td>Bwesumbu</td> <td>48</td> </tr> <tr> <td>Kabatunda-Kirabaho</td> <td>52</td> </tr> <tr> <td>Nyamwamba</td> <td>50</td> </tr> </tbody> </table>	Sub County	Number of Respondents	Maliba	39	Bwesumbu	48	Kabatunda-Kirabaho	52	Nyamwamba	50
Sub County	Number of Respondents										
Maliba	39										
Bwesumbu	48										
Kabatunda-Kirabaho	52										
Nyamwamba	50										
Location Setting	103 respondents were from the urban setting and 86 from the rural setting.										
Gender	58.7% of the respondents were Female and 41.4% were Male.										
Age	Majority of the respondents were aged 35-50 years (49.5%), 18-34 years (29.8%), 51-54 years (14.4%), 65-80 years (4.8%) and 80 years and above (1.6%).										
Marital Status	Majority reported to be married at 66.5%, separated (10.8%), single (8.5%), widowed (6.9%),										
Occupation	33.9% of the respondents reported to be working, 31.2% were home makers especially women and 19.4% unemployed.										
Disability	10.7% had a disability and 89.3% had no disability.										
Education	17.8% of the respondents had no formal education, 43.8% with primary education, 25.4% with secondary education and only 13% with higher education.										

DEMOGRAPHIC FACTOR	PARTICULARS										
Access to basic needs	<p>44.4% reported to find it very hard to pay for basic needs while only 4.8% found it not hard to pay for basic needs.</p>  <table border="1"> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>very hard</td> <td>44.4%</td> </tr> <tr> <td>hard</td> <td>42.2%</td> </tr> <tr> <td>somehow hard</td> <td>8.2%</td> </tr> <tr> <td>not very hard</td> <td>4.8%</td> </tr> </tbody> </table>	Category	Percentage	very hard	44.4%	hard	42.2%	somehow hard	8.2%	not very hard	4.8%
Category	Percentage										
very hard	44.4%										
hard	42.2%										
somehow hard	8.2%										
not very hard	4.8%										

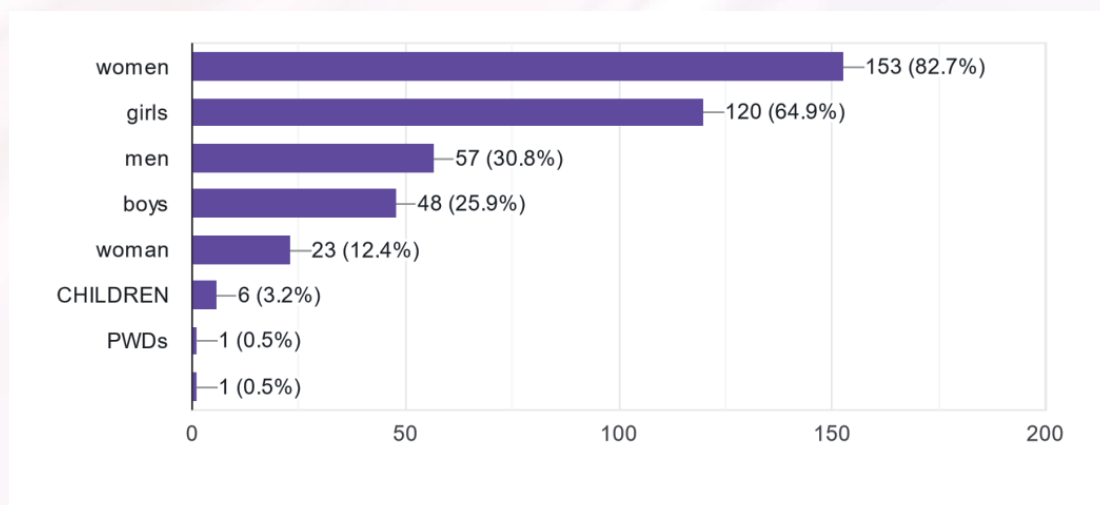
Awareness about GBV in Kasese district

5.2. Perceptions of GBV in Kasese District (Norms, beliefs, myths & Stereotypes)



98.4% of the respondents were familiar with the term GBV and 1.6% were not familiar with the term, and 58.3% reported to have often heard about it, 35.3% hear it sometimes and only 1.1% of the respondents had never heard of GBV.

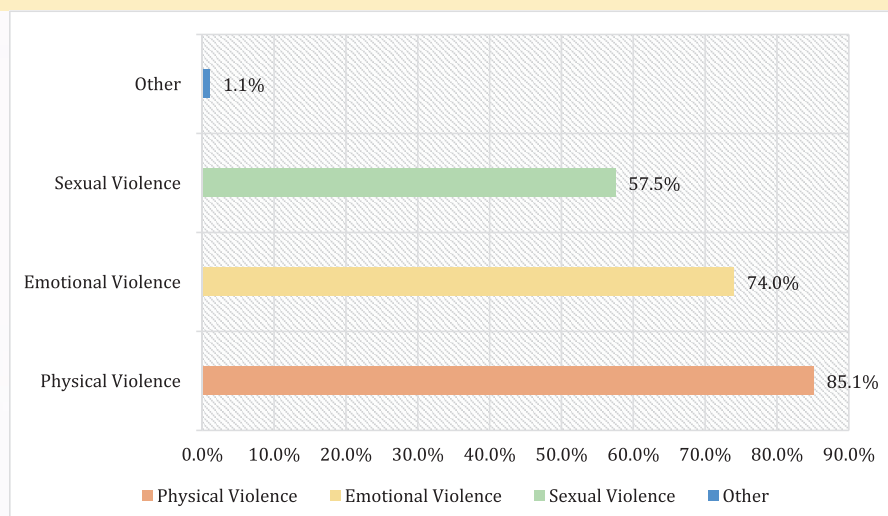
5.3. Graph showing Victims of GBV in Kasese- District



82.7% of the respondents indicate women are the most victims of GBV followed by girls. Respondents shared their experiences surrounding myths and beliefs which perpetrate GBV;

"We had worked for the money as a family but my husband took all the money and went for another wife in the neighborhood, the quarrel continued where he said that I am a man, am supposed to take all the decisions and free to have as many women as I want. I spent one week sleeping in the bush thinking that my husband would come and kill"

"When i was pregnant for my second born, my husband hated me and the food i was preparing could always go to smell bad for him. This made me to my husband's home and went to stay at my parents' home until delivery. After then, my husband said that basing on what had happened during pregnancy, the baby could not be his and asked me to take her to her biological father"



5.4. Forms and Manifestations of GBV

The most common form of GBV was physical violence (85.1%). This was reported cross the sub counties especially the rural areas of Maliba and Bwesumbu. However, many of the respondents perceived violence as that which can be “seen” and caused pain or physical injury like battering which was reported the most within families, child neglect among others.

Sexual violence was depicted in the known cases of rape, defilement especially among young girls compared to the cases among boys? Within the urban communities of Nyamwamba and Kabatunda, respondents raised issues surrounding Economic violence indicating denial to work among women by their spouses, Unequal access to productive resources especially Land, unequal pay for those in formal labour among others.

Emotional violence was also among the common forms of GBV. 74.0% of respondents indicated that emotional violence is wide manifesting in psychological torture, trauma, stigma, harassment, isolation, humiliation, verbal insults among others.

It was further indicated that the growing trend of Emotional/ psychological torture where couples abuse the other without physically touching them which created a lot of misunderstanding in families. District community officers reported that

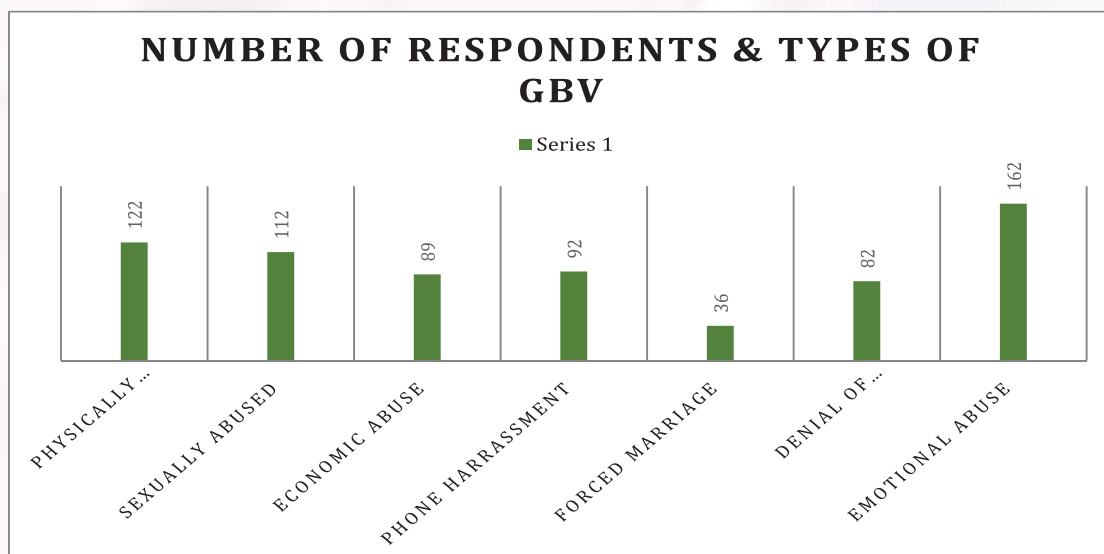
“While interacting with men, they report a woman can keep quiet and also deny you sex for a long time and expect you to be happy and wait for her”

Another respondent reported that;

“My father was poisoned by his wife and died, he left us when we are so young and all our life, we have suffered”

In the same vein, the study revealed economic violence that manifests in change in gender roles. There is a growing trend of female headed households in the district, women working while men “idle” in the trading centers. For the middle class, men are reported to assume powers over all the family finances, Men had abandoned their homes, failed to provide for basic needs of their families and reported to refuse their women to get access to employment opportunities;

My husband used to beat me so much every time I delayed in the market where I used to sell food stuffs, he said I was with other men and finally I decided to stop working so that I keep peace in my home. But he is not able to take care of our needs since then and I feel like separating from him.



Out of the 189 respondents from the communities, 122 reported to ever been physically assaulted, 112 sexually abused, 89, denied economic rights, 92, had ever been harassed by their partners on phone, 36 forcefully married off to their current partners, 82, denied access to inheritance of family property and 162 had ever been emotionally abused.

One of the religious leader revealed that;

"GBV is at a very high rate, and some of it remains so personal that people hardly want to open up about it even among us the religious leaders, it is so bad that our people have even started committing suicide and we cannot do anything"

Harmful cultural practices were also persistent and reported to fuel GBV in the district. 42 respondents strongly agreed that harmful practices as a common form of GBV. In their submission, cultural leaders that participated in the study, indicated that they concur with the fact that some communities still believe and practice some cultural practices regarded as harmful; It was reported that efforts have been done to reduce on the vices. However, Persistent beliefs of male child preference, widow inheritance, Female Genital mutilation and forced marriage. "In our village here, when a girl get breasts, she is ready for marriage and if she refuses, they blame the mother for spoiling her."

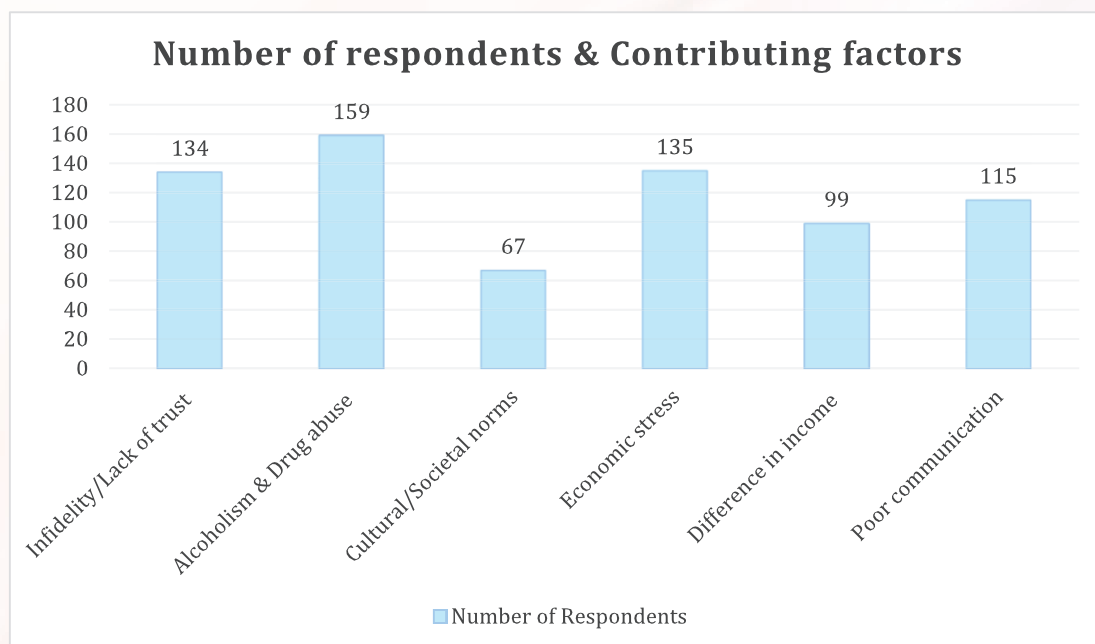
Another respondent shared that;

"In my family, we are all girls, but we did not get a chance to study, our father said he can only take to school our brother and for us we should be prepared to get married and bring good dowry".

6.0 ROOT CAUSES, CONTRIBUTING FACTORS AND EFFECTS OF GBV

6.1. Root Causes

It is urged that GBV is deeply rooted in gender inequality, patriarchy social structures, unequal power relations, traditional norms, cultural and religious beliefs especially against women and girls. The unequal status of men and women is primary said to be the main cause of GBV which includes beliefs that place women and girls in a disadvantaged, vulnerable and weak position compared to their male counter parts^[9]



6.2. Contributing factors

Majority of the respondents strongly agreed on infidelity, alcoholism and drug abuse, cultural or social norms and economic stress as contributing factors to GBV. These especially within families. In Nyamwamba division it was reported that high standards of living compared to the poverty among people led to GBV cases including early/ forced marriages of girls in bid to collect dowry, exposure to slavery/ child labour where some families make their young children vend/ sell goods on the streets, the flooding and landslides leading to displacement and vulnerability of families have all made the division more susceptible to GBV. In Maliba and Bwesumbu, it was noted that despite efforts by different stakeholders to fight and reduce GBV, men have been left out, and labeled as the “Perpetrators” of Violence. Men continue to act violently either knowingly or unknowingly. As stated by the cultural leader;

Most of these GBV advocates work for the women, when they come to our communities, they blame us for everything happening to the women, but some men don't even know if what they do is good or bad, others are just blamed for nothing. I wish even men had information on GBV, then it will reduce."

Additionally it was Indicated among other causes is polygamy and multiple partners among both men and women, peer pressure among the teenagers who have resorted to illegal activities like sodomy, terrorism among others. Young girls were reported to be attracted to older men due to influence from friends. A woman leader noted with concern;

"There are more defilement cases in our communities between young girls and older men, surprisingly, these defilement are not rape, meaning that the young girls agree to these shameful relationship".

One of the community based organizations' representative indicated that;

" Girls have got a lot of demands especially when they reach puberty to use in order to look smart and clean therefore end up being seduced by men and give in to have their needs fulfilled"

From the police perspective, it was reported that; Limited capacity and manpower to investigate cases, Limited number of female officers in some stations to escort female victims for medical examination and recording their statements, Non/delayed reporting of cases by victims or the community members, Non-follow up of cases by the complainants to their logical conclusion, Refusal to testify in court by victims/complaints/witnesses for fear of reprisal from the perpetrators and Poverty which affects follow up of cases due to transport associated costs and medics. These have all made curbing GBV a myth and rather increased the cases in communities.

6.3 Effects of GBV

Generally GBV has had more effect on physical, socio- economic and psychological wellbeing of people in Kasese District. Key stakeholders, GBV witnesses and survivors testified on the physical pain and sometimes death, the psychological trauma, poor social wellbeing of increased gender inequalities, broken families, child neglect, single parenthood and the health effects that resound in illnesses, Alcohol and drug abuse.

The Grade 1 magistrate revealed that effects of GBV are more psychological especially among the juveniles, family members and the victims themselves;

"We have handled a case where a son beat up his mother, but after his conviction, the mother has failed to deal with the fact that his son has been arrested, since then she is stressed, sick and physically paralyzed. She is pleading and requesting for her son's bail"

GBV survivors recall and testify to how GBV has affected them;

- i. "I felt ashamed, guilty and did not want to be around people anymore"
- ii. "There was no peace in my family, even up to now"
- iii. "I separated with my husband for 6 months and my children were left in the hands of the grandmother who didn't care about them"
- iv. "My children are not going to school and I am worried that the two girls may get pregnant here in the village"
- v. "I have developed ulcers and pressure"

Additionally, one of the community development officer shared that, violence especially domestic violence in families has caused women to do "unthinkable things" to men. He said;

Our culture doesn't support divorce and whoever goes ahead and divorces is stigmatized in the community, in fact, it can be so hard for her to get another man to re- marry. Once dowry is paid and you want to leave your husband, then the girls' family should be able to pay back all the dowry to the husband's family. This has kept many women in violent homes, with nowhere to go and in the end, they do unthinkable things.

Given the findings, GBV in Kasese District mainly takes place more in the private spheres, within homes perpetrated by spouses, relatives and care takers. Within the private spaces, physical violence and emotional violence take leaving women and girls more vulnerable compared to men and boys. In the public spheres, schools and workplaces take lead, within these, sexual violence case manifest more, men accused of raping girls, defilement, sex trafficking, sex assault among others. GBV survivors are also exposed to human trafficking, slavery at the places of work, or in search for job opportunities and livelihood.

7.0 GBV VICTIM ANALYSIS

7.1 Needs Analysis

Victims of SGBV are the primary evidence when managing a case of SGBV. Considering the private and complex nature of such offences, it is important to provide primary focus on the Victim who is ultimately at the center of all prevention and response mechanisms, which ultimately amounts to an approach adopted by the key actors in the area of study referred to as the Victim Centered Approach.

This provides that any intervention provided must put the victim's interests as a priority. For this reason any actor must understand the primary needs of the victim and thereafter provide support to the same in order of priority. During the data collection phase, it was observed that victims had needs that pertained to the success of the investigation and those that are essential for their rehabilitation to a state in which they were before the offence was committed.

From the interactions with the Police force. It was noted that for justice to prevail, the victim must be provided a safe environment where they are out of danger and can easily avoid re-traumatization. As emphasized by the district CID:

"In all sexual offences, a victim must be rescued first and removed from the scene, referred to a safe place like a shelter or sometimes when we are unable to, we keep them here at the station for a short time and feed them when we can."

From this perspective, it's safe to say that the **safety** of the victim is always top priority when handling GBV cases. Therefore, a victim's safety needs come first.

Secondly, GBV is often inflicted on the person and in most cases a victim bares physical **and psychological injuries**. All these forms of injury are part and parcel of the evidence provided by the prosecution in court to secure a conviction. In addition to this, such damage can lead to further harm or compromised the integrity of the victims' physical and mental health. It is therefore important to ensure that a victim has access to medical services even when no sexual act has taken place. As reechoed by the medical practitioner;

We always receive victims here at the health center, most of them come here with police and we conduct a medical exam while filling in the PF3A. When we see that there was a sexual act, we administer PEP immediately but also give some other medicine for pain. Some clients don't finish the dose because they have to eat and drink a lot yet some of them don't have money to even transport them but we always tell the police to respect the 72 hour rule because it in this time that we can support the patient properly.

This shows that **medical needs** are one of the key needs of victims and it is safe to say that once a victim has been secured. They must be granted access to medical services. Apart from the medical examination, Post Exposure Prophylaxis and emergency contraceptives required to be administered within 72hours, it is important to note that victims have other long-term medical/health needs. In some cases victims report cases when they are already pregnant, this requires them to access antenatal services and safe birth procedures.

All victims are exposed to trauma and by all means need to be subjected to comprehensive rehabilitation depending on the analysis provided for by an experienced mental health professional. The effects of trauma once unchecked will definitely amount into further pain and such mental scares can contribute to permanent effects including loss of lives.

Thirdly, in the psychology of things, every human being draws stability from the 7 dimensions of wellness as discussed comprehensively by the Grand Rapids Community College in an article on seven dimensions of wellness, it is imperative to ensure that victims are assessed on grounds of Physical, Emotional, Intellectual, Social, Spiritual, Environmental and Occupational needs. Once ascertained, a duty bearer will have a starting point to understand the pain points of the victim with precision. This is emphasized by the in charge SGBV:

We always receive these victims and take them for medical but sometimes you see the victim has no food, the clothes are torn, and sometimes they were raped because they were attracted by small gifts or they dropped out of school. Now you send them back and they will end up in the same problems because there is no one to help them deal with the actual problem. But we try our best.

Additional information on the needs of victims collected from the study population are summarized in the table below:

A TABLE SHOWING A SUMMARY OF VICTIM NEEDS AMONG THE STUDY POPULATION	
NEED	DESCRIPTION
PSYCHOLOGICAL	<ul style="list-style-type: none"> • Comforting, guiding, interaction. • Psychological counselling. • Create a pool of change agents within communities to give hope and support to others. • Meditation centers.
PHYSICAL	<ul style="list-style-type: none"> • Establishment of safe places in schools and other public places. • Establishment of GBV survivor center in the district. • Timely response by the duty bearers especially the police. • Establishment of more remand homes for juveniles. • Implement the By-Laws passed by the cultural leaders on GBV. • Create and facilitate more GBV support structures right from the villages • Establish call free help line in the district for ease of reporting.
OCCUPATIONAL	<ul style="list-style-type: none"> • Free legal services • Popularizing of the laws on GBV especially in the rural areas • Time conviction of the perpetrators and referral of cases to the court. • Take action on corruption among the police who mismanage GBV cases.
SOCIAL	<ul style="list-style-type: none"> • Restoration of peace and harmony in the family • Routine community Dialogue meetings • Involvement in decision making especially interventions targeting the victims • Provision of basic needs • Formation of survivor groups at the village and parish level • Integrate parenting skills in community interventions • Male involvement in fight against GBV • Resettlement • Follow up, home visits • Create model families /homes in communities to act as role models to others.
SPIRITUAL	<ul style="list-style-type: none"> • Survivor groups for experience sharing • Religious leaders condemnation of GBV publically
INTELLECTUAL	<ul style="list-style-type: none"> • Second chance education to the survivors
FINANCIAL	<ul style="list-style-type: none"> • Provide free and timely medical examination to the victims • Life skills trainings • Affordable loans • Equipment in form of startup capital for those with skills like tailoring machines, saloon, farming equipment among others

8.0 GBV PREVENTION AND RESPONSE MECHANISMS IN KASESE DISTRICT

8.1 Stakeholder Analysis

NO	STAKEHOLDER	PREVENTION INTERVENTIONS	RESPONSE SERVICES
1.	Ministry of Gender, Labour and Social Development	<ul style="list-style-type: none"> Put in place mechanisms for coordinating and provides technical support for gender mainstreaming. Provide support to Gender Focal Points, Sector Gender, Working Groups and Local Governments with a view to improving their effectiveness in intervention towards GBV ; Review of policies and programmes and stipulate the roles and responsibilities of different duty bearers in prevention of GBV. Sensitize communities about relevant legislation and policies on male involvement in prevention and Response to GBV. Conduct gender awareness-raising campaigns that addressing patriarchal values, attitudes, practices and socialization processes as underlying causes of GBV. Train, provide information and closely monitor community development officers in the sub-counties. 	<ul style="list-style-type: none"> Response mechanisms like gender desks, officers in charge of gender, the free child help line. Establishment and maintenance of regional GBV shelters and remand homes for Juveniles. Enacting laws and policy framework to protect GBV survivors and punish perpetrators. Continuous lobbying and advocacy internationally and nationally for interventions. Prioritizing GBV victims, Socio-economic empowerment initiatives like UWEP, YLP, and SAGE. Community and key stakeholder engagement especially in key GBV prone areas. Provide gender disaggregated data on the prevalence of GBV in the country for decision making and intervention. Empower lower level special interest leadership structures like the Youth, Children, Women, Disability and Elderly councils to identify and timely report cases of GBV

NO	STAKEHOLDER	PREVENTION INTERVENTIONS	RESPONSE SERVICES
2.	Kasese District Local Government	<ul style="list-style-type: none"> • Facilitation through Annual appropriation of resources of the Community services department, which among other functions is also responsible prevention and reduction of GBV in the district. • Creating synergies and partnerships with different stakeholders working towards reduction of GBV. • Monitoring implementation of initiatives by both the central government and of other actors and stakeholders within the district • Community sensitization and engagement to fight GBV • Develop ordinances to prevent GBV. 	<ul style="list-style-type: none"> • Equipping lower local leaders and community development officers with key skills in identification, handling and referral of GBV cases. • Follow up with the police and judiciary, to ensure timely justice for GBV cases. • Monitor and support health centers to have medical supplies and personal for emergency cases. • Conduct day to day psycho-social support to GBV survivors, conflict resolution and resettlement. • Provide data GBV for decision making. • Implement laws and policies on GBV.

NO	STAKEHOLDER	PREVENTION INTERVENTIONS	RESPONSE SERVICES
3.	Uganda Police Force	<ul style="list-style-type: none"> • Keeping law and order, and maintenance of overall Security and Public Safety. • Community policing that involves engaging community members in keeping security, patrolling • Toll free call services for reporting and timely intervention • Provision of data and information to different actors for intervention • Conflict resolution, mediation among conflicting parties • Preventive arrest of suspected perpetrators of GBV • Counselling • Fostering partnerships with other actors • Mass sensitization on the danger of GBV 	<ul style="list-style-type: none"> • Investigation and gathering evidence to charge a suspect and build a prosecution case. • Providing safety of survivors during the period of investigation if/when necessary. • Advise the survivors on options and assistance available as well as all information that may be necessary or helpful in case of prosecution. • Advise survivor on the right to make a complaint and follow court trial. • Record the survivor's complaint in the registration book and assign a registration number for future follow up • Provision of counselling and shelter. • Offer psychological support (at basic level) to respond to the immediate psychological needs of GBV victim/survivor. • Refer and ask for assistance from a specialized service and personal.. • Open a case file and process all relevant documents to be sent to the judiciary when necessary. • Apply penalties/fines to the perpetrators, according to the law. • Retain in the police custody/ arresting/propose for arresting the perpetrator, • Continue the investigation for submitting the file to prosecution/court. • Follow-up on the results of the Judicial Department.

NO	STAKEHOLDER	PREVENTION INTERVENTIONS	RESPONSE SERVICES
4.	Judiciary	<ul style="list-style-type: none"> • Providing remedy or compensation for crimes committed. 	<ul style="list-style-type: none"> • Promote the rule of law and contribute to the maintenance of order. • Resolving disputes between individuals, and between the State and individuals. • Prosecution and punishing of perpetrators • Counselling and resettlement back in the communities • Compensation of Survivors
5.	Community leadership structures and members (Religious leaders, women and cultural Leaders, LCs, HVTs, Para-socials)	<ul style="list-style-type: none"> • Work with different actors to reach out to households to encourage peaceful co-existence • Encourage and promote love within people and especially couples • Promote share responsibility • Create by-Laws and ordinances to prevent GBV • Revise the negative cultural practices • Engage conflicting parties to harmonize and resolve conflict • Information dissemination on the existing Laws and GBV • Timely reporting of any instances and behaviors that may lead to violence • Inculcate good behaviors and exemplary role models in communities • Mobilize communities to engage in income generating activities to reduce on dependency and poverty. 	<ul style="list-style-type: none"> • Psychosocial support to GBV survivors • Provision of safe spaces especially shelters • Timely referral of cases to the relevant authorities • Mass mobilization of communities on the violent vices that crop up in communities • Form part of the rescue teams, trauma first aid teams that rehabilitate GBV survivors • Work closely with the response actors to ensure effective implementation of interventions. • Provide second chance education and skilling initiatives especially through scholarships in religious and cultural institutions

NO	STAKEHOLDER	PREVENTION INTERVENTIONS	RESPONSE SERVICES
6.	Media	<ul style="list-style-type: none"> Promotes media campaign prevention of GBV Create awareness of the masses about gender equality; and Expose cases of gender based violence 	<ul style="list-style-type: none"> Referral to services provides Reporting of cases through citizen journalism and media activism.
7.	Development partners NGOs & CBOs ACTV, UNWOMEN (SPOTLIGHT INITIATIVE), UGANET, BLACK, ACODEV, CARE Uganda	<ul style="list-style-type: none"> Strengthen partnership other actors to put preventive interventions for GBV. Allocate resources to community structures and organization aimed at curbing GBV. Establish appropriate institutional/ donor coordination of resources for impact oriented implementation Conduct "checks and balances" on the different government interventions Laws and policies to best suit circumstances that cause GBV. Develop incentives for promoting gender equality and women's empowerment in development cooperation Provide financial services under community development initiatives, to reduce on poverty. 	<ul style="list-style-type: none"> Provide psychosocial support to GBV survivors Mass community mobilization, dialogue and other engagements to collective come up with response measures to GBV Provide medical supplies and personal who target GBV survivors. Provide shelter for GBV victims. Financial support and skilling. Provision of reporting and referral incentives to community members Provide legal aid services to GBV survivors

8.2 Role of ACTV Community Volunteers

Among the key players is the ACTV Community volunteers in Kasese District. These were reported to;

- Identification of cases of torture and violence right within communities.
- Information sharing and Sensitization of community members on dangers of violence and reduction of GBV
- Provision of basic support services including counselling, mediation, first aid,

- liaising with the ACTV health teams to provide medical services to survivors
- Make appropriate timely referral of torture and violence cases. In the same way, follow up on the cases reported to seek for justice and redress where necessary.

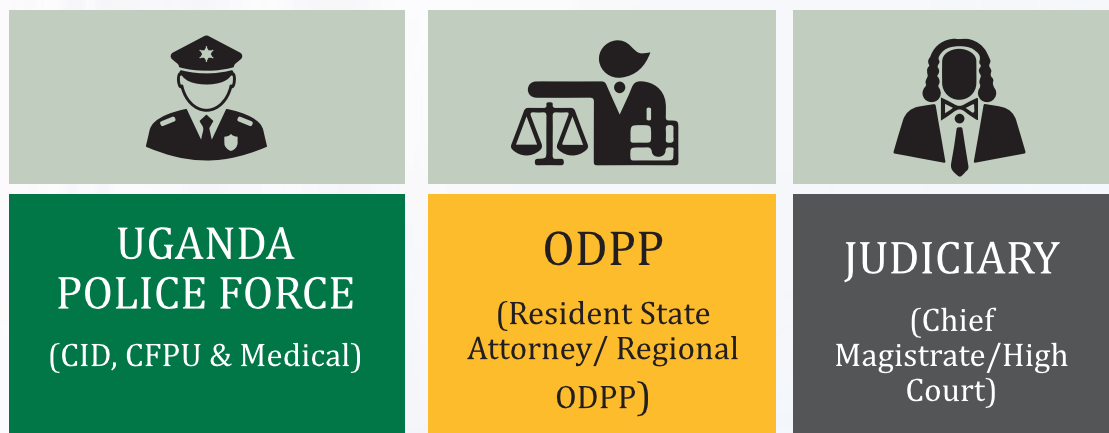
The referral pathway in response to GBV cases

“We sometimes use our little money to support the victims but now we have challenges in getting support for all the needs so we just know some organizations where we send them for help but here at police we don’t have a shelter so we ask some partners if they can help”

The above quotation by one of the focal persons at police reemphasizes that victims of GBV have a wide array of needs but due to limitations in resources and mandate, most of the actors only provide what they can and refer the victims to other stakeholders. Even in the Criminal Justice System itself, the three major actors have different roles, the Police often conducts investigations to logical conclusion, the State Attorney prosecutes cases beyond reasonable doubt and Judiciary adjudicates cases with suitable remedy, compensation or sentencing. As described in the flow chart below:

In this respect, there is application of prosecution led investigations in GBV case management. The investigator works with the guidance of the prosecutor from preliminary level, which fastens investigative process, the state contributes to the investigative objectives and once followed religiously, the case file is easily sanctioned and forwarded to court for hearing. This joint collaboration and coordination among the state actors makes it easy for cases to be handled expeditiously. Access to other services pertaining to the overall rehabilitation of the victim also follow the principles provided for in the referral process. Specifically in the study area, the referral often originates from the police where cases are often reported.

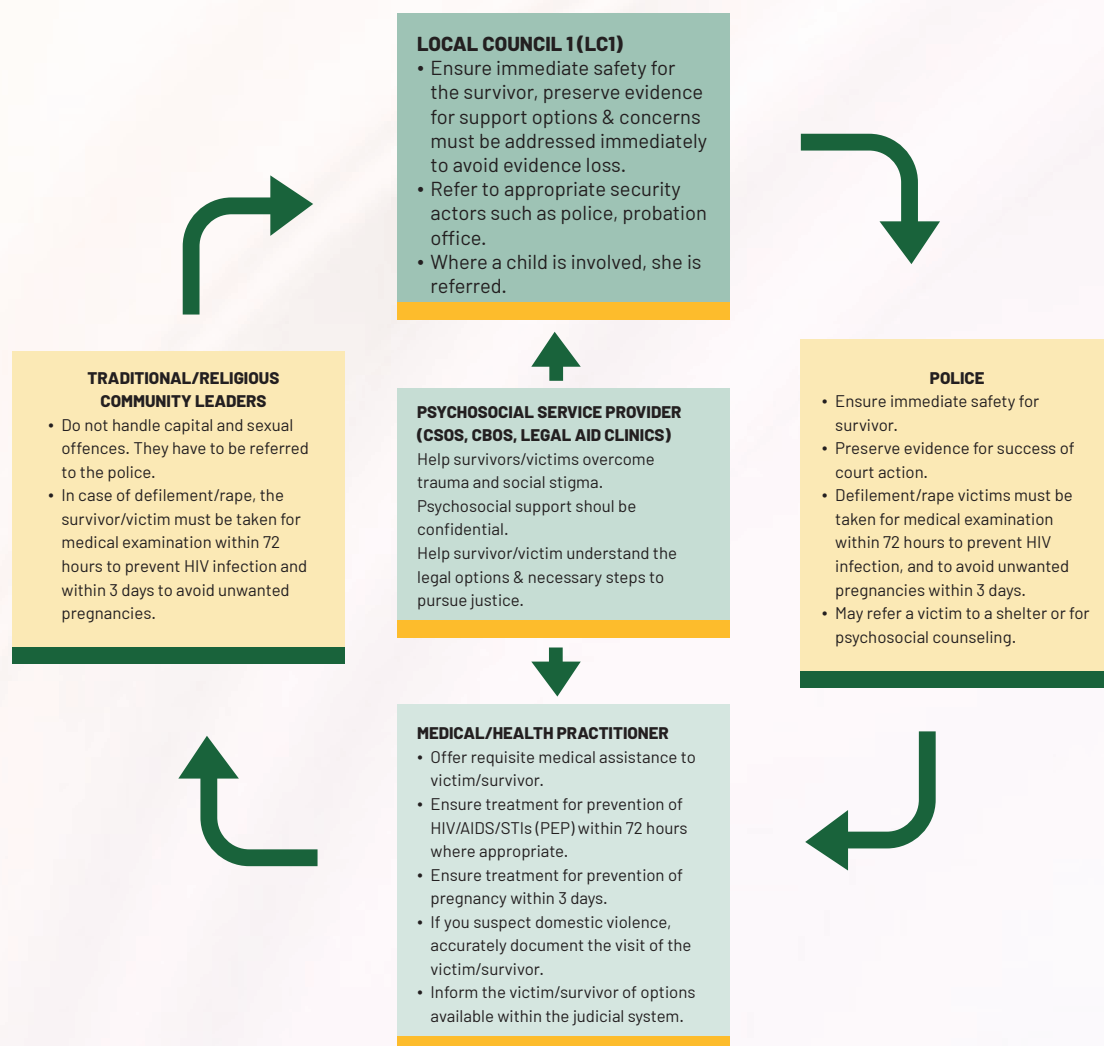
The police refers these victims for safety services, medical services, legal aid services and welfare services among others. This has some notable limitations in the study area, the presence of few organizations willing to provide impromptus services to victims has made it difficult for the police to make referrals. In addition, there is limited awareness



on the services provided. There are also challenges in communication, coordination and documentation of referrals. Most importantly as noted in the opening quotation, the overhead costs associated with referral of victims are also not particularly budgeted for, this in tandem with limitations in mandate and resources has compromised the setup and operationalization of the referral pathway.

Be it as it may, there has been good progress as guided the sections of the National Guidelines for The Provision of Psychosocial Support for Gender Based Violence Victims/ Survivors developed and disseminated by the Ministry of Gender, Labor and Social Development. As illustrated in the GBV referral pathway extracted from the National Referral Guidelines below:

GBV REFERRAL PATHWAY



9.0 RECOMMENDATIONS

9.1 Recommendations to enhance GBV Prevention mechanisms

- Inclusive participation of all stakeholders and actors in all decision making processes, and implementation of intended interventions.
- Working as a team, collective action and approach for more impactful interventions.
- Normalize mental health and psychosocial support systems.
- Male active engagement right from the communities as allies and partners.
- Deliberate resource mobilization, and allocation.
- Embrace the good cultural practices and work on the harmful practices.
- Actors need to emphasize and put efforts to prevention of GBV rather than response.
- Pay extra attention to high risk groups of people including the young, women, disabled and elderly.
- Fight corruption and misappropriating of resources meant to prevent GBV.
- Focus community change and especially mindset change as a way of addressing the inherent patriarchal beliefs that cause GBV.
- Empower communities economically and become self-sustaining reduce on the dependency syndrome on service providers.
- Addressing gaps in the reporting, referral and entire GBV case management.
- Disseminate simplified information on the Laws and policies and any help that local people can easily access.
- Provide free legal aid services.
- Further localize interventions to best suit the gender needs of people.
- Support and facilitate community based structures and the community development officers.
- Create room for open dialogue with key stakeholders and set feasible goals
- Promote the “speak up” behavior among people. As this would allow for identification of problems, ease sharing.
- Finalize enactment of the Local Governments (Kasese District) (Gender Based Violence) Ordinance, 2021.

9.2 Recommendations to enhance service delivery

- Deliberate Allocation of resources
- Operationalization of existing Laws and policies
- Collective action among all stakeholders
- Inclusive approaches including gender analysis, mainstreaming and addressing specific gender needs.
- Community participation for sustainability of interventions.
- End corruption.
- Make community structures and institutions functional.
- Adequate information dissemination and awareness creation

- Implement the male involvement strategy
- Create a pool of change agents and role models as link pins to communities
- Make access to justice services easy for the people
- Train different stakeholders in basic psychosocial support and trauma first aid
- Make the reporting and referral services including toll free lines functional
- Invest in formal and informal education of children
- Strengthen the family as basic unit of the community and create model families
- Promote peace and security especially in the terror prone areas.
- Provide timely free health services and alternatives to sexual reproductive health
- Invest in research and data

10.0 EXPERT OPINION, LIMITATIONS AND RECOMMENDATIONS TO THE STUDY

10.1 Expert opinion

Gender Based Violence cannot be addressed without correcting the violent structures which perpetuate systematic inequalities. Further, Laws that simply aim at punishing the perpetrators are insufficient to tackle the deeply rooted vice of GBV. It is appropriate to use inclusive, participatory approaches where every stakeholder has equal role to play right from the households.

Interventions ought to be holistic, considering the dynamics of GBV over time, where each person male or female, boy or girl, young or old is susceptible to GBV. Investing more in preventive rather than response mechanisms is worthwhile and creating self-sustaining communities, with livelihood skills is sustainable. Different actors need to synergize and harmonize on impactful interventions while engaging males who have over years been sidelined.

10.2 Limitations and Recommendations to the study

Given the time constraint, and the research design which was more of a qualitative approach, the sample size of respondents and the specific (Sub counties/Division) was small despite Kasere District being one largest districts.

- The study was holistic in nature covering the entire GBV. There is need to conduct specific studies on the most common forms of GBV (Physical, emotional and economic violence) that were highlighted under this study.
- Some GBV Survivors could not easily open up in Focus group discussions given the recurring trauma and sensitivity of their experiences.
- Hard to reach areas of Maliba and Bwesumbu sub counties that affected effective data collection

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