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CENTRE FOR WOMEN IN GOVERNANCE

Monitoring Implementation of Uganda Action Plan (NAP) for UNSCR 1325, 1820 and the Goma Declaration



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ACRONYMS

CORD	Agency for Cooperation and Research in Development
ADF	Allied Democratic Front
AMISOM	African Union Mission in Somalia
AU	African Union
CAO	Chief Administrative Officer
CBO	Community Based Organization
CDO	Community Development Officer
CEDAW	Convention on Elimination of All Forms of Discrimination against Women
CEWIGO	Centre for Women in Governance
CFPU	Child and Family Protection Unit
CID	Criminal Investigations Department
CPC	Child Protection Committees
CSO	Civil Society Organization
DCDO	District Community Development Officer
DHO	District Health Officer
DPC	District Police Commander
DPP	Directorate of Public Prosecution
DRC	Democratic Republic of Congo
DVA	Domestic Violence Act
EASSI	East Africa Sub-regional Support Initiative for the Advancement of Women
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FIDA	Uganda Association of Women Lawyers
FY	Financial Year
GBV	Gender Based Violence
GNWP	Global Network of Women Peacebuilders
GOU	Government of Uganda
HC	Health Centre
HIV/AIDS	Human Immuno Deficiency Virus/Acquired Immuno Deficiency Syndrome
HSSP	Health Sector Strategic Plan
ICC	International Criminal Court
ICGLR	International Conference of the Great Lakes Region
IDPs	Internally Displaced Persons
IEC	Information Education Communication
IGG	Inspector General of Government
Isis-WICCE	Isis- Women's International Cross Cultural Exchange
JLOS	Justice Law and Order Sector
LC	Local Council
LRA	Lord's Resistance Army

MDGs	Millennium Development Goals
MFPEd	Ministry of Finance, Planning and Economic Development
MGLSD	Ministry of Gender, Labor and Social Development
MoH	Ministry of Health
MP	Member of Parliament
NAADs	National Agricultural Advisory Services
NAP	Uganda Action Plan
NDP	National Development Plan
NGO	Non-Governmental Organization
NHP	National Health Policy
NRA	National Resistance Army
OC	Officer in Charge
OPM	Office of the Prime Minister
PEP	Post Exposure Prophylaxis
PNFP	Private Not for Profit
PRDP	Peace, Recovery and Development Plan (for Northern Uganda)
RDC	Resident District Commissioner
RSA	Resident State Attorney
SSP	Senior Superintendent of Police
SV	Sexual Violence
TC	Town Council
TEWPA	Teso Women Peace Activists
UN	United Nations
UNFPA	United Nations Population Fund
UNSCR	United Nations Security Council Resolution
UPDF	Uganda People's Defence Forces
UPF	Uganda Police Force
UWONET	Uganda Women's Network
WTF	Women's Task Force

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EXECUTIVE SUMMARY

This report presents an assessment of what Government of Uganda, Civil Society Organisations and Development Partners have done to implement the Uganda Action Plan on UNSCR 1325 & 1820 and the Goma Declaration. The analysis is based on the 2011 revised version of the Action Plan and the 2011 CEWIGO monitoring report on UNSCR 1325.

The report looks at mechanisms in place, the existing gaps, and the challenges that different actors are facing and provides recommendations for full implementation of Uganda NAP.

Chapter one gives an overview of the background to UNSCR 1325 & 1820 and the Goma Declaration, the Uganda Action Plan and other relevant laws and policy frameworks. Chapter two outlines the study objectives, the methodology and scope, significance as well as the limitations of the study. Chapter three sums up the profile of women, peace and security, the nature of armed conflict in Uganda, impact of armed conflict on women in Uganda; while chapter four presents the monitoring findings by the priority areas of the Uganda Action Plan. Chapter five provides conclusions and gives recommendations to the various stakeholders that have an obligation in the implementation of the Uganda NAP. The report measures how Uganda has implemented the NAP for UNSCR 1325, 1820 and the Goma Declaration using 15 NAP indicators.

For the purposes of this report, women's security is looked at from a broad perspective not just from the point of armed conflict. It covers a wide range of issues which when

addressed lead to meaningful peace for women. This includes; promotion of women's access to justice, psychosocial and medical services; participation at local, national and international level and capacity building of service providers; enjoyment of physical security in homes, protection from violence and harassment including sexual violence and other forms of Gender Based Violence. While the guns fell silent in Uganda in 2006, many issues regarding women's peace and security still abound.

The findings indicate that Uganda has made progress in terms of passing laws and formulating policies to realize her international and regional human rights obligations on women's empowerment and gender equality. The most notable legislations include the Penal Code (Amendment) Act 2007, the Anti-trafficking in Human Persons Act 2009, the Domestic Violence Act 2010 and the Prohibition of Female Genital Mutilation Act 2010. However, the study found that implementation and use of laws and policies by survivors remains a challenge. Access to justice for survivors of GBV is hampered by economic implications involved, physical barriers and a number of legal processes and procedures that continue to work against women and girls. Stigma and discrimination associated with rape and defilement at community level have resulted into many cases not being revealed with survivors suffering in silence. The unduly prolonged court procedures have left complainants losing most cases of GBV since evidence is lost due to corruption that is enabled in the process.

GBV continues to rise with defilement being the most prevalent crime committed in the country. Inhuman practices against women and girls like Female Genital Mutilation, child marriages and forced marriages continue to be cherished by many cultures in Uganda.

The study established increased reporting of GBV cases by survivors and their families. The police department has also increased mechanisms to address GBV in the Child and Family Protection Units that work hand in hand with the CID and there is establishment of police outposts in areas where crime is high for easy reach by communities. However, the study found out that the majority of the law enforcement officers are not trained in GBV prevention and response and there is still poor facilitation which makes gathering evidence difficult. The number of High Court Judges is also limited which prolongs prosecution of GBV cases leading to loss of interest in the cases by witnesses.

The proportion of the population living within 5kms of a health facility improved from 49% in 2000 to 72% in 2011. However health indicators like maternal and infant mortality remain poor. Access to health facilities is still hampered by poor infrastructure, lack of medicines and other supplies and shortage of human resources, low salaries, lack of staff accommodation at health facilities among others especially in the rural areas where majority of the population lives.

The study noted that the amended Police Form 3 (PF3) is available in all police stations. However, it was discovered that the accessibility by survivors is limited because the police asks for money for photocopying the forms and facilitating the medical officers to testify in court as was observed in 2011.

PEP kits continue to be concentrated at referral/regional hospitals and HCIVs unlike at HCIIIs which are nearer to the communities and where most GBV cases are reported. The limited awareness about the availability of PEP affects its accessibility and worst of all PEP is associated with HIV/AIDS and a person on PEP is seen as someone on ARVs. Due to fear of stigma, survivors opt not to go for PEP putting their lives at risk.

Regarding political participation, the number of women ministers has increased from 23 in 2011 to 24 in 2012. However women's participation in the top most government continues to be negligible.

Gender issues are still treated as cross-cutting issues and therefore no clear interventions are spelt out in the sector work plans and budgets. Most of the interventions in the ministerial policy statements and annual work plans are blanket statements which may or may not translate into specific actions to address issues that concern women¹.

¹ Justice Law and Order Sector 2012; Gender and Equality Assessment Report

CHAPTER ONE: INTRODUCTION AND BACKGROUND

1.0 Relevant Legal and Policy Framework

At International level, the Government of Uganda is party to key human rights and gender equality international instruments, such as the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW); the Protocol on the African Charter on Human and People's Rights on the Rights of Women in Africa (2003) commonly known as the Maputo Protocol. In addition to the International Conference of the Great Lakes Region (ICGLR) Protocol on the Prevention and Suppression of Sexual Violence Against Women and Children (2006/2008); and, the Kampala Declaration by Heads of State and Government of the Member States of the ICGLR on Sexual and Gender Based Violence (2011). In 2010, not only did Uganda ratify the Maputo Protocol but also enacted four laws protecting women's rights, namely: the Prohibition of Female Genital Mutilation Act (2010), the Domestic Violence Act (2010) that criminalizes violence in a domestic setting, the Anti-Trafficking in Human Persons Act (2010), and the International Criminal Court Act (2010) that criminalizes sexual exploitation of women during conflict and post conflict situations.

In December 2008, the Government of Uganda further committed itself to address post conflict Gender Based Violence, and in particular, sexual violence by developing a National Action Plan (NAP)² to implement UNSCR 1325, 1820 and the Goma declaration. The NAP establishes the overall framework for the implementation of the three instruments and assigns responsibility to different Government bodies, CSOs, private

² Ministry of Gender, Labour and Social Development 2008: *The Uganda Action Plan on UNSCR 1325, 1820 and the Goma Declaration*

sector institutions and development partners in the promotion of peace, prosperity, development and security for women. In September 2011, the NAP³ was revised to refocus the indicators, align it with the National Development Plan and specify roles for different stakeholders, making it multi-sectoral.

1.1 Overview of UNSCR 1325, 1820 and the Goma Declaration

The UNSCR 1325, unanimously passed by the UN Security Council on 31st October 2000, is a ground breaking resolution which recognizes that armed conflict impacts women differently from men. It demands for the protection of women and girls during armed conflict and post-conflict situations. The resolution also highlights women's role as peace builders and agents of change, and calls on the UN and member states, civil society and the international community to ensure that women participate in conflict prevention, peace negotiations and all peace processes and reconstruction decisions and programs.

UNSCR 1325 and subsequent resolutions; 1820 (2008), 1888 (2009), & 1889 (2009) acknowledge that violence against women, especially sexual violence, is itself a gross violation of women's rights and a threat to peace and security with critical implications for conflict prevention and peace building. In East Africa, the Goma Declaration (2008) of the States of the Great Lakes Region also recognizes sexual violence as a threat to regional peace and security, a major propagator of HIV/AIDS and thus a threat to economic development.

³ *Ibid* (Revised Edition)

The UNSCR 1325 stresses that peace is inextricably linked with equality between women and men and affirms the equal access and full participation of women in power structures and in all efforts geared toward peace and security.

The adoption of UNSCR 1325 opened a much awaited window of opportunity for women who have shown time and again that they bring qualitative improvements in structuring peace and in post-conflict agreements. The resolution is rooted in the premise that women's inclusion, their presence and participation in the process, their perspectives, and their contributions to the crucial dialogues will improve the chances of attaining viable and sustainable peace. The resolution is also rooted in the knowledge that gender equality itself is a source of sustainable peace.

UNSCR 1820 re-emphasizes the UN commitment to the Beijing Platform for Action where governments, international and regional organizations were urged to identify and condemn rape and other forms of inhumane and degrading treatment of women and girls as a deliberate instrument of war and ethnic cleansing. The UN recognises rape as a war crime and a crime against humanity and an act of genocide thus 1820 demands that parties involved in conflict take appropriate measures to protect civilians, including women and girls from all forms of sexual violence.

1.2 The Uganda Action Plan (NAP) for UNSCR 1325, 1820 and the Goma Declaration

The Government of Uganda is committed to the implementation of UNSCR 1325 & 1820 and the Goma Declaration as instruments of strengthening Women's participation

and involvement in the promotion of peace and security within the context of conflict prevention and resolution, eradicating Sexual Violence and ending impunity prone situations. In 2008 the Ministry of Gender Labour and Social Development (MGLSD), as the national machinery responsible for initiating, implementing and coordinating policies and programmes that support women's empowerment and advancement, developed an Action Plan as a guide for the implementation of UNSCR 1325 and 1820 and the Goma Declaration.

The Action Plan defines a systematic framework for national actions and monitoring systems to assess progress and impact of interventions at all levels. The Plan had initially been developed in line with Poverty Eradication Action Plan (PEAP) which was transformed into National Development Plan (NDP) 2010/2011 – 2014/2015. However, the plan had many indicators which could neither be monitored nor attained. This therefore necessitated review and prioritization in line with the National Development Plan as well as enhance implementation, monitoring and evaluation of actions within the specified period of five years. The revised NAP therefore serves as a guide to all actors implementing actions on UNSCR 1325, 1820 and the Goma Declaration.

1.3 The Uganda Gender Policy 2007

Uganda's Gender Policy was developed in 1997 and revised in 2007. The policy is an integral part of the national development policies, a framework for redressing gender imbalances as well as a guide to all development practitioners. The ultimate objective of the Uganda National Gender Policy is to evolve a society that is both informed and conscious of

gender and development issues and concerns. It aims at guiding all levels of planning, resource mobilization and implementation of development programs with a gender perspective.

According to the National Gender Policy, all institutions in Uganda are obliged to mainstream gender in all their programs. The National Gender Policy has enabled Uganda to translate the constitutional provisions into action including increased enrolment in the Universal Primary Education (UPE) with emphasis on girl child education, affirmative action in public institutions. It has also enabled the operationalization of the constitutional provision for a reservation of a seat for a woman Member of Parliament to each district and at least one third of the local council seats to be reserved for women so as to engage them in decision making among others.

1.4 The Constitution of the Republic of Uganda (1995)

The Constitution of the Republic of Uganda which provides for the fundamental human rights for all its citizens. Specifically article 33 protects the rights of women and prohibits laws, cultures, customs or traditions that undermine the dignity, welfare, and interests of women or which undermine their status.

The Constitution has a number of specific articles that address gender inequalities, and these include the following:

Article 21 provides for equal treatment in all spheres of life under the law regardless of sex;

Article 26(1) protects all persons from deprivation of property;

Articles 31(1) provides for equal rights of women and men during and after marriage;

Article 32(1) mandates the state to take affirmative action in favour of groups marginalized on the basis of gender or any other reason created by history, tradition or custom;

Article 33(4) also stresses that the state shall provide facilities and opportunities necessary to enhance the welfare of women to enable them realize their full potential and advancement;

Article 33(5) accords affirmative action to women for purposes of redressing the imbalances created by history, tradition or custom.

Article 33(6) prohibits “laws, cultures and traditions which are against the dignity, welfare or interest of women and undermine their status.”

1.5 Kampala Declaration of Heads of States 2011

A regional summit by 11 Heads of State from the Great Lakes Region that took place in the capital Kampala Uganda in December 2011 came up with strategies to prevent, end impunity and provide assistance to victims of Sexual Gender Based Violence. This was in response to SGBV by representatives of NGOs, women’s groups, and United Nations agencies from countries in the Horn, Eastern and Southern Africa. The declaration emphasizes prevention and eradication of SGBV in Africa, recognizes that GBV is a violation of basic human rights which results from an imbalance of power between women and men and is deeply entrenched in some cultural practices

and intimate relationships. The Declaration also acknowledges that GBV is not a private issue but one that involves society as a whole and therefore calls for a holistic approach promoting preventive solutions.

The Government of Uganda has made progress in implementing the decisions of 2011 ICGLR summit. For instance, decision 7 on declaring Zero Tolerance campaign on SGBV, the Government of Uganda has planned for a Zero Tolerance Campaign on SGBV during 16 days of activism, Decision 11 on establishment of Recovery centers, the Ministry of Gender has developed guidelines for establishment of safety shelters in 5 districts of Uganda and according to decision 14, Uganda accepted to host the Regional SGBV training.

1.6 Peace, Recovery and Development Plan (PRDP) for Northern Uganda

The Government of Uganda extended the lifespan of PRDP with effect from July 2012 for another 3 years. The PRDP is Government's

response since July 2009 to address challenges that erupted in Northern and North Eastern Uganda as a result of prolonged armed conflict. The PRDP establishes the guiding principles, the institutional framework and the strategic development for any future peace building recovery and development interventions in the North and North Eastern Uganda.

The Women's Task Force for a Gender responsive PRDP has been at a forefront in advocating for a number of issues to be incorporated in the PRDP 2 framework which was realized. The PRDP phase two included the recognition of SGBV as a contributing factor to conflict, the need to train Police and the JLOS sector on SGBV towards strengthening response to SGBV and sensitizing communities and provision of psychosocial support for male and female returnees.

CHAPTER TWO: THE STUDY

2.0 The study

The study was conducted from 22nd to 30th July 2012 in 4 regions⁴ of Uganda in a sample of 15 districts⁵. Data was also collected at National level from government ministries, agencies, departments, CSOs and development partners. A total of 131 key informant interviews were conducted, 60 FGDs were held with a total number of 533 respondents and 17 health centers were studied inclusive of 9 Referral Hospitals. 15 Police stations were studied and Key Informant Interviews were conducted with officials from the Child and Family Protection Unit and CID, the RPC's, DPC's and OC Stations.

The overall objective of the monitoring initiative is to ensure that Government of Uganda effectively delivers on commitments for women, peace and security in line with UNSCR 1325, 1820 and the Goma Declaration.

2.1 Specific objectives

1. Document progress made by the Government of Uganda in implementation of NAP for UNSCR 1325, 1820 and the Goma declaration.
2. Identify existing gaps and challenges in the implementation of NAP for UNSCR 1325, 1820 and the Goma declaration.
3. Make recommendations and strategies for full implementation of NAP

2.2 Methodology

Both quantitative and qualitative research

⁴ North, East, Central and West
⁵ Gulu, Pader, Kitgum, Katakwi, Amuria, Lira, Dokolo, Mbale, Namutumba, Luwero, Rakai, Kabarole, Kasese, Isingiro and Rubirizi.

methods were applied to monitor the 15 national indicators of the NAP. There was use of extensive secondary data from various institutions and departments including Parliament, the Police, the Directorate of Interpol, the Uganda Peoples Defence Forces, Ministry of Health, Ministry of Gender, Labour and Social Development and Justice Law and Order Sector.

Key informant interviews were held with members of the District and sub county administrators and political leaders, the Police, both CID and CFU units, health workers, Members of Parliament, MGLSD, the UPDF, the Electoral Commission and Ministry of Public Service, Justice Law and Order Sector, the office of The President as well as local and national CSOs.

Focus Group Discussions were conducted with women and men councilors both at district and sub county level, women leaders in civil society, Local Council authorities and women and men at community level.

Participant observation was also used to observe service delivery at health facilities and police stations

The draft findings were presented and discussed in a validation workshop at which useful feedback was received from members of the Uganda 1325 CSO Task Force and other stakeholders. A review of the final draft report was done by the members of the CSO 1325 Reference Group whose expertise on women, peace and security issues was applied to produce a concrete report.

2.3 Data analysis

Quantitative data were reviewed on a daily basis by the researchers to ensure their completeness and accuracy. The quantitative data was analyzed using the Statistical Package of the Social Sciences (SPSS) and excel. In addition, descriptive analysis, graphical and tabular expositions were adopted.

Qualitative data was analyzed thematically and were used to understand the ideas and opinions related to the four themes of UNSCR 1325 of Participation, Protection, Prevention and Recovery. The analysis led to the findings and interpretations contained in this report.

2.4 Significance of the study

Monitoring the implementation of UNSCR 1325, 1820 and the Goma Declaration has been conducted by CEWIGO and partner of the Uganda 1325 CSO Task Force since 2010 to establish government's implementation of her commitments towards women, peace and security.

The report provides data and analysis from the civil society point of view. It provides baseline information against which progress on the implementation of Uganda NAP can be measured. The report also provides useful data for government ministries, departments and agencies, political parties, civil society organizations and other stakeholders on the huge task that lies ahead in order to fulfill all the provisions of UNSCR 1325 to make it a reality

for women. The findings and recommendations of this report provide a basis for civil advocacy not only in support of government agencies responsible for implementation of Uganda NAP but also in increasing awareness and knowledge of those individuals and government policy makers on what to prioritize regarding women, peace and security. Recommendations made are both long and short term in nature and hence require all partners to play their role in implementation of NAP.

2.5 Limitations of the study

Data was not readily available in some institutions where the study was carried out. This was attributed to inadequate information management systems for example the Child and Family Protection Units studied across the country had no computers that would help in storing their data in a more systematic manner. Research teams had to go through a manual process of counting the cases reported file by file while other files could not be traced.

Some institutions would not release the information for security reasons.

The study team encountered a lot of bureaucracy where specific officials were mandated to release information. Such officials were in many cases, the top most with very busy schedules leading to delays. Continuous follow-ups were made to mitigate this.

Some respondents wanted to be paid before they could release the information.

CHAPTER THREE : UGANDA'S PROFILE ON WOMEN, PEACE AND SECURITY

A. NATURE OF ARMED CONFLICT IN UGANDA

Since independence, Uganda has witnessed a reign of tyranny and use of force by various rulers to come to power. As such political decisions have engendered fear among sections of the population not in power, and have been one of the chief catalysts of conflict with leaders using ethnic sentiments to mobilize political support. This has been worsened by emerging conflicts surrounding resources as a result of influence from international actors that exacerbate the divides between different national, religious and ethnic groups in the country.⁶

Conflict has also been attributed to events in the neighboring countries. The strategic position of Uganda places it at crossroads of armed conflicts in Sudan, Somalia, the Democratic Republic of Congo (DRC) and other countries within the Great Lakes Region⁷. As a result, in addition to its own internal conflicts, Uganda has found itself involved in other inter and intra state conflicts on peace keeping missions in Somalia Darfur, or as an antagonist such as in the DRC, Rwanda and Somalia since July 11th, 2010. Though no official government report has been published, many Ugandans are in fear that the recent plane crash in Kenya might have been caused by an attack.⁸ Uganda is also sometimes a victim⁹ as was the case during the post-election

conflict in Kenya where many Ugandan business people lost lives and property while on transit, but also other problems faced as a result of closing the border.¹⁰

Western Uganda experienced armed conflict from 2002 to 2007 as a result of activities by various rebel forces, some from Uganda and others from Democratic Republic of Congo, including the Allied Democratic Front (ADF) which operated in the mountainous Rwenzori sub-region.¹¹ South Western Uganda suffered from the war of 1978-79 that toppled Idi Amin, the former president who targeted the elite from the entire country, during his regime. Central Uganda was central to the 1981-85 armed conflict that brought President Museveni to power. Since sept 2012 the influx of refugees from Eastern DRC stretching social services in western Uganda, The whole of Uganda therefore is rightly described as a post-conflict state.

There are also emerging tensions which are likely to result into conflicts in the country. Uganda continues to face lawlessness and tension as a result of election related violence. The discovery of oil in the Albertine region has led to mass purchase of land and land grabbing by the wealthy with prospects of getting profit

6 *Insights on conflicts, guide to the conflict and peace building in Uganda-peace direct (2011)*

7 *The countries of the Great Lakes region include Uganda, Kenya, Tanzania, DRC Congo, Burundi, Rwanda and the Central African Republic*

8 <http://www.weinformers.net/2012/08/17/updf-investigates-al-shabaab-role-in-uganda-crashed-planes/>

9 *Uganda depends on Kenya's transport infrastructure*

especially the port at Mombasa for imports and exports. During the election violence Ugandan truck drivers were targeted, their goods destroyed, and their trucks set ablaze. Uganda suffered an acute shortage of fuel which led to escalating commodity prices.

10 *CEWIGO 2011; Monitoring implementation of UNSCR1325 in Uganda*

11 *Karimajong are an ethnic group of agro-pastoral herders living in the North east of Uganda bordering Kenya.*

leaving many women and children landless. Ugandan's are generally wondering how they will benefit from the oil resource. There is also increased community agitation country wide due to lack of delivery of social services and grand corruption that government seems unable to do anything about

B. IMPACT OF ARMED CONFLICT ON WOMEN IN UGANDA

Being in the center of the Great Lakes Region and with some neighbours continuously experiencing civil strife. Uganda has inevitably been at the center of conflict most of the time. Women and girls continue to suffer the effects of armed conflict in the region with many of them abducted, forced to become wives of militias, others raped and defiled or tortured. Those who survive the attacks are forced to live in IDP camps, suffering from psychological trauma, permanent physical injury, and long-term health risks, especially HIV/AIDS and virginal fistula. Some of these survivors have faced difficulty in fitting back into the communities they formally lived in because the community views them as outcasts and those with babies fathered by rebels are sometimes ostracised and looked at as traitors.

Rebels and militias have terrorized women with rape, sexual and other forms of violence and harassment. These tactics are acknowledged as tools of war, instruments of terror designed to hurt humanities and punish women, wrench communities apart, and force women and girls to flee their homes. The LRA war in Northern Uganda left a lot of damage behind as some of the communities are still struggling to put their lives back on track. Many earlierly women still live in long abandoned IDP camps.

Many abducted girls and women and other victims of sexual violence who had children are stuck due to failure to identify the fathers their children. The problem is further exacerbated by the fact that land is communally owned and communities will not share their land with individuals whose father they do not know so the challenge of such children grows bigger. Other SGBV survivors have had to deal with rejection, discrimination and HIV/AIDS.

Life in the camps rendered men vulnerable to drinking local brew to kill frustration and boredom while women were forced to continue playing the role of providing for the family. As a result, women acquired skills of resilience and took over headship in their families. These changing gender roles have led to increased GBV as men attempt to regain their lost masculinity.

In the Eastern Region, Teso's border areas especially with Karamoja have for the last 50 years borne the brunt of cattle rustling. This disrupted agricultural activities leading to hunger, diseases and poverty. Cattle raids had subsided and people who had been in IDP camps had just begun settling back in their homes. The study found that Teso sub region is still prone to Karimajong raiders. Residents in the area continue to live in fear of attacks and this has made resettlement even harder.

Armed conflict within the DRC and the Central African Republic (CAR) has resulted into massive inflow of refugees to Western Uganda. This inflow has come along with so many socio-economic and health effects. Of recent Kasese and Kibale districts witnessed the deadly ebola disease that is suspected to have spread through the porous border.

The role of women in conflict transformation and peacebuilding

The role of women in Conflict Transformation and peacebuilding has been tremendous in post conflict Northern and Eastern Uganda. At the grassroots level, women's organizations and women's groups such as Teso Women Peace Activists (TEWPA), Women Peace Initiatives (WOPI), Kitgum Women Peace Initiative (KIWEPI), Luwero Women Development Association (LUWODA) and Kasese War Widows Association have mobilized women as members and are busy engaging in various conflict transformation activities. Women are involved in human rights education and activism much more than their counterparts from the central or western regions of the country.

Women who acquired new skills through petty trade during armed conflict have worked further to gain entrepreneurial skills. Others have organized themselves into groups to pool resources and work

together in the now common village saving groups.

The women of Uganda have continued to mobilize under the National Women's Task Force (WTF) for a Gender Responsive PRDP, a coalition of women's organizations at national and grassroots level that has since 2009, advocated for a gender responsive post recovery programme. PRDP II now, unlike PRDP I, recognizes SGBV as a contributing factor to conflict, as well as the need to train the police and the Justice Law and Order Sector institutions in skills and knowledge to strengthen GBV response. PRDP II also provides for strengthening community based mechanisms for GBV response and the provision of psychosocial support for male and female formerly abducted and internally displaced persons. The need to train health workers child protection committees as well as bringing cultural and religious leaders on board to fight GBV can not be over stated

CHAPTER FOUR: PRESENTATION OF NAP MONITORING FINDINGS

PRIORITY AREA 1: LEGAL AND POLICY FRAMEWORK

Strategic objective 1: Improved legal and policy environment in relation to enacting laws and policy making on GBV

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

The Uganda NAP identified four laws addressing GBV issues as bench marks for its implementation. Mechanisms for effective implementation include developing regulations and translation into local language to operationalise the International Criminal Court (ICC) Act, Domestic Violence Act (DVA) and the Female Genital Mutilation (FGM) Act. Advocacy and sensitization workshops to increase awareness of the Marriage and Divorce Bill (2009) and presentation of the Bill to parliament are some of the strategies that were to be undertaken for the passage of the Bill into law.

International Criminal Court Act (2010)

The ICC Act for the first time allows Ugandan courts to try crimes against humanity, war crimes and genocide defined under the Rome Statute. However, the Act only provides two main provisions for victims in Ugandan courts- protection before the courts as a witness and the enforcement of orders for victim reparation made by the ICC. These provisions in themselves do not offer victims much access to redress before Ugandan courts either through participation or reparation.

The study established that the Government of Uganda put in place structures and personnel to

prosecute any case that may arise. For example the set up of the War Crimes Division within the High Court, the war Crimes Investigation Unit of the Uganda police and training of judges and magistrates on war crimes and the appointment of the Director of Public Prosecution (DPP) to prosecute war crimes suspects are meant to realize provisions of the Act.

According to the findings of the study, while the ICC Act has been in place since 2010, no deliberate efforts have been made to develop regulations to operationalize its implementation. Implementation of this law is further hampered by lack of community activism. The perceptions and opinions of most people who were interviewed in Northern Uganda revealed that total amnesty would lead to lasting peace, reconciliation and rehabilitation.

The Domestic Violence Act (2010)

The Act provides for the protection and relief of victims of domestic violence; remedies for the punishment of perpetrators of domestic violence; procedures and guidelines to be followed by courts in relation to protection and compensation of victims of domestic violence. It also provides for the jurisdiction of courts including the issue of protection orders and enforcement of orders made by the court, and for empowering the family and children's court to handle cases of domestic violence and for the protection and relief of victims.

The study established that the Act's Regulations are in place and were developed in a more participatory process with both regional and national level consultations. CSOs have since

then implemented pilot projects on the Act in different parts of the country. The Domestic Violence coalition with guidance from Uganda Law Reform Commission translated the Act into 8 local languages¹². Efforts to simplify the Act by the MGLSD and Uganda Law Reform Commission are ongoing.

The study also found that MGLSD was developing guidelines for establishment of safety shelters in Gulu, Masaka, Lira, Mbarara and Moroto for GBV survivors in partnership with Action Aid Uganda and MIFUMI under the UN Joint programme on Gender Equity. In addition, the MGLSD is training duty bearers (police, health workers, social workers, prosecutors, magistrates) in 30 districts in the use of the Act.

At the local council level, the study found out that local council leaders try to reconcile parties and advise them to avoid going to court due to lack of awareness on provisions in the Act. The study revealed that the combined advocacy of different stakeholders including women's organizations, MGLSD and development partners led to amendment of Police Form 3 that allows more health workers fill the PF3. These include senior nurses/midwives and clinical officers in addition to doctors and the police surgeon.

Despite the above achievements, the study established that pre-existing difficulties preventing survivors of GBV from accessing justice have not yet been addressed. It is still culturally unacceptable to report domestic violence cases which are still considered a private matter. Majority of the survivors are unable to meet costs incurred in reporting in particular,

12 DV Act was translated into Luganda, Acholi, Akaramojong, Iteso, Lkonzo, Alur, Runyankore and Runyoro-Rutoro.

medical examination fees, photocopying PF3 and transport. There are no safety shelters for GBV survivors in most parts of the country. There is still lack of knowledge of this law among duty bearers thus making it difficult for them to implement it. Other underlying barriers were associated with stigma, lack of confidence in the justice system, delays in prosecution, corruption and the lack of interest and responsiveness of male police and judicial officials.

Female Genital Mutilation (FGM) Act (2010)

The FGM Act defines FGM as all procedures involving partial or total removal of the external female genitalia. It criminalizes discrimination against females that have not undergone FGM. Persons who carry out FGM on self or on others, procure, aid, induce, threaten or fail to report the practice are guilty of committing FGM and are liable to imprisonment, a fine or both.

The study revealed that the draft regulations to operationalize the FGM were in place. The MGLSD spearheaded the process of developing the FGM Regulations that involved regional consultations in Eastern and Central Uganda for consensus building among stakeholders. The FGM regulations were at the Parliamentary Council for proof reading and gazetting by August 2012.

The findings indicate that public awareness has been raised by the MGLSD and the Office of the Speaker of Parliament among others to change the mind set of FGM prone communities. There are new ways of compliance with the provisions of the FGM Act and health and social implications are known by the local people. Community activism has also been used to de-localize the practice across the Sabiny Kenyan border with support from UNFPA, UNICEF, and the French Embassy.

The declaration against FGM among the Pokot was signed in July 2011¹³.

An analysis of the available literature revealed that the Pokot of North Eastern and Sabiny of Eastern Uganda still value FGM and most of the girls who cherish the practice cross the border to Kenya for the practice where the enforcement of the FGM law is still weak.

The Marriage and Divorce Bill (2009)

The Bill seeks to provide a comprehensive law that addresses injustice and discrimination in all family relationships including marriage and at its dissolution.

The study found that campaign for the enactment of the Marriage and Divorce Bill into law is ongoing and is being conducted by different stakeholders including the MGLSD and CSOs. The Marriage and Divorce Bill coalition have engaged women legislators through the Uganda Women Parliamentary Association (UWOPA) on the rationale for passing the Bill and it has been made one of the priority issues on UWOPA'S agenda.

According to the study, the main areas of contention hindering the passage of the Bill are on ownership and division of property among the spouses which has been criticized that it encourages women to accumulate wealth. Some religious leaders have critiqued property rights of cohabiting couples on grounds that the Bill is against legal marriage and the use of the word 'Divorce' in the proposed law. On bride price which should be non-refundable, cultural fanatics argue that it is against African traditions not to refuse bride price on desolution of marriage.

¹³ *New vision*, Monday, February 13th, 2012, article by Fredrick Womakuyu

Indicator 1.2: Ministerial policy statements/ annual work plans incorporating GBV activities in Health, JLOS and Defence

Health sector

From the ministerial policy statement of Ministry of Health 2001/2012 the focus is to ensure equitable access to health services. This will be achieved through constructing and rehabilitating health facilities as well as improving the quality of health care systems. Under the statement, funds are committed to support construction of staff houses at HCIII and HC IV and 40% of the health budget has been allocated for this purpose. The ministry focuses on improving the delivery of health services in rural health centers through increased access to modern energy services and ICTs. About 50-65% HCII & HCIII were to be provided with energy by installation of Solar panels during the FY 2011/2012. This is intended to attract and retain health workers in hard to reach areas.

However, the study established that the prioritization of access to essential health supplies like *Maama Kits* to reduce maternal and infant mortality is still lacking and some health centers lack timely and adequate drug supplies.

Justice Law and Order Sector (JLOS)

The study found that the sector is faced with capacity gaps in gender and equity mainstreaming and has no clear GBV interventions. The JLOS Strategic Investment Plan 2012/2013 indicates that the sector acknowledges the lack of access to justice by vulnerable groups, long distances, cost of accessing justice, language and attitudinal barriers which the Strategic Investment Plan 2012/13 intends to address. However the given interventions are blanket statements which

may or may not translate into specific actions to address GBV issues. The sector plans to institutionalize gender issues as well as building partnerships with MGLSD and the women's movement to address issues that affect men and women.

Ministry of Defense

The study found that the UPDF is implementing the regional quota system of recruitment of cadet officers and men to allow for regional balance. 30% of the recruits are reserved for women. There has been transformation of the women's wing to a full directorate to handle women and gender affairs. The UPDF Spouses Desk was established to cater for the livelihoods and development of UPDF spouses.

However there was no evidence to show plans for training of officers and men of the UPDF in GBV issues.

The study found that training of peacekeepers on gender issues is ongoing and military female officers have been deployed to various peace keeping missions. However, the capacity of the ministry to eliminate GBV is still lacking as the ministry still considers gender and equity as cross-

cutting issues. For instance the Directorate for Women Affairs is allocated 24,000,000 (Twenty four million) Uganda shillings per annum while the spouses Desk receives only 46,200,000 (Forty six million two hundred thousand shillings) per annum which is too little to address women's concerns.

Strategic Objective 2: Improved performance of the different actors in combating GBV

Indicator 2.1: Percentage of convicted Sexual Violence (SV) cases (Rape and Defilement) out of total sexual violence cases reported to the police

The study found that defilement is the highest form of sexual violence committed in the country with the alleged perpetrators being known to the survivors. According to the Penal Code (Amendment) Act (2007) defilement is defined as ***“any person, who performs a sexual act with another person who is below the age of 18 years, commits a felony known as defilement and is, on conviction, liable to life imprisonment”***. This law also provides for the offence of aggravated defilement, which makes one on conviction by the High Court liable to suffer death.

Table 1: Rape and defilement cases investigated by police in the year 2011

Case / Crime Incidence	Investigated	Under Inquiry	Taken to Court	Submitted to DPP / RSA	Convictions	Acquittals	Dismissed	Pending in Court
Rape	520	259	261	295	5	-	13	243
Defilement	7,690	3,957	3,733	4,719	386	44	279	3,024

Source: Uganda Police Annual Crime and Traffic / Road Safety Report – 2011. Pg. 86

According to the Uganda Police Annual Crime and Traffic/Road Safety Report 2011, defilement is the most prevalent crime with a total of **7,690** cases investigated, compared to **7,564** cases in 2010 hence, a 2 percent increase. A total of **3,733** defilement suspects were taken to Court in 2011. For the case of rape, **520** cases were investigated, compared to **709** cases in 2010, hence a decrease by 2 percent. A total of **261** suspects of rape were arrested and charged in Court¹⁴. A large number of perpetrators of sexual violence are male which implies that men are critical partners in addressing the vice.

According to the study findings, young girls are increasingly being defiled by their fathers, uncles, teachers, police officers and male domestic workers¹⁵. In a focused group discussion, one of the participants remarked;

“I was defiled at the age of 13 by my teacher while I was coming back from visiting my sister. My teacher called me as I was passing by the school. After greeting him, he put me on a motorcycle and that was the last thing I recall. Three months later, I was examined by a Traditional Birth Attendant who told me that I was pregnant. Immediately, we rushed to police and the teacher ran away. I did not sit for my PLE as it was the time I was experiencing labor pains.”

The study revealed that survivors of sexual violence usually report to police after failing to negotiate with the perpetrators and after tampering with the evidence. Girls below the

¹⁴ Uganda Police Annual Crime Report, 2011

¹⁵ Child accuses father of defilement, Daily Monitor, January 17th 2012

age of 18 were reportedly forced into marriage which resulted into high school drop outs.

The increasing cases of defilement and rape were attributed to rampant alcoholism and drug abuse, poverty with girls being seen as source of wealth or girls being lured into sex in exchange for basic necessities, moral degeneration, exposure to pornography, cultural practices that tend to position women as inferior to men, denial of conjugal rights and separation and divorce of parents. Marital rape was said to be common among the discordant couples with HIV positive men wanting to infect their wives.

The study established that there are still few convictions in court due to lack of evidence coupled with the vice of corruption among the police and in courts of law that make survivors lose interest in the case. It was also reported that survivors still prefer to settle matters outside formal legal institutions due to fear of backlash from family members, communities, as well as prolonged court processes that are considered cumbersome and protracted, and lengthy. There is need therefore to explore the reasons for this preference to inform advocacy initiatives.

According to the study, the police have put in place some mechanisms to address rape and defilement. These include community policing, school visits and radio talk shows. The study also noted that the survivors and communities are more willing to report sexual violence cases unlike in the past, and the media has become more active in reporting and giving coverage to issues of sexual violence. This is evidence of increased awareness of the vice and the law.

Table 2: Sexual Violence cases reported to Police in 2011

District	Type of Sexual Violence	
	Defilement (Rape of young children)	Rape
Lira	363	13
Dokolo	110	15
Gulu	57	8
Pader	115	5
Kitgum	-	17
Katakwi	95	0
Amuria	101	4
Namutumba	161	3
Mbale	402	16
Luwero	113	8
Rakai	273	8
Kabarole	143	12
Kasese	155	13
Isingiro	65	10
Rubirizi	27	4

Source: Primary Data from District Police Stations

Across the country, the findings show that the challenges in reporting, investigating and prosecuting sexual violence cases include: harassment and stigmatization of the victims, bribery and corruption. Girls fear that if they report cases of defilement, no man will ever want to marry them, while children that are defiled are threatened by the perpetrators with death. *‘They tell them, “If you tell anyone about this, I will come and kill you or I will kill your parents.”* It was noted that many of the defilement cases were not discovered until the girls become septic or show signs of pregnancy. Married women feared to report marital rape for fear of being divorced by their husbands. The community

tends to isolate and stigmatize the victim, rather than the perpetrator. It was found that parents have commercialized defilement by demanding payment from perpetrators to drop complaints against them.

Indicator 2.2 Percentage of Domestic Violence cases (burning, battering and murder) out of total domestic violence cases reported to the police

According to Domestic Violence Act, Domestic Violence is defined as a pattern of behavior in any relationship that is used to maintain or gain power

and control over an intimate partner¹⁶. The study findings indicate that domestic violence continues to carry negative impact on development (loss of life, crippling, loss of income, increase of individual and state expenditures on provision of services to survivors through the health facilities, police, and judiciary among others.

The study noted that the Child and Family Protection Units, Probation Officers, CDOs together with the gender working groups in the districts (Child Protection Committees and Alliance Committees) are playing a difficult but crucial role in addressing domestic violence cases.

Focus Group Discussions with women at the grassroots level revealed that the survivors of domestic violence prefer to report their cases to Child Protection and Alliance Committees because they operate at the grassroots and do not charge money unlike the local authorities.

A member of Alliance mentioned that when the perpetrators return to the villages without being punished, they intimidate and threaten them and do not take them seriously. They called upon the police to play their role to enable them do their work effectively

The study done by Centre for Domestic Violence Prevention (CEDOVIP) revealed that 30% of women and 47.5% of men still believe that domestic violence is a private issue that should be kept in the family. This was affirmed by one of the key informants during the interview from Mbale district: “Ebyomunju tebitotolwa” meaning that matters of the home should not be discussed in public. During FGDs with councilors from Katakwi district a woman remarked,

“Our culture dictates that you don’t wash your dirty linen in public. So women would rather keep domestic abuses to themselves. Some educated women also think reporting domestic violence would make them lose respect in the community, especially considering the lavish weddings that they had.”

Table 3: Statistics on death due to Domestic Violence (DV) for the year 2011

Case / Crime Incidence	Investigated	Under inquiry	Submitted to DPP / RSA	Taken to court	Convicted	Pending in court
Death (Aggravated domestic violence)	181	48	126	133	2	131

Source: Uganda Police Annual Crime and Traffic / Road Safety Report – 2011

Incidences of death through Domestic Violence investigated by the police in 2011 were **181** cases compared to **159** cases in 2010. There was an increase of **14** percent .

¹⁶ Domestic Violence Act 2010

Table 4: Domestic Violence Cases reported to Police

District	Type of Domestic Violence Domestic Violence (Battering, Burning, Murder)
Lira	81
Dokolo	94
Gulu	140
Pader	27
Kitgum	89
Katakwi	173
Amuria	192
Namutumba	69
Mbale	66
Luwero	561
Rakai	-
Kabarole	-
Kasese	-
Isingiro	-
Rubirizi	-

Source: Primary Data from District Police Stations

The findings show that women are largely involved in agriculture (tilling land, planting, weeding and harvesting). However, during the harvest season, men reportedly gain interest and sell off the produce and use the money for drinking or marrying other wives. When women resist this, they are battered by their husbands. In one of the Focus Group Discussions during the study, a woman councilor narrated;

“A woman gave out some cowpeas to a friend. The husband came to know about it and went for drinking to gain the courage of beating her. The husband came back home drunk and started abusing and beating the wife. When he went to bed, the wife set the house on fire and the husband died. ”

In a key informant interview with officials of the Iteso Cultural Union (ICU) it was noted that

domestic violence is on the increase due to poverty and alcoholism. Women who are tortured and mistreated by their husbands become frustrated and this affects their productivity and development in general.

The research team found that the structures in place to fight domestic violence are faced with enormous challenges of bribery and corruption, intimidation, dependency of women on men, ignorance of the law, tolerance and stigma. During the Focus Group Discussion with women and men at the grassroots, the major causes of Domestic Violence were highlighted as follows; Alcoholism, promiscuity among married couples, poverty, HIV/AIDS, polygamy, multiparty politics, cultural beliefs where beating women is still seen as a sign of love, and dowry which makes husbands treat their wives like property.

Indicator 3.1 Proportion of Health Care Unit (HCIIIs) with at least two service providers trained to handle GBV cases according to MOH Guidelines.

The study found inequitable distribution of health workers among districts, between rural and urban areas and between public and private providers. In all the areas that the research team visited, it was discovered that though there are health centre IIIs, HCIVs, Hospitals and Regional referral hospitals, there wasn't deliberate specialized training of the medical workers to handle GBV. In many districts only few health workers had received training in GBV. In Teso sub region, the majority of health workers had not been trained in handling GBV cases. The Ministry of Health had developed a training manual on SGBV for health workers and had conducted training of trainers across the districts in the region and the trainers were yet to train others. In Katakwi district, out of the 148 medical workers in the district, only 2 were trained to handle GBV cases. This means that almost 90% of medical workers in the district are yet to receive specialized training to handle GBV cases.

In Lango sub region and Dokolo district in particular, the research team was informed that out of 172 medical staff, only 14 were trained in GBV by Child Fund International which means 92% of medical workers in Dokolo district are yet to be trained to handle GBV cases. In other districts it was difficult to establish the total number of medical workers who had been trained in handling GBV cases.

For Buganda sub region with specific reference to Luwero and Rakai districts, the research team found that HCIIIs and IVs were in place with medical workers but none of them had received any training in GBV. For instance Rakai district out of 432 health workers none had received specialized training to handle GBV cases. In Luwero district out of 432 health workers none has yet to received specialized training in GBV. This was the same situation for districts in Western Uganda. In general, GBV is treated like any other trauma and medication and counseling were the only forms of support given to survivors.

Table 5: The table below shows the number of health workers and number trained to handle GBV cases selected from different districts where the study was carried out.

District	No. of S/C	No. of S/C (HC3)	Total no. of service providers (health workers)	No. of Service providers trained to handle GBV cases
Luwero	13	13	432	-
Amuria	16	09	-	-
Lira	13	09	209	-
Dokolo	11	4	172	14
Rakai	23	23	432	-
Katakwi	10	11	148	2
Kabarole	25	23	280	-
Kasese	29	26	493	-
Namutamba	7	5	-	-
Mbale	23	23	319	-
Gulu	16	16	-	5
Pader	-	-	-	-
Kitgum	-	-	-	-

another finding was that the proportion of the population living within 5 Kms of a health facility is low. Access to health care facilities is still limited by poor infrastructure, lack of medicines and other health supplies, shortage of human resources in the public sector, low salaries, and lack of accommodation at health facilities. FGD with women at the grassroots revealed that poor attitude of health workers to survivor's still persist which affects utilization of services.

Indicator 3.2: Proportion of HC3, HC4 and hospitals equipped with PEP Kits

According to the MOH, PEP is recognized as an emergency treatment and hence provided at all health facilities that provide ARVs. However,

during the study, PEP kits were found to be at referral hospitals and HC4s only. Majority of the HC3s did not have this service at their disposal and therefore survivors of rape and defilement were referred to HC4s and referral hospitals. The study revealed lack of awareness of PEP among the communities. Data on the number/percentage of survivors of rape and defilement who had accessed PEP over the last 12 months was not readily available. Only three districts¹ out of 15 were able to avail us with this kind of information. The study found that before PEP is administered, the survivors are counseled and educated on the importance of PEP.

19 Lira, Dokolo and Kabarole

Table 6: Proportion of HC3, HC4 and hospitals equipped with PEP & GBV Survivors who accessed PEP from selected district

District	Health Unit	Total no. of HCs	No/%. Of Health Centers Equipped with PEP Kits	No%. Of GBV survivors who have accessed PEP kits over the last 12 months
Lira	Referral Hospital	01	01	168
	HC IV	02	02	
	HC III	07	01	
Dokolo	Referral Hospital	0	0	96
	HC IV	01	0	
	HCIII	2	02	
Kabarole	Referral Hospital	01	01	44
	HC IV	03	03	
	HC III	23	-	

Source: District Hospital records

However, although PEP is free and readily available, the research team found that its usage is compromised by the following;

- Survivors take long to report to health centers/Hospitals for examination and treatment and for effective purposes PEP has to be administered within the recommended 72 hours. Beyond 72 hours, the victim cannot be given PEP.
- Limited awareness among community members about the availability of PEP services. Most of the community members do not know what it is, how it works and where they can access the service. During the discussions with community members it was mentioned that communities were not aware of the availability of PEP at health units
- PEP is also associated with HIV/AIDS. A person on PEP is seen as someone on ARVs and for fear of stigma, the victims may decline PEP or fail to finish the dose. Medical workers expressed frustration in trying to convince a survivor of rape or defilement to take PEP.
- PEP services can only be accessed from referral hospitals, district hospitals, health centre IVs and at health centre IIIs during ARTC clinics and outreach services. These health facilities are located very far while the clinics and outreach centres are not open daily which may pose a challenge to GBV victims. Some survivors who need the services within 72 hours often do not get it. In Rakai district patients can only access PEP services from 2 Hospitals and health centre IV which are all located at district headquarters or Town councils .otherwise, patients have to wait for clinic and outreach days.
- There were no records of the number of SGBV victims who accessed PEP for the last 12 months in some health facilities. This was attributed to poor record keeping and low demand of PEP by sexual violence survivors.
- Lack of privacy in health centres for people accessing PEP services. There is need for a private corner for people to access PEP services with ease.

PRIORITY AREA 3: WOMEN IN LEADERSHIP AND DECISION MAKING

Indicator 4.1: Percentage of women in political and administrative positions disaggregated by post conflict areas (PRDP) and the rest of the country

This indicator looks at the percentage of women ministers, women in Parliament, public service and senior positions in local government. The Speaker of the Parliament of Uganda is the most senior ranking woman in the country. The Deputy Chief Justice (Female), who should have been the 2nd senior ranking officer retired in July 2012. Other top level women officials that have been appointed since 2011 include the Inspector General of Government (IGG), the Chief Executive Officer of Kampala City Authority and the Director General of Medical Services. However, none of the six topmost government executives is a woman- The President, Vice President, Prime Minister and all the three Deputy Prime Ministers are men. This has been the case since 2005 when Uganda dropped the first ever female

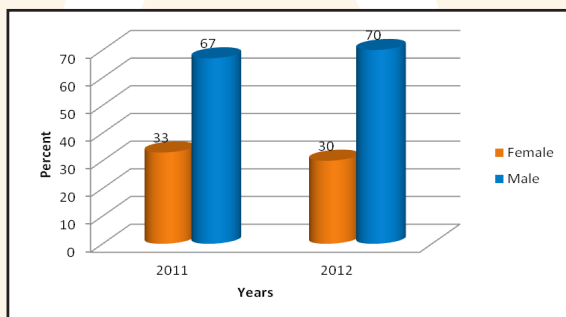
Vice President on the continent.

Women Ministers

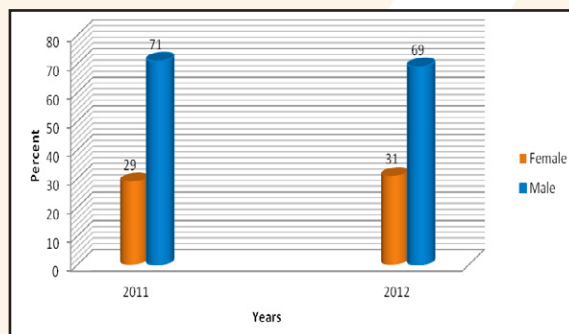
The number of women ministers has reduced from 10 to 9 in 2012 because of alleged corruption between July 2011 and August 2012 where two women ministers were forced to resign¹. Of the 30 senior ministers, only 9 (30%) are women and out of 47 ministers of state, 15 (32%) are women. There is however an increase in the number of women in the entire cabinet from 23 (28%) in the last cabinet to 24 (31%) in 2012 due to the reshuffle that the president of Uganda made in August 2012. Women have however been appointed to head key ministries of Finance, Planning and Economic Development, Education, Health, Energy and Minerals and Trade and Industry. Women ministers from the PRDP areas comprise 29% (7 women ministers from PRDP areas out of 24 women ministers.

Figure 1: Women cabinet and state Ministers as of 15th August 2012

Cabinet Ministers



State Ministers



Source: New Vision Monday 13th August 2012¹

²⁰ The Observer – Kabakumba falls as Minister asks Mbabazi to follow at http://www.observer.ug/index.php?option=com_content&view=article&id=16326:kabakumba-falls-as-minister-asks-mbabazi-to-follow&catid=34:news&Itemid=114

BBC News Africa at <http://www.bbc.co.uk/news/world-africa-17069545>

UG Pulse – Three Ugandan Ministers resign – 12th October 2012

²¹ New Vision – Full List of New Cabinet Ministers – 16th August 2012

Women in Parliament

The number of women Members of Parliament in Uganda has steadily increased over the years with the current number standing at 132 women (34%) out of 385¹. This is attributed to the increase in the number of districts from 80 in 2006 to 112 since each district must have at least one woman MP in accordance with affirmative action policy. Only 12 women MPs (3.1%) are directly elected, meaning that they stood against men and won the election. However, Uganda's challenge remains the level of influence of women MPs on key decisions made in Parliament especially resource allocation and fighting corruption.²

A few other women have joined Parliament as representatives of special interest groups such as workers' representatives 20% (1 out of 5) persons with disabilities 40% (2 out of 5), the army 20% (2 out of 10), the youth 40% (2 out of 5) and ex-officials 27% (8 out of 11). Women in Parliament have adequate numbers to cause a change and civil society organizations continue to work to increase the effectiveness of Uganda's female MPs.

Women in Parliament worked closely with women's CSOs to ensure the enactment of the Domestic Violence Act, Prevention of Trafficking in Human person's Act and the Prohibition of Female Genital Mutilation Act.³ They have advocated for increased funding to key sectors

such as health and education⁴. Despite these successes, women's participation in Parliament is not without challenges. The women MPs remain concentrated in committees that deal with social issues and are not visible in the parliamentary committees on the economy, on finance and on the budget-very critical committees. Many of the women MPs do not have adequate knowledge of gender or advocacy skills and some find budget interpretation and analysis a challenge. With the return to multiparty politics in Uganda, women MPs also tend to be weary of challenging political party positions even when they conflict with their own convictions.

However it should be noted that the selection of MPs to represent special interest groups in Parliament has not been regionally balanced. MPs representing special interest groups from PRDP districts are fewer compared to the rest of the country. For example out of 5 MPs representing workers in the Ugandan Parliament, none comes from the PRDP districts.

22 Parliament of Uganda Website

23 CEWIGO (2011), *Monitoring Implementation of UNSCR 1325 in Uganda – September 2011*,

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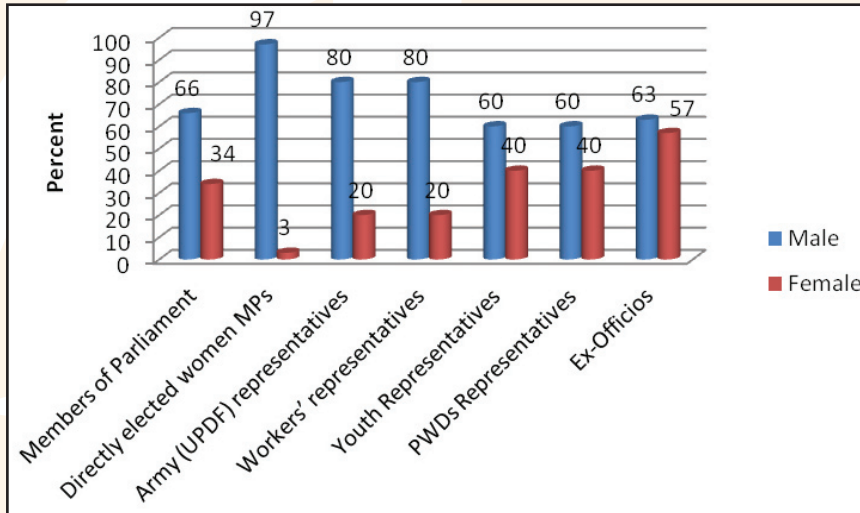
24 Parliament of Uganda Website: <http://www.parliament.go.ug>

CEWIGO 2009: *A report on the Policy, Legislative Environment in Uganda on Women's Rights*.

25 <http://www.ugpulse.com/uganda-news/health/mps-threaten-to-throw-out-health-ministry-s-budget/25207.aspx> .

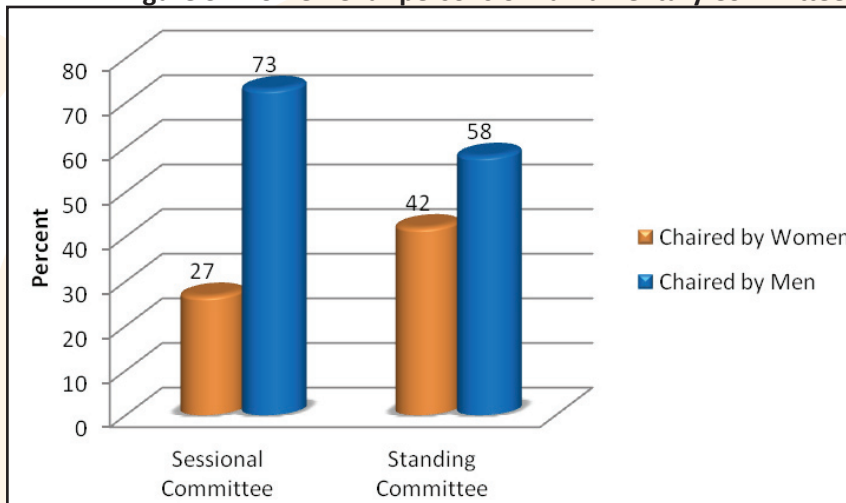
Accessed on 7th May 2012

Figure 2: Women in the 9th Parliament as of August 2012



Source: Parliament of Uganda website. www.parliament.go.ug

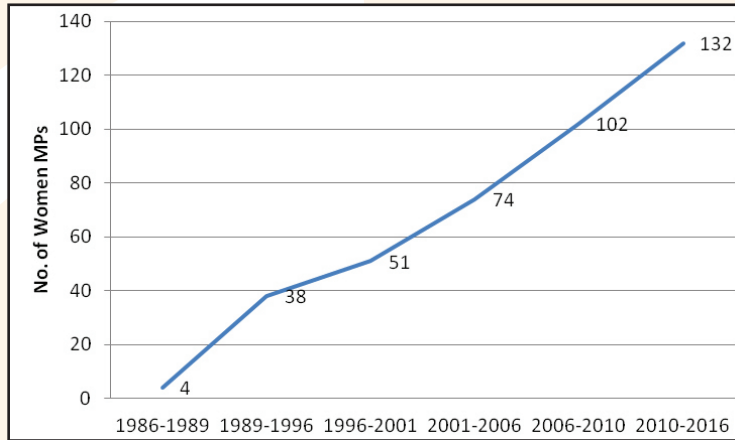
Figure 3: Women Chairpersons of Parliamentary Committees¹⁶



Source: Office of the Clerk to Parliament records

¹⁶ 27 Centre for Women in Governance 2010: Implementation of UNSCR 1325; A policy Brief

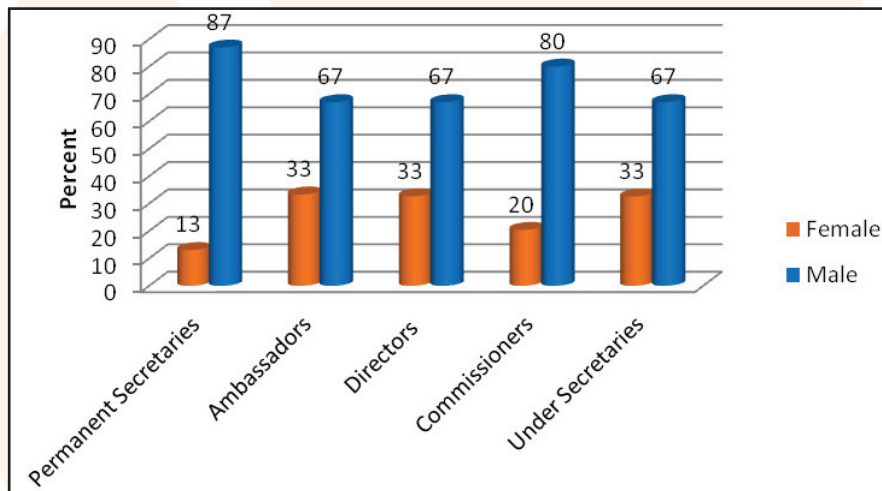
Figure 4: Women MPs over the years



Women in the Civil service

The numbers of women in the civil service still remain low despite the fact that Uganda has many educated and capable women. There is no regulatory affirmative action in the public sector and therefore the number of women in senior management positions, is still far below parity. However some women have been appointed to very senior positions such as the Director General of Health Services and the Executive Director of Kampala Capital City Authority. Figure 5 below provides a comparison of women and men in the civil service in Uganda¹.

Figure 5: Percentage of women and men in senior positions for specific job positions in the public service in Uganda

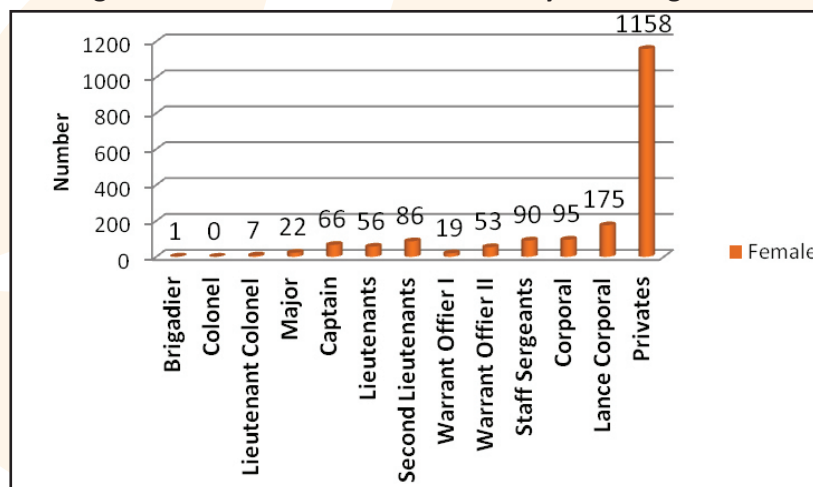


Source: Ministry of Public Service records 2012

Women in the Military

By October 2009, there was only one woman at the rank of colonel¹ in the UPDF. Above the rank of Colonel there are over 80 Generals, Lt Generals, Major Generals and Brigadiers, all of whom are men. This is a disparity in a country trying to pursue affirmative action. Last year, the one woman colonel was promoted to the rank of Brigadier. This does not provide enough incentives for women to join the UPDF. In 2009, the UPDF established the Directorate of Women Affairs to address women's issues in the institution.

Figure 6: Numbers of women in Military according to Ranks



Source: Uganda People's Defense Forces

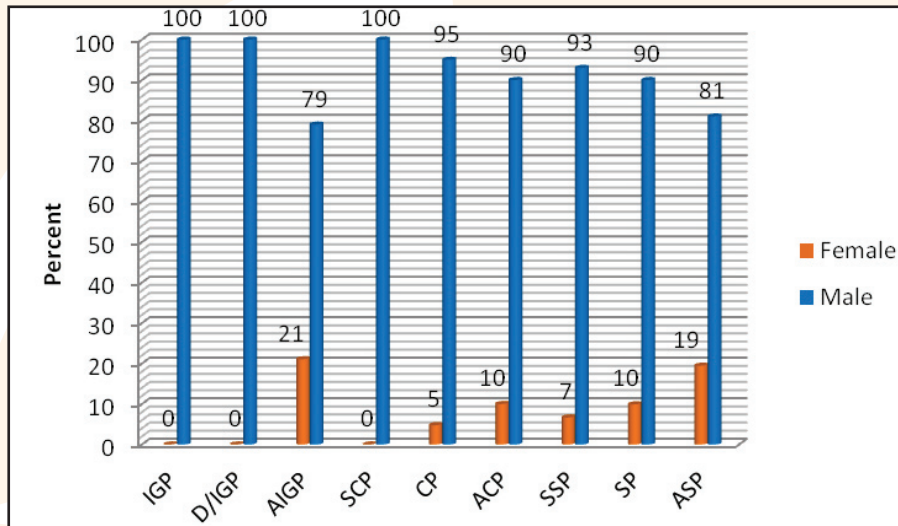
Women in the Senior Positions in the Uganda Police Force

The Uganda Police Department is comprised of 42,747 officers of whom 5,951 are women (14%). The highest career rank in the Uganda Police Department is that of the Assistant Inspector General of Police. Above that rank is the position of Deputy Inspector General of Police and Inspector General of Police which are political appointments. There are fifteen officers at the level of Assistant Inspector General of Police, four (21%) of whom are women.

The study noted that there is need to empower women in uniform to enable them deliver on their positions so that they can be considered for future promotions. The research team was informed that few women are promoted because promotions are done considering how one has handled the previous assignments. Many times women are not in these positions and when time comes for promotions, those who have been in such positions and have performed well are moved to another level. Deployment for women is hampered by many things; some deployments come when some capable women are pregnant or have just given birth and therefore it becomes difficult to deploy them. Many times husbands refuse their wives from taking up such deployments if it requires them to go out of the country or to a rural area.

The head of the Human Resource unit in the Uganda Police mentioned the need to train police officers in gender mainstreaming to enable them understand gender issues, how they affect men and women and how they can be addressed. There is need to develop capacity building programmes to help women in uniform to compete favorably with men.

Figure 7: Percentage of women in senior positions in the Uganda Police Force as of August 2012



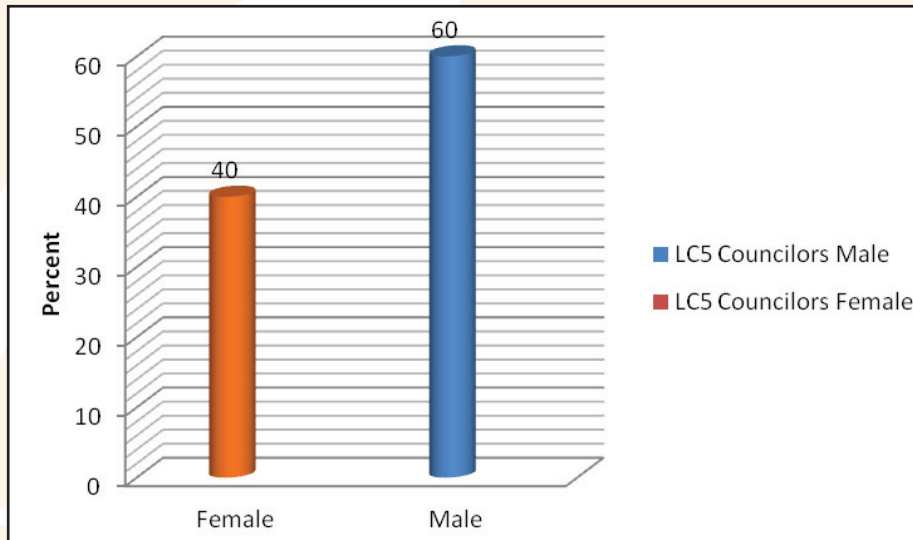
Source: Uganda Police Head quarters records 2012

Women in Local Councils

Over the years, the number of women in local councils has been increasing and this is attributed to the affirmative action policy and the increase in the number of districts. This research was conducted in 15 districts (see Appendix 2) and the total number of district councilors for these districts stands at 429 of whom 173 (40%) are women. This is a fair representation of women in the country.

The report notes that LCIs continue to operate illegally and charging fees from citizens when they need recommendation/introductory letters of which nobody knows what such monies do in our communities. LCI chairperson seats have been predominantly occupied by men rendering women's critical issues not taken seriously from the first point of reference.

Figure 8: Percentage of women versus men in local Councils



Source: Electoral Commission Records 2012

While about 40% of councilors across the country are women, regarding top leadership, the index of women remains low. While each district council is comprised at least 30% women, regarding top leadership (Chairpersons, Speakers and Chief Administrative Officers¹⁷) the numbers of women dwindle. Women in the top district administrative posts of the Chief Administrative Officers (CAO), the Resident District Commissioners (RDC) and their deputies stand at 17%. At the district level, out of 112 district chairpersons, only two (2%) are women. At sub county level, out of 1,266 LC III chairpersons, only 20 are women (2%) while out of 116 Municipality Chairpersons only 3% are women.

¹⁷ Chief Administrative Officer (CAO) is the most senior public servant of a district and is also accounting officer of the district. CAOs report directly to the Ministry of Public Service for the day-to-day issues and to the Ministry of Finance, Planning and Economic Development, for financial matters.

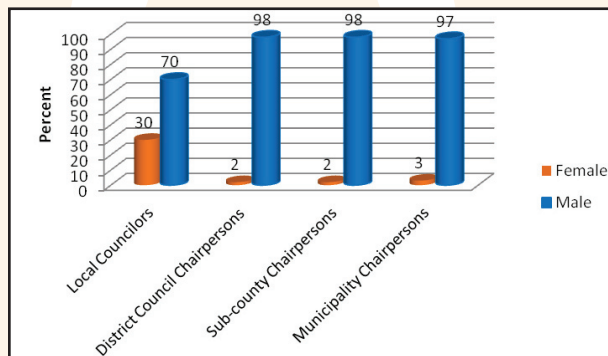
For Uganda therefore, the challenge is not about the numbers of women in leadership, but rather their effectiveness and impact. In many districts, the performance of women in councils at district level has challenges. In the 15 sample districts, no ordinances or bye-laws on issues of concern to women, peace and security were reported to have been passed in the past 12 months. In a key informant interview with a district official in Teso sub region, it was reported that during council meetings, women councilors tended to keep silent most of the time due to lack of confidence and limited knowledge of the subject being discussed. Key informants said that some of the women in councils fear backstabbing once they become visible so they would rather keep a low profile to keep the peace.

On a positive note, women chair the council committees responsible for social services in 65% of the districts. The study also found that women’s participation in leadership has been beneficial¹ to women on the ground. The women councilors have mobilized women in the community to form village savings groups and to engage in income generating projects. A number of them were reported to have educated communities on government programmes such as the National Agricultural Advisory Services (NAADS) and Community Driven Development (CDD) and how to access finances and seed provided under the two programmes. In most of the FGDs it was reported that the female councilors were more useful to community as they tended to reach out to the community more than the male counterparts, and that their participation had strengthened the retention of girls in school.

From the interviews with women in local councils, their need for capacity building to enhance their effectiveness as legislators was expressed. They said they needed to understand issues such as planning and budgeting and the entire local council cycle, local council procedures and how to monitor government programs. The women also said they needed the kind of training that would give them skills in public speaking, in lobbying and advocacy, in how to mainstream gender issues in development programs, as well as human rights and the various gender related laws and policies. They said they were able to effectively mobilize and engage with communities but that in council sessions it was a different story. They feared to make mistakes, they did not feel comfortable using English to express themselves and yet did not want to expose ‘their ignorance’ by using the local language. Some of the women who have been exposed to training have reached out to colleagues in councils. In Isingiro district, for example, one woman district councilor who had undergone training by CEWIGO was reported to have reached out to other women in the council and educated them on strategies to get their voices heard.

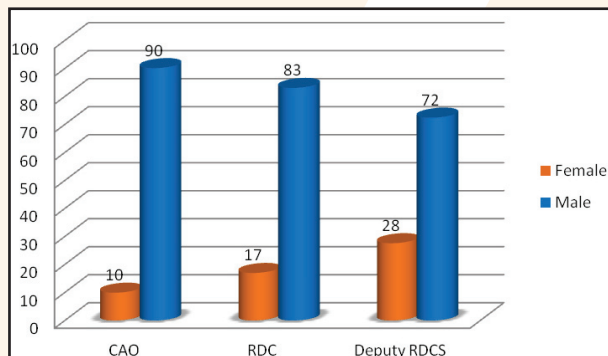
Figure 9: Percentage of women in Political and Administrative positions in Local Governments

Women in political positions



Source: Electoral Commission Records 2012

Women in administrative positions

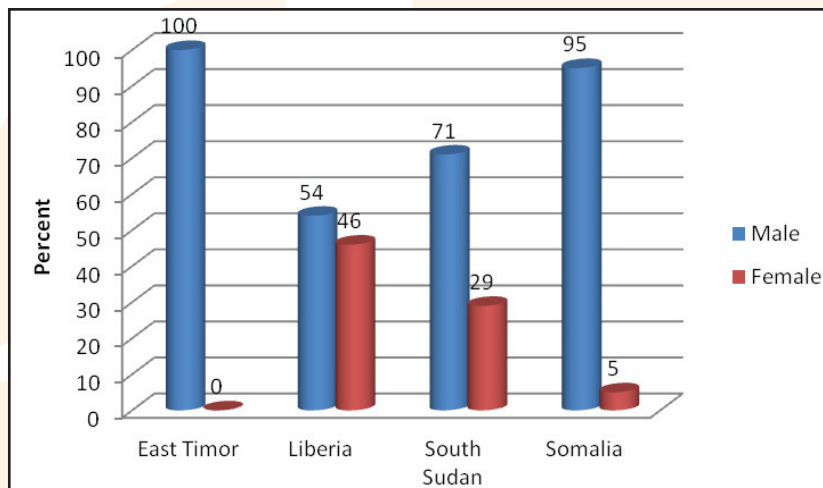


Source: President’s office records 2012

31 CEWIGO 2012: Workshop Report: Follow-up workshop report for women councilors in Rubirizi, Sheema and Mitooma districts (Un published report)

Indicator 4.2: Percentage of women participating in conflict resolution and peace building mechanisms and structures at district, national, regional and international levels.

Figure 10: Uganda Police Force deployment to UN/AU Missions as of 2nd August 2012



Source: Directorate of Interpol and Peace Support Operations records 2012

Ugandan women should have a greater role in the reconstruction, demobilization, reintegration and development programmes of post conflict Uganda and elsewhere. The Uganda Police Force deployment to East Timor as of 2nd August 2012 did not include women. The African Union Mission in Somalia (AMISOM) had only 5% women, while the mission to South Sudan had 29%.¹⁸ We were unable to get the data on the Military.

Indicator 4.3: Functionality of the Women’s PRDP Task Force

The PRDP is a Government of Uganda (GoU) initiative that establishes the guiding principles, the institutional framework and the strategic objectives for any peace building, recovery and development intervention in the region from 2007-2010. It was conceived to respond to the tremendous consequences of the different

armed conflicts affecting North and North Eastern Uganda during the last 22 years. The conflict in the North was characterized by huge violations of human rights by all Parties involved; enormous suffering for the communities affected; massive forced displacements of population; loss of life and opportunities; near collapse of the economy of the region; and widespread poverty among others. Specifically, women and girls were and continue to be targets of brutal levels of Sexual and Gender Based Violence (SGBV), increasing their vulnerability to HIV/AIDS.

The Women’s Task Force (WTF) for a Gender Responsive Peace Recovery and Development Plan (PRDP) was formed in response to the gender gaps that were identified in the PRDP. The PRDP implementation is coordinated by the Office of the Prime Minister (OPM) of Uganda. The WTF coordinated by Isis WICCE an international women’s organization based in Uganda is a

¹⁸ Directorate of Interpol and Peace Support Operations

diverse group comprising of 11 grassroots women's organizations from North and North Eastern Uganda and 10 National women's organizations with interventions in the Greater Northern Region, ensuring regional and sectoral representation at different levels. The WTF was officially constituted in March 2009 to engage the women's movement in the implementation, monitoring and evaluation of the PRDP to ensure that women's needs, interests and rights and gender equality issues become a priority for the Peace, Recovery and Development efforts in North and North Eastern Uganda. The WTF since inception has carried out various activities including; a gender needs assessment of women in north and north eastern Uganda; advocacy for a gender responsive PRDP operational guideline, monitoring and evaluation plan and information, education and communication strategy. Over the last two years the women's taskforce members in Pader, Lira, Soroti, Serere, Katakwi and Kitgum have established district level taskforce members, to build a larger constituency of women at the district level advocating for women's needs in the PRDP.

Between June 2011 to July 2012 the taskforce held 3 meetings at the national level to reflect on progress made, review the PRDP 2 framework and to develop work plans for 2012 Taskforce activities. At the district level 5 dialogues were held in 5 districts of Lira, Pader, Soroti, Katakwi and Kitgum with district women councilors, district planners and community leaders to raise their awareness of women's post conflict needs, the meetings aimed at influencing the district plans to address women's needs and concerns.

The WTF has influenced the implementation of the PRDP by engaging women groups, women leaders and community leaders to discuss, understand, monitor and sensitize others on the PRDP at the national and the local levels.

The WTF also developed gender specific monitoring and evaluation indicators which were included in the second phase of the PRDP2 frame work being implemented from July 2012 to June 2015. The Taskforce organized the focal point persons for the PRDP 1 and lobbied for CBO representatives to be assigned to different PRDP structures. Through the Taskforce's work, many changes have been realized in schools such as the construction of separate toilets for boys and girls in schools, provision of changing rooms for girls; and in health units for example in Katakwi women's taskforce held dialogues with communities at parish and sub-county levels to discuss their concerns on Kapelabyong Health Centre IV that had been closed due to lack of personnel and staff housing. The team then proceeded to sensitize and have dialogues with health authorities and workers and counselors, the facility was re-opened. The Taskforce is instrumental in making follow ups with the OPM to ensure that women benefit from the PRDP.

The WTF advocated for a number of issues to be incorporated in the PRDP 2 framework which was realized. The issues included the recognition of SGBV and land factors contributing to conflict, the need to train Police and the Justice Law and Order Sector (JLOS) on SGBV towards strengthening response to SGBV, sensitizing communities and provision of psychosocial support for male and female returnees.

As a result of the advocacy and and organising at national and district levels, the WTF got space in the PRDP governance structures. At present, the WTF is participating in the PRDP Monitoring Committee (PMC) and the PRDP Technical Working Group (TWG). At the district level, some of the members have participated in the PRDP coordination and monitoring structures.

Challenges for the WTF include lack of involvement of women in various meetings on government programmes at the district and sub-county levels, lack of information with regard to access on release of funds to the district or sub-county levels, limited sharing of guidelines and indicators for monitoring the PRDP at the

district level, few local level taskforces to meet the high expectations from communities. Some women are denied permission by their husbands to attend PRDP meetings, limited monitoring and evaluation skills by the taskforce and a limited operational budget.

PRIORITY AREA 4: ELIMINATION OF GBV IN SOCIETY

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

Indicator 5.1: Availability of adequate specialized personnel to prevent GBV at national, district and local level (disaggregated by sex and decision making capacity for each institution considered)

The study found that there is availability of specialized personnel at national, district and sub county levels. The CDOs, ACDOs, Probation Officers, Family and Child Protection Units have been trained to handle GBV cases but they are not adequately facilitated to do their work. Some CDOs informed the research team that they had no vehicles to facilitate implementation and monitoring of GBV programmes. The study established that the MGLSD is playing a crucial role in building the capacity of District Community Development Officers (DCDOs), and Probation officers in districts¹⁹ where the ministry is implementing GBV programmes. However it was observed that where the MGLSD did not have GBV programmes and where CSOs have not been active²⁰, the CDOs, Probation and CFPU officers had not received training in GBV.

The officers in charge of Family and Child Protection Units informed the research team that majority of the police officers were not trained in GBV prevention. For example in Kabarole district, out of 155 police officers in the district, 3 Police officers in the CFPU were inducted on GBV while others learn from experience. In Katakwi district, out of 153 police officers in the district, only one person (OC CFPU) was trained in GBV. The rest of

*33 Gulu, Lira, Kitgum, Nebbi, Masaka, Mbarara, Palisa, Moroto, Kween, Kabong, Oyam, Amuria, Katakwi, Kotido, Kanungu, Yumbe, Jinja, Mayuge, Iganga, Namutumba, Kamuli, Bujiri, Kaliro and Buyende
34 Western uganda*

the team he works with especially in the out posts had no skills in handling GBV cases. The police officers in the CFPU Mbale district mentioned that they had received training on how to handle GBV. In Rakai district, out of 285 police officers, only 4 (women in the CFPU) had been trained in GBV prevention, HIV/AIDS counseling and guidance, and domestic violence. The rest of the personnel had general police training. In Isingiro and Rubirizi districts the study found that there had not been any seminars/trainings on GBV either for the police health workers or CDOs and staff.

Lack of specialization in deployment of police officers was found to be a challenge among police officers. Police have qualified officers in various disciplines but one finds him/her self in a unit that is not relevant to his/her profession. It was also mentioned that the officers are transferred from one area/unit to another any time, yet training all of them in GBV would be very costly for the government. It is important to note that the MGLSD had engendered the police curriculum and therefore officers who would join the police in future recruitment would be able to walk away with skills in handling GBV as part of their training.

Indicator 5.2: Number of community members trained in GBV prevention and response.

The number of community members trained in GBV prevention and response was not readily available. However, most CDOs in the North and Eastern part of the country revealed they had conducted several capacity building programmes at community level. They implement programmes that aim at changing the knowledge, attitude and behaviours of individuals and the community at large through awareness raising, mobilisation and advocacy. During awareness campaigns,

communities are sensitized on human rights, GBV, gender roles, reporting mechanisms and why it is important to report such cases to relevant authorities.

The study found that CSOs are playing a crucial role in educating communities on GBV prevention and response in the post conflict Northern Uganda. However, the western part of the country has not been given much attention by CSOs and development partners including UN agencies. This has had tremendous impact on the low levels of empowerment, awareness and reporting of GBV cases in the Western part of the country. The women remain accepting of abusive behaviour and not empowered to speak out.

In an interview with Teso Women Peace Activists (TEWPA), a local Women's organization in the region, the research team was informed that GBV is increasing especially sexual violence that is perpetrated by intimate family members and family friends. It was noted that TEWPA had conducted GBV community sensitization programmes through radio, drama and community dialogues and trained 65 women and men from Teso sub region in GBV. The research team was also informed that TEWPA is a membership organization and each member is trained on GBV and is tasked with the duty of training others about the causes and dangers of the vice in their different areas of operation.

CARE Uganda has also continued to identify and build capacity in evidence-based advocacy on GBV and conflict among grassroots women and men. In 2011 only CARE trained 124 case managers and community based facilitators in providing psychosocial support to GBV survivors.

Indicator 5.3: Percentage of sub-counties with functional referral systems for sexual violence per district where GBV programmes have been initiated. Whereby a referral system, constitutes competent personnel, equipment (Ambulance), manuals

The research team established that there are districts where GBV programmes have been initiated had established functional referral systems for sexual violence. At sub county level the study found that there were Assistant CDOs, police officers, HCIII to handle GBV cases. The ACDOs, were working with GBV working groups (Child Protection Committees and Alliance members) to address issues of GBV.

However it was found that equipments like ambulances and motorcycles were inadequate. Majority of the districts studied had no ambulances at sub county level. Ambulances were found at HCIVs and referral hospitals. However issues of survivors being asked to contribute to fuel were common across all the regions.



An Ambulance being pushed to the hospital compound in one of the districts visited

PRIORITY AREA 5: BUDGETARY ALLOCATION FOR IMPLEMENTATION

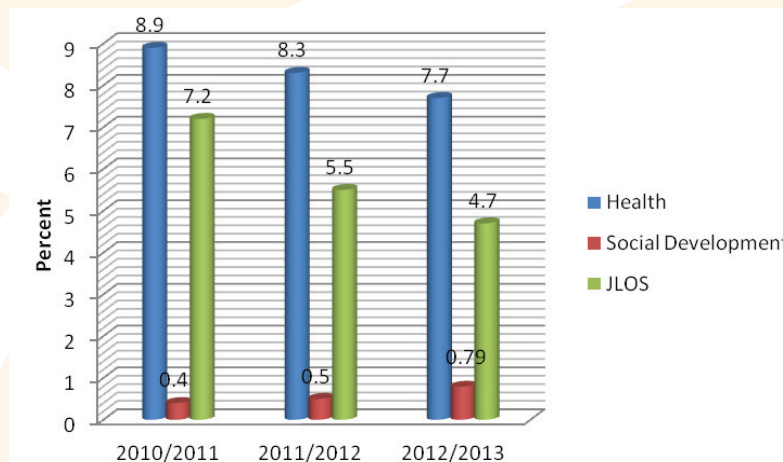
Strategic objective 6: Increased financing to all sectors for implementation

Indicator 6.1: Percentage of budgetary allocation for specific activities targeting designated GBV programmes in the priority sectors (Health, Social Development and JLOS) in line with the principles of SCR 1325 & 1820 and Goma Declaration.

The Ministry of Health is the lead Agency in the provision of medical services in Uganda including for survivors of GBV. GBV is recognized as a public

health problem and is part of the minimum health care package. The research team was informed that services for survivors of GBV are provided using an integrated approach and therefore teasing out specific funds allocated to address it was not easy. The MOH however receives funds from development partners to implement GBV programmes across the country; capacity building for Health Care workers to manage and respond to survivors of GBV and production of policy, guidelines, protocols, data collection materials all of which come from development partners.

Figure 11: Percentage of sector budget allocations to the total country Budget by Financial Year (FY) 2010/11, 2011/12, 2012/13



Source: MFPED records, MTEF 2010/11, 2011/12, 2012/13

The health sector in general was allocated 7.7% of the total national budget for the FY 2012/13, a decrease by 0.6% from last year's allocation. The Social development sector allocation for the FY2012/13 and 2011/12 slightly increased from 0.5% to 0.79%. There was a decrease in the percentage allocated to JLOS sector from last FY from 5.5% to 4.7%²¹.

From the table above, for the three consecutive years, the budget allocation trend for the Health sector is on a decreasing trend. If the trend continues, the Minimum Health Package for every Ugandan will be jeopardized and efforts to attain the Millennium Development Goals as well. According to Abuja Declaration of 2001 which the GoU ratified, all the member States should allocate at least 15% of their national budgets to health. However, Uganda has not fulfilled her

35 The Background to the Budget 2011/12 Fiscal Year, June 2011

commitment as the allocation to the health sector is still way below the minimum requirements and continues to fall further.

The MGLSD, the national gender machinery, is among the least funded ministries from the Government of Uganda (GoU). In the FY2010/11, out of the total funding the ministry received for GBV programmes, only 3.6% was from the GoU and the rest from donors. In the FY 2011/12, the ministry received 1.5% out of the total funding of GBV programmes from the GoU and 3.7% for the FY 2012/13. The Social Development Sector plans to allocate 95.85% of its budget to GBV in the FY 2012/13 an increase of 4.43% from last FY that was at 91.42%²².

For the FY 2012/13, the JLOS sector allocated 9.5% of its total budget to GBV activities. These among others include advocacy on the Marriage and Divorce Bill, post enactment advocacy on Domestic Violence Act, support for GBV examinations, acquiring of Court recording equipment for the Family division for Judges and establishment of LC Courts records management offices to increase

36 June 2012 Ministerial Policy Statement for Gender, Labour & Social Development FY 2012/13

use of alternative dispute mechanisms²³, among others.

The report notes with concern that as a country we cannot do much to reduce GBV if the government does not allocate adequate funding to the sectors directly handling GBV issues. The Uganda NAP for Implementation of UNSCR1325, 1820 and the Goma Declaration is a good strategy but without adequate funding and support from the Government, it will only remain on paper. Most of the trainings as stipulated in the NAP were not carried out due to inadequate funding within the relevant institutions

Indicator 6.2: Amount of money allocated to reparation.

According to the NAP, at least 1,000 survivors were to receive reparation by 2012. However, there was no budget allocation for reparation of GBV survivors in the Local Governments. From the interviews carried out, it was established that survivors of GBV receive the only compensation from the perpetrators depending on the gravity of harm/injury or case committed.

37 Justice Law and Order Sector, SWAP Annual Work plan for FY 2012/2013

CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

A. CONCLUSIONS

Armed conflict in Uganda has had a devastating impact on women and girls, has retarded the economy and destroyed the social and moral fabric of society in communities affected by conflict. It is therefore important for governments, both national and local, to constantly be conscious of the fact that conflict affects women differently from the way it affects men and therefore the need for specific interventions to address women's issues in post-conflict situations should never be underrated. Many women who are subjected to rape and other forms of GBV may live with the trauma for the rest of their lives if they do not get help.

Uganda has one of the most gender-sensitive constitutions in the world and has many laws and policies in place to address gender imbalances and women's empowerment, and has a NAP for addressing issues of women, peace and security. The challenge now remains at mobilising the resources required to implement the NAP. According to the Director for Gender in MGLSD, each sector is expected to plan for and budget for implementation of the areas under their responsibility. Because many government technocrats do not really appreciate gender issues, planners do not adequately provide for interventions that specifically address women's needs in sector policies, in sector plans and sector budgets. The result is that the well-meaning laws and policies largely remain on paper. Government priorities for post-conflict areas continue to focus on physical infrastructure even as the dignity and bodily integrity of women continues to be violated.

some good practices in countries like Rwanda, Burundi, and Nepal the government, working with Donors have established a special fund for the NAP. However, there is no steering committee in place

to track and monitor implementation of the Uganda Action Plan. This left to the good will of sectors to allocate resources and implement interventions.

In terms of numbers of women in leadership positions, Uganda has continued to do well. When a new cabinet was formed after elections in 2011, the number of female ministers had increased as the findings show. The provision of a woman MP for each district, and for 30% female representation in Local Councils has brought many women into positions of leadership. The challenge however remains the impact the numbers of women in Parliament, and in local council have on the ground to translate into benefits and access to justice for women. Many women in Parliament and councils need training on issues of gender, and specifically women, peace and security, but also on budget analysis, advocacy and lobbying, to enable them engage effectively in Parliamentary sessions and in committees where they are assigned, so they can influence decisions to promote gender equality and women's empowerment.

The study noted that in districts where civil society organisations have trained women councillors, the women's performance is improving particularly in skills of advocacy and community mobilisation and lobbying for increase funds for the office of the CDO. Women councillors in the majority of district are yet to receive such training in human rights, in issues of gender, and in women peace and security, and in basic skills such as public speaking, advocacy, as well as their role in the budget process and in the council. The glaring lack of awareness of these issues among women of western Uganda is a big concern.

In terms of prevention and protection of women against GBV, a lot is being done especially by the

MGLSD, CSOs and development partners but a lot still remains to be done. The police department, and particularly the Child and Family Protection Unit, is trying to do a good and difficult job with meagre resources which limit their movement, and ability to thoroughly investigate and prosecute GBV cases. Communities and families do not make the work of the police any easier when they negotiate with perpetrators for small sums of money at the expense of the victims of GBV victims or when they decide to marry off young girls to GBV perpetrators.

The majority of law enforcement officers such as the police, the local councils, health workers, community development officers (CDOs) and probation officers are not trained in GBV prevention. In many of the districts visited, there is no privacy of the office of the Probation Officer or that of the CDO for victims of GBV to feel free to talk about their issues and seek the help and support they need. Many of the CDOs share office space with the probation officers, and in some cases such as in Rubirizi district, they also share it with the engineering department, leaving no room for privacy for the victims to report and seek help.

Although the proportion of the population living within 5 kms of the health facility improved from 49% in 2000 to 72% in 2011, access to health facilities is still hampered by poor infrastructure, lack of medicines and other health supplies and shortage of human resources, low salaries, lack of accommodation at health facilities among others have constrained access to quality service delivery especially in the rural areas where majority of the population lives.

The need for intensive public sensitization of

dangers of GBV, and the relevant laws and policies cannot be overstated.

Government and especially MGLSD must pay attention to all the districts of the country as GBV is on the rise. GBV is isolated to only the North and North East and Eastern parts of Uganda. It is everywhere.

One district, Dokolo District has a district Action Plan to eradicate GBV. This is a good practice that other local Governments can learn from.

The need for the CFPU and CID of the police force to work together is also necessary. CFPU officers complained that GBV perpetrators are set free by the police-CID. This frustrates not only CFPU but also survivors of GBV and their communities.

A lot therefore still needs to be done.

B. RECOMMENDATIONS

Government

- Translate and disseminate Domestic Violence Act, FGM Act, and Trafficking in Human Persons Act and the Uganda NAP in local languages to all districts of Uganda.
- Review the affirmative action policy to increase women's representation to 50% in compliance with the Maputo Protocol. Affirmative action should look beyond increasing women's representation to providing tangible opportunities like skills development to address the constant non promotion due to lack of skills.
- When selecting officers for peace keeping operations, at least 30% of them should be women.
- Strengthen the institutional capacity of the Family and Child Protection Unit in the Uganda Police Department to apprehend GBV perpetrators and investigate cases fully so that victims receive justice.
- Design and implement medical interventions including psychosocial support for women in post conflict areas. Health personnel need to be trained in handling GBV cases.
- Ensure that all post and pre-deployment training for troops and police going on peace keeping missions incorporates UNSCR 1325, 1820 and other international human rights instruments.
- Develop capacity building programmes to help women in uniform to compete favorably with men.
- There is need for the local governments to legislate on council resolutions , ordinances and by laws on GBV.
- Establish a steering committee to track implementation of the Action Plan and hold various players accountable.
- Train Police personnel on handling GBV and

for CFPUs to be set in an area that allows for confidentiality. Transfers for specialized police officers should be within the same department to utilize skills acquired.

- t• Establish a transparent and inclusive funding mechanism for SCR 1325 implementation composed of donors, government, CSOs, and private sector.
- Establish a NAP steering committee to hold stakeholders accountable to their commitments
- Establish confidential corners in hospitals, health centers at all levels to attend to GBV survivors
- Integrate peace education in the education curricular

Development partners

- Allocate adequate resources for independent monitoring and evaluation of UNSCR 1325 by CSOs.
- Avail funds to facilitate survivors of GBV in areas of treatment, forensic examinations/ DNA tests and case follow ups.
- Strengthen community-led peace building initiatives
- Support women's organisations to document success stories and experiences of women in politics.
- Avail adequate funding for CBOs/CSOs involved in peace building and GBV prevention with multi-year grants.
- Scale up the joint programme on GBV to reach out to women in all districts of Uganda.

CSOs

- Increasingly and strategically target men for sensitisation on gender and human rights issues.

- Sensitize local district authorities on UNSCR 1325 and 1820 and the NAP and support processes for them to develop District Action Plans.
- Expand human rights education to districts in Western and South Western Uganda and increase efforts in central Uganda as well.
- Conduct massive human rights education particularly in regard to women's rights and gender issues to counter some of the negative attitudes and practices.
- Put more efforts in capacity building to increase the effectiveness of women in government.
- Enhance coordination for all GBV actors to avoid duplication of interventions and resource wastage.
- Strengthen advocacy capacity of women CBOs that focus on women, peace and security.
- Build the capacity of district authorities in Gender Responsive Budgeting.
- Explore partnerships with the private sector to develop a comprehensive framework on women, peace and security.

CSO 1325 Task Force

- Develop a Strategic Plan for joint action to increase public awareness and institutional capacity for implementation of the Uganda NAP
- Engage with women in uniform on issues of women, peace and security including reproductive health and rights

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Appendix 1: Members of the Uganda 1325 Task Force

1. Agency for Cooperation and Research ACORD
2. CARE International in Uganda
3. Centre for Conflict Resolution (CECORE)
4. Centre for Domestic Violence Prevention (CEDOVIP)
5. Centre for Women in Governance (CEWIGO)
6. Dokolo District Local Government
7. East African Sub Regional Support Initiative (EASSI)
8. Gulu District Local Government
9. Hope After Rape (HAR)
10. Isingiro District Local Government
11. Isis-Women's International Cross Cultural Exchange (Isis-WICCE)
12. Kasese War Widows Network
13. Katakwi District Local Government
14. Kitgum Women Peace Initiative (KIWEPI)
15. Lango Female Clan Leaders Association (LFCLA)
16. Lira Rural Women and Children Development Initiative Shelter (LIRWOCDI)
17. Luwero Women's Development Association (LUWODA)
18. Makerere University Kampala (MUK)
19. MIFUMI
20. Ministry of Gender Labour and Social Development (MGLSD)
21. National Association of Women in Uganda (NAWOU)
22. National Union of Women with Disabilities of Uganda (NUWODU)
23. Orthodox Mothers Union
24. Participatory Rural Action for Development (PRAFORD)
25. Radio Apac
26. Rwenzori Islamic Voluntary Development Forum (RIVODEF)
27. Soroti District Local Government
28. Teso Women Peace Activists (TEWPA)
29. Uganda Association of Women Lawyers (FIDA)
30. Uganda Joint Christian Council (UJCC)
31. Uganda Muslim Supreme Council
32. Uganda People's Defense Forces (UPDF)
33. Uganda Police Force (UPF)
34. Uganda Prisons Service
35. Uganda Women's Network (UWONET)



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