



Gender Transformation & Empowerment

MAY 2012

Policy Brief. No 1/2012

CRISIS CENTERS FOR SURVIVORS OF GENDER BASED VIOLENCE

A POSSIBILITY !

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Introduction

Gender-based violence is a major problem faced by women world over with 70 % of violence faced by women are within homes and yet getting out of such abusive or violent relationship is a very difficult decision for majority to make. In Uganda, more than two thirds of ever married women (68%) have experienced one kind of gender based violence ¹ (Uganda Bureau of Statistics, 2006). The problem is worse for the rural women (61%) than urban women (54%). 78% of women in Uganda are subjected to domestic violence (Uganda Law reform Commission 2007). While GBV is indeed reaching epidemic levels in Uganda, society and the women themselves still believe that their husbands beating is an acceptable corrective behaviour or show of love on the side of the Husband. In Uganda, violence against women and men is pervasive, critical and deeply entrenched in the family, community, society thus advancing in intensity and scale. Violence goes beyond physical beating, it is about conditions and situations that systematically deny and devalue someone, their lives, health, rights, choices and power. It affects every Woman or Man's life even if he or she is not a victim, it is usually evident in every decision one makes or does not make within homes, social setting workplace or otherwise.

In response to the alarming incidences of gender based violence, IRISH AID and the Government of Uganda (GoU) through the Ministry of Gender, Labour and Social Development (MoGLSD) in partnership with Uganda Women's Network (UWONET) , Centre for Domestic Violence and Prevention (CEDOVIP) and 8 local governments are implementing a Joint Programme to address Gender Based Violence (GBV) in the Busoga Sub-region in the districts of; Bugiri, Buyende, Jinja, Iganga, Kaliro, Kamuli,

¹ Physical, sexual and emotional

Mayuge, and Namutumba. Busoga region registered the highest incidence of sexual violence in the country as established by Uganda Bureau of Statistics (UBOS), (2006) in the Uganda Demographic Health Survey 2006.

Background

Uganda is signatory to the United Nations Convention on the Elimination of All forms of Discrimination against Women (CEDAW) amongst other regional and international conventions, in so doing, Uganda committed herself to promoting and protection of women's rights in all sectors and spheres of life including the area of justice, law and order. In December 2011, during the Conference on the Great Lakes Region at The Fourth Ordinary Summit and Special Session on Sexual and Gender Based Violence (SGBV); Uganda signed to protect its citizens against GBV which is a problem with enormous challenges in the country.² Gender Based Violence (GBV) encompasses a wide range of human rights violations including sexual abuse of children, rape, child abuse, discrimination against girls, child labor, political violence/ discrimination, intimate partner abuse, defilement, domestic violence, sexual assault and harassment, trafficking of women and girls, pornography, infanticide, forced control over reproductive functions of women and several harmful traditional practices against women and children e.g. widow inheritance, dowry, female circumcision, early marriages among others. Ending GBV is currently a pressing challenge.

Uganda Demographic and Health Survey (UDHS) (2006)³ stipulate that 48% of married women age 15-49 have experienced physical violence from their intimate partners. 50% of these

² The Declaration of the Heads of State and Government of the Member States of the International Conference on the great lakes region

³ UDHS (2006) Uganda Demographic and Health Survey (UDHS), Ministry of Finance, Planning and Economic Development.

women experienced the physical violence from their current husband or intimate partners while 8% of these experienced the violence from their former husband or intimate partner; 36% have experienced sexual violence. One in four women age 15-49 report that their first sexual intercourse was against their will, as compared to one in one hundred men. It also found that among young women age 15 - 19, one in four reported having been “physically forced, hurt or threatened into having sexual intercourse” Half of these female adolescent respondents interviewed had had sex even if they did not want to during their first sexual experience. The eastern region and Busoga topped in GBV prevalence in the UDHS 2006.

About the Busoga region GBV Programme

The GOU – Irish Aid Joint Programme to Combat GBV has been designed to address the prevalence of GBV in the Country and contribute to the reduction of incidences of GBV and reduced social tolerance for GBV among various population groups.

The programme seeks to strengthen the coordination mechanism on GBV through the National GBV Reference Group, support local Governments, duty bearers, communities to understand, prevent and respond to GBV, and create a database for information and programme management.

The programme also focuses on involvement of men and boys as catalysts for change at community level. The GBV programme in Busoga is an effort that compliments other similar programmes in the country.

Response to GBV

Response to GBV has been guided by a multi-sectoral approach, involving Government (MGLSD, MOH, JLOS and Local government), Civil Society Organizations, Humanitarian and development partners. A mapping study coordinated by MGLSD with support from Irish Aid (2009) aimed to establish the presence of actors (local Government, NGOs, and CBOS) responding to GBV through service delivery. Interventions include provision of Health and psychological services, capacity building, legal support as well as awareness raising and sensitization of communities to take preventive action.

The Study established that the majority of interventions are concentrated in Northern Uganda with coverage in other parts of the country at less than 5%. These findings indicated a gap in service provision in other areas of the country.

Efforts to address SGBV in Uganda

GoU has made numerous efforts to address the problem of GBV; Uganda is signatory to international and regional human rights instruments and treaties that conform to and protect the human rights of persons, especially women, and which expressively prohibit sexual and gender based violence especially violence against women and children as most vulnerable groups in the society. Uganda ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW in 1985, and is observant of Paragraph 24, which notes the state obligations to adopt legal, preventive and protective measures to protect women from family violence and abuse, rape, sexual assault and other forms of gender based violence.

Unfortunately, Uganda has not yet ratified the Optional Protocol to CEDAW (1999) which offers individuals or groups a direct means to seek redress at international level for violations of their rights. Uganda also ascribes to the Universal Declaration of Human Rights⁴ which Articles provided for non-discrimination regardless of gender, to the “right to life, liberty and security of person” and equal protection of the law, The International Convention on Civil and Political Rights (ICCPR) and International Covenant on Economic, social and Cultural Rights (ICESCR).

Uganda is a signatory to the Protocol of the African Charter on the Rights of Women in Africa, which legally obligates the state party (Uganda) to respect, promote and fulfill the rights guaranteed to African women. This Protocol is a supplement to the African Charter on Human and People’s Rights. It requires all States to prevent Female Genital Mutilation /Cutting and end of all forms of violence against women including unwanted or forced sex, whether it takes place in private or the public sphere. The Protocol also recognizes the sexual and reproductive rights of women; and endorses the affirmative action to promote the equal participation of women including the equal representation of women in elected office. However, the concern that still remains is the lack of specific provision in the charter that prohibits harmful traditional practice which negates any effort on the protection of various social and economic rights of women in Africa especially those related to Harmful Traditional Practices such as FGM/FGC, forced marriages and widow inheritance.

Uganda has also ratified the convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment which defines torture broadly as when “pain or suffering is inflicted..... with the consent or acquiescence of a public official or other person acting in an official capacity”.⁵ The UN Special Rapporteur

4 UN (Adopted Dec 12, 1948) Universal Declaration of Human Rights

5 Convention Against Torture (1984) Res. 39/46, art. 1, UN Doc. A/RES/46

on Violence Against Women states that this Convention could be applied to address discriminatory laws or customs, like exceptions for marital rape or the defense of honor, which exempt perpetrators of domestic violence from punishment and therefore reflect the consent of the State.⁶

The Constitution of the Republic of Uganda is acclaimed as being one of the only two gender sensitive Constitutions in Africa. The Constitution of the Republic of Uganda⁷ in Chapter IV under its Article20 (1) and Article21 (1) and (2) stipulate that fundamental rights and freedom of individuals are inherent and not granted by the State; that all persons are equal before and under the law in all spheres of political, economical, social, and cultural life; but most of all a person shall not be discriminated against on the ground of sex, race, color, ethnic origin, tribe, birth, creed or religion, social or economic standing, political origin or disability.

Whereas in Article 32 the Constitution addresses the needs of marginalized groups including marginalization created by history, tradition or custom, in Article33 (1-5) it promotes rights and equality of women in relation to men. Article34 deals with the rights of the children. Article 31 stipulates on the rights of the family including the equal rights of men and women at and in marriage, during marriage and at its dissolution. The Constitution is based on Uganda's commitments under the CEDAW as well as other international Instruments/obligations on gender equality.

⁶ UNGASS: The United Nations General Assembly (UNGASS) in 1993 adopted the Declaration on the Elimination of Violence against Women (DEVAW).

⁷ Constitution of the Republic of Uganda, (15th February, 2006)

Furthermore, a number of legal reforms have been realised to enhance this constitutional provision, for example, the Land Act (Cap 227) and the Constitutional Petition No. . A number of other supportive laws include; the Social Development Sector Strategic Investment Plan (2009-2014), the Community Mobilization and Empowerment Strategy (2006), and the National Women's Council Act (Cap 318).

Others are the National Action Plan on Women (2007), the Penal Code Act, the Magistrates Courts Act, and the Country CEDAW Report, The National Action Plan for monitoring the implementation of the CEDAW (2007-2010). The CEDAW 4th, 5th, 6th, & 7th periodic reports on the implementation of CEDAW in Uganda have been able to indicate the implementation progress being achieved by the State Party in the various sectors. More recently, parliament passed the Domestic violence Act and GoU produced the action plan on UN SCR 1325, 1820 and the Goma Declaration.

In addition to the laws, both institutional and specific GoU GBV programs through projects are in place; e.g. the national gender machinery and the national gender policy; The 1999 National Action Plan on Women which aims at achieving equal opportunities and set priority areas of women's empowerment; The 1993 Decentralization Policy which includes a number of gender responsive aspects for action at national and Local Government levels; The National Action Plan; the social development sector etc. Other mechanisms to address GBV include Human Rights Commission, the Police Family Section, Probation and Social Welfare offices, the presence of free media/press to make GBV matters known to the public. Specific donor funded projects are also playing a significant part on GBV intervention in the country; for instance: UNFPA GBV Project; GOU-IRISH Aid GBV Programme; GBV Reference Group; the UNIFEM peace building

and the SGBV prevention fund. Civil societies such as UWONET, MIFUMI, ACTION AID INTERNATIONAL UGANDA, FIDA, ACFODE, FOWODE, CEDOVIP, UMWA, and Hope After Rape amongst others provide intervention to GBV victims/survivors. This is in the form of shelter, legal advice, capacity building, awareness creation, counseling, and health interventions. In addition, as a sector, much advocacy on GBV issues is being achieved through NGOs, FBOs, CBOs. Together with the media, the CSO sectors have over the years, drawn public and international attention to the intensity of GBV in Uganda,.

In the recent past, a significant proportion of funding for GBV programs in Uganda is provided by multilateral agencies like UNFPA, UNDP, UNIFEM, UNICEF, UNHCR, and WHO, also bilateral agencies like DFID, USAID/PEPFAR, SIDA, Irish Aid and DANIDA. To some extent, international NGOs fund smaller organizations and implement GBV projects using partnership strategies e.g. CARE, OXFAM, CCF, IRC, ARC, Action Aid and Tro-care. There is a gender donor roundtable which is supposed to meet quarterly to help donors stay in touch with each other's efforts, to strengthen gender programming in Uganda and to avoid duplication of efforts.

Other efforts to combat GBV in Uganda include the ongoing Police reform exercises and in particular the curriculum development process of Uganda Police Force (UPF) and the police form 3. In collaboration with MGLSD, UN and other CSO actors like CEDOVIP, the Police have drafted a module (awaiting approval by the Police Council) on GBV for the Police academies in Uganda and any other actors in Uganda who would wish to train police officers at which ever level. This has a bearing on any project intending to train officers, men and women of UPF in the near

future once the curriculum of UPF is completed and approved. The establishment of the Family Protection Unit with police stations is an effort that has given some hope to a number of GBV survivors.

In spite of this, the situation of GBV remains largely the same in all aspects! And in some instances, the prevalence is growing up. New forms of GBV are also emerging, for instance gun violence among intimate partners.

Missing link in a holistic solution

Despite some progress in addressing GBV over the years, levels of GBV remain very high. It continues to occur unabated in homes, communities and institutions as socially accepted practice. Efforts to address GBV in Uganda have tended to relate it to conflict tackling from a response rather than a preventative approach and hence focusing on the conflict affected communities (According to Kabanukye -2008). GBV is a result of negative social attitudes especially towards women and yet most programmes do not address the challenge in a holistic manner.

While numerous actors continue to act against GBV, it is in isolation and there is limited unifying approach that brings different actors together to create impact in addressing the challenge. Preventive efforts have also not been fully engaging with critical stakeholders such as religious leaders, cultural and traditional institutions who are custodians of cultures, customs and norms. CSO, CBO, FBO have played a critical role in the fight against GBV. The state is a neutral institution and ultimately responsive to the interest. There is also glaring indication that lack of co-ordination, networking, inadequate skills, culture, weak laws, inefficient implementation of laws and traditional systems of justice in Uganda amongst others still undermine or fuel GBV.

Considerable duplication of services and programs by CSOs with limited networking and synergies; Health and justice sectors' response and intervention capacities seemingly too low to effectively address GBV issues; limited/ inadequate knowledge about issues of justice and human rights even among organizations working on GBV; GBV programs focussing on women to the exclusion of men and therefore getting limited support from them and many others are responsible for the situation of SGBV in Uganda.

Local (National initiatives)

Efforts have been made by various organisations and institutions in Uganda to try and provide temporary shelter for the survivors of Gender Based Violence. However, these efforts have mainly been of Nongovernmental organisations both International and National. The examples of current existing shelters operating in different parts of the country include amongst others, Tororo by MIFUMI project, Mubende, Nebbi by Action aid International Uganda. The services offered at these centers include provision of temporary accommodation/ shelter, protection from perpetrators, counselling, prosecution, representation in court, provision of medical care, provision of basic needs food clothing etc. The services provided by the different institutions are very limited including out- reach. The services are largely donor funded thus their sustainability could be a challenge.

The Government of Uganda has committed to provide support to victims/survivors of SGBV through fast tracking the establishment and scaling up "Recovery Centers" that provide comprehensive services of free medical, psychosocial, forensic, judicial/ prosecution services within the next two years. This declaration was signed in December 2011 at the 4th Ordinary Summit and Special Session on Sexual and Gender Based Violence under the theme "*United to prevent, end impunity and provide support to the victims of SGBV*"

Regional

While there are a number of country initiatives, specific reference is made to efforts in South Africa. There are initiatives by Non governmental Organisations and the Government through the Ministry of social services in South Africa in the provision of services to GBV survivors. While CSO provide for shelters in different localities, it is government responsibility to provide such services and because of the fact, the South African government considers every Non Governmental Organisation that has a Shelter and provides services to the survivors of GBV, is supported by government by giving financial support to the institutional for every person who is sheltered. The government provides up to 25 South African Rands per person per day. The Government run institution Ikhaya Lethemba is a one stop center that also plays a role as social crime prevention center. The center is run on public/private partnership with CSO with each playing a complementary role on comparative advantages basis.

Intervention

One of the mechanisms for assisting victims/Survivors of GBV is establishing temporal shelters as safe spaces that provide prevention, intervention, emotional support, and treatment services to physically, emotionally and sexually abused women and girls. These shelters further offer both healing and justice for survivors of violence.

Over the last few years, attitudes towards the establishment of shelters or crisis centres as one stop centres for survivors of violence have been changing. The need for such shelters is now being recognized in Uganda. However, the Government of Uganda does not have an official policy towards GBV shelters. Anecdotal evidence indicates that a few Shelters or Crisis Centres

which exist in the country are run by NGOs. There is limited documentation on the functions, services being offered and the overall impact of these centres. A study on the issue is crucial for future advocacy initiatives to address existing structural obstacles in providing justice to the women and girls who are survivors of violence. Practical experience with running of shelters is also limited in Uganda. The need for thorough examination of the existing shelters and people's perceptions about the intervention is critical to establish the best practices to inform establishment of model shelter /Crisis centre and one stop centre.

This intervention will require concerted capacities of all the actors (duty bearers) to ensure that quality intervention is offered. There is need for capacity at individual level, which will require the individual competences to include their knowledge and skill. On the other hand, collective capabilities that refer to the group skills i.e. Local Councils to carry out their duties expeditiously and fairly, this should be determined by their ability to commit or engage/carry out tasks, build relationships and legitimacy with survivors, ability to learn, adapt and find balance their adjudication of matters. The functionality of a system is paramount and thus system capacity that refers to overall ability of a system to create public value.

The collective effort of all the actors to act as one is therefore very important; this effort would even be more meaningful if such a service is offered in a one stop center. Government should ensure

- ⇒ Policy guild lines for the operationalization of shelters in the Country.

- ⇒ Shelter for GBV is priority as one of the services to GBV survivors
- ⇒ Resource allocation both human and financial
- ⇒ Need to train service providers at the shelter

Conclusion

This situation calls for a more sustained funding that targets both government actors (particularly the lower local governments where GBV occur most), and CSOs; it calls for coherence, building synergies among such actors, with each playing complimentary roles. Actions must be geared not towards the creation of new laws only but capacitating law enforcers – the judiciary, the police, LCs to enforce these laws; it calls for building capacity of the first court of instance for most women in Uganda ie the LC courts etc.

Some Proposed Guidelines in the establishment of GBV Shelters.

1. Need to be clear on the Mission of the establishment. There has to be a mission that asks the question- what are we trying to achieve in the shelter? The aim need to be specific enough to be attainable and offer focus.
2. Have a good mission statement that reveals the underlying philosophy expressing the most fundamental way of viewing the world. This will help see the most important needs in other people's lives
3. Set Objective on what to focus on, how to do it, a [point towards which resources are directed, the means by which thinking is translated into action to support the aims
4. Have programmes to specify what services will be offered in the shelter. Services and projects hang together and work in a co-ordinated manner as shelter programme

5. Policy as guiding principle, something to define the services culture, the way of working, service provision and shelter rules that should all be based on policy. Policy determine how to work, what to offer, how to offer it and what to do if there are transgression.
6. The rules must be informed by policy to ensure smooth functioning in the shelter. Resources must be directed to ensure adherence to rules and deal with transgression
7. On going Assessments
8. It is important to have on going assessment to allow thinking and assessment on what is being done and what is important. This process allows for periodic review according to a framework agreed upon that helps to see the wood of the trees. The assessment may provide for the revision of important aspects of services because of social/political changes etc.

Approaches may differ;

- ⇒ Welfare/deprivation approach. The needs of the client are met as they come
- ⇒ Feminist approach: focuses on empowerment of women
- ⇒ Religious approach: Meets the spiritual needs of client
- ⇒ Therapeutic approach: focuses on the emotional needs of the client
- ⇒ Hybrid: mixture of approaches.

About UWONET

Uganda Women's Network-UWONET, is an advocacy and lobby network comprising of 16 national women's organizations, institutions and 9 individuals. It was established in 1993 to provide space for collective engagement of organizations advocating for women's rights especially the eradication of gender based discrimination.

Vision

A Ugandan society free of all forms of gender based discrimination

Mission

To coordinate collective action among members and other stakeholders through networking, capacity building, resource mobilization, policy research and advocacy for the attainment of gender equality in Uganda

Joint Programme to Address Gender Based Violence



**END
gender
based
violence**
Walk Away. Talk. Change.



Ministry of Gender, gender
and Social Development



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