



IJM



\*the pictures in this booklet do not always depict survivors of VAWG from Kasere



**Spotlight  
Initiative**



*Identifying Gaps: Quarter 4 2019*

# 2019: IMPLEMENTATION BEGINS



International Justice Mission (IJM) is a human rights organization with 21 field offices around the world. IJM partners with authorities to improve local justice systems' ability to protect vulnerable people. Its theory of change model (seen below) has been proven to work, rescuing and protecting millions of people from violence.

As one of the UN's and EU's Spotlight Initiative implementing partners, IJM started planned activities in the 4th quarter, 2019.

Initial activity implementation emphasized four key pillars:

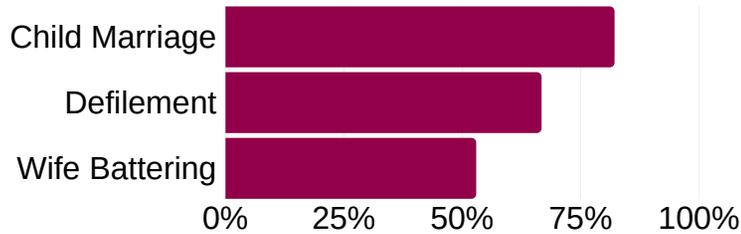
- knowledge of the context and challenges
- survivor-focused programs
- systems-based approach
- delivering value for money



Activities within these pillars consisted of a gap analysis and methodology development, survivor engagement, and essential service provider engagement. This booklet highlights the key findings and activities from 2019 demonstrating the major gaps, challenges, and urgent recommendations for 2020. For further reference, see the detailed report (UNDP Spotlight Report 2019).

# HOUSEHOLD SURVEY: KEY FINDINGS

Women reported the most common forms of violence:



1 in 4



women **FELT DISCRIMINATED AGAINST** or stigmatized while seeking health care

41%



of women had **FOREGONE HEALTH TREATMENT** due to lack of money.

62.8%



of women said that **husbands** were the **offenders** of VAWG + HP

Women who said the **DIFFICULTY OF ACCESS TO JUSTICE** and police services within 6 hours was moderate or hard:

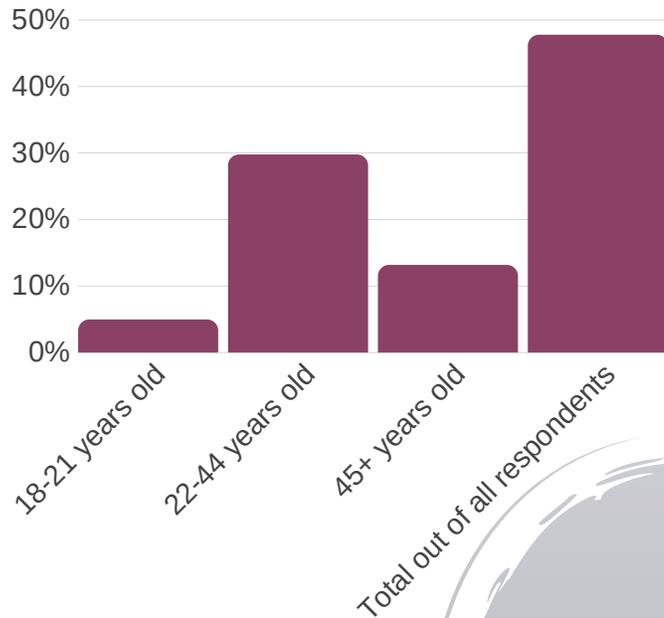
72.1%



*The primary reason given for difficulty of access to health and justice or police services was due to lack of money. As a result, the majority (70%) of women postponed reporting anything.*

# KEY FINDINGS

The table below shows the **PERCENTAGE** out of all women surveyed who experienced **VAWG +/HP** at least once:



Nearly all women (95.9%) surveyed reported that **VIOLENCE AGAINST WOMEN AND GIRLS IS HAPPENING** in their communities.

## *Knowledge Gaps leave many without help:*

In comparing intended reporting behaviours to actual reporting behaviours for those women who had ever experienced violence or a harmful practice, there were discrepancies. Of those that had ever experienced violence or harmful practice (VAWG/HP), 41% did not report their victimization to anyone. For those that did report, 40% received no services regarding their victimization.

When asked about knowledge of rights and protective actions, only a third of the respondents had knowledge of rights or services regarding protection and response to crimes committed against them.

## **"When my daughter was defiled**

*we rushed to the health centre and the doctor asked for 50,000 to fill the form. I could not afford the money...I chose to go back home. I never opened up a case and we lived at the mercy of God...*

*...I was lucky she was not infected with HIV."*

# SURVIVOR ENGAGEMENT



## *Survivors Lead the Way to Community Change*

IJM staff met with one group consisting of 32 women who meet every week. Founded in 2014, their work falls into two main categories: business and sensitization. In the business aspect, the women make and sell baskets, and buy or hire out wedding dresses and plastic chairs.

The group sensitizes communities on family issues and violence through the mediums of drama, music, and dance. The subjects of their sensitization include teaching men how to best provide for their families, parenting skills, and child protection.

To prioritize inclusion of survivor voice in Spotlight delivery, IJM conducted engagement meetings with 6 CSOs working with VAWG+HP survivor support groups in Kasese. When these groups know what services are available and how to access them, they share this knowledge within their communities. Support groups therefore serve as a key referral point for services for VAWG+HP. Leaders in the groups are empowered to refer survivors of VAWG to the appropriate health and legal channels. Their intimate knowledge of the community and their empowerment to engage the systems allows them to expedite the referral processes.

IJM developed recommendations and a plan for continued survivor support group engagement throughout Spotlight delivery.



These support groups represent **256**

women, men, & children; survivors of VAWG+HP

# SERVICE PROVIDER ENGAGEMENT



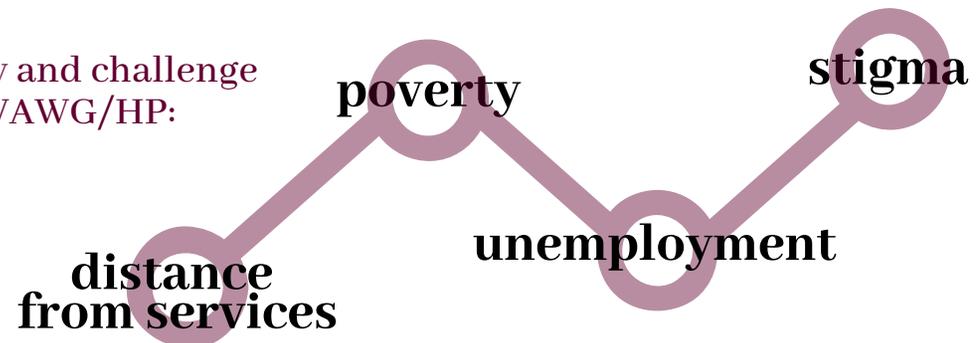
**IJM held engagement workshops with local traditional leaders, CSOs, religious and political leaders, Health workers, and the Judiciary.**

**key legal aid and health providers identified in Kasese District.**

IJM engaged in 3 key service provider activities:

1. Identifying potential individuals and offices within the district that would form the Spotlight Advisory committee. This committee will bring together individuals who have unique knowledge, skills and experience on issues related to violence against women and girls.
2. Mapping key stakeholders in legal aid service provision in Kasese District for IJM to work closely with in its efforts to strengthen service provision for VAWG + HP survivors.
3. Key informant interviews with selected duty bearers in Kasese District to identify gaps and challenges in service provision for VAWG + HP survivors. This included the RSA and health workers.

Recurring vulnerability and challenge factors in cases of VAWG/HP:



# CASE FILE REVIEWS

A major challenge in fighting VAWG + HP is the implementation of existing laws and policies. Despite the efforts of government and NGOs to curb the vice, a high number of cases continue to be reported but perpetrators are not arrested, and Survivors do not receive justice due to how the reported cases are handled.

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**147** files reviewed

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**90%** of domestic violence cases are not investigated

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**No** attempt made to trace suspects nor were any suspects fingerprinted

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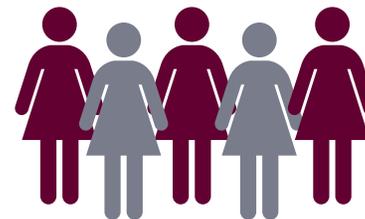
**Lack** of knowledge and resources for proper medical exams

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## Case Studies

In a meeting with a survivor group of women with disabilities, one said "women with disabilities suffer a lot of violence right from their homes, to their communities and even with the people that are supposed to protect them. My family refused to give me a portion of land during distribution because I was disabled."

Another mentioned that " When we report cases of violence they ask us for evidence. My daughter is deaf and blind and was defiled. How was she supposed to see or hear the person who defiled her. It's the neighbours that could give testimony and their testimonies were denied."



# CONCLUSIONS

At the conclusion of quarter 4 activities, it became apparent the extent to which there is a lack of knowledge and awareness of services available to survivors of VAWG + HP. This coupled with stigmatization of survivors who report crime or seek medical care, has led many to not report or to give up quickly.

**The need to create awareness of essential services and strengthen service delivery by duty bearers is urgent.**

IJM will accomplish this through multi-sectoral workshops to increase coordination, awareness-raising campaigns, and training and mentoring of duty bearers.



# RECOMMENDATIONS

## RESOURCE GAPS

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Women who said investigating a crime requires money they do not have: 69%

Postponed reporting due to lack of money: 18%

Postponed going to court due to lack of transport: 70%



01

*Strengthen the coordination mechanisms among service providers to remove the bottlenecks which deny survivors services.*

02

*Strengthen accountability mechanisms for VAWG+HP survivors at community level to help navigate the challenges due to lack of funds.*

03

*Hold multi-sectoral training workshops to increase knowledge, capacity, and coordination of duty bearers.*

04

*Establish a Spotlight Advisory committee to oversee coordination between service providers and ensure better service delivery for VAWG+HP survivors.*

05

*Raise awareness among communities and survivors of available essential services; empower communities to reduce stigma and increase community health outreach activities.*



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