



**Spotlight  
Initiative**

*Initiated by the European Union and the United Nations:*



# JUSTICE SERVICE GAP ANALYSIS

## Tororo District

IJM Uganda,  
November 2020

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# GAPS ANALYSIS OVERVIEW: METHODOLOGY

International Justice Mission (IJM) is a global organization working to protect those living in poverty from violence. IJM operates in 21 programme offices across 13 countries to combat the most widespread forms of violence. IJM has been operating in Uganda for 15 years. IJM Uganda brings together experts in law, psychosocial support and investigations, partnering with essential service providers to build capacity and provide mentorship so that women and children are empowered and have access to justice. IJM is one of a number of implementing partners operating in Kasese and Tororo Districts. We are tasked with the delivery of Outcome 4 within both districts, being:

- Outcome 4-Quality Services: Women and girls who experience violence and harmful practices use available, accessible, acceptable, and quality essential services including for long term recovery for violence.

IJM started planned activities in 2019 beginning with a gaps analysis and programming in Kasese District, Western Uganda. IJM moved into Tororo in 2020. The Tororo gap analysis was originally scheduled for April, but due to COVID-19 lockdown and restrictions, IJM adapted programming and prioritized urgent needs with what could be done under restrictions. As soon as it was possible, we began the Tororo gap analysis.

**The gaps analysis sought to identify key issues through four activities:**

A Household Survey  
Case File Reviews  
Key Informant Interviews  
Survivor Engagement

The results of these findings are detailed in this report.

IJM conducted activities for the analysis in partnership with local and national government officials. When the team arrived, they were greeted by the Resident State Attorney who formally welcomed IJM staff and introduced us to court and police officials. Working closely with these and other key duty bearers, IJM reviewed case files at the court and police post, interviewed key informants from Ministry of Gender, Labour, and Social Development, the Office of the Directorate of Public Prosecutions, Uganda Police Force, and the Judiciary.

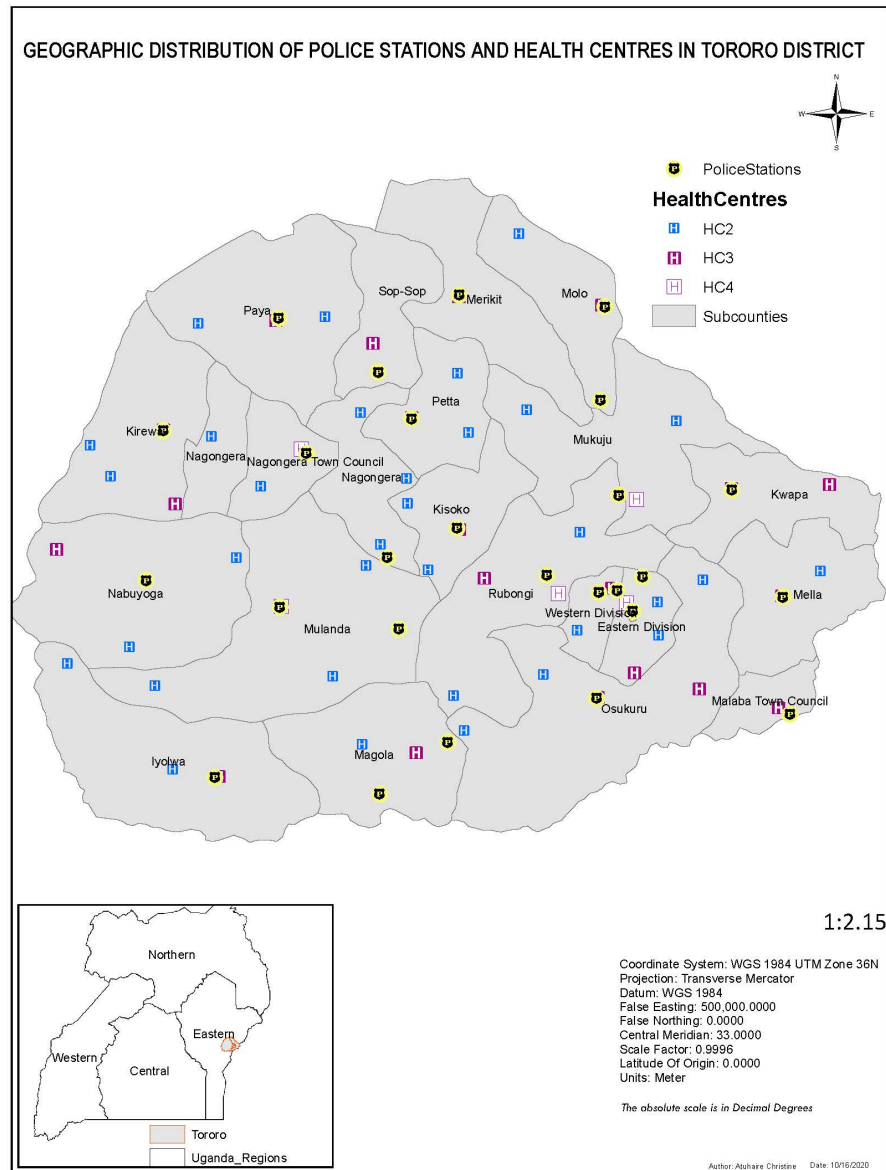
Throughout the assessment, IJM surveyed 437 women from different households and different age groups, with the majority between the ages of 23-44, across the district. Further, IJM reviewed 215 files, held 15 key informant interviews and engaged 3 survivor groups.

As part of the gap analysis, IJM commissioned researchers to catalogue every police post and health centre in Tororo (the map featured on page 5). This supports IJM staff in programming for Spotlight in Tororo, and provides communities and local leadership with increased knowledge of available services.



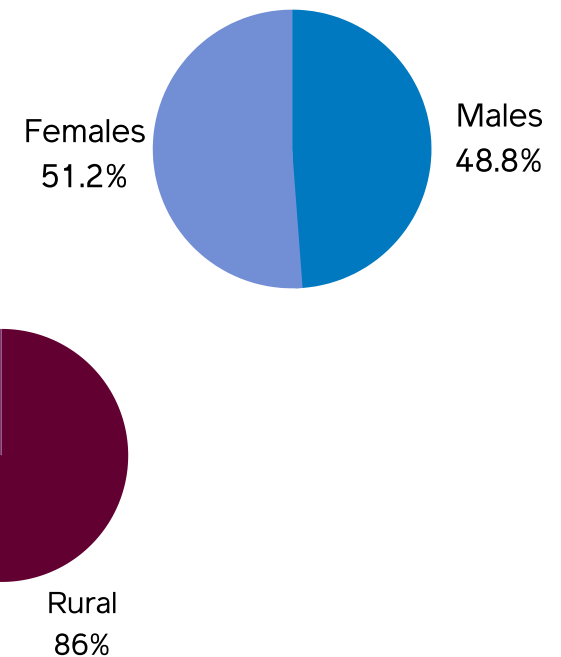
# TORORO DISTRICT

## Map of Tororo District with health centers and police posts:



Tororo District population estimates at the time of the gaps analysis, September 2020 (1):

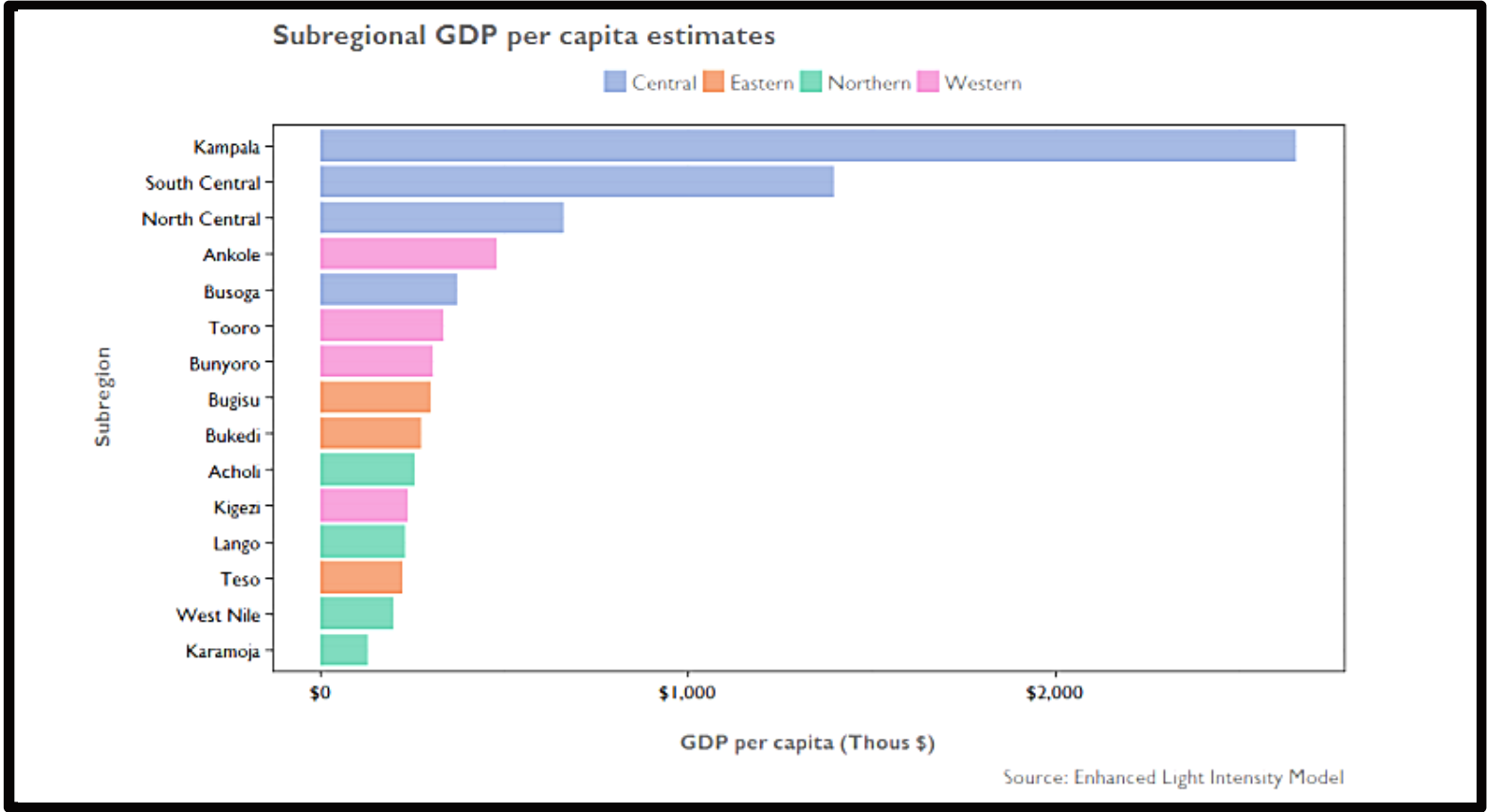
Population: 597,500



\*Urban represents people living within Tororo town, and having close proximity to available services.

The table below shows subregional GDP per capita estimates. As Tororo is in Bukedi subregion, it falls below most Central and Western regions, but still remains within the top ten subregions by GDP per capita. Tororo's GDP, with a centralised town and JLOS hub, has a slightly higher GDP than that of Kasese (\$540 per capita), as noted in the Kasese Gap Analysis.

Tororo  
 GDP Per capita: \$558  
 GDP as a percentage of total Uganda GDP: 1.5%

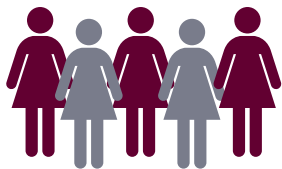


# ACTIVITY ONE: HOUSEHOLD SURVEYS

To conduct the household surveys, IJM refined a data collection tool utilising a structured questionnaire with tick box responses. IJM staff then trained researchers in Tororo in use of the digital tool and conducted the survey in a representative sample of women aged 18 and above from households in sub-counties across the district. The survey assessed the knowledge of available services, including longer term recovery, service availability for women at risk, access to essential services, and prevailing community perceptions of VAWG+HP and service delivery.

In total 437 women were randomly selected from households in sub-counties across Tororo district to participate in the survey. A simple random sampling technique was used to select the respondent households with a skip interval of 5 households. With Tororo district estimated to have a total population of 597,500 people, a 95% confidence level and 5% confidence interval were applied to calculate a sample size of 437 respondents.

Key findings from the household survey are on the next pages.



Women reported the most common forms of violence as -

1. Wife Battering
2. Defilement
3. Child Marriage

**1 in 4**



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



**48%**

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



**73%**

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:



**59%**



# HOUSEHOLD SURVEY FINDINGS CONTINUED

Below we have highlighted some key findings from the gap analysis in Tororo, which were consistent with those in Kasese from 2019. Common gaps in reporting are tied to distance from services, lack of funds, or stigmatisation, and nearly all women noted that VAWG + HP are happening in their communities. These and other findings are delineated below. An extensive report outlining all findings of the Kasese and Tororo gap analyses will be provided at a later date as part of the final programme report.

**3 in 5**

women stated that it was moderately difficult or difficult to access health services.

**94%**

of women stated that violence against women & girls and harmful practices is happening in their community.

**1 in 2**

women, out of those it applied to, had foregone health services due to lack of money at least once in the last year.

# ACTIVITY TWO: CASE FILE REVIEWS

A major challenge in combatting VAWG + HP is the implementation of existing laws and policies. Despite the efforts of government and NGOs to curb the vice, perpetrators are not arrested and sentenced often enough, and survivors do not receive justice due to how the reported cases are handled. For the case files, IJM reviewed 25% of VAWG+HP files from a four year period spanning 2017-2020. This exercise was led by IJM legal staff, utilising a questionnaire to identify consistent gaps and strengths in the case files. 25% of cases over a four year period were used to ensure a degree of certainty. As such, IJM reviewed 197 files.

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**98%** of cases involved no documented trauma-informed care steps

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**84%** of suspects were not fingerprinted or photographed.

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**98%** of cases involved no documented PSWO engagement.

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**94%** of women surveyed identified VAWG+HP happening in their communities; however, there were only 197 cases to review (25% of the total). This suggests that there are roughly 800 cases of VAWG+HP in a four year period.

With women accounting for approximately **51.2% (305,920)** of the population of

Tororo, we would anticipate several hundred thousand cases of VAWG+HP over a 50 year period. This difference between identified percentages of VAWG+HP vs. cases reported is a consistent trend across Uganda, indicating significant gaps in knowledge among communities and capacity of service providers.

The table below shows in percentages important documents present in case files.

<u>Item:</u>	<u>Percent of files where item was present:</u>
25b1. Sexual Assault Forensic Medical Examination (PF3A)	8.12%
25b2. Medical Examination Report (non-sexual assaults) (PF3)	47.72%
25b3 Photographs	1.52%
25b4. Sketches	42.13%
25b5. Request for Laboratory Examination (PF17A)	95.94%
25b6. Results of Laboratory Examination	87.31%
25b7. Exhibit Slip (for evidence seized)	91.88%
25b8. Scene of Crime Examination Report	39.59%
25b9. Identification Parade Results form	45.18%

Overall the performance on documentation on files was very strong in some areas and reasonable in others. Best practice documentation would be inclusive of thorough documentation of evidence regarding the perpetrator, medical and SOCO reports, and exhibit slips. After reviewing all case files and interviews, IJM teams noted common trends:

- The prevalence of a lack of knowledge about the criminality of VAWG + HP, accompanying laws and policies, and options available to survivors and communities on the part of service providers.
- The need for trauma-informed training for stakeholders, particularly PSWOs and CDOs, because they often interact directly with survivors and rarely utilise trauma-informed care practices.
- The court often gives lighter sentences to perpetrators responsible for defilement due to the financial responsibilities associated with taking care of children.

A photograph of a traditional thatched-roof hut, likely made of mud or clay, situated in a rural environment. The hut has a steep, conical roof made of dried grass or straw. In the background, there are numerous banana trees with large, broad leaves. To the right, there are other trees and foliage. In the foreground, there are some household items like a large metal pot, a plastic container, and some other small objects on the ground.

*In the case file reviews, the IJM team found that  
the economic impact of reporting and investigating cases,  
the lack of knowledge or sensitisation to VAWG + HP on the part of service providers,  
and minimal sentencing for perpetrators*

**NEGATIVELY IMPACT DETERRENCE OF VIOLENCE.**

# ACTIVITY THREE: KEY STAKEHOLDER INTERVIEWS

To further understand the knowledge of, opinions, attitudes and perceptions of VAWG and HP in Tororo district, IJM held Key Informant Interviews with selected duty bearers within the district to identify gaps and challenges in service provision for VAWG + HP survivors. The duty bearers selected included Police, Criminal Investigations Directorate, Child and Family Protective Unit, Magistrates, District Community Development Officer, Probation and Social Welfare Officers, the District Action Center's focal person, and other Community leaders.

## Key Findings Include:

- Cultural influence affects reporting.
- Community acceptance of VAWG + HP and inadequate knowledge about it and accompanying laws hinder reporting.
- Community policing/sensitisation is key to addressing cases of VAWG+HP.
- The court gives lighter sentences to defilers because of the economic needs in taking care of the child.
  - For instance, a perpetrator in a case of defilement was sentenced to 30 days of community service.
- There is a need for trauma informed care for the PSWOs and CDOs as the team witnessed first-hand, lack of TIC during survivor engagements.
- When women report instances of defilement against their daughters, they have to pay money to access medical services and HIV tests. This can be a significant deterrence to reporting or seeking help from essential service providers.



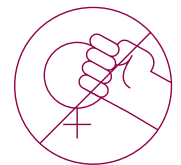
The economic impact of reporting and investigating cases, coupled with lack of knowledge or sensitisation to VAWG + HP on the part of service providers, and minimal sentencing for perpetrators, dissuades communities from reporting, increases instances of violence, and negatively impacts deterrence of violence.



On reviewing the interviews, IJM staff observed:

*"From my interactions with the Magistrates and through the case file reviews, I was shocked by the kind of sentences given to persons convicted of defilement and aggravated defilement. For a number of defilement cases, the convict was awarded community service: 80 hours of community service for defiling a 15-year-old girl (in some cases, younger). In addition, many defilement and IPV cases were dismissed for lack of prosecution (e.g. witnesses would not show up, victims forgave the perpetrators, families settled the matter outside court, etc.)."*

*"There is a lot of community norm change that needs to be done to uproot the beliefs that exacerbate VAWG and compromise effective response."*



# ACTIVITY FOUR: SURVIVOR ENGAGEMENT

The first goal of this engagement is to prioritize survivor voice. Hearing from survivors on the ground in a regular and organic setting such as a support group allowed the team to better understand the needs of women and girls who have experienced violence as well as assess their knowledge of services. This engagement also provided an avenue for communicating with survivors about services. Support groups not only include survivors as members, but they are a powerful voice in their communities. When these groups know what services are available and how to access them, they will be able to share this knowledge within their communities. In this way, support groups also serve as a source of referral of cases to justice service providers.

IJM identified three survivor groups in Tororo with whom to hold focus group discussions. Observations and findings from the survivor groups are outlined on the following pages.

Most findings echoed that of the household survey. For example, IPV, defilement, and child marriage were all among the most common forms of VAWG+HP. However, a few findings deviated from that of the household survey and key informant interviews:

## **Increased knowledge of the criminality of VAWG+HP and options available to survivors.**

Among survivor groups, nearly all women except for a few strongly believed that perpetrators should be held accountable. When asked what options they have for reporting, members in all 3 groups listed goign to Police, CDOs, LCs, PSWOs and local CBOs. They also noted the need for psychosocial/medical care. However, IJM noted that the survivors expressed a fear of the court process. One woman said, "We never want it to get to that stage." Despite knowledge of services, the women identified gaps in receiving care at a prevalence rate consistent with that of the household surveys.

Much like the household survey, survivor groups noted several gaps causing significant obstacles in accessing services or receiving support if they experience violence. These included inaccessibility of services, whether through distance or absent personnel; corruption (conniving with the perpetrators, accepting bribes, charging for HIV tests, etc.); and cost. Many survivors labelled the cost of services as an obstacle to accessing services. One survivor said the health centre charged her 30,000 UGX to fill out the PF3A form and another said community leaders charge 3,500 UGX to stamp a form. Engagement with survivor groups further illustrated the existing gaps, and their prevalence, in the system which prevent survivors of violence from reporting and allow perpetrators to act with impunity.

Causes of IPV as Identified by Survivors:

- Unemployment
- Poverty
- Misunderstanding
- Lack of personal skills to earn a living
- Polygamy
- Drunkenness and substance abuse
- Male ego and misuse of their power
- Patriarchal system makes women vulnerable

One IJM staff who led a focus group discussion observed:

*"I met a girl [at the FGD] who was a victim of defilement, got pregnant and started living with the perpetrator. He now abuses her emotionally and physically. She intimated to me that he threatened to kill her. However, she was very clear she was not interested in pursuing a criminal case against the perpetrator. She just wanted to go back to her parents in Mbale. We tried to get her support from Justice Centers, Tororo but they could not take her on. They referred her to Child iFoundation, which gave her transport to go back to Mbale"*

*This case is striking because it indicates the cycle of violence a woman experiences, or is likely to experience in her lifetime. From the risk of defilement as a young girl to the risk of IPV as an adult, women are at risk throughout their lives.*

# RECOMMENDATIONS



01

Emphasize community awareness-raising campaigns on VAWG+HP, and available services.

02

Invest in training personnel to increase knowledge of best practices and change attitudes.

03

Increase survivor support and build survivor networks to advocate within communities.

04

Direct budget to resources for JLOS services, including file and evidence storage, and trauma-informed spaces.

*The prevalence of the gaps in knowledge of essential services makes awareness creation urgent.*

