

EU-UN SPOTLIGHT INITIATIVE
INTERNATIONAL JUSTICE MISSION
UGANDA

END OF PROGRAMME REPORT: PHASE 1

12 JULY 2021



IJM

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International Justice Mission (IJM) was selected as an implementing partner under the EU-UN Spotlight Initiative, tasked with the delivery of Outcome 4 within Kasese and Tororo Districts: ensuring that those who experience violence against women and girls/harmful practices (VAWG/HP) use available, accessible, acceptable & quality essential services including for long term recovery from violence. IJM in Uganda, implements a model that brings together experts in law, psychosocial support, community engagement, communications and investigations, in partnership with essential service providers to protect persons living in poverty from violence. IJM began its work for UNDP on these issues in September 2019. IJM is currently in discussions with UNDP in relation to Phase 2 programming.

IJM is an implementing partner of UNDP, responsible for 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.

Output 4.1:

Relevant government institutions and CSOs at national and sub-national levels have better knowledge and capacity to deliver quality, coordinated multi-sector essential services, including SRH services and access to justice, to women and girls' survivors of VAWG, including SGBV/HP, especially vulnerable women, and girls.

Output 4.2:

Women and girls at risk of VAWG/HP and communities have the knowledge of and can access quality essential services and integrated SRHR services, including longer term recovery services and opportunities.

IJM programming under Spotlight has 4 pillars or areas of focus:

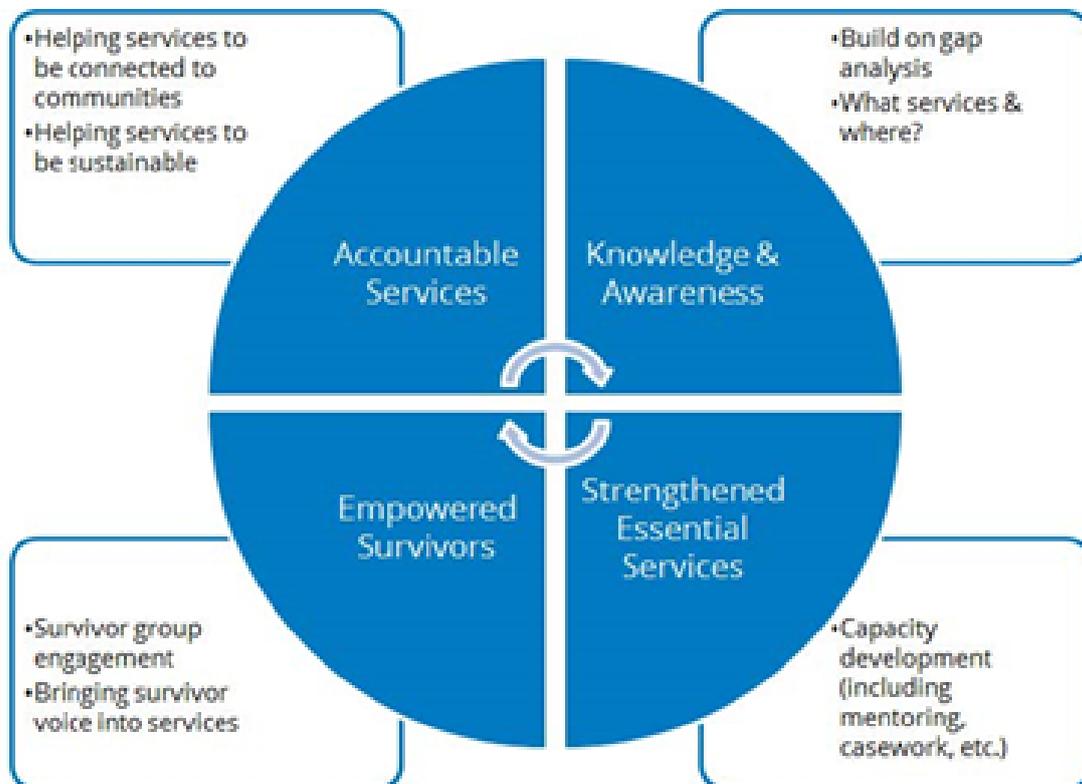
- 1. Building Awareness on VAWG + HP**
- 2. Strengthening Capacity & Coordination of Essential Service Providers**
- 3. Survivor Engagement**
- 4. Accountability Mechanisms**

We set out in this report the ways in which IJM's programming during phase 1 has sought to contribute to the delivery of this outcome and outputs under these four focal areas. The report sets out first the findings from the capacity gaps assessments, then the narrative summary of activities for each of the focal areas, followed by a summary assessment of progress against indicators and concluding remarks with reference towards Phase 2.

AIA: Action in Africa
BMZ: German Federal Ministry of Economic Cooperation & Development
CCP: Collaborative Casework Partner
CDO: Community Development Officer
CFPU: Child & Family Protection Unit
CID: Directorate of Criminal Investigation and Criminal Intelligence
CLO: Community Liaison Officer
DAC: District Action Centre
EU: European Union
FGD: Focus Group Discussion
FGM: Female Genital Mutilation
IEC: Information, Education & Communication
HP: Harmful Practises
IPV: Intimate Partner Violence
JLOS: Justice, Law & Order Sector
JSP: Justice Service Providers
LRV: Land Rights Violations
MGLSD: Ministry of Gender, Labour and Social Development
NCIS: Navail Criminal Investigative Services
NGO: Non-Governmental Organization
ODPP: Office of the Directorate of Public Prosecutions
OC/CID: Officer in Charge-Criminal Investigation Department
PJS: Public Justice System
RDC: Resident District Commissioner
SRHR: Sexual & Reproductiv Health Rights
SVAC: Sexual Violence against Children
TOT: Training of Trainers
UN: United Nations
UNDP: United Nations Development Programme
UNICEF: United Nations International Children's Fund
USAID: United States Agency for International Development
VAW/C: Violence against Women and Children
VAWG: Violence Against Women and Girls

1.1 Programme Methodology

Through the end of the programme, IJM will pursue the following steps to ensure accountable, quality essential services, increased knowledge & awareness, and empowered survivors:



- 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 workshops on service provision in response to cases of VAWG+HP to increase knowledge, capacity (e.g. funds for medical support and transport for law enforcement to provide services to survivors), and coordination among duty bearers.
- 04** Establish a justice service 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.

1.2 COVID-19 Impact

With the onset of COVID-19 in March 2020, Uganda (like much of the world) went into a strict lockdown hindering movement and activities for over 2 months. Overall, the impact on the prevalence of violence indicated an increase in violence in the home during the lockdown in Uganda. The Sauti Child Helpline Report showed an increase in cases of SVAC from 20% of calls in March to 40% of calls in July. Furthermore, reports published by police indicated over 3,000 cases of GBV reported in the first month of lockdown.

Movement restrictions were lifted in the beginning of June 2020, but group gatherings and other restrictions remained in place until the end of July. Restrictions on face-to-face meetings and attendance at offices of programme stakeholders made the process of mentoring and capacity strengthening slow. Furthermore, all casework was delayed as judges and courts were closed until June, and still remained highly restricted for several months thereafter. Training of Trainers and the Multi-disciplinary trainings in Kasese and Tororo had to be stopped from March and were not able to be picked back up until September due to COVID-19 restrictions.

IJM worked closely with government partners, the UNDP and other partners in this period to adjust programming to virtual meetings and mentoring, casework via digital oversight, and partners like the Ministry of Gender, Labour and Social Development to run campaigns on COVID-19 awareness and safety during lockdown, as well as prevention of VAWG + HP (see pictures below).

IJM also provided PPE to stakeholders as part of the adjusted Spotlight programming:

To support stakeholder service delivery and ensure no disruptions due to COVID-19, IJM provided stakeholders with Personal Protective Equipment (PPE). We distributed PPE several times in the second half of 2020 to personnel at police, ODPP, and JLOS in Kasese and Tororo, as well as at department headquarters in Kampala.

IF YOU HAVE BEEN RAPED...

Report to:

- A health centre within 72 hours
- Police, LC or Community Development Officer immediately
- Sauti, the Uganda Helpline, by dialing **116**

Remember: rape is a crime punishable by law








2.1 Capacity Assessments

(A) Overview

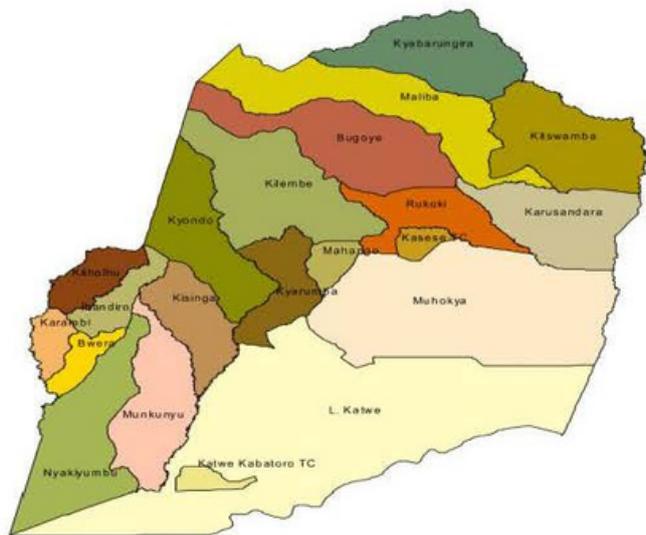
In November 2019, IJM conducted a household survey in Kasese among 390 women and Tororo in 2020 among 437 women. These surveys were part of a gaps assessment in both districts utilised to assess the level of access to essential services by women and girls of Kasese and Tororo Districts. Key findings from Kasese indicate that 72.1% of the respondents had failed to access justice and police services within 6 hours and 69% had postponed going to court due to lack of transport. Some 41% of the women in Kasese had foregone health treatment because they lack money.

To give an evidence base for programming, a gap assessment on the knowledge of and access to quality and essential services and integrated Sexual Reproductive Health Rights (SRHR), including longer term recovery services and opportunities for Women, girls, and communities at risk of VAWG/HP was carried out in Kasese and Tororo districts. The analysis in Kasese was conducted in the end of 2019, but findings were shared in early 2020. The Tororo gap analysis was initially set to begin in April/May 2020, but due to COVID was delayed until August 2020. When carried out it consisted of household surveys, focus group discussions, key stakeholder interviews and police case file reviews, and ran alongside a broader national level rapid capacity assessment that IJM conducted for UN Women.

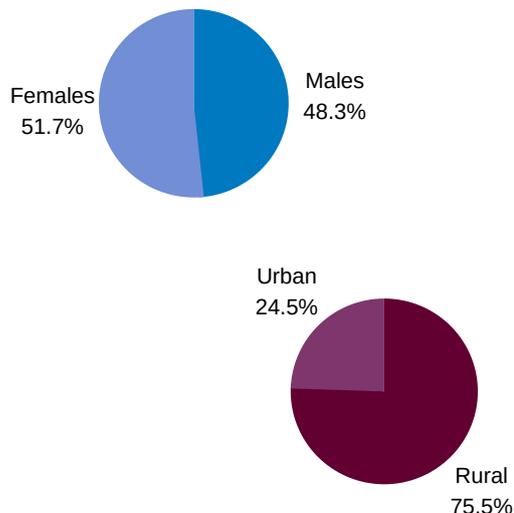
Some key results from the gap analyses are summarised on the next pages.



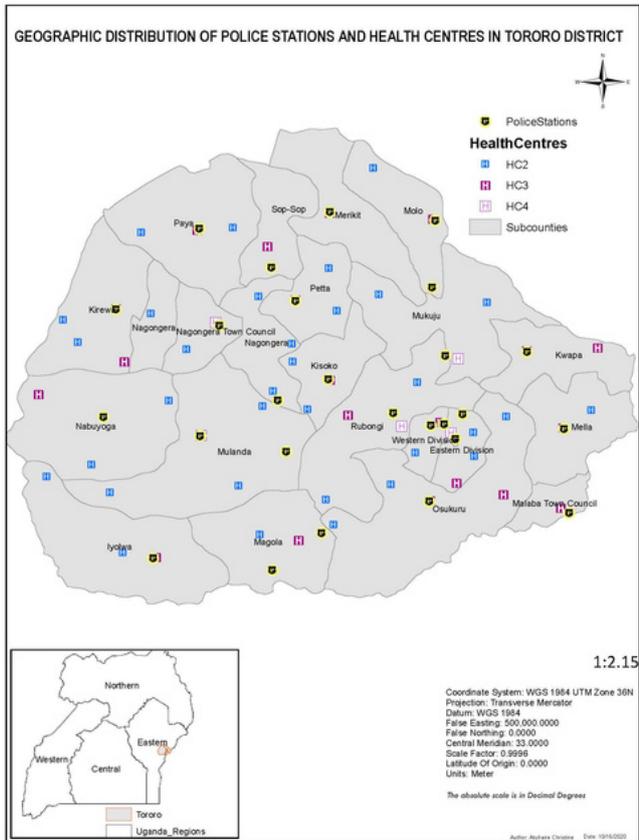
Kasese District demographics from the time of the gaps analysis, November 2019 (2):



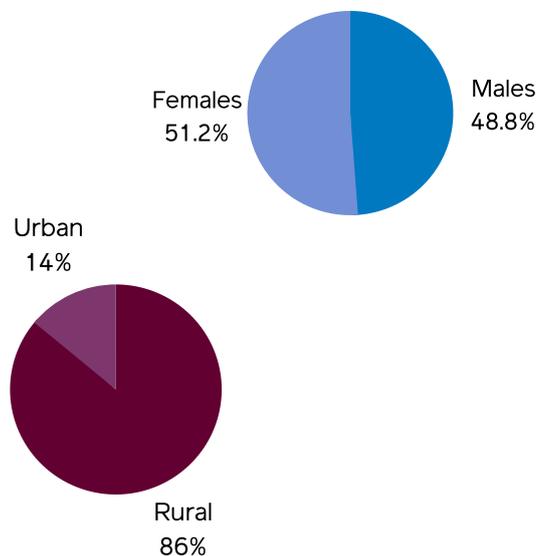
Population: 702,029



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



Population: 597,500



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

1 Research Gate, 'Map of the Main Study District, Kasese, in Western Uganda'. https://www.researchgate.net/figure/Map-of-the-main-study-district-Kasese-in-Western-Uganda_fig4_265297975

2 Kasese District, District Profile, 2020. <https://www.kasese.go.ug/about-us/district-profile/>

3 Ibid.

4 Uganda, City Population, Tororo. <https://www.citypopulation.de/php/uganda-admin.php?adm2id=059>

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.

(B) Methodology

In total 437 women were randomly selected from households in sub-counties across Tororo district to participate in the survey and 390 women in Kasese. 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% interval were applied to calculate a sample size of 437 respondents. The same confidence and confidence interval levels were applied to calculate in Kasese (384 out of 702,029).

(C) Key Findings Across Both Districts

1 in 4

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

44.5%

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

94.95%

reported that **VIOLENCE AGAINST WOMEN AND GIRLS IS HAPPENING** in their communities.

67.9%

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

65.5%

of women said the **DIFFICULTY OF ACCESS TO JUSTICE** and police services within 6 hours was moderate or hard

Women surveyed identified what they felt were the most frequently reported instances of VAWG+HP in their community.

In Tororo, the top three most reported types of violence were as follows:

1. Wife Battering (Domestic Violence)
2. Defilement
3. Child Marriage

Whereas, in Kasese the top three most reported were:

1. Child Marriage
2. Defilement
3. Wife Battering (Domestic Violence)

(D) Case File Review Findings:

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. In IJM's assessments, we found that this is typically a gap caused by evidence and file storage processes and investigation skills specific to VAWG cases. A few key findings from case file reviews are below.

In a majority of case files in both Kasese and Tororo key elements for case investigation and prosecution were missing. In the instances below, we have noted a few of these (e.g. fingerprints and use of trauma-informed care). In addition to these rather large gap areas in case investigation, there were also consistent (albeit lower) numbers of case files where the PF3 (forensic medical exam) had not been conducted and/or filled out. In sexual or physical abuse cases, this is a crucial component to moving any case forward.

Kasese:

90% of domestic violence cases were not investigated.

100% of suspects were not fingerprinted or photographed.

48% of women surveyed experienced VAWG+HP at least once; however, there were only 147 cases of VAWG+HP reported in a four year period. With women accounting for approximately 51.7% (362,948) of the population of Kasese, the gap between experiences of violence and cases reported is significant.

Tororo:

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

84% of suspects were not fingerprinted or photographed.

98% of cases involved no documented PSWO engagement.

94% of women surveyed identified VAWG+HP happening in their communities in Tororo; however, there was roughly 800 case files from the previous four years.

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.

As a final component to the gaps assessment, IJM staff engaged survivor groups to obtain their observations of VAWG in their communities and access to 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.

(E) Survivor Group Findings

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.

Causes of IPV as Identified by Survivors:

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

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.

One mother and daughter encountered obstacles to receive care and report the case, consistent with countless stories. When her daughter was attacked and defiled, the mother said "we rushed to the health centre and the doctor asked for 50,000 to fill the form. I could not afford the money". Without being able to pay, they were helpless to receive care and get the evidence necessary to report the crime and obtain justice. As such, the mother and daughter went home, unable to open a case against the perpetrator. When interviewed by IJM staff, the woman observed, "we lived at the mercy of God...I was lucky she was not infected with HIV". This mother and daughter's story was echoed by many families during the gaps analysis, leading IJM to conclude in the importance of sensitizing health workers, availing funds for treatment, and engaging the justice system to organize a unified response so that lack of money would not stop anyone from receiving justice in Kasese again.

To further understand the knowledge of, opinions, attitudes, and perceptions of VAWG+HP in Kasese and Tororo, IJM held Key Informant Interviews with selected duty bearers in both districts to identify gaps and challenges in service provision for VAWG+HP survivors. Some results from these KIIs are on page 12.

(F) Key Informant Interview Findings

The duty bearers selected were:

- The Prisons Service
- Resident State Attorney's office
- Kasese Adolescent Centre
- People Living with HIV/Aids (PLHA)
- Transcultural Psychosocial Organization (TPO)
- Probation and Social Welfare Office
- Bridge of Peace Shelter

Tororo:

- 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.

Kasese:

- Poverty is one of the main causes of VAWG leaving women with no choice but to stay with the perpetrator.
- Stigmatization against women who leave their marriages, even in violent conditions, is a common problem.
- Most perpetrators walk away free because the trial takes a long time and the witnesses are either intimidated or lose interest.
- The trial system needs to change in order to allow the survivor to testify without being in full view of the perpetrator. Survivors have to travel long distances to reach or access the services they need. Halfway homes or rehabilitation services are non-existent in the prison services and this is a large gap in the system.

Building on these identified needs, IJM developed programme activities under our four focal areas for Spotlight that directly sought to bridge these gaps, thereby increasing access to quality essential services for all survivors of VAWG+HP.

IJM then validated the findings at district-level stakeholder coordination meetings in Kasese in January 2020 and Tororo in October 2020. Stakeholders' confirmed the validity of these findings and agreed on our proposed way forward.

The remainder of this report gives a summary and assessment of those activities under Phase 1 programme implementation.

2.2 Knowledge & Awareness-Raising

(A) Identified Needs

Upon analysis of the findings from the capacity assessments, IJM identified 2 key needs specific to knowledge and awareness-raising that, if addressed, would ensure increased knowledge and access to essential service providers. These needs are detailed below:

- (1) Lack of knowledge of rights and services available to survivors, in conjunction with inaccessibility of such service providers.
- (2) Low understanding of the criminality of VAWG+HP leading to stigmatisation and dis-empowerment of survivors.

This section outlines IJM programming through Spotlight Phase 1 to implement knowledge and awareness-raising that addresses these respective needs. To do so, IJM focused on raising knowledge among communities and survivors of available essential services, the legal rights of survivors, and the referral pathway through community and radio-based campaigns. In addition, IJM emphasized the criminality of VAWG+HP to reduce stigmatisation of survivors and raise survivor voices to empower them.

To accomplish these goals, IJM ran two large-scale media campaigns, frequent radio talkshows, community dramas led by survivor groups, engagement in community Barazas, and utilised posters and billboards across both districts during Phase 1.

These activities are detailed on the next pages.



IJM, UNDP, other RUNOs pose with a survivor group in Tororo, April 2021

(B) Knowledge & Awareness-Raising Campaigns

In order to raise awareness about the availability of essential services for cases of VAWG/HP, IJM engaged in two large scale media campaigns in Kasese and Tororo districts, along with regular talk shows and engagements throughout Phase 1.

The first campaign occurred from June-July 2020 and ran for 45 days.

The campaign was aired on South Rwenzori Messiah Radio and Kasese Guide FM in Kasese District and East FM radio in Tororo District. Participants in the talk shows and radio spots included the District Gender Officer, Resident State Attorney, District Probation Officer, Sub-County Chief Maliba, Regional Police Commander- Rwenzori East, Community Liaison Officer- Kasese, Officer In charge of SGBV- Kasese and a religious leader from Kasese Baptist Church. In Tororo, participants included the Resident District Commissioner and the Senior Medical Officer, Mukuju. The talk shows were hosted during prime time from 8-9PM to ensure the greatest number of listeners. The radio spots were played 5 times per day over the course of the 45-day campaign.

The second campaign occurred from November 2020-January 2021, launching as part of the 16 Days of Activism.

- 2 radio talk shows were conducted in commemoration of 16 Days of Activism at Rock Mambo in Tororo. These were focused at calling upon women and all community members to respond to and prevent VAWG+HP
- 2 radio talk shows with cultural leaders on East FM in Tororo, where the leaders made clear their position in ending VAWG and called communities to action.
- 3 more radio talk shows were aired in January in Kasese covering the same topics (these were originally delayed due to COVID-19 hindering the team's movements in Kasese).
- Posters were distributed to numerous groups, including cultural leaders, Chairpersons Women's Council, the DCDO's office, Police, and the local DACs.
- Billboards were mounted in both districts and radio adverts ran several times daily for the duration of the campaign.

Outputs Achieved

- 13 Radio talk shows were recorded with over 20 stakeholders and 2 survivors, which were then aired monthly. 12 spot/advert messages were aired daily on two of the major radio stations in Kasese and one major radio station in Tororo.
- Community members were sensitised and awareness created on 5 key topics in relation to VAWG + HP (e.g. case reporting, rights, etc.) throughout the talkshows.
- An estimated 9.6 million people heard messages on VAWG + HP, case response, referral pathways, and learned about their rights.
- 390,000 Women and girls who are at risk of being victimised were given knowledge on the first response in case of a violent incident. The target population in each district is based on percentage of radio listenership estimated at 80% of Ugandans. Furthermore, the target survivor audience is identified through population demographics (women and girls account for an average 51% of the population), then national averages of women and girls who are survivors of VAWG (45% of all women and girls) in Uganda.

A 6-part docu-drama series called Songa (a Kiswahili word for "move") was recorded and produced, and aired in Kasese and Tororo in local languages. The series demonstrates the criminality of VAWG+HP and the available essential services in the district; as well as telling a fictional story of a woman's experience of IPV and the process she goes through to receive help and access support services. Each episode aired for one hour weekly in both districts for 6 weeks beginning as part of the 16 Days of Activism.

The ongoing campaign to end violence against women has been acknowledged for touching the real issues existing in communities. In some areas, CDOs have already engaged religious and cultural leaders, urging them to integrate VAWG-HP sensitisation in their communications with communities.

IJM conducted listener groups and focus group discussions in January-February 2021 as the campaign concluded to gather feedback and inform further programming and awareness campaigns in the last quarter of Phase 1.

Total reach achieved through both campaigns is highlighted under the indicator-based performance assessment on page 30.



One of two billboards mounted in Kasese (and a third in Tororo) calling communities to report and prevent VAWG+HP



Poster distribution begins with cultural leaders in Tororo



IJM helps run a community engagement event as part of the 16 Days of Activism in Tororo.

(C) Survivor-Led Community Dramas

As part of feedback mechanisms, IJM conducted interviews and focus group discussions (FGDs) in late 2020 and early 2021, where it was learned that community sensitization was still needed and should be done as dramas and dialogues led by local groups of survivors. This was expected to have a greater impact on local community members' perceptions of VAWG+HP and knowledge of services available.

In response, IJM worked closely with survivor groups that had previously received training in VAWG+HP case response under Spotlight and the groups developed original dramas to utilise as engagement tools in their communities.

Two community dramas were held by Kasese Youth Link-Munkunyu sub county on April 18th and Kakindo Women's Group -Maliba sub county on April 25th.

The drama events were combined with a Community Baraza where participants discussed the content of the drama and ask questions related to VAWG-HP. There were 600 community members and survivors in attendance on the 18th and, on the 25th, there were 119 attendees (89 females and 30 males; with 88 of those being adults, 28 children, and 3 unspecified).

In May, three community drama events were held in Kasese, but two of these were sponsored by Spotlight.

The participants of the two Spotlight-supported community dramas in May (on the 4th and the 9th) had 374 attendees (243 females and 131 males) in attendance. 47 children were in attendance on the 4th. Data was not further disaggregated on the 9th. Other participants included local leadership, including PSWOs and LCs. These dramas incorporated poems and songs as well as a drama. In one mountainous community in Munkunyu sub-county, the people observed that no community outreaches had ever been done there.

In Tororo, from April to May, four drama outreaches in 4 sites were performed by survivor groups.

The drama outreaches were done by the survivors and were conducted in such a way that there were discussions in-between scenes where participants freely raised what they learnt from the drama and its importance. The drama outreaches in both sub counties registered a successful ending with good outcomes, feedback, and recommendations. The outreaches reached 466 participants (216 females and 250 males; adult vs. child was unspecified). Feedback and impact of these dramas is on the next page.

Photos from some of these dramas and feedback from essential service providers and community members are on page 8.



L to R: The group performs a song in Kasese while community members watch; the drama in Tororo shows neighbours supporting a survivor in reporting her case to the police.



L to R: Community members look on as the drama is performed in Kasese; The perpetrator is brought to justice at a drama in Tororo.

(D) Feedback & Outcomes of Dramas

Upon completion of each drama, IJM and local leaders gathered community response and feedback. Below are a few highlights from these findings:

Community members agreed that...

- The dramas were informative
- They had learned at least one thing they previously had not known.
- Some of them had been unaware of how to report or fearful of doing so, but the drama increased their confidence and knowledge to report cases of VAWG+HP.
- Alcoholism plays a large role in violence against women and girls.
- Girls should not be discriminated against; but should be treated equally with boys.
- They learned more about the roles other stakeholders (e.g. cultural leaders or LCs) play in case response.
- Live dramas were better than dramas on the radio because the former was more accessible (easier to ask questions and get clear answers instantly) and they felt they could better appreciate the severity of VAWG+HP.

There was good mobilization and support from stakeholders during the drama outreaches with fantastic turnout by the local communities. Nearly everyone in attendance expressed appreciation and it was noted that this type of activity previously had not occurred in these communities. All LCs in attendance requested IJM to conduct these drama outreaches in all their villages across the district.

2.3 Essential Service Strengthening

(A) Identified Needs

Upon analysis of the findings from the capacity assessments, IJM identified 3 needs specific to essential service strengthening that, if addressed, would ensure increased access to and capacity of essential service providers. These needs are detailed below:

- (1) Hold multi-sectoral workshops on service provision in response to cases of VAWG+HP to increase capacity (skills and knowledge) and coordination among duty bearers. This will in turn remove bottlenecks that prevent survivors from accessing services and reduce backlog, ensuring cases progress through the system.
- (2) Address the need for resources in JLOS services, including file and evidence storage, and trauma-informed and child-friendly spaces.
- (3) Invest in training duty bearers to increase knowledge of best practices and address negative attitudes and perceptions towards survivors of VAWG+HP, as well as improve capacity for trauma-informed care.

The duration of this section outlines IJM programming through Spotlight Phase 1 to implement these 3 areas and address their respective needs.

(B) Casework Mentoring

Throughout Phase 1 activities, IJM investigators, attorneys and psychosocial staff provided formal and informal mentoring and support to essential service personnel. In some instances, this meant supporting duty bearers in case response and management. For instance, in one such situation, IJM mentored police in their response to an SVAC case. When IJM began supporting police, there were gaps in evidence records, statements, and medical examinations. Through IJM's mentoring, the case moved forward, the perpetrator was arrested and he has since confessed to the crime.

In addition to consistent and ongoing informal mentoring done via phone calls and in person throughout 2019-2020, formal mentoring activities were held from January to June 2021 with 93 sessions (47 female, 46 male) held with service providers from local government, the Judiciary, Police, ODPP, healthcare and local leadership.

On 27th May 2021, IJM staff met with 4 CDOs and a Parasocial Worker who have also worked with IJM-trained survivor groups. During the meeting, the CDOs and the Parasocial worker, with support from the IJM Psychosocial Support team, developed case record and reporting templates. These were created so the stakeholders could train the survivors on how to fill the templates and increase their capacity to support case reporting. These same groups were supported with record books, rulers, pens and paper for entering data.

In other mentoring sessions, participants were selected from previously trained service providers from all sectors representing healthcare, JLOS, Police, and local and cultural leadership. A detailed breakdown of participants can be found in the indicator report.

In addition to the aforementioned mentoring sessions, IJM staff led 9 single-sector small group meetings (reaching 32 stakeholders) that were formatted as a mentoring workshop. Two of these workshops were with the police, one with the Judiciary, one with the ODP, two with cultural institutions, and three with Community Development Officers. These mentoring workshops were focused on reviewing stakeholders' existing knowledge and reviewing key components to VAWG+HP (e.g. forms and manifestations of violence and trauma-informed care, etc.).

Key Outcomes:

At the end of the sessions, the mentors established that participants were now grounded in the following areas:

1. Identification, preservation, chain of custody, and storage of evidence.
2. Coordination and collaboration, with particular increase in understanding around each stakeholders' role in responding to VAWG+HP.
3. IJM provided assistance to service providers in case management in

(C) District Action Centres as a Coordination Platform

To operationalize and strengthen accountability among service providers, IJM supported case coordination meetings through the District Action Centres (DAC) in Kasere and Tororo. This brought together all the key JLOS stakeholders including the Resident State Attorney, Police (CID and CFPU), Health, Education, and Community Development Services (PSWO and CDOs). Through the DAC, the stakeholders discussed cases of VAWG-HP and drew intervention plans. In these meetings, IJM supported in discussion and best practices for case management and response of 14 cases alongside essential service providers.

CASE STUDY

After the capacity support IJM has been providing, DAC staff were better equipped to work in a multidisciplinary, trauma-informed way.

"We are now court members – so we work together to ensure survivors are prepared for court, cared for, and also to prepare the court themselves to stop traumatization. This is something we are doing very well," Gerald, Probation and Social Welfare Officer for the Kamwenge DAC said.

This has helped with increased convictions. Previously when witnesses were not prepared for court, questions would catch them off guard and convictions were rare.

"When I look at people suffering and not knowing what can be done, I think – 'we can end this,'" Gerald explained. "It goes back to the need for justice. The passion for child protection. The need to have a sustainable community."

(D) Single- and Multi-Sectoral Coordination Trainings and Workshops

The objective was to identify the services currently available to survivors of VAWG-HP and who is delivering them, as well as get an understanding of the existing accountability and coordination mechanisms available for management of VAWG-HP in Kasese and Tororo. After these gaps had been identified through the gaps assessments, the team developed a curriculum to train stakeholders on the best practices for managing cases of VAWG/HP using multi-sectoral coordination and a trauma-informed approach and single sector trainings and workshops.

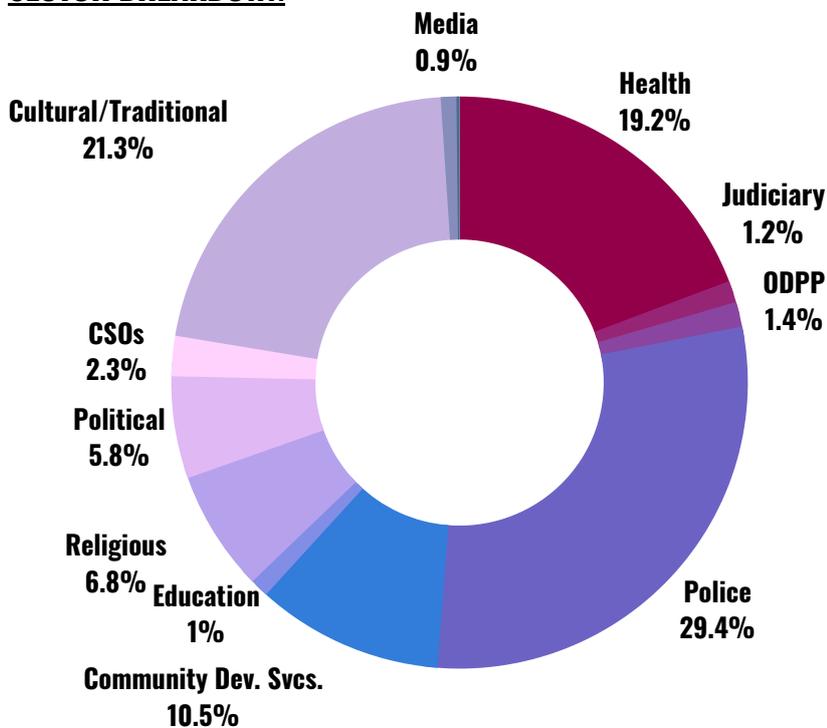
Below is a summary of stakeholders that were trained in Kasese and Tororo throughout Phase 1.

Overall, IJM conducted 18 trainings with 11 in Kasese and 7 in Tororo, with a total of 572 service providers receiving training sessions.

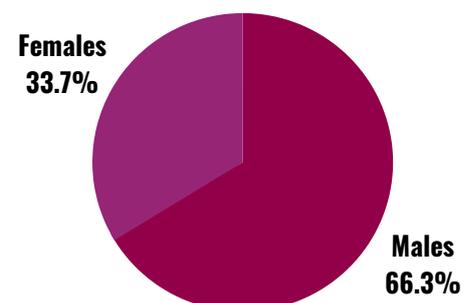
Some service providers attended more than one training (e.g. a health worker attending the Health Workers' Training and a Multi-Sectoral Workshop); however, due to the distinct nature of each training, we have taken the total of all attendees at each training as this creates a more full picture of progress achieved.

Those trained are dis-aggregated by department/sector and gender below.

SECTOR BREAKDOWN



GENDER BREAKDOWN



The chart below disaggregates the gender and district for each sector represented across all 18 trainings.

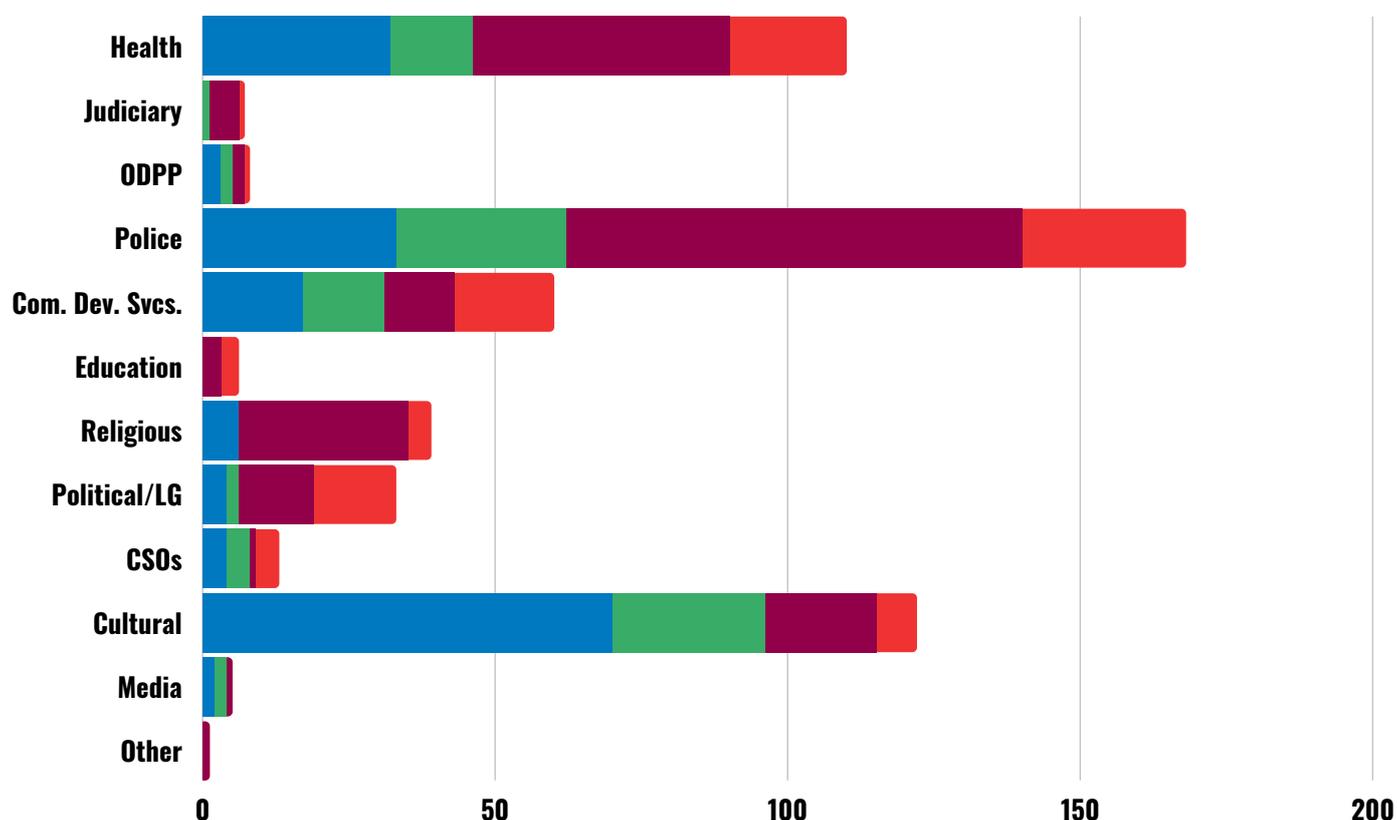
The data is colour-coded as follows:

Tororo Male Service Providers

Tororo Female Service Providers

Kasese Male Service Providers

Kasese Female Service Providers



(E) Stakeholder Feedback

Pre- and Post-Evaluations provided feedback on increased knowledge as a result of each training. For example, at the end of a training with healthcare workers in Kasese in April, there was an apparent shift in knowledge and attitude to VAWG+HP. The post-test results indicated a 24% increase in the mean score of all participants. Furthermore, in less than 7 days after another training, health workers were already conducting medical examinations and sending samples to the lab at a higher rate than previously.

In another training in Tororo in November 2020 that gathered service providers from multiple sectors, participants' knowledge increased by 54% after just 2 days. In March and April 2021, IJM staff conducted Key Informant Interviews (KIIs) with stakeholders in Kasese and Tororo. The stakeholders were selected to represent at least one member of each institution, to the extent it was possible. The six stakeholders interviewed in Kasese were the Gender Focal Person, Senior Probation and Social Welfare Officer, Head Officer for CFPU, the lead Clinician at the Municipality Health Centre, a Community Development Officer, and the Chairperson

for the District Action Centre Kasese. In Tororo, IJM staff interviewed two Community Development Officers (one involved with the District Action Centre), a Police Officer, and the Head Officer for the SGBV unit. Due to COVID-19 restraints, it was not possible to meet with health officers in Tororo.

The questions for stakeholders asked about their engagement with IJM, their involvement with Spotlight, their impressions of change (positive and negative) as a result of Spotlight activities with particular focus on (1) service provider strengthening and (2) knowledge and awareness-raising.

Overall, the KIIs identified three key areas of improvement since IJM began Spotlight activities in Kasese and Tororo.

(1) Referral pathway improved and utilised

Stakeholders observed that reporting has increased, and the referral pathway is more accessible. Furthermore, Spotlight improved people's knowledge to report and people are responding to awareness activities with reports of violence and mobilization in their communities

(2) Increased coordination among stakeholders

One stakeholder noted, "I reach somewhere in the field and I have people to help me [now]" in responding to cases. This included other social workers, contacts with local police and CBOs, and local CDOs.

(3) Increased knowledge in the community and higher rates of reporting

Community members have knowledge of the structures available to them if they are victims of VAWG, including reporting to CDOs or police, accessing health care and medical exams, and social services through PSWOs.

The DAC Focal Person for Kasese observed: "There is an increase in case reporting. Initially, [in] 2018, we registered 1,282 cases, In 2019, cases increased to 2,653. When you look into 2020, during the lockdown, cases were very many: 25,439. We attribute the case increases partly to COVID, but the fact that people knew where to report [also]".

While cases certainly increased during the first COVID-19 lockdown in Uganda, there is no evidence they increased 850% as noted by these numbers. As such, we believe increased knowledge of reporting mechanisms and awareness about VAWG+HP is also a significant factor in 2020's case increases.

Additional feedback taken from the KIs and various engagements with stakeholders during Phase 1 are below.



The stakeholders confirm that lack of logistics by stakeholders to respond to cases and the inability of the survivors to meet logistical needs of their cases, was actually holding back the progress of the cases. There's however noted improvement in case management since engagement with Spotlight Initiative. One of the CDOs that was trained, and who later trained survivor groups, believes that there's improvement in referral since survivors at the community level have also been trained and know how to report.



Furthermore, police reports noted improvement in support from the senior Police Officers in responding to VAWG+HP cases. The Head of Criminal Investigations at Hima Police Station noted that, "Some bosses used not to understand cases and would interfere. But they no longer interfere. That's a breakthrough on our part!"



Police have also reported improvement in preservation of exhibits, and in handling and management of sexual offences. They also observed that communities are more sensitized with knowledge acquired from the trainings.



The majority of stakeholders in the Multi-Disciplinary trainings cited that Forensic Medical Examination and Understanding Trauma and Trauma-Informed Care were the most useful sessions for furthering their knowledge and skills.



In the police first responder trainings, participants noted that the role-play of securing the scene of crime filled a significant knowledge gap. Overall participants noted all sessions as increasing their knowledge and of particular use as first responders in order to ensure they feel confident and can work well with other stakeholders in case response. Furthermore, they reported confidence in skills to pass off Scene of Crime to the Investigators at the appropriate point.



(F) Infrastructure Support

IJM was also able to provide infrastructure support to Police and the Judiciary in Tororo and Kasese to support quality service delivery. For the police in Kasese, IJM helped organize and resource the evidence storage space to ensure case files and evidence are properly organized and stored to ensure no cases are dropped due to evidence inconsistencies. In Tororo, IJM procured tents for court and the police SGBV unit. These will provide private interview space for survivors and a courtroom waiting area to help with overload. In addition, IJM procured items to resource child-friendly interview spaces (e.g. toys, comfortable seating), filing cabinets for file storage at court and police and more.



Left to Right: IJM staff hand over a tent to Tororo police in the SGBV unit; IJM staff hand over PPE to Kasese Police in June 2020.



Police Barazas

In addition to infrastructure support, IJM also attended and supported 5 Police Baraza meetings in different stations/divisions. Across these 5 meetings, 208 officers were in attendance.

The purpose of these Barazas was to provide mentorship to police and engage in dialogue on best practices for quality service provision.



Above: Police evidence storage space prior to IJM support and resourcing. (The photo of the space upon completion was not able to be obtained due to new COVID-19 restrictions put in effect prior to IJM staff going with the camera).

2.4 Survivor Engagement

(A) Identified Needs

In Phase 1, IJM engaged survivors through casework, mentoring, training and the community outreach dramas. This section provides a brief outline and assessment of those activities, with the exception of the dramas as those are already covered under Section 2.2: Knowledge & Awareness-Raising (beginning on page 13). These areas of engagement were built on two needs identified during the capacity assessments to achieve Outcome 4.1 and 4.2 under Spotlight Pillar 4.

These needs are as follows:

- (1) Strengthen accountability mechanisms for VAWG+HP survivors at community level to help navigate the challenges due to lack of funds.
- (2) Increase survivor support and build survivor networks to advocate within communities.

Preparatory Activities - Survivor Group Mapping:

The purpose of this was to discover what survivor groups already exist within communities. This was done in conjunction with the CDOs, PSWO, and community CBOs. The team was able to map out 6 survivor groups, whom they engaged with to plan for future training and empowerment in Kasese. Further, the team engaged 15 survivor groups throughout the year in Tororo.

Survivor group focus discussions engaged 42 participants in Kasese through 6 survivor groups.

(B) Training for Survivor Groups

The objective of these trainings was to empower community development officers with skills and knowledge to facilitate survivors to use their voices for advocacy. A total of 10 participants were trained, including 9 CDOs and 1 para-social worker, with a composition of 6 females and 4 males. These were trained to support survivor groups in their sub counties and imparted with skills to respond to violence against women and girls-harmful (VAWG-HP) practices using trauma focused approaches.

137 survivors were trained on practical life skills, trauma-informed care, case management, group dynamics and advocacy from 9 survivor groups across Kasese and Tororo during Phase 1. Of these survivors, 63 were given refresher trainings and 131 were further followed-up with and mentored alongside the CDOs leading each group.

This was done with the aim of increasing knowledge within the community of available services and to improve the understanding of the service user needs by justice essential service providers.

A few key outcomes of the survivor trainings are outlined below:

- 137 survivors are now knowledgeable and empowered with practical life skills, selfcare, they can ably demand for services from their leaders. For example, a group in Osukuru subcounty was able to engage the LC3 Chairperson at the hostpital and access available government programmes to benefit them since receiving training.
- Survivors reported feeling confident in how and where to report cases of VAWG+HP.
- Survivors pledged to speak out against violence in their community
- CDOs committed to mentorship and ongoing engagement with survivor groups.

Overall, the survivors agreed on the positive impact from the trainings led by CDOs and IJM, and the awareness-raising campaigns. One survivor observed that because of “the training: we can thank IJM because we were able to be trained in how to handle people with problems. It encouraged us with how we can counsel people who have a lot of trauma and other related issues...We were able to help more people with the training we have learned.”

(C) Community Barazas

In other community engagement activities, IJM has been participating in community Barazas in Tororo and Kasese organized by the Office of the Prime Minister. These have been well attended by local leadership, including local government, police and CDOs. One such Baraza was held at Munkunyu Sub-county Headquarters, a sub-county with some of the highest instances of VAWG+HP in Uganda.

At this particular baraza, local leadership and the Deputy Resident District Commissioner facilitated discussion where they acknowledged the work of Spotlight and said it was unfortunate that they are a district with such high prevalence of VAWG+HP. They led a discussion cautioning men against violence and observed that negative cultural practices account for much of the instances of violence (particularly those pertaining to early child marriage and defilement). Cultural leadership spoke against such practices and consensus reached through the discussion was that significant emphasis need to be made on community sensitisation.



Left to Right: Survivors in Kasese prepare for a Focus Group Discussion; Survivors in Tororo wait to perform their drama.

(D) Key Outcomes of Survivor Engagements

In Kasese, IJM led survivor group focus discussions as part of monitoring activities in March. Of the 5 survivor groups who have previously received training and engagement through Spotlight, IJM staff met with two groups. These same discussions were originally scheduled for Tororo survivor groups in June, but have been temporarily postponed due to new COVID-19 restrictions preventing inter-district travel and group gatherings.

Overall, the survivors agreed on the positive impact from the trainings led by CDOs and IJM, and awareness-raising campaigns (conducted in 2020 and early 2021). One survivor observed that because of “the training we can thank IJM because we were able to be trained in how to handle people with problems. It encouraged us with how we can counsel people who have a lot of trauma and other related issues. We were able to help more people with the training we have learned.”

Survivors observed they learned trauma-informed care, the VAWG case referral pathway, how to offer peer support, and general VAWG case management. Generally, victims of VAWG trust and find comfort in reporting instances of violence to other survivors. Now that these survivors are trained, they feel empowered to speak out in their communities and be a support and source for reporting for other women.

One survivor noted that she is comfortable working with police and reporting cases to them, and that she trusts the system. The group nodded in agreement and several chimed in with examples. They agreed that because the local police were well-trained (also from Spotlight) and they understood the process, they were not intimidated and felt very comfortable:

“The referral pathway is really applied; we trust the process. If there is a case, we take it to the CDO and CDO can even refer further. We do not give up on the case, but keep following up.”

While the exact focus groups were not held in Tororo, IJM was able to gather some feedback and outcome responses from survivor groups in Tororo.

From these groups, IJM learned that survivors were knowledgeable and felt empowered to use their voice and experiences to stand against violence. Some survivors have already supported their community members in seeking services and engaging the referral pathway with confidence. For instance, the survivor group in Nagongera subcounty handled 15 cases in their community, reporting the incidents to the local police.

2.5 Accountability Mechanisms

(A) Identification and Implementation of Initial Mechanisms

As part of the completion of this final component of IJM's role in Spotlight programming, IJM, at the request of UNDP, drafted a paper on Social Accountability Mechanisms in Uganda. This paper details IJM's research, findings, and recommendations in relation to the use of accountability mechanisms in Uganda. This has been provided to the team as of January 2021.

The paper provides an overview of the work IJM conducted including the analysis of accountability mechanisms from five countries, beginning first with those used in Uganda, then moving to Kenya, Bangladesh, Nigeria, and concluding with an accountability mechanism used across both Tanzania and Uganda. We identify the use of community dialogues (known as Barazas in Uganda, Kenya and Tanzania), court open days in Uganda whereby JLOS holds an annual day for the airing of grievances or complaints, District Chain-Linked Committees (DCCs), which are frontline institutions that represent JLOS at the District or grass root level, and the use of surveys and feedback via SEMA, a data-centric NGO.

IJM researched and analysed best practices in Uganda and across these other countries to draft recommendations for accountability mechanisms to achieve Spotlight Initiative goals in relation to quality essential service provision. Based on 5 criteria, IJM graded the researched social accountability mechanisms for use in Uganda.

Upon completion of the data analysis and scoring, IJM identified the following three social accountability mechanisms as most effective in supporting sustainable improvement and response in justice service provision in Uganda:

1. Barazas,
2. Court Open Days &
3. Radio Campaigns/Shows

IJM recommended incorporating these under a two-tiered implementation plan. With radio campaigns and shows first as a mobilisation and awareness technique, as well as initial more anonymous feedback. Then, the roll-out of Barazas and Court Open Days in partnership with local stakeholders to effectively engage communities, increase ownership, and allow feedback from both mechanisms simultaneously.

In response to this research and the presentation of the paper, IJM moved forward with the implementation of these social accountability mechanisms during the last two quarters of Phase 1. As IJM had already implemented radio campaigns and shows, those continued while IJM staff mobilised CDOs and survivor groups to conduct community dramas in partnership with Barazas. Furthermore, IJM engaged communities and stakeholders in various Barazas throughout the quarter, including the Police Baraza and International Women's Day Barazas as previously mentioned.

The use of Barazas, Court Open Days, and Radio Campaigns/Community Outreach, has proven to increase community engagement in the justice system and strengthen the interactions between service providers and survivors.

(A) Indicator-Based Assessment

To conclude this report, IJM has provided an indicator-based assessment over the next few pages. These charts detail each indicator with progress achieved against intended targets (Figures 1-3). Figure 4 indicates the percentage achieved for each indicator to date. These indicators were jointly set by UNDP and IJM in advance of programming. Below is the description of each indicator for reference (additional information can be garnered from the full Indicator Tracking Spreadsheet):

- **4.3:** No. of reported cases of violence against women, girls, and boys in target districts reached by health, social work, police, mental health, and/or legal aid services in target districts (disaggregated by sector).
- **4.1.1:** Number of JLOS personnel (police, prosecutors and judicial service) in target districts who demonstrate improved skills to (investigate, prosecute, adjudicate) and manage VAWG/HP-related cases.
- **4.1.4:** Number of government service providers who have increased knowledge and capacities to deliver quality and coordinated essential services to women and girl survivors of violence, within the last year by sector.
- **4.1.7:** Number of service providers mentored by IJM (disaggregated by type, district and quarter).
- **4.1.11:** Number of trainings conducted (disaggregated by type of stakeholder and district).
- **4.1.13:** Number of IJM supported VAWG+HP cases that are open.
- **4.1.14:** Number of IJM supported VAWG+HP cases that are closed.
- **4.1.19:** Number of organizations and institutions mapped to conduct awareness raising (disaggregated by district and type of organization).
- **4.1.23:** Number of duty bearers who receive updated information on VAWG+HP essential services delivery gaps (disaggregated by districts and Government institutions/MDAs).
- **4.2.2:** Number of VAWG+HP radio spot messages produced and aired.
- **4.2.4:** Number of listeners reached with awareness creation messages on VAWG+HP aired on radio
- **4.2.5:** Number of radio/TV Talk shows held on VAWG+HP.
- **4.2.6:** Number of Stakeholders reached to support talk shows.
- **4.2.7:** Number of VAWG+HP Survivor engagement meetings conducted.
- **4.2.8:** Number of Radio drama documentaries with awareness creation messages on VAWG+HP aired on radio.
- **4.2.9:** Number of VAWG+HP awareness creation bill boards mounted in selected districts.
- **4.2.11:** Number of VAWG+HP posters printed to create awareness.
- **4.2.20a:** Number of ToTs trained on relevant essential services delivery knowledge and skills for VAWG+HP survivors.
- **4.2.20b:** Percentage (%) of functional ToTs with essential services delivery knowledge and skills for VAWG+HP survivors certified by IJM.

The charts on the next few pages demonstrate progress against indicators. The first chart (Chart A) highlights the overall progress against all but 4 indicators. The next 4 charts (Charts B through D) call out particular indicators that had numbers too significant to chart alongside the other indicators. Finally, the last chart (Chart E) details progress against indicators with the actual achieved set out as a percentage of the target.

Chart A: Indicator-Based Performance Assessment Chart (Target vs. Actual)

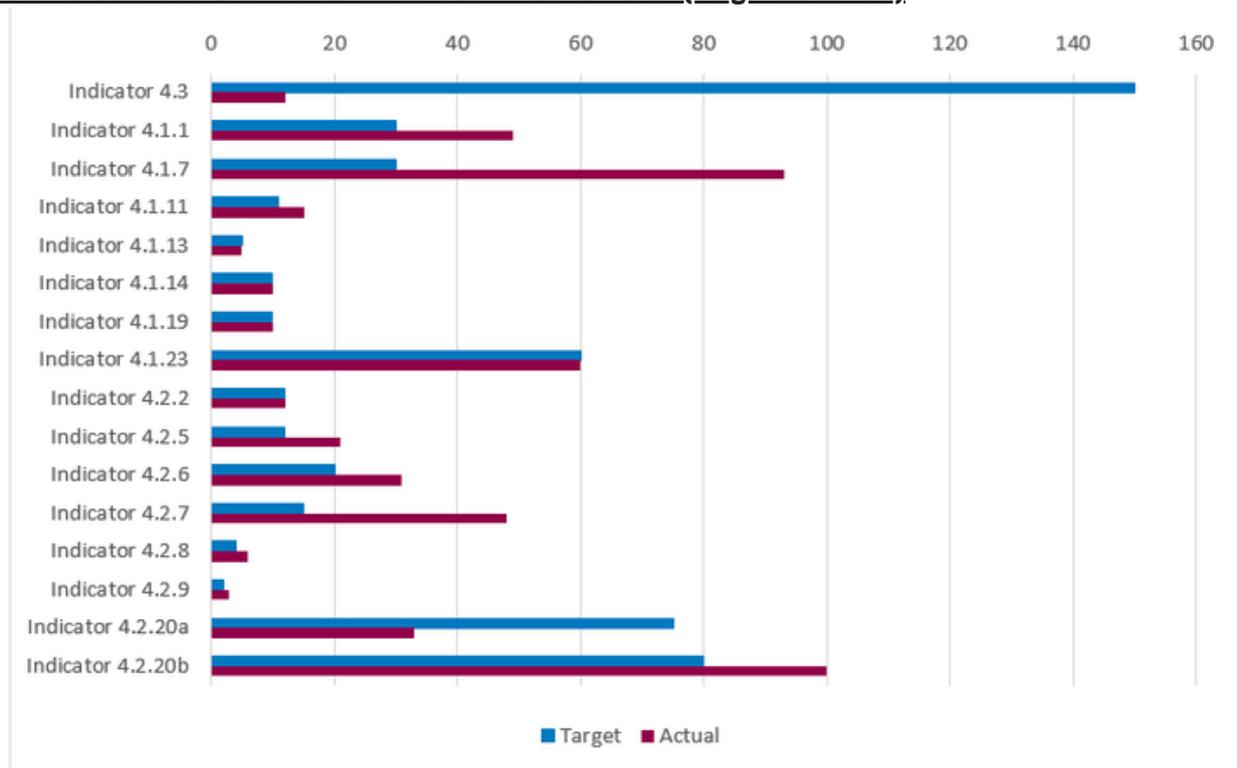


Chart B: Number of listeners reached with awareness creation messages on VAWG+HP aired on radio

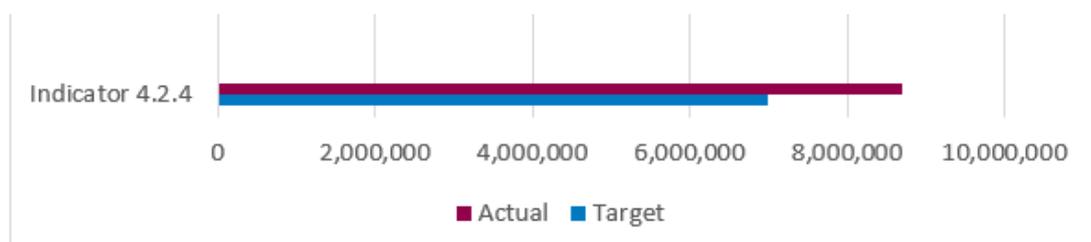


Chart C: Number of VAWG+HP posters printed to create awareness

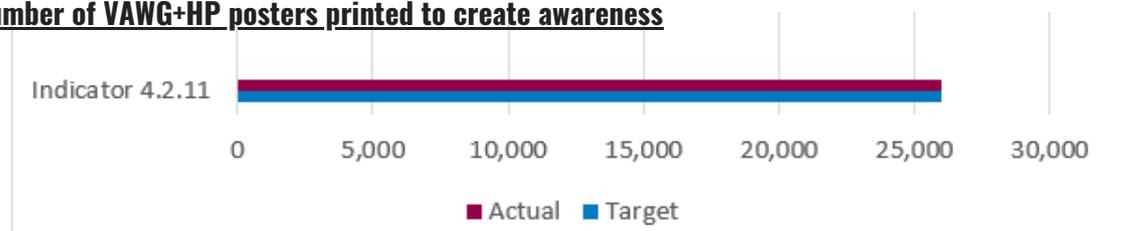


Chart D: Number of government service providers who have increased knowledge and capacities to deliver quality and coordinated essential services to women and girl survivors of violence, within the last year by sector.

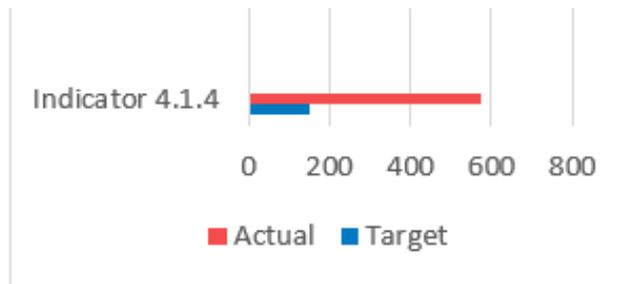
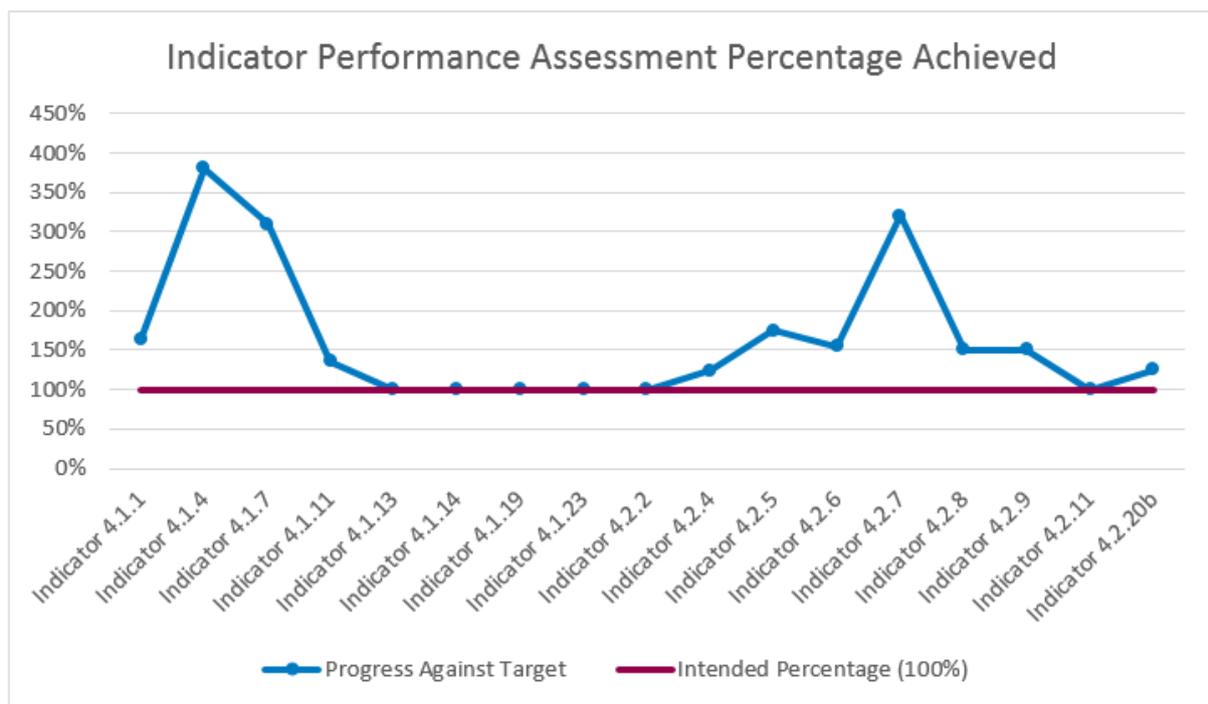


Chart E: Progress Against Indicators as a Percentage of Target vs. Actual



During Phase 1 of Spotlight, all indicators were either met or surpassed with two exceptions: Indicator 4.3 and Indicator 4.2.20a. The first references cases reported, which was set as an initial indicator but later removed from programming. As such, tracking ceased early on in Phase 1. For the second, this indicator refers to TOTs trained. IJM conducted formal TOT trainings twice, but thereafter found it more beneficial to conduct trainings across both districts among as many duty bearers as possible. This was because under UN Women programming, IJM was responsible for leading national-level TOT trainings that would then be disseminated to 22 districts, including both Kasese and Tororo. As such, the focal shift moved to multi-disciplinary trainings and training survivor groups as an informal TOT.

3.1 Conclusions and Recommendations for Phase 2

When stakeholders were interviewed for monitoring activities (referenced on page 11), they noted the resonance of the awareness-raising campaigns with communities in which they work, and the results were unanimous: the communities resonated with the messages.

All stakeholders had participated in various components whether appearing on radio or supporting in poster distribution or community dialogues. The CDO noted, "I have been on radio six times" with IJM activities. Agreement was made about the reach of radio being particularly significant. As one stakeholder put it, "the local media reaches further and more people - even reaching sub-counties where no other activities take place."

85% of stakeholders agreed that the most effective mediums are two: radio engagements and barazas. But several also highlighted the impact of community-led activities, particularly survivor-led community dramas, and the use of posters. The Senior Probation and Social Welfare Officer observed that she had handed out nearly all the posters she had and requested more as soon as possible. Several also noted they desired more posters, but in the local languages. We gave them assurance that this was part of our plan for the next campaign.

Stakeholders also identified consistent areas for additional improvement, delineated in the figure on the right. Overall emphasis was placed on the need to keep refresher trainings prevalent, continue engaging communities through awareness activities and dialogues, increase coordination of planning activities to reduce duplication and ensure greater reach, place heavier emphasis on child protection and child defilement ("We also cannot pass more than 2-3 days without a defilement case - this needs to be included as a focus"), provision of resources to mobilise stakeholders, expansion of project reach and more local empowerment.

Areas of Improvement for Next Steps:



As Phase 1 of Spotlight concludes, the feedback from stakeholders for remaining areas of need and requests from additional survivors groups and survivors to reach their communities, is the driving force for momentum into Phase 2.